

**Kingdom of Cambodia  
Nation Religion King**



**Enhancing Alternative Care Opportunities  
for Children with Disabilities in Cambodia**



*The Goal Tree: individual case plan of Children with Disability in Damnok Toek RCI*

**Recommendations and Action Plan to promote a family setting  
for children with disabilities without parental care**

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## Abbreviations

CBR	Community Based Rehabilitation
CCT	Cambodian Children’s Trust
CCWC	Commune Committee Women and Children
CWD	Children with Disability
DoSVY	Department of Social Affairs, Veterans and Youth Rehabilitation (provincial level)
IGA	Income Generation Activity
ISS	International Social Service
FCF	Family Care First
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NGO	Non-Government Organisation
PWD	Person with Disability
RCI	Residential Care Institution
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
3PC	Partnership Programme for the Protection of Children

## Foreword

The report *Enhancing Alternative Care Opportunities for Children with Disabilities in the Kingdom of Cambodia* was commissioned by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), with support from UNICEF and was prepared by International Social Service Australia (ISS) and the ISS General Secretariat, with involvement of MoSVY staff.

A needs assessment was conducted in late 2016 with the specific purpose to develop a plan to build the capacity of professional staff of Government and NGOs who are working with children with disabilities in alternative care in order to strengthen the quality of care and to identify strategies to promote family and community-based care for children with disabilities.

The needs assessment provides a summary of the situation of children with disabilities who are living in residential care institutions and in communities and proposes seven key recommendations and relevant concrete actions for the short, medium and long term to improve the quality of care of children with disabilities living in institutions and to ensure that they have better access to basic services and are living in a protective environment.

The Ministry acknowledges and accepts the key findings and useful recommendations and is committed to progressively and effectively implementing them for the best interests of children with disabilities. At the same time, I would like to take this opportunity to convey my sincere thanks to the Management of the Ministry, Directorate General of Technical Affairs and Department of Welfare for Persons with Disabilities and the Department of Child Welfare, as well as relevant government institutions and development partners, especially to UNICEF and ISS for all their efforts and contributions.

Finally, I would like to encourage the Directors from the Department of Welfare for Persons with Disabilities and the Department of Child Welfare to cooperate and co-lead the implementation of this action plan in close collaboration with relevant institutions and development partners based on the principles best interests of the child and do no harm.

Phnom Penh, 25 January 2018

Minister

VONG SAUTH

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## Authors

The authors of this report are Marie Jenny – Special Projects Coordinator, International Social Service (ISS) General Secretariat in Geneva, Switzerland, Damon Martin – Manager, Intercountry Adoption Service and Sarah Burn – Coordinator, International Social Service (ISS) Australia in Sydney, Australia.

## 1. Brief overview of the situation of CWD and General Recommendations

<b>Rec. No 1 Improve access to basic services for CWD living in their communities.</b>	
ST	Organise comprehensive data collection nationwide and improved collaboration between competent ministries
MT - LT	Improve early identification/early intervention Ensure Access to Benefits/services for CWD

Most CWD in Cambodia have limited access to their basic rights; such as health care, education and social protection due to several factors:

❖ **The identification of children with disabilities remains weak:**

- a) Currently the disability classification used in Cambodia is mainly based on the medical assessment and is focused on physical disabilities, and people, including children, with intellectual disabilities are not properly counted in the registration.
- b) Children with disabilities are not comprehensively identified at a national level, the gap of disability measurement tools used in census limits the quantitative and qualitative data to identify the breadth and develop adapted policies and programs. The capacity for identification and assessment of needs of persons with disabilities and especially children with disabilities is limited both within the health and education sectors.
- c) Children with disabilities are often unlikely to be identified early at community level: the lack of early identification can considerably limit access to basic services to those children, and they are therefore less likely to benefit from support programs and services for them and their family and reach their full potential.

❖ **General lack of basic and specialised support services for CWD:**

- a) Eligibility criteria for children with disabilities to the social protection measures is unclear and their coverage under the National Social Benefit Grant on Disability is limited.
- b) The early intervention for the care of CWD in their community is underdeveloped. CCWC who work in the community to identify vulnerable families are not specially trained to identify and provide specific support to children with disabilities and their families.
- c) Families of CWD have a lack of information of the existing services and care possibilities for their child.

There is a strong need to move away from the medical model of disability to a social model to promote inclusion and participation of CWD and PWD in all aspects of society and ensure their rights are upheld in accordance with the Law on The Protection and the Promotion of the rights of Persons with Disabilities and the UN CRPD ratified by Cambodia.

Without access to basic services, children with disabilities and their families are more vulnerable and children are more at risk to become a burden for poor families. Ensuring the basic support to families of children with disabilities is the best “gate-keeping measure” and the first step for prevention of the unnecessary separation of children from their families. Inclusion of early identification of CWD into

the community level health and child protection services is a necessary step and should be a key priority.

<b>Rec. No 1 Improve access to basic services for CWD living in their communities.</b>				
<b>SHORT TERM (2018)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Organise comprehensive data collection nationwide	<ol style="list-style-type: none"> <li>1) Advocate for the revision of the disability classification in line with WHO International Classification of Functioning, Disability and Health (ICF)</li> <li>2) Advocate for disability inclusive national household surveys using the new UNICEF/Washington Group Child Functioning Assessment tool for identification of CWD</li> </ol>	Ministry of Health, MoSVY	WHO, UNICEF	2018
Agreement on a global policy to involve the key ministries	<ol style="list-style-type: none"> <li>1) Consultancy to determine the priority regarding the data</li> <li>2) Commission to organise Roundtables among relevant ministries to reach agreement</li> <li>3) Commission to set up steering group to finalise agreement</li> <li>4) Joint ministerial note to be drafted</li> </ol>	Commission and all relevant ministries (Health, MoSVY, Education, Youth and Sport) MoP - NIS		2018
<b>MEDIUM to LONG TERM (2019 – 2025)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Improve early identification/early intervention	<ol style="list-style-type: none"> <li>1) Operational guideline for assessment and selection of beneficiaries with greater focus on children with disabilities (based on the existing human resources available, especially at local level).</li> <li>2) Training modules on disability in the curriculum of social workers and para social workers</li> <li>3) Train CCWC to identify CWD in the community</li> </ol>	MoSVY in collaboration with all relevant ministries	UNICEF	2019 ongoing
Ensure Access to Benefits/services for CWD	<ol style="list-style-type: none"> <li>1) Develop targeted awareness raising campaign within the communities</li> </ol>	MoSVY	UNICEF	2019 ongoing

## 2. Family Support and gatekeeping to prevent the separation of families of CWD

*Children with disabilities want to stay in their families and most families don't want to release their children" (1 CBR worker), however the lack of available supports and services, on top of poverty, is a push factor for child abandonment.*

Gatekeeping mechanisms such as Community Based-Rehabilitation, in home care and respite care should be developed as a package to provide an array of services to the families at risk of breakdown and abandonment. It seems that a limited number of communes benefit from CBR at this stage and this area is entirely tackled by the civil society. There is an urgent need to strengthen the family by CBR, respite care and in home care. CWD are far more likely to reach their full potential when cared for within their family and community. Where CWD are integrated into their community fully they are able to live rich and rewarding lives. A strong gatekeeping model is essential for family preservation and ensures children remain in their families, reducing the number of CWD entering RCIs.

Families are often unaware of support services to assist them to care for their child and can face multiple barriers in accessing services. It was reported that families often feel ill equipped to understand their child's disability and needs without adequate supports in place. Families living in poverty also need to be supported with income generating activities (IGA) that accommodate their need to be close to home caring for their CWD.

<b>Rec No 2. Strong gatekeeping model to ensure family preservation</b>	
ST	Development of strong collaborative network of disability services at provincial / district level
MT	Develop and train para-social work force at community level to identify and support families of CWD
LT	Development and expansion of day care programs providing respite for families of CWD

It was observed in areas where there are strong collaborative networks amongst service providers there were very few CWD entering RCI's. The lack of CWD in RCIs in Siem Reap and Battambang appeared to be largely due to programs of early intervention, prevention and CBR offered in these areas. In the **short term**, we recommend the mapping of disability services providing specialised support to families of CWD within districts. Once the full breadth of disability services is known in each district a process of providing links between these services is essential to ensure services complement each other and offer a multidisciplinary approach to assisting families. We recommend regular networking opportunities via interagency meetings are implemented so that disability services can host joint trainings, share knowledge and expertise and enhance their approach to servicing their local communities and families with a collaborative team approach. It is recommended that the CCWC be involved in interagency meetings of service providers as they are well placed in the community to be able to provide early identification of families in need of support and can be an entry point to refer families to services.

A strong Disability Services Network can launch large scale awareness raising campaigns as a collective of organisations promoting and educating the community on early childhood disability prevention and the rights and abilities of CWD. A Disability Services Network could also provide an advocacy function



ensuring CWD are accepted and accommodated within their local communities and mainstream schooling where possible and shift community attitudes more positively towards all PWD.

As a gatekeeping measure, prevention and early intervention programs should be a primary focus of the district service providers. Service providers, such as CABDICO, in Siem Reap, who facilitate regular groups for pregnant women and parents to learn about antenatal care and early childhood development have increased success in ensuring parents are able to detect early signs of possible developmental delay or disability in their child. The service providers running early intervention programs also had a strong emphasis on ensuring women were giving birth in hospitals. This is a further gatekeeping measure to ensure women gave birth in safe and sanitary conditions and that any issues with their child could be detected early and they could be linked immediately into support services. Free access to health care and support services for CWD is also essential in ensuring their needs can be adequately met.

Parenting groups also provide a crucial support network for parents which is vital for parents of CWD to feel connected and understood by others facing similar challenges. As reported by Safe Haven staff in Siem Reap, often their clients had never met another family who had a child with the same disability until they attended the service. Meeting other families with a CWD normalised their own experience and gave them hope to continue parenting their child and see that progress can be made.

The collaboration of specialised NGO's in conjunction with CCWC is essential to avoid any overlapping and to maximize the efforts of service providers. The Siem Reap model of collaboration between stakeholders offers a variety of services: Angkor Hospital for Children (health care, social work and early identification), Safe Haven (in-home care, support groups), and CABDICO (prevention, early identification and CBR) Grace House (day care for CWD). A Safe Haven staff member stated *'home based care is best as it is working in context of the child's life.'* Safe Haven provide an opportunity for parents to meet at their Centre *'often families haven't met others with CWD or with their child's disability.'* The focus is on helping families know what their child can do and get them invested in their child's progress. Safe Haven has strong links and partners with other local services that offer IGA to support families achieve more financial stability whilst Safe Haven focuses on supporting families to adequately and safely care for their CWD. Transport services are offered to families to ensure they are able to access services and support. Safe Haven staff also accompany families to medical and dental appointments and assist families to understand the information received and ask pertinent questions related to their CWD specific needs. This holistic approach strengthens family preservation.

A **medium term** recommendation is the development of a para-social work force to complement existing services and 'fill the gap' in more remote areas where few services exist to identify and support CWD and their families. Using and training local resources as a para-social work force in the community, especially in remote areas is a concrete and cost effective way to bring early intervention to the most vulnerable CWD and their families. The CCWC and local community leaders would be key in identifying and recruiting appropriate volunteers at a district/ commune level. Volunteers would receive training in childhood developmental milestones and in detecting early signs of developmental delay and disability in children and offering support to families at risk of abandoning their child.

It is acknowledged that families in remote and rural communities lack access to basic services and we see the development of a para-social work force as being an instrumental gatekeeping measure in assisting families with limited resources to receive support.

A critical **long term** recommendation is the expansion of existing CBR services and the further development of specific day care programs providing respite for families of CWD. As access to targeted CBR and respite services are increased for CWD they can remain within their own communities whilst receiving the necessary care and support they require. This recommendation ensures CWD do not enter RCIs as support is targeted and ongoing to families of CWD. Community based day care and respite services ensure family preservation as it allows parents to continue to earn an income and know their child is receiving adequate support and stimulation through a day care centre if mainstream schooling is not an option. The child returns to their family at night keeping the family connection strong and secure.

The regulatory and inspection function of day care and respite services should be held and conducted by MoSVY in collaboration with DoSVY.

Assistance with transport costs and accessible transport options must be considered to ensure the success of this recommendation. An example of a modified reumork that accommodates a wheelchair was seen in Siem Reap. The reumork was funded by a local church group that covered transport costs for families ensuring they could attend medical appointments with their CWD as well as provide opportunities for the CWD to attend day care services or mainstream school. The development of a small fleet of modified reumorks in each province would ensure all PWD are able to access essential medical appointments as well as allow them to participate more broadly in their local community and society as a whole.

Another model to be developed to assist CWD to participate in mainstream school includes the provision of a wheelchair at home and at school for CWD. This enables easier transport options for the child without having to transport the wheelchair between two points (Jesus Service Cambodia JSC provides this service in Siem Reap).

Broader recommendations include assisting families caring for CWD with Income Generating Activities to ensure a reduction in poverty and ability to maintain care for their child at home. Services offering IGA to families of CWD need to be able to offer effective training to individuals and ongoing support to ensure the success of the IGA plan. Services providing IGA should be included in the Disability Services Network. It is also essential to ensure the Disability Grant (Pension) is extended and made available for families with CWD in order to provide much needed financial assistance.

<b>Rec. No 2 Strong gatekeeping model to ensure family preservation</b>				
<b>SHORT TERM (2018)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Mapping of services providing specialised support to families of CWD in each district/ province	DoSVY led team to map specialised district disability services for CWD  DoSVY to assist in establishing an ongoing schedule of regular interagency meetings between local disability service providers to	MoSVY National CBR Committee	DoSVY, UNICEF & 3PC partners NGO CBR Network?	2018

(such as specialised day care, respite care, support groups, in-home care...)	share expertise & target holistic support to families of CWD.			
Targeted campaign of early intervention and prevention by district.	Local disability service providers coordinate a program of awareness raising and education through regular groups for pregnant women and parents as a gatekeeping mechanism.	MoSVY, DoSVY MoH?	Unicef, 3PC and identified local disability service providers	2018 - ongoing
<b>MEDIUM TERM (2018–2020)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Develop and train para-social work force at community level to identify and support families of CWD	DoSVY and CCWC to identify appropriate community members who would be trained to provide on the ground support in remote areas.  Specific training delivered by district disability service providers to para social work force on early identification signs & CWD support	MoSVY	DoSVY, CCWC and identified local disability service providers	2018 ongoing
<b>LONG TERM (Beyond 2020)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Development and expansion of CBR and day care programs providing respite for families of CWD	Positive model to scale up in other provinces is the Siem Reap collaborative service model. Identify other good practice models?  Development of CBR and day care respite services to be promoted through already existing service structures and expanded as part of service provision.  With the move away from placing children in RCIs funds can be diverted into this area of service provision.	MoSVY National CBR Committee	UNICEF & 3PC partners NGO CBR Network	2020 ongoing

### 3. CWD in RCI key findings, recommendations and action plan

In Cambodia, almost 90% of CWD placed in RCI are abandoned in hospitals, clinics, or in the street without known parents, which limits reintegration and kinship opportunities. In the State orphanage of Phnom Penh, out of 115 children only 1 child has a connection with his family (grandparent). It is evident that the majority of CWD entering RCI remain in these facilities due to a lack of family based-care options and opportunity to return to family or extended family's care. Therefore, it is imperative that RCI staff are better equipped to care for CWD.

<b>Rec. No 3 RCI staff are better equipped to care for CWD</b>	
ST	RCI staff are trained to provide specialised care for CWD in specific pilot province/s
MT	RCI staff nationwide are trained to provide specialised care for CWD
LT	RCI staff benefit from ongoing training for the care of CWD

It was evident that RCI staff would benefit from acquiring more skills and knowledge to care for CWD. When RCI staff caring for CWD have more access to training, it upskills the staff and enables them to provide the individualised attention that CWD need to grow up and develop to their full potential, as well as opportunities to reintegrate into the community or a family based setting.

Whilst ISS applauds the dedicated RCI staff who generally are motivated to provide the best care possible to CWD, it was evident from staff feedback (in both the Government and NGO RCI) that they would benefit from access to additional professional development opportunities to ensure they are better equipped to meet the children's daily care needs.

ISS appreciates the challenges for carers in RCIs especially when the child to carer ratio is high, however it is important to equip carers with additional knowledge on the wide range of care needs for CWD which will in turn allow an improved level of care and opportunities for CWD in RCI. UNICEF reports that CWD are among the last to benefit from support and services enabling them to leave RCIs for a family setting adapted to their needs<sup>1</sup>.

Based on ISS' long standing experience delivering specialised training for RCI carers of CWD in many regions throughout the world, we are convinced that numerous CWD in RCI could receive more appropriate care and the opportunity to live in a family environment through targeted training and support to carers. Therefore ISS proposes:

- ❖ **ISS train a pool of national trainers to train staff from RCI** caring directly for CWD, including RCI Directors, Managers, Supervisors, Carers, Social Workers, Medical Staff etc. The training would be multifaceted in order to enable the RCI staff to develop a greater understanding of:
  - i. the daily care for CWD adapted to their specific needs
  - ii. planning for care provision and permanency through quality case management and monitoring of case management plans: functions and maintenance of a Child's File including entry reports, individual assessments and case plans
  - iii. nutritional practices specific to CWD and children in RCIs<sup>2</sup>

<sup>1</sup> The State of the World's Children 2013; Children with Disabilities - UNICEF

<sup>2</sup> Utilising our ISS partner 'Spoon Foundation' <http://www.spoonfoundation.org/>

- iv. appropriate stimulation guidelines
- v. access to a practical Handbook and child Lifebook.

❖ **Provide practical tools for RCI staff** caring for CWD

- i. a **practical Handbook**<sup>3</sup> developed by ISS in collaboration with an international and multidisciplinary group of experts, proposing a methodology, concrete activities and observation grids to better understand the child's needs and to design an individualised case plan.
- ii. a **child Lifebook** developed by ISS in collaboration with field experts that enables carers to keep track of childhood phases and memories of every child which in turn ensures the child recognises their past, present and future. It also enables future carers, whether this be a foster carer or another alternative care option to understand the child's background and development which also allows the new carer to meet the child's current and future needs. This tool is commonly used in the UK and Australia for children deprived from their families and is widely acknowledged as an innovative and invaluable tool for professionals caring for children in RCIs.

In the **short term**, we recommend the training would occur with the collaboration of a group of Cambodian experts through a **Training of Trainers model**. MoSVY and/or UNICEF Cambodia would identify and supervise the group of national experts (hereinafter *pool of national trainers*) from different but relevant professional backgrounds who would be trained by an ISS team in order to become competent to train the RCI staff caring for CWD as well as NGOs providing foster care to CWD (see rec.5).

The key to this model is to identify a pool of approximately 5-6 national trainers who already have some experience in a specific area of discipline (for example children's health and development, social and community services etc) so their role as trainers is valued by the training participants. MoSVY and its National Institute of Social Affairs, the Royal University of Phnom Penh and the leading NGOs could identify experts who could receive further training from ISS in order to form the *pool of national trainers*. It is envisaged that the *pool of national trainers* would be multidisciplinary and consist of social workers, psychologists, child protection professionals, paediatricians and any other professionals with CWD experience.

Following the Training of Trainers, the pool of national trainers **would disseminate the training** to target a few pilot provinces selected regarding specific criteria:

- High number of CWD placed in RCI (both Government and NGO RCI).  
*Example: Phnom Penh and Kandal*

"There are many residential care institutions where children with specialized needs are living, with at least 18 of the provinces reporting children with at least one specialized need living in the residential care institutions. However, a small number of provinces record a high number of such children (...) Considering that they are concentrated in select provinces, this additional oversight is possible." <sup>4</sup>

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<sup>3</sup> ISS has developed a practical Handbook used by professionals working with CWD in RCI in countries where ISS has implemented a CWD project, i.e. Vietnam, Mauritius, Burkina Faso, Mexico and Romania. This Handbook would need to be adapted to ensure it is appropriate to the context of CWD in Cambodia.

<sup>4</sup> MoSVY FINAL NATIONAL REPORT. MAPPING OF RESIDENTIAL CARE FACILITIES IN 25 PROVINCES Cambodia, September 2016

- Family based-care for CWD such as foster care or small group homes is promoted and promising practices are already developed which enable a holistic approach and make the link between RCI and other forms of alternative care (this is when restoration to the extended family is not possible).

*Example: Siem Reap*

The ISS team that train the pool of national trainers could also assist them to deliver their first training in order to effectively implement the practical tools and the professional capacity of the staff in RCIs. This would also reinforce the capacity of the national trainers to feel confident and fully prepared to deliver the further trainings, practical tools and methodology. Additionally, specific RCI would be identified (both Government and NGO) and allocated to a member of the pool of national trainers, so that timely follow up training could be provided to the staff in the RCI to ensure the implementation of the skills and tools delivered in the initial training. It would also allow the trainers to build strong working relationships with specific RCI and their staff and be readily available for ongoing support and advice.

As a **mid term** activity, we recommend that further national trainers are identified and trained in this specific training for the RCI to care for CWD, so they can disseminate the training past the pilot province/s to ensure it is delivered nationwide. This would ensure that all CWD in RCI are afforded better quality holistic and specialised care by their carers, as well as allow each child’s Case File and Lifebook to be maintained at a high level. Lastly CWD would also receive regular and comprehensive individual assessments that identify their needs and strengths, complete with case plan goals that work towards permanency planning and that enhance alternative care opportunities.

Based on its gained expertise and the lessons learnt from the training sessions, the pool of national trainers could collaborate with the Royal University of Phnom Penh and the MoSVY National Institute of Social Affairs so students could also access specialised training modules on CWD and alternative care, and this may also assist the intersection of the two educational streams. Furthermore, UNICEF could advocate with the University and Institute for the inclusion of CWD modules in their curriculum.

As a **long term** activity, we recommend that the *pool of national trainers* provide either annual or bi-annual training throughout Cambodia to ensure new staff in RCI caring directly for CWD are taught the specialised skills and how to use the practical tools (Handbook and Child Lifebook).

<b>Rec. No 3 RCI staff are better equipped to care for CWD</b>				
<b>SHORT TERM (2018)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Training for staff from RCI caring directly for CWD in pilot province/s	Pool of national trainers identified and trained using a <i>training of trainers</i> model. They deliver training to RCI staff in pilot province/s.	MoSVY	UNICEF and ISS CSOs?	2018
Practical tools for RCI staff caring for CWD in pilot province/s	Pool of national trainers provides tools and teach RCI staff how to use practical tools (Handbook and Child Lifebook) as part of the training above in the pilot province/s.	MoSVY	UNICEF and ISS	2018
<b>MEDIUM TERM (2019 – 2021)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe

Training for RCI staff caring directly for CWD is delivered nationwide	Further national trainers identified and trained, and then deliver training to RCI staff nationwide, as well as how to use practical tools (Handbook and Child Lifebook)	MoSVY	UNICEF	2019 ongoing
Specific Modules on CWD are included in the curriculum of social work degrees	Representatives from the pool of national trainers are official instructors on a common module for The National Institute of Social Affairs and the RUPP based on the experience gained within RCI	MoSVY	UNICEF	2019 ongoing
<b>LONG TERM (Beyond 2023)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Regular training for new staff in RCI caring for CWD throughout Cambodia	Pool of national trainers provides regular (annual) training to new RCI staff nationwide who directly care for CWD to ensure they are taught the specialised skills and how to use practical tools (Handbook and Child Lifebook)	MoSVY	UNICEF	2020 ongoing

<b>Rec. No 4 Review the Minimum Standards for RCI to ensure the standards address the specific needs of CWD</b>	
ST	The specific needs of CWD are addressed and included in the Minimum Standards on Alternative Care
MT/LT	Minimum Standards are updated to address the needs of CWD, and conform to the CRC and CRPD

Whilst Cambodia took initiatives in 2008 to implement the Minimum Standards on Alternative Care for Children, which addressed both the Minimum Standards on Residential Care for Children and Minimum Standards on the Alternative Care of Children in the Community (i.e. Family Based Care, Pagoda and other Faith Based Care and Group Home Care), it is important that they are reviewed in order to ensure they address the specific needs of CWD and uphold their ratification to the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD).

In the **short term**, we recommend a thorough review of the Minimum Standards by an ISS team and Cambodian experts.

❖ **To ensure that the Minimum Standards on Alternative Care for Children address the specific needs of CWD, the following plan could be implemented:**

- i. Form an ISS team with alternative care international experts, as well as Cambodian experts.
- ii. This team would analyse and assess the current Minimum Standards on Alternative Care for Children. The ISS team would be equipped with knowledge obtained from other countries that have incorporated the needs of CWD into their improved Minimum Standards, and in consultation with the Cambodian experts they could determine whether these improvements could be applied to the Cambodian context.
- iii. The ISS team and Cambodian experts would develop a report with recommendations which would ensure that the specific needs of CWD could be incorporated into the Minimum Standards.

- iv. UNICEF Cambodia could present this report to MoSVY for consideration to update the current Minimum Standards on Alternative Care for Children.

As a **mid – long term** activity, we recommend the Minimum Standards are updated to address the needs of CWD, conform to the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD).

<b>Rec. No 4 Review the Minimum Standards for RCI to ensure the standards address the specific needs of CWD</b>				
<b>SHORT TERM (2018)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
The specific needs of CWD are addressed and included in the Minimum Standards on Alternative Care	ISS team and pool of national trainers analyse and assess the current Minimum Standards  ISS team develops a report with recommendations to ensure the needs of CWD are incorporated into Minimum Standards	MoSVY	UNICEF and ISS	2018
<b>MEDIUM – LONG TERM (2019 and beyond)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Minimum Standards are updated to address the needs of CWD, and conform to the CRC and CRPD	Following recommendations from the ISS team and Cambodian experts, MoSVY updates the Minimum Standards to address the specific needs of CWD	MoSVY	UNICEF	2019

#### 4. CWD in Foster Care: key findings, recommendations and action plan

Foster care for children with disabilities is largely undeveloped in Cambodia and solely undertaken by NGOs. Other than the Able Program, other NGO’s do not have dedicated programs for CWD. CWD form part of their existing foster care program for children without disabilities. Three NGOs placed CWD in foster care however our observations raised various sources of concern, mainly in regard to the profile of the child in foster care (mainly children with severe disabilities), the case plan review, the evaluation of the family, the training and ongoing support of the carer on the individual needs of the child (daily care, feeding techniques).



Table 1. Existing Foster Care Services in Cambodia

	<b>Mith Samlanh (Phnom Penh)</b>	<b>Children in Families (ABLE program)</b>	<b>Kalyan Mith (Siem Reap)</b>
<b>Number of CWD in foster care and profile</b>	10 children with severe disabilities	16 children in foster care 13 children in kinship care Main Disabilities: Cerebral Palsy, Autism, Down Syndrome	4 children: Cerebral palsy, deaf child, Foetal Alcohol Syndrome (FAS)
<b>Wages for the foster carers</b>	150 USD/month	100 USD/month	70 to 80 USD/month and full support (food, equipment, medical care, therapy)
<b>Special support for the foster carers</b>	1 visit per week by a social worker from Mith Samlanh.  Support group	A multidisciplinary team of professionals (physiotherapist, social workers),  Cluster support group (10 families)	“Safe Haven” specialised support to the children and their families.  Visit from social worker once per week
<b>Identified needs by the NGO</b>	Training on the individual care of CWD  Increase the salary (to reach the average wage in Cambodia = 250 USD)	Open to capacity building	Upskill the actual capacity of their staff to identify the disabilities  Secure the collaboration with Safe Haven (ensure the funding of Safe Haven)
<b>Other relevant info</b>	ISS team visited 1 foster carer and had concerns on the appropriateness of the placement, for example the profile of the CWD (i.e. severe cerebral palsy), capacity of the carer to meet this child’s individual needs (i.e. feeding technique and how she carried the child etc.) daily care, stimulation, ability to leave the home, appropriate support for the family, etc.	Matching process  Social workers are recruited via the National Institute of Social Affairs (MoSVY),  Social workers use the case management template provided by MoSVY, use digital tool and have about 8-9 cases each. They are paid 400USD/month	Angkor Hospital for Children initiate immediate tracing of the family.  1 social worker for 18 children in foster care in total  Long term foster care, some families willing to adopt the child after several years in care, however there is much difficulty & cost with the local adoption process.

Children with disabilities placed in nurturing family based environments can create better opportunities to progress to their full potential. In RCI, the individualised attention they require is often limited and long term placement<sup>5</sup> in RCI might even compound the disability. Children with mild to moderate disabilities entering into RCI can present other forms of disabilities after a long period of placement<sup>6</sup>.

Although foster care should be an available option for CWD, this measure is not appropriate for all children with disabilities in need of alternative care. As with all care options, child placement in a foster family should be considered in the best interest of the child. Such a placement does not constitute a response to the needs of all children with disabilities who are temporarily or permanently separated from their parents<sup>7</sup>. This measure requires many safeguards to ensure the protection and security of the child. If the family is not properly evaluated, prepared, trained, equipped or supported it can lead to breakdown, neglect or abuse. Caring for a child with severe disabilities can be extremely stressful, and there is often little or no formal psycho-social support to help deal with stress<sup>8</sup>.

ISS observed an example highlighting the necessity to be cautious regarding the profile of the child in foster care when visiting the placement of a severely disabled child with high-dependency requirements in a foster family in Phnom Penh. From our observations the foster carer had limited training and support in caring for this particular child's needs. We felt the placement was inappropriate and perhaps placed the child at risk due to the limited supervision and support that exists.

Therefore this measure should be **dedicated primarily for children with mild to moderate disability** as a way of effectively protecting children and preventing breakdown and new separation for the child especially in context when services provision and support for carers are lacking.

**For children with severe disabilities**, other forms of protection measures should be developed out of large scale institution such as **small group homes** to create a family setting on a long-term basis (See Rec 7).

**To develop specialised foster care programs for children with mild to moderate disabilities, we suggest the development of the following plan:**

- Children with mild to moderate disabilities, placed in RCI or entering into the care system, who could benefit from foster care placement, should be properly identified in order to define the needs and to plan an adapted foster care program with suitable resources and budget as described in Recommendation 5.
- On this basis the foster carers should then be appropriately selected, trained and supported in order to meet these children's special needs as described in Recommendation 6.

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<sup>5</sup> A Study of Attitudes Towards Residential Care in Cambodia 2011, MoSVY 2011

<sup>6</sup> Report of the independent expert for the United Nations study on violence against children, 200- 58 [https://www.unicef.org/violencestudy/reports/SG\\_violencestudy\\_en.pdf](https://www.unicef.org/violencestudy/reports/SG_violencestudy_en.pdf)

<sup>7</sup> A better future is possible, Promoting family life for children with disabilities in residential care - Manual for professionals,

International Social Service, 2016 <http://www.iss-ssi.org/images/practices/ISS-ManualEnglish.pdf>

<sup>8</sup> Enabling Reform, Why supporting children with disabilities must be at the heart of successful child care reform, BCN, 2012

Developing an efficient foster care system for CWD requires the collaboration of various professionals including RCI staff who should be trained to ensure regular assessment of the child’s needs including identifying children in need of foster care (See Rec 3 and 5).

To ensure a holistic approach for the short term strategy (2018) we would recommend working within the same pilot province for the training of RCI staff and the development of a specialised foster care program.

**Phnom Penh, Kandal and Siem Reap Provinces** (3 out of the 5 targeted provinces of the Cambodia National Action Plan) **could be relevant provinces for both activities.**

**Rec. No 5 Planning for adapted specialised foster care program for CWD**

ST	Planning for foster care in the pilot provinces - Needs and Budget
MT	Creation and implementation of a data base (see ISS/HCCH Rec 2)
LT	Extend the model nationwide

As outlined by Recommendation 9 of ISS / HCCH report “effective implementation of the National Plan of Action and foster care specific legislation will require in the **short term** significant commitment from Government in terms of **budget allocation**”. This is because when NGOs providing foster care are reliant on short term external funding or aid, it creates uncertainty to the child’s placement and ultimately threatens the end of the placement because of a lack of funding.

Foster care for CWD is **not meant to be a short term arrangement** and when CWD remain in stable placements where their needs can be met while also building strong attachments to their primary carer, it provides them with opportunities to reach their full potential. Therefore Government and the NGOs both need to implement methods to ensure financial sustainability so the foster care placements of children are not disrupted because of financial issues. The way to ensure financial independence and security to develop a **Government owned foster care system** is described in Recommendation 9 of the ISS/HCCH report.

Foster families caring for children with disabilities should receive remuneration to cover the daily needs of children: all medical and care costs should be the responsibility of the State once the child is placed in a foster family (e.g. free health care, clothing and food expenses, equipment and apparatus for the child, schooling, etc.). In addition to costs linked to the care of the child, foster families can have a remuneration that can be a way to value and recognise them as professionals.

“Paying a fee for the service, including salary and health/pension insurance can result in more applicants and higher quality of care.<sup>9</sup> Yet remuneration should not be the primary incentive for becoming a foster family<sup>10</sup>. “(ISS/HCCH Report)

<sup>9</sup> Madeleine Tearse, *Love Fostering – Need Pay, a UK-wide survey of foster carers about fees*, 2010, [www.thefosteringnetwork.org.uk/sites/www.fostering.net/files/public/resources/reports/love\\_fostering\\_need\\_pay\\_0310.pdf](http://www.thefosteringnetwork.org.uk/sites/www.fostering.net/files/public/resources/reports/love_fostering_need_pay_0310.pdf) , Damien W. Riggs, Paul H. Delfabbro, *Economies of Care Remuneration and Recognition in Foster Care*, Journal of the Association for Research and Mothering, Volume 10, No1, 2009, [www.academia.edu/5418635/Economies\\_of\\_care\\_Recognition\\_and\\_remuneration\\_of\\_foster\\_carers](http://www.academia.edu/5418635/Economies_of_care_Recognition_and_remuneration_of_foster_carers)

<sup>10</sup> For example, in the case of M’lup Russey they receive 20 US\$ paid after each month as a retainer. They get 2.5 US\$ per day for each child for food and other expenses.

- Identification of children in RCI:

Within the pilot Provinces, the pool of national trainers as a **short term** activity will train and assist their allocated RCIs to identify children with mild to moderate disabilities who may be able to transition into foster care.

If foster care placements are identified, transition plans could be developed collectively by the RCI caring for the child, the NGO planning to provide the foster care placement, the national trainer and an allocated DoSVY worker. Note it is envisaged that DoSVY would be involved in order to ensure the transition and new placement is monitored, as well as to provide an ongoing financial contribution towards the new placement.

- Identification of children entering into the care system

The opportunity for foster care placement should be assessed as soon as possible to avoid an unnecessary entry and stay in an RCI.

To prevent multiple care settings for the child which is particularly detrimental regardless the age of the child, children with mild to moderate disabilities should preferably be integrated in a foster family in the first instance.

Knowing that most CWD in need of alternative care are abandoned, a pool of foster carers should be ready, trained and prepared to foster a child in emergency. This implies that the multidisciplinary team within competent authorities (MoSVY, provincial Competent Authorities) who approve the placement of the child in alternative care are trained to identify the adequate profile of CWD who could benefit from foster care.

Defining an estimated number of eligible children is paramount to build effective planning to determine an adapted foster care system: highlight the needs in term of foster carers as well as quality service support for the child and the family and related costs.

In the **mid-term**, to facilitate this planning process, data collection should be promoted on a regular basis. For example every 3 months each RCI should submit the list of CWD in need of foster care to DoSVY. Once created, the national database as suggested in Rec 2 in ISS/HCCH report, will include data on CWD in need of foster care.

<b>Rec. No 5 Planning for adapted specialised foster care program for CWD</b>				
<b>SHORT TERM (2018)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Identification of CWD in RCI who may be able to transition into foster care	The pool of national trainers supports RCI in pilot provinces to identify the children and provide adapted child's files to facilitate matching process.	MoSVY	UNICEF and ISS	2018

Early Identification of CWD entering into care system who could be adequately placed into foster care.	The pool of national trainers delivers specific training to the competent authorities (who decide the placement) on early identification of CWD who could be placed into foster care.	MoSVY	UNICEF and ISS	2018
<b>Rec 9 ISS/HCCH report</b> Introduce normative allowance to cover needs of children with disabilities and remuneration for foster parents	<ol style="list-style-type: none"> <li>1. Calculate costs of the needs of children, depending on their age and capacity.</li> <li>2. Agree on normative allowance from State for children with disabilities and their foster carers.</li> </ol>	MoSVY and Ministry of Finance	UNICEF, 3PC, FCFC	2018
Planning for the needs in terms of foster carers and adapted services support for the children and foster parents in the pilot provinces	<ol style="list-style-type: none"> <li>1. The list of eligible children is centralised at DoSVY level and regularly updated</li> <li>2. DoSVY works in close collaboration with the NGO providing foster care, RCI as well as the network of professionals providing specific care for CWD (day care, hospital, in home care services) to study the possibility for those children to be placed in foster care within the existing resources and plan the needs in terms of budget and support services to cover the needs of children.</li> </ol>	MoSVY, DoSVY	UNICEF, 3PC, FCFC	2018 ongoing
<b>MEDIUM TERM (2019-2023)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Facilitate data collection	<ol style="list-style-type: none"> <li>1. Promote centralisation of information at DoSVY level: Every 3 months each RCI send the precise number of CWD in need of foster care</li> <li>2. Integrate the data on CWD in need of foster care into the national database see <b>Rec 2 in ISS/HCCH report</b></li> </ol>	MoSVY and Ministry of Finance	UNICEF, 3PC, FCFC, HCCH and ISS	2019 ongoing

*“We have to be very cautious to consider both the interests of the child and the family”* Cambodian Children Trust (CCT) social worker. This organisation based in Battambang has experienced placing 1 CWD in foster care (the profile of the child has not been detailed). Despite a clear procedure (training and assessment of the family, matching of the family, preparation of the family, agreement of the family for this child with special needs, consent of the child), the case was not successful because the family faced too many challenges and ultimately the child was returned by the carers. According to the CCT social worker, the family was too poor and the placement of the child added further burdens on the family.

In Siem Reap, although it concerns a limited number of children (4 children in total), the framework around foster care for children with disabilities is organised through a good model of collaboration between the existing network of professionals:

- Angkor Hospital for Children (3PC network partner): family tracing of abandoned children, most CWD are abandoned at hospital at birth or during medical consultation
- Kalyan Mith (3 PC Implementing NGO): oversees foster carers for CWD (through evaluation, follow up with the foster carers)
- Safe Haven (3PC network partner): This NGO provides in home care and support for families of CWD including for 3 foster families referred by Kalyan Mith (physical and occupational therapy, rehabilitation, nutritional support, health assessments and education, and ongoing monitoring and support).

However, this model needs to be reinforced and sustained as it strongly relies on available funding.

Fostering for CWD requires specific procedures compared to regular fostering: the recruitment and the evaluation of the carers should be tailored to the disability, adapted training as well as strong support services such as respite care should be available, especially since CWD are mostly placed in long term foster care.

As already promoted by Children in Families and Kalyan Mith, in order to ensure the child has permanency, the adoption of the child should be encouraged when on request of the long term foster carers and when in the child’s best interest (See Report ISS/HCCH Rec 20 Promote Domestic Adoption).

In Siem Reap, all the organisations working in the field of disability have created the **Disability Network**: Angkor Hospital for Children, Handicap International, CABDICO, Kalyan Mith, Safe Haven and “Grace House” (Day Care for CWD-Respite care for families). Monthly meetings enable professionals to improve collaboration and share case studies and available resources.

<b>Rec. No 6 Promote specialised foster care program for CWD with specific procedures and adequate support for carers.</b>	
ST	Strengthen the Siem Reap Model and develop it in 2 targeted provinces
MT	Develop standard operating procedures and build respite care services for foster carers
LT	Extend Foster Care nationwide

Whilst a robust centralised and nationwide foster care system still needs to be developed in Cambodia and will need some time, it is important to acknowledge that generic foster carers and the training they receive is not adequate to meet the special and individualised needs of CWD.

Therefore as a **short term** activity, we recommend Cambodian Authorities should focus on the existing good practice in Siem Reap as described below. An analysis of the challenges, gaps and lessons learnt should be undertaken and training needs should be highlighted in order to develop tailored capacity building and strengthen the model in Siem Reap.

The experience in Siem Reap should then be capitalised in an implementation handbook and disseminated in 2 other targeted provinces selected regarding the following criteria:

- Existing NGO(s) already providing promising foster care practice and models.

- The pool of national trainers could assist these NGOs to adapt their program to meet the specific needs of CWD
- Access to a range of services and respite care opportunities for CWD and their foster families are available within civil society and DoSVY
  - The pool of national trainers support Cambodian authorities to create an official network to provide necessary support for foster carers.

In the **mid-term** and on the basis of the experience gained, we recommend development of specific standards on foster care for CWD for recruitment, training, supervision, support within the minimum standards on foster care as recommended in the ISS / Hague PB report '*Family Support, Foster Care and Adoption Assessment in Cambodia*' (See Rec 11 mid-term activity). We acknowledge developing comprehensive legislation and minimum standards will take some time and are likely to be a **mid-term** activity, however ISS can provide technical assistance to expedite the development of such legislation and policies.

In parallel, efforts need to be conducted to develop further CBR and respite care opportunities in the communities at district levels for families caring for CWD (biological families, kinship and foster carers) such as temporary foster care, support groups, specialised day care (See Rec 2).

In countries such as Australia where foster care has progressed over many years, we have seen the establishment of Associations of Foster Carers whose primary focus is to provide peer support and strengthen foster care families. Additionally uniting carers can give them a strong voice and allow them to play an active role in developing policies and practices related to foster care. As Cambodia develops their foster care system, another **mid-term** activity would be to develop a National Association of Foster Carers. Such an association could also provide advice to carers, contribute to trainings and assist them to connect and form geographical peer support. ISS could provide technical advice to develop a plan to advance a National Association of Foster Carers.

Furthermore, recruitment of new foster carers is a key component: recruitment campaigns specifically aimed at finding more carers for children with disabilities should be developed<sup>11</sup> in the communities through for instance the collaboration with CCWC or CBR workers who would benefit from specific training in that matter. A National Foster Care Association could also be a key stakeholder involved in recruitment of new foster carers.

In the **long run**, adapted foster care for CWD should be developed in other provinces where CWD are in need of permanency planning and foster care.

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<sup>11</sup> Cousins, J., 'Disability Still Taboo in Family Placement,' Adoption and Fostering, UK, 2009.

<b>Rec. No 6 Promote specialised foster care program for CWD with specific procedure and adequate support for carers.</b>				
<b>SHORT TERM (2018)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Strengthen the Siem Reap Model	<ol style="list-style-type: none"> <li>1. Identify the challenges, gaps and lessons learnt in collaboration with the Disability Network of Siem Reap and DoSVY (Workshop)</li> <li>2. Calculate costs per CWD in foster care in Siem Reap (including the support services)</li> <li>3. ISS strengthen the capacity of the professionals involved in foster care for CWD with targeted training on the whole procedure of specialised foster care (recruitment, evaluation, training and support)</li> <li>4. CCWC and CBR workers are trained to include community outreach on CWD in need of foster care</li> </ol>	MoSVY, DoSVY	UNICEF, 3PC, ISS,	2018 ongoing
Standard operating procedures in order to extend specialised foster care to other targeted provinces	<ol style="list-style-type: none"> <li>1. Develop an implementation handbook with guidelines to capitalise the experience in Siem Reap in collaboration with the Disability Network group and the pool of National trainers.</li> </ol>	MoSVY, DoSVY	UNICEF, 3PC, ISS	2018
Embark on a specialised foster care program for CWD in 2 other targeted provinces	<ol style="list-style-type: none"> <li>1. Identification of CWD in need of foster care (see rec 5)</li> <li>2. Mapping of existing support services for families</li> <li>3. Set up a consortium of NGO/professionals (foster care providers, day care, hospital, in home care services, RCI) to create the necessary framework to support foster families.</li> <li>4. Develop specific training workshops for professionals (DoSVY; NGOs already implementing foster care) on the implementation of specialised foster care</li> </ol>	MoSVY, DoSVY	UNICEF, 3PC, ISS	2018 ongoing



	5. Identify gaps and additional training needs and follow up processes.			
<b>MEDIUM TERM (2019-2023)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Supportive environment for foster care in implementing provinces	<ol style="list-style-type: none"> <li>1. Develop day care, home based care, support group, (Rec. 2) for families and foster families at district level</li> <li>2. Develop Foster Care Association at district level</li> </ol>	DoSVY, MoSVY	UNICEF, 3PC, ISS	2019 ongoing
Recruit new foster carers in implementing provinces	<ol style="list-style-type: none"> <li>1. Awareness raising campaign to recruit new foster carers</li> <li>2. CCWC and CBR workers are trained to include community outreach on CWD in need of foster care</li> </ol>	MoSVY, DoSVY	UNICEF, 3PC, ISS	2019 ongoing
Minimum Standards for CWD	<ol style="list-style-type: none"> <li>3. Develop minimum standards for specialised foster care to be included in the Minimum Standards for all foster care types (See Rec 11 ISS/HCCH report)</li> </ol>	MoSVY	UNICEF, 3PC, ISS	2019
<b>LONG TERM (2023)</b>				
Development of specialised foster care program for CWD nationwide	<ol style="list-style-type: none"> <li>1. Extend the model nationwide</li> </ol>	MoSVY, DoSVY	UNICEF, 3PC, FCFC	2023

## 5. Family-like care placements for children with severe disabilities: recommendations and action plan.

As Promoted by the UN Guidelines on Alternative Care (s23), Small group Homes are seen to have a place in the continuum of alternative care options. “Small group homes” is a type of residential care in which a small group of children live in a house in the community.

Although this measure is already developed in Cambodia for regular children (a good model was observed in Battambang with the NGO Komar Rikrey, 3PC Partner), it does not seem available for CWD yet.

However The Small Group Home model could be particularly relevant for children with severe disabilities who cannot be reintegrated with birth or extended family (i.e. because there is no link to birth family) or placed into foster care because of their high-dependency requirements. This alternative care measure would allow CWD to leave the large scale and isolated RCI settings and live in an environment that closely resembles a family, in a community setting, so the child can develop and progress to their potential.

<b>Rec. No 7 Develop Small Groups Homes for children with severe disabilities</b>	
ST	<b>Develop a Strategic Plan to implement small groups homes in pilot province</b>
MT	<b>Open 1 small group home for children with severe disabilities in pilot province(s)</b>
LT	<b>Disseminate good practices by opening new homes</b>

The delivery of the Small Group Homes could be subcontracted by Government to NGOs while the Government’s primary function is the monitoring and inspection, including a process of registration for Small Group Homes. For the **short term** ISS could provide technical assistance to Government for the development of a strategic plan for implementing Small Group Homes in line with the legal framework and existing resources.

In a preliminary phase, we suggest to work in collaboration with one RCI caring for CWD in transition to Community- Based Care, the staff would be trained by the team of national trainers following the training curriculum of RCI staff (See Rec 3).

Once the RCI would be ready for transition, a small team of caregivers should be relocated as caregivers for the pilot Small Group Home(s) and children with severe disabilities who cannot be reintegrated should be identified (5 to 10 children in each home). This would offer the advantage to work with already experienced and trained carers, to secure their wages and include them as partners in the transition process. A specific follow up should be delivered to the selected team of caregivers. For the children, the continuity of carers would be paramount to facilitate the transition to a new environment and their well-being.

In the **medium term**, the pilot home(s) should open in partnership with a network of professionals to provide localised support services for children and support for the carers. Small Group Homes should be based in the community in order to allow closer connection to community members and promote activities such as volunteering, sponsorship and mentoring.

Other small group homes could be implemented **in the long run** in other contexts based on the experience gained during this pilot phase and the lessons learnt.

<b>Rec. No 7 Develop Small Groups Homes for children with severe disabilities.</b>				
<b>SHORT TERM (2018)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Strategy development to implement small groups homes in pilot province(s)	<ol style="list-style-type: none"> <li>Organise dedicated workshop to study with relevant stakeholders the way to implement such homes owned by MoSVY/ DoSVY in line with legal framework and existing resources (budget and support services).</li> <li>Define clear guidelines and budget</li> </ol>	MoSVY/DoSVY	UNICEF and ISS	2018

Identify and train staff to provide the daily care of CWD	<ol style="list-style-type: none"> <li>1. Identify 1 RCI in transition into Community Based Care</li> <li>2. The pool of national trainers ensures the training and follow up of the selected staff to adapted daily care</li> <li>3. Relocated staff transition from RCI to small group homes with an appropriate carer to child ratio</li> </ol>	MoSVY	UNICEF and ISS	2018 on going
<b>MEDIUM TERM (2019-2023)</b>				
What is required?	How will it be implemented?	Who will be responsible?	Who will support?	Timeframe
Opening pilot small group home(s)	<ol style="list-style-type: none"> <li>1. Identify a place with a family environment</li> <li>2. Develop collaboration with a disability network of professionals</li> <li>3. Develop collaboration with the surrounding community (long term and trained volunteer, sponsorship, mentoring)</li> <li>4. Organise ongoing training for the staff</li> </ol>	MoSVY	UNICEF and ISS	2019-2023
<b>LONG TERM (2023)</b>				
Replicate	Identify lessons learnt and promising practices that can be replicated with new small group homes	MoSVY	UNICEF	2023

## Conclusion

Admittedly there has been significant progress in Cambodia on alternative care recently, in particular thanks to the adoption of the **Sub-decree on the Management of Residential Care Institutions in September 2015**, the **MoSVY Commitment Statement on the implementation of the Sub-decree** in December 2015 and the signature by MoSVY in September 2016 of a **National Action Plan for improving child care, with the target of safely return 30% of children in residential care to their families by 2018**. The strategic action n. 7 in the National Action Plan refers specifically to the need for strengthening the capacity of government officials and agencies working with abandoned children and children with disabilities in alternative care to provide better quality of care, support reintegration with families and communities, and prevent institutionalization. The ISS needs assessment mission and the development of the present action plan have been conducted with the aim of identifying the detailed actions required to implement strategic action 7 of the National Action Plan.

ISS recommends that children under 3 years of age as well as CWD should be the two priority target groups for this National Action Plan since their special needs require very specific attention and individual care that RCI can rarely provide, especially large scale institutions.

Whilst ISS appreciates that CWD in RCI may be some of the most difficult to reintegrate (i.e. because of a lack of details on their biological family and limited foster carers equipped to care for CWD), family-based care measures and gatekeeping strategies should still be developed allowing CWD to be included and prioritised as they are often the last to benefit from support and services enabling them to leave RCI for a family setting adapted to their needs<sup>12</sup>.

### **Avenues of intervention to include CWD in the implementation of the National Action Plan of MoSVY:**

- 1) Identify children with disabilities in RCI having a family who could be safely reintegrated  
= need a good case planning process within the RCI (**Rec n°3**) + solid social work with the family + appropriate community based-care and services to support the family (**Rec n°2**)
- 2) Promote access for children with mild to moderate disabilities in RCI without known parents to foster care  
= need a good case planning process in the RCI to identify eligible children (**Rec n°5**) + develop a specific foster care program for CWD (**Rec n°5 and 6**)
- 3) For children with severe disability in RCI (with high-dependency requirements)  
= develop small group homes with limited number of children and specially trained carers (**Rec n°7**)
- 4) Prevent the placement/entry of CWD in RCI with appropriate support of the family (Gatekeeping strategy)

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<sup>12</sup> The State of the World's Children 2013; Children with Disabilities - UNICEF

= need to develop early identification and intervention + CBR programs + support of the State  
(Rec n°1+2)

In the prospect of developing **Standard Operating Procedure for closure and transition of RCI to community based care and reintegration of children**<sup>13</sup>, RCI staff who would have been upskilled through the pool of national trainers could be relocated in other services dedicated to CWD such as day care services, support services to families in the community, services to reintegrated children. The staff could also become foster carers, provide foster care support services, or become specialised carers in small group homes.

Special aftercare programmes are a crucial issue and should be developed to address the smooth transition into adulthood. Advocacy with partners and collaboration with NGOs for introduction of group-home models for young people and adults with disabilities is essential. A good model of aftercare program has been observed within Damnok Toek.

Finally, it is evident that Cambodia only has limited alternative care options for CWD outside institutionalisation and the number of children in RCI has increased dramatically in recent years especially as a result of the booming orphanage industry and voluntourism. Cambodia now has the unique opportunity to showcase their reform work in addition to the proactive Sub-decree on the Management of Residential Care Institutions and the MoSVY National Action Plan for improving child care, which includes the target to safely return 30% of children in RCI to their families by 2018. Therefore it is imperative that the Cambodian Government prioritise the needs of CWD as they are one of the most vulnerable and overlooked disadvantaged groups. MoSVY should with the assistance of the multiple NGOs (based internally and externally) give serious consideration to the recommendations contained in this report which aim to progress and improve the lives of CWD in Cambodia. ISS appreciates the opportunity to propose these CWD initiatives and is committed to support their implementation in whichever way we can.

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<sup>13</sup> National action plan for Improving Child Care with the target of safely returning 30 percent of children in residential care to their families by 2018. The National Action Plan was signed by MoSVY Minister in September 2016 and was launched in April 2017.

## Annex 1 List of services met during the mission in Cambodia

### GOVERNMENT

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#### *Ministry of Social Affairs, Veteran and Youth Rehabilitation (MoSVY)*

- H.E. **Sem** Sokha, Secretary of State
- H.E. **Touch** Channy, Director General of Technical Affairs
- Mr **Ros** Sokha, Director of Child Welfare Department
- Mr **Yeab** Malyno, Director of Welfare, Disability Department
- Ms **Thor** Pov, Director of State Orphanage, Borei Tearok

#### *Ministry of Social Affairs, Veteran and Youth Rehabilitation (DoSVY) Battambang*

- Mr **Khim** Teng, Director
- Mr Phoung Sith, Provincial

#### *Ministry of Social Affairs, Veteran and Youth Rehabilitation (DoSVY) Siem Reap*

- Mr **Au Mao**, Director
- Mr Meoun Sakhun, Provincial Inspection Focal Point
- DoSVY Social Workers

### INTERNATIONAL ORGANISATIONS

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#### *UNICEF Cambodia*

- Ms Debora **Comini**, Representative
- Ms Natasha **Paddison**, Deputy Representative
- Mr Bruce **Grant**, Chief of Child Protection
- Ms Lucia **Soleti**, Child Protection Specialist
- Mr **Plong** Chhaya, Child Protection Specialist
- Ms Anne **Lubell**, Community Development Specialist, Community Development
- Mr Buthdy Sem, Child Protection Officer

### NGOs

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#### *Capacity Building of Persons with Disabilities Organization CABDICO Siem Reap*

- Mr Yoeung Bun Eang, Manager

#### *Children in Family*

- Ms Keo Ravy?

#### *Damnok Toek*

- Mr Sam Sovannrith, Director

#### *Friends International Cambodia*

- Mr John Statham, Saving lives Technical Advisor
- Mr Khiev Chetra, 3PC Programme Manager

#### *Kalyan Mith*

- Ms Ampor Sam-Oeun, Program Director

*Komar Rikrey*

- Ms Prom **Kimchheng**, Executive Director

*Mith Samlanh*

- Ms Map Somaya, Program Director
- Ms Srey Pao, Case Management & Reintegration Manager

*Safe Haven (Siem Reap)*

- Ms Jessica Whitney, Registered Nurse

*Save the Children Cambodia*

- Mr ???

*Social Services Cambodia*

- Ms Ellen **Minotti**, General Advisor

*Veterans International*

- Mr Horn Heab

*Angkor Hospital for Children*

- Mr Sorn Sokchea, Team Leader of social workers

**OTHER PROFESSIONALS**

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- Ms. Meng Dalin, Acting Head of Social Work, Royal University of Phnom Penh

