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Thesis of Global Master of Public Administration

**An Analysis of Policy on Alternative Care
for Children in Cambodia
With Reference to Educational Impact on Residential Care**

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Abstract

An Analysis of Policy on Alternative Care for Children in Cambodia

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Residential care is rapidly serving a niche in offering much-needed social assistance, considering the inadequate links to social protection nets and neighborhood support systems for disadvantaged families in Cambodia. Several aspects intensify hardship and lead to children's insecurity among communities impacted by poverty. Changes in family circumstances, such as the loss of a spouse, divorce and remarriage, as well as disease and relocation, all lead to the choice to put children in residential care. The lack of access to schooling, primarily attributed to the failure to pay informal school fees and other expenses is also the reason. Findings from a new survey on residential care perceptions in Cambodia indicate that 91.9 percent of family members accepted / definitely agreed that if they do not afford for the child's schooling alone, a poor family could give a child to an orphanage for education. Although the main goal of policy on Alternative Care for Children published in 2006 to integrate children as many as possible to live in communities due to negative impacts of living in childcare institutions, education still plays important role in residential care.

This study analyses alternative care for children in Cambodia and evaluate its educational impact to make reliable policy implications to improve

educational attainment of children living in institutions before and after integrating them back to community. The concepts of global residential childcare theories and previous relevant studies are discovered to include in this research to pave the way to make a good conceptual framework. The study shows more about the history and current situation of residential care in Cambodia as well as the compilation of ideas from an independent researcher, two relevant government officials, a policy implementer in a designated NGO, and a social worker. All the informants were asked to provide information through an in-depth interview that is related to current implementation of the Policy on Alternative Care for Children with educational impact on residential care. Then with the Input, Process, and Output structure, data from individual interview was compared to find similarities and differences of perspectives on child integration plan that affects education of integrated children. This study is useful for Cambodian government, policy makers, and other researchers who want to continue further research to improve educational sector for children living in residential care facilities in similar situation.

Keywords: child welfare in Cambodia, alternative care for children in Cambodia, education in childcare institutions in Cambodia.

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACC	Alternative Care for Children
CCWC	Commune Committee for Women and Children
CSE	Certificate of Secondary Education
CFS	Child Friendly School
CPIMS	Child Protection Information Management System
DoSVY	Department of Social Affairs, Veterans and Youth Rehabilitation
ELO	Educational Liaison Officer
HIV	Human Immunodeficiency Virus Infection
INGOs	International Non-Government Organization
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
MoWA	Ministry of Woman Affairs
NGOs	Non-Government Organizations
OCED	the Organization for Economic Co-operation and Development
OVC	Orphans and Vulnerable Children
RCI(s)	Residential Care Institution(s)
SSI	Social Services Inspectorate
UNICEF	the United Nations Children's Fund
UNESCO	the United Nations Educational, Scientific and Cultural Organization
WTO	World Trade Organization

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Glossary

Alternative care is defined as "care for orphaned and other vulnerable children, who are not under the care of their biological parents" (Cambodia's Policy on Alternative Care for Children, 2006).

A child is any human being below the age of 18 unless, under the law applicable to the child, majority is attained earlier (UN Convention on the Rights of the Child, Article 1). In Cambodia, this means those aged 0 to 17 years are children.

A youth/young person is any person aged between 18 and 24 years (MoSVY, 2017).

Residential care is care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergencies, and all other short- and long-term residential care facilities, including group homes (UN Guidelines for the Alternative Care of Children, 2010).

Residential care facility is a non-family-based center run by paid staff, where children live and access services, as well as sleep at night (MoSVY, 2017).

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

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

Group Home is a form of residential care that provide care to a limited number of children in a family-like environment under the supervision of a small group of caregivers who are not related to the children. Typically, there is at least one trained, employed caregiver providing non-medical care and supervision 24 hours a day to children in a structured environment (MoSVY, 2017).

Pagoda (wat) and other faith-based care in a religious building are a form of residential care that care is provided to children by monks, nuns, lay clergy and religious bodies, who attend to children's basic needs in the pagoda and other faith facilities (MoSVY, 2017).

Boarding school/ Boarding house is a housing arrangement for children to stay for a term or multiple terms of their studies to access education far from home (MoSVY, 2017)

Recovery or child protection centres are centres catering for children who have been affected by abuse, exploitation, drug use, street life or any other difficult circumstances. In addition to the basic development needs, these centres may provide specialised services such as counselling in relation to the disturbing episode in the child's life, education and vocational training (Policy on ACC, 2006).

Orphanages are long term residential centres that provide all basic developmental needs for children who have lost one or both biological parents. In reality, they also admit a variety of children at risk and children in need of special protection, but are often unable to provide specialised services (Policy on ACC, 2006)

Chapter 1. Introduction

This chapter contains two sub-chapters that consist in the study background, research problems, research purposes, research objectives and research questions. It describes the fundamental perceptions and the importance of conducting this research from global perspectives to specific matters in Cambodia.

1.1. Background of Study

For the past 10-15 years, children's homes have become the subject of significant debates due to numerous allegations of occupant maltreatment and the sometimes-inadequate level of general care offered to them (Audit Commission, 1994; Social Services Inspectorate, 1994; Utting, 1997; Corby et al., 1998). The idea that children enter residential homes for multiple problematic purposes is a well-known fact. There has been growing commitment to enhancing the quality of residential care, whether in terms of, for example, the wellbeing of children, interaction with family members or community participation (Saunders and Broad, 1997; Marsh, 1998; Gilligan, 1999). However, education for children in residential care has become one of the significant issues that have gained most attentions from experts and officials (Bernard, Chris, Rob and Simon, 2004).

A research analysis by Goddard (2000) found that the results of children living residential care are extremely bad in educational fields. For example, the Social Services Inspectorate (SSI) reported that 75 per cent of recipients of treatment have no credentials. Less than 20% of children were estimated to be in full-time school after 16 years, relative to 68% of the general population (Broad, 1994). These involve elevated rates of absence and non-attendance (House of Commons, 1998), a low value attached to residential staff schooling (Berridge and Brodie, 1998) and low teacher standards (Aldgate et al., 1993). Bernard Gallagher et al. claim in their article "Good Practice in children's education in Residential Care" children should provide good educational performance in residential care "(p. 1133).

Studies have found that children residing in residential care can undergo a variety of school improvements (Borland et al., 1998; Lindsay, 1997a; Simpson, 1997). Immediately after the child is understood to be staying in residential care, many education improvements can start taking effect. Jackson (1987) claimed that the bad outcomes attained at school only help to strengthen the feelings among hopelessness of children that they will only learn. Young people are also exposed to coercion, stigma, stereotyping, and poor standards of teachers for the mere reality of staying in residential care (Fletcher-Campbell, 1997). Andrew Kendrick (1998) has argued that "children and young adults entering residential care also have a history of educational instability and low outcomes." However, the experience with residential care will compound these concerns more and a variety of causes has been established.

1.2. Research Problems and Purposes of Research

Data indicates that, in terms of both process and outcome, the education of children in residential care is typically weak. Children in care had a weak school record of success. Many in residential care experience unique problems, stemming from shifts in placement, insufficient connection between children's homes and classrooms, poor standards among care and school personnel, and an atmosphere in which little attention is provided to educational needs. However, it is a fallacy to correlate all of this with loss of analytical capacity or to believe that there is inseparability between unhappiness and school failure. Of course, it is also true that kids who are preoccupied with personal matters will not rely on schoolwork. A poor self-image and detrimental behaviors towards school and teachers are very likely to have been gained by the children.

Sixty years of worldwide clinical evidence have found that staying in residential care will affect the psychological, physical, mental and emotional wellbeing of a child and have long-term consequences on their adult life. Evidence indicates that children raised in residential care can suffer from speech and brain development and circuitry delays or abnormalities; physical growth delays and elevated disease exposure; psychiatric personality disorders; and emotional vulnerability. In Cambodia, residential care programs also welcome volunteers to interact with kids. Much of these volunteers only remain

for a brief amount of time, and when the volunteers quit, it may have a detrimental effect on a child. Research has shown that the continuous turnover of caregivers (like volunteers) will affect the growth of children.

Analysis has also found that children appear to establish employee attachments in residential care and are unable to develop the cognitive skills necessary for adult life. Institutional living conditions ensure that children do not build life skills for family living and security by role modeling and mentoring. In order to provide or prepare food and clothes, organize household tasks or for everyday routines, children are completely dependent on other adults and do not learn the skills for normal socialization in a family and group sense. This makes it impossible for them to survive and establish long-lasting partnerships individually, which affects their capacity to re-enter society later in life. Many children suffer from physical and mental abuse, as well as a heightened likelihood of intimidation and aggression by other children in the center, with poor staff-to - child ratios in most residential facilities.

In Cambodia, several residential care facilities face financial issues and children suffer from a shortage of food and nutrition and inadequate living standards as a result. It has been seen that the shortage of funding has contributed to child labor, such as requiring children to perform typical tourist dances in order to collect funds or to hunt, grow rice and harvest. This has since contributed to adolescents being held in risky conditions, such as soliciting funds at night for residential care centers. Children who for long amounts of time remain in intensive care appear to experience challenges reintegrating back into the society after they depart, sometimes as young adults. They may have established symptoms of dependence, a feeling of abandonment, experience inequality in their families, and sometimes lack the coping skills required to adapt back into group life. The shortage of social networks and minimal career opportunities will accentuate the problems further. The study looks into the following:

1. The current situation of children living in institutions and their educational accomplishment (including vocational skills) in Cambodia from 2015 to 2019;

2. Perception on the importance and the factors that affect the education of children living in residential care institutions;
3. Evaluation of child integration plan, which is the implementation of the policy on Alternative Care for Children (2006), according to educational impact with the current situation of residential care.

To fulfil these objectives, the study needs to answer these following research questions:

1. What is the current situation of children living in institutions and their educational accomplishment (including vocational skills) in Cambodia from 2015 to 2019?
2. What are the importance and the factors that affect the education of children living in residential care institutions?
3. What is the result of the evaluation of child integration plan, which is the implementation of the Policy on Alternative Care for Children (2006), according to the current situation of educational impact on children in childcare institutions?

Chapter 2. Literature Review

This chapter contains other six sub-chapters that introduce the theoretical framework from other researchers in relevant articles. It shapes the ideas from global theories and experiences down to the situation in Cambodia. This theoretical framework was studied to deepen the critical thinking to make a good discussion in Chapter 4 and providing policy implications and recommendations in chapter 5.

2.1. Child Welfare and Education

In social welfare as well as education, the debate on facts is far more influenced by the agendas of policy makers and administrators. As compared to policy-makers and administrators, the specialists tend to have little say. This can, in part, be clarified by the reality that these areas vary in critical ways from the healthcare industry (e.g. Bhatti et al., 2006; Hammersley, 2007; Moos et al., 2005). Firstly, social welfare and education was ramified into a much broader range of diverse fields of practice, and the distinction between professions is much stronger in terms of standards of education. Secondly, the practice of referring to research-based expertise among practitioners is far less prevalent. Thirdly, the teaching of practitioners is often less specifically focused on research-based expertise, as is practical experience. Fourthly, the paradigms of social science and humanities are significantly more dominant in these areas, rendering them subject to multiple overlapping paradigms owing to the underlying plurality of these fields of science. Finally, the problems that are required to be tackled by social welfare and education practitioners are directly related to national and local dimensions of the demographic policy of the relevant state. In several cases, contrasting social interventions and instructional methods through local, national, and regional contexts that sometimes exhibit major variations makes it difficult, if not impossible. As a consequence, top-down efforts by decision leaders and policymakers to move the language of science from medication to social welfare and education frequently translate negatively across the fields concerned.

One might claim that education is the area that has been hardest hit by the discourse of facts understood as a burden that has primarily come from external stakeholders and fact regimes that align poorly with most existing discourses within education professionals (Ball, 2007; Bhatti et al., 2006; Borgnakke, Hauberg Mortensen, Rasmussen, & Salling Olesen, 2006; Bridges, 2008; Moos et al., 2005). As stated earlier, the area of education has also been an important part of the proof for social welfare enhancement. This increased emphasis on education is hardly shocking at a period when national governments and transnational organizations such as the OECD, the World Trade Organization (WTO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the EU are progressively engaged in the Information Economy and Life-Long Learning debate (Boltanski & Chiapello, 2007/1999; Burbules & Torpello, 2007/1999; Burbules & Torres, 2000; Henry et al., 2001; No'voa & Lawn, 2002).

The social programs of a nation represent the socioeconomic and political structures that formed them. They say a lot about the sense and importance of democracy, the view of the state in culture, and the political community's duty to the individual. Moreover, for some social programs, past and present expenditure levels and priorities may restrict the government's willingness to implement or establish alternative policy strategies in the future (Flora 1986, Pierson 1994, Esping-Andersen 1996). Much as public policy can be categorized into categories — such as retirement pensions, income security, health insurance, education, etc.—each policy can also be graded according to the substance and extent of its requirements. Unique combinations of policy alternatives can differentiate discrete “national profiles” by such a method of policy classification (Esping-Andersen 1990, Castles 1993).

Many observational child welfare analyses are often claimed to be undertheorized or also speculative. In the UK, applied, policy-related child protection study is undoubtedly among the world's best, but its roots in social science ought to be rigorous. Rutter (2000) has proposed that we ought to step away from descriptive analyses of programs for children living away from home and regrets that this area of study has been somewhat distinct from conventional social sciences. Trinder (1996) criticized a lot of observational

social work study, especially that which is government-funded, as 'pragmatist' in a more hard-hitting review of methodological approaches. Psychology and, in particular, attachment theory (Howe et al. 1999) may seem to be directly or indirectly the most existing philosophical force on scientific child development studies and social work for children and families more broadly. The theory of attachment is a significant scholarly tradition that reflects on the quality of relationships with parents and caregivers, the value of a stable basis, and their effect on the growth of children (David, 2006).

Theories in social science are not inherently 'right' or 'wrong,' but represent a certain worldview. The overall lack of wider sociological and social policy viewpoints is what is noticeable in recent observational child protection studies. For the area of the education of looked-after children, the ramifications of this are later regarded. The low educational outcomes of looked-after students are also emphasized and this appears to be seen more widely as a principal reason for the ineffectiveness of the care system. In their research focused on 12 local educational authorities, Fletcher-Campbell & Archer (2003) found that local educational authorities had incomplete knowledge on the educational careers of children and that insufficient attempts were taken to resolve the derogatory attitudes of pupils towards schooling. More secure care placements have been felt to be correlated with greater success in education.

2.2. Educational and Psychosocial Outcomes for Orphans

For a number of factors, previous research have shown that orphans are more susceptible than non-orphans are to unfavorable educational performance, such as school registration and attendance. A major function is performed by parental death itself. Primary school enrollment also decreases both after a parental death and in the months leading up to the death (Ainsworth et al 2005). In the case of maternal mortality and for children who have poor academic baseline results, these consequences are always stronger (Evans and Miguel 2007). The presence of orphans in a family substantially raised the amount of school fees owing per household (Johnson 2011). In comparison, higher payments were owed to families with AIDS orphans compared to families with

other orphan groups, but the source of these disparities remains unknown. A contributing factor could be inequality at college.

There is proof that the detrimental impact of parental mortality on the results of schooling for maternal orphans are much greater. Case and Ardington (2006) suggest that the loss of a mother has causal consequences on the educational outcomes of orphans and contributes to poorer enrolment in kindergarten. Case and Ardington have observed that fewer money was expended on orphans compared to non-orphans with children studying in kindergarten. However, the lack of a parental figure may be alleviated through help from the grandma. Parker and Short found that maternal orphans living with their grandmothers are just as likely to be in school as children living with biological mothers, using 2004 Lesotho DHS results. These results illustrate the influence of maternal absence on schooling outcomes and the relevance of the partnership between co-residence of the grandmother and infant outcomes (Parker and Short 2009).

Other reports, by comparison, found no correlation between parental mortality and child education. There was no influence of orphan hood on school attendance in an early analysis evaluating findings for children in HIV / AIDS-affected populations (Kamali et al. 1996). Another research exploring the primary determinants of school attendance and completion showed that household head education and socio-economic status play a greater role in deciding schooling results than biological parents, with no gap between orphans' and non-orphans' educational histories when other determinants are accounted for (Lloyd and Blanc 1996). A more recent research showed similar findings, noting that orphans were lagging in enrollment and age grade compared to non-orphans, but that these disparities were negligible until other considerations such as age, faith, the child's relationship with the head of household and the household reliance ratio were taken into account (Kurzinger et al 2008). Both of these findings find that group care for children who have experienced the stress of parental loss will act as a safeguard for adverse outcomes.

Other initiatives have been adopted with inconsistent results to enhance educational outcomes for orphans. In Lusaka, Zambia, community-based

programs utilized home-based caregivers and community centres as 2 key tools to boost school enrolment and age-for-grade. Resources for schooling, wellbeing, HIV protection, psychosocial assistance and nutrition have been given. Also included were the provision of school materials and charging of government school fees.

There is a large educational literature on the variables influencing school achievement (West & Pennell 2003). Social class is correlated with academic growth for pre-school students, as well as feedback and junior school successes (Mortimore et al. 1988). Teachers' evaluations of the skills of pupils were shown to be related independently of ability to the social status, with teachers holding more positive opinions of children from non-manual backgrounds. A parallel pattern is apparent in continuing full-time schooling after 16 years of age, with around 15 percent of children not in full-time education or out of jobs from unskilled manual / unclassified backgrounds (David, 2006). Poverty, regardless of social status, has been shown to impact educational achievement. Poor kids advance slowly than the wealthier. School students from some minority ethnic groups perform well when others do not, arising both from social poverty and from school policies and practices; but there is no place here to address this problem and apply it to the looked-after group (Bhattacharya et al. 2003).

International declarations such as the Millennium Development Goals and the campaign for education for everyone reflect a collective emphasis on the results of education. In addition to growing income opportunities, economic growth and health benefits, investing in education also encourages the growth of democratic society and enhances the potential for democracy and political peace (Center for Global Development, 2002). In addition, in the case of orphans, schooling is especially relevant because it has been related to a reduced risk of early sexual contact and HIV / AIDS exposure (Jukes 2008). Orphans, though, are unlikely to undergo such instruction, as parental loss coincides with decreased chances of keeping on board for one's age rating (Bicego 2003).

Hope for improvement is provided by the raising international alarm regarding the HIV / AIDS outbreak and the resulting emphasis on the condition

of orphans. Although among many parental deaths, the HIV / AIDS outbreak is just one source, the epidemic has tipped many populations and nations into a new state of disaster. Policymakers have set goals in the 2011 Political Declaration on HIV / AIDS, which, if taken seriously, can have positive consequences for orphans and abandoned children, reflecting a global commitment to mitigating this crisis. Most importantly, UNAIDS mentions growing school enrollment of orphans as a significant and concrete measure of success within the list of goals for achieving key metrics for the global AIDS response (UNAIDS 2012). These priorities are significant because they provide financial assistance opportunities and a global dedication to enhancing the educational achievement of orphans.

In the literature, moreover, there are mixed findings showing the degree to which orphan hood itself affects the results of schooling. Although some studies find that parental death is correlated with lags in educational results such as age or enrollment grade, other studies find that parental death has no negative effect on child education (Kamali et al. 1996, Lloyd and Blanc 1994, Ryder et al 1994). In addition, Alternative variables such as income, age, or the connection of the infant to the head of the household are greater predictors of educational results than orphanhood itself (Kurzinger et al). Such mixed reports leave it unclear for researchers and politicians whether to intervene to boost orphans' educational results.

The prevalence of mental trauma and harmful psychosocial consequences for orphans has been reported by many reports. Onuoha et al. (2009) used a sequence of structured psychosocial tests to equate HIV orphans' mental wellbeing with that of "other-cause" orphans and "non-orphaned" infants, showing that out of the three categories, HIV orphans display the highest negative and lowest positive mental health variables. Using the 'Ten Elements of Promotion and Demotion in Mental Wellbeing,' Kirkpatrick et al. (2012) reported in two populations in Zambia the markers for emotional health depression in OVC and suggested that more studies assess the effectiveness of emotional coping interventions. Puffer et al. (2012) investigated the relationship in Kenya between mental health, social welfare, material capital and orphan hood, showing that orphans are at greater risk compared to non-

orphans of psychosocial issues, and that interpersonal problems are correlated with poorer self-efficacy due to sex (Puffer et al.2012).

Researchers also propose that assistance for the treatment of mental wellbeing and anxiety is provided to caregivers and infants. Few researches have studied the effects of psychosocial results on orphans' educational attainment, while tentative findings suggest that psychosocial behaviour therapies may aid. Examining the effects on schooling results of psychosocial help for AIDS orphans in Zimbabwe, Chitiyo et al. (2008) observed that psychosocial support contributed to changes in many education fields.

2.3. Supporting the Rights of Children in Informal Care in Context of Educational Access, Attitudes of Care Staff and Socio-economic Status Effects

Research data has been examined in previous sections, showing that children in informal care (whether identified as orphans or 'other' children in households) have poorer rates of participation at school than children in parental care, but higher rates than those residing with non-kin. The child or youth may be saddled with too many obligations in some cases or face intra-household prejudice culminating in the absence of education. Furthermore, stereotypes and prejudice by educators and school officials will often contribute to children dropping out of school. Enrolment rates often differ dramatically from the real enrollment rate, as seen in Nigeria, where 83 percent of the orphans who were enrolled did not attend school. Most were disqualified for failing to pay fines and other expenditures. When the fees were covered, the kids attended routinely and there were no further incidents of deportation.

The expense of "free public education" may be confusing, and since orphaned children appear to reside in disadvantaged homes, it may be a deterrent to prices. For instance, in certain sections of Cambodia, students are forced to pay for regular school supplies including paper and pencils, for tutorial sessions, or to take an exam to proceed to the next grade. Many two-parent families find it extremely challenging to fulfill such a pressure, let alone relatives caring for several children in need. Few NGOs offer school materials and support with tuition so that children can remain in school from poor

backgrounds, but only a tiny fraction of children are supported. Relatively few households caring obtained financial assistance for orphaned and disabled children, a median of 12%.

A reduction of tuition, school cost subsidies and in-kind support can be targeted in attempts to increase children's access to school. In the Democratic Republic of the Congo, for example, UNICEF has carried out a project directly targeting orphans and disabled children at six primary school locations. UNICEF persuaded schools who were still providing funding from UNICEF to abolish orphan school fees. This initiative was paired with advocacy drives, neighborhood organizing and school seed money to establish income-generating programs to recover the deficits resulting from the reduction of tuition. These activities culminated in a 70 percent increase in total orphan school enrolment, compared with 48 percent at the outset of the initiative for single orphans and 58 percent for double orphans.

While in-kind targeting poor children has not produced positive school attendance in South Africa, some support in-kind educational transfers. As the payments on site are raised and utilized by schools, waiving school fees functions against them. As a result, a proposal was made that school fee exemptions be carried out rather than with the individual school at the central administrative stage. A 2003 study also recorded that it induced some envy to target OVC in Nigeria, escalating bigotry and stigma towards these children.

The poor percentage of residential childcare workers who are educated in social work is well established (Berridge, 1985). It is one of the only ways without advanced training that can nevertheless be brought for professional work. In certain cases, it is much more disturbing to glance at their general educational history. A minor investigation into the educational experience of workers in nine children's charitable homes found that a majority had no credentials of any sort, not even one Certificate of Secondary Education (CSE). Some had university grades at the other end of the spectrum, but they were a tiny minority.

Under these conditions, it is not shocking that it is impossible for them to appeal fairly to schoolteachers or to assert their own judgment of the skill and interests of a child against the viewpoint of a supposed expert. Furthermore,

they might be likely to talk down the value of attendance at school and brush over issues, not wanting the children under their custody to perform any better than they did themselves. In the private sector, where owners are mostly from middle-class families, this could be less so.

It is not unusual to see residential care employees over-occupied with what is going on as a foreign domain inside the facility, about the outside environment, and even more the school. As one of the most discouraging facets of life in care, young people who have been in children's homes report this loss of curiosity in what occurs at school. Employees tend to assign preference in general to caregiving and household responsibilities and to coping with emotional upheavals. For example, Bald (1982) explains how challenging it was to get caregivers to dedicate ten minutes a day to assisting children with their literacy. A shortage of resources and equipment to do homework is a common concern as children enter high school.

The mixed findings in the literature suggest that several associations to orphanhood can often impact detrimental consequences for orphans, rather than the loss of a parent itself. Among both, two prevalent variables are caregiver traits and socioeconomic class. Case and Ablettinger (2004) find that the closeness of biological relations with the caregiver is linked to lower school enrollment of orphans. The propensity for orphans to remain with remote families with unrelated caregivers is linked with low school attendance.

In addition, Chuong (2012) observed that, in addition to caregiver partnerships, additional household dynamics may also have impacts on schooling outcomes. Results suggest that orphaned children typically show a 35 percent higher risk of falling behind in age group. Maternal participation, household head partnership, household number of children and socio-economic factors all influence the risk of educational delay for a child. The risk of educational delay has also increased for elderly and maternally-headed households (Chuong, 2012). Such findings could be linked to the ability of caregivers to take charge of extra kids. Freeman (2006) finds that extended families are more likely to be able to take care of additional infants, but these parents also report additional stressors and the desire for support to take on additional responsibilities in childcare.

2.4. A Case Study to Improve Education for Residential Care

Sonia Jackson (1988) was invited to do an evaluative review of a rehabilitation unit of the National Children's Home (NCH) that was making a particular attempt to address any of these problems. Important studies from Sonia explained experience of the educational goal achievement and interaction between children and care providers, children and school, and care providers and school as below:

A focus on education: The home teaching work was developed up over a five-year cycle, beginning from a very low foundation. It is specifically associated with the naming of an officer in charge (at the time recognised by the conventional title of Superintendent) whose own experience as a college instructor and psychologist of education prompted him to see education as a core topic. At first, services were very scarce since there were just 13 kids in the building. The flexibility that NCH provides its unit managers to control their own budgets was an important element in what followed. This indicated that funds became accessible as numbers built up, to a total of 43 at one stage, and could be used for educational purposes.

In the approach that developed, a variety of distinct threads may be defined, but they were all interwoven in reality. The topic of workers recruitment, behavior and inspiration first came up, and then the kids and the way they viewed themselves and were perceived by others. Relationships with schools, instructors and other experts is another area of work. Fourthly, direct steps were taken to enhance the school output of the child, and finally there was an effort in the home to establish an educational atmosphere.

Staff training and development: A staff preparation curriculum was structured to build on the strengths of the current staff community rather than highlight their weaknesses. The weekly seminar at which a member of staff would propose a child for debate with the majority of the community was an significant aspect of this. After the discussion, context information was given and notes were collected and written up for dissemination by a clerk. In addition, each member of staff required daily monitoring and worked with the consulting therapist to collaborate on concerns.

In order to support the children they cared about, an expectation was established that all team members would go on outside classes and would need to learn. The aim was to build an atmosphere in which 'education could theoretically be viewed as something for all, important for the children and crucial for the employees.' This active attitude to the growth of employees appeared to have a major influence on their self-image and encouraged them to contribute more as peers to schoolteachers and field staff instead of being either subservient or antagonistic to them. It also meant that employees, like kids, had the experience of dealing with new concepts and data, attempting to figure out what was required of them, getting judged, and feeling lost and puzzled often. From this, they started to get a more sympathetic sense about what it was like for kids to come home and resume at another school with new laws and assumptions, different methods of setting up work and their own partial organization.

Seeing children as individual: The tradition of bringing all children of one age group to the same school was one of the first practices to alter. There was no effort in the past to match the school to the child's needs. Children from the home were viewed by teachers and other pupils as a stigmatized team and appeared to stay together in self-protection. The benefit of dispersing them to a multitude of various schools was that teachers were better willing to sympathetically handle troublesome children as persons if they had just one or two to care of rather than a vast amount. At one point, children went to 16 separate schools and colleges from home.

Appearance has been identified for the first time as a major impact on the self-concept and peer interactions of children. A new initiative was created to ensure that each kid goes to school well prepared and dressed in clothes that were not only clean and practical, but also in style with what other kids wore. For example, children were given the ability to choose their own train shoes, some of which were quite pricey. This may be called a needless investment, except that the unique type of trainers you wear was the most relevant predictor of group identification among young teenage boys at the time and held a whole set of knowledge regarding your personality and desires. Information of this

sort will make a major difference about how a child views his or herself in comparison to peers, typically overlooked by residential care employees.

Giving school priority: It is also deemed a key point in residential care to have kids to attend school daily. A closer look revealed a very distinct picture. Since they understood very little about what really occurred in kindergarten, whether it was approved by authorities, care providers appeared to deem absence insignificant. All sorts of activities were permitted to interrupt the school participation of children, potentially allowing them to miss crucial ties in the comprehension chain-not being present when homework was handed out, describing a vital point in mathematics or the obscure workings of French verbs, or finalizing plans for the next school trip. Dental appointments, trips to social services, case sessions were all structured to accommodate adults' comfort, failing to take school seriously as the job of kids. Instead of speaking of the longer-term effects of such interruptions, certain employees also saw having a kid take a couple hours off school as a kind of reward. Although all of them share this mindset to a degree, it could well reflect their own unhappy school encounters in the case of residential care employees.

Several significant messages were transmitted by ensuring that any such visits and discussions affecting school-age kids could arise after school hours. First of all, the education was deemed extremely essential to the child and parents responsible for his welfare will have considerable difficulty avoiding any interruptions that could conflict with it. Secondly, caring about employees, for whom it is certainly often better and more comfortable to hold appointments and consultations throughout the day while they are comparatively free than when it is at its worst during the duration of teatime. In addition, thirdly, to outside social workers and their administrators, to whom it may be of trivial significance to pull a child out of school for a few hours. Usually, interaction with caring employees and schools was restricted to periods of disaster or to issues of authority and discipline, and student success was almost never concerned.

Relationship with schools: Inevitably, the program of dispersing children to multiple schools intensified the still serious issue of liaison between care providers and teachers. Usually, interaction with caring employees and

schools was restricted to periods of disaster or to issues of authority and discipline, and student success was almost never concerned. The usage of various schools expanded the amount of teachers participating because, on the other hand, the change scheme made it very possible that they might find themselves talking to another individual any time the school head or secretary telephoned the building, typically without awareness of the situations or previous conversations. Added to it, from the point of view of care employees, issues that appeared important to the school sometimes took low priority.

There was no denying that the recruitment of an Educational Liaison Officer (ELO) was responsible for a large part of the progress obtained by the home in getting education to the top of the agenda. While friendly connections between care employees and local schools were developed, it was not possible for residential staff to become adequately acquainted with the schools and the many different teachers with which the children came into touch to provide them with the assistance and help they required.

Its liaison role on behalf of particular children, mentioned in more depth below, is perhaps the most significant feature of the ELO. She still plays an important part in holding school and schooling at the center of home decision-making. She organizes home tutoring, encourages outside teachers and volunteers to be hired to assist with assignments, offer topic instruction, and manage hobbies clubs. She orders stationery and books and takes part in all home discussions and actions relevant to the work's educational aspect. She maintains records of correspondence and relevant messages from schools from parents' groups and ensures sure they reach and operate on the required care providers. This is especially relevant in reminding employers that school events such as parents' nights, festivals, plays and sporting days need to be given priority.

Improving school performance: Children coming home from other care settings were usually one year or more behind in simple topics, in accordance with the results of the National Infant Development Report, rendering it nearly difficult for them to attain any school performance (Essen et al., 1976). This was resolved by recruiting area teachers to step in to support particular kids and by utilizing home tutoring as a transitional method and with

others who are too mentally impaired to cope in school. The use of home tutors is another possible means of encouragement and also even informal instruction in social skills, aside from the benefit of comprehensive one-to-one tuition for children who have generally missed individual care all their life, such as not accepting the whole package when given a biscuit, for example.

As a basic issue for children in residential care, homework has already been reported. Children frequently went to school until the start of the new policy with no homework to hand in or having made scrappy and unsuccessful attempts at it. Many of them find it difficult without assistance to do the set task, either because they did not realize what was being demanded or because of backwardness of practical skills. The employee on duty might be too occupied with household duties to assist, or may even find the role beyond her.

Teachers often appeared to react to children who have struggled to do homework in either of two ways. They either told them off that they were lazy or dumb or something, thus further weakening their self-esteem and making things much less possible the next time they will make the effort. On the other hand, the instructor could handle 'children from the family' as a special case, asking and requiring less from them than from other pupils, understanding the difficulties. Looking back, many care-experienced adults complain that this mentality, kinder on the surface, has much more achieved to weaken their self-concept and success in education (Kahan, 1979).

Tackling the topic of homework, then, was a central part of improving children's school perceptions at home. Every weekday evening, where the only things permitted were homework and reading, an hour and a half was set aside. A variety of spaces, including staff offices, was chosen for children. They were monitored by the care team in the early days, but there were considerable obstacles. Per night, different employees were on shift, which contributed to a loss of consistency, and it was impossible for them to balance professionalism and support with the task, even though they were prepared to do it. The dilemma was solved by recruiting two area teachers directly to step in to assist with the 'homework club' on a daily basis. This had the added bonus of creating an external link between the home and the schools where these educators served throughout the day.

Encouraging reading: There was less consensus either for the last half hour or to fill the time for those who had no fixed homework or just a little on the reading duration that was added to the homework club. It is clearly important for employees to understand the importance of setting aside a period of time throughout the day for quieter, more reflective operations. They are unable to express this to the kids because they are persons who take joy in books themselves. It is a work in itself, and not inexpensive, to maintain a sufficient supply of attractive, exciting books appropriate for a large age group.

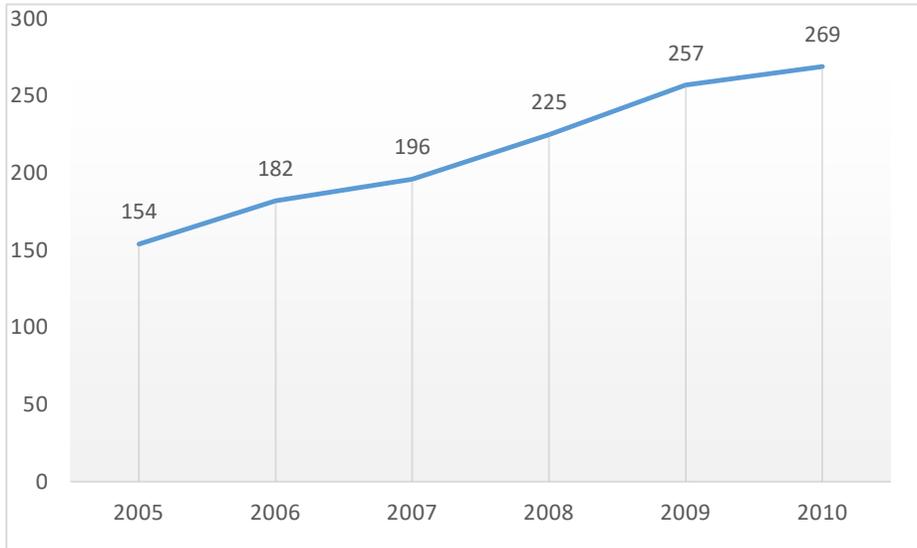
Creating an educational environment: Although recognizing the tremendous value of school achievement for children in residential care, the definition of home schooling was far larger than this. Children were allowed to partake in the surrounding community's life, enter groups and take up sports, and develop out-of-school abilities such as cycling, walking, and playing musical instruments. An effort was created to make schooling enjoyable and to equate it with relaxation and pleasure. Education was incorporated into the framework of everyday life, utilizing the reality of residential care as an asset, such as the neighborhood gathering conducted regularly before the homework club. One function of the meeting was to encourage kids to become better educated about the environment and to share their views on current affairs with trust.

2.5. A Residential Care History that Influences Child Welfare and Educational Development of Children in Cambodia

Cambodia's residential care has become rapidly widespread. There has been a 75% growth in the amount of residential care facilities around the nation since 2005, to a total of 269 in 2010 (Graph 1). This statistic only covers facilities registered with the Ministry of Social Affairs, Veterans and Youth Rehabilitation, the ministry responsible for children's welfare, but the real figures may be much larger. The number of children in residential care has rose significantly between 2005 and 2010, from 6,254 to 11,945. Most children residing in residential care in Cambodia, contrary to common opinion, are not

orphans or neglected, but children from poor households brought to institutions by their parents or extended families to help ease the financial pressure.

Graph 1: Number of residential care facilities in Cambodia from 2005 to 2010

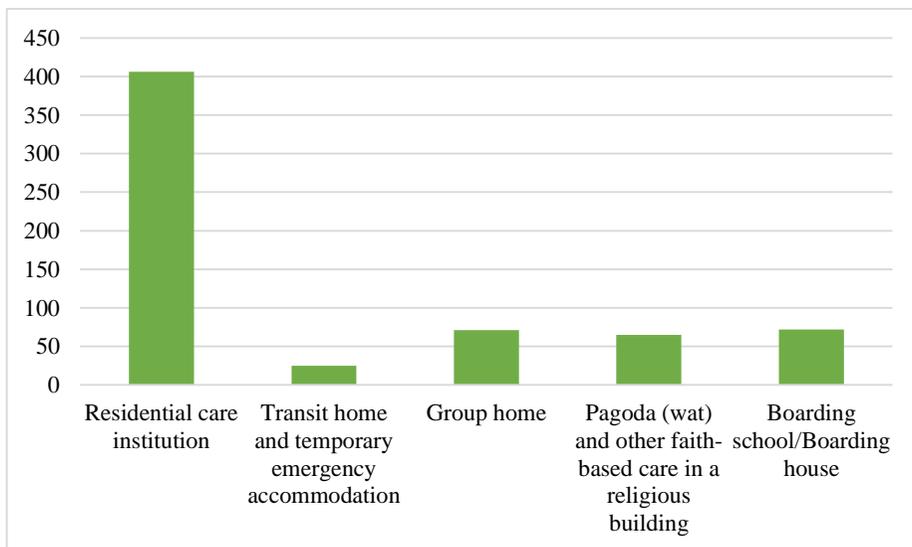


The dramatic rise in the placing of children in residential care is contradictory to government policy, which notes that the main choices for alternative childcare are family and community-based care, that institutional care should be a last option and a temporary solution, and that the primary task in securing and caring for children rests with their communities. This is embodied in the Policy on Alternative Care for Children (2006) and the Minimum Standards on Alternative Care for Children (2008), which in Cambodia include a legal framework and instructions on alternative care. Given the strong stand of the government against residential care, the number of residential care facilities continues to grow every year without proper legislation. The funding that residential care gets from the local authority leads to this growth, and also means that households bring their children into care in the absence of alternate support systems.

The development in residential care in Cambodia is also attributed to the wealth of sponsorship from overseas donors, who give support and financing to children in orphanages with the best motives, oblivious of alternate family and community-based care alternatives. Although certain residential

care facilities are government-owned, they are often run by non-governmental organizations that are private or faith-based, and nearly all residential care centers are supported by overseas individuals. As a consequence, in order to draw more sponsors, many centers shift to orphanage tourism, fueling a scheme that exposes children to danger. Although there is a need to report all NGO-run residential care facilities in order to function within Cambodia, not all register with the same ministry, rendering it impossible to fully control and implement minimum standards. Regulations and criteria are still vague for opening residential care centers. Experience in the area of childcare is not an official qualification nor a requirement under the Minimum Standards on Alternative Care for Children.

Graph 2: Number and type of facility providing care for children in Cambodia in 2016



There are more residential care facilities in Cambodia than historically known to the ministry, including residential care institutions. Graph 2 shows that Cambodia had 639 facilities by 2016, with a total of 35,374 children and young people residing in residential care facilities (45 percent female). These facilities can be divided into five categories based on self-reported data from organization employees: residential care institutions (406), transit homes/temporary emergency accommodation (25), group homes (71), pagodas/other faith-based care in religious buildings (65), and boarding schools

(72). A total number of 16,579 children (47 per cent female) younger than 18 were reported to be living in the 406 residential care institutions. The total number of children under 18 living in all 639 facilities was 26,187 (48 per cent female). A further 9,187 young people (36 per cent female) older than 18 were reported to be living in these facilities. The previous documented data on residential care establishments was 254 (based on the 2015 inspection report), as compared to 406 registered during the mapping, indicating that as many as 38 percent were out of the regulatory structure of the ministry. In comparison, 21% of all residential care facilities do not have a government memorandum of understanding and 12% are not licensed with any government agency. This demonstrates a substantial gap in the oversight of a vast range of facilities of residential treatment, posing serious questions regarding the well-being of the children residing in them. There is however, enormous difference between provinces, with most uncontrolled facilities clustered in the nine provinces with the largest number of residential care children.

Figure 1: Number of residential care institutions by province in 2016

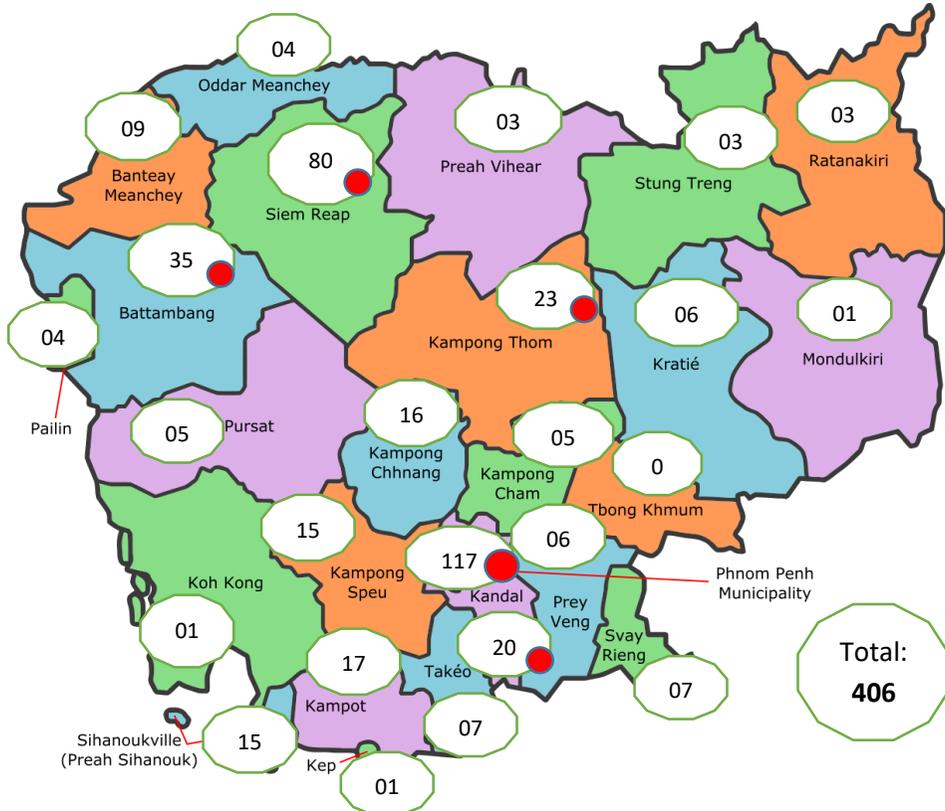


Figure 4 indicates the amount of institutions per province for residential care in 2016. In Tboung Khmum, the number of institutions varied from zero to 117 in Phnom Penh. The figure indicates that the largest of the institutions (44 percent) are in Phnom Penh, accompanied by Siem Reap. With the largest number of residential care institutions registered in Phnom Penh (117), residential care institutions are concentrated in nine provinces, accounting for 83 percent of the total, followed by Siem Reap (80), Battambang (35), Kampong Thom (23), Kandal (20), Kampot (17), Kampong Chhnang (16), Preah Sihanouk (15) and Kampong Speu (15). Phnom Penh and Siem Reap alone constitute 49 per cent of Cambodia's overall residential care institutions. In the remaining 15 provinces, the number of institutions has ranged from one to nine. There was no record of any residential care institution (or any other facility) in Tboung Khmum.

There are still too many challenges affecting kids who exist without parental protection and special-needed services. Depending on Cambodia's Policy on ACC (2006), Children who are in special needs include:

- 1) Orphans,
- 2) Abandoned children,
- 3) Children infected or affected by HIV/AIDS,
- 4) Abused children whether sexually, physically or emotionally,
- 5) Street children, children in conflict with the law,
- 6) Minor victims of exploitation whether sexually or any forms of harmful labor,
- 7) Children with disabilities,
- 8) Children addicted to drugs, and
- 9) Children who have other basic physical needs.

From 2014 to 2018 , on behalf of the Royal Government of Cambodia, the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY) got some achievement¹ of child welfare development as below:

¹ Strategic Plan of Sectorial Development of Social Affairs, Veterans and Youth Rehabilitation 2019-2023

- Strengthened Child Rights Monitoring and Implementation Mechanisms in Ministries, Institutions and Capital/Provinces and issued Guidelines on the Implementation of the UN Recommendation on the Implementation of the Convention on the Rights of Children;
- Promoted the implementation of child rights through strengthening the capacity of government officials and NGOs and disseminating a broad range of child rights;
- Implemented Policy on Alternative for Children and Minimum Standards on Alternative Care for Children in collaboration with NGOs and INGOs to receive orphans and vulnerable children with the number of 26,187 (12,526 girls) and 9,187 youth (3,323 girls) and accommodate them in 639 facilities. 406 childcare institutions have 16,579 children (22 state residential care institutions with children and youths 1,601, 724 girls). 25 temporary shelters accommodate 628 children. 71 single-family houses contain 1,592 children, and some of those children stay in dormitories, temples and religious places in the number of 137 places with 7,388 children (3,582 girls). By Inspection of focal officer found that, only 252 out of 406 centers accommodate 7,634 children (3,634 girls) and 1,779 youth (919 girls). Among 406 residential care institutions, 43 have been switched from residential care into temporary housing, group home, dormitories, pagodas and 73 have been converted to non-care services, 33 were closed, including one national residential care and no information about five residential care institutions. The ministry integrated 1,013 children who live in facilities into their families and communities, as part of implementing Integration Plans 30% from residential care to family and community 2016-2018 in the five capital/provinces. The reduction in the number of children in the facilities may indicate that community-based childcare is increasing, which is why Provincial Focal Points continue to monitor childcare until the cases are closed;
- Strengthening the efficiency and quality of childcare management, the Royal Government issued three Sub-Decrees and one Prakas:

- Sub-Decree No. 119, dated September 11, 2015, on Residential Management,
- Sub Decree No. 90, dated July 13, 2015, on the amendment of Article 7 of Sub-decree No. 116, on the policy for victims living in state-run childcare institutions by raising food cost from 45,000 Riels/Months to 150,000 Riels/Month,
- Sub Decree No 34, dated March 7, 2017, on the transfer functions of national residential care institutions to the Municipal/Provincial administration; transfer function of monitoring NGO childcare facilities to the Municipal, District and Khan administrations; transfer function of community-based childcare services to the Municipal and Commune administration,
- Prakas No. 308, dated 29 January 2016, on the conditions and forms of applications for authorization to establish residential childcare institutions;
- Trained the Child Safeguarding Organization to various officials and staff;
- Educated children, young people in preventing social disorders, contributing to promoting morality and protecting the rights of children and victims of drug abuse;
- Collaborated with the Ministry of Interior, international NGOs, providing non-formal education and vocational training to children conflict with the law and children over 3 years of age living with their mother in prisons.

Besides the achievements above, there were still more challenges of child welfare development for the government to continue solving:

- In Cambodia there was no specific data of orphans, vulnerable children and disabled children, but the National Strategic Plan on Orphans, Vulnerable Children and Children with Disabilities estimates that approximately 14% of the total children are vulnerable. Based on the

Ministry of Planning data on the results of IDPoor 2014-2017, 3.2% of children received alternative care service in residential care and in the community-based care among the children in IDPoor level 1 & 2 , total 825,236 children (Poor households level 1 with 329,442 children and Poor households level 2 with 495,794 children), another 96.8% lived in poor families, level 1 and level 2 are waiting to receive services. At the same time, pregnant women and children 0-2 years of age in many other poor households are waiting for a cash package to respond to malnutrition;

- Census data of Cambodian population census in 2013 shows that about 1% of children in the country are disabled. This figure is low because the number of disabled children did not collect specific data from the data collection agency. On the other hand, children with disabilities are a vulnerable group and limited access to social services, some of whom are facing discrimination and some are also violent from their families;
- The starting point was to have a specific number of orphans, vulnerable children and children with disabilities before developing appropriate intervention programs;
- A recent study on child violence organized by the MoWA, in collaboration with the MoSVY and Ministry of Planning, shows that approximately 60% of children under 17 are exposed to physical, sexual violence 6.4% were mostly girls;
- Children born and guarded in Thailand through immigration, denied nationality and support services;
- Some orphans have been living in childcare facilities for nurturing, education, vocational training, but some of these children still have not been fully cared. However, national information system for the management of victim and vulnerable children living in child care facilities and in community-based care has not yet been created;
- Youth Rehabilitation program for children conflicted with law is not fully implementation, assistance to children conflict with law is limited, Youth rehabilitation center is not constructed for receiving youth conflict

with law, which requiring the MoSVY continue its efforts and commitments to launch programs to help children conflict with law.

2.6. Legal and Policy Framework of Residential Care for Children and Education in Cambodia

To enhance educational development of children in residential care institutions, the Royal Government of Cambodia has published many legal and policy frameworks that are responsible by MoSVY and MoEYS.

Policy on Alternative Care for Children (2006): The Royal Government of Cambodia introduced the Policy on Alternative Child Care in 2006. The general goals of this program are to preserve the interests of children and to ensure the long-term physical and psychosocial development of orphans and other vulnerable children. The objectives of the policy:

- To ensure that children benefit from national and international legal instruments, in particular from the Convention on the Rights of the Child and its four overriding principles;
- To ensure that children grow up in a family and in a community, in particular with biological family and community of origin;
- To ensure access to health services, free education and psychosocial support for the child’s survival and development;
- To enhance the capacity of the community to care for and to protect vulnerable children through the promotion and the strengthening of all community safety nets.

In this policy, institutional or residential care is defined as “a group living arrangement for children in which care is provided by remunerated adults for service provision” e.g. orphanages, recovery centers, child protection centers. Children in such settings receive full-time care for appropriate length of time. In practice, institutional care is established and operated by the State or by non-governmental organizations. Institutions generally address a genuine need by providing both short-term and long-term care to children. Nevertheless, several studies have shown that the placement of children in long term institutional care can have a negative impact in terms of development and

expose them to discrimination, exploitation etc., thus highlighting the need to promote non-residential care.

Minimum Standard on Residential Care for Children (2006):

Cambodian government launched this legal framework in 2006 to support the policy alternative care for children focusing on residential care. Related to educational improvement for residential care, it notes that:

Residential care facilities shall provide children or provide them access to,

- Basic education for at least 9 years
- Formal or non-formal education, either in local government, private or center. Non-formal curricula should include at least literacy and numeracy classes to prepare the child for formal education or vocational training.
- Their own choices and vocational training, which are not discriminated by gender.
- Education on rights of the child, social morality, hygiene, HIV/AIDS, general and reproductive health and other topics which are appropriate to age of the child and favor the child's development.
- Training on self-protection methods to avoid being trafficked, abused and exploited.
- Books and materials for their education and vocational training and a quiet place to study.
- Further education and vocational training according to their age, choice and market needs for children who drop out of school but who want to study.

UN Convention on the Rights of the Child (1990): The UN

Convention on the Rights of the Child, to which Cambodia is a signatory, affirms a child's right to be educated with harmony. In particular, the Convention states in article 28 that,

1. The States Parties recognize the right of the child to education and, with a view to achieving this right gradually and on an equal basis, shall, in particular:

- a. Make primary education compulsory and available free to all;
 - b. Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
 - c. Make higher education accessible to all on the basis of capacity by every appropriate means;
 - d. Make educational and vocational information and guidance available and accessible to all children;
 - e. Take measures to encourage regular attendance at schools and the reduction of drop-out rates.
 - f. States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.
2. States Parties shall promote and encourage international cooperation in matters relating to education, in particular with a view to contributing to the elimination of ignorance and illiteracy throughout the world and facilitating access to scientific and technical knowledge and modern teaching methods. In this regard, particular account shall be taken of the needs of developing countries.

Child Friendly School Policy (2007): Cambodian government has established a policy for developing a broad Child Friendly School Policy (CFS) program for all schools throughout the country in basic education in order to ensure,

- Implementation of Child Rights which are universally recognized,
- Strengthening the quality and effectiveness of basic education,
- Applying successfully decentralization system.

A Child Friendly School is a school that recognizes and nurtures the achievement of children's basic rights. Child Friendly Schools work with all commitment-holders, especially parents/guardians of students, and values the

many kinds of contributions they can make in seeking all children to go to school, in the development of a learning environment for children and effective learning quality according to the children's current and future needs. The learning environments of Child Friendly Schools are characterized by equity, balance, freedom, solidarity, non-violence and a concern for physical, mental and emotional health. These lead to the development of knowledge, skills, attitudes, values, morals so that children can live together in a harmonious way. A child friendly school nurtures a school-friendly child, support children for development and a school-friendly community (CFS Policy, 2007).

Policy on Education for Children with Disabilities (2008): The Ministry of Education, Youth and Sports of the Royal Government of Cambodia has developed the National Policy on Education for Children with Disabilities to ensure the equal rights of all children with disabilities to an equal education with non-disabled children. The Policy on Education for Children with Disabilities was designed to serve those children who have difficulty with daily life activities that may interfere with their development like non-disabled children following the objectives below:

- To identify and enroll all children with disabilities in all communities in Cambodia
- To provide children with disabilities educational services appropriate to their needs, such as health, community rehabilitation and modifications of educational services from Preschool to lower secondary school.
- To ensure all children with disabilities the same guarantees of health and safety in their lives at schools, in families and communities
- To ensure all children, especially girls with disabilities, access to schools and their participation in all school and social activities similar to nondisabled children
- To increase awareness and acceptance of disability, and the needs of children with disabilities, within communities and among stakeholders to provide the education of children with disabilities

- To ensure support for the education of children with disabilities effectively from all levels of the education system.

Policy on Inclusive Education (2018): The Ministry of Education, Youth, and Sport (MoEYS) revised a policy on Education for Children with Disabilities (2008) to Inclusive Education Policy in 2018. The goal of the Policy on Inclusive Education 2018 is to educate all persons with special needs to have knowledge, skills and attitude so that they are able to contribute to the development of society. The objectives of the Policy on Inclusive Education are as the following:

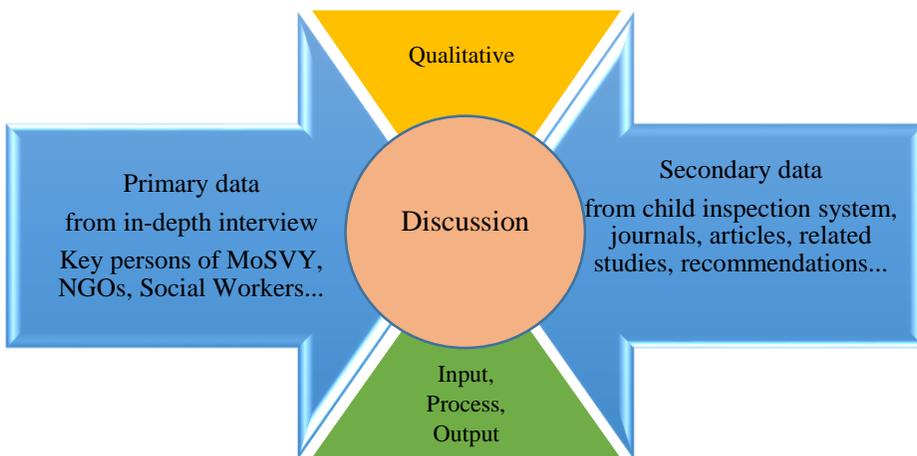
- To ensure early identification, assessment and timely intervention;
- To provide access to inclusive and equitable quality education and life-long learning opportunities;
- To build capacity and enhance professional development for all teachers as well as school management;
- To raise awareness and promote participation.

Chapter 3. Research Method

This chapter contains three important parts that describe the ways this research has been conducted. The research framework, research design, data collection, and analytical framework are structured to pave the understandable strategy to collect data and analyze it.

3.1. Research Framework and Research Design

Figure 2: Research framework



This study utilizes phenomenological method of qualitative approach. Through in-depth interview, the study was able to describe how alternative care of children had affected their educational journey. It looked into how various stakeholders perceive how alternative care contributed to the educational journey of children admitted to the residential care facility. Since this research is exploratory, according to Babbie, E. (2015), exploratory study is a research design used to satisfy researchers' curiosity and desire for better understanding, to test feasibilities of undertaking a more intensive study, and to develop methods to be employed in as subsequent study. To carry on the exploratory research design, a proper data collection method is needed. The data collection method is discussed in the next sub chapter.

3.2. Data collection

This research used primary and secondary data to do qualitative analysis. Primary data was collected through in-depth interview with five key informants such as an advisor of the MoSVY, a deputy director of child welfare department, a former head of a national childcare institution, a manager of child protection program at Friends-International, and a social worker. The secondary data that described current situation, perspectives and number of children living in residential care institutions were collected through secondary data from child inspection system and reports from MoSVY. The secondary data can also be found in other research papers, journals, reports of relevant studies.

a. Scope and Limitation

This research examined a data analysis of alternative care for children in Cambodia with reference to educational impact on residential care. It was not a broad study of child welfare system in Cambodia. Therefore, the scope and limitation was small enough to cover with data collection through child inspection system at Department of Child Welfare and the in-depth interview with only five key informants. The interviewees were people who know clearly about the policy on Alternative Care for Children and work with children in the institutions under the monitoring of the MoSVY in Cambodia (The detail of informants is in table 7, Chapter 4).

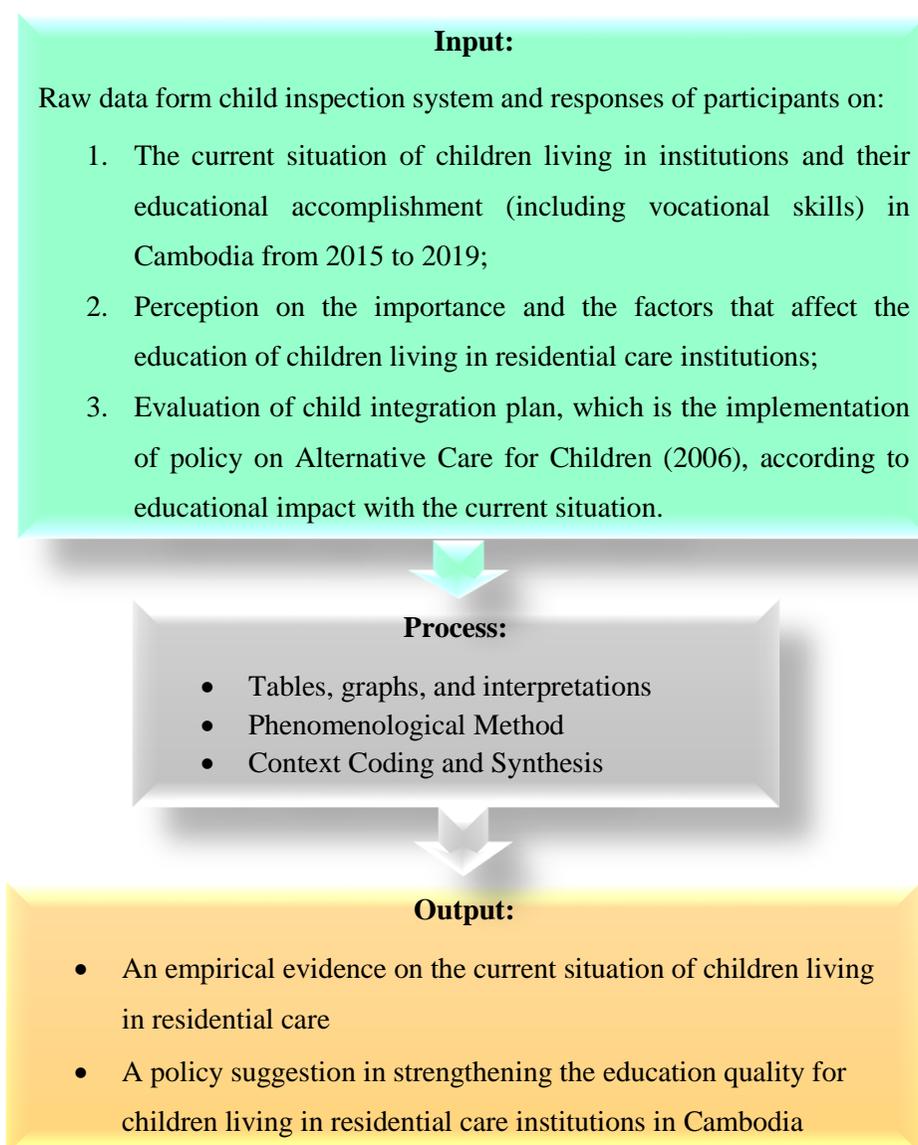
b. Data Collection Instrument

Data collection through in-depth interview was guided by semi-structured questions (see appendix). The questions were further developed based on informants' responses. The interview guideline consists of four main questions, with follow-up questions. The interview was done through calling via social media system such as Facebook messenger and Telegram. Voice recorder was used during interview to make sure what have been reported and written in this research is correct depending on the information from the interviewees.

3.3. Analytical Framework

To analyze qualitative data in this research, a simple but useful model of Input, Process, and Output structure was preferable to be used. The data from child inspection system and the responses from five informants were used as the Input. The secondary data was made as tables, and graphs with interpretations. The primary data was synthesized to find common and different ideas of the informants about alternative care for children with reference to educational impact on residential care.

Figure 3: Analytical framework using Input, Process and Output



Chapter 4. Analysis and Discussion

This chapter contains three sub-chapters that describe available relevant data that has been found in child inspection system in the Ministry of Social Affairs, Veterans and Youth Rehabilitation in Cambodia from 2015 to 2019, the result of in-depth interview with key persons in Cambodia and its discussion for making conclusion and recommendations in the next chapter.

4.1. Analysis of Current Situation of Children Living in Institutions in Cambodia

These indicators below have shown the current situation of residential care in Cambodia through the secondary data taken from inspection system of Department of Child Welfare, the Ministry of Social Affairs, Veterans, and Youth Rehabilitation in Cambodia. MoSVY informed that the data in 2017 is the same to the data in 2016. The reason is, in 2017, the ministry did not do the data inspection because of technical problems, so the Department of Child Welfare allowed placing the data in 2017 with the data in 2016. With empirical study, we can interpret this data with the reasons why these numbers exist to understand the situation of residential care in Cambodia better.

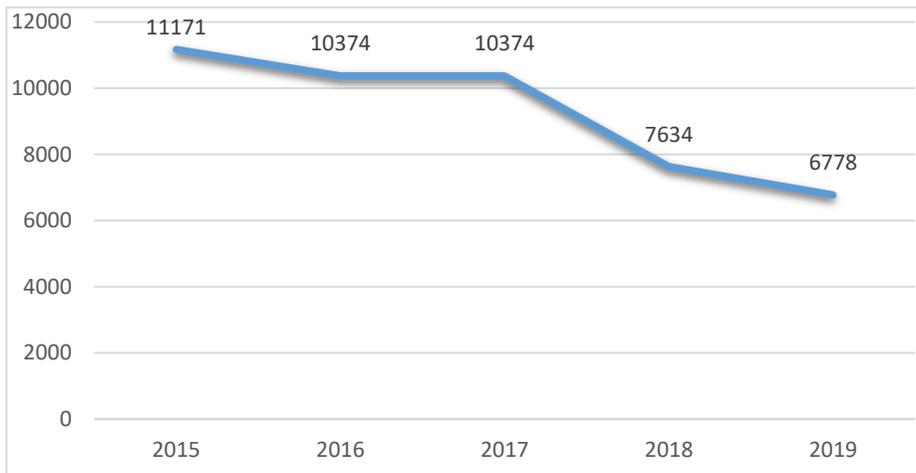
Table 1: Number of children in childcare institutions in the last five years

Province	2015		2016		2017		2018		2019	
	Girl	Total								
Phnom Penh	1536	3216	1402	2845	1402	2845	1184	2235	104	1978
Siem Reap	789	1669	585	1217	585	1217	437	792	360	664
Battambang	611	1129	594	1069	594	1069	439	850	420	776
Preah Sihanouk	193	389	163	332	163	332	96	183	95	178
Kandal	342	807	316	735	316	735	295	700	263	613
Kampong speu	406	894	400	908	400	908	176	432	151	350
Kampot	57	120	76	193	76	193	71	179	66	164
Kompong Thom	146	348	194	430	194	430	207	446	105	236
Kompong Chhnang	70	253	109	338	109	338	84	280	126	216
Banteay Meanchey	187	425	160	371	160	371	96	245	189	429

Kompong Cham	85	204	86	203	86	203	31	111	56	148
Prey Veng	116	222	121	222	121	222	82	163	61	122
Takeo	130	265	145	278	145	278	110	227	92	187
Kratie	66	149	62	136	62	136	36	91	36	90
Preah Vihear	82	177	99	203	99	203	57	129	62	137
Pursat	94	198	83	172	83	172	47	94	38	76
Ratanak Kiri	63	152	62	147	62	147	49	108	71	107
Svay Rieng	32	79	28	56	28	56	26	68	16	33
Pailin	59	144	73	183	73	183	65	164	64	165
Otdar Meanchey	22	69	20	56	20	56	17	57	12	42
Mondol Kiri	71	132	71	131	71	131	13	26	7	19
Stung Treng	21	32	15	34	15	34	5	13	8	17
Kep	26	60	31	68	31	68	10	31	8	26
Koh kong	12	38	15	47	15	47	1	10	0	5
Tboung khmum	0	0	0	0	0	0	0	0	0	0
TOTAL	5216	11171	4910	10374	4910	10374	3634	7634	3317	6778

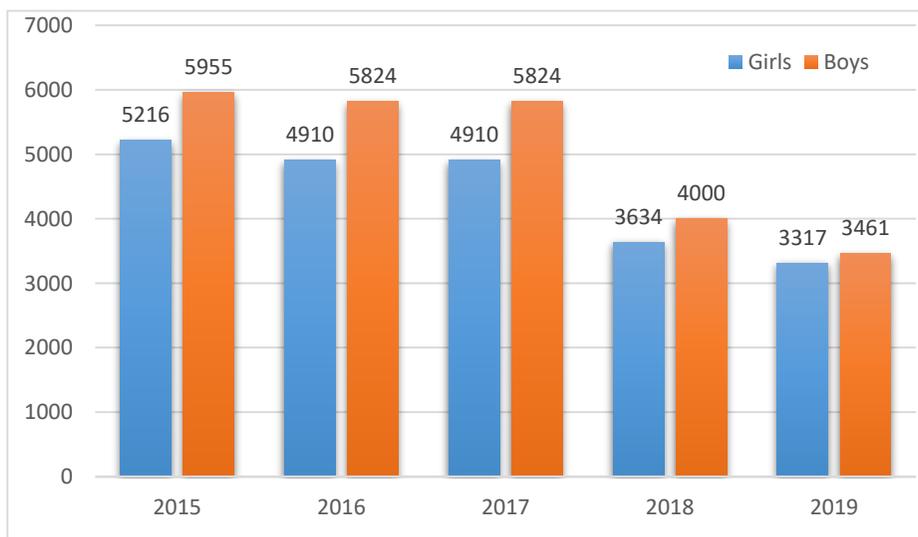
The table 1 shows number of children in childcare institutions in the last five years. In 2019, Phnom Penh, the capital city of Cambodia, has a lot of number of children because more big NGOs located there. Following by Phnom Penh, the provinces with large number of children in residential care are Battambang, Siem Reap, Kandal, and Banteay Meanchey. We can see the location of the children in the map in figure (4). Battambang and Banteay Meanchey located next to Thailand, and they have more institutions because of a part of cases of child trafficking to Thailand. Siem Reap is the popular tourism province, so more NGOs have a branch there. Kandal is a province around Phnom Penh. It is the closest province to the capital city, so INGOs and NGOs can work easily with the government. Tboung Khmum Province has no number of children in residential care because this province is newly administrative divided from Kampong Cham Province, and there is not any childcare facility located there.

Graph 3: Number of children in childcare institutions in the last five years



This graph 3 shows number of children in childcare institutions in the last five years. Through this visual aid, the total number of children is decreasing gradually from 11171 in 2015 to 6778 in 2019. It indicates the implementation of the main goal of the Policy of Alternative Care for Children is more successful. The basic purpose of the policy is to integrate children back to live in the community, and the facility is just the temporary and last resort. Unless, those children have no relative at all, they can live in the facilities.

Graph 4: Number of boys and girls living in residential institutions in the last five years



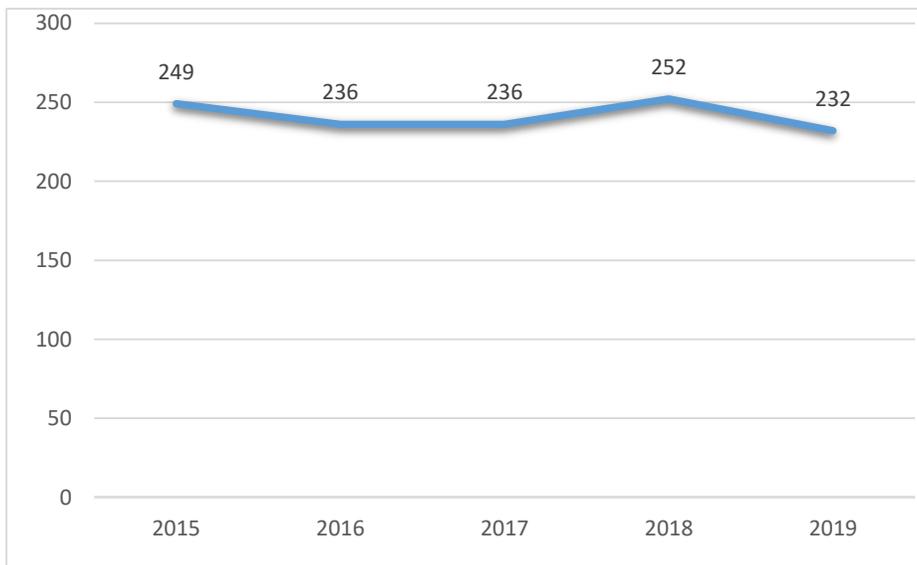
Graph 4 shows the number of boys and girls living in residential institutions in the last five years. The number of the boys living in residential institutions is higher than the number of the girls. Critically, in 2019 the number of the girls and boys are almost equal if compared with other years. Generally, girls are more vulnerable than boys are because more cases happens on girls than boys with sexual harassment in institutions not only in Cambodia but also around the world. It must be great if those children are educated properly with both formal and informal education.

Table 2: Number of childcare institutions in the last five years

Province	2015		2016		2017		2018		2019	
	Gov.	Total								
Phnom Penh	4	62	4	55	4	55	4	60	3	53
Siem Reap	1	53	1	43	1	43	1	39	1	34
Battambang	2	18	2	17	2	17	2	23	2	20
Preah Sihanouk	1	9	1	9	1	9	1	7	1	9
Kandal	1	15	1	15	1	15	1	18	1	19
Kampong speu	1	16	1	15	1	15	1	13	1	10
Kampot	0	6	0	6	0	6	0	5	0	5
Kompong Thom	1	7	1	11	1	11	1	23	1	10
Kompong Chhnang	1	7	1	8	1	8	1	14	1	14
Banteay Meanchey	0	10	0	9	0	9	0	9	0	20
Kompong Cham	1	5	1	5	1	5	1	3	1	5
Prey Veng	1	5	1	5	1	5	1	6	1	3
Takeo	1	6	1	7	1	7	1	8	1	8
Kratie	0	3	0	3	0	3	0	1	0	1
Preah Vihear	1	3	1	4	1	4	1	2	1	3
Pursat	1	6	1	6	1	6	1	3	1	3
Ratanak Kiri	0	3	0	3	0	3	0	2	0	2
Svay Rieng	1	4	1	3	1	3	1	4	1	1
Pailin	1	3	1	4	1	4	1	6	1	7
Otdar Meanchey	0	2	0	2	0	2	0	2	0	1
Mondol Kiri	1	2	1	2	1	2	1	1	1	1
Stung Treng	0	2	0	2	0	2	0	1	0	1
Kep	1	1	1	1	1	1	1	1	1	1
Koh kong	1	1	1	1	1	1	1	1	1	1
Tboung khmum	0	0	0	0	0	0	0	0	0	0
TOTAL	22	249	22	236	22	236	22	252	21	232

Table 2 shows Number of childcare institutions in the last five years. In 2019, the numbers of childcare facilities locate mostly in Phnom Penh, Siem Reap, Battambang, Kandal, and Banteay Meanchey province. It is so equivalent to the number of children in those provinces in the table (1). An in-charged government of official in MoSVY said, “The programs in most relevant NGOs are focusing on education because education is every important to children and it is easier to operate than health sector.” These numbers of childcare institutions have the contract with the MoSVY and follow the legal framework established by MoSVY.

Graph 5: Number of childcare institutions in the last five years



Graph 5 shows the number of childcare institutions in the last five years. Number of childcare facilities has been up and down within a gap of similar number, and most of them located in Phnom Penh, the capital city. One of a government official informed that the number of childcare facilities have been decreased a lot in reality. It means, besides the numbers of childcare institutions, there are more facilities that did not register with MoSVY. It was written in the Mapping Report published by MoSVY and UNICEF in 2017. Those facilities were closed gradually after the inspection and warning from the MoSVY. Anyway, the number of childcare institutions does not really affect the change of the number of children because some local NGOs that used to provide

accommodation for children to live and study in, after the children are integrated back to the communities, still have educational program to educate children in the daytime. After class, the children can go back to stay in their communities with their families.

Figure 4: Number of residential care institutions and children living in them by province in 2019

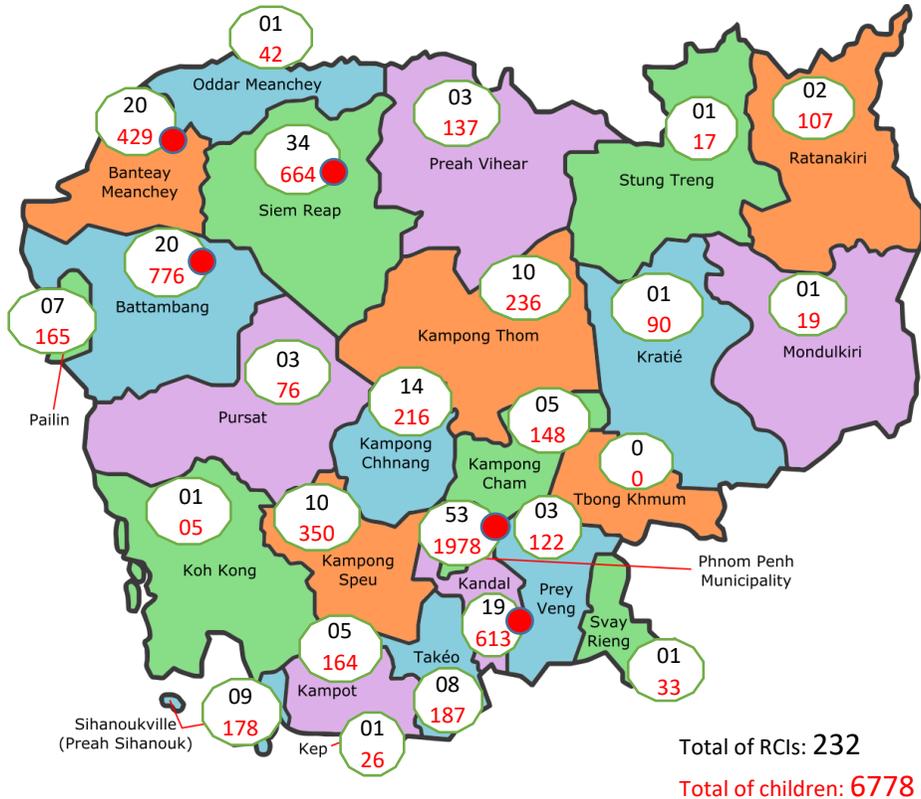


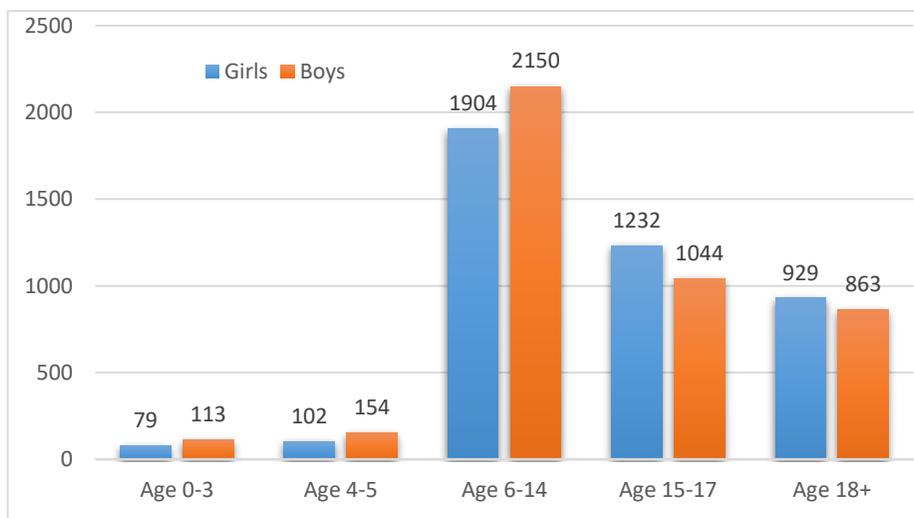
Figure 4 shows the number of residential care institutions and children living in them by province in 2019. It indicates that Phnom Penh, the capital city, has a big number of childcare institutions (53) with 1978 children. If compared with the number of RCIs in 2016 (Figure 1), it has decreased around 50 per cent. Four provinces that stand after Phnom Penh with the big number of RCIs are Siem Reap (34), Battambang and Banteay Meanchey (20), and Kandal (29). There is still no report to shows that a RCI locates in Tbong Khmum province. It seems that only Banteay Meanchey province increased the number of RCIs when other provinces decreased them.

Table 3: Number of children in childcare institutions by ages in the last five years

Age	2015		2016		2017		2018		2019	
	Girl	Total	Girl	Total	Girl	Total	Girl	Total	Girl	Total
Age 0-3	120	304	219	446	219	446	66	173	79	192
Age 4-5	183	456	253	516	253	516	120	298	102	256
Age 6-14	2491	5498	2128	4859	2128	4859	2128	4665	1904	4054
Age 15-17	1706	3363	1584	3085	1584	3085	1320	2498	1232	2276
Age 18+	716	1550	726	1468	726	1468	919	1779	929	1792
Total	5216	11171	4910	10374	4910	10374	4553	9413	4246	8570

With table 3, in 2019, the number of children who have age from 6 to 14 years old, living in childcare institutions are 4054 that is a large number compared to those in other ages. In this rank of ages, children are studying in primary and secondary school. For children who are 15, 16, and 17 years old, the number is also a lot and important for high school grades. Therefore, the educational programs for kids in residential care from primary to high school are very useful. Crucially, persons who are over 17 years old, they are not children anymore, but it seems that they have no place to stay. They remain in the institutions.

Graph 6: Number of children in childcare institutions compared by ages and sex in 2019



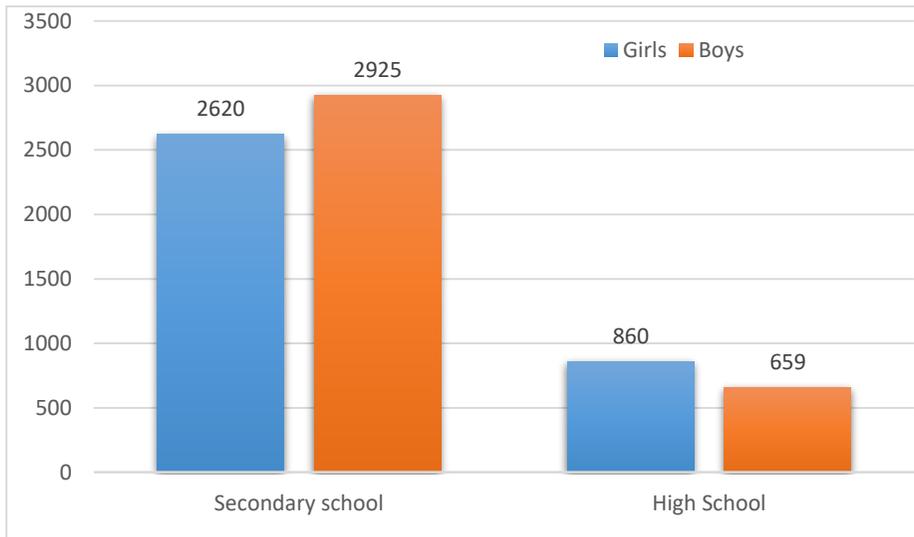
Graph 6 explains about number of children in childcare institutions compared by ages and sex in 2019. It shows that the boys in the age of 0 to 14 live in institutions more than the girls do, while the number of girls in the age of 15 to 18+ is higher than the number of the boys. It means the boys are integrated back to live in the communities after they finish secondary school more than the girls are. Alternatively, because the boys after secondary school have learnt professional skills so that they can depend on themselves to live in communities.

Table 4: Number of children, living in childcare institutions, who finished their study by grade 9 and 12 in the last 5 years

Grade	2015		2016		2017		2018		2019	
	Girl	Total								
By grade 9	3334	7356	3114	6783	3114	6783	2898	6135	2620	5545
By grade 12	918	1646	826	1618	826	1618	925	1729	860	1519

Table 4 indicates the number of children, living in childcare institutions, who finished their study by grade 9 and 12 in the last 5 years. It, in 2019, shows the numbers of children in residential care who can finish secondary school is higher than those who can finish high school. It explains that after secondary school, children stop studying general knowledge, and they want to study skills for earning money as fast as they can. On the other hand, most of them are integrated back to live in communities while they are studying in high school. If we compare among 5 years, it makes sense with the decreasing numbers because more and more children are integrated back to community. After that, the inspection system will not count the number of those children in this indicator any more, and the cases will be deleted.

Graph 7: Comparison between the number of boys and girls, living in childcare institutions, who can finish secondary and high school in 2019



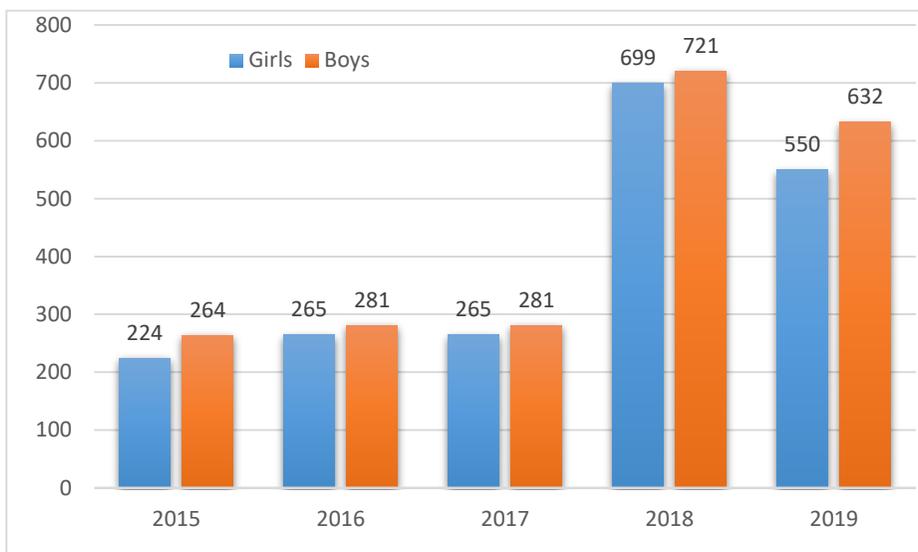
Through graph 7, it indicates the differences of graduation levels of boys and girls living in childcare institutions in 2019. Like what has been mentioned in the interpretation of table 4, after finish secondary school, more children are integrated back to community and some of them want to stop studying general education at school to learn vocational skills instead so that they can earn money to support their lives faster. The rest of them want to finish grade 12, and a small number of those children want to pursue bachelor's degree at university. Kids who always have good marks and happy at school must love to continue their study. Only small number of children in residential care can achieve high school graduation because of many reasons. It is better if we can compare it with number of children who fail and quit the school in the same years.

Table 5: Number of children, living in childcare institutions, who learn vocational skills instead of general education at school in the last 5 years

Skills	2015		2016		2017		2018		2019	
	Girl	Total								
Others	224	488	265	546	265	546	699	1420	550	1182

With table 5, we can see that the number of children in residential care want to study vocational skills more and more. It is increasing more than a haft in five years. This explains that vocational skills become very popular now for children in residential care. Those skills can be mechanic, technician, hairdresser or barber, etc. There are more INGOs and NGOs provide the support to children with all these skills. They believe that, with skills, children will be able to start their new lives in the outside world.

Graph 8: Comparison between the number of boys and girls, who have studied vocational skills, living in childcare institutions in the last 5 years



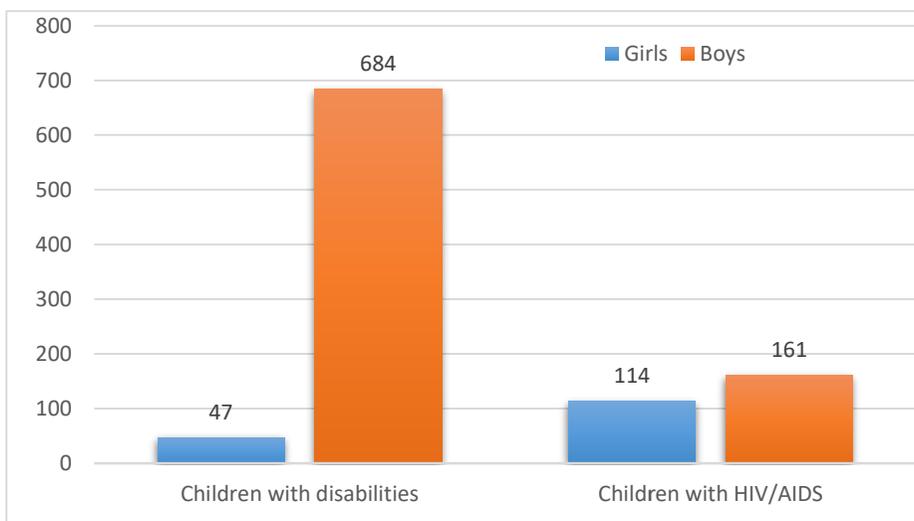
Graph 8 indicates comparison between the number of boys and girls, who have studied vocational skills, living in childcare institutions in the last 5 years. Through this visual aid, the number of the boys, who have studied vocational skills, living in residential institutions, get over the number of the girls every year. Anyway, it is not the problem because depending on graph 4 above, the total number of the boys is more than the number of the girls every year too, and those numbers are not relatively different from each other. It explains that the skills that those children learn must be more for boys than for girls. However, for some skills without using more energy such as chef, painter, etc., boys and girls can learn and do them depending on their preference.

Table 6: Number of children, living in childcare institutions, who need specialized supports in the last 5 years

Children with special supports	2015		2016		2017		2018		2019	
	Girl	Total								
Children with disabilities	120	264	165	390	165	390	247	598	47	731
Children with HIV/AIDS	263	586	231	530	231	530	149	300	114	275

Depending on table 6, there are more children with disabilities in 2019 if compared with those in other years. In contrast, children with HIV/AIDS decrease every year. Therefore, it becomes a concern for government with children with disabilities because there is lack of NGOs where they help rehabilitate and educate those children. For example, blind children need a special school. If a kid has no one hand or one leg or two legs, he or she can use another hand to write, but is he or she motivated enough to face with other kids in classes? Discrimination can make children with disabilities give up their study at school. A government official in MoSVY informed that the ministry does not have number of children with specific disabilities like blind, autism, and children without hands or legs yet. The cases should be counted in the system.

Graph 9: Number of boys and girls who are disabled and have HIV/AIDS in 2019



Graph 9 indicates the number of boys and girls who are disabled and have HIV/AIDS in 2019. It tells that the number of the boys with disabilities living in childcare institutions exceed the number of the girls. For children with HIV/AIDS, the number of the boys is also higher. It is still a concern for the government even though they are boys or girls. MoSVY must work with MoH and MoEYS to support those children with social welfare, health and education, but it really needs time to help those kids, said an in-charged government official. Some children with disabilities cannot even walk and talk properly.

4.2. Result of In-depth Interview and Discussion

With the Input, Process and Output structure, the analysis was conducted by comparing the different perspectives from the in-depth interview about the child integration plan, the implementation of the main goal of the policy on Alternative Care for Children (2006). The commendations from an independent researcher and an advisor at the MoSVY, a deputy director of Child Welfare Department in charge of alternative care for children, a former head of national childcare institution, a manager of child protection program at Friends-International, and a social worker who works for the MoSVY, were included in the discussion part in this sub-chapter. By doing comparison, the result was aimed to see the similarities and differences among the informants' ideas and realities, and then to understand the reasons why they are different and draw conclusion from them.

Table 7: List of informants and their qualifications for in-depth interview

Informants	Detail
1	<p>Informant 1 is an independent researcher and an advisor of the Ministry of Social Affairs, Veterans, and Youth Rehabilitation. He was born in 1968. He got his PhD in Political Science from a university in Canada in 2006.</p> <p>Work experience:</p> <ul style="list-style-type: none"> • 1985-1991: A military attaché

	<ul style="list-style-type: none"> • 1991-1993: An official at the United Nations Transitional Authority in Cambodia in charge of warring factions coordination • 1993-2000: An official at Cambodian Mine Action Center • 2000-2006: An official in charge of survey on projects “Landmine and Communities” and “Land Management” for a Canadian international company • 2006-2010: An official of Cambodian Mine Action and Victim Assistance Authority • 2010-2013: An independent researcher • 2013-present: An independent researcher and an advisor of the MoSVY
2	<p>Informant 2 is a deputy director of Child Welfare Department in charge of Alternative Care for Children at the Ministry of Social Affairs, Veterans, and Youth Rehabilitation. He was born in 1980. He got his master’s degree in business administration from a university in Cambodia in 2012.</p> <p>Work experience:</p> <ul style="list-style-type: none"> • 2012-2014: A lecturer at National Institute of Social Affairs • 2014-End of 2014: A deputy head of office in charge of Childcare Institution Affairs • End of 2014-2019: A head of office in charge of Community-based Care for Children • 2019-2020: A head of office in charge of Child Protection • 2020-Present: A deputy director in charge of Alternative Care for Children

3	<p>Informant 3 is a former head of a National Residential Institution and a deputy director of department of Social Affairs, Veterans, and Youth Rehabilitation in Kampong Cham province. She does not have Bachelor's degree because, in her age, women were not encouraged enough to study higher, but she has a lot of work experience in social welfare. She is retired in 2017.</p> <p>Work Experience:</p> <ul style="list-style-type: none"> • 1998-2002: A head of national childcare institution in Kampong Cham province • 2002-2014: A head of office in charge of Social Welfare • 2014-2017: A deputy director of provincial department of Social Affairs, Veterans, and Youth Rehabilitation • 2017-Present: Retired
4	<p>Informant 4 is a manager of child protection program at Friends International, one of the biggest NGOs in Cambodia. He was born in 1980. He finished his Master's degree in Rural Development and Project Management in 2007 in a university in Cambodia. Then he took a two-year advanced course of ASEAN program called "Promoting Innovation System" in Cambodia and Germany until 2013.</p> <p>Work Experience:</p> <ul style="list-style-type: none"> • 2003-2004: A Community Development program officer at JICE • 2004-2006: A Decentralization and Deconcentration program officer at JIZ

	<ul style="list-style-type: none"> • 2006-2008: A Community Diversified Development program officer at Church World Service (CWS) • 2008-2018: A manager of Donor for Community Diversified Development program at World Renew Organization • 2019-Present: A manager of Child Protection Program at Friends International
5	<p>Informant 5 is a social worker who works for the Ministry of Social Affairs, Veterans, and Youth Rehabilitation. He deals with most residential care institutions in Battambang Province for child integration program. He was born in 1991. He finished his Bachelor's degree majoring in Sociology in 2014 at a university in Phnom Penh.</p> <p>Work Experience:</p> <ul style="list-style-type: none"> • 2015-Present: A Social Worker in charge of child integration program sponsored by UNICEF and the Ministry of Social Affairs, Veterans and Youth Rehabilitation.

Data from the in-depth interview:

All informants agreed that education is very important for children living in residential care institutions these days. Not only education, but also the rules and discipline will make children behave better in and outside the institutions. It is good for institutions to have strict rules regarding to all kinds of harassment and bullies. Informant 3 said it is because of their parents that cause children enroll in school late. Before the children enter the institutions, they might live in very poor family, and their parents never teach them at home, or never care about their study. That is the reason why some grown-up children in institutions find it difficult to catch up with their study at school because they have not learnt the basic lessons. Anyway, most of the orphans really try hard

to study, said the social worker and the former head of a national residential care institution in Kampong Cham province.

In the institutions, there are many programs to enhance children's abilities. One good win-win strategy available to improve kids' study performance is making seniors to teach their juniors. This is a very good technique to make an older child to become a good teacher to the young ones. Most children in residential care study at public schools. For some children who are in care supported by rich-funded NGOs, they can go to private schools or better schools and study until college. In these cases, informant 1 stated that technology is very important for children to study in this recent society. Some institutions governed by NGOs have enough accessibility of technology such as tablets, cell phones, and Wi-Fi, so that children can have more opportunities to learn faster. However, some institutions, run by the government and other low-funded NGOs, do not have those things for children to satisfy their wish like the kids in the communities. For example, when children go to school, they can see some rich kids use their cell phone to search for study or entertainment. Their unsuccessful wish for a cell phone can make the kids feel depressed and want to go back to live with their families, so that they can ask their parents to buy one. When it happens without intervention from the caregivers and managers, children will have negative effects on their emotional development.

All informants say, "There is not much requirements to recruit a caregiver." To become a caregiver, a woman must be older than 25 and younger than 60, experience taking care her own baby or kid, and cook food. They can do this job without having any certificate, but they have to be in a provided training program before they start their job. Most caregivers in institutions do not involve much in improving educational abilities of children. The institutions assign specific program officers to educate children. They do not focus much on caregivers' ability to educate children informally, For instance, if caregivers can speak English, children can practice and improve their English speaking skills with caregivers in daily activities. In the case of caregiver recruitment, informant 1 told that S.O.S organization in Cambodia choose caregiver who has never had a child. It is believed that caregivers who do not have a kid will take care different children in institutions equally. He continued that caregivers who

have their own kids with them in institutions would have tendency to be unfair to treat all children.

Another important answer from all respondents is that residential care for children really makes a big impact for valuing education. Children who live in institutions can have better education than those who live in communities because living in institutions, children need to respect the rules and disciplines all the time. However, children who live in childcare institutions for a long time will face with mental and behavioral problems that make difficulties for them to get along with other kids in the communities after integration. Their education attainment cannot be successful anymore if it happens. It should be considered keeping children in communities with their relatives and supporting them with education access and materials as much as possible. Informant 2 emphasized that the government had better pay attention and study more how to help disabled orphans, who live in childcare institutions. It is difficult for them to be accessible to have normal education like other kids. Most staff do not want to take care of disabled children because they are not easy to look after. Informant 1 also raised that some caregivers gave up their work with children with disabilities in just one-day start.

After comparing some research data about educational achievement of children living in institutions with all perspectives from the informants, it can be concluded that all of them are the same and different in some points. The same concept is children who study hard or not depends on their willingness, their natural abilities, family background and the encouragement from everyone around them. Discrimination at school and in the community they live in can affect the educational attainment of children. Kids will not want to study anymore if their friends and teachers feel bad about them. Compared with other positions, the caregivers also plays important role to educate children.

The significant difference between the child integration plan, which is the implementation of the main goal of the policy of ACC, and interviewees' perspectives about educational impact on children is that,

Child integration plan that affects education of children: Children who lives in childcare institutions will face problems with their emotional and social development. It is better for them to live in the communities. The informant 4

mentioned that, if the children live with their families, they would have more emotional power to study better if they are compared with the children living in childcare institutions. Therefore, children need to be integrated to live with their families since most of them have single parent at least.

Informants' perspectives on education of residential care children and community-based care children: In term of educational achievement, all respondents believe that children living in childcare institutions have better education than those who live in communities because, in most institutions, education is prioritized for children. So children can have more time to study in the institutions with enough supported materials. When children return back to live with their single parents or foster families, it becomes a risk that children drop out of school if the government and NGOs stop providing supports to those families. What to be higher in risk is that Cambodian government still rely more on NGOs to run this support mechanism, and not all NGOs have enough budget to provide fund to those families until the kids finish grade 12. Informant 1 strongly mentioned that the environment that children are integrated to live in are greatly affects the study of those children. By comparing the environments, he said the residential care institutions is much safer and easier for children to study. However, he does not mean to encourage poor families to put their kids in institutions.

Conclusion: Some researchers and government find that it is not good for children to live in childcare institutions or orphanages because it has negative impacts on development of children. However, in realities and more cases, researchers, officials and social workers find that living in institutions or orphanages can help children learn better than living in communities where are not safe or are surrounded by drug, alcohol, gambling and so on. This is also a contrast opinion between government and parents who live in poverty. If we combine these two elements together, living in institution or orphanages can be good for children's educational development, but it also creates negative emotional effects on children who are forced to live in institutions when they do not want to. To link with this case, the government do not want parents to have less responsibility of growing their children, and leave this burden to the government to be responsible. In the last decade, parents who lived in poverty

brought their kids to live the institutions to release their burden, and they thought that the institutions could take care of their kids better by giving food and proper education. It became the social norm of people living in poverty. When the institutions could not control the big number of children. The cases of sexual harassment and bullies happened and were harmful to children with both emotional and physical effect. It became the big issues for the government to solve. Nowadays, less and less children living in institutions or orphanages with full of supports from government and donors. The cases of sexual harassment and bullies can be controlled well. This is the reason why the perspectives of all respondents have tendency to believe that it is not bad for children to live in institutions in order to have better educational attainment.

4.3. Policy Implications

After having a deep understanding about the data analysis in sub-chapter 4.1 and in-depth interview result and discussion in sub-chapter 4.2, it can be seen that the policy implications related to alternative care for children with reference to educational impact on residential care in Cambodia should be provided as below:

Data: The inspection systems in MoSVY and MoEYS are limited to record data of all type of vulnerable children who have problems with their education. The number of vulnerable children and institutions in the systems can be different from the mapping report. The new system, CPIMS in the MoSVY, has not had enough indicators to collect the number of children in alternative care with their educational situation.

Technique: National childcare institutions do not practice well yet if compared with NGOs. Some cases of having benefits between the institution staff and parents by forcing children to live in childcare institutions make children face difficult situation to have a good education. There are still big problems to deal with children with disabilities. The care staff still make complaints and ask for help very often. Some caregivers are not qualified enough to take care of children in special needs. Many NGOs are operated with educational program for children, but not for poor children with disabilities

because it really needs much time and resources to deal with the children in special needs.

Human resources: The government needs more capacity building to deal with children with disabilities in specific needs. For example, teachers for children with autism, and blind children etc. Not many NGOs or schools are specialized for these children. Caregivers need to be trained properly by experts to know how to look after specific kinds of children with disabilities.

Budget: The government still depends more on NGOs to support on alternative care and integration mechanism. National budget package is a barrier to support child welfare program. To help children with disabilities in residential care to access to education, government needs more budget and fund.

Long-term Burden: Some children with serious disabilities might not be able to study because they have serious problems with their mental ability. They cannot even walk and speak properly. That is a longer burden for the government. Caregivers are not happy to look after those kids if their salary is not enough if compared with their hardship.

Environment: Some children who are integrated back from institutions into communities with unpleasant environment caused by drug, alcohol, gambling, or remote areas far from school etc., must be in high risk of educational failure because children are easy to be persuaded to choose wrong way to walk. It can be predicted that sometimes children living in communities are bullied and harassed more than children living in institutions are.

Chapter 5. Conclusion

This chapter contains three parts that summarize what have found in chapter 4. It comes up with the recommendations on how to improve this sector and solve the current problems. Because this is the study in Cambodia, the limitation of the research and encountered problems are raised up in this chapter as well.

5.1. Summary of Findings

The current situation of children living in residential care institutions become better now because of the effectiveness of the implementation of the Policy on Alternative Care for Children and the Minimum Standards of Alternative Care for Children published by the Ministry of Social Affairs, Veterans and Youth Rehabilitation. However, the MoSVY does not have enough records of data that can be easy to measure the educational achievement of the children in both residential and community-based care. Some childcare institutions still have poor conditions that cannot support children with enough materials for study such as tablets, computers, cell phones, and Wi-Fi.

With perspectives from all the informants, both formal and informal education for children living in institutions are every important to help improve an important part of child welfare in Cambodia. Depending on the in-depth interview, some children can be accessible to the education with full supports from the government and NGOs, but some cannot. It depends on the fund of those institutions. Although residential care can provide a better education to children, but it also make some negative effects on children's mentality because they might face the discrimination and lack of warmth from their parents if they are forced to stay in institutions. That is why once of the main goal of the Policy of ACC means to integrate the children back to live in community with their relatives if they do not have a biological parent to be responsible. Institutions are just the last options to place the kids when they have no place to go. The government and the local authorities have a responsibility to help families such that, even in the midst of hardship, they can care for their own children.

One more important thing is that the government nowadays must be very concerned with children who are integrated back to communities, but cannot make those children to continue their study until grade 12. Another attention for the government is to build more capacity to support the children with disabilities who live in national childcare institutions. Many NGOs find it hard to support the educational programs for disabled kids. Since most children in residential care are already a lot in number with educational provision, policy makers and administrators should work closely to create an effective policy to support children with disabilities in residential care institutions. The incentive for caregivers who take care of disabled children should be increased to fulfil their hardship.

It will require significant time and resources to build successful programs in Cambodia that will serve these purposes, but it is hoped that this analysis can create greater understanding of the size and urgency of the problem. This analysis will also call focus to the hard realities that render so many parents and caregivers attractive to residential care that can cause the problem to children's development. It is a challenging undertaking to enact changes that resolve these root causes, and this manuscript will only inspire and educate the critical work of practitioners and policy makers on the ground. By learning from other developed countries, government have to improve transparency to disadvantaged communities and strengthen the next generation of people.

5.2. Policy Recommendations

These are some recommendations to improve educational sector of children in residential care institutions and children who are already integrated back to communities with current situation in Cambodia:

For MoSVY:

- Continue diffusing the Policy on ACC and related legal framework to sub-national and local government, and start to reform this policy according to the current situation and development of Cambodia.
- Work closely with MoEYS to make policies and legal framework to support education for orphans in residential care, orphans in

community-based care, orphans with disabilities and orphans with specialized needs.

- Continue encouraging children who are living in residential care to finish their general education at grade 12 even though one of the main goal of the policy of ACC means to integrate children back to communities.
- Collect the number of orphans, under residential care, who cannot go on their study before and after grade 9 for the government to develop a policy to help them.
- Strengthen the capacity building of government officials who deal with the development of children with disabilities, and make sure that all those officials must work with right fields as long as possible. Changing position and workplace can be allowed in case that there is someone who replaces has enough qualifications and ability to do the job well.
- Encourage more staff to work with children with disabilities by providing them competitive salary or incentive as well as the training programs to make each of caregivers have specific skill of disabled care.
- Collect the number of children, who live in childcare facilities, with specific difficulties such as blind, without hand(s), without leg(s), and autism. It is easy for government to estimate the budget to support the children. Since the MoSVY with the support from UNICEF had created CPIMS, this system has to be widened to contain more and more indicators of orphans and vulnerable children.
- Continue to inspect and close all non-standard facilities that cannot provide proper education to children, and punish national residential care institutions, which do not follow the Minimum Standard of Residential Care for Children.
- Continue to mobilize fund more and more from donors inside and outside the country. There should be an enough package from government and donors for improving educational attainment for children with disabilities because this is a long-term mechanism.

For MoEYS:

- Work closely with MoSVY to continue to develop relevant policies and consider any solutions to help improve education of children living in residential care and children with specialized needs.
- Set a mechanism to inspect all childcare institutions, which provide educational services to children.
- Continue to build accessibility for students with disabilities in every school across the country, and eliminate any kinds of discrimination to encourage children with disabilities to study with normal students.
- Continue to build more capacity and encourage class teachers to pay attention to encourage orphan students who live in residential care institutions to feel warm and study hard.
- Continue to mobilize fund from donors in- and outside the country to support this mechanism.

For childcare institutions run by government and non-government:

- Recruit caregivers with qualifications that can help children to improve their emotional and physical development, and be persons who love reading and know at least some English, besides experience having children, cooking, and having mature attitude; however, their salary or incentive must be more competitive with their hardship.
- Consider equipping technology devices such as tablets, computers, and Wi-Fi in the facilities for children to use for study purpose according to the development of the society.
- Work closely with local authorities to carefully check the environment of integrated children's family or foster families to see if it can affect the education of the children before integrating them back to the communities. Sometimes it is better to keep children in institutions than to let them live in communities but lose their opportunity to study.
- Continue to mobilize fund from donors in- and outside the country to support this mechanism and make it sustainable.

For sub-national and local authorities:

- Work together with DoSVY and the Commune Committee for Women and Children (CCWC) to be more involved and responsible for monitoring the integrated children to make sure they still have enough time and support to study after the integration until they grade 12.
- Intervene immediately if the environment where children are integrated to live in negatively affects children's education.

5.3. Limitation and Future Consideration

This research was conducted through encountering many challenges. Because of Covid19 pandemic, it was difficult to do collect both primary and secondary data via the communication through Social Network System. The primary data collected was not so balanced and complete, so it caused difficulties in analyzing to have a good result. The in-depth interview was very difficult through online meeting because when the internet was slow, the voice was not so clear to be heard, and the voice recorder could not detect the voice clearly too. The key persons to interview were very busy at the same time, but not free at the same time, so that it more time to wait to interview one by one.

This research is limited to only situation in Cambodia. The concepts and theories are enough to comply with collected data in Cambodia, but the primary data received from the in-depth interview are not so good in some points because some respondents did not want to criticize the government when they are the government officials. The secondary data collected from child inspection system in the MoSVY is limited too. So if the other researchers want to do the research on this kind of topic, it should be considered to do interview more with the children, and their parents to compare with the ideas from government staff, NGO staff, and social workers. Sometimes their perspectives are different about keeping a child to live and study in childcare facilities and keeping a child to live and study in community-based care.

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Appendix

In-depth Interview Questions

How do you do? My name is Thorn Daraseyha, a student in major of Global Master of Public Administration at Seoul National University, and I am a Chief of Bureau in charge of Planning and IT, Department of Planning, Statistics, and Recapitulation, Ministry of Social Affairs, Veterans, and Youth Rehabilitation. I am doing a research to improve alternative care for children in Cambodia with reference to educational impact for institutional care. Please kindly help answer these following questions. Your answers in every question are very useful for this study. Thank you.

Sex: Age: Position:

Organization: Contact number:

How long have you worked in child welfare sector?

Please provide educational background and work experience.....

1. Do you think the current plan of child integration in Policy on ACC has a good agenda of educational development for children who are integrated? Why or why not? Do you think the child integration plan can affect the education of children? Why or why not?
2. Do you think how different educational achievement is between residential care children and community-based care children? Do the children in childcare institutions try hard to study or not? Why or why not? What are the available strategies to support education among children living in institutions?
3. How can residential care for children make an impact for valuing education? Do caregivers play important roles to improve kids in institution? Why or why not?
4. Is it a priority of the facility to look after the education of the children, alongside with its main goal of rehabilitating the children so they can be reintegrated back to the community in the short possible time? Why or why not?

캄보디아 아동에 대한 대안적 돌봄 정책 분석

보육시설의 교육적 영향을 중심으로

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보육시설은 캄보디아의 사회적 보호망과 취약계층 가정에 대한 이웃 지원 시스템의 부적절한 연계를 고려할 때 매우 필요한 사회적 지원을 제공하는 틈새 역할을 하고 있다. 빈곤 지역사회에서 아이들의 불안감을 초래하고 어려움을 가중시키는 여러 요인이 존재한다. 배우자의 상실, 이혼과 재혼, 질병과 이주 등의 가정환경 변화는 아이들을 보육시설에 맡기는 선택으로 이어진다. 비공식적인 학교 수업료와 기타 비용의 미지불로 인한 학교 교육 접근성 저하 또한 원인이 된다. 캄보디아의 보육시설에 관한 최근 조사에 따르면 91.9%의 가족 구성원들이 가난한 가정에서 아이의 교육을 책임질 여유가 없다면 아이를 고아원에 맡길 수 있다는 것에 동의하는 것으로 나타났다. 2006년, 아동보육시설 생활의 부정적 영향으로 인하여 지역사회에서 아동의 수용을 최대화하는 내용의 아동 대안적 돌봄 정책(Policy on Alternative Care for Children)의 주요 목표가 발표되었지만, 여전히 교육이 보육시설에서 주요한 역할을 하고 있는 실정이다.

본 연구는 시설 거주 아동이 다시 지역사회에 수용되기 전후로 교육 성취도를 향상시키는 정책의 신뢰도를 높이기 위해 캄보디아 아동에 대한 대안적 돌봄을 분석하고 그 교육적 영향을 평가한다.

개념적 틀의 기반을 마련하기 위하여 글로벌 아동 보육시설 이론의 개념과 선행 연구를 참고하였다. 본 연구는 캄보디아 보육시설의 역사와 현황은 물론 연구자, 공무원, NGO 정책 시행자, 사회복지사의 의견을 포함한다. 보육시설에 교육적 영향을 미치는 아동 대안적 돌봄 정책의 현행 시행과 관련된 심층 인터뷰를 통해 의견을 취합하였다. 입력, 처리, 출력 구조로 개별 인터뷰 데이터를 비교하여 아동 지역사회 수용 계획에 대한 관점의 공통점과 차이점을 도출하였다. 이 연구는 보육시설 거주 아동을 위한 교육 분야 개선 연구를 지속하고자 하는 캄보디아 정부, 정책 입안자 및 기타 연구자들에게 유용할 것이다.

주제어: 캄보디아의 아동복지, 캄보디아의 아동 대안적 돌봄, 캄보디아의 보육시설에서의 교육.

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