

ALTERNATIVE CARE – KEEPING CHILDREN IN FAMILIES

I. OVERVIEW

UNICEF Cambodia supports family and community-based alternative child care whenever possible, leaving residential care as a temporary solution and last resort. This stance is in line with the United Nations Convention on the Rights of the Child (UNCRC) and with the Royal Government of Cambodia's Policy on Alternative Care for Children (2006), which maintain the family unit as the best possible option for a child's development and wellbeing. UNICEF emphasizes the prevention of separation of children from their families through adequate social protection support. Reintegration with their families is also a priority for children in residential care facilities. Such institutions have been steadily on the rise in Cambodia. Since 2005, there has been a 75 per cent increase in the number of residential care facilities across the country, totaling 269 institutions in 2010. This figure only reflects facilities registered with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), so actual numbers could be much higher. The number of children in residential care also increased sharply from 6,254 to 11,945 between 2005 and 2010.

Most children living in residential care still have at least one living parent while many more have living grandparents. In 2009 only 23 per cent of children in residential care in Cambodia had no parents alive. Poverty is the main reason children are institutionalized. Their families perceive and utilize residential care as an opportunity for a quality education and a pathway to a better life. The lack of social support to such families has led to the unnecessary separation of thousands of children from their families.

II. KEY ACHIEVEMENTS

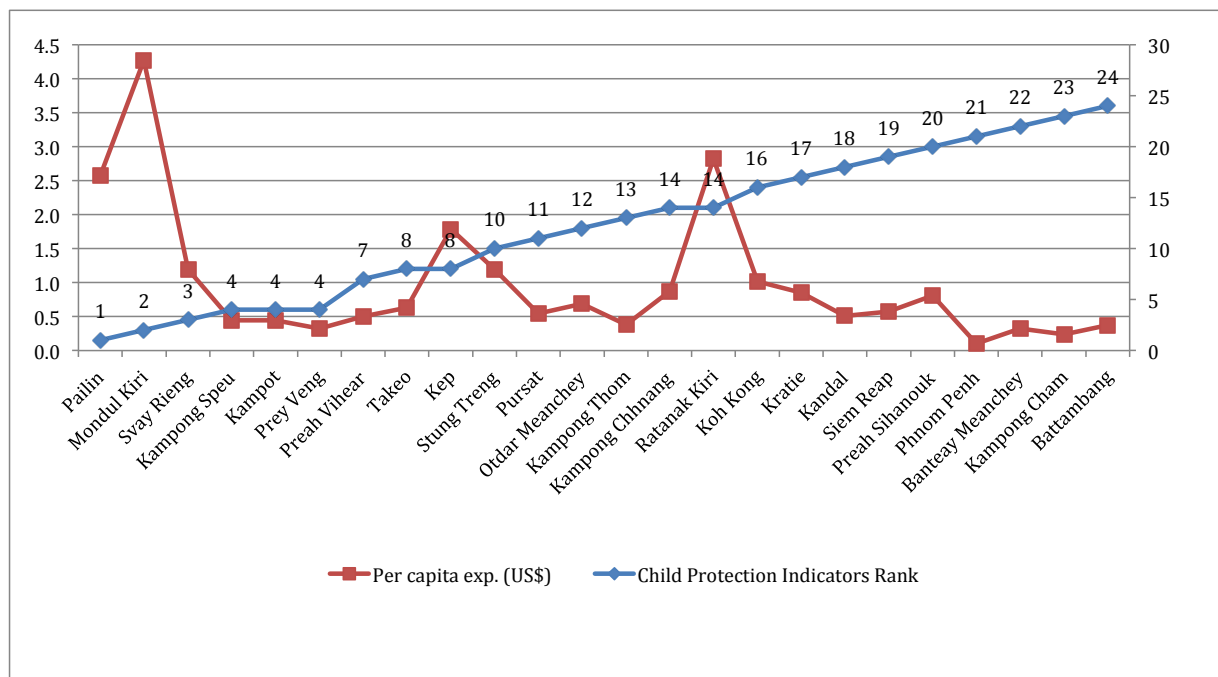
Through a number of measures related to policy and programmes - and with the strong engagement of UNICEF - the government has strengthened the child welfare and alternative care system to prevent the unnecessary separation from children from their families. Key achievements include:

- A regulatory framework to implement the Policy on Alternative Care for Children adopted and complemented by the Minimum Standards on Alternative Care for Children.
- Adoption and expansion of innovative approaches - such as working through Buddhist leaders, regular cash transfers, outreach work (including family tracing, family reunification, case follow up and family and community awareness), family support, day-care and community-based centres - to promote family preservation, prevention of violence and alternatives to residential care.
- Strengthening access to basic and specialized social services and family-based care for more than 30,000 vulnerable and at-risk children and their families over the last three years
- Enhanced capacity and awareness of government and NGO partners at national and sub-national levels in five provinces to effectively protect children from harm and reintegrate children back into their families and communities.

III. KEY CHALLENGES

Despite important progress, some key challenges remain:

- **Monitoring:** MoSVY has limited capacity to map, register, monitor and oversee the performance of all residential care facilities. Many institutions are currently registered with other ministries, including the Ministry of Interior, the Ministry of Foreign Affairs and International Cooperation or the Ministry of Cult and Religion. Gate-keeping mechanisms are weak and there is no assurance that children who enter residential care are in actual need of this type of care.
- **Budgets:** At present, about 90 per cent of the MoSVY budget is allocated to the Veterans Rehabilitation Fund, leaving the needs of children, the elderly and people with disabilities under-resourced. Despite the recent increases, the salaries of staff remain low and hamper motivation and commitment to achieving the sector priorities. Also the provincial per capita allocation within the Ministry does not appear to be strongly related to the needs of the children on the ground as shown in the graph.



Source: UNICEF 2013

- **Number of social workers:** The number of social workers or trained child protection professionals at national and sub-national levels is inadequate. This situation is exacerbated by a freeze on new recruitment.
- **Caring for children with HIV and children with disabilities:** Children with disabilities and those affected by HIV are often referred to residential care centres operated by NGOs. Limited efforts have been exerted to address their vulnerability and mitigate the impact of institutionalization on them.

IV. KEY RECOMMENDED ACTIONS

1. Prevent unnecessary institutionalization, keep children in families when possible and promote family-based care options through social change and communication actions.
2. Increase investment into the public social and child welfare systems, in particular to provide social/ cash transfers as well as effective and efficient preventive and responsive child protection services
3. Strengthen MOSVY to map, register, monitor and oversee the performance of all care institutions
4. Unfreeze the ban on the recruitment of social workers and civil servants within the social welfare sector to increase the work force to effectively address the child development and social protection goals
5. Close residential care facilities that repeatedly fail to meet the Minimum Standards on Alternative Care for Children and oversee the development or reintegration plans for children living in these facilities.
6. Support MoSVY to reject requests from organizations to start new residential care facilities and divert them towards community and family-based care and support programmes.