

# Achieving Positive Reintegration: Assessing the Impact of Family Reintegration

**Friends International Phnom Penh**

Lead researcher and author: Mia  
Jordanwood

Assistant researcher: Mao Monyka

Cite as: Jordanwood, M., and Monyka, M.,  
2014. *Achieving positive reintegration:  
assessing the impact of family reintegration*.  
Phnom Penh: Friends International.

## Table of Contents

<b>Acknowledgements.....</b>	<b>4</b>
<b>1. Terminology.....</b>	<b>9</b>
1.1 What is reintegration? .....	9
1.2 What are residential care centers and transitional shelters?.....	11
<b>2. Literature Review .....</b>	<b>12</b>
2.1 Impact of placement in residential care on the cognitive, emotional, social and physical development of children.....	12
2.2 Policy shift to promote family-based care.....	14
2.3 The impact of reintegration into families on the cognitive, social, emotional and physical development of children.....	15
2.4. Conclusion.....	17
<b>4. Methodology .....</b>	<b>19</b>
4.1. Data collection tools .....	19
4.2 Sample .....	20
4.3. Validity, transferability, triangulation .....	21
4.4. Ethical considerations .....	22
4.5. Limitations.....	23
<b>5. Findings .....</b>	<b>24</b>
<b>Section 1. Extent to which reintegrated children meet the criteria for positive, stable reintegration .....</b>	<b>24</b>
5.1. Do reintegrated children have sufficient food?.....	24
5.2. Are reintegrated children attending school or safely employed? .....	26
5.3. Do reintegrated children have adequate shelter and stability?.....	30
5.4. Are reintegrated children safe from harm?.....	32
5.5 Are children positively embedded within their communities?.....	39
5.6. Do children maintain strong, positive relationships with family members? .....	40
<b>6. Section 2. Factors that impact positive and stable outcomes for reintegrated children.....</b>	<b>42</b>
6.1. Introduction .....	42
6.2. Process of analysis .....	43
6.3. Factors perceived to result in a beneficial impact on positive reintegration .....	44
6.4. Factors with a mixed impact on positive reintegration .....	50
6.5. Factors on which there was insufficient evidence to suggest a link .....	51
6.6. Factors in which the similarity in the sample constricted the ability to isolate impact.....	54
<b>7. Conclusion .....</b>	<b>56</b>
7.1. Conclusion.....	56
7.2. Recommendations .....	57
<b>8. References .....</b>	<b>58</b>
<b>9. Appendix .....</b>	<b>65</b>
9.1 List of figures, tables and insets .....	65
9.2 Case-file review form .....	66

## Acknowledgements

The researchers would like to sincerely thank all the participants who shared their time and experiences as part of this study. Thanks are also due to the staff of participating shelters and to Katie Longhurst for editing.

## Executive Summary

International and national policies strongly support family-based care as the best option for children. Residential care has been shown to have a range of negative effects on children, and as a result, both policy and practice have begun to promote reintegration of children from institutions into their families of origin. However, while there is a large body of research regarding the impact of residential care, there is limited research into the impact of reintegration on children. This study begins to address this gap by investigating the impact of reintegration of children from five transitional shelters into their families in Cambodia. In addition, this study also explores key factors that contribute to positive, stable outcomes for reintegrated children.

### **The impact on children of reintegration from transitional shelters into families**

In order to evaluate outcomes, the research identifies seven criteria by which reintegration is assessed. These are nutrition, education, employment, shelter, stability, safety and children's connections to their families and communities. The findings demonstrate that children access these criteria with varied levels of success. Many families of reintegrated children report having sufficient food, but others say they were unable to consistently provide food for their children. Some families said they rarely had enough to eat. In terms of education, the majority of children were still attending school, and most of those who were not, were employed. All children who were employed were above the legal age of 15 for employment. Some of these children who were employed were working in safe jobs, others were not.

The majority of children lived in decent shelters, and almost all continued to live with the families into which they had reintegrated. These children experienced stability in terms of family unity, however, families who did not own land were forced to repeatedly move, which disrupted children's lives.

Transitional shelters differ from residential care centers in that their mission is to admit children who have been traumatized. Children interviewed as part of this study had almost all been admitted to the transitional shelter following a traumatic event, such as trafficking or catastrophic illness in the family. In many cases these children had been hurt by their own families. Transitional shelter staff worked over a series of years to support families so that they could become safe places for children to live. If families were assessed to be safe, children were then reintegrated. Despite efforts to assess the safety of families, 8 of the 31 children interviewed reported that one of their parents physically abused them. Although this number is lower than national averages reported in previous studies, there is no acceptable level for domestic abuse.

However, many other children reported feeling safe and happy in their homes. Children described overcoming symptoms of institutionalization, to become embedded in the life of their communities, taking part in community rituals and making friends amongst their peers. Both children and parents

explained that the relationships they forged with parents and siblings were nurturing and extremely important to them.

### **Factors that have a beneficial impact reintegration**

Consistent, regular follow-up was found to have the largest impact on positive reintegration. The data was analyzed to identify cases in which children did not meet the criteria for successful reintegration. Many of these cases had lower levels of follow-up than the cases of other children. Initial project designs of the five shelter reintegration programs had planned for follow-up to be conducted by DoSVY social workers. However, DoSVY were unable to fulfill this role, and the responsibility for follow-up was assumed by shelter social workers. This posed significant challenges. The greatest of these was the geographic location of children. This study found children were reintegrated into every province in Cambodia. In order to effectively follow-up, social workers travelled several hours to reach children, and were therefore more likely to focus on supporting children living close by, or children still living within shelters. Transitional shelters had formed partnerships to allow follow-up support to be provided by alternate agencies located closer to reintegrated children. These arrangements had met with limited success. An additional issue for concern was the significant lack of details regarding follow-up visits recorded in case-files.

Qualitative data suggested that income generation support also had a beneficial impact on positive, stable reintegration. In interviews, cases classified as unsuccessful reintegration received lower levels of income generation support than other cases, suggesting a lack of income generation support may negatively impact reintegration. However, children identified as at-risk by social workers in the case-file reviews received slightly higher levels of income support than other families. The explanation for this discrepancy may lie in the method of data collection. Case-file review data was provided by social workers who reported children to be at-risk. This awareness of children's risk status may have prompted social workers to allocate income generation funds for these families.

Qualitative data also suggested that provision of funds for school support played a central role in facilitating access to school. Participants noted that children would not have been able to attend school without this support. Some reintegrated children continued to face barriers in terms of access to education due to the lack of provision for teachers fees and distance to school. Moreover, although school support helped children access school, it was not sufficient to prevent dropout when children's families suffered economic shocks.

### **Factors that have a mixed impact on reintegration**

Both household composition and geographic location were found to have a mixed impact on reintegration. The qualitative data found that children benefited from the extra income of having more than one working adult in the household, but that in cases in which one parent was abusive, children did not benefit from living in two-parent families. In terms of geographic location, the qualitative data reported economic benefits of living in town in terms of access to employment. These were offset, however, by the increased risks faced by children living in urban areas. The quantitative data, however, was not able to offer further substantiation of these reported factors.

**Factors on which there was insufficient evidence to suggest a link**

It was anticipated at the beginning of this research project that connections between children and families during time in care, family income levels, and Department of Social Affairs, Veteran and Youth Rehabilitation (DoSVY) involvement might all impact reintegration success. However, the homogeneity of the sample acted as a barrier to isolating the impact of these factors, since most of the children reintegrated from shelters shared similar experiences in these regards.



## 1. Terminology

### 1.1 What is reintegration?

The word reintegration has been broadly used to describe very different processes (Feeny 2005). The basis of reintegration is the act of reuniting a separated child with his or her family. While some have argued that reintegration can occur when a child is integrated into a foster family, or even a home community (Surtees 2013), due to the scope of this study, reintegration will be defined to include only biological families. The word family may be understood differently between different cultures (Mann 2001), within this study the definition of family includes extended family members, who have traditionally cared for children separated from their parents in Cambodia (Andrews 2008).

Feeney (2005) notes that some organizations argue that reintegration has been achieved once a separated child has been returned to their family. However, others view reintegration as a process (Langelier and Reimer 2007) with broader, long-term goals, concerned with ensuring “a sustainable environment in all aspects of the family and child’s welfare needs to enable the family to remain together in the future.” (MacArthur 2011, p.40 ).<sup>1</sup> Delay, (2008 cited Wedge 2013) goes further still, noting that reintegration should provide a “sense of belonging and purpose in all spheres of life”. While “purpose in all spheres of life” seems idealistic, the belief that reintegration should result in a sustainable environment that supports the child’s welfare, and results in a permanent placement, is a central to the understanding of reintegration in this study.

Fourteen key informants were interviewed as a part of this research study, and asked to describe their understanding of the key components of reintegration. Their beliefs are summarized below. Where the beliefs of key informants coincide with guidelines for reintegration practice, this has been indicated.

Reintegration is an ongoing process, that should begin as soon as possible, and ideally when the child first enters the shelter. This process involves family tracing, (which may take years), an evaluation of the family to immediately assess safety and other concerns, and then, if the family is not a danger to the child, family reconnection to prevent what Tolfree (2005) has termed “withering of ties” between children in residential care and their families. This process may take days or several years, depending on family circumstances. In addition, reintegration should continue after family reunification. The implementing agency should conduct extensive follow-up, including coordinating after services supporting physical and mental wellbeing (Feeny 2005; Harris 2005; McArthur 2011; Mulheir and Browne 2007; Wedge 2013).

Positive reintegration should be the result of “rigorous participatory decision making” (Wedge 2013) involving the child, family and the social workers. Reintegration should only occur with the child’s consent (McArthur 2011; Wedge 2013; Volpi 2002).

---

1

Reintegration should be a holistic process, which takes into account the conditions of the entire family. Family vulnerability is a root cause of placement of children in care, and must be addressed if children are to be successfully reintegrated. Family strengthening is key to successful reintegration (Volpi 2002).

Reintegration should address both material and immaterial needs of children. Key informants noted a range of criteria that must be met in order for reintegration to be successful, summarized below. Positively reintegrated children:

- Have sufficient food
- Attend school or are safely employed
- Access adequate shelter and stability
- Are safe from harm
- Are positively embedded within their communities
- Maintain strong, positive relationships with family members

Several key informants acknowledged that these criteria raised an ethical issue of assessing what is 'adequate' or 'sufficient' within the Cambodian context. It has been noted that one challenge of reintegration is to avoid creating a dual economy, in which reintegrated children fair better than their neighbors, creating discord within the community (Feeny 2005).<sup>2</sup> However, as the findings will show, the children in these shelters came from poor families, and the poverty created circumstances that promoted the placement of children in shelters. In most cases reviewed in this study, if children were reintegrated into circumstances that inline with those of their peers in the community, their basic needs would not be adequately met. Some key informants noted that organizations need to accept that in order for children to be successfully reintegrated, reintegrated children and their families must live in better conditions than the poor communities from which children originated.

In summary, the term reintegration has been used to describe a range of practices that reunite separated children with their families. For the purposes of this study, a definition of reintegration has been developed, based on existing guidelines, as well as conversations with key informants working in this field in Cambodia:

*Reintegration is the process of reuniting a separated child with his or her biological, extended family. It has the long-term goal of securing a permanent placement in the family for the child, in which his or her fundamental physical and emotional needs, as defined in the criteria above, are met, through holistic family strengthening.*

---

<sup>2</sup> Residential care centers that provide significantly better services than home communities have been shown create an incentive for families to place children in care. However, it is difficult to imagine how the improved circumstances of reintegrated children would create an incentive system to place children in residential care in the hopes of having them reintegrated into improved circumstances.

## 1.2 What are residential care centers and transitional shelters?

International research has shown that many children living in so-called “orphanages” worldwide have parents (Csaky 2009; Tolfree 1995). Csaky (2009) found four out of five children in institutional care have one or both parents alive. Referring to these institutions as “orphanages”, is therefore inaccurate. Csaky, therefore uses the alternate term “residential care” (2009, p.vii), which is also used within this report. However, the term residential care is a broad term that encompasses both institutions that have been traditionally referred to as “orphanages” and transitional shelters, which serve a different role. The majority of children entering the former do so due to poverty and the desire to access education (Bilson and Cox 2007; Holt 2005; Jordanwood 2011) whereas the majority of children entering transitional shelters enter due to trauma. Transitional care shelters often maintain strict gate-keeping practices so that only children who have suffered from abuse or been traumatized in some manner are admitted. Transitional shelters may specialize in serving a specific population<sup>3</sup>, such as victims of trafficking or physical or sexual violence, drug-users or street-living children. Children who enter transitional shelters are more likely to have suffered from severe abuse, and to have come from dysfunctional families. This is an important distinction because it has implications for reintegration. Reintegration is more difficult to achieve with children who have suffered physical or sexual abuse, or household dysfunction because this has been shown to have a long-term negative impact on both psychological and physical well-being impairing their ability to adapt (Feletti et al. 1998), and because families may not offer suitable and safe places for children to live.

---

<sup>3</sup> Transitional shelters may also serve adults, but this study is confined to shelters serving children.

## 2. Literature Review

### 2.1 Impact of placement in residential care on the cognitive, emotional, social and physical development of children

International research conducted over 60 years, has demonstrated that placement in residential care can negatively impact children. Studies have shown that residential care has been associated with cognitive, emotional, social and physical impairment. Due to the limitations of this study I will limit this discussion to the most seminal studies in this area, as well as studies conducted within Cambodia. Early influential studies found that placement in residential care resulted in attachment disorders amongst children (Bowlby 1951; Goldfarb 1943). Subsequent research built upon these findings to show that children in residential care show a higher incidence of hyperactivity and Reactive Attachment Disorder, a condition that may present as either indiscriminate affection or emotional withdrawal (Tizard and Hodges 1978; Tizard and Rees 1975). Later studies found that children who previously lived in residential care have higher than normal rates of marital problems and personality disorders (Rutter and Quinton 1984), and that a secure attachment to a continuous caregiver, which is unlikely to be found in an institution, underpins children's cognitive, intellectual and emotional development (Oates, Lewis and Laab 2005 in Wedge 2013). Moreover, children in residential care have difficulty adapting to society later in life because residential care centers do not provide children the opportunities to learn the skills necessary to live independently (Carter 2005; Tolfree 1995). However, the aforementioned studies were unable to ascribe causation to the impact of residential care. It was unclear whether residential care itself, or the difficult life circumstances that lead children to enter residential care, were responsible for these negative effects. In 2005, however, the Budapest Early Intervention Project (BEIP) addressed this issue. The BEIP began a series of studies that divided children into a control group, who were placed with foster care families, and an experimental group, who continued to live in residential care. As a result of this methodology a series of studies were published that were able to isolate the impact of placement in residential care from larger societal impacts. The BEIP study that found that children in residential care scored lower on scales of cognitive development (Nelson et al. 2007) and presented disturbances in attachment (Zeanah et al. 2005). In addition, brain scans conducted as part of this study, showed that the brain function of children in residential care was impaired (Parker et al. 2005).

There have been no studies in Cambodia dedicated to the impact of residential care on the cognitive, social or emotional development of children. However, these issues have emerged in general studies on residential care. The studies regarding the impact of residential care on cognitive development are contradictory. A number of studies have shown that residential care centers offer improved access to school (Daigle and Dybdal 2001; Holt 2005), which is a common reason given for placement of children in care (Jordanwood 2011), although this is undermined by the reports that residential care centers often fail to provide informal school fees, thus creating some barriers to educational access (Jordanwood in press). Whetten et al. (2009), in a five country study that

included Cambodia, found that children in residential care score higher on cognitive tests than abandoned children living in the community without support, in part as a result of improved access to education. There has been no research regarding further factors in residential care in Cambodia that have been shown to impact cognitive development, such as nutrition and abuse. While it appears that children in residential care experience increased access to school (albeit impaired) there is insufficient information to assess the larger cognitive impact of placement in residential care in Cambodia.

The negative impact of placement in residential care on social and emotional development in Cambodia has been more thoroughly documented. Several studies record that children in residential care in Cambodia expressed feelings of emotional deprivation and loss (Jordanwood 2011; Hosea 2001; Project Sky 2007). Children described the inability to develop meaningful relationships with caregivers due to staff turnover, and the low number of caregivers in institutions. Children suffered from isolation, bullying and emotional neglect (Project Sky 2007). In addition, children were shown to be inadequately prepared to take their place in society (Hosea 2001; Jordanwood 2011; Vijghen 2004). These findings mirror international studies documenting emotional neglect in residential care (Carter 2006; Csaky 2009; Rollins 2009; Stavia 2000; Tolfree 1995) and findings that a family environment and parenting have been shown to improve children's wellbeing (Schoenmaker et al. 2014).

Both internationally and within Cambodia, residential care has been linked to the abuse of children. International studies have documented thousands of cases of abuse (Hunt 1998; Rollins 2009; Stavia 2000). There has been no research into the prevalence of abuse within the Cambodian residential care system, however, instances of abuse have been recorded in several studies on residential care in general (Hosea 2001; Jordanwood 2011; Project Sky 2007; Vijghens 2004), as well as within the media. (BBC 2010; Cambodia Daily 2013; CNN 2013). In addition, both Hosea (2001) and Daigle and Dybdal (2001) noted that the lack of organizational safeguards that would act to prevent abuse in Cambodian residential care centers. It is an area that urgently warrants further research.

Finally, research has shown that children's health may be negatively impacted as a result of placement in residential care. There is strong evidence that children in residential care are placed at increased exposure to disease as a result of group living (Frank et al. 1996, AAP 1994). However, the literature overall does not offer a consistent picture regarding the nutritional status of children in residential care. Studies have reported food shortages in residential care centers (Hunt 1998; Tolfree 1995), or instances in which although there was adequate food, young children were not given sufficient support to feed themselves (Frank et al. 1996). Within Cambodia, several studies noted that not all residential care centers provided adequate food for residents (Boyle 2009; Daigle and Dybdal 2001; Jordanwood 2011). However, in 2009, Whetten et al. argued that residential care centers in general are more able to provide adequate food than poor families in the community. Whetten's study compares the welfare of children in residential care with children in the community who have not benefited from assistance. Her study has been critiqued for presenting an ethically and empirically false comparison (Bearup 2010). Bearup (2010) argued

that a more useful comparison would be between children in residential care and children in the community, also receiving support. Since there are currently no studies of this nature in Cambodia, the situation regarding the impact of placement in residential care on nutrition remains unclear. It may be that while some residential care centers are not consistently able to provide food, they are still able to provide more food than the poor families from whom they accept children.

## **2.2 Policy shift to promote family-based care**

The literature presented so far indicates that while placement in residential care may result in improved access to education, overall residential care has been shown to negatively impact the cognitive, emotional, social, and in some cases, physical development of children. In addition, in many instances children in residential care have been subject to abuse. At the same time, children commonly express a preference for being cared for by their families (Mann 2004) and children have been shown to fair best in families (Schoenmaker 2014).

In recent years, international policy regarding the care of separated children has begun to shift (Feeny 2005), so that family-based care is prioritized and residential care is viewed as a last resort. Feeny argues that the foundation of this shift was the release of the CRC (UN1990), which provided a rights-based framework for the family-based model of alternative care, stating:

The child for the full and harmonious development of his or her personality should grow up in a family environment (preamble)

The child should have the right to know and be cared for by his or her parents (Article 7)

State parties shall ensure that a child shall not be separated from his or her parents, unless such a separation is the best interests of the child (Article 9).

As Roby (2011, p. 7) notes, the CRC stresses both the rights and responsibilities of families, stating the “primary responsibility of care rests upon their parents and legal guardians”, and that in this role they are entitled to support by the state.

The CRC provided the foundation for the development of a number of care policies and guidelines. In 2010, the UN Guidelines for the Alternative Care of Children were published offering guidelines for the implementation of the family-based care. Within Cambodia, the Ministry for Social Affairs, Veterans and Youth (MoSVY) assumed a similar position with the Policy for Alternative Care for Children (PACC) (RGC 2006), and the Minimum Standards on Alternative Care for Children (MSACC) (RGC 2008). In addition, numerous guidelines for the care of separated children have been developed by implementing agencies, which prioritize the reintegration of children into families, and note that placement in residential care should only be an option in the rare occasions in which it is in the best interests of the child (Harris 2005; Mulheir and Browne

2007; Save the Children 2003; Terres des Hommes 2009, World Vision International 2009).

### **2.3 The impact of reintegration into families on the cognitive, social, emotional and physical development of children**

It has been argued so far that research demonstrates that placement in residential care is seldom in the best interests of the child, and that family has been shown to be the preferred placement option for children (Hosea 2001; Mann 2004). Meanwhile a large number of children in residential care both internationally (Csaky 2009; Tolfree 1995), and nationally (Holt 2005; Jordanwood 2011) have living parents. In 2005 Holt estimated only 37.2 percent of children in residential care centers in Cambodia were *without* a parent, whilst Jordanwood in 2011 placed this number at 23 percent. These conditions combined to set the stage for increased reintegration programs of children with families from residential care into families in Cambodia. <sup>4</sup> Currently within Cambodia, MoSVY <sup>5</sup>, a number of residential care centers and several NGOs<sup>6</sup> oversee or manage programs to reintegrate children from residential care. In addition, for more than a decade, Friends International has been committed to reintegration into families in all its programs.

Guidelines on reintegration repeatedly note the importance of monitoring and evaluating reintegration programs (Harris 2005; McArthur 2011; Surtees 2008; UN 2009; Volpi 2002). However, in spite of the existence of reintegration programs, there are very few published studies that evaluate the impact of reintegration on children. In the following section I will assess findings about the impact of reintegration of children from both national and international studies, looking at food security and nutrition, education, stability, emotional wellbeing and child safety.

#### **2.3.1 Nutrition**

Those studies that measured nutrition, found that children who had been reintegrated reported receiving similar or greater provision of food than they had in care (Corcoran and Wakia 2013; Langelier and Reimer 2007), and Langelier and Reimer (2007) noted that reintegrated children noted that improved food was not a valid justification for placement in care in any case.

#### **2.3.2 Education**

A small number of studies assessed the impact of reintegration on education (Corcoran and Wakia 2013; Langelier and Reimer 2007; Smith 2014). Smith found that although children expressed anxiety about transitioning to new schools, the majority of children adapted well to schools, and social workers, children and teachers all noted that the children grew in confidence as the time passed. Corcoran and Wakia (2013) found high levels of attendance amongst reintegrated children, and reported improved quality in school. Langelier and

---

<sup>4</sup> It is important to note that while traditional family-based care options have long been the norm for care of separated children in Cambodia (Andrews 2008), the past fifteen years have seen a marked increase in the number of residential care centers in Cambodia (Jordanwood 2011).

<sup>5</sup> Rosas, S. (2012)

<sup>6</sup> This includes the shelters in this study, and a number of residential care centers contacted as part of this study.



Reimer (2007) found that older children in particular felt forced to choose between access to education and their family. Other studies noted that working with the schools directly to support reintegrated children was found to be important (Simcox and Marshall 2011 in Wedge 2013; Wedge 2013; Save the Children 2013).

### **2.3.3. Stability**

Those studies that measured length of reintegration found that most reintegrated children continued to live with their parents in adequate shelter one year after reintegration (Corcoran and Wakia 2013; Smith 2014), although there were no studies that followed-up children regarding this criteria for more than one-year post-reintegration. There were also isolated cases recorded in studies in which parents had migrated for work and children had moved to live with extended family (Langelier and Reimer 2007; Smith 2014).

### **2.3.4. Social/emotional effects**

Studies have found that many children report a lack of emotional connections whilst living in residential care (Jordanwood 2011; Project Sky 2007; Tolfree 1995). Many children expressed the desire to return to their families (Langelier and Reimer 2007; Smith 2014), yet some children were ambivalent about reintegration often because they believed their parents were financially unable to support them (Jordanwood 2011). After reintegration several studies found that most children benefited socially and emotionally (Corcoran and Wakia 2013; Langelier and Reimer 2007, Smith 2014). The majority of children in Smith's study in Moldova reported being happier together than apart, children in Cambodia noted the benefits of living in the warmth of a home (Jordanwood 2011; Langelier and Reimer 2007). However, some children who had been trafficked or who had HIV were found to have experienced discrimination when they returned and to have experienced tension within the family unit when families did not understand or children displayed traumatized behaviors (Sutress 2008; Langelier and Reimer 2007).

### **2.3.5. Child safety**

There is little research on the safety of reintegrated children. Whilst some studies found that the majority of children live in secure environments after reintegration (Smith 2014), others reported results that warrant concern. Teerling (1999) found that 37 percent of previously abused children who were reintegrated into families in America were subsequently readmitted into the system within three and a half years. Whilst there are no other studies that offered quantitative data, a number of others qualitative studies have reported incidents of abuse of reintegrated children (Feeny 2005; Smith 2014). These studies did not suggest that abuse was widespread, but it certainly warrants further research.

### **2.3.6. Follow-up support**

The research suggested that the support given by the reintegrating agencies impacted the success or failure of reintegration. Children may be reintegrated into communities that are a significant distance from the residential care center, and seldom live in clusters. This presents logistical difficulties for supporting organizations. A summary of a study in Indonesia noted that the lack of a



comprehensive social work system made it difficult to organize follow-up visits (Save the Children 2013). Some studies noted that organizations lacked the capacity to conduct follow-up visits due to insufficient staffing and funding (Save the Children 2013, Wedge 2013, Zhou in press) and in some instances, reported preemptive case closure (Jareg in Wedge 2013). Zhou's study of reintegration procedures in Cambodia (in press) reported instances in which cases were closed due to reintegration failure.

#### **2.4. Conclusion**

A significant body of research has noted the predominantly negative impacts of placement of children in residential care. Policy, both at the international level and within Cambodia, has shifted to favor family-based care as the preferred option for children. In Cambodia, there has been a corresponding trend to reintegrate children from residential care into their families of origin. However, very little research has been conducted to assess the impact of family reintegration on children's lives and development. The research that shows that reintegration of children has met both successes and challenges. It suggests that reintegrated children receive similar or improved food at home, that they show high levels of school attendance, and that most remain with their families up at least a year after reintegration. Studies also indicated that children value the positive emotional relationships they form with their families. However, there were also reports of children being abused post-reintegration, and the troubling finding from one study a high-level of abused reintegrated children were readmitted to the system post-reintegration. Perhaps the most striking finding of the literature review was the discrepancy between the large number of studies on the impact of residential care and the low number of studies on reintegration into families. The latter is an area that warrants further study, particularly in the light of the recent policy shift to promote reintegration into families.

### 3. Research context and research question

There are approximately 553,000 orphans in Cambodia (NOVCTF 2008). These children have traditionally been cared for by community support networks (Andrews 2008). However, recent years have seen a marked increase in the number of registered residential care centers (RCCs). Between 2005 and 2010 there was a 75 percent increase in registered RCCs (UNICEF 2011, during a period in which the number of orphaned children decreased (Holt 2005; NOVCTF 2008), due in part to a declining HIV infection rate and increased access to health care (NOVCTF 2008). Many children in RCCs are not orphans. In 2005 a national survey of all registered RCCs in Cambodia, found only 37.2 percent of children in RCCs were double orphans, and an evaluation of the MoSVY database of all registered RCCs in 2011, and found this number had fallen to 23 percent. Moreover, within Cambodian culture, double orphans are often cared for by grandparents or the extended family. The research suggests that most children in residential care have at-least one living parent, and that those that do not, may also have extended family who could provide care outside RCCs.

Friends International is a social enterprise organization, working within Cambodia, and across South-East Asia, with marginalized children and youth, their families and their communities. In support of the Royal Government of Cambodia's alternative care policy, Friends International believes the family is the best place for a child. Concerned about the increase in RCCs, and Friends International has advocated against the growth in RCCs, and has pursued family reintegration in all its relevant programs for over a decade. As a response to the absence of studies related to the impact of reintegration of separated children, Friends International commissioned this research study. The research asks the following questions:

*How did reintegration of children from shelters into nuclear or extended families impact children?*

*Were there key factors that lead to positive and stable outcomes for reintegrated children?*

*If so, what were these factors?*

## 4. Methodology

### 4.1. Data collection tools

As a result of the lack of research studies on reintegration of children from transitional shelters into families, this study required an exploratory approach. For this reason, semi-structured interviews were selected as the primary research tool. Where research is exploratory semi-structured interviews are appropriate because they allow the interviewer to adapt the interview according to the response of the participant (Cohen et al. 2007). They also permit the interviewee an opportunity to speak more broadly than a questionnaire (Cohen et al. 2007), and the researcher may probe in order to “to make a truer assessment of what the respondent really believes” (Cohen et al. p. 357). Interviews also allow the researcher to proceed with caution, and to cease questioning if participants are distressed, as may be the case when discussing sensitive issues such as domestic abuse.

In addition to exploratory data, there was further need for quantitative data to get a sense of frequency of the issues discussed. For this reason a small number of questions that solicit quantitative data were included in the semi-structured interviews. The initial intention of this study had been to conduct questionnaires with participants based on the interview data. However, in the process of designing the research project, it became clear that children had been reintegrated to almost every province in the country, and that many lived several hours from the provincial capitals. The time constraints of this research project meant that it would not be possible to visit all of these children in order to conduct questionnaires. Case-file review was selected as an alternative. Case-files were reviewed by the researcher, anonymized, and then details recorded using a standardized form.

## 4.2 Sample

This research was conducted in collaboration with five transitional shelters that work in collaboration with Friends International, based in Poipet, Preah Sihanouk, Battambang, Phnom Penh, and Siem Reap.

### 4.2.1. Criteria for inclusion

#### Children

Interviews and case-file reviews were conducted with children who fit the following criteria:

- Children had spent over three nights in a shelter <sup>7</sup>
- Children had entered the transitional shelter before the age of 18, and reintegrated before age 18
- Children had been reintegrated into biological families, (mother, father, aunt, uncle, adult sibling, grandmother, or grandfather)
- Children had reintegrated within last five years
- Children had been reintegrated six months prior to the beginning of the research project

Case-files were selected for review in proportion to the number of children that each shelter had reintegrated in the prior five-year period being reviewed in the study. For example, if a shelter had reintegrated 20 percent of the total number of children reintegrated by all five shelters, then this 20 percent of the case-files reviewed were drawn from this shelter.

#### Parents/relatives acting as care-givers

Parents or relatives who were currently acting as caregivers to children interviewed.

#### Social workers

Full-time social workers or staff of transitional shelters who work part-time as social workers reintegrating children.<sup>8</sup>

#### Key informants

Those managing, advising, supervising or researching programs in Cambodia focused on reintegration. Key informants were drawn from both within and without programs participating in the study.

---

<sup>7</sup> The initial research plan had intended to interview children who had spent at least three months in a shelter, but the largest shelter included in the project reintegrated children rapidly, and it was, therefore, not representative to include children who had spent three months, since many had spent less time than this.

<sup>8</sup> The initial plan had intended to distinguish between social workers and shelter staff. However, in the process of data collection it became clear that staff usually fulfill both roles.

Research Tool	Semi-structured Interviews	Case-file review
Number of reintegrated children meeting criteria	31	300 reviewed 29 did not meet criteria upon review 271 used in analysis
Number of parents or relatives of reintegrated children meeting criteria	31	
Young adults formerly in transitional shelters not reintegrated	12	
Social workers <sup>9</sup>	20	
Key informants working in family reintegration in Cambodia	14	
Total	108	271

Interview respondents lived in nine provinces, in urban, rural and remote rural locations. Children included in case-file reviews were reported to live in 23 provinces, as well as the Municipality of Phnom Penh and Thailand.

Only 5 out of 271 case-files identified by the transitional shelters for review were able to provide all the information listed on the case-file review form (included in the appendix 9.2). Additional information not listed in the case-file review was provided by the social worker who managed the case. The lack of written recorded information in the case-files became a finding in itself. Transitional shelters need to significantly improve their record keeping in regards to follow-up visits with reintegrated children.

#### 4.3. Validity, transferability, triangulation

The study gathered both qualitative and quantitative data. However, the qualitative data was believed to have a greater validity for a variety of reasons. First, because the factors that impact the social and emotional experiences of children post-reintegration are complex and various, and the research team believed that semi-structured interviews were more effective at uncovering these issues. Second, the interviews were conducted in person with respondents, whereas the case-study reviews relied on incomplete documents and the memories of social workers. Social workers may have felt pressured to present an improved image of children's circumstances due to their dual roles as implementers and research participants.

The project aimed to use random sampling. Collaborating transitional shelter administrative staff was instructed to identify respondents who fit the research criteria and to randomly select participants to interview. However, it is possible that the interviews were weighted towards participants who lived closer to the provincial capitals since these were more likely to agree to participate, as well as towards those with whom the shelters retained contact post-reintegration.

The ability to transfer findings from research depends to some extent on the reliability of the research (Guba and Lincoln 1985). One way in which transferability is increased is through triangulation (Guba and Lincoln 1985). Within this study, triangulation occurred within the sample, in which the opinions of a wide range of stakeholders were compared, including key informants, children who had been reintegrated, children who had not been reintegrated, parents, relatives, shelter staff and social workers. It also occurred in the comparison of the qualitative and quantitative data, and with comparison with existing relevant studies.

A large number of interviews were conducted, and it is the researchers opinion that the interview saturation as described by Bunce et al. 2005 was achieved, and that the findings represent the key themes that are relevant to reintegration of children from shelters into families in Cambodia at this time. The research team believes that the findings of this study will be relevant to other transitional shelters. However, it is again important to note that the circumstances of children who are reintegrated from shelters are very different from the circumstances of children reintegrated from residential care. These results cannot be generalized to represent the situation of children in residential care in general.

#### **4.4. Ethical considerations**

##### **4.4.1 Consent**

Participants were asked to complete consent forms before taking part in the research that stated the purpose of the research, the way in which the research would be used, and that participants would not receive any material benefits for taking part in the research. In addition, participants were assured of their right to refuse to take part in the research, and informed that this would in no way effect their ability to access services. Participants were informed that they were able to withdraw from the interview process at any time.

##### **4.4.2. Avoidance of distress**

The research was conducted according to World Vision's Guidelines for Avoiding Distress (2011). Sensitive questions were not asked directly, participants were not asked sensitive questions in a group and the research team ceased a line of questioning or terminated the interview if a participant appeared to be upset.

##### **4.4.3. Privacy and confidentiality**

Participants were recorded by data numbers not by name. All data were anonymized. No identifiers were shared in the report. The research team maintained strict confidentiality. The only exception to this was the eight cases

in which children reported being victims of domestic abuse. These cases were reported to the shelter social workers with prior permission from the children.

#### 4.5. Limitations

This project was intended to produce an exploratory study, weighted towards quantitative findings. These findings were based on interviews, which explored topics such as emotional wellbeing, relationships to family and whether children had sufficient food and shelter. The answers to these questions are subjective.

It is problematic to interview children regarding sensitive subjects, such as abuse by parents, because children may feel constrained from speaking honestly for several reasons. Children may feel uncomfortable discussing such a personal subject with a stranger, and may also fear retribution if they speak honestly. Children in this study were asked about their safety outside of the presence of their parents, however, the findings in this section may under represent levels of abuse because children may have withheld this private information.

The quantitative data in this study is presented in fractions and percentages. Case-file review numbers are presented as percentages. Quantitative interview data is presented as fractions, for example 7/31, (followed by a percentage in brackets). If 62 interviewees were asked a question, and only 50 responded, then the fractions represent the number of respondents, for example, 25/50. Since 31 children were interviewed, and 31 parents/relatives, sometimes these fractions are represented as x/31, and at other times children and parents together are represented as x/62. Given the small sample size of interviews, it could be misleading to represent these responses as percentages alone. For example, within the reintegrated children sample, a single additional response to a question would result in a 3 percent increase. However, adding the percentages in brackets allows for a clearer comparison. It must be noted that the sample size of interviews is small in comparison to the sample size of case-file reviews, and this must be borne in mind when considering comparisons.

All percentages are rounded to the nearest decimal point.

## 5. Findings

### Section 1. Extent to which reintegrated children meet the criteria for positive, stable reintegration

As noted earlier, within this study, the following criteria are used to assess positive, stable reintegration. Positively reintegrated children:

- Have sufficient food
- Attend school or are safely employed
- Access adequate shelter and stability
- Are safe from harm
- Are positively embedded within their communities
- Maintain strong, positive relationships with family members

The first section of the findings presents results that illustrate the extent to which children reintegrated from shelters meet the criteria outlined in the above.

#### 5.1. Do reintegrated children have sufficient food?

When asked in interviews, almost half the respondents (22/50) said they had sufficient food. Just under half the participants (20/50) explained that although they usually had food, there were days when they were unable to afford anything other than plain rice porridge. An additional concern voiced was that this food lacked sufficient nutrition, since many were unable to afford meat. This was linked to the precarious financial situation in which many respondents reported living (discussed in more detail below). The 2010 Demographic and Health Survey found that nationally 40 percent of children under five<sup>10</sup> are stunted and 28 percent are underweight. Most families of reintegrated children in this study had been identified as poor by the Ministry of Planning, and therefore may be at higher risk of malnutrition than the national average. It has been noted earlier that organizations reintegrating children face a ethical choice of whether to reintegrate children so that their lives reassemble those of the community from which they came, or whether they intend to reintegrate children into improved circumstances. If organizations had intended to reintegrate children to the conditions of their peers, there is a risk they would be malnourished. However, the goal of the shelters in this study is to improve standards so that reintegrated children will have their basic needs met. In terms of food provision, this goal appears to have been met for many respondents, but not all, as illustrated in fig. 1.. 8/50 respondents said they usually did not have enough food, which is of concern;

“We have enough to eat, we don’t always get meat, but we have enough.”

*Aunt of reintegrated child*

---

<sup>10</sup> The DHS does not record nutritional status of children above age 5, but nutritional status before age 5 is believed to be a good indicator of future nutritional status.



“There are days when we have enough to eat, and days when we don’t.”

*Mother of reintegrated child*

“We have to borrow money to buy food.”

*Mother of reintegrated child*

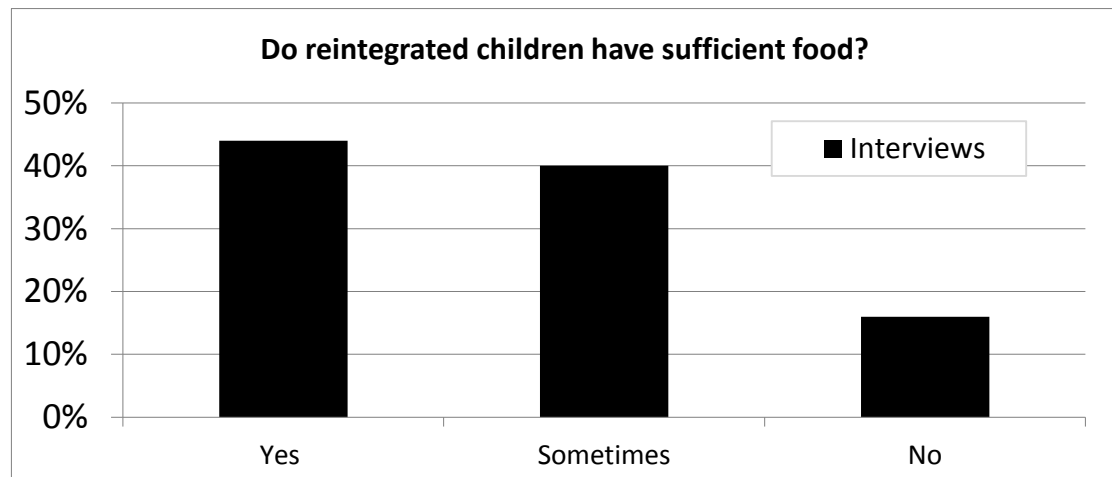


Figure 1.

The literature on food provision *within* residential care suggests that whilst some centers are not able to provide sufficient food, others do meet children’s nutritional needs (Jordanwood 2011; Project Sky 2007; Whetten et al. 2009). When comparing their experiences whilst in residential care and post-reintegration, the responses of the interviewees were inline with the literature. Many respondents said that they ate better and more delicious food after reintegration, whilst some others said they did not. In addition, some respondents linked nutrition to the emotional benefits of living with families, explaining that food cooked by family always tasted better;

“I liked the food in the shelter, but if you live with your family, they will always make sure you have delicious food.”

*Reintegrated child*

The case-files reviewed did not assess whether the family has adequate food, however, they do record whether assistance is given to families in the form of food support. Case-file reviews reported that 26 percent <sup>11</sup> of families received food support at the time of reintegration. This suggests that implementing organizations recognize that nutritional requirements of children are not met, and have mechanisms to assist with this issue, even though they appear, in a few cases, to be falling short.

<sup>11</sup> 59/227

## 5.2. Are reintegrated children attending school or safely employed?

The majority of children and parents interviewed post-reintegration said that their school-age children were still at school. 24/31 (77 percent) of children were reported to be attending school. In case-file reviews, caseworkers reported 60 percent <sup>12</sup> of reintegrated school-age children were attending school, and 40 percent <sup>13</sup> were not. However, caseworkers also said that 31 percent <sup>14</sup> of reintegrated children under age 18 were currently employed suggesting that most reintegrated children either work or attend school. However the case-file review did not allow the researcher to ascertain whether these children were safely employed.

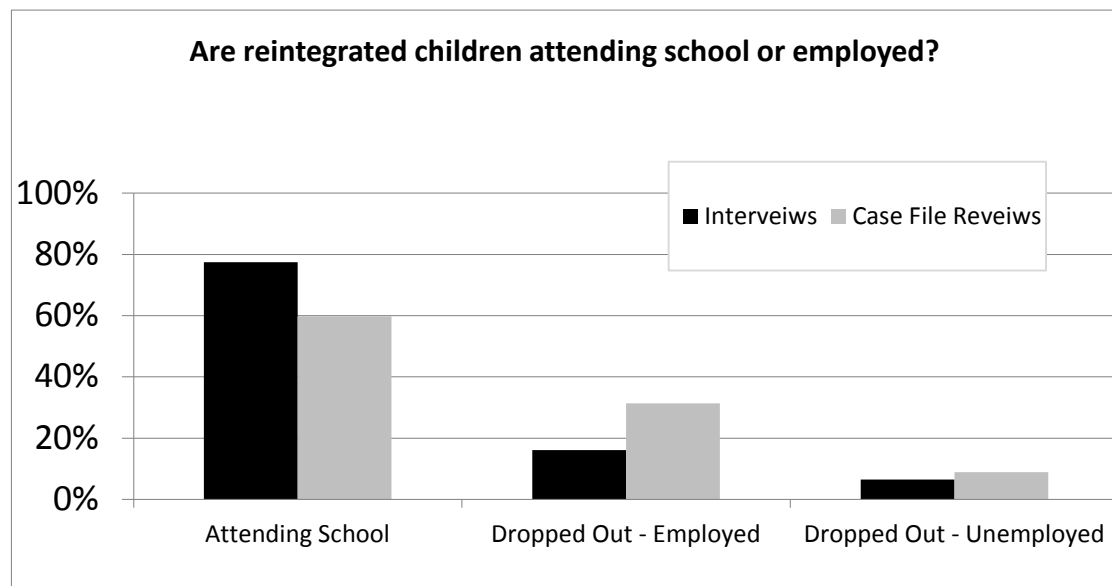


Figure 2.

Several parents spoke with pride about their child's efforts at school. One parent noted,

"Everyone complements him on how well he is doing in school. Even when he has a fever he still wants to study because he doesn't want to fall behind. He does really well in school."

*Mother of a reintegrated child*

Only 23 percent <sup>15</sup> of reintegrated children in case-file reviews were studying at grade level or above. Many children entered the shelter with limited or no schooling, and many left the shelter behind in grades. These children may be studying below grade level after reintegration because of a lack of schooling before entering the shelter. There were also a large number of children who reintegrated from the shelter at age 18, several years below grade level. This suggests that children who stay in shelters may also frequently study below grade level. It would require significant further research to assess whether

<sup>12</sup> 136/227

<sup>13</sup> 91/227

<sup>14</sup> 70/227

<sup>15</sup> 61/227

children at transitional shelters, or in residential care centers as a whole, study at grade level, and how this compares to the national average. It is research that would be particularly relevant given that access to education is a common driver for placing children in residential care (Holt 2005; Jordanwood 2011).

Several children and parents described the difficulties they faced in attending school post-reintegration. The largest form of support given to reintegrated children was school support. In interviews, 38/62 (61 percent) of families said they received school support. In case-file reviews social workers said that 74 percent<sup>16</sup> of families had received initial school support as a part of the reintegration. However, this support was limited to school supplies, uniforms, and in some cases bicycles to reach school. Very few children received money to pay additional teachers' fees. The Cambodian government education system has been described as a public-private hybrid system because of its systemic reliance on teachers' fees paid by families (Brehm et al. 2012). Teachers are unable to subsist on their wages, and therefore rely on informal school fees (CITA 2010, Brehm et al. 2012). Informal school fees are an entrenched part of the education system, however, since they are not official fees, they may also be perceived as a form of corruption. Research has shown that children in residential care encounter barriers to accessing school because residential care centers do not provide these teachers fees (Jordanwood 2011). This study found that many reintegrated children also encounter barriers to school because of their inability to pay these teachers' fees;

"The teacher at school asks for money everyday, and sometimes I just don't have any money to give to her."

#### *Reintegrated child*

Informal school fees present a challenge for implementing agencies. If organizations pay these fees, it can be argued that they are contributing to the corruption of the public education system, however, if they do not pay them reintegrated children may face barriers to attending school.

Access to education has been found to act as an incentive to place children in residential care (Holt 2005; Jordanwood 2011). Although this is less common in transitional shelters, one key informant explained that children should be reintegrated near to schools, or else they would be sent into care again. However, no case-file reviews recorded children returning to residential care after reintegration. 2/30 (7 percent) of children interviewed had returned to residential care but for reasons not related to education. One parent said that she wanted to return her children into care due to the distance from school (discussed further below) but the gate-keeping procedures prevented this from occurring. In addition, distance to school did appear to be creating circumstances that made it more likely that the child would dropout of school prior to graduation.

It had been anticipated that children would have difficulty accessing or adjusting to schools as part of the reintegration process. Several key informants noted that

---

<sup>16</sup> 168/227

bureaucratic requirements of local schools act as barrier to access. However, the children, parents and social workers said that they seldom encountered difficulties of this nature. The social workers explained that they followed the MoSVY procedure, and completed the school transfer forms for the children in advance. Almost all the families interviewed said that paperwork had been completed before the child moved. In the cases of several families who lived in the city close to the shelter, the child was able to continue to attend the same school when they moved in with their family. Previous studies had indicated that reintegrated children may suffer from stigma upon reintegration, especially when the child had HIV, or has been trafficked (Langelier and Reimer 2007; Surtees 2013). However, only one child reported suffering from discrimination upon entering school after reintegration.<sup>17</sup> The child, social worker and mother all described how the social worker worked with the school to address this situation, which was alleviated through their efforts. Several other respondents noted that shelter staff worked with the community to address issues of discrimination prior to reintegrating the child, and that these efforts had met with success.

In interviews, the seven children who had dropped-out of school were asked to explain the reasons they had left. In each case, the children described how the economic or social circumstances in their family had forced them to do so. A summary of these reasons is compiled in Table 3.

#### **Reasons Children Dropped-out of School**

The loss of a parent's job (1 case)

A parent abandoned the family (1 case)

Illness of a parent (1 case)

The house of the child burned down (1 case)

Extreme chronic poverty (1 case)

The child left school so that the younger sibling could attend (2 cases)

All of the children said they would have preferred to continue studying. The findings discussed later in this study suggest that more consistent, long-term follow-up to identify issues such as these when they occurred, could help children more fully access both their right to attend school and their right to live in a family.

As noted earlier, while access to education may promote the placement of children in residential care overall, this is less frequently the case in shelters (Jordanwood 2011). Most children enter shelters due to family trauma. In interviews, neither parents, children nor social workers reported any incidents of children being placed in the shelter solely to access education. All five shelters had strong gate-keeping procedures intended to prevent this, and they appear to be working. However, in conversation with some parents, it became clear that if

<sup>17</sup> This case is profiled in the case-studies completed as part of this research.

these shelters policy's did not exist, some parents who were facing financial difficulties post-reintegration, would consider sending or returning their children to residential care;

"I want to send my other children now,<sup>18</sup> because I live 20 kilometers from the nearest school, and the path is through the forest, I am poor and I can't give them an education."

*Mother of a reintegrated child*

"If the organization (shelter) wants to take them back to give them education, I would agree."

*Mother of a reintegrated child*

While transitional shelters would be unlikely to accept their children, most residential care centers in Cambodia *do* admit children in order to provide an education (Holt 2005; Hosea 2001; Jordanwood 2011). These findings suggest that children would be vulnerable to reentering residential care if sufficient support was not provided prior to and post-reintegration.

## **Employment**

All five transitional shelters also offered vocational training programs to youth age 15 and over. Vocational training programs in Cambodian transitional shelters have been criticized in the past as lacking relevance to the employment market (Vigthen 2004). However, this was not the case with the programs offered by the transitional shelters in this study, which assessed the labor market before developing programs, and conducted assessments with children regarding their life-options, before enrolling children in programs.

Children in shelters may begin vocational training at age 15 and many children graduate from these programs between the ages of 18-22. This research study interviewed children who had been reintegrated before the age of 18, as a result, children who had attended vocation training were underrepresented. However, 12 additional interviews were conducted with young adults who had formerly been in care, and 8 of these had received vocational training. All 8 of these said that the organization had helped them to find work in their relevant field.

"Kids often come to us because they have no skills. They have drifted. We need to give them vocational training, because without this they will just drift again, or come back to the shelter. We give them skills that they need to work to make a life."

*Social worker*

Some children, however, had reintegrated into school without taking vocational training, and subsequently quit school. Three out of seven of these children were working at menial jobs, that could be considered to place children in a vulnerable position. A child who had previously been trafficked was working transporting goods across the Cambodia-Thai border. Another child was working collecting

---

<sup>18</sup> Her other children were age 15, 10, 9, 8 and 5

crickets and selling them on the border. Children working on the border are at higher risk of migration and could be easily identified as vulnerable by traffickers who work at the border. One child explained her family was deeply in debt, which has been identified as a risk-factor for trafficking (Brown 2007). This child reported applying for positions in the Poipet casinos, which stakeholders explained were gateways into sex work. One child described working on a construction site, which is considered hazardous labor (NIS et al. 2012). The constraints of this study meant that it was not possible to interview reintegrated children who had subsequently migrated to Thailand. However, case-file reviews recorded four cases in which the social workers believed that the children had migrated without documents to Thailand, with another 14 cases suspected.<sup>19</sup> Given the high-risks associated with undocumented migration, these cases could not be considered positive reintegration.

### 5.3. Do reintegrated children have adequate shelter and stability?

Adequate shelter can be measured by simply assessing the physical residence of the family. Stability is more complex. Stability can be measured by assessing both the unity of the family over time, and the family's capacity to remain in a single location. Shelter and stability are closely related because a lack of shelter may result in a lack of stability, as families are forced to move or separate to find new homes. In some cases, the inverse may also be true when a family is unable to stay together and the separated members are unable to afford shelter individually.

#### 5.3.1 The unity of the family overtime

Most children were reintegrated into nuclear families when they left the shelter as illustrated in figure 4., below.

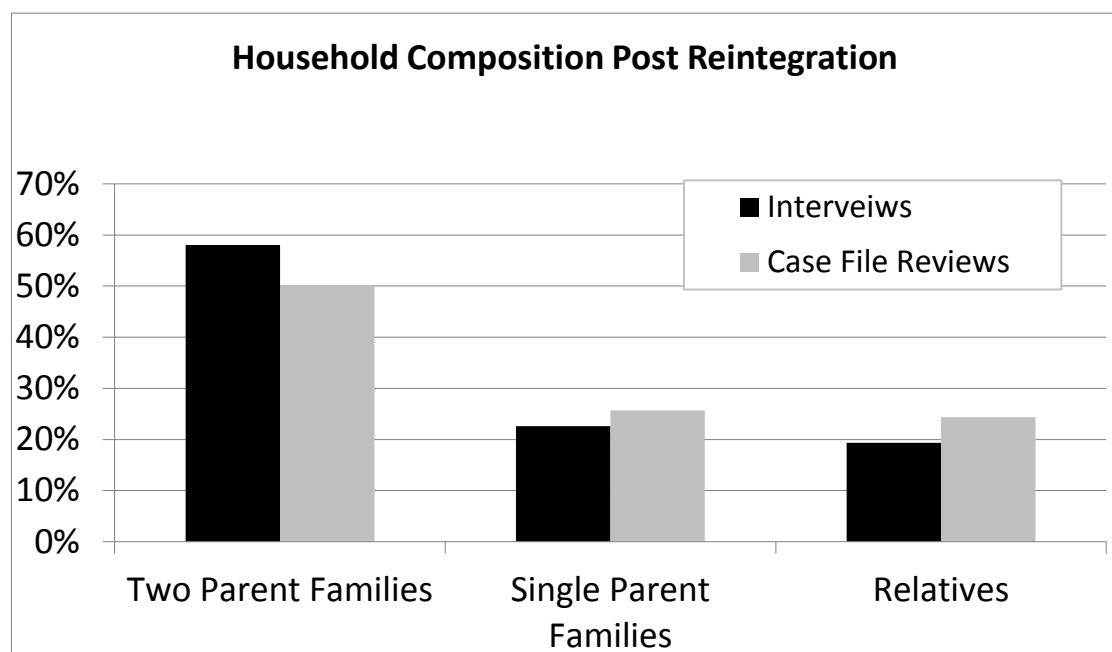


Figure 4.

<sup>19</sup> In 19 additional cases the current location of the reintegrated child is unrecorded.

In interviews, 29/31 (94 percent) of children currently lived with family members. Over a third of these children had reintegrated between 2-6 years prior to the interview, and no longer received support from the NGO. This meant that the sample included both children who were still receiving visits from the shelter and children who were not. Even with this diversity, almost all the children interviewed continued to live with their families, close relatives or independently as a young adult. In case-file reviews, 215/227 case-files reviewed continued to live with their families or relatives. This shows a high level of stability in terms of family unity amongst reintegrated children.

However, children did not always continue to live with the same family members as they had post-reintegration. In interviews several respondents explained that children had moved in with relatives when their parents had migrated to Thailand to seek work. Parents explained that they sometimes had no choice but to leave their children to find work in order to survive, as illustrated in the conversation in the inset 5, below.,

#### **Conversations between a mother and reintegrated child**

During this conversation the mother and child were both speaking to each other, and addressing the researcher.

*Reintegrated child:* "I want to stay at home with my mother."

*Mother:* "But if the shelter wants to take him back again, so he can get an education, that is ok."

*Reintegrated child:* "When I was in the shelter I missed my mum. I don't want to go."

*Mother:* " I don't own land. I need to go to Thailand to work again. So I want to send him back."

Inset 5.

Examples in interviews and existing literature (Project Sky 2009; Jordanwood 2011) record incidents of children being placed into residential care when their parents migrated to seek work. Studies have also documented children being placed with elderly grandparents when parents migrate. These grandparents may be unable to provide for children, and after a period of time, send the children to residential care (Jordanwood 2011). One girl in this study described how she had moved in with her grandmother post-reintegration;

"I came home because my mother wanted me to. But now my mother is working in Malaysia as a domestic worker, and I live with my grandma."

*Reintegrated child*

In interviews, some grandparents described the difficulty of caring for grandchildren. One grandmother described surviving by wild-crafting, and her inadequate shelter is described below. Migration of parents increases family instability. It may increase the burden on the elderly and vulnerability of

children. It may directly or indirectly render children more at-risk to being returned to residential care.

### 5.3.2. Physical shelter

Most of the families interviewed reported living in simple homes that provided basic shelter, which they described as adequate. A small number of families lived in extremely inadequate shelters, including one grandmother who was the sole caregiver to two children who explained;

“I used to have land, but I sold my land to raise my grandchildren. My house is as small as a chicken coop, and the walls are made of old clothes.”

*Grandmother of two reintegrated children*

### **The relationship between a family’s capacity to remain in a single location and ownership**

While some families owned land, many did not, and the latter explained that this resulted in instability. Families without land were extremely vulnerable and explained that they were often forced to move because they could not pay the rent, or because their landlord evicted them. One girl explained she was constantly moving because her mother was ill, and they did not own a home;

“My mother is epileptic. Every time she has a fit the landlord will force us to move. The landlord doesn’t want to have an epileptic in their home.”

*Reintegrated child*

“It’s difficult to survive, I don’t own land. I have to keep moving because I don’t own land.”

*Mother of a reintegrated child*

“I want to send my daughter back to the shelter because my husband and I work in construction... we have no land, we live with relatives, but if my grandma dies, my sister, who owns the house will force us out.”

*Mother of a reintegrated child*

### 5.4. Are reintegrated children safe from harm?

As noted earlier, while most residential care centers admit children due to poverty or lack of access to education, shelters serve a different population. Many children are admitted to shelters as a result of traumatic events within their families.



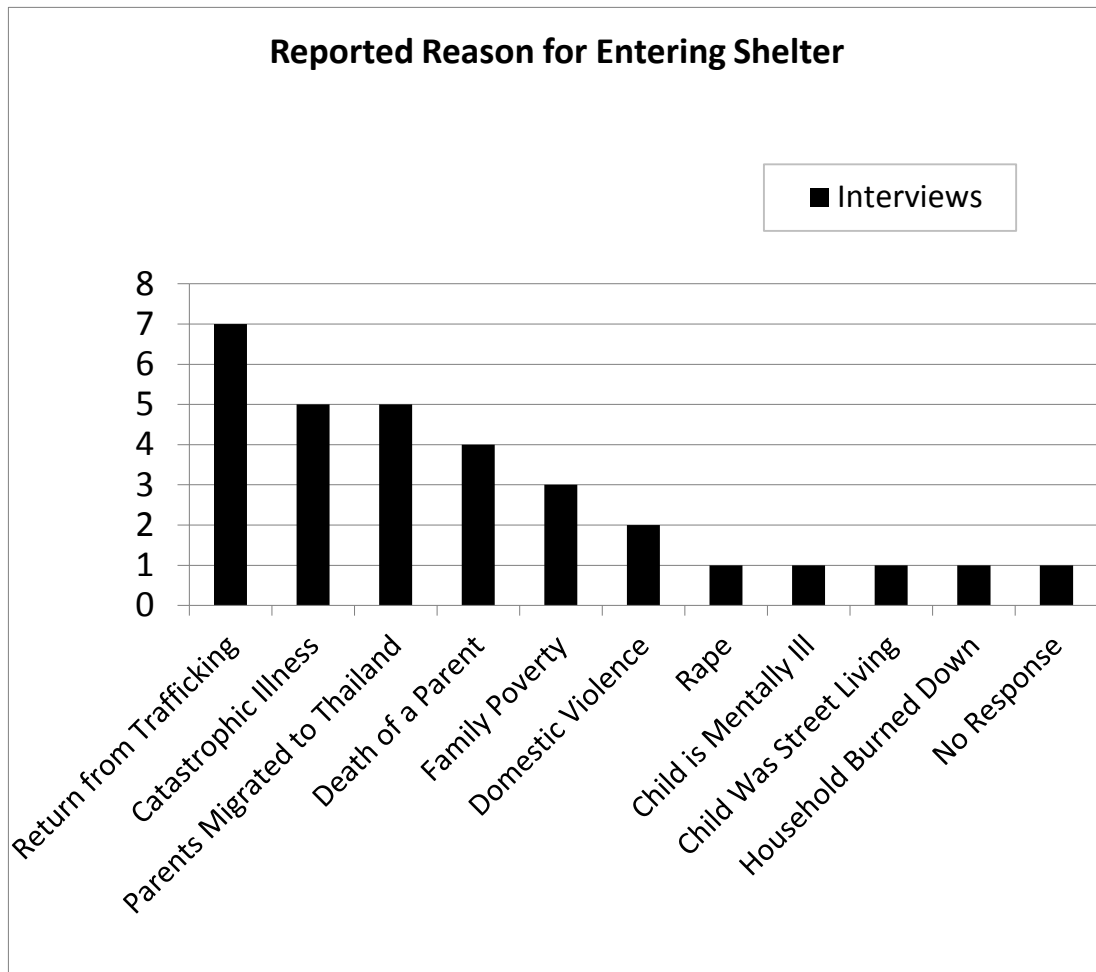


Figure 6.

Several key informants and social workers noted that domestic violence was very prevalent in families that placed children in care, and 8/31 (26 percent) of children reported being victims of physical violence post-reintegration. This suggests that although domestic violence was not often given as a reason for entering care, it may have been a contributing factor. Children who are admitted as “street-living” may also have had a history of abuse, because in some children explained they ran away to avoid abuse, as illustrated by the quote below;

“I ran away from home. My father would get drunk and violent. I lived on the beach. It was safer on the beach back then than living at home. I met the staff from the shelter when I was living on the beach, and that’s how I came here.”

*Reintegrated child*

In the cases of trafficking recorded here, and in domestic violence, family members were the perpetrators. These findings demonstrate that many children in shelters come from families, which may pose a risk to the welfare of the child.

#### 5.4.1. Reintegration of children who have been victims of abuse by their families poses significant challenges

The CRC notes that all actions should be in the best interests of the child (UN 1989) While the international research on residential care suggests that family

placement is usually in the best interests of a child, this is not always true of children who have been abused, trafficked or harmed by their families, as noted in other studies (Wedge 2013; Save the Children 2013; Teerling 1999). The CRC places the burden of the best interests determination (BID) upon the government (UN 1989), but a lack of a comprehensive social services system in Cambodia means that the BID is usually completed by the shelter. All five shelters followed assessment procedures to assist social workers in determining whether a child could safely be reintegrated with their family. They followed both the procedures of specific to their organization, and the MoSVY forms. Social workers and other key informants noted that reintegration of children who have been abused is a complex process that takes a long time. As noted earlier, a number of guidelines on reintegration argue that the process should be holistic, and focus on not only the welfare of the child, but also the welfare of family. In interviews, social workers argued this was particularly important in the cases of children who have been abused. Social workers saw part of their job as building up the capacity of the family, in terms of both social skills and economic equity, so that they could provide a safe place for the child to live. Some social workers explained that it often took years to support a family until the family was a safe place to reintegrate children, and that reintegration was different for each family;

“The decision to reintegrate always is made on a case-to-case basis, depending on the condition of the family. If a family member is sick, or if a child has been raped, it may take a long time.”

*Social worker*

“Some families will pass the family assessment on the first time, other families we may have to do the assessment ten times before they pass.”

*Social worker*

“About 30-40 percent of families fail to meet the assessment criteria. We continue to visit, offer support, go back until make lots of visits, until the child is placed.”

*Social worker*

Despite all these efforts on the part of reintegrating agencies, some families were not able to provide safe environments for their children and these children were not reintegrated. Moreover, some families were strengthened to the point where they were assessed to be able to care for their children, and then children were abused post-reintegration, as described below.

#### **5.4.2. Some reintegrated children had been victims of domestic abuse post-reintegration**

8/31 (26 percent) of children interviewed they had been physically abused by their families post-reintegration. Families described how alcohol abuse was often linked to domestic abuse;

“My father is a drunk, and whenever he drinks he picks a fight. He’s drunk ten days a month, and he hits everyone. There are six kids, when he hits one of us, the others run to help, and he hits them too. I still hurt from when he beat me last Khmer New Year.”

*Reintegrated child*

There was a sense of hopelessness amongst a few families regarding their ability to take action regarding the abuse. One mother described being abused by her husband;

“I am embarrassed to be hit in my own house, I chase him away but he always comes back. I call the police all the time, but really, beating me is like a habit to him. Even the police say it is a habit, we can’t do anything about it.”

*Mother of a reintegrated child*

Domestic abuse has long-term impact beyond the physical damage inflicted. Research has shown that children who suffer from abuse or witness abuse suffer from long-term negative impacts in terms of development (Anda et al. 1998; Anda et al. 2001). There is also a link between domestic abuse and irregular migration. A study of irregular migrants in Bangkok, which included one third Cambodian children, recorded 90 percent of child migrants age 14 and above had come from an abusive household (Innocenti 2009).

Studies have found there is a high tolerance domestic abuse in Cambodian society (MoWA 2008). In the Cambodia Demographic and Health Survey 46 percent of women said men were justified in beating their wives for a specified reason.<sup>20</sup> Several studies have reported high-levels of physical abuse of children. Save the Children in 2006 found that 85% of boys and 89% of girls had been punished by their parents, and 95% of those who had been punished said this had involved being hit with an object.<sup>21</sup> Gourley, in 2009, found 64% of participants said that parents should discipline their children by beating if they don’t listen. MoWA et al. (2014) found that over half of children had been victims of physical violence. The incidence of abuse of reintegrated children in this research project, (26 percent in interviews), appears to be lower than the levels reported in other studies. It may be that the support given by implementing agencies is reducing levels of domestic violence in these homes. However, in the case of domestic abuse, there is never an acceptable level. If a child is being physically abused, reintegration has failed. Reintegrating agencies need to focus on the provision of holistic support to prevent domestic violence, in order to ensure that children are safe in their homes post-reintegration. An example of how this may be achieved is described in the model in the inset on page 35.

#### **5.4.3. Some children described themselves as unsafe**

A small number of children interviewed said they had not been harmed, but felt unsafe due to family circumstances, as illustrated in the quote below;

---

<sup>20</sup> Six reasons were specified: wife burns the food, argues, refuses sex, goes out without telling him, neglects children, asks him to use a condom.

<sup>21</sup> Children’s Views on Domestic Violence, Ekvisoth, K., Ennew, J., and Beazley, H., SCN. Phnom Penh: 2006.

“I don’t feel safe. My family owes too much money. My parents live overseas, and my grandmother is sick. The debtors have filed a complaint against our family, and we don’t have any money to pay.”

*Reintegrated child*

The girl who expressed these fears was sixteen-years old, and lived in Poipet town, an area with a high incidence of sex work, irregular migration and trafficking. One study found that 50% of previously trafficked women reported coming from a family saddled with debt (Brown 2007).

Despite the support given to families as part of the reintegration process, many families continued to live in poverty. 25/31 (84 percent) of the families interviewed had been identified as poor by the Ministry of Planning. Of the six that had not been identified, four reported that they believed they would meet the criteria but had not been identified because of issues such as absence from the country. It was evident that many families lived at a subsistence level, barely making ends meet. These families were vulnerable to shocks. A shock, such as the illness of a family member or the loss of employment, was often described as having a catastrophic impact on families because they lacked financial reserves on which to fall back. Social workers were aware that families were extremely vulnerable, and explained that families would be able to meet reintegration assessment criteria at the time of reintegration but that it was difficult for families to maintain this standard of living. When families suffered from shocks, children often suffered as a result. Families described selling land, taking on debt and migrating overseas as a result of shocks, which increase vulnerability of children. Several respondents told stories in which poverty, exacerbated by shocks, caused a child to leave school, as illustrated below;

“We are poor but I stayed in school for two years after I left the shelter, but then our house burned down, so I left school. Now I collect grasshoppers to sell to Thailand.”

*Reintegrated child*

In another example, the inability to procure medicine for a parent with a mental illness threatened to upset the precarious balance of an otherwise successfully reintegrated family;

“My mother was mentally ill. She lived on the streets, and when I was little I lived with her. I have seven brothers and sisters, and no one knows who the fathers are. I ran away from her, and I met the shelter staff. It took the shelter four years to find my mother. They helped her get drug treatment. Now she is very different. We live together in the village, in a house we built on my aunt’s land. I go to school, and she is peaceful. We used to get the medicine from the social worker and DoSVY, but now we can’t get the medicine for free anymore. We don’t know what to do now.”

*Reintegrated child*

One transitional shelter had implemented a comprehensive program to prevent domestic abuse. The transitional shelter organizes regular open groups with

youth in the community to understand children's views regarding domestic violence, and to solicit their ideas regarding possible solutions for the problem. This informs the model described in the inset 7.

### **Model for Prevention of Domestic Violence in Families of Reintegrated Children**

Domestic abuse is both a driver in placement of children in residential care, and a barrier against reintegration. One shelter runs a comprehensive program to address this issue. As soon as child enters the shelter program, the social workers begin trying to contact the child's family. If the family has a history of domestic abuse, the shelter will not immediately reintegrate the child, but will build a relationship with the child's family, whilst the child lives in residential care. Social workers make frequent visits to the family, over a period that may last for several years. During this time, families are eligible to sign up for income generation training and support. Alcohol abuse is closely linked to domestic abuse, and in response to this, social work staff also offer a self-help group for alcohol abusers, who work one-on-one with a social worker to identify the root causes for their substance abuse problems and identify possible alternatives.

If the family is no longer abusive, and passes the family assessment, the child is reintegrated. In preparation for this, shelter social workers train family members and the community as a whole about the negative effects of directly experiencing and witnessing domestic violence. Shelter staff also offers training to local authorities to train them in the statutes of the domestic violence law. The local police force is notified when a child is reintegrated. Shelter staff explains to the police force that the child's family should be monitored by the police, and that they expect the police to abide by the domestic violence law and to report and prosecute any cases of domestic abuse. Finally, the child and the local authorities are given the Child Safe Helpline to report abuse, and the child is linked with a local telephone from which they could call the helpline for help. These steps are all taken prior to the reintegration of the child. Post-reintegration the shelter staff continues weekly follow-up visits that taper off to monthly, then three-monthly follow-ups if the family is meeting positive reintegration criteria.

Inset 7.

Two children from this shelter who had been reintegrated into families with a history of domestic abuse were interviewed. Both had been reintegrated over a year prior to the interview, and said that they were now living at home, and were no longer being physically abused. Social workers who had conducted monthly follow-up visits and parents confirmed that this was the case.

### **Most children were safe in their communities**

Most reintegrated children interviewed reported feeling safe in their homes. Several noted that living at home was more peaceful, because they were not subjected to bullying or fights that sometimes occurred in shelters. Many children noted that parents pay more attention to children than staff in shelters. They explained that they had formed strong bonds with shelter staff, but that a parent was closer. A few parents explained that they were happy to have children home because they could watch out for their safety and guide them on the right path.

### 5.5 Are children positively embedded within their communities?

Research has found that children in residential care lack emotional connections and complain of emotional deprivation (Jordanwood 2011; Csaky 2009; Project Sky 2007; Tolfree 1995). The high ratio of children to adults, in conjunction with staff turnover, makes it difficult for children in institutions to form strong attachments and to receive adequate emotional care. As a result of institutionalization, children in residential care may also lack knowledge of how to successfully function in the society at large after leaving residential care. In studies, children have described themselves as afraid of doing basic activities such as greeting neighbors or visiting the market (Jordanwood 2011; Project Sky 2007; Tolfree 1995). One child in residential care described his fear regarding his lack of life-skills, saying;

“I feel like a duck in a cage, afraid someone will cook it.”

*(Jordanwood, p.77)*

Some children interviewed in this study described similar feelings upon arriving home. They explained that initially they felt disorientated. Their homes felt strange, and their communities seemed foreign to them. However, they explained that they adjusted and that they now felt embedded in the community;

“When I first came home I was afraid, I felt like a stranger in my own family and house, I was afraid of the kids around me. But now I have friends and it is much better to live at home because I have my own parents to look after me.”

*Reintegrated child*

“The first few months I was afraid, everything seemed strange, I was afraid I would get lost, but after a time it went away, it got better, and I became more confident.”

*Reintegrated child*

There were many examples given by children in the interviews that illustrated how children had become embedded in community life, with children volunteering at the pagoda, taking care of their siblings, and assisting their parents in daily chores. Almost all the children interviewed had made friends in their community. Most described functioning with confidence in community life;

“At the shelter I only had to eat, sleep and study. Now I shop and cook, and take care of my sisters and brothers. It’s more work but I prefer living with my family. At first I was afraid of the market, but now I am not afraid anymore.”

*Reintegrated child*

Many social workers, parents and children described children as growing in confidence as time passed, which is line with other research on reintegration (Wedge 2013). As noted earlier, a number of parents were proud of their children’s progress at school, and boasted about their achievements. While parents sometimes complained that their children were irresponsible outside of school, and “played too much” further follow-up questions regarding this issue

suggested that this was more a reflection of a parent holding unrealistic expectations for children, that are not in accordance with normal children's development. Gourley (2010) has argued this is a common pattern in child-parent relationships in Cambodian culture. Children actually described themselves as taking increased responsibility for themselves and their actions;

"At the shelter all I had to do was study. I had no responsibilities. At home, even if no one asks for help, I feel like I have to contribute and help out."

*Reintegrated child*

Many children described a key benefit of living in the community was the increased freedom to make independent decisions. In order to safely supervise a large number of children, most residential care centers have rules about when children are allowed to leave the center. One teenager in this study described how frustrating this can be, and explained how she had enjoyed making her own choices post-reintegration;

"Being outside (the shelter) means that I have the freedom to do things by myself, to go to bed when I want to. If I wanted to go out I used to have to fill out a form to get permission, but now I can just go out when I want to."

*Reintegrated child*

During data collection, interviews were conducted with a small number of older children age 15-18 who had found jobs <sup>22</sup> within their communities. (This group did not include children who had found unsafe employment mentioned above.) 12 young adults who had previously been lived in shelters and had graduated from shelters after age 18, without being reintegrated, were also interviewed. These older children and young adults were working and providing for their families. In one example, an older sister had brought her younger sisters to live with her after reintegrating. She was happily married, earned what she described as a good salary as a hairdresser, and her siblings were attending secondary school, and receiving high marks. These older children and adults had secured safe employment with adequate salaries that allowed them to live normal lives, embedded within their communities.

## **5.6. Do children maintain strong, positive relationships with family members?**

It is difficult to assess strong, positive relationships within a short-term study. The results regarding relationships presented here, are based on descriptions by participants. Efforts were made to encourage increase the validity of these answers. Interviewers spoke to children and family members both together and apart, to allow greater openness.

It has already been found that 8/31 (26 percent) of children were victims of domestic violence and that several more children considered themselves to be unsafe. Although in some of these cases the children described sharing strong emotional connections with the non-abusive parent, the corrosive nature of

---

<sup>22</sup> The jobs mentioned here were hairdresser, tailor, factory worker, NGO worker and mechanic.



domestic violence, discussed above, means that overall these children cannot be described as having been successfully reintegrated.

However, the majority of children described positive relationships with their families. Almost all children interviewed explained that they had missed their parents whilst living in shelters. Several explained that this had been particularly painful when they first arrived at the shelter, and that they would try to contact their parents, and would cry at night. Two respondents explained that when children were living in shelters they weren't able to thrive because they lacked a parent's love;

"When I first came to the shelter I missed my mother so much. I hadn't seen her for two years while I was living in Thailand. I couldn't focus on my studies. I knew if I could be with my mother I would study better."

*Reintegrated child*

"I had to bring my son home, he needs to take medicine every day. Only a mother will remember to give it to him at the right time every day, because it is her child."

*Parent of a reintegrated child*

Children repeatedly expressed that they were happy to be home, and that they valued their relationships with their siblings, parents and grandparents. Likewise many families expressed their positive feelings for their children;

"I think I love her more than my own children, because I feel empathy for all she has suffered, and I am proud to see how well she does."

*Aunt of a reintegrated girl*

A social worker spoke of the depth of a mother's love, describing the case of a child who had been separated from his mother for three years;

"The mother had been searching for him for years. She thought he was dead. When we arrived in town his mother was working in the fields (on the other side of the river). When she saw him from the boat as she came home, she jumped out of the boat to swim to her kid. She cried, and fainted. When she finally woke up again, she and her son cried and hugged. That was six years ago. Now he lives at home, he has graduated from high-school, and works in a metal shop."

*Social worker*

The majority of respondents expressed the belief that reintegration had significant social and emotional benefits. Children and parents described the emotional benefits of living together. However, a number of children and parents believed that these relationships came at a cost. Several family members said they had been forced to sacrifice some of the material advantages offered by the shelter in order to live with their families;

“I like being at home because I like playing with my siblings and being with my grandmother. No one bullies me at home. But we have to gather food from the forest to live.”

*Reintegrated boy*

“I like being able to go outside, and I love being with my mom, but I don’t like that I can’t afford to go to school anymore.”

*Reintegrated girl*

In these cases, the reintegration support being given to children was inadequate. Children want to live with their families, and family-care is best for children’s development. It is also their right as detailed in the CRC. However, as Wedge (2013) notes, in relation to reintegration, families do not exist in a vacuum. In discussing lessons learned from their deinstitutionalization pilot, Save the Children (2013) noted;

“Without services or resources accessible to the child’s parents or caregivers, reintegration can be problematic...The deinstitutionalization process needs to go hand in hand with the development of community level financial and psycho-social services that can prevent separation and support safe and stable reintegration.”

*Save the Children, p. 127*

While all five shelters included in this study offer some form of support to reintegrated children, the support is rarely adequately comprehensive. It is both a financial and organizational challenge for integrating agencies and donors to commit to the kind of long-term, holistic support that it required. However, it is crucial that more is done to ensure that children are not forced to sacrifice their development rights in order to access rights to be raised in their family.

## **6. Section 2. Factors that impact positive and stable outcomes for reintegrated children**

### **6.1. Introduction**

This study aimed to assess the impact of reintegration into families on children, and to identify factors that impacted positive and stable outcomes for children. Due to limitations of the sample size, the study did not aim to produce statistically significant correlations between impacts and outcomes. Instead, this study took an explorative approach, using interviews and case-file reviews to assess the existence and prevalence of key factors, and perceived links between them. Qualitative data from interviews with key informants, shelter staff, social workers, parents and children provided information about perceived impacts from both those offering support and those receiving it. Quantitative data from case-file reviews offered additional information regarding patterns of prevalence between inputs and outcomes, and allowed for triangulation in an attempt to increase validity. The key factors investigated were:

- Follow-up
- Provision of income generation support
- School support
- Household composition (dual or single parent)
- Geography
- Age at reintegration and time spent outside family unit
- Household income
- Direct monetary support
- Child's contact with family whilst in residential care
- Visits from DoSVY

The following section will show that frequency of follow-up by reintegrating agency had the greatest perceived impact on positive, stable reintegration. It will also describe results from the qualitative data suggesting that income generation and school support also lead to improved outcomes. In addition, this section will demonstrate that in some areas the uniformity of the sample made it difficult to investigate relationships. Almost all families were identified as poor, so it was not possible to assess the impact of higher family income on positive, stable outcomes. This is probably due to the fact children from rich families are less likely to enter residential care (Bilson and Cox 2007; Holt 2005; Jordanwood 2011). Similarly, very few families received direct cash support, so the impact of this could not be analyzed. Moreover, few families reported having been visited by DoSVY staff, and all children who had living relatives maintained contact with them during their stay in residential care, most visiting three times a year for annual holidays. Again, this made it difficult to isolate the impact of these factors. The complexities of these areas are discussed further below.

## 6.2. Process of analysis

A second process of data analysis was conducted in order to identify factors associated with impact. The interview data was analyzed according to the criteria for positive stable reintegration, (noted on page 40) with a view to identifying deviance from the norm. There were no clear positive deviances, however, there were negative deviances; 15 cases from the 31 interviews with children in which reintegration had not met the criteria set.<sup>23</sup> The reasons that children failed to meet the criteria are listed in inset 8, below.

---

<sup>23</sup> Listed on page 39.

#### Reasons that Children Failed to Meet Reintegration Criteria

Child was being physically abused by a parent. (8 children)

Child had been readmitted to a shelter due to perceived delinquency. (1 child)

Child dropped-out of school because the house burned down. (1 child)

Child dropped-out of school and works in a hazardous job in building construction. (1 child)

Child dropped-out of school, parents are planning to migrate without documents to Thailand, and do not want to take the child. (1 child)

Child lives with grandfather who is alcoholic in a house that has accrued so large a debt that a formal complaint has been filed, and the child reports she lives in fear. (1 child)

Child who lives with aunt. Child and aunt expressed no affection for each other, say there is not enough to eat, and survive by cutting firewood. (1 child)

Child in a family that cannot find a stable place to live because their mother is mentally ill, and they are repeatedly evicted. Child's schooling is intermittent. (1 child)

Inset 8.

These 15 cases were analyzed in greater depth, to assess whether they shared common factors. During the gathering of case-file review data, social workers were asked to identify cases in which they believed the child to be at-risk. It is important to note that this case-file review data may be less valid than the interview data, because the social workers, not the families or children themselves were asked to make this assessment. Bearing this in mind, the case-file reviews that were identified as at-risk, were then further analyzed, to assess whether these cases shared common factors. The case-file reviews were then compared to the interview data to see if they presented similar patterns. The results of this analysis are presented below.

### **6.3. Factors perceived to result in a beneficial impact on positive reintegration**

#### **6.3.1. Follow-up**

Guidelines on reintegration of children in residential care stress the importance of follow-up post-reintegration (Daphne et al. 2007; Harris 2005; MacArthur 2011; UN 2010). This is thought to be particularly important in cases in which the child has been traumatized or neglected by the family, as has been argued is the case with most children entering shelters;

“When a child was separated because of neglect, thorough and regular follow-up is critical to ensure that the problems from the past do not reappear.”

Wedge 2013, pp. 29

The data suggests that there is a gap between policy and practice in this area. Stakeholders from reintegrating shelters explained that in the initial design of the reintegration project, DoSVY had assumed the responsibility for conducting follow-up activities. Stakeholders explained that the project had been designed in this way to support moves towards a national government-run reintegration program. However, stakeholders reported that low levels of staffing amongst DoSVY, a lack of provision for the cost of transport to the field and the low salary of DoSVY staff members had crippled the ability of DoSVY staff to fulfill this responsibility. At the time of the research, the shelters' social workers assumed the duty of follow-up, since, families rarely received follow-up visits from DoSVY. In interviews, social workers ranked follow-up as second to last in priority (out of six categories) in supporting reintegrated children. Correspondingly, there was a low level of follow-up reported in many interviews and in case-file reviews.

One area that was particularly weak was the monitoring of follow-up. As part of the case-file study, 227 case-files of children who fit the sample criteria were reviewed. One implementing partner had difficulty initially locating older case-files for review. Of the 227 case-files reviewed, only 5 (2 percent) recorded all the information required in case-file review form.<sup>24</sup> While social workers reported making visits, and in most cases could describe the current circumstances of the child, they were not recording details in the files. There is a significant need for creation of programs within shelters to ensure case-files are adequately monitored. One shelter stakeholder reported that the shelter was exploring the possibility of moving to digital case-files that would be easier for social workers to complete in order to address this problem.

Key informants and social workers noted that the distance between reintegrated children and shelters posed a challenge for social workers. Shelters accept children from across the country, and children may be reintegrated into families hundreds of kilometers away. The shelters involved in this research project were located in Phnom Penh, Sihanoukeville, Battambang, Siem Reap and Poipet. The graph below, fig 9, lists all the provinces into which children reintegrated. This graph demonstrates that the distances between the locations of the transitional shelters and the provinces of reintegration are often substantial.

---

<sup>24</sup> Forms are included in the appendix.

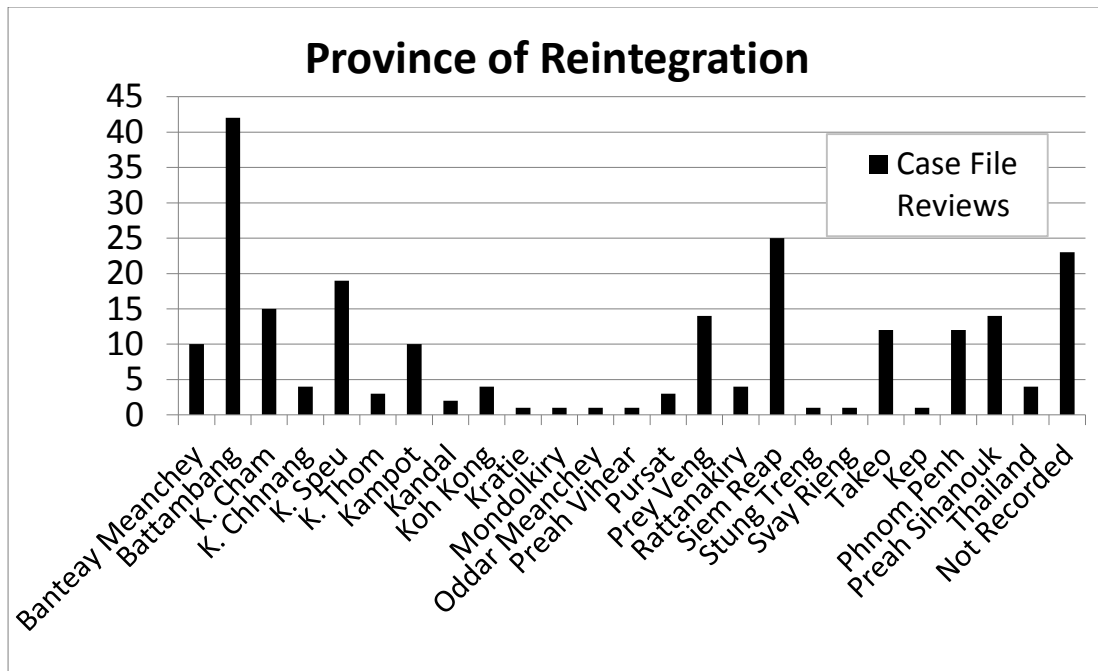


Figure 9.

It is easier to provide services to children who live in the same shelter, or even the same neighborhood, than it is to provide services to children who live several provinces away. Social workers were also reported to be more likely to respond to cases in the shelter because they were within sight, than cases in distant villages. The five shelters reviewed had begun implementing partnerships to alleviate the problem of distance, so that the closest shelter could be responsible for follow-up visits. Key informants noted that these partnerships were not yet working consistently and adequately. The large prevalence of incomplete case-files suggests an impaired capacity to share case-file information effectively.

Fig. 9 also shows that 23 percent of case-files did not record the current location of the child. Social workers offered a number of explanations for why case-files were incomplete. In order to be included in the case-file review process, children must have been reintegrated within the last two years. If cases were successful they may have been closed within a year, in which case, social workers did not know the location of the child. There were also cases that were so unsuccessful that they were closed, (for example, if a family migrated without informing the social workers). In research reintegration from residential care in Cambodia Zhou (in press) recorded similar incidents. In addition, some case-files were incomplete due failure of social workers to follow-up. So while it is troubling that 23 percent of case-files reviews were not able to identify the location of the reintegrated child, it cannot be assumed that this was necessarily due to a case being unsuccessful nor to failure on the part of the social worker.

The initial analysis of the qualitative data suggested that inadequate follow-up may be linked to unsuccessful reintegration. 5/15 (33 percent) of the cases classified as unsuccessful also reported receiving no follow-up visits, whereas 0/15<sup>25</sup> of the other cases reported receiving no follow-up visits. In case-file

<sup>25</sup> One child could not remember since reintegration had occurred four years prior.

reviews, a higher percentage of children considered at-risk received no follow-up visits, as illustrated in fig. 10 <sup>26</sup>.

**Percent of Children Who Received Follow-up Visits After Reintegration As Reported by Social Workers in Case-file Reviews**

	0 to 6 Months		7 to 12 Months		13 to 18 Months	
	At Risk	Not At Risk	At Risk	Not At Risk	At Risk	Not At Risk
<b>Once Per Week</b>	10%	9%	0%	4%	0%	0%
<b>Once Per Month</b>	46%	36%	27%	22%	6%	3%
<b>Once Per 3 Months</b>	22%	49%	28%	49%	9%	18%
<b>Once Per 6 Months</b>	4%	4%	4%	7%	18%	36%
<b>None</b>	<b>7%</b>	<b>0%</b>	<b>31%</b>	<b>0%</b>	<b>58%</b>	<b>0%</b>
<b>Not Recorded</b>	9%	1%	9%	18%	9%	44%

Figure 10.

This table shows that children perceived to be at-risk did not always receive follow-up visits. 7 percent of these children received no follow-up in the first 6 months, 31 percent received no follow-up the second 6 months post-reintegration, and 58 percent received no follow-up in the third 6 months post-reintegration. This last number is particularly important, because even though social workers reported these children as being at-risk, these social workers are still failing to follow-up with 58 percent of these at-risk children 18 months post-reintegration. In contrast, all the children perceived *not* to be at-risk received follow-up visits during these three time periods. It was difficult to ascertain why those at-risk cases appeared to be receiving less follow-up, and respondents in the qualitative data did not offer explanations for this.

The qualitative data indicated that increased (and monitored) follow-up visits could promote positive reintegration. Follow-up visits may prevent domestic abuse or if this is not possible, allow social workers and families to work together to find other options to protect the children, such as moving in with other family members, foster care or returning to shelters. A few children who

<sup>26</sup> Percentages in this chart are based on the number of responses.

were living in abusive families said that they preferred living in the transitional shelter because it was safer. Follow-up visits would also allow social workers to provide additional food or school support to children who required this. Organizations should also consider a longer-term commitment to follow-up, since in several cases, the changing circumstances of the family lead to increased vulnerability more than two years post-reintegration. At the same time, it is not possible to say that a lack of follow-up visits caused the reintegration to fail. The complexity of the lives of the families into which children were reintegrated often made it difficult for social workers to follow-up, since several families moved repeatedly. However, if transitional shelters are going reintegrate children, they should anticipate this complexity, and commit to a rigorous, documented, long-term follow-up program.

### 6.3.2. Provision of income generation support

In keeping with aforementioned guidelines that note that reintegration needs to take a holistic approach, transitional shelters offered economic support to some families of reintegrated children. Families were given training, and then cash-donations to establish their businesses. There was a contradiction between the qualitative and quantitative data gathered in this study as to the impact of income generation.

As noted earlier, almost all the families included in this study had been identified as poor by the Ministry of Planning. Poverty is a major driver in placement of children in residential care in general (Holt 2005; Jordanwood 2011). Although most children enter shelters due to trauma, several respondents noted that poverty exacerbated difficult family circumstances and made it harder for families to recover from traumatic events. Income generation programs attempt to address the root cause of poverty. Social workers believed that these projects were an important aspect of reintegration, and ranked income generation as second out of six criteria. 9/30 (30 percent) of families interviewed and 19 percent<sup>27</sup> of families included in case study case-file reviews had received income generation support. All the families interviewed who had received this support said they were still operating these businesses.<sup>28</sup> It was beyond the scope of this study to analyze levels of income accrued, but in general, families receiving income support described themselves as earning enough to survive. Some families explained that without this kind of support they would have been destitute;

“The business means we can survive. Before we had the business each day we didn’t know how we would find food tomorrow.”

*Father of a reintegrated child*

Conversely, in interviews, none of the cases classified as unsuccessful reintegration received any income generation support. These families described living in extreme poverty, and few reported having enough to eat. One child said her family owed so much money that she felt unsafe. Several described borrowing money to pay for food;

---

<sup>27</sup> 43/227

<sup>28</sup> Case-file reviews were not able to provide this information.



“Sometimes we have enough to eat, sometimes we don’t. Most days we just eat rice porridge. This morning we had rice, but we will borrow rice from our neighbors for dinner.”

*Mother of a reintegrated child*

In the case-file reviews, however, families who were considered at-risk received a slightly *higher* level of income support (25 percent)<sup>29</sup> than other families (19 percent).<sup>30</sup> The explanation for this discrepancy may lie in the method of data collection. The quantitative data relied on the perception of social workers. Social workers may direct more income generation funds to the families of the children they identify as at-risk. The qualitative data records direct reports from families. These families may for some reason have fallen through the cracks in the system, and not received income generation support, although it was required, and therefore faced increased vulnerability. It suggests that the system was not working in these latter cases.

### 6.3.3. School support

School support is an important factor in reintegration, not only because of the life long benefits that linked with higher levels of education but also because education has been shown to be a key driver in placement of children in residential care (Holt 2005; Jordanwood 2011). In interviews, some families and children said that they would not have been able to attend school without school support, and some children explained that they had dropped-out of school because they lacked the funds to pay informal school fees. The qualitative data suggested that school support helped children attend school. It did not, however, guarantee that children would attend. When families suffered from shocks, the interview data showed that children dropped-out whether they had school support or not. This is inline with research that finds households within Cambodia are extremely vulnerable to shocks (World Bank 2013).

The quantitative data from interviews and case-file reviews suggested that unsuccessfully reintegrated children and at-risk children received slightly lower levels of school support than other reintegrated children. 7/15 (47 percent) of interview cases classified as unsuccessful did not receive school support, 30 percent of children considered at-risk did not receive school support. Amongst children in general 9/31 (29 percent) interviewed and 26 percent<sup>31</sup> of case-file reviews did not receive school support. Caution is advised in ascribing causation in this case. In the interviews, 15 cases were classified as unsuccessful reintegration. Eight of these cases involved domestic abuse, and three of these involved direct trauma (such as a house burning down) and four described chronic poverty. These circumstances may have contributed to school drop-out amongst children. It is probable that the complex dysfunctional circumstances in which these children lived contributed to an inability to attend school. Key informants and social workers explained that in all five transitional shelters it was standard practice to give school support to all children in need when they reintegrated. If children were not receiving school support, social workers

---

<sup>29</sup> 17/67

<sup>30</sup> 30/160

<sup>31</sup> 58/227

explained were usually extenuating circumstances, for example, a child that was mentally ill and was unable to attend school, or the child dropped-out to support the family after an economic shock. Children may not be receiving school support because they were unable to attend school because of complex situations in their families. So while the qualitative data suggests that when family circumstances allow children to attend school, school support is important, school support alone is not enough to prevent school drop-out, and a lack of school support may be the result of family circumstances rather than organizational failure.

## **6.4. Factors with a mixed impact on positive reintegration**

### **6.4.1. Household composition**

International research has shown that children raised in two-parent families exhibit better outcomes than children living in single parent families (Berger and Maclanahan, 2012). 18/31 (58 percent) of families interviewed lived in two-parent families, 7/31 (23 percent) in single households, 6/31 (19 percent) lived with relatives. Family compositions in case-file reviews were similar with 50 percent <sup>32</sup> from two-parent families, 26 percent <sup>33</sup> from single households and 24 percent <sup>34</sup> living with relatives. Social workers ranked two-parent household as an important characteristic to promote successful reintegration.<sup>35</sup> The qualitative data found that poverty impacted the lives of children significantly. In interviews, two-parent families in which more than one adult was working, reported less difficulty in providing basic necessities for children. In some cases these adults were parents, in others they were relatives living in the same house. However, key informants and mothers who had divorced abusive spouses, described the advantages of being single parent families. Key informants noted that the effect of living with an abusive spouse may go beyond the physical and emotional trauma they cause. Abusive spouses may negatively affect the families economic welfare, since abusive spouses are less likely to keep jobs, and abusive spouses may damage family property, which the chronically poor find costly to replace. Two mothers said that their children's lives had improved since this separating from their respective husbands. In a few cases social workers and children described how the child was only able to reintegrate after the abusive spouse had left or been incarcerated. So while two-parent families accrued economic benefits, it is important to note that this benefit does not appear to exist when one of the parents is abusive.

### **6.4.2. Geography**

In interviews and case-file reviews, respondents were asked to identify whether children had been reintegrated into towns, villages or remote villages (further than one hour from town). In interviews, respondents explained that there were benefits and drawbacks to both the urban and rural locations. In urban areas children explained that it was easier to find work, to access school and other services. Social workers explained that they were more likely to visit children who lived close to the city center, and data showed that children who lived in

---

<sup>32</sup> 113/ 226 (1 don't know/non-response)

<sup>33</sup> 58/226

<sup>34</sup> 55/226

<sup>35</sup> Ranked 3<sup>rd</sup> after 1) No violence in the family, and 2) close to parents whilst in care.

urban areas received more frequent visits. Children are increasingly migrating to cities to look for work (UNICEF 2012), one key informant said that by reintegrating children into cities implanting agencies were anticipating the inevitable.

However, several respondents also noted that reintegration into rural areas was safer. Children were described as being less vulnerable to risk in villages, and social workers worried that children who lived in urban areas, particularly the border town of Poipet, were more likely to be victims of crime, or to migrate or be trafficked. This was particularly true for children who had previously been trafficked.

Despite these arguments it was difficult to ascribe any direct impact to geography. Children were reintegrated to every province in the country, (see fig. 9, p47) the chart below shows that case-files indicated they were somewhat evenly spread between urban, village and remote village locations. At-risk reintegrations came from a range of provinces, and urban, village and remote village locations, without any clear pattern.

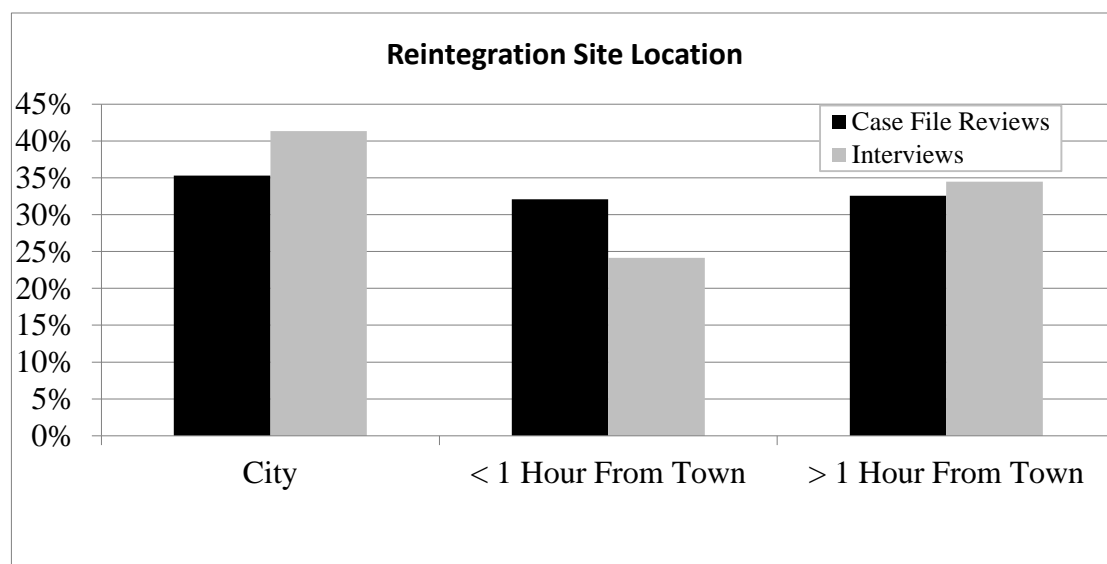


Figure 11.

## 6.5. Factors on which there was insufficient evidence to suggest a link

### 6.5.1. Age at reintegration and time spent outside the family unit

Fig. 12 shows case-file review data of the age of children at entry to the transitional shelter and age at reintegration to the family.

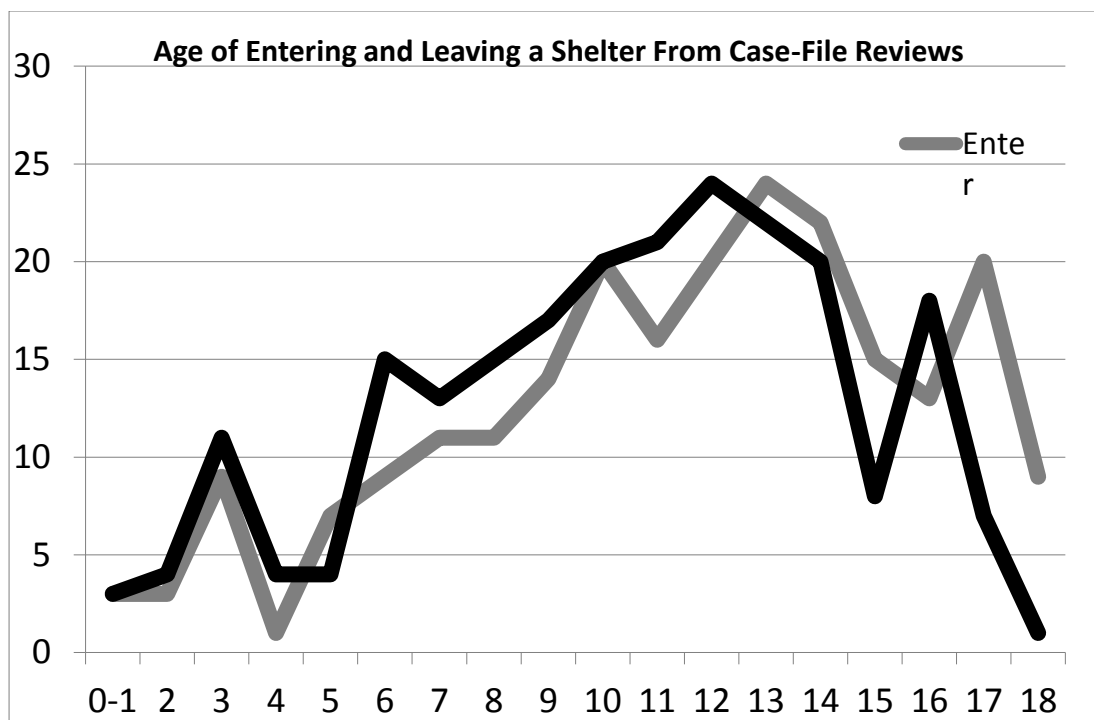


Figure 12.

### Late age of reintegration

Fig. 12 shows that case-files reviews recorded that children are most likely to enter shelters at ages of 12-14.. Some stakeholders believed that children were likely to enter during this period because of the advent of lower secondary school, and the increased costs of teachers' fees and the greater distance to school meant that children were more likely to turn to a shelter for educational support. However, interviews suggested that the participating shelters had strong gate-keeping policies that made it unlikely that children would be admitted for educational access alone. Previous research found that 33.9 percent of street-connected children were between the ages of 11-15 (Friends International 2014). Since the implementing shelters accepted many street-living children, they would be more likely to encounter children of in this age group.

Fig. 12. also shows a second spike of entry between ages 16-17. This suggests that shelters provide accommodation for older children. All five shelters maintained active vocational training programs for children age 15 and over (discussed earlier), this could be a possible explanation for the spike in entry at age 17.

Fig. 12. demonstrates that children are most likely to reintegrated between age 10-14, spiking at age 13. Key informants offered several reasons to explain the late age of reintegration. First, many of these children were admitted to the shelter from dysfunctional or extremely poor families. It takes several years of work in some cases to help the family improve their economic and social circumstances in order to provide an adequate environment for the child. Second, in the case of street-living children it may take years to trace the family. Third, in some cases shelters may have begun to tackle the issue of reintegration

as children aged, and the issue became more pressing. This could also explain the second spike at age 16. Under the Labor Law of Cambodia, the minimum age for employment is 15 (RGC, article 172). Children age 16 are legally able to work. Efforts to reintegrate may have increased when shelters were faced with the reality that these children were almost adults. The late age of reintegration is a reason for concern. By age 16, children have missed out on many of the benefits of growing up in a family. One key informant argued that it was unfair to reintegrate children at age 15 or above, because these children would be expected to find work and live independently at this age. She explained that in her experience, children who were reintegrated after age 15 usually migrated again to look for work within a year.

Fig. 13. combines the data from all 5 shelters. However, when this data is disaggregated it becomes clear that the speed with which shelters reintegrated children varies considerably. The reasons for the late age of reintegration above assume that the shelter housed the children for several years. However, fig. 13, shows that average length of stay in shelters varied considerably. So while some shelters may have reintegrated children at a late age for the reasons stated above, this was not true for all shelters.

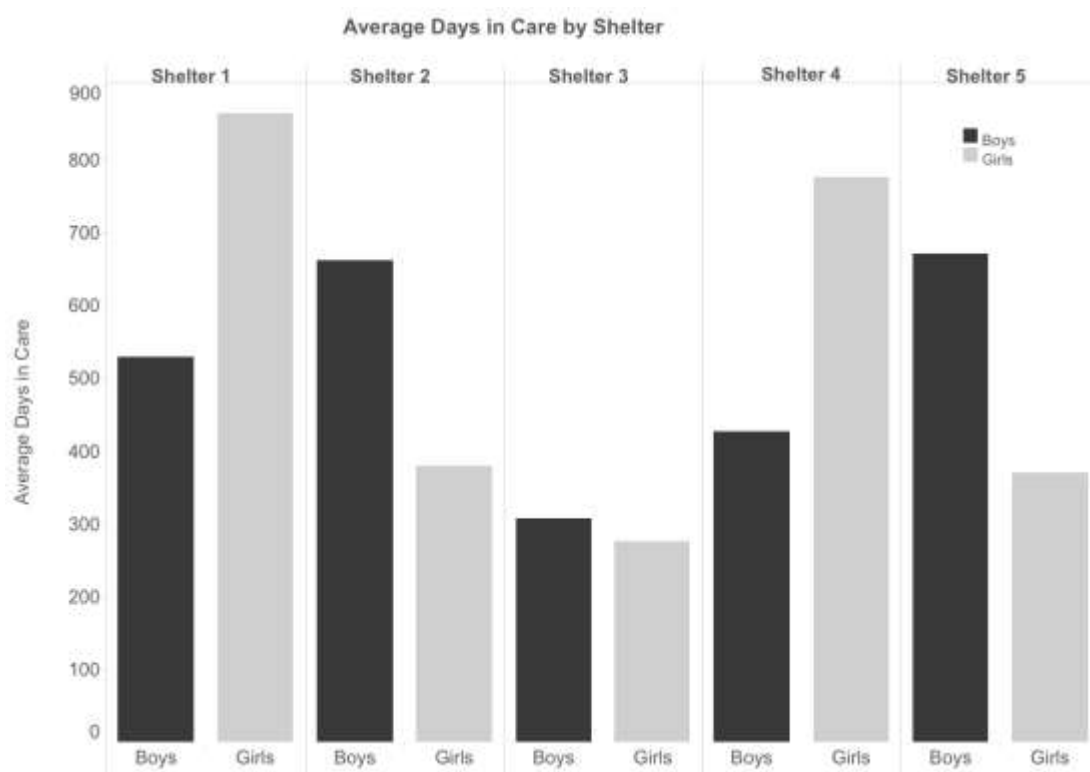


Fig 13.

The MSACC were released in 2008, and these promote reintegration. The data suggests there has been a recent move to more rigorous enforcement. Fig. 14. shows the average number of days that children stayed in shelters disaggregated by year of entry and gender. The numbers above each bar indicate the number of children who entered in that year. The graph shows that the number of days

children spend in care has decreased steadily since 2008, possibly due to increased awareness of the importance of reintegration and the publication of the MSACC in 2008.

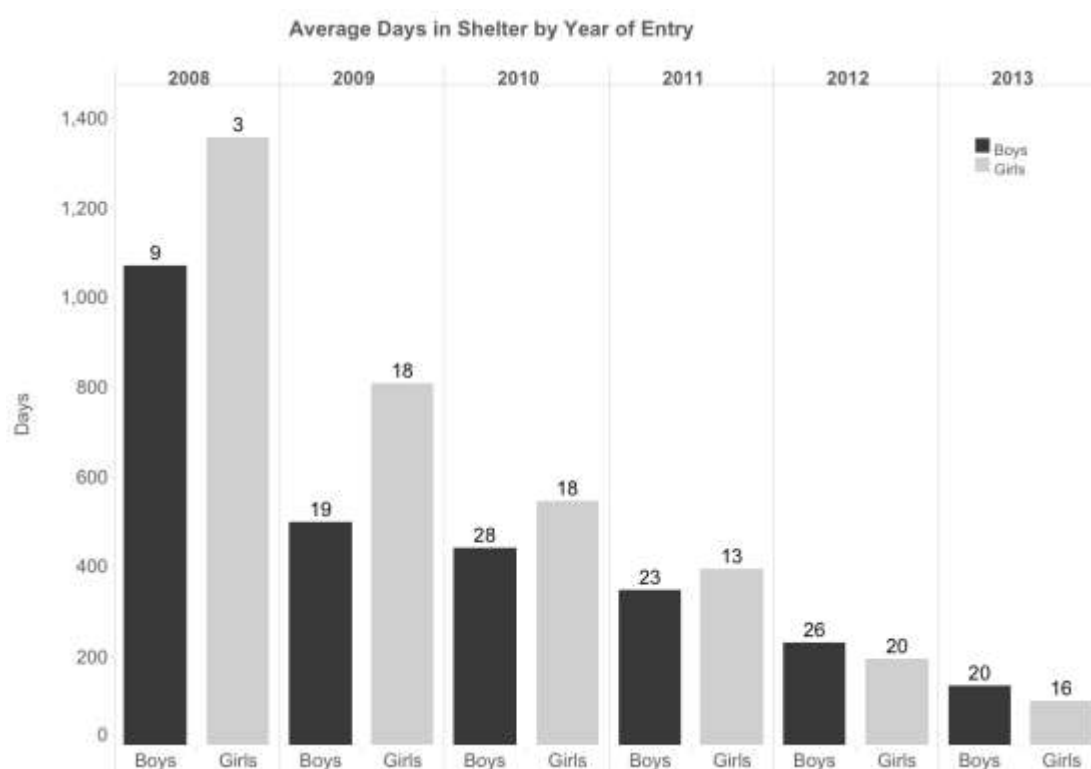


Fig. 14

The qualitative data gathered in the interviews, and the quantitative data from the case-file reviews showed no patterns related to time in care or age at reintegration. The time spent in the transitional shelter of cases classified as unsuccessful in interviews ranged from 3 days to 6 years. The case-file reviews showed a similar range of 3 days to over 5 years. There was insufficient evidence to establish any link between time spent outside the family unit and reintegration success.

## 6.6. Factors in which the similarity in the sample constricted the ability to isolate impact

Certain factors were extremely prevalent in the sample, and this made it difficult to isolate their impact. Most respondents in the sample shared similar characteristics in terms of household income, direct monetary support, contact with family and frequency of visits from DoSVY. As a result, the random sample was insufficiently diverse to be able identify impact of these factors, as discussed below.

### 6.6.1. Household income and direct monetary support

Almost all respondents in interviews (54/62 of combined children and families) were identified as poor by the Ministry of Planning and those that were not, self-identified as poor but said they had not had contact with the Ministry identification process. Recent research found that despite gains, 20.5 percent of Cambodian households are poor, that many more are highly vulnerable to falling

back into poverty as result of small shocks (World Bank 2013). It was not remarkable, therefore, that almost all respondents were poor, especially since poverty is a central driver in placement of children in residential care (Holt 2005; Jordanwood 2011). The unanimity of the data in this regard meant that it was not possible to compare the reintegration of children into poor families to the reintegration of children into middle-income or wealthy families since few of the latter were found in the sample. No families interviewed had received direct monetary support, and only nine percent <sup>36</sup> of families in case-file reviews had received this, so again comparisons in this area were constrained.

#### **6.6.2. Frequency of visits to family whilst in residential care**

Similarly, 53/62 (85 percent) of combined children and families interviewed, and 79 percent <sup>37</sup> of case-file reviews reported that children who had stayed in transitional shelters for longer than 3 months had visited their families 2-3 times a year. Very few had visited less than once a year. In interviews, social workers at all five shelters had stressed the importance of maintaining connections between children and their families. All social workers interviewed strongly believed in the value of family reintegration, and many described making regular visits to families <sup>38</sup> while the children were in care, in order to prepare the ground for reintegration. Most children interviewed described maintaining strong relationships with their families whilst in living in the transitional shelters, this included children who had been classified as unsuccessfully reintegrated or at-risk. Social workers explained that that when children didn't visit families it was because families were not yet traced, or the children had only stayed in care for a few months. Thus, in terms of contact with families, the sample was insufficiently diverse to allow comparison.

#### **6.6.3. Visits from DoSVY**

Case-files included in the review did not record information about DoSVY visits. In interviews 52/62 (84 percent) of children and parents said they had never been visited by DoSVY, but social workers said that DoSVY usually accompanied children on the day they were moved from the transitional shelter into their families. Social workers explained that families probably did not know that these people were DoSVY staff. However, both families and social workers agreed that DoSVY very seldom made follow-up visits. One respondent explained that it depended on the personality of the DoSVY staff member. Another social worker explained that several years ago DoSVY had actively supported reintegrated children, but that this had ceased when salary supplements from multi-lateral donors had been stopped. As noted above, the initial reintegration plan had placed responsibility for follow-up with DoSVY. However, DoSVY did not appear to be fulfilling this role. This study was not able to identify the impact of DoSVY involvement with positive reintegration.

---

<sup>36</sup> 21/227

<sup>37</sup> 81/102

<sup>38</sup> Those families with whom social workers maintained contact

## 7. Conclusion

### 7.1. Conclusion

Reintegration of children from transitional shelters into families is a complex process. Transitional shelters serve a different population than residential care centers. This study found that the majority of children who are admitted to shelters have experienced some form of trauma, and in many cases, this trauma was inflicted on children by their families. This is in contrast to children in residential care who enter primarily due to family poverty or to access education (Holt 2005; Jordanwood 2011). As part of the reintegration process, implementing agencies work with families and communities to alter family dynamics and improve material circumstances, so that families are able to provide for both the physical and emotional needs of their children. School support and income generation programs were found to offer valuable contributions to providing for children's material needs. However, there was a strong sense that reintegration was a holistic, multi-layered process, and that it was not always helpful to isolate one factor alone, since successful reintegration relied on several factors working together. An integrated program of services was a necessary component. The process of reintegration sometimes took years, and successful reintegration was not always achieved.

Both the interviews and case-file reviews found that many reintegrated children had sufficient food, adequate shelter, family stability and access to school. Most had formed strong relationships with family members and were positively embedded in the life of their communities. Children and families placed considerable value on these relationships, and did not want to be separated from their families. However, there were also significant challenges. 15/31 children interviewed did not meet all the criteria for positive reintegration. Some of these children were victims of domestic violence, others lacked basic necessities such as food, and others worked in dangerous jobs.

The initial reintegration project plans had called for DoSVY to follow-up, and this seldom occurred. Transitional shelters struggled to conduct rigorous and consistent follow-up. Case-file records were routinely incomplete, and relied instead on the memories of social workers. The geographic range of reintegrated children posed a significant challenge to follow-up efforts, and this study found that partnerships established to address this problem were as yet, inadequate. A large number of cases classified in this study as unsuccessful or at-risk reintegration had received no follow-up visits. Almost all the families included in this study were extremely poor. Social workers conducted in-depth family assessments at the time of reintegration to ensure that families would be able to provide for children's physical and emotional welfare. However, since families lacked an economic buffer to provide in the case of shocks, many families who were initially able to provide for their children, were later unable to do so. It is for this reason that follow-up is so important. If implementing agencies continue to visit families, they can respond to emerging issues in a preventative manner, offering support before problems negatively impact children.



Transitional shelters that endeavor to reintegrate children need to commit to an intensive, integrated process that continues for years after the child has left the shelter itself, to ensure that children are not forced to sacrifice material rights in order to secure the right to live with their family. This has been noted in earlier studies;

“One of the lessons from the deinstitutionalization pilot...is that the diversity of children’s situations, from care, protection or social-economic perspectives, will entail different responses and approaches that often cannot be delivered within a short time frame. Without services or resources ...a child may regain a family but the reason he or she was institutionalized in the first place remains unaddressed.”

Save the Children 2013, p. 127.

## 7.2. Recommendations

- Commit to longer-term, rigorous and systematic follow-up of reintegrated children. Consider expanding period of follow-up beyond two years.
- Record standardized information about child welfare gathered in follow-up visits in case-files. Conduct scheduled reviews of case-files of reintegrated children, and act upon findings or reviews.
- Offer income generation support as part of a standard package to all families of reintegrated children.
- Conduct an in-depth assessment of the model for prevention of domestic abuse described on page 35, to other shelters. If initial positive findings prove founded, expand this model within all five shelters.
- Expand school support program within transitional shelters. Identify ways of addressing the lack of provision for informal school fees.
- Conduct further research into reintegration of children from residential care centers (as opposed to transitional shelters) to ascertain whether children who enter care for reasons other than trauma, fair better upon reintegration. A qualitative study of a best practices model would be timely in this environment.
- Conduct research into prevalence of abuse in residential care centers. A desk review of data in MoSVY database, M’lup Russei records of abuse and articles in the press could be a first step.

## 8. References

- American Academy of Pediatrics, 1994. *Red Book*. New York: Committee on Infectious Disease.
- Andrews, S., 2008. *Keeping them home*. Phnom Penh: UNICEF.
- Arensen, L., 2004. *Preventing trafficking of women: a study of origins and vulnerability factors for trafficking victims and direct sex workers in four Cambodian cities*, Phnom Penh: Pact Cambodia.
- Baulch, B., and McKay, A., 2007. How many chronically poor people are there in the world? *CPRC Working Paper No 45*. Bath: University of Bath Institute of Development Studies.
- Berger, L., and McLanahan, S., 2012. Child wellbeing in two-parent families: How do resources, relationships and parenting matter. *Fragile families working paper*. Wisconsin.
- Bilson, A., and Cox, P., 2007. Caring about poverty; Alternative to institutional care for children in poverty, *Journal of children and poverty*, 13(1), pp. 37-55.
- Bowlby, J., 1951. *Maternal care and mental health*. Geneva: World Health Organization.
- Boyle, R., 2009. *My heart is here: Alternative care and reintegration of child trafficking victims and other vulnerable children*. Phnom Penh: IOM.
- Brehm, W.C., Silova, I. and Mono, T., 2012. *Hidden privatization of public education in Cambodia: the impact and implications of private tutoring*. New York: Open Society Foundation Education Support Program.
- Brown, E., 2007. *The ties that bind: migration and trafficking of women and girls for sexual exploitation in Cambodia*. Phnom Penh: IOM.
- Brown, E., 2007. *Out of sight, out of mind? Child domestic workers and patterns of trafficking in Cambodia*. Phnom Penh: IOM.
- Brunovskis, A. and Surtees, R., 2012. *No place like home? Challenges in family reintegration after trafficking*. Oslo: Fafo.
- Bunce, A., Guest, G., and Johnson, L., 2006. How many interviews are enough? An experiment with interview saturation and variability. *Field Methods*, 18 (1), pp. 59-82.
- Carter, R., 2005. *Family matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union*. London: Everychild.
- Cambodian Independent Teachers Association (CITA), 2010. *Teachers' salary and terms and conditions position paper 2010-2012*. Phnom Penh: CITA.

Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N., 2012. *Moving forward: Implementing the "Guidelines for the alternative care of children."* UK: Center for Excellence for Looked After Children in Scotland.

Cococoran, S., and Wakia, J., 2013. *Evaluation outcomes: Use of the Child Status Index to measure wellbeing of street-connected children.* Kampala: Retrak.

Cohen, L., Manion, L. & Morrison, K., 2007. *Research methods in education.* 6th ed. London: Routledge.

Corcoran, S., and Wakia, J., 2013. *Evaluating outcomes: Retrak's use of the Child Status Index to measure the wellbeing of street-connected children.* Addis Ababa/Kampala: Retrak.

CNN, 2013. Cambodia shuts Australian-run orphanage over abuse allegations, *CNN* (online) Available from: <http://www.cnn.com/2013/03/26/world/asia/cambodia-orphanage/> (Accessed February 20, 2014).

Csaky, C., 2009. *Keeping children out of harmful institutions.* London: Save the Children.

Daigle, G., and Dybdal, A., 2001. *The national survey of providers or alternative care for children in Cambodia.* Phnom Penh: MoSVY.

Gourley, S., 2010. *The Middle Way.* Phnom Penh: NGOCRC.

Daphne and University of Birmingham, 2007. *Deinstitutionalising and transforming children's services: A guide to good practice.* Birmingham: European Commission Daphne Program/ University of Birmingham/ WHO/Hope and Homes for Children/Children's High Level Group.

Derks, A. (1998) *Reintegration of victims of trafficking in Cambodia.* Phnom Penh, Cambodia: IOM and Centre for Advanced Study (CAS).

Decanay, W. Balanon, L. del Castillo, L. and Manuel, M., *Alternative care for children without primary caregivers in tsunami-affected countries: Indonesia, Malaysia, Myanmar and Thailand*, UNICEF, Thailand, 2006.

Feeny, T., 2005. *In best or vested interest: an exploration of the concept and practice of family reunification for street children.* London: Consortium for Street Children.

Felitti VJ., Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS, 1998. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American journal of preventative medicine.* 14 (4), pp.245-58.

Frank, D.Klass, P. Earls, F. and Eisenberg, L., 1996. 'Infants and Young Children in Orphanages: One View from Pediatrics and Child Psychiatry', *Pediatrics*, 97, pp. 569-578.

Friends International, 2013. *Street children snap shot, collected within 24 hours*. Phnom Penh: Friends International.

Goldfarb W., 1945. 'Effects of psychological deprivation in infancy and subsequent stimulation', *American Journal of Psychiatry*, 102: pp. 18-33.

Guba, E.G., and Lincoln, Y.S., 1985. Competing paradigms in qualitative research. In: N.K. Denzin and Y.S. Lincolns (Eds), *Handbook of qualitative research*, Thousand Oaks: Sage, pp.105-117.

Harris, N., 2005. *Standards of practice for the reintegration/placement of children affected by AIDS*. Phnom Penh: Friends.

Henderson, S., and Soenthrit, S., 2013. Missionary to be charged with abusing 5 boys at orphanage. *Cambodia Daily*, December 12, p.7.

Holt, 2005. *Cambodia orphanage survey*. Eugene: Holt.

Hosea, 2001. *The project survey of alternative child Care in Phnom Penh and Kandal*. Phnom Penh: HOSEA.

Human Rights Watch, (1998) *Abandoned to the state: Cruelty and neglect in Russian orphanages*. New York: Human Rights Watch.

Hunt, K., 1998. *Abandoned to the state: Creulty and neglect in Russian orphanages*. New York: Human Rights Watch.

Hunt, K., 2010. Briton on child sex abuse charge in Cambodia. BBC (online). Available from: <http://www.bbc.co.uk/news/uk-wales-11605876> (Accessed February 20, 2014).

ILO, 1999. *Convention concerning the prohibition and immediate action for the elimination of the worst forms of child labor, No 182*. Geneva: ILO.

International Committee of the Red Cross (ICRC) 2004. *Inter-agency guiding principles on unaccompanied and separated children*. Geneva: ICRC.

Jordanwood, M., 2008. *Child participation research*. Phnom Penh: Save the Children.

Jordanwood, M., 2011. *With the best intentions*. Phnom Penh: UNICEF.

Jordanwood, M., (in press). *The impact of informal school fees on access to school of members of the care-leavers network*. Phnom Penh: M'lup Russei.

Kacker, L. Varadan, S. and Kumar P., 2007. *Study on child abuse*. Delhi: Ministry of Women and Child Development.

Kuhn, C. and Schanberg, S., 1998. 'Responses to maternal separation: mechanism and mediators', *International Journal of Developmental Neuroscience*, 16 (3), pp. 261-270.

Langelier, E., and Reimer, K., 2007. *The road home: Toward a model of 'reintegration' and considerations for alternative care of children trafficked for sexual exploitation in Cambodia*. Phnom Penh: Hagar/World Vision.

MacArthur, D., 2011. *10 steps forward to deinstitutionalisation*. Kathmandu: Terres Des Hommes/Hope for Himalayan Kinds.

Moulson, M., Fox, N., Westerlund, A., and Zeanah, C., 2009. The effects of early experience on face recognition. *Child development*, 80 (4), pp.1039-1056.

MoSVY, 2006. *Policy for the alternative care for children*. Phnom Penh: MoSVY.

MoSVY, 2008, *Minimum standards on alternative care for children*. Phnom Penh: MoSVY.

Ministry of Women's Affairs (MoWA), 2008. *A Fair Share for Women: Cambodia Gender Assessment*. Phnom Penh: MoWA

MoWA, UNICEF Cambodia, US Center for Disease Control and Prevention, 2014. *Findings from Cambodia's violence against children survey 2013*. Phnom Penh: MoWA, UNICEF Cambodia, US Center for Disease Control and Prevention.

Mulheir, G., and Browne, K., 2007. *Deinstitutionalising and transforming children's services; a guide to good practice*. Birmingham: Univeristy of Birmingham.

National Institute of Statistics, Ministry of Planning of Cambodia and ILO, 2013. *Cambodia labor force and child labor survey*. Phnom Penh: National Institute of Statistics/Ministry of Planning of Cambodia/ILO.

Nelson, C., Zeanah, C., Fox, N., Marshall, P., Smyke, A., and Guthrie, D., 2007. Cognitive recovery in socially deprived young children. *Science*, 318, pp.1937-1940.

NOVCTF, 2008. *Orphans children affected by HIV and other vulnerable children in Cambodia: a situation and response analysis*. Phnom Penh: MoSVY/National AIDS Authority.

Parker, S., Nelson, C., and the Bucharest Early Intervention Project Core Group, 2005. The impact of institutional rearing on the ability to discriminate facial expressions of emotion: an event-related potential study. *Child development*, 76 (1), pp. 54-72.

Project Sky, 2007. *Needs and situations of young adults living in residential care in Phnom Penh*. Phnom Penh: Project Sky.

- Roby, J., 2011. *Children in informal alternative care*. UNICEF discussion paper. New York: UNICEF.
- Rollinson, R., *Residential child care in England 1948-1975: a history and report*, The Irish Commission to Enquire into Child Abuse, Ireland, 2009.
- Rosas, S., 2012. Lessons learned: MoSVY-UNICEF-Project Sky reunification pilot. Phnom Penh: Project Sky.
- RGC, 2000. *Labor Law of Cambodia*. Phnom Penh: RGC.
- Rutter M., and Quinton D., 1984. Long-term follow-up of women institutionalized in childhood: factors promoting good functioning in adult life. *British Journal of Development Psychology*, 64, pp.191-204.
- Save the Children, 2003. *A last resort: the growing concern about children in residential care*. London: International Save the Children Alliance.
- Save the Children, 2013. *Changing the paradigm*. Jakrata: Save the Children.
- Schoenmaker, C., Juffer, F., van Ijzendoorn, M., Bakermans-Kranenburg, M., 2014. In: A. Ben-arieh, F. Casas, I. Frones, J. Korbin (eds). *Handbook of child well-being*. New york: Springer. pp.2197.
- Simasathien, S. Duangmani, C. and Echeverria, P., 'Haemophilus influenzae type B resistant to ampicillin and chloramphenicol in an orphanage in Thailand'. *The Lancet*, Vol.2, pp.1214-1217, 1980.
- Smith, H., 2014. *Children's reintegration: A longitudinal study of children's reintegration in Moldova*. Moldova: Family for Everychild/ Partnership for every child.
- Stavia, E., 2000. *Survey on child abuse in residential care institutions in Romania*. Bucharest: ABSUR.
- Surtees, R., 2013. *After trafficking: Experiences and challenges in the (re)integration of trafficked persons in the Greater Mekong Sub-region*. Bangkok: UNIAP/NEXUS Institute.
- Surtees, R. 2008. *Re/integration of trafficked persons: how can our work be more effective*. Vienna: Nexus Institute.
- Teerling, T., 1999. The efficacy of family reunification practices: Reentry rates and correlates of reentry for abused and neglected children reunited with their families. *Child Abuse & Neglect*, 23(12), pp. 1359–1370.
- Terre des Hommes, 2009. *Supporting Child (Re)integration: a Terres des Hommes Policy paper*. Geneva: Terres des Hommes.

Tizard, B., and Hodges, J., 1978. The effect of institutional rearing on the development of 8-year-old children. *Journal of Child Psychology and Psychiatry*, 19, pp. 99 – 118.

Tizard B., and Rees, J., 1975. The effect of early institutional rearing on the behavior problems and affectional relationships of four-year-old children. *Journal of Child Psychology, Psychiatry and Allied Disciplines*, 27, pp.61-73.

Tolfree, D., 1995. *Roofs and Roots*. London: Save the Children Fund.  
Tolfree, D. (2006) *Facing the crisis: Supporting children to live in families in their communities. First Resort Series*. London: Save the Children UK.

United Nations, 1989. *United Nations Convention on the Rights of the Child*. New York/Geneva: United Nations, Office of the Committee on the Rights of the Child.

United Nations, 2010. *Guidelines for the alternative care of children*. New York: United Nations General Assembly.

UNICEF, 2009. *Situational analysis of youth in Cambodia*. Phnom Penh: UNICEF.

UNICEF, 2012. *The state of the world's children: Children in an urban world*. New York: UNICEF

United States Department of State, 2013. *Trafficking in persons report*. Washington DC: United States Department of State.

Vijghen, J., *Child Recovery Centres: Intentions versus reality*, COSECAM, Phnom Penh, 2004.

Volpi, E. (2002) *Street children: Promising practices and approaches*. Washington, D.C.: World Bank Institute.

Vuthy, D. and Sophanna, M., 2006. *Foster care programs in Cambodia: Is foster care a suitable option for children in need of alternative care?* Phnom Penh: The Asia Foundation/ Hagar/International Organization for Migration.

Wedge, J., 2013. *Reaching for home*. London: Save the Children.

Whetten, K., Ostermann, J., Whetten R.A., Pence B.W. and O'Donnell K., 2009. A comparison of the wellbeing of orphans and abandoned children ages 6–12 in institutional and community-based care settings in 5 less wealthy nations. *PLoS ONE* 12 (4).

World Vision International, 2009. *Analysis and programming suggestions for community-based care models*. USA: World Vision International.

World Vision International, 2011. *Guidelines for avoiding distress*. USA: World Vision International.

Zeanah, C., Smyke, A., Koga, S. and Carlson, E., 2005. Attachment in institutionalized and community children in Romania. *Child development*, 76 (5), pp.1015-1028.

Zhou. G., 2014. *Policy v. Implementation: An examination of child reintegration in Battambang District*. Not published.



## 9. Appendix

### 9.1 List of figures, tables and insets

Figure 1. Do reintegrated children have sufficient food?

Figure 2. Are reintegrated children attending school or employed?

Table 3. Reasons children dropped-out of school

Figure 4. Household composition post reintegration

Table 5. Conversation between a mother and a reintegrated child

Figure 6. Reported reason for entering shelter

Inset 7. Model for the prevention of domestic abuse in the families of reintegrated children

Inset 8. Reasons that children failed to meet reintegration criteria

Figure 9. Province of reintegration

Figure 10. Percent of children who received follow-up visits after reintegration as reported by social workers in case-file reviews

Figure 11. Reintegration site location.

Figure 12. Age of entering and leaving shelter from case-file reviews

Figure 13. Average length of stay by shelter

## 9.2 Case-file review form

Data Number

Case-file Review

Name of NGO

File Complete/ Incomplete

Today's Date

Age of Child

Boy/Girl

Province where family currently live today

City      Village (closer than 60 minutes)      Village Further than 60 minutes

Single/ dual household/ step father/ step mother

Date entered RCC

Date left RCC

Age entered RCC

Age left RCC

Date Reintegrated

How often did the child visit the family when he or she lived in the RCC?

Less than once a year    2 or 3 times a year for holiday    Once a month    More than once a month

Did or does family receive:

Income generation support

Money for school supplies

Money for school fees every month

Money every month

Food support every month

How often does NGO social worker visit? (Write number of times next to month)

In first 6 months

In second 6 months

In second year

Is the family ID poor? Yes/ No

Does the child currently attend school? Yes/ No

If so, what grade is the child currently attending?

Is the child currently employed? Yes/ No

If possible, describe job.

Is the child living in a household in which one of the parents or siblings hits the child?

Are there any risks to the safety of this child while the child is living in the family at this moment? Yes/ No

If yes, please describe.