

# Foster Care



## Pilot Project Report Cambodia

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Supported by:

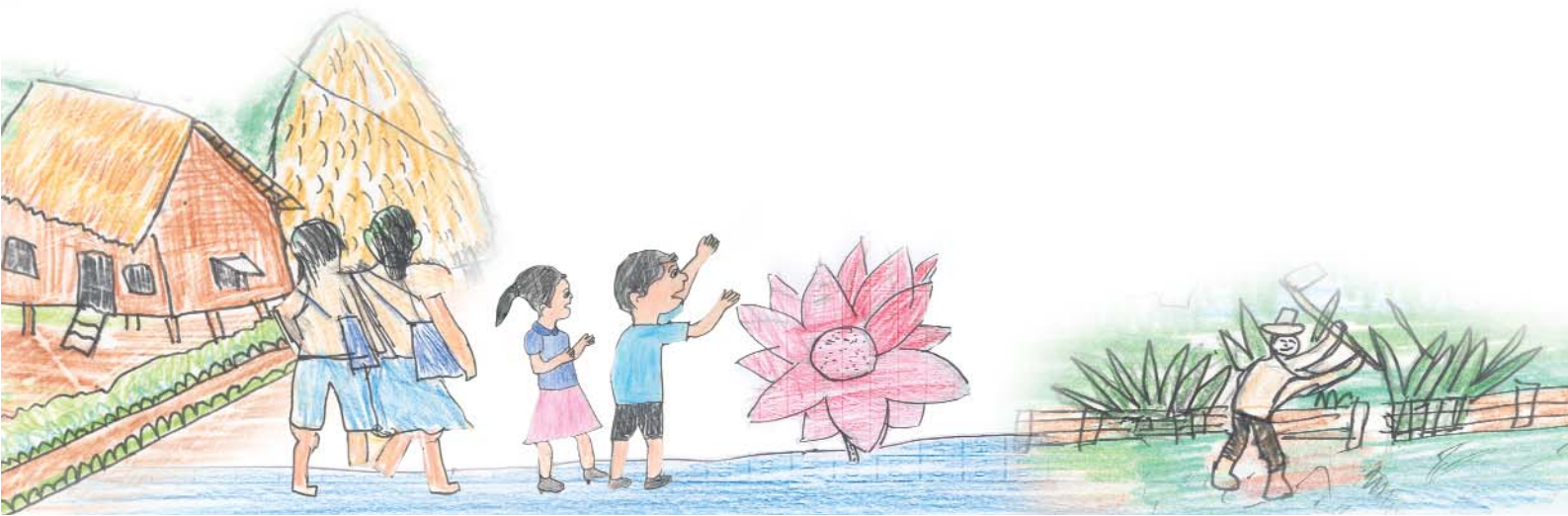
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# SUMMARY

UNICEF reports that there are 670,000 orphans in Cambodia (19% of all youth) with up to 300,000 being a result of HIV/AIDS.

There are between 10-20,000 street children in Cambodia. Approximately 1,500 of these are living and working on the street by themselves.

There are currently 11,470 children living in residential institutions (orphanages) in Cambodia.

The pilot Foster Care project started in 2004. It is the first project of its kind in Cambodia, working to place orphaned children into foster families.

The project was initiated by FosterCare.no in collaboration with Mith Samlanh in Cambodia, a member of the Friends International network. Mith Samlanh is the local NGO responsible for implementing the project.

To date, 8 children have been placed in 7 Foster families. Time and care has been taken in this first phase of the Foster Care project to ensure the placements are successful. This has been essential when working in a country notorious for child labour, prostitution and more recently trafficking.

The Foster Care Officer is a Cambodian national who is trained in psychology. Support is provided by Mith Samlanh's Placement Team Leader and Technical Assistants from Friends International.

Standards of Practice have been carefully drafted along with a number of forms to gather information on the children's background and the Foster family. In addition, before a child is placed, official contracts are signed between the foster family, Mith Samlanh and Local Authorities.

The second phase of the project aims at increasing the number of children placed in Foster Care and using the knowledge gained to support and train Governments and local NGOs in implementing Foster Care projects in other countries.

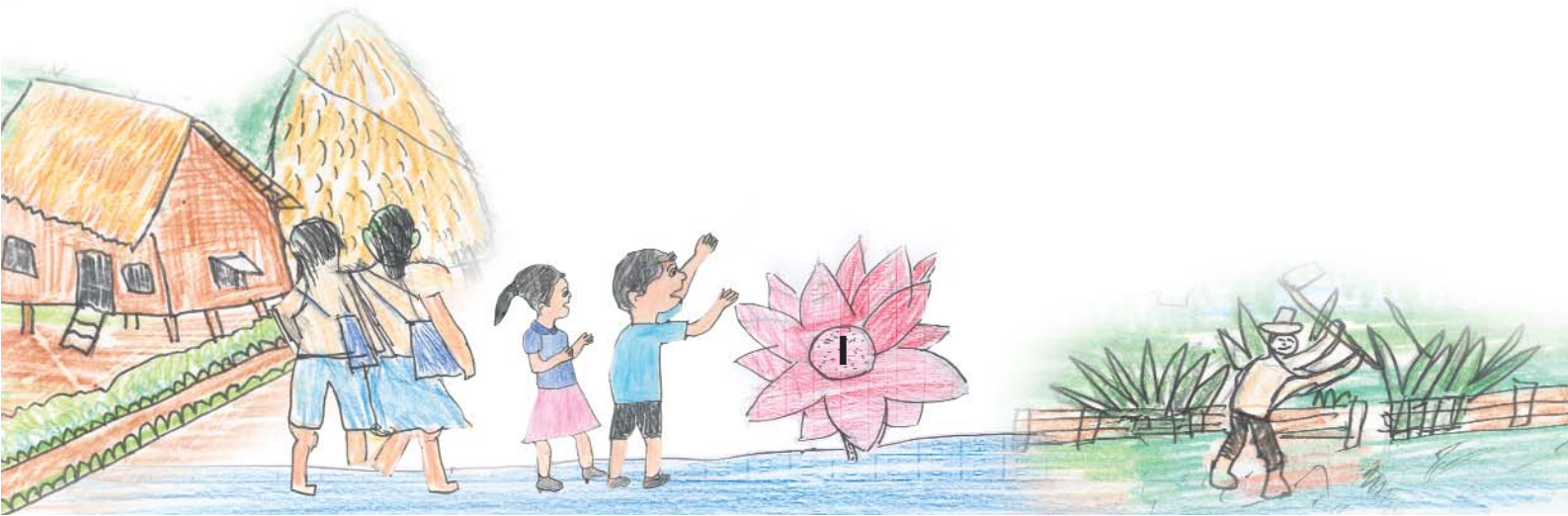
# INTRODUCTION

Between July 2004 and March 2006, Mith Samlanh, a Cambodian local NGO, and FosterCare.no, of Norway, developed a pilot project for placing orphaned and abandoned children into new family homes: Foster Care. In Cambodia, this is currently the first project of its kind where individual children (or siblings), whose parents have died or abandoned them, are placed with another family, unknown and unrelated to the child. With the rising number of orphans, particularly as a result of AIDS, there was a need to develop a system whereby these children can still enjoy and realize their right to grow up in a family environment, rather than being placed into residential institutional care. In Phnom Penh, there are numerous residential care centers catering to this target group, not all of which are formally registered. There are currently around 11,470 children living in these centers. These children deserve a more sustainable, beneficial and caring environment to grow up in.

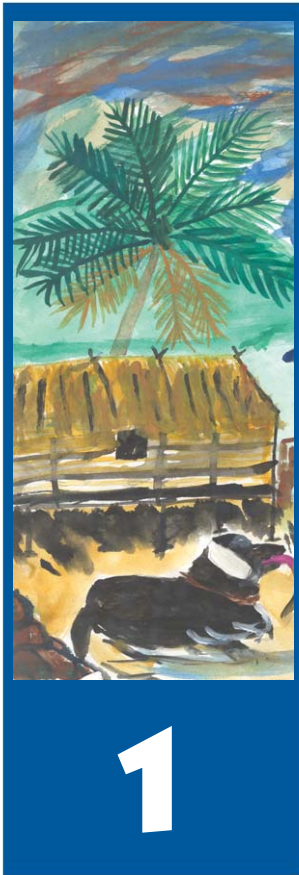
The Foster Care project was developed as an effective and sustainable alternative form of care for such children. During the pilot phase, 8 children have been successfully placed with 7 families.

This report documents the processes Mith Samlanh has developed in order to create a successful Foster Care project. Case studies give insight into each child's case; their life before Foster Care and how the project has impacted their lives. The report also provides background information on the situation of orphaned and abandoned children in Cambodia and the South East Asia region. Examples of what other NGOs and Governments are doing to improve the situation for these children, by moving away from the traditional option of placing them in residential centers, are also explored.

The results show that, although still on a small scale, the pilot Foster Care project has been very successful in placing children into families. The project is the only one of its kind in the region and could potentially be used as a model in other countries in the region.



# STREET CHILDREN IN CAMBODIA

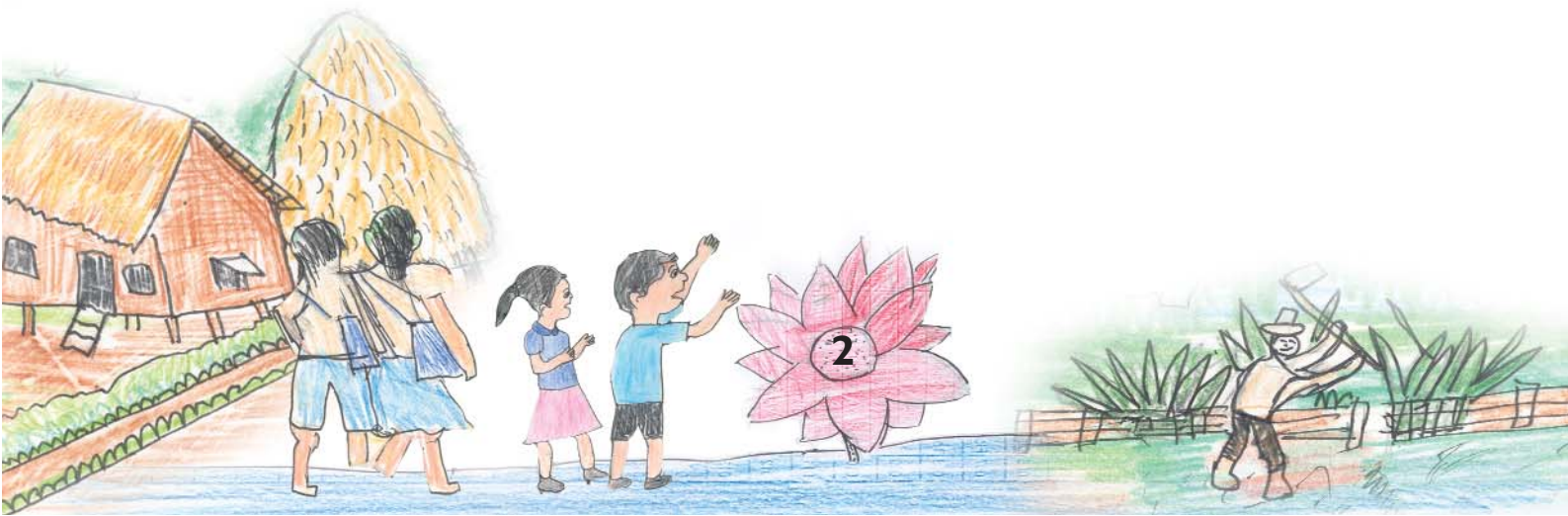


In Phnom Penh, there are on average 1,500 children living alone on the streets, ten percent of whom are girls. Another 10,000 – 20,000 (seasonal migration affects the numbers in Phnom Penh) children work on the street but return to their homes on a regular basis; twenty-five percent of this group are girls. Street children are amongst the most vulnerable members of Cambodia’s society. Traditional family structure and support systems for providing care and protection for children remain seriously impaired from the tragic events of the 1970s and 1980s. In the past, nurturing by Grandparents or other elderly relatives as well as support from Buddhist monks and school teachers eased some of the pressures of parenting, but this support network no longer exists to the same extent. Family structures have changed and with that so have the roles of the child.



UNAIDS/Oliver O’Hanlon

HIV/AIDS has added to the tragic situation of these families. The reduction in family support structures within Cambodia means that the impact of People Living with HIV/AIDS (PLHA) and Orphans and Vulnerable Children (OVC), socially and economically, is likely to be felt more than in comparative countries. Children have become primary carers and/or income-generators as their families feel there is no other option. Annex I provides a summary of the social, economic and psychological characteristics of children affected by AIDS.





More than 50% of the Cambodian population is under the age of 18. Cambodia and Thailand currently have the highest proportion of AIDS orphans in Asia. UNAIDS estimated that as many as 300,000 (8.5%) Cambodian children were going to become AIDS orphans by 2004 (current HIV prevalence rate stands at 1.9%) and as a result will face a great many staggering problems during their childhood (Inter Press Services, 2004). Many of these children will end up on the street, either as unsupported children (street living) or working to support sick family members (street working). Occasionally entire families end up living and working on the street if members of their community have forced them out due to the stigma and discrimination often associated with HIV/AIDS.

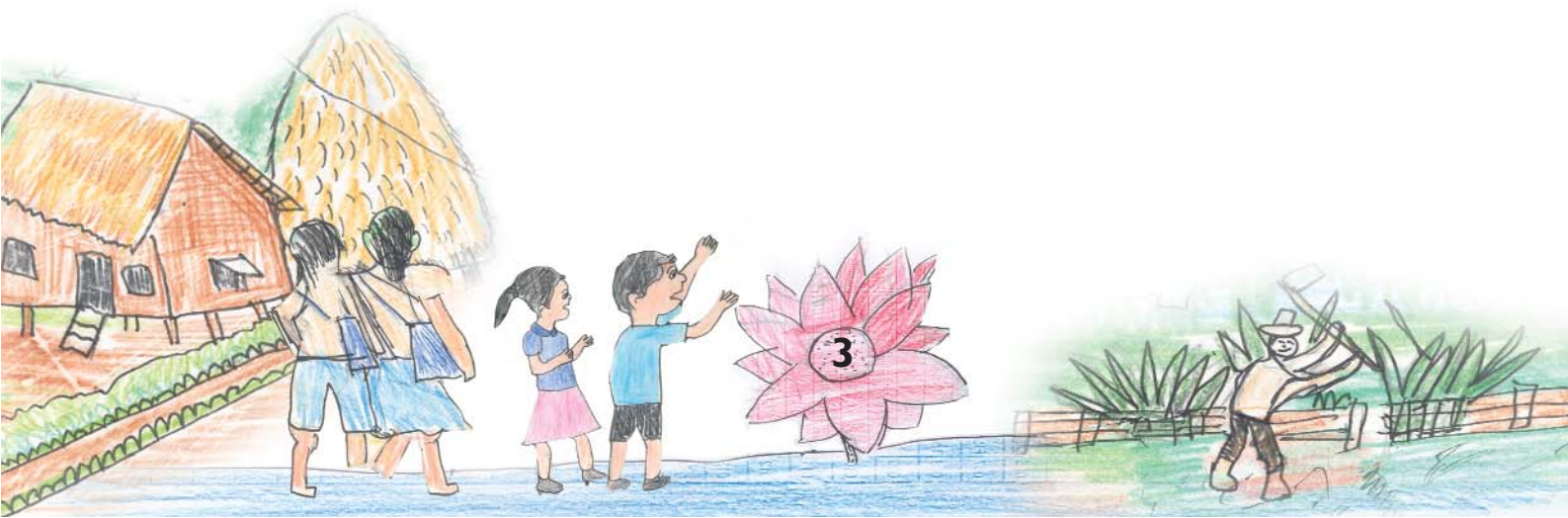
Due to the impact of the HIV/AIDS epidemic, the lack of education, an increase in migration and low levels of economic stability, there is a visible increase in the number of children living and/or working on the streets of Phnom Penh. Children are increasingly unable or unwilling to continue to live at home. Alternative models of care are required to support these children and reintegrate them back into families, communities and the Cambodian society.

### **MITH SAMLANH AND STREET CHILDREN**

The local NGO Mith Samlanh was established in Cambodia by the international NGO, Friends International in August 1994 as a non-profit, non-sectarian, non-political and non-religious association working with street children in Phnom Penh. The NGO was established in response to the needs of street children, including their families and their community. The projects of Mith Samlanh aim to help the children's social reintegration (reintegration into their families, the public school system, the workplace, and their culture).

The staff of Mith Samlanh consists of 240 people including social workers, teachers, skill trainers, doctors, house parents, cooks and cleaners and a small administrative staff. Mith Samlanh is still supported by Friends International through their in-country Technical Assistants, of which there are currently 8.

The Mith Samlanh management team is responsible to the Mith Samlanh Board. The Board currently comprises 8 members (4 Cambodians and 4 Expatriates) from the NGO world, business world and the Government (Ministry of Social Affairs), plus 1 Donor Representative (non-voting). The Board provides guidance to the Project Directors, reviews and approves the budget and the yearly report, reviews the annual work-plans and budgets, appoints, evaluates and terminates the Mith Samlanh Director.



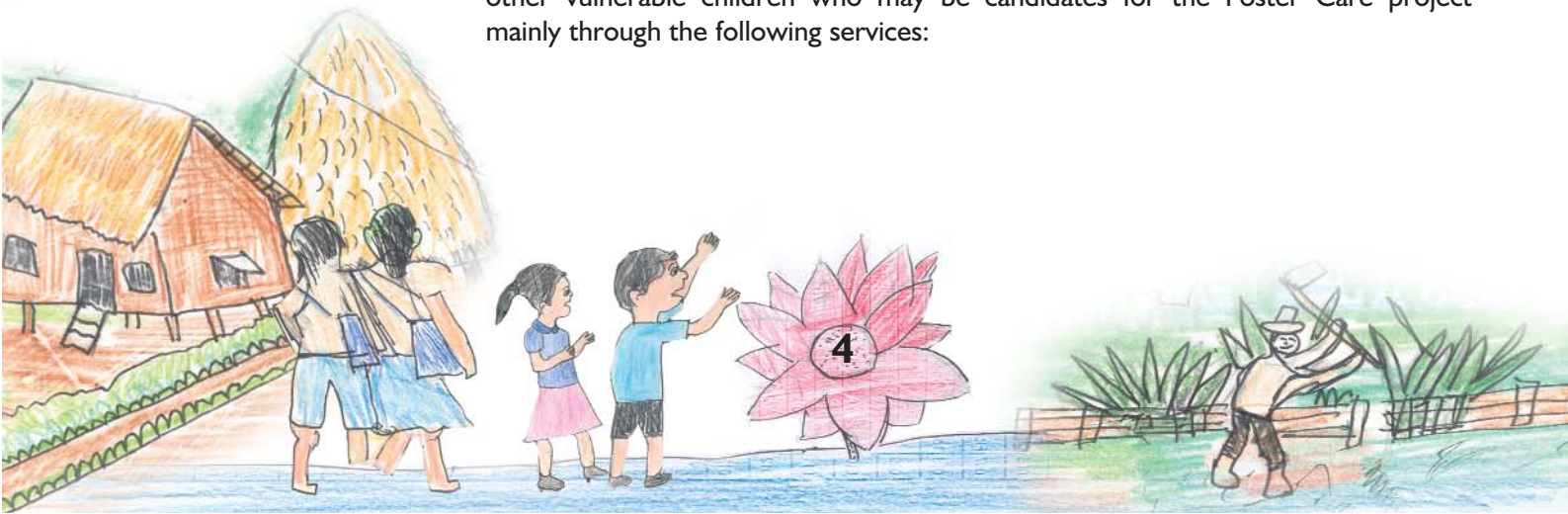
The overall objectives of Mith Samlanh are:

1. Meeting the street children's immediate essential needs in accordance the Convention on the Rights of the Child:
  - the right to life: providing nutritional meals, shelter, a safe environment and medical care;
  - the right to development: providing education and reintegrating them into public school and by developing their curiosity;
  - the right to protection: fighting all forms of abuse against children including physical, sexual, family, and emotional abuse;
  - the right to participation: making children aware of their responsibilities and promoting action within the center and in the community;
2. Reintegrating the children into their families, into society, into the public school system, into their culture; and
3. Building the capacity of the staff so that the Cambodian nationals are able to run the program, independent of foreign intervention in the near future.



UNAIDS/Oliver O'Hanlon

Street Children can access a wide variety of services offered by Mith Samlanh in order to prevent them from moving to work on the streets, or support them to leave street life. Mith Samlanh is organized into twelve inter-linked programs, including Outreach, Educational center (EC), Vocational training center (TC), Residential center, Lifeskills information and education, Support for HIV infected and affected children, Support for Drug Users, Support for Young Migrants, Community Prevention and Child Rights. Mith Samlanh identifies and works with orphans and other vulnerable children who may be candidates for the Foster Care project mainly through the following services:



**OUTREACH:** The outreach team makes the initial link with the children and provides them with services allowing them to leave the streets and get involved in sustainable income generating activities. They work directly in the streets, day and night, providing: counseling, basic health care, street education, information on facilities and options, awareness campaigns (HIV/AIDS, Child Rights), and alternative income generating activities. A mobile library goes with the team in the streets and encourages children to read and to attend school.

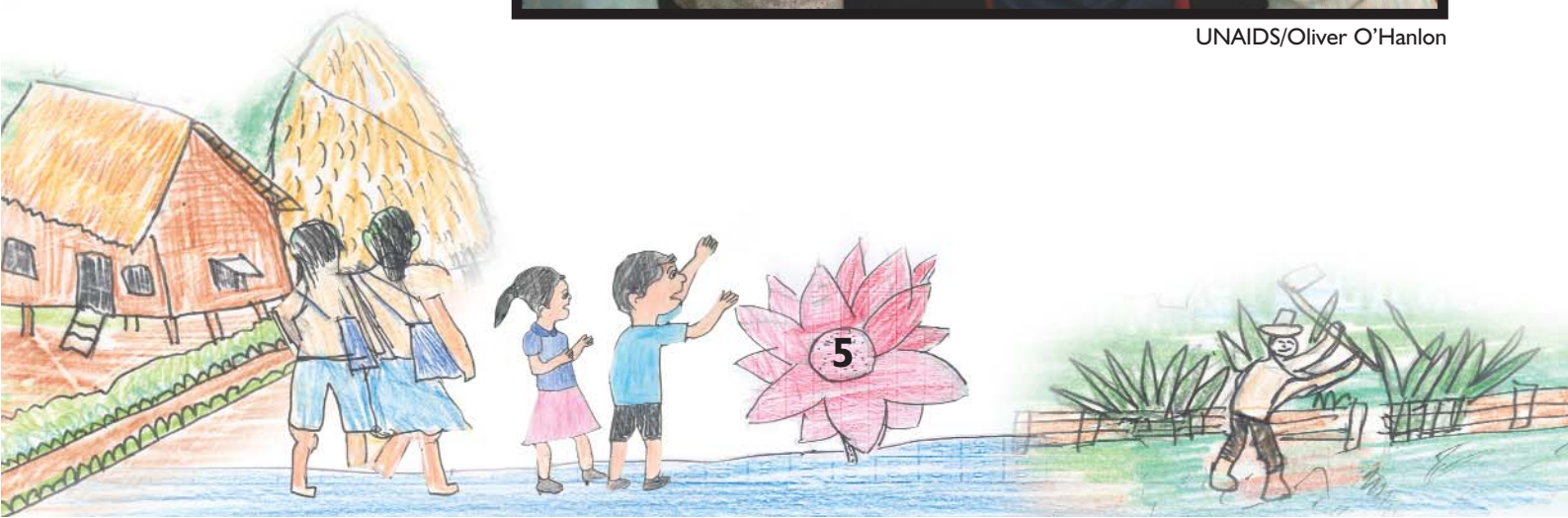
**TRANSITIONAL HOME:** The home provides children with a safe shelter. It is a short term residential center for children studying at Mith Samlanh’s Educational or Training Center. It also serves as a drop-in center. Children are provided with meals, lodging, hygiene facilities, health care, a family atmosphere and counseling.

The concept for the Foster Care program evolved from the number of orphaned or abandoned children staying in the Transitional Home for extended periods of time. There was a lack of available services to place these children in suitable family environments.

**EDUCATIONAL AND TRAINING CENTER:** Children have access to the Educational Center (EC) to support their reintegration into public school whereas older children/youth have access to the Training Center (TC), where they can choose to study one of the 10 skills trainings; mechanics, sewing, hairdressing & beauty, electronics, agriculture, cookery & hospitality, electricity, welding, barbers and commerce. They are then supported to find suitable employment, allowing them to live independently and/or support other family members.



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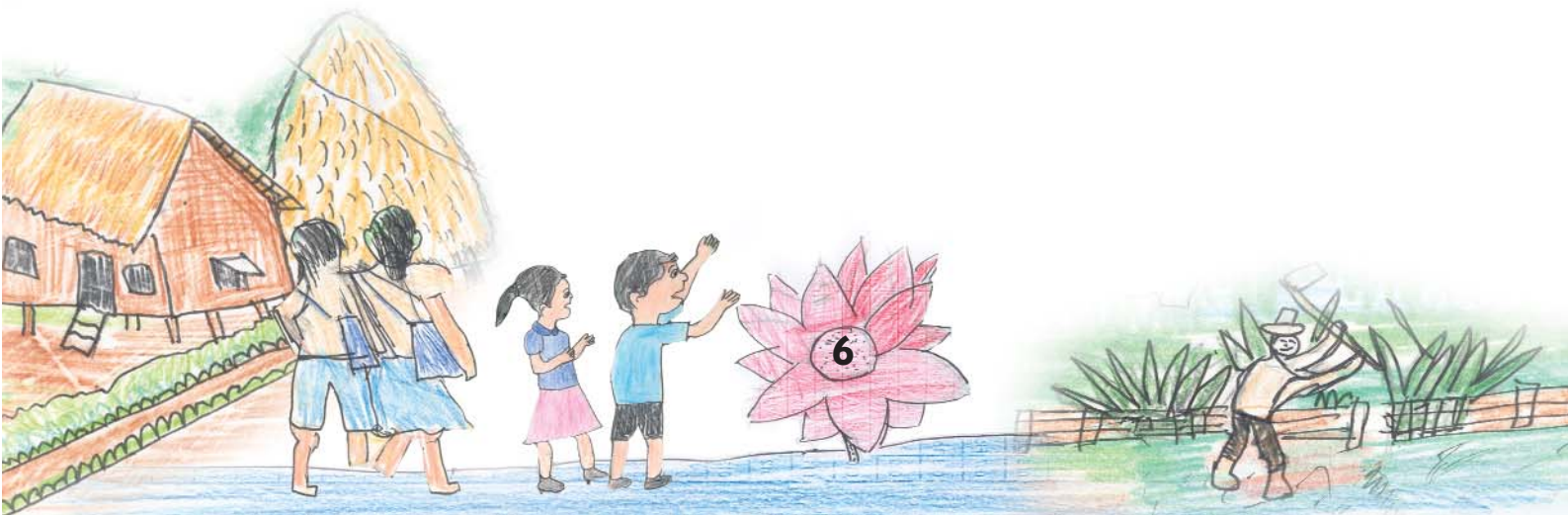


**DAY CARE CENTERS:** The Day Care Centers are located in the grounds of two Hospitals with large HIV wards. They offer important respite services, for children whose parents are sick with HIV/AIDS, thus preventing them from having to move to the streets. They provide recreational and educational activities, emotional support and basic health, hygiene and nutritional care. An important part of their work is also the facilitation of creating family plans. Mith Samlanh staff, the parents and the child (if old enough), put together a plan instructing where the child is to be placed once orphaned. This enables the child to be reintegrated or placed as quickly as possible and avoids the child having to spend lengthy periods of time in institutional settings. If no suitable family members are identified or do not exist, the child can gain access to Mith Samlanh’s Foster Care program.

Mith Samlanh has also developed good relationships with a number of other organizations working in the area of street and vulnerable children creating a network for referrals from partners. Children are therefore able to access Mith Samlanh services, and in particular the unique Foster Care project via referrals from partner organizations, including Government ministries and local authorities.



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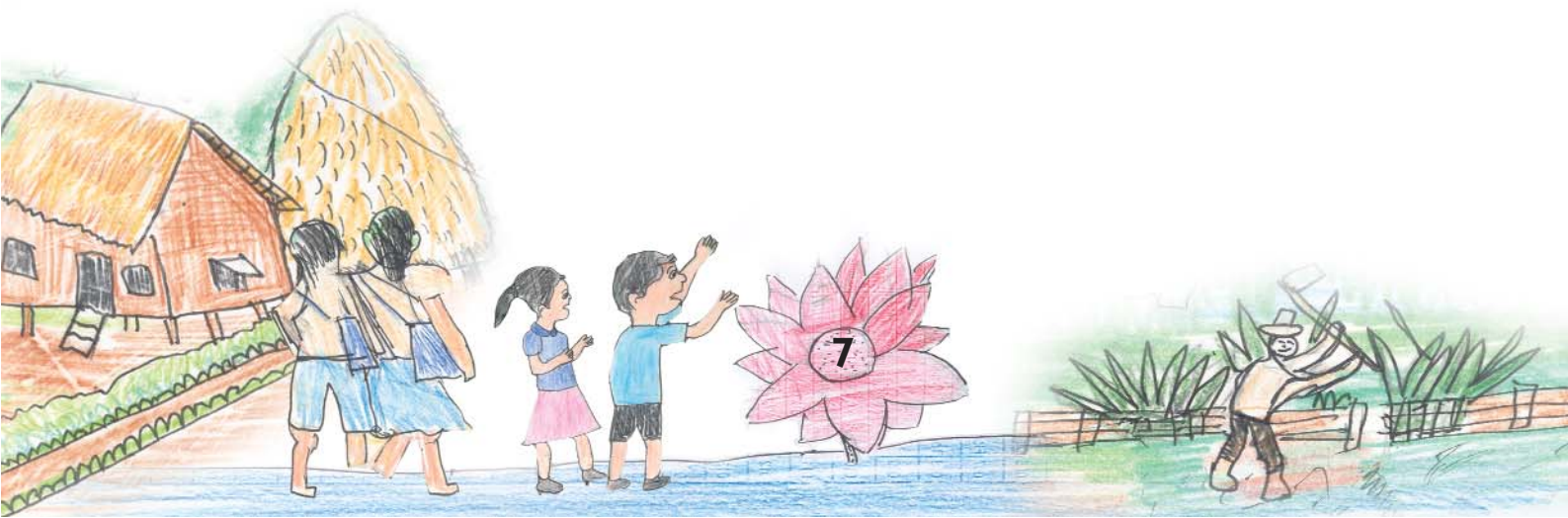
**FOSTER CARE TEAM:** The Foster Care project is run by a team of highly skilled staff. Mara, a qualified psychologist, is the Foster Care Officer for Mith Samlanh, in charge of the day to day running of the program. She is the main point of contact for all referrals for Foster Care and carries out all the assessments for placement. She is supported by a part-time Foster Care Assistant who carries out follow up visits to families and children after placement. Im Srey Peou is the Placement Team Leader who supports Mara in the management of the project.

Sebastien Marot, Pierre Louis Leroy and Nicky Harrison from Friends International provide technical support, monitoring and evaluation of the project.

**FOSTERCARE.NO** is a Norwegian registered public foundation, set up by Mr. Jorgen Langballe and Eli Rygg in 2004 as a fundraising entity for Mith Samlanh's Foster Care project. Mr. Langballe is the main private donor for the Foster Care Pilot Project.



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# FRAMEWORK FOR ALTERNATIVE CARE



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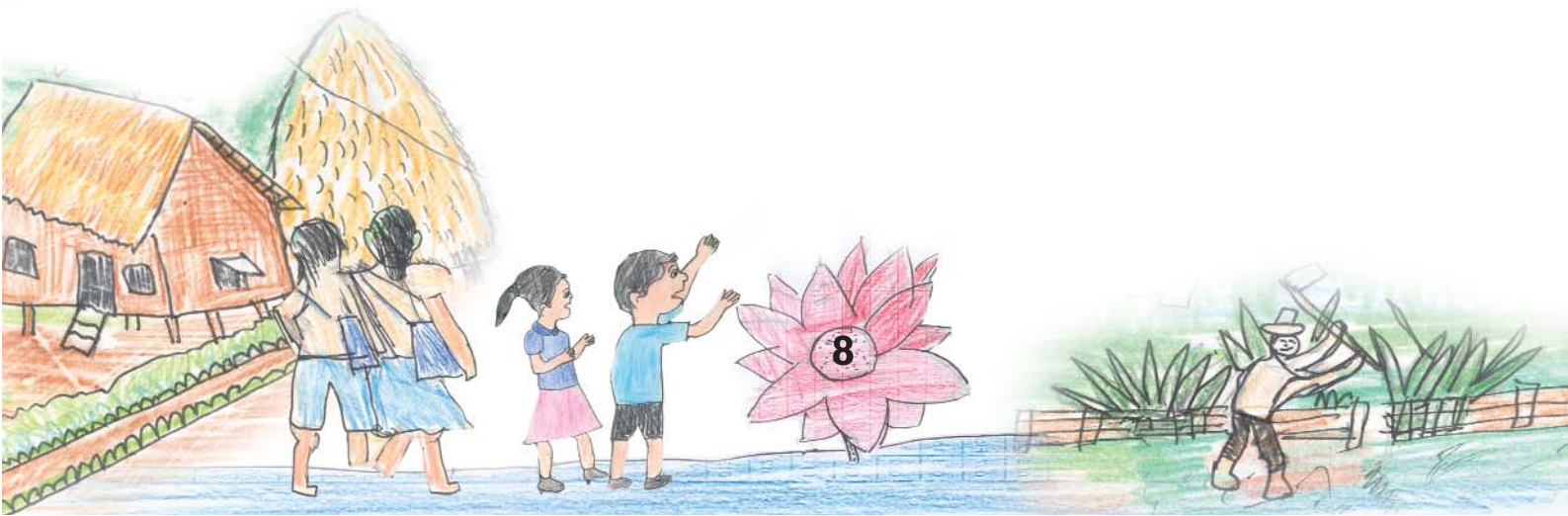
Alternative Care options for orphaned, abandoned and other vulnerable children have become a major topic for discussion in the realm of child support networks. The UN, NGOs and to some extent Governments have been meeting together to discuss ways to move forward on providing best practice methods for alternative care for these children.

A document supported by UNAIDS and UNICEF, “The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS” (2004), puts forward the mobilization and support of community based responses as one of the five key strategies for responding to the needs of orphans and vulnerable children. Included in this strategy, there is a call for promoting and supporting community care for children without any family support:

“Some children, at least temporarily, will not be able to access family-based care within their own communities. Efforts are needed to expand fostering, adoption and other types of non-institutional care for them. Dramatically increasing the availability of foster or adoptive care in children’s own communities is one of the biggest challenges that must be met. While governments work to expand fostering and adoption services, communities can provide support to increase families’ willingness to bring children into their extended households, even if on a temporary basis. Communities can also assist in monitoring these households to ensure that new caregivers are coping with increased demands and that children are not being abused or exploited.”

The Framework further reinforces the importance of well-developed Foster Care systems under the third key strategy of ensuring access for orphans and vulnerable children to essential services, including education, health care, birth registration and others:

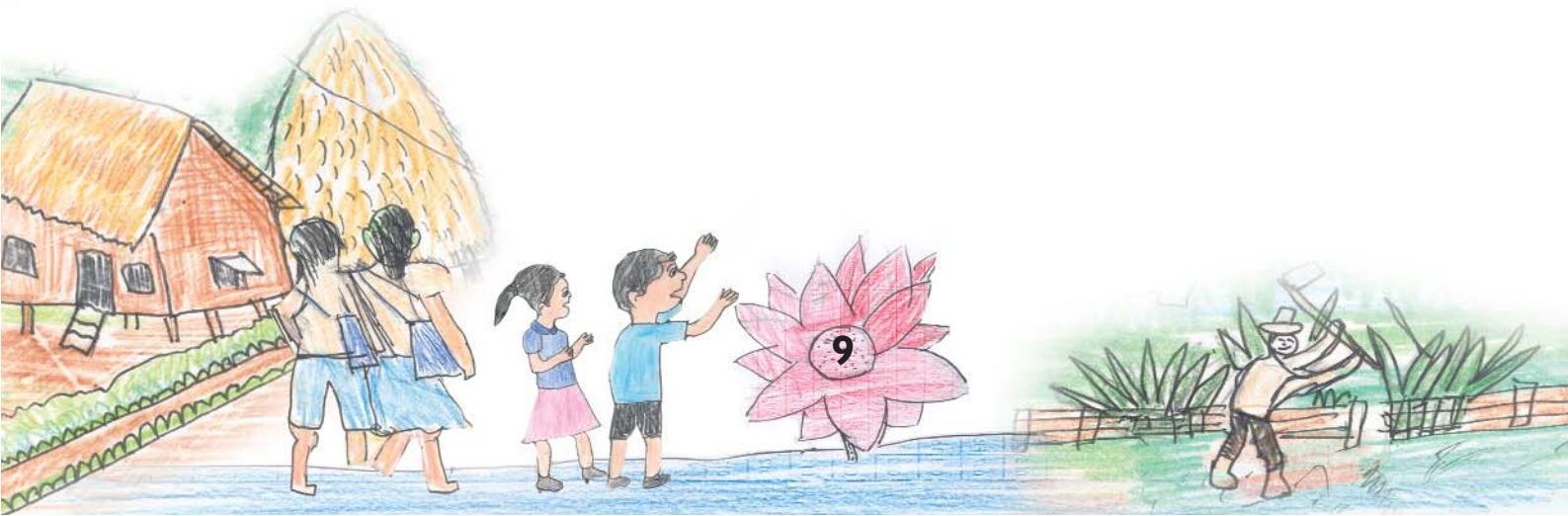
“Local adoption and foster care mechanisms are needed for children who require special placement. This will entail strengthening and expanding existing programmes, creating new ones and supporting measures to ensure rapid family placement of abandoned infants. In placing children in out-of-home care, effort should be made to place siblings together and to prevent the placement of very young children in institutional settings. While placement in the most family-like setting is developmentally appropriate for all children, it is most important for younger children.



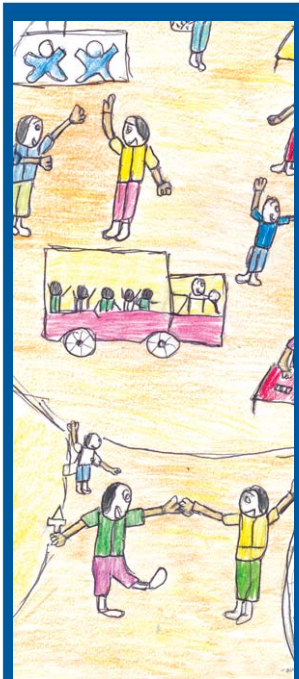
Developing, financing, implementing and monitoring community systems of care based on the principles of providing children with a family environment are of the highest priority. Vigilance in monitoring must continue once children have been placed in households of relatives or foster families to ensure they are well cared for and that their rights are respected. There is a need to establish and enforce screening procedures to ensure that children are placed in institutional care only when no better placement options are possible, and preferably only on an interim basis until a family or community placement can be made. Much has been learned by countries trying to reduce reliance on institutions.”



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# BACKGROUND TO FOSTER CARE



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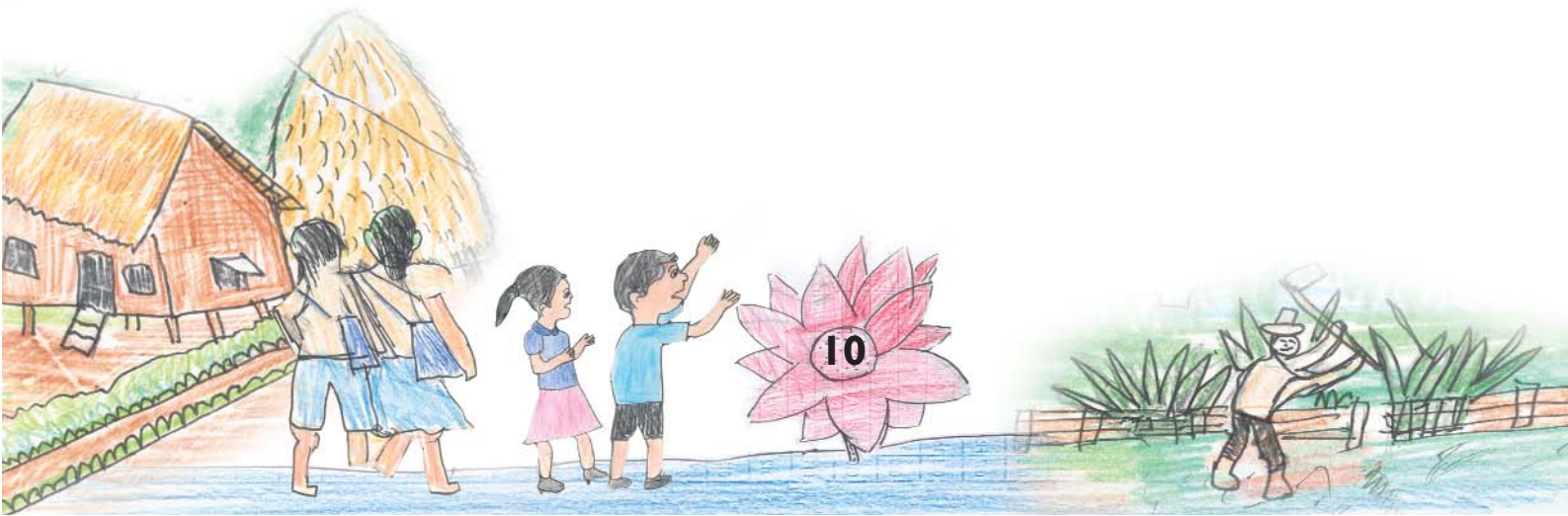
## WHAT IS FOSTER CARE?

Foster Care is the “placement of children in families other than their own”. In Western societies, Foster Care is often a temporary placement as a result of problems or challenges which are taking place within the birth family or while critical elements of an adoption are taking place. In South East Asia, and particularly Cambodia, there are no such Government support structures for formal Foster Care. There are often no special laws or procedures for Fostering, unlike Adoption. The term “Fostering” is often used loosely, without an exact definition.

## ALTERNATIVE CARE IN THE REGION

Until recently orphans and other children who have lost or cut ties with their family have often been placed in institutional care. There are a number of reasons why this method of “dealing with the problem” is not sustainable (it’s expensive), is not effective, and does not address the needs of the child (institutions can have a number of negative outcomes on children’s social and emotional development; by reducing children’s ability to develop a sense of personal and cultural identity and limiting the development of children’s capacity to care for themselves when they leave the care facility). This has been recognized by the UN, numerous NGOs and is now finally being considered by some Governments in the region. However, the extent to which the needs for alternative models of care are being recognized, laws drafted, and ultimately implemented is variable.

**MYANMAR:** In 1991 the Government became a signatory to the Convention on the Rights of the Child (CRC) and following that in 1993 they put together a body of national laws committing the State to the realization of children’s rights including “The Child Law” and “Rules Related to the Child Law”. However, the realization of these laws is slow. There is still no comprehensive Alternative Care Plan, meaning that there are still no sufficient alternatives to institutional care. Approximately 60% of residential care centers are run by the Government which provides the children with their basic needs, but it is the 19% of private centers which are worrying, due to the lack of regulations ensuring appropriate levels of care, support and protection for the children.





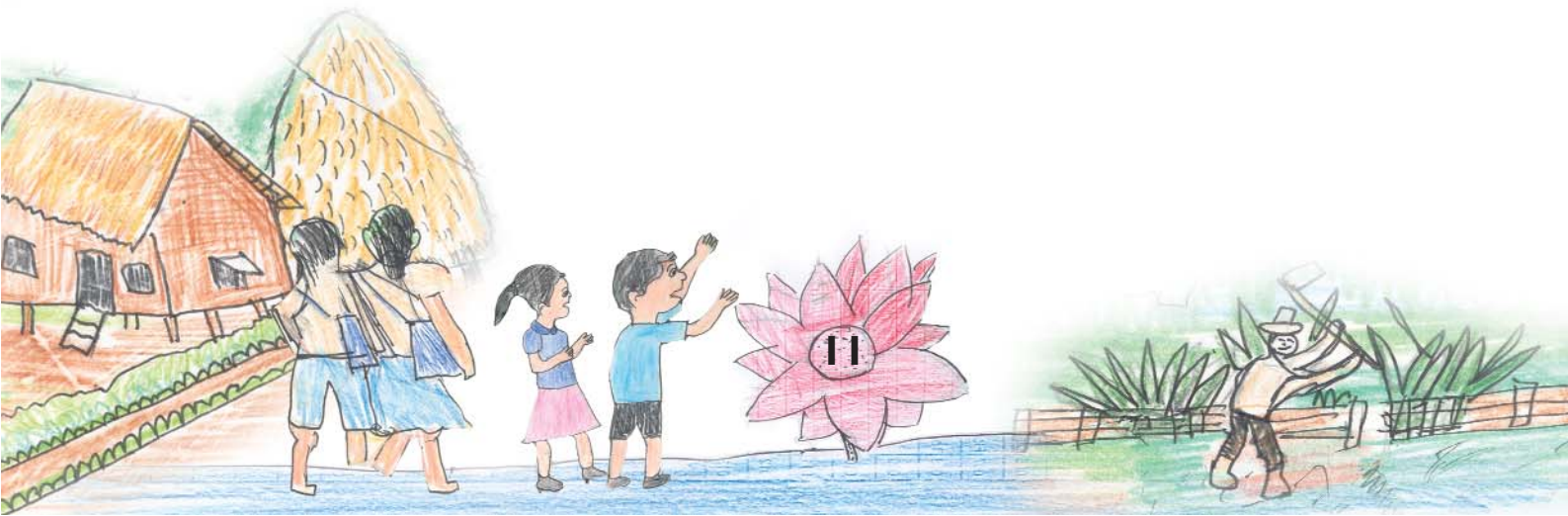
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Although there are no legal procedures in place, informal familial care does take place and kinship care has a long history in the country where extended family members take care of orphaned children. Foster care also exists except the notion of “caring” for the child of a stranger is often misunderstood and the child is more than likely to become their domestic helper. A number of workshops have been taking place between UNICEF and the Ministry of Social Welfare to improve Myanmar’s response to child protection, but it is evident that the process of recognition and implementation will take a long time yet.

**VIETNAM:** The total number of Children in Need of Special Protection is over 2.5 million (9% of the adolescent population), 126,309 of whom are not living with their biological parents. There are 373 residential institutions in Vietnam catering for 25,000 children with a wide variety of needs; from orphans to physically disabled and those in conflict with the law. Although the government has showed an increased awareness and interest in finding alternative solutions to institutional care there is still no comprehensive legal framework on child protection, making it difficult for alternative care models such as guardianship and foster care to be implemented. A number of laws and policies related to alternative care have been developed, but there is still confusion over the different types of fostering and adoption in addition to a lack of awareness of the importance of a family environment for the development of children. This example highlights the importance of awareness raising, laws being re-designed and implemented, monitoring systems put in place and indeed child protection professionals recognized as valued members of the workforce, in order for alternative modes of care for children in need to be successful.

**LAO PDR:** According to the UNICEF 2004 report “Orphans, children affected by HIV/AIDS and other vulnerable children in Lao PDR” there are 36,500 (1.5%) children under the age of 15 who are not living with either of their biological parents. Amongst Street Children this percentage is substantially higher. Peuan Mit is an NGO for street children in Vientiane run by Friends International in collaboration with the Ministry of Labour and Social Welfare. Amongst 20 children under 15 staying at the Peuan Mit center, 13 can not return to live with their parents due to substance abuse (69%); arguments (23%) and 8% are double orphans. In addition 8 of these children have no other relatives with whom they can stay. There is a desperate need to find legal alternative care placements for these children.

Institutional care in Lao PDR is actually very limited when compared with the estimated needs (less than 1% of the 80,000 estimated orphans are being taken care of). This could be related to the high costs involved in looking after children in institutions as well as a lack of Government support for such services. Supporting families to take care of children is a much less expensive and more effective method of care, but there are still no formal legal procedures for alternative care such as long term formal guardianship, foster care, local adoption etc. Although informal guardianship is very common there are a lack of clear procedures which makes it difficult to ensure the safety and well-being of the children.

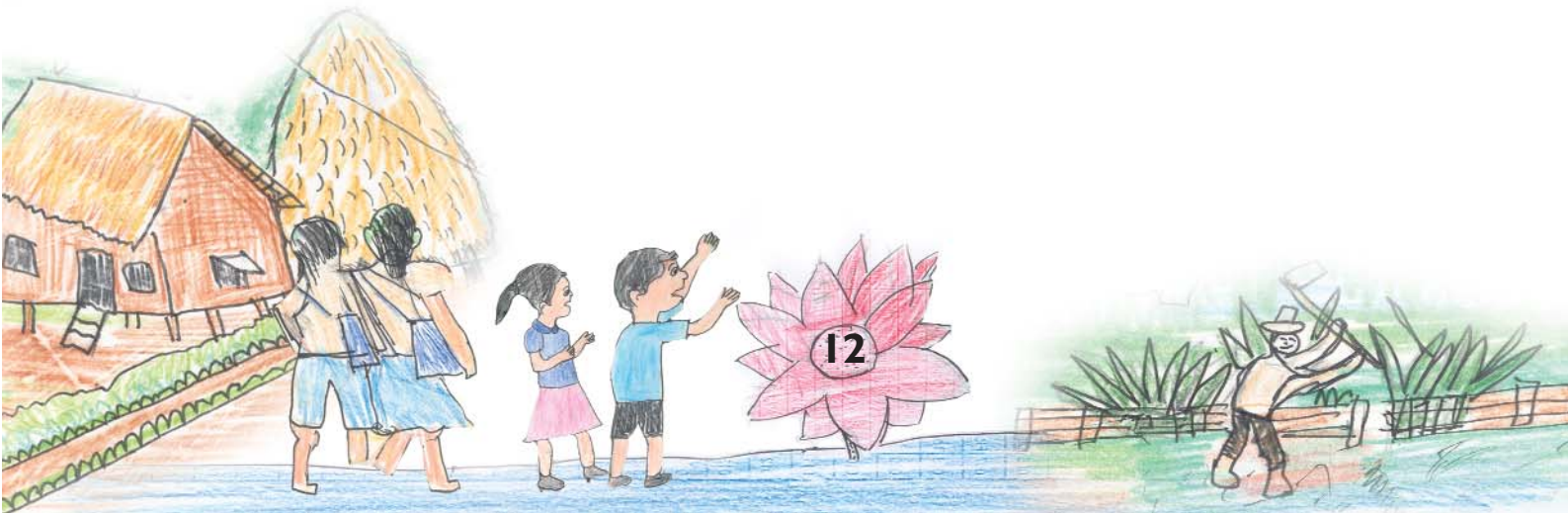




**CHINA:** According to the report “Alternative Care Options: Save the Children’s Experiences in the region” (2005), there are 20 million orphans, 600 institutions to house them, almost 150 centers for Street Children, numerous group homes and ‘SOS’ villages in China. Through working with NGOs such as Save the Children, the Government has developed a policy which supports the shift away from these forms of institutional care to foster care. They have established standards for foster care, they are changing institutions to become community support centers for foster parents and they are working towards the rehabilitation of children within community settings. As part of their research process, Save the Children compares the differences between how children feel in foster care and those in institutional care. “Some of the differences between these two models of care included that children in foster care felt like they were living with parents, were able to visit relatives and family friends, have meals with their parents, have feelings of going home after school, help parents with chores within their abilities, are able to make their own choices and have better life skills. Children living in institutional care felt they just had ‘Aiyis’ and teachers in their lives, conducted social activities in the welfare home, ate at eateries, had no sense of family, seldom did chores, and had to accept choices made for them regarding clothes etc” (Save the Children Regional Workshop: Care and Support for children living with and affected by HIV/AIDS, 2004).

**THAILAND:** A study carried out by the Global Orphan Project in 1998 found that 512, 152 children had HIV+ mothers. At the time only 7% of these children were orphans, but the figure will keep rising; the full impact of HIV/AIDS on children is yet to be felt. Thailand has signed a wide range of International laws related to child protection and care, including the Convention on the Rights of the Child, Convention on Organised Transnational Crime, Protocol on trafficking in Persons, ILO Convention 182 & 138 and The 1993 Hague Convention. Adoption and Foster Care does exist and is recognized clearly as a child welfare service. However, with regards to creating and implementing their own laws, specifically related to alternative care for children, there are some gaps. Residential or Institutional Care is still the main response to accommodating orphans or abandoned children.

**CAMBODIA:** There are 670,000 orphans in Cambodia, which amounts to 19% of all children (UNICEF, 2004). An estimated 11,470 children are living in residential institutional care with the main reason for entry being poverty. The majority of the children in institutions still have one parent alive, but for a number of reasons are no longer able to live with them. Those who are not in institutions are either living and working on the street, or are part of an informal care arrangement. Like many of the examples from other countries in the region, alternative models of care are not covered fully by the law. There is a law on adoption (national and inter-country), but Foster Care and other models are not covered.

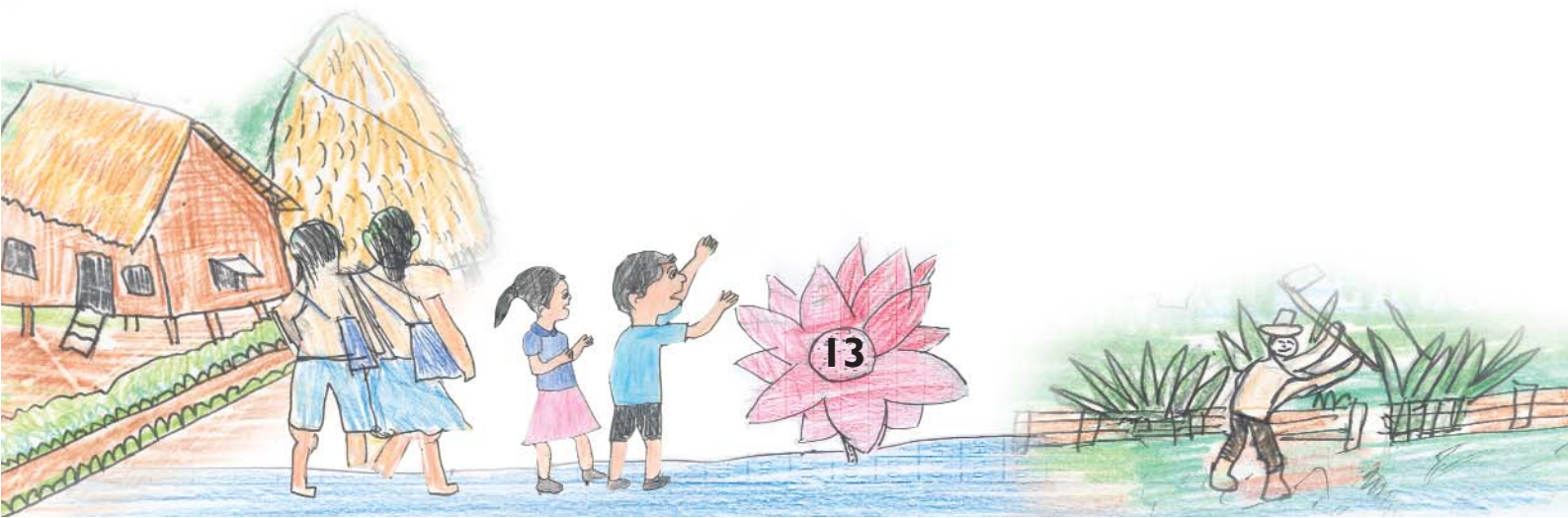


In Cambodia, foster care is not common as poverty and the recent history tend to push people into survival mode, which does not leave space for caring for others. Previous fostering experiences by NGOs show that in many cases, taking a child into foster care represents a steady income for the family and it turns into a business that is not always of benefit to the child. Furthermore, the family becomes dependent on the money provided by the NGO and will stop supporting the child once financial support ceases.

However, according to recent trends of the Mith Samlanh Foster Care project, encouraging results are showing an increasing number of Cambodian families coming forth, asking to take care of children. Often these families are unable to bare children of their own and this project enables them to fill the gap in their life. However, considering the current situation of the Cambodian society, fostering opportunities need to be assessed extremely carefully as the number of children sold into prostitution is very high and there are also a large number of children used purely as domestic helpers.



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# FOSTER CARE MITH SAMLANH



Mith Samlanh’s pilot Foster Care project has taken into account child protection procedures, legislative agreements and lessons learned from other projects into developing a solid framework for the sustainable placement of children into Foster Care.

## DEFINITION

Placement in foster care is a long-term placement within a family which is supported to ensure a good living standard and access to education for the child. It is not an adoption as children remain under Mith Samlanh’s responsibility; however it can lead to adoption. This will be discussed further in Section 6, ‘Moving onto Adoption’.

Children eligible for the Foster Care project:

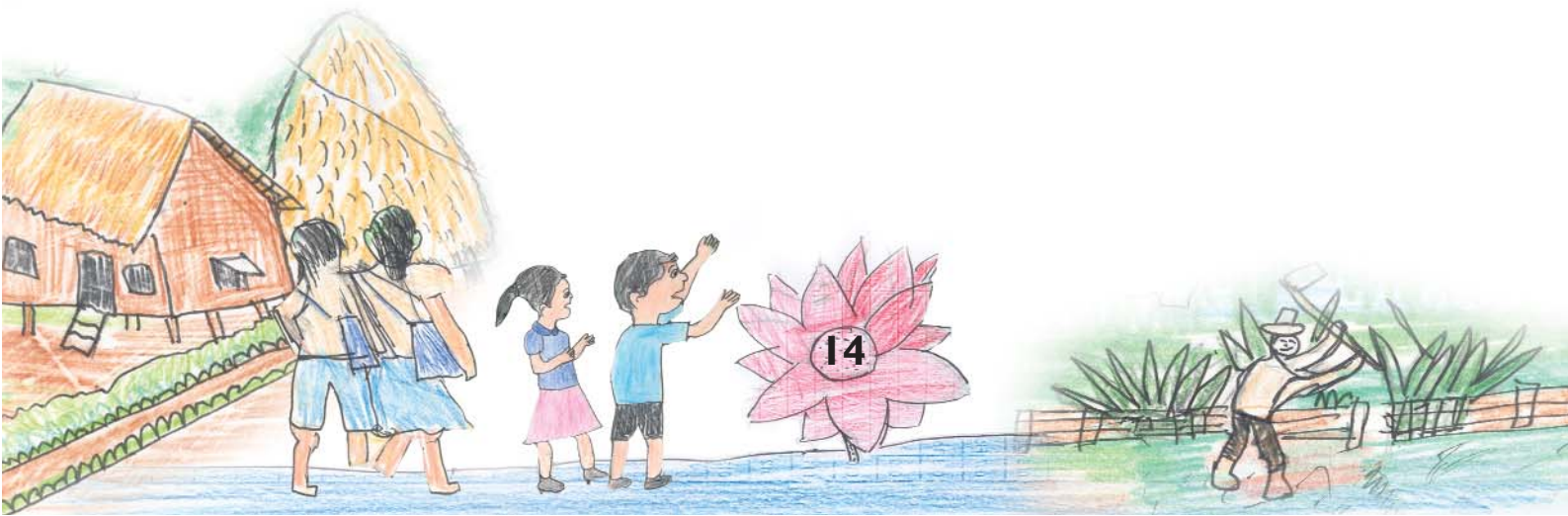
“Any child, up to the age of 16, who has been orphaned, abandoned or has good reason for not living with their parent(s) (e.g. abuse, violence, neglect) and has no known suitable relatives is eligible for the Foster Care project”.

It is vital to ensure that children taken into the project are actual orphaned or abandoned children with no existing familial support. Mith Samlanh carries out extensive family tracing with the child to ensure this prior to placing in Foster Care. This is an important step to ensure that child hasn’t been unlawfully taken away from their family, or abandoned unnecessarily (where supporting the family to become economically self-sufficient could solve their problem). In accordance with the legislation on Child Rights, it must be noted that the child must be willing to participate in the Foster Care project.

A person or couple eligible to apply to become a Foster Care Family:

“Anyone who is not directly related to the Child (e.g. Mother, Father, Uncle, Aunt, Brother, Sister) can apply to become a Foster Care Family”.

There is a strict set of assessment criteria for selecting applicants into the program which will be discussed in the section “Target group selection”. The assessment process is vital to ensure the family has authentic and acceptable reasons for wanting to become a Foster Family.



## OBJECTIVE

Children who have been orphaned, abandoned or are unable to reconcile with their family or relatives are taken into long-term care by a supportive foster family. As a result:

- Children have access to their four main rights as determined by the CRC (UN Convention on the Rights of the Child): life, development, participation, protection
- Children learn how to live in a family and community environment and make plans for their future
- Mith Samlanh provides a child to women and families who are unable to bare children of their own
- Relationships between communities and street children are created and consolidated, eliminating discrimination

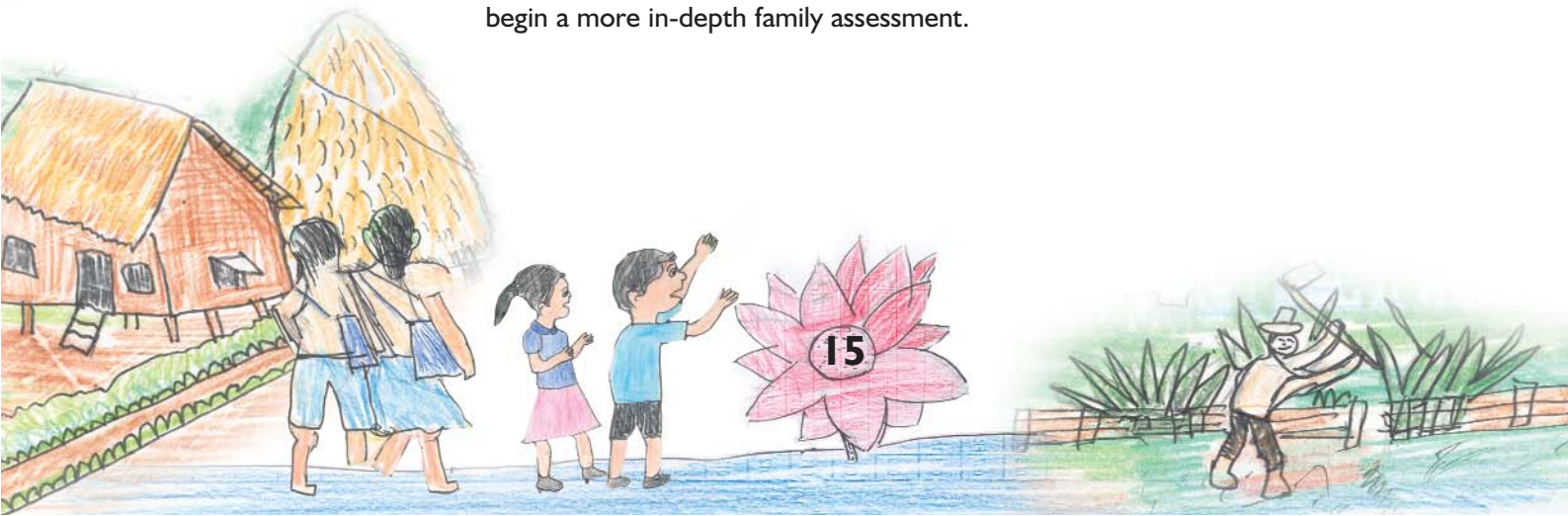
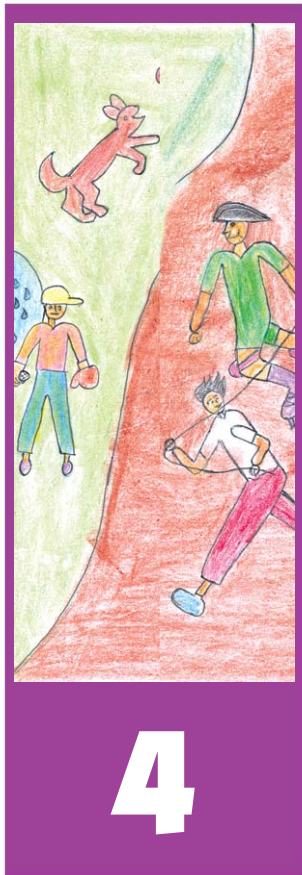
## TARGET GROUP

**Children:** When a child has no parents or cannot remain with his/her parents, Mith Samlanh Case Managers first consider the possibilities of placement with other members of the child's family, including extended family. In the 1986 "United Nations Declaration on Social and Legal Principles relating to the protection and welfare of children", article 4 suggests that children should remain with family members or extended family members if at all possible. If this is not possible or not in the best interests of the child, Mith Samlanh's Foster Care officer takes over the child's case to explore their possibilities for placement in Foster Care. If there are surviving members of the child's family unable or unwilling to take care of the child, Mith Samlanh asks them to sign a declaration agreeing to place them in Foster Care.

**Family:** No-one directly related to the child is considered as a Foster Carer. The criteria for families eligible for becoming Foster Carers are as follows:

- Khmer Nationals
- Willing and able to raise a child
- More than 25 years of age
- More than 20 years older than the child (following the adoption legislation: Cambodian law of the marriage and family, section 4, article 109)
- Between 35 and 45 years of age for single women
- Basic educational level
- Stable and safe occupation
- No criminal background
- Good health
- Preferably no other children
- No alcohol / substance abuse
- Emotional stability

If the parents match all the conditions outlined above, the Foster Care Officer can begin a more in-depth family assessment.





## I. Family Assessment

The assessment process is long and can be complex; this is the only way to ensure maximum security for the child being placed. A Family Assessment form (see Annex 2) is used to note all the information provided by the Family. The family is asked why they want a child in their family; whether they have any experience of taking care of children; their emotional and economical situation is assessed as well as their local environment / community – access to water, sanitation, schools, hospitals etc. The family is also asked to undergo a medical check-up to ensure the parents are not suffering from any serious communicable diseases or life-threatening ailments, which could in turn affect the child.

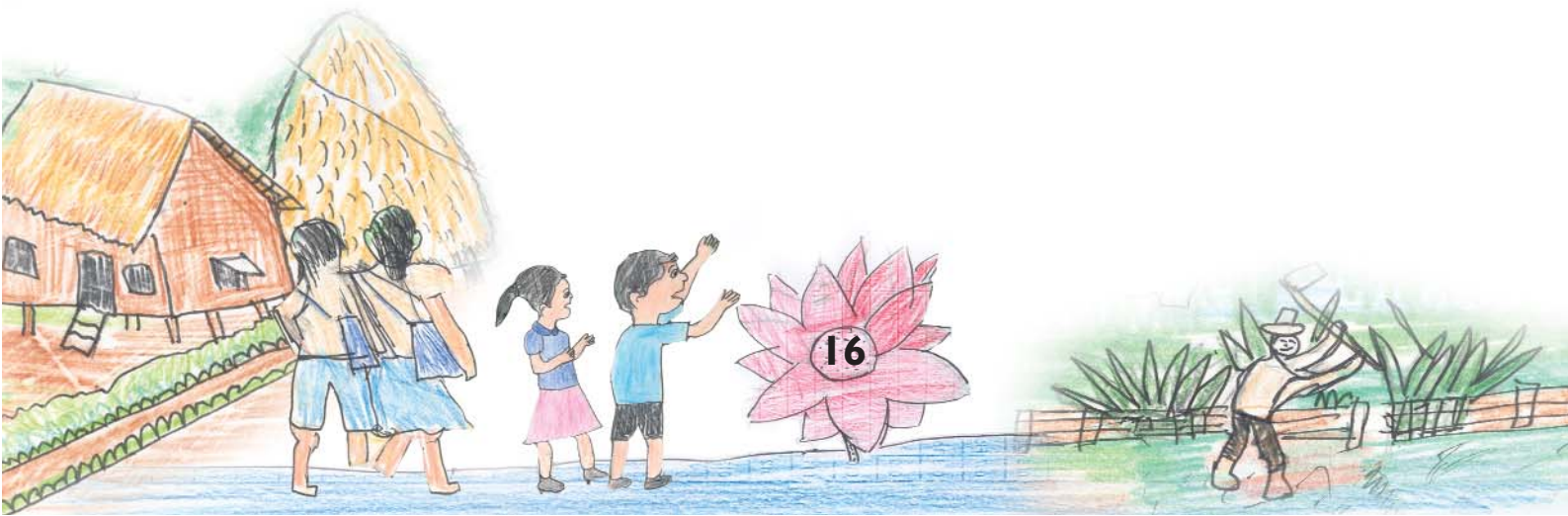
Information is not only collected from the individuals who are assessed but also from their extended family, neighbours and the village chief. These people can not only vouch for the family, but also may be able to provide key information which the family themselves have not mentioned. All assessments are carried out in collaboration with local staff from the Ministry of Social Affairs, Veterans and Youth (MoSAVY).

Box 1 and 2 describe examples where a family assessment has been undertaken, but the families deemed unsuitable to participate in the Foster Care project.

### Box 1

A couple live in Takeo Province and have been married for 16 years. They desperately want to have children, but the wife has been unable to become pregnant. They found out about Mith Samlanh's Foster Care project and wanted to foster a girl around 13 years of age. An assessment took place and despite their satisfactory economical situation, the couple was not selected for a number of reasons:

- The wife's job in the market place would not allow her substantial time to take care of the child
- The couple often used impolite rude and offensive language
- The husband, who is unemployed, often drinks alcohol with his friends
- It was suspected that they wanted the girl to work for them as a maid
- It was suspected that the girl would have been at risk of violence and abuse, particularly from the man whilst he was at home with her



**Box 2**

A couple live in Phnom Penh, they have 4 sons who work in Garment Factories and a 17 year old daughter who is physically handicapped. After they heard about the Foster Care project they requested to foster a girl of around 15 years of age. The family assessment took place, but they were not accepted into the project for a number of reasons:

- The couple worked away from home, often leaving the children to cook, clean and organize themselves
- It was suspected that they wanted the girl to work for them as a maid
- It was suspected that they wanted the girl to look after their handicapped daughter
- It was suspected that they lied when they said that they would ensure the girl would continue her education



**4**

Section 7 “Lessons Learned” provides a more in-depth analysis of problems encountered associated with Family Assessments.

**2. From Assessment to Acceptance**

Once the Foster Care Officer is satisfied that the family under assessment is fully able to accept a child from Mith Samlanh, the conditions of the Foster Care project are outlined and verbally agreed on by the family. The family should agree that the child will become a member of their family and not to be “used” in any way. The family is informed that this is not an adoption procedure and that the child remains in the legal custody of Mith Samlanh. If the family does not respect any of the conditions laid out in the contract, Mith Samlanh is eligible to take back the child, as well as all the materials provided to the family.

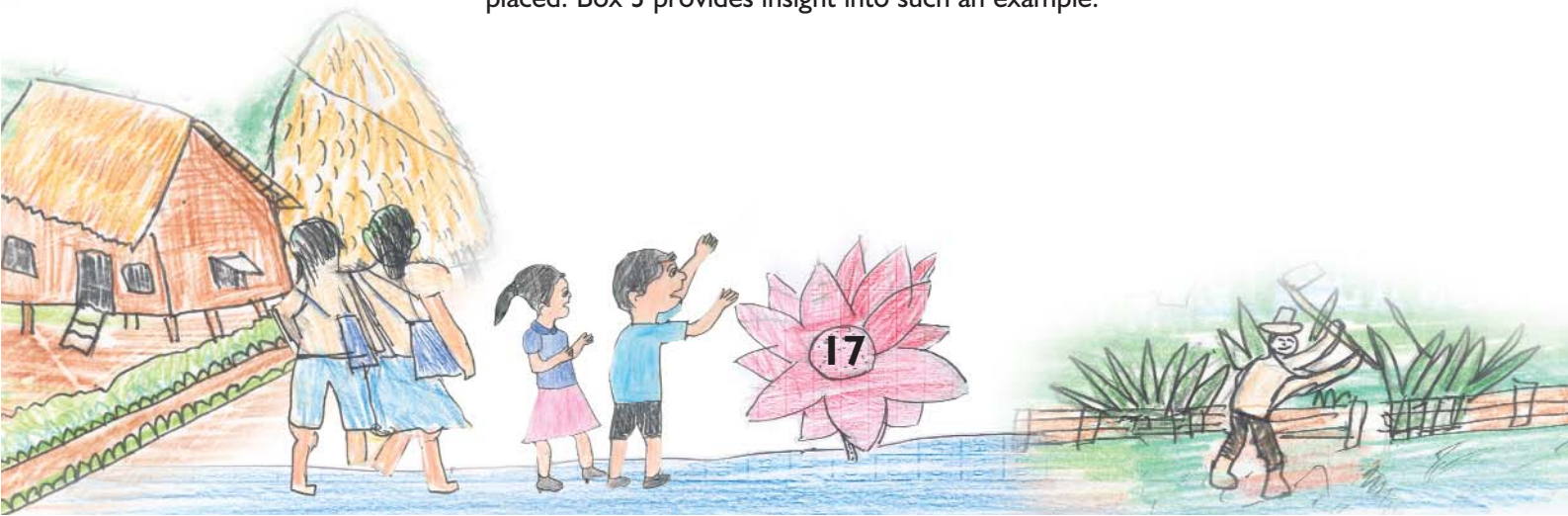
**3. Meeting the Foster Parents**

After Foster Parents have been assessed and accepted into the program, the child with whom they will be placed is informed fully about the family. The child(ren), if able to voice an opinion, makes the final decision about whether they are happy to meet with the family with a view to being placed with them or not.

A minimum of 3 meetings are organized between the family and the child(ren). The Foster Care Officer is always present during these meetings to facilitate discussions and observe the reactions of the family and the child.

After each meeting, discussions are held between the Foster Care Officer and the child to assess their feelings on the family and to ensure they are clear about the placement.

The Family Assessment process takes a long time and sometimes situations can change from when the Assessment began to the time the child(ren) are ready to be placed. Box 3 provides insight into such an example.



**Box 3**

A couple approached Mith Samlanh to become part of the Foster Care project. They had been married for 20 years, but the wife was unable to become pregnant. They wanted to foster 2 children around 5 years old or younger. After a family assessment they were selected to become Foster Parents and 2 children were matched up with them. The children visited the couple a number of times and they all got on very well. On the last visit before placement, the couple informed the Foster Care Officer that the wife had become pregnant and they therefore did not want to foster the 2 children any longer. The children were distraught and had to undergo intensive counseling in order to try to alleviate their distress.



**4. Family Plan**

Part of the assessment process of the Foster Family is to assess their economic situation. It is vital to the success of the placement that the family are in a suitable financial situation to be able to afford caring for the child(ren). If a family is not in a suitable situation, Mith Samlanh will work with the family to create a business plan to help increase their income and thus have substantial resources to support the child(ren). The support Mith Samlanh provides is always sustainable; the parents have to be able to generate their own income as a result of support, rather than rely on a monthly stipend from the organization, forging an attitude of self-reliance rather than charity.

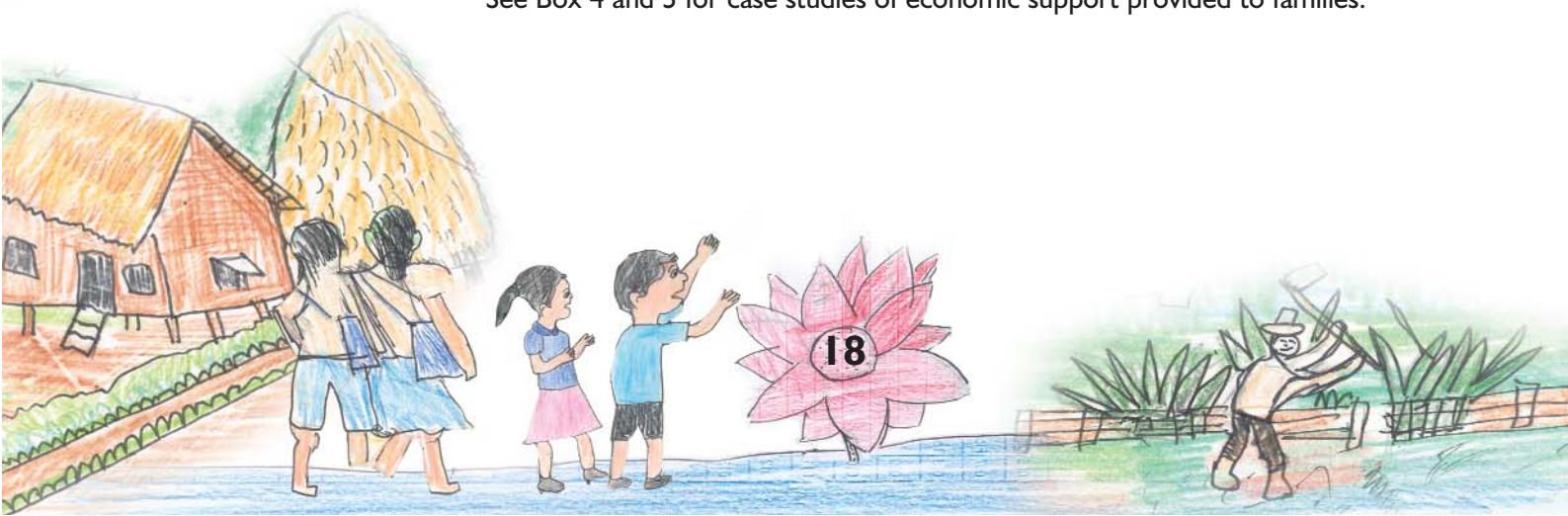
Economic support can be provided in a variety of forms:

**Improving shelter:** To ensure the child(ren) live in a suitable and healthy environment, Mith Samlanh may support basic renovations to the family house, including roof repairs, water and sanitation etc.

**School Materials:** To ensure the child(ren) have all the necessary materials for school, Mith Samlanh may provide school uniforms, books, pens, bags, shoes, bicycles etc for the first 2 years of scholarship.

**Business plan:** At least one member of the family should have a good basic idea about running a business in order for this type of support for succeed. A business plan is created in liaison with the family and according to the local market. Support can range from buying pigs and cows for a farming business to providing money to providing start-up costs for a small grocery store. Under the agreement made with the family all equipment provided as support to build the family's economic position, remains the property of Mith Samlanh. If the family fails to comply with any parts of their contract made with Mith Samlanh regarding the terms of Foster Care (see section on Official Contract), Mith Samlanh reserves the right to take away any good or materials provided to them.

See Box 4 and 5 for case studies of economic support provided to families.



**Box 4**

The family lives in Svey Rieng Province in a basic wood and leaf house. The house is in good condition, but they did not have a toilet. The family used to have to walk to the nearby forest to take care of their personal business. Mith Samlanh felt this was unsafe and unsanitary practice for the family and the 2 girls they were fostering. Mith Samlanh funded a toilet to be built on their property.

Everyone in their village earns a living through farming. The most common activity is growing and selling rice. The family already had 4 buffalo, some pigs and chickens, but requested a rice sorting machine from Mith Samlanh in order to increase their annual income and therefore better support the 2 children they are fostering. After carrying out research, the Foster Care Officer found that there was only 1 other rice sorting machine in their local community, with many villagers relying on this machine for their annual harvest. Although the family is very knowledgeable about rice farming, they had no experience in operating and maintaining the machine, however, one of their relatives was able to teach them. The willingness to succeed was also an important attribute in the decision making process about supplying the family with this machine (at a cost of \$950) which has been proved by their success. In the 6 months they have had the machine they have made a substantial USD\$375 profit.

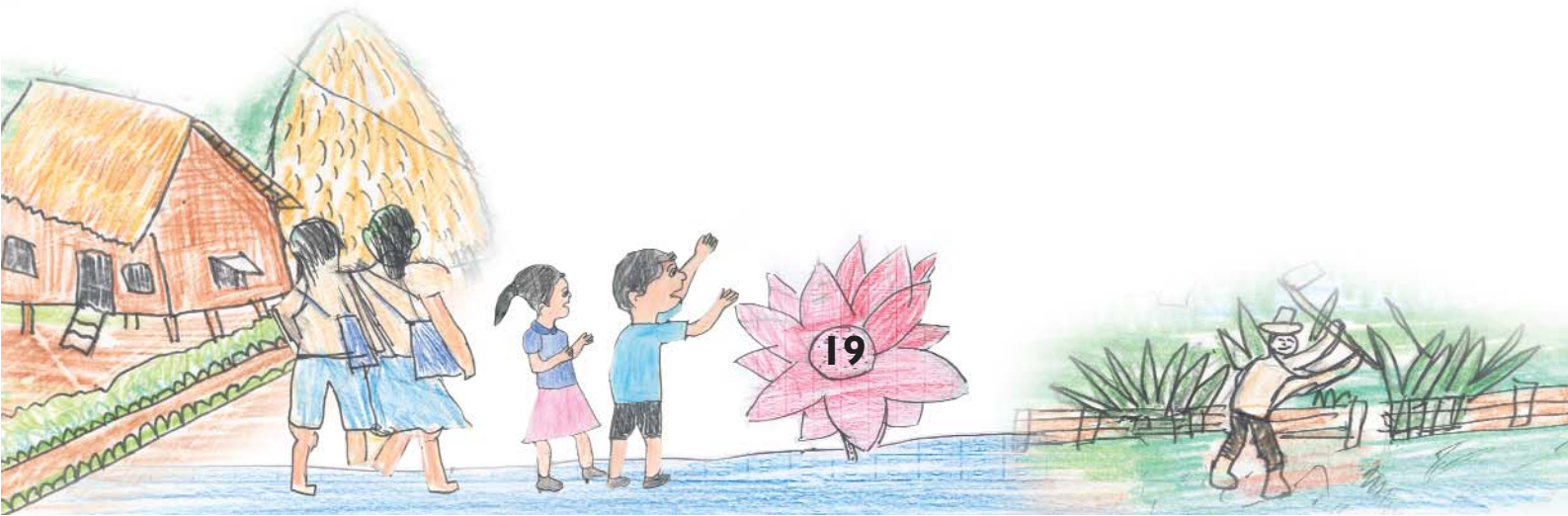


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**Box 5**

The family lives in Kampot Province where everyone in the village earns a living through farming and harvesting wood in the nearby forest. The family requested Mith Samlanh to support them with 2 cows to assist with ploughing the fields. The cows Mith Samlanh bought are both female, so in addition to ploughing fields, the offspring the cows produce each year can also be sold for approximately \$125 each. The family therefore will receive an extra \$250 income per year which will help provide their foster child with the necessary food, clothes and school materials. As this income is not regular, Mith Samlanh also supported the mother of the family with the start-up costs of running a small grocery stall from their house. This business provides them with \$2 profit per day. As a result of the support provided, the family have been able to build a new house in a more suitable location (on the road side) for the grocery store with the profits they have made.

The family plan, specifically with regards to the business plan, is implemented prior to the placement of the child. This ensures that the family is able to build up their resources (new businesses need time to generate profit) before the child joins them and are able to immediately provide them with full support.





**5. Official contract**

An official contract is drawn up between Mith Samlanh and the family which outlines all the conditions under which the child is being placed into their care. The contract acknowledged by Authorities, established strict condition for the child’s protection, nutrition, education, emotional and physical welfare. It also establishes the parents and the organizations duties and responsibilities regarding support provided by Mith Samlanh to the Foster Family. The Foster Care Officer reads through the contract with the family at least twice to ensure they fully understand what they are signing. The child, if able, is also asked to sign the document.

Other stakeholders are also invited to be part of the process, including the village chief the local Department of Social Affairs, Veterans and Youth (DSAVY), a family guarantor, the Foster Care Officer and the Director of Mith Samlanh. It is important that the local authorities are aware of and recognize the placement of a child into a family.

A contract is also made with the local school, ensuring that they are aware of the child’s situation and can provide any feedback to Mith Samlanh when required.

**6. Preparation for parenting**

A set of basic trainings are provided to the family prior to placement to fully equip them with the knowledge they require for looking after and bringing up a child. The trainings include health, nutrition and hygiene; basic Lifeskills such as Reproductive Health, HIV, Drug Use; Promoting the advantages of schooling and how to deal with problems which may arise from the child’s schooling; Communication skills; Conflict resolution; Youth psychology; and basic business training and financial skills.

**7. Placement**

The day when a child is finally placed with a Foster Family is a day of celebration. A party is organized to welcome the child into the family, neighborhood and the community. Although the child and family have met several times before, this can still be a stressful day for both parties involved. It is important for the Foster Care Officer to be present to facilitate the transition and help support the child during the first day of integration. A welcoming party is not only a celebration of the arrival of the child, but is also an opportunity for the child to meet other children in the village and start their social network.

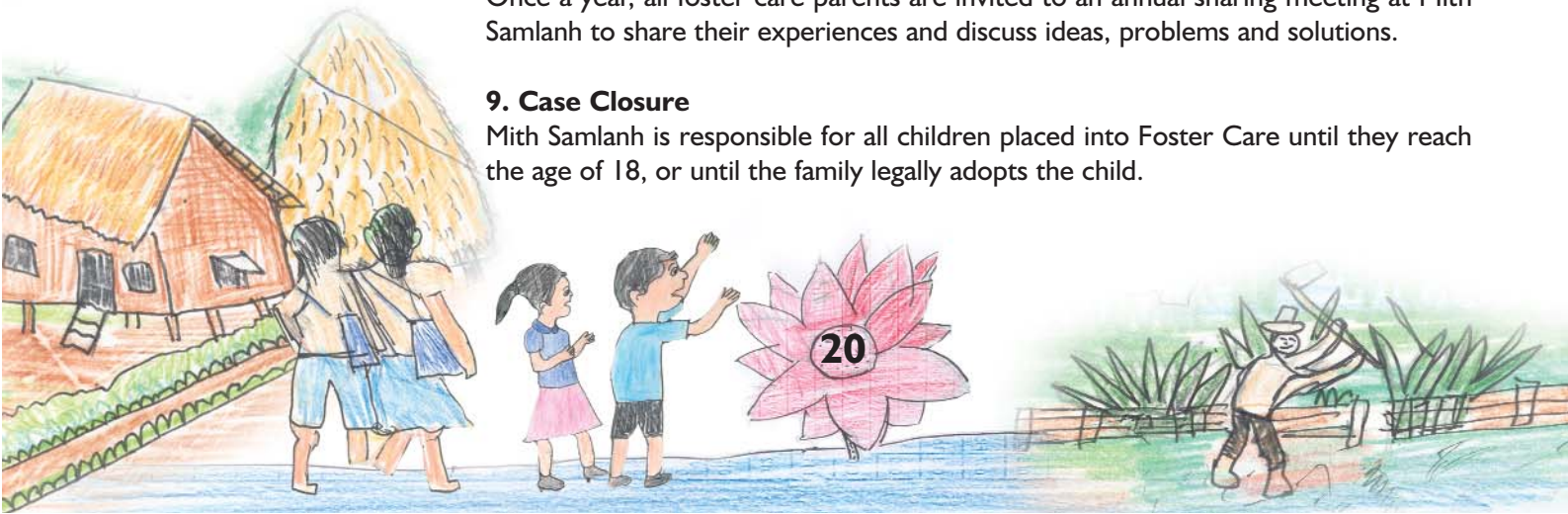
**8. Follow up**

The Foster Care Officer visits the child and family on a regular basis to ensure the placement is successful. During the first month of placement, 4 visits are made; during the second and third month, 3 visits are made per month; after which 2 visits are made per month. Regular follow up visits continue for a minimum of 2 years and until the Foster Care Officer, family and child is completely satisfied with the situation. Visits are still made to the family until the child reaches the age of 18.

Once a year, all foster care parents are invited to an annual sharing meeting at Mith Samlanh to share their experiences and discuss ideas, problems and solutions.

**9. Case Closure**

Mith Samlanh is responsible for all children placed into Foster Care until they reach the age of 18, or until the family legally adopts the child.



# CASE STUDIES

The first placements of children into Foster Care took place in September 2004. All the names of the children featured here have been changed for confidentiality purposes.



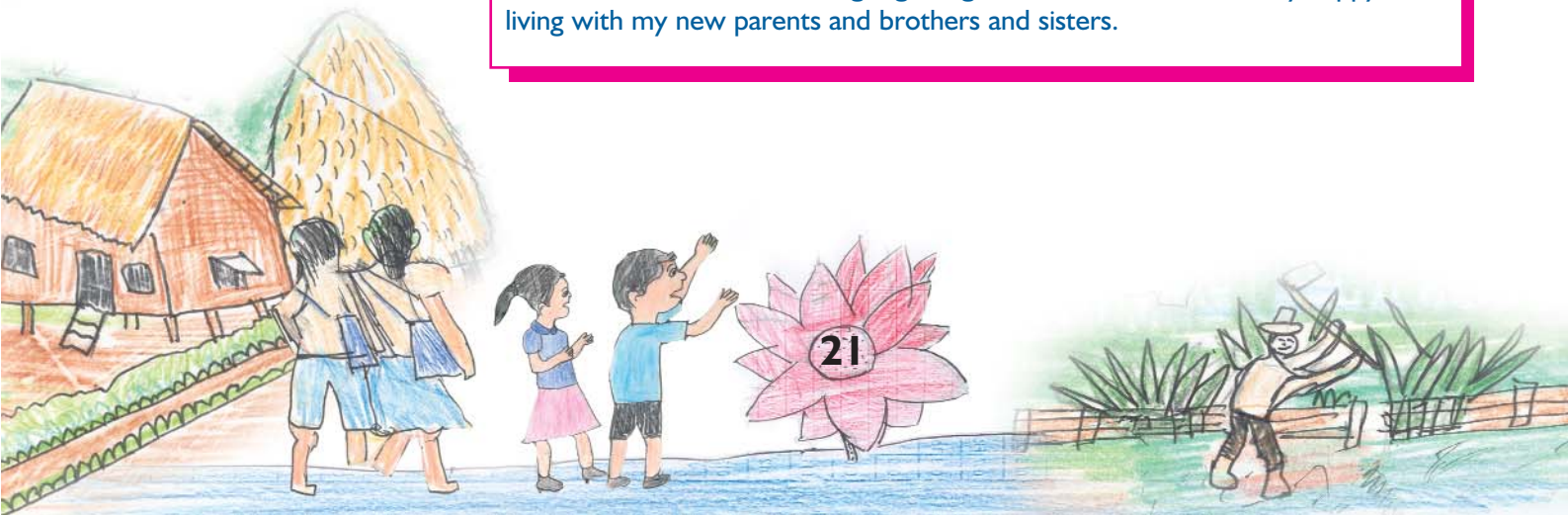
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## Placed in FC: 9th September 2004

My name is Channa and I am 13 years old. I was born in Svey Rieng province. When I was 7, my father died from HIV/AIDS. My mother and I left Svey Rieng and moved to Phnom Penh where we lived on the street. While living on the street, my mother also contracted HIV and soon after had to go to Hospital as she was so sick. At the hospital I came into contact with an NGO called Servants. They referred me to go and live with another family as my mother could not take care of me. This new family was not good; they drank alcohol, beat me and made me work as their slave. Luckily Servants were often visiting me and took me away from them. I then ended up living with the staff member for 5 months. During this time my mother died. It was after that that I ended up coming to stay at Mith Samlanh; I was 9 years old.

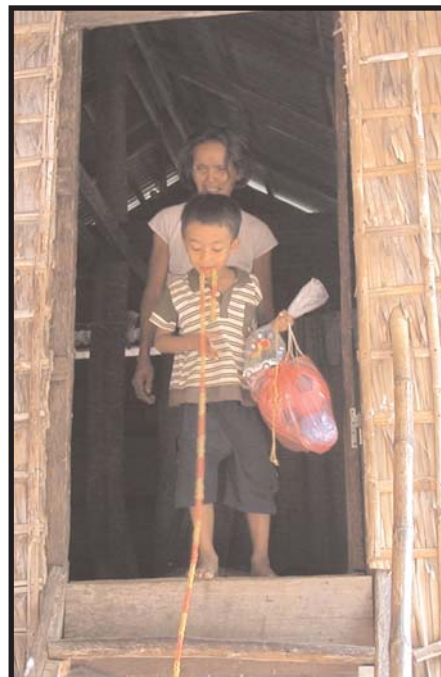
Mith Samlanh tried to find some of my relatives, but could not. They decided to contact the staff from Servants who had temporarily taken care of me as I liked them very much and already felt part of their family. The family already have lots of children, but they are living in a good situation and so were very happy for me to come back to live with them as a member of their family. I am now studying Grade 5 at Public School and get good grades all the time. I am very happy to be living with my new parents and brothers and sisters.







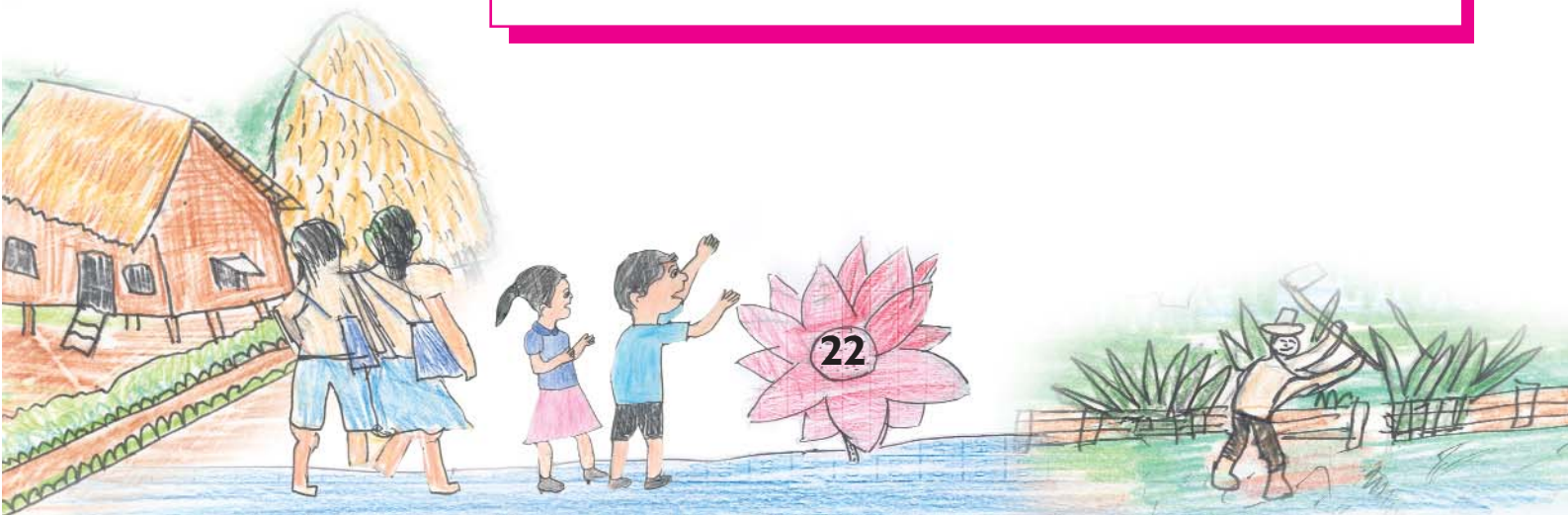
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**Placed in FC: 15th September 2004**

Sovanna is now 7 years old. He used to live with his parents on the streets of Phnom Penh; they earned a living by begging but still never had enough money for food. When Sovanna was 2, his mother died from HIV. He continued to live on the street with his father who was an alcoholic and beat him on a regular basis. Sovanna came into contact with Mith Samlanh when he and his friends turned up at the Center to see what activities were being provided for the children. He had forgotten his way back to where his Father was staying and so Mith Samlanh tried to help him by advertising his picture on the streets. Eventually his Father came forward to collect him, but Sovanna refused to go back with him due to the abuse he had suffered. Sovanna stayed at Mith Samlanh center. A few months later, Sovanna's father returned to his homeland, remarried and had 5 more children. Two years later he also died as a result of HIV/AIDS.

In 2004 Sovanna was matched up with a Foster family. MoSAVY had referred the case of a single 42 year old woman who wanted to become a foster mother. After carrying out a series of assessments on her she was accepted into the program. Mith Samlanh took Sovanna to visit the foster mother on several occasions for them to get to know each other. It was evident that they got on very well together and Sovanna was happy to be accepted into this family as their son. Mith Samlanh has supported the family with cows, pigs and chickens which provide them with a regular income, ensuring there is plenty of food, decent clothes and enough materials for school. Sovanna is fully integrated into the local public school where he has lots of friends and participates actively in community activities.





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Sovanna’s case, however, is not a simple one. Until recently there were no problems between Sovanna and his Foster family but things have started to change. In a gradual transition, Sovanna has changed from being well-behaved and respectful to out of control, disruptive and a little aggressive. Sovanna’s mother does not know how to deal with this “new” person her son has become, thinking that he is turning into a “gangster” and wants to return him to Mith Samlanh until he “gets better”. The Foster Care Officer provided many counseling sessions to the mother in order to teach her about the changes children go through during adolescents and provide her with methods of conflict resolution. However, the Foster mother was still unable to control her son and Sovanna was brought back to Mith Samlanh for a short time. This enabled his mother to have a break and also allow Mith Samlanh staff, who know Sovanna very well, to counsel him about his behaviour and examine the problem. Sovanna is now back living with his Foster mother and their situation is being closely monitored, but is improving.

In May 2005, the third placement of a child into Foster Care was made.

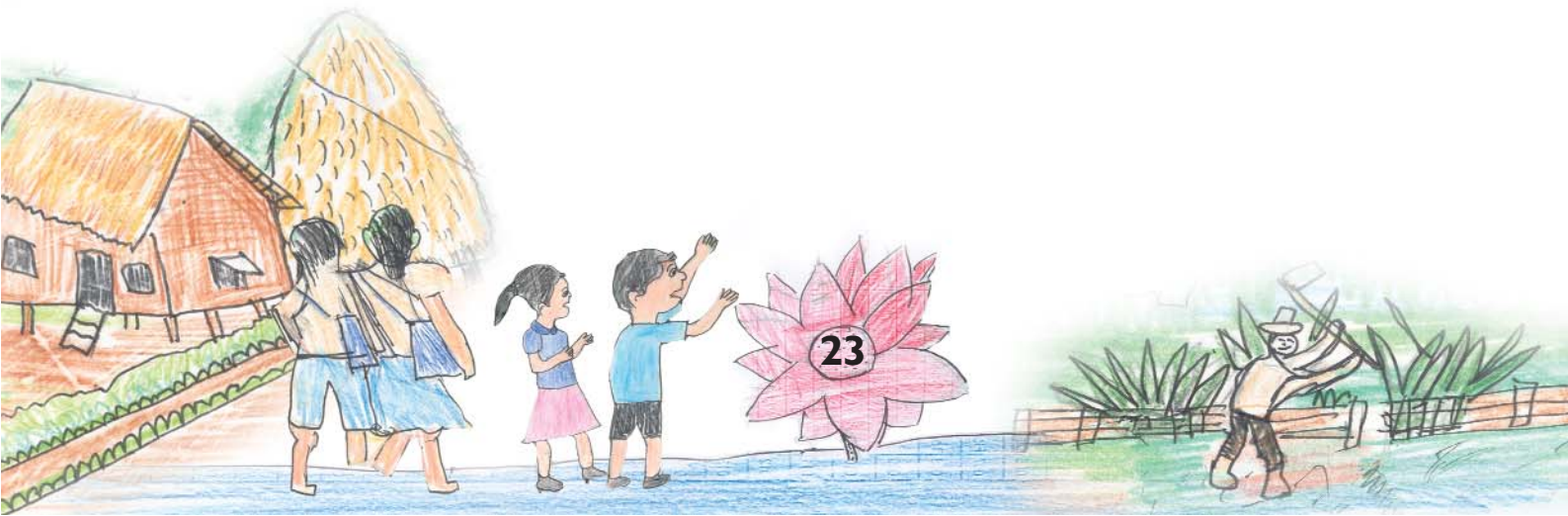
**Placed in FC: 27th May 2005**

Thida is one of the 300,000 AIDS orphans of Cambodia; her parents died in 1992 when she was just 4 years old. Thida was left to live with her elderly Grandmother where she was subject to violence, domestic chores and begging to earn a living for them both. She was unable to go to school like all the other children in her village as she was forced to take care of her Grandmother all day everyday.

The other villagers were aware of what was happening to Thida, but felt that there was nothing they could do to help her. Fortunately, the Chief of Village had heard about Mith Samlanh and referred Thida’s case to them via the local staff of the Ministry of Social Affairs. It was immediately evident to Mith Samlanh that Thida and her Grandmother needed help and so they started a search to find relatives who would be able to take them both in and care properly for Thida. Two of Thida’s uncles were found, but they refused to take them both in. Eventually in April 2005 Mith Samlanh found a family who were particularly supportive to Thida’s case and agreed to take her and her Grandmother in to stay with them. Mith Samlanh had been working with this family already for 2 months so knew that their situation was acceptable for the Foster Care program.

A business plan was established with the family, including building up a small house for the grandmother and digging a well to allow the family to sell water and expand their small farm.

Thida is now 7 and living happily with her Grandmother and their new family in Kompong Cham province; they have enough food, a decent house to live in and Thida is now going to school like all the other children in the village.



Dara was placed into Foster Care in June 2004.



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**Placed in FC: 1st June 2005**

When Dara (more commonly known by his nickname Diesel) was 7 years old he was abandoned by his mother, following his parents divorce, and left to live with his sister and father on the streets on Phnom Penh. Diesel's father was an alcoholic who constantly threatened and beat them, forcing Diesel to beg on the streets to support his addiction. Rarely was there enough money left over for food; Diesel and his sister began to starve. In his state of extreme desperation, Diesel once ate the entire contents of a pack of expired medicine he had found on the street; the consequences were horrific. Petrol was left unconscious for 4 days. Instead of taking him to hospital, his father provided him with traditional treatment: lying him on a bed over hot coals. He slowly recovered but it became evident that serious long-term damage had occurred: he was no longer able to speak clearly, he was forgetful, he did not seem to understand when people talked to him, he became reclusive, and eventually ran away from his father's constant abuse.

In 2003 Diesel was brought to Mith Samlanh by a man who had got to know him as Diesel used to beg near his office. Mith Samlanh staff immediately took him in; it became apparent early on that he was severely traumatized and needed proper treatment and care. He was referred to Chay Chomnas Hospital, where he received medication and counselling to treat his mental disorder. In the meantime, Mith Samlanh tried to find his family by advertising his photo throughout Phnom Penh and on the TV. Diesel's father responded to the adverts and arrived at the center to pick him up. Straight away, it was evident that this was not what Diesel wanted; as soon as he saw his father he cried, screamed and tried to run away from him. Diesel continued to stay at Mith Samlanh.

Mith Samlanh staff continued to carry out follow-up visits to his father in order to try and counsel and support him to change his behaviour and attitude. However, their efforts were fruitless as the last time Mith Samlanh saw him, he was seriously sick and unconscious as a result of his alcohol abuse. Mith Samlanh has not been able to find him and Diesel's sister again and is uncertain what has happened to them. The search continued to find extended family relatives to place Diesel with, but none of them wanted to or were able to take him in.

Eventually in 2005 Mith Samlanh heard about a married couple who are distant relatives of Diesel's father. They desperately wanted a child, and were unable to have any of their own, so were extremely happy to have Diesel live with them. After a lengthy assessment and trial period, Mith Samlanh, Diesel and his new parents were satisfied that this would become Diesel's new home. With the support of Mith Samlanh and FosterCare.no, his parents have made a business plan and now run a small grocery shop from their new house, which has been built with profits from the business. A cow and calf were also provided to the family as additional support.

Diesel is now 9 years old and is enjoying the life that every child in Cambodia deserves. He is becoming more talkative, interacts with his family, has made lots of friends, is getting good grades at school and loves to dance at any opportunity.



The first siblings of the Foster Care project were placed in September 2005.



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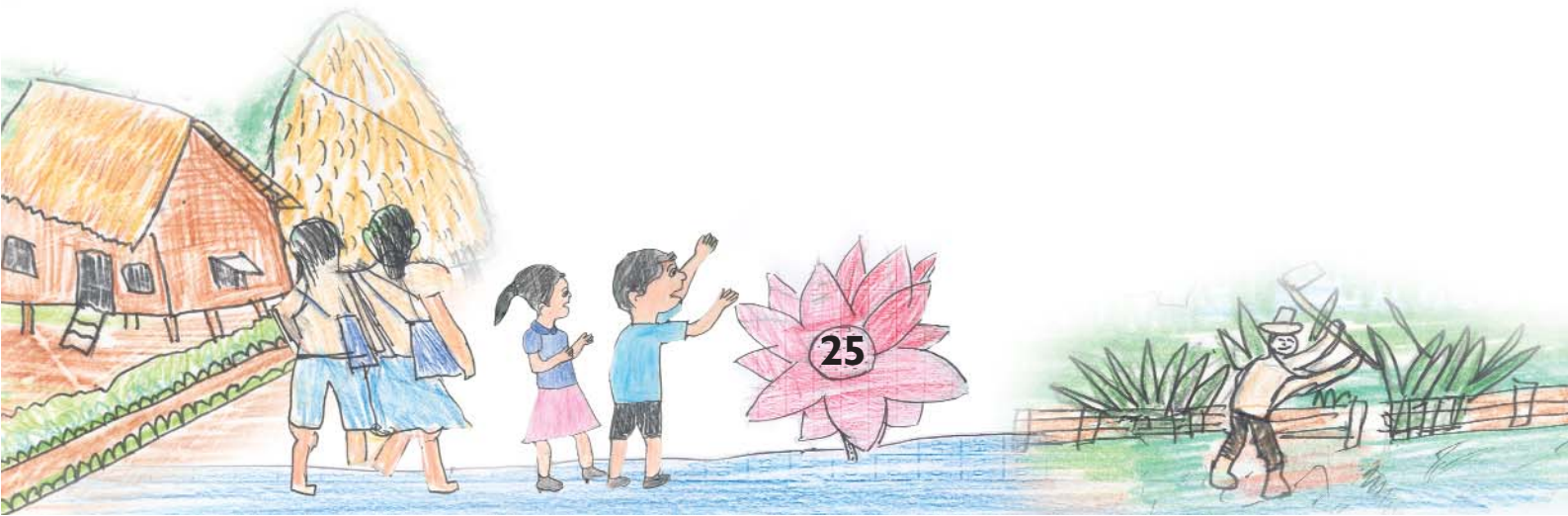
**Placed in FC: 22nd September 2005**

My name is Bopha and I have a sister called Srey Pov. When my Father died from HIV/AIDS, we were left with no money and so had to move from our home in Koh Kong; my Mother brought me and my sister to live in Phnom Penh. We lived on the street and were forced to scavenge, to make enough money so we could eat. My sister and I worked all day everyday and so could never go to school.

My mother was also HIV+ and passed it onto her second husband who was also a scavenger in Phnom Penh. They became seriously sick around the same time; my step-father died first but my Mother died soon after. My younger sister and I became orphans. We were very lonely; had nobody to take care of us and we had nothing to survive on. We continued to scavenge and beg on the streets. We stayed with the people who were living next to us on the street.

In 2003, I met Mith Samlanh staff who were working on the street. They told us about the Mith Samlanh center and encouraged us to go and stay there. They asked about our family; I know we have an aunty and uncle but I didn't want to live with them because they are alcoholics, they always used to scold and beat their children and were always having arguments with their neighbors.

Mith Samlanh told us about the Foster Care program and that they had found a family in Svay Rieng province who would like to look after us. They had been married for a long time, but had no children. After my sister and I met with them a few times, we decided that we liked them very much and wanted to stay with them, so in September 2005 we moved to live with them permanently in Svay Rieng Province. Now my sister and I have a real family, we are very happy, and love going to school, where we have lots of friends.



The project's youngest child, Vanda, was placed into Foster Care in November 2005.



**Placed in FC: 1st November 2005**

Vanda was abandoned by his mother when he was just 13 days old. His mother had a history of mental illness, she was violent and often spent days on end walking and sleeping on the streets. At one point she was living on a construction site, where she was raped, resulting in her pregnancy with him. She managed to get to hospital for the delivery with the assistance of someone who lived nearby, but she left soon after giving birth. Some of her relatives were contacted who agreed to take care of the baby. However, their inexperience of caring for children and inability to provide adequate nutritional care meant that he soon became severely malnourished. The family contacted the Ministry of Social Affairs (MoSAVY) in Svay Rieng to hand the baby over. Having been informed about Mith Samlanh's Foster Care program, MoSAVY quickly got in touch with the team and asked them to take care of the baby.

The team went out to talk with the relatives and assessed their situation. It was evident that not only were they incapable of caring for the young baby, they no longer wanted to. Vanda was brought to live at Mith Samlanh for his health to improve and to wait until a suitable family could be found for him to live with.

On 1st November 2005, Vanda was placed with a married couple living in Phnom Penh. They have been together for a long time, but have been unable to have any children of their own. Whilst the father goes to work as a teacher in a nearby school, Vanda's mother is able to provide him with undivided love and care, whilst running her shop from their small wooden house. Vanda is glowing with health and has a bright future ahead of him, thanks to the love and support he has in his new family.



In February 2006, the project's most recent candidate was placed with a Foster Family.

**Placed in FC: 17th February 2006**

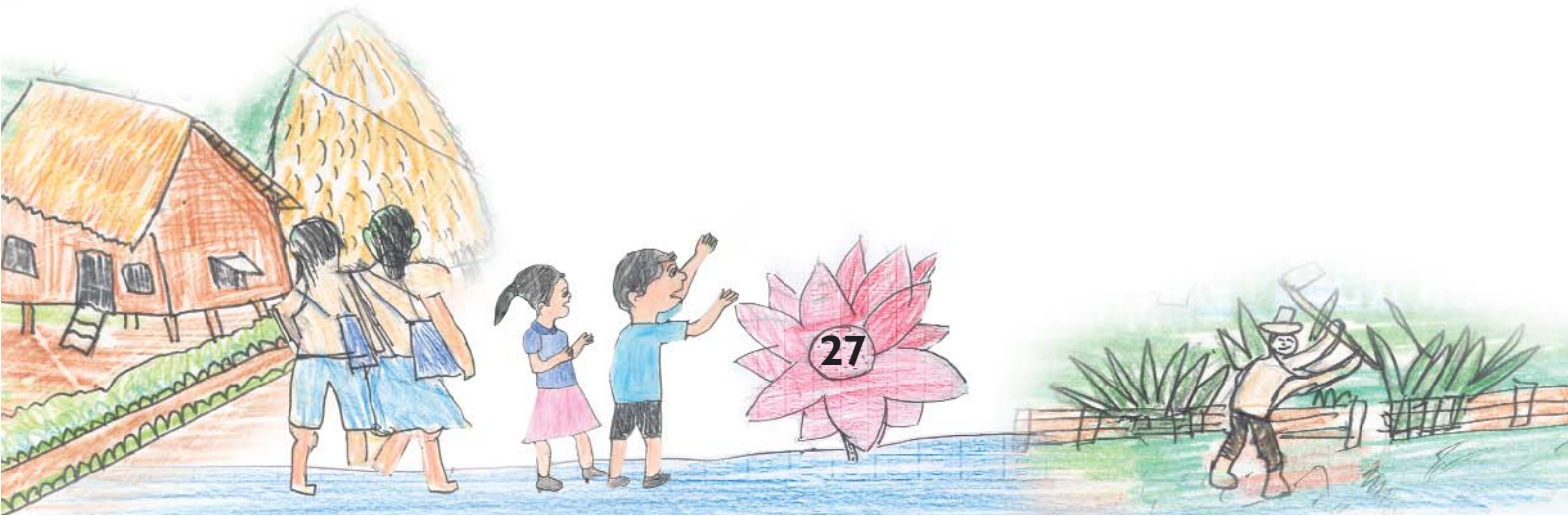
My name is Chantha. I am 13 years old. My homeland is in Steung Treng province. My mother was a house wife and my father used to be a soldier. When I was 5 my sister died and a few months later so did my father – I don't know what disease killed them. My mother then started to go crazy; she used to leave the house for long periods of time –she always came back eventually, but one time she didn't and I haven't seen her since. I don't know where she is.

I was taken care of by my grandmother who also lived in Stung Treng, but when my uncle moved to Kompong Cham, we moved too. I don't know why we moved to be with him, as he was running away from the police and he had no job. Soon after we moved, my Grandmother died, and at the same time my Grandfather left us – I don't know where he is. I was left to live with my Uncle and his second wife. The Police eventually caught up with my uncle and put him in prison for stealing, I continued to live with his wife as I had nowhere else to go. I didn't like living with her; she used to play cards everyday and owed a lot of people money, so she used to force me to go scavenging to pay her debts. If I did not come back with enough money, she used to beat me. Eventually she used me to pay off her debts – she gave me to another family. It was terrible living with this family – all the children there used to beat me, so I ran away.

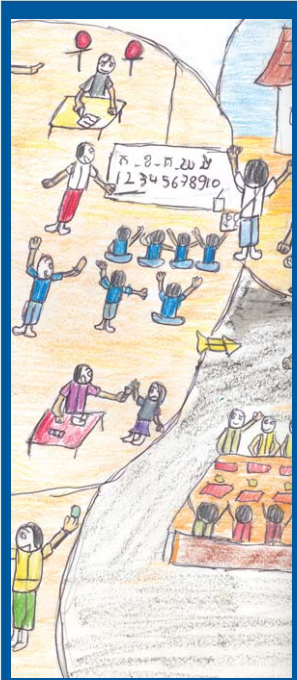
I ended up living on the streets with other children. This is when I met with Mith Samlanh staff who brought me to their center and asked me why I was on the streets and all about my family. I told them all the stories that my Grandmother used to tell me about our family and they used this information to trace a cousin of my Grandmother who was living in Kampot province. I did not know this family before but Mith Samlanh staff told me that they are kind, have good living conditions, and that they have agreed to accept me as their own child. I am now living happily with my new family.



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# MOVING ONTO ADOPTION



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“Adoption is a contract between two persons, called an adoptive father or mother and person, called an adoptee, establishing identical relationship in order to bind as legitimacy” Cambodian law of the Marriage and Family (1989).

As outlined in Section 4, after a child has remained in foster care for a minimum of 5 years, if both parties (the family and child) agree, processes can be put in place for the family to legally adopt the child.

In 1989 a law on adoption was written under the “Cambodian law of the marriage and family”. None of the children and families currently involved in the project have reached the stage of adoption, however, formal procedures need to be negotiated and established now to ensure adoption is actually a viable option.

Foster Care policies follow the law on adoption to some extent, in order to facilitate the smooth transition from foster care to adoption. However, as explained below, there are some exceptions.

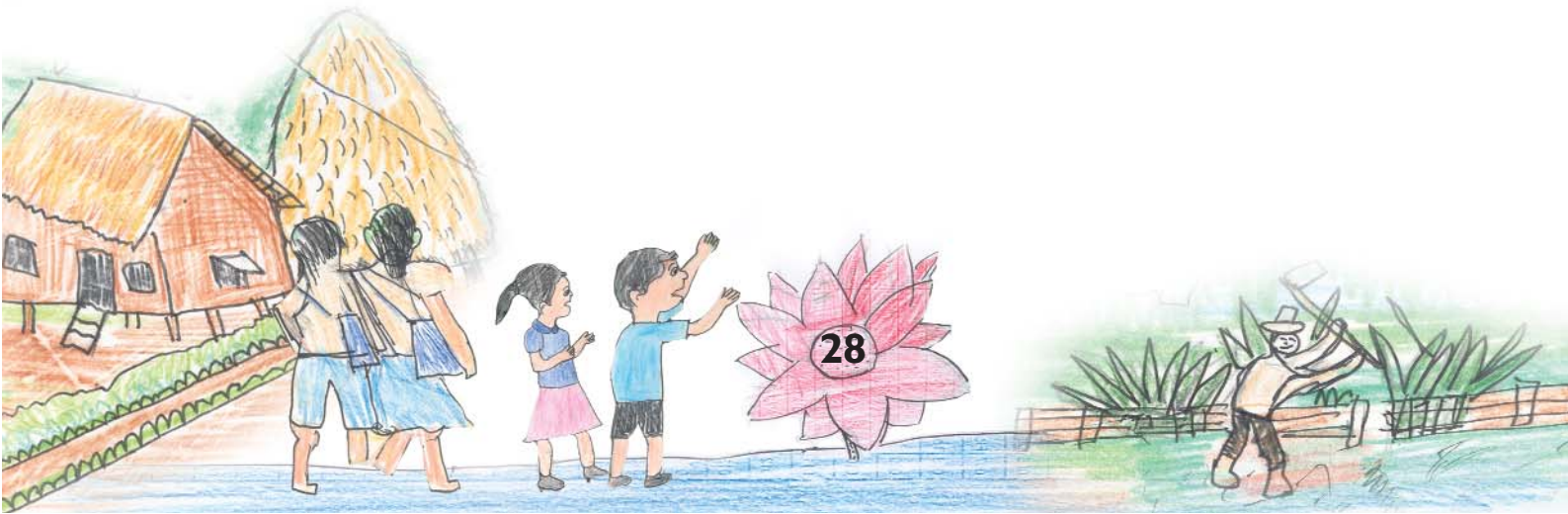
Article 109: An adoptive mother or father must be more than 25 years of age and must be at least 20 years older than the adoptee.

Article 110: Only two adoptees may be adopted by an adopter. If one of the two dies an adopter may be allowed to adopt another one. The adoptee must be less than 8 years of age.

- The foster care project, however, is not defined by age of the child. At the point the child has spent 5 years within a foster family, they are more than likely to be over the age of 8. Additionally, in Mith Samlanh’s experience there are a large number of children over the age of 8 who or becoming orphaned and have no links to any of their extended family. These children are perhaps the most vulnerable as they currently sit outside of the adoption law and families rarely want to foster / adopt children over the age of 5.

Article 111: Any one of the spouses may not adopt an adoptee unless there is consent by another spouse. In such case, the adoptee shall belong to both spouses.

- The law does not address the issue of single parents, particularly women who wish to adopt. Under the Foster Care project, suitable single women are encouraged and common as there is no evidence to suggest that single parents are less able to take care of a child than a married couple.





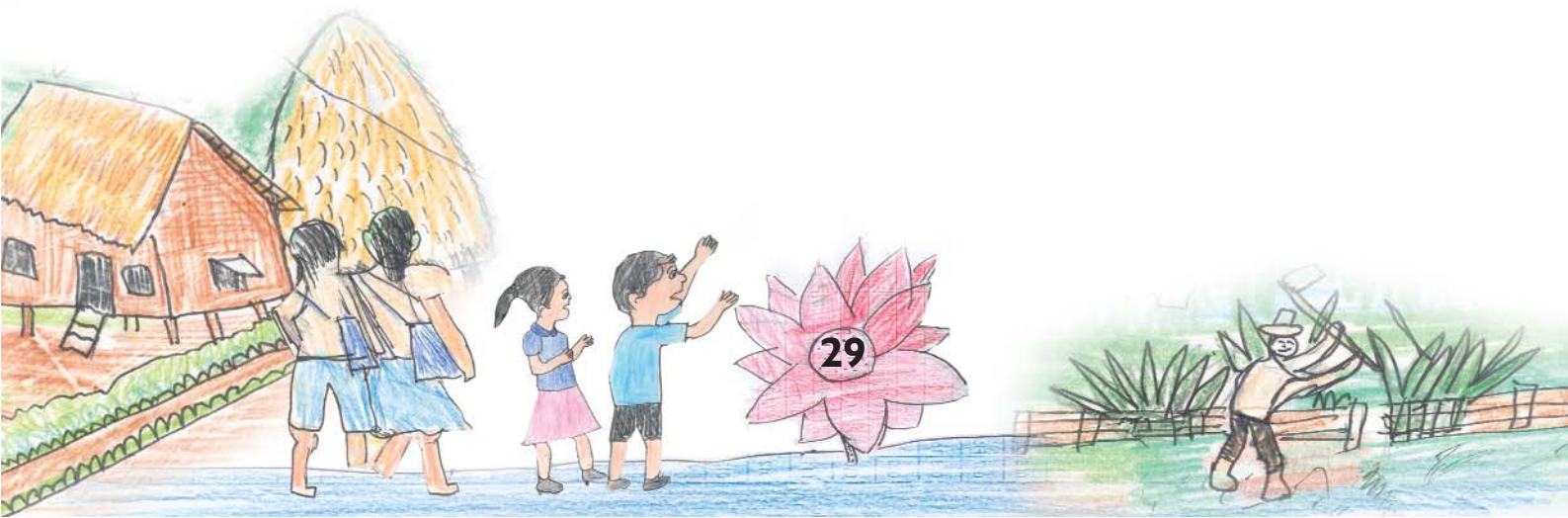
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Article 112: To adopt, there must be an agreement of the parent or guardian of the adoptee. If a baby who will be adopted is an abandoned baby, the agreement to the adoption shall be given by the authority of the commune or sector.

Article 113: An adoptive contract must be in writing and certified by the committee of the commune or sector in jurisdiction where an adopter or adoptee resides. Test of adoptive contract shall be recorded in the registration book. The people's court may rescind the above contract according to a complaint of an adoptee, person or other organization for the adoptee's interests.

Article 114: The family name of the adoptee shall follow the line of the adoptive father and have the same rights and duties as a natural child.

At the point when any of the families and children of the Foster Care project indicate a desire to formally adopt their children, the Foster Care Officer will work closely with them and the Ministry of Social Affairs, Veterans and Youth to define and submit their case.





# LESSONS LEARNED



7

## Number of Foster Care candidates

Mith Samlanh’s placement project is very successful in reintegrating children with their natural families, which is predominantly seen as the primary solution for children. The Foster Care project absorbs only those children whose relatives can not be traced. During the Pilot Phase of the Foster Care Project, placements / reintegration of children with family members were very successful, resulting in fewer candidates for Foster Care.

The number of families waiting to foster a child from the project is exceeding the number of children eligible for the project. This, however, is a positive outcome for the children as it means that the majority are being placed within their extended family. It also means that those children who do require foster care, can be matched up with these families and be placed relatively quickly.

## Age and Gender of Children

Many families selected for the Foster Care project specify that they are only willing to take on girls, under the age of 5, who do not have any memory about their background. Mith Samlanh has many boys and older children who are in need of a foster family.

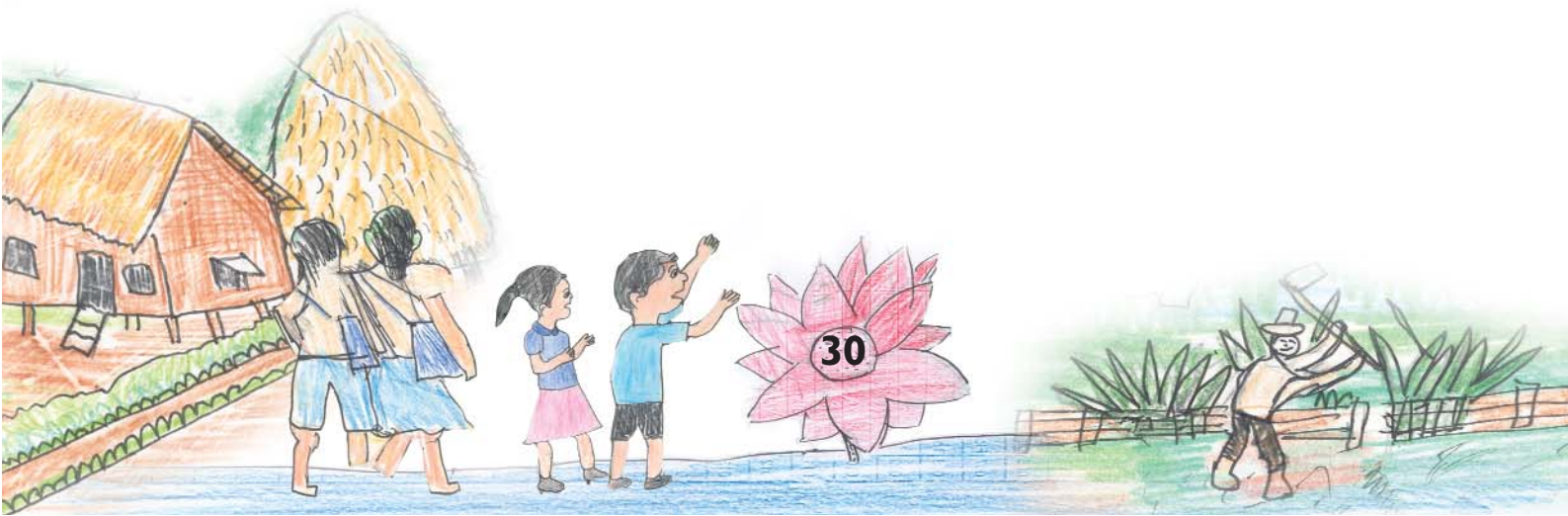
Foster Families worry that older children, who have memories of their natural family, will run away or return to live with their family or relatives when they grow up.

## Health of Children

Many families refuse to foster HIV+ or mentally disabled children. It is very difficult in Cambodia to organize placement within a family setting for young HIV+ or mentally/physically disabled children. Extended family members and potential Foster Carers alike discriminate against these children and/or admit to being incapable of looking after them (emotionally, physically or economically). The current situation relies on orphanages specifically designed to cater for these children.

## Attitude of Children

There are a number of children who Mith Samlanh care for, who are not necessarily orphaned but for a number of reasons it is either unsuitable for them to live with their parents (alcoholism, abuse, neglect etc) or the children no longer want to live with their parents, often for the same reasons. However, although Mith Samlanh may consider their current situation with their parents unsuitable, the children do not always have the same view. This is particularly difficult when siblings are involved, who have differing views on the matter. In the view of Mith Samlanh and the Foster Care project, siblings should not be separated where feasible. Box 6 illustrates such a case.



**Box 6.**

A 13 year old boy and 10 year old girl are siblings. Their mother died when the girl was 3 years old; their father is a violent, abusive alcoholic. Mith Samlanh outreach staff met the children while they were living on the street with their father and after hearing their story brought them to stay at Mith Samlanh. Due to the father's inability and lack of desire to look after his children appropriately, the children became candidates for the Foster Care project. The children were matched up with a suitable family in the provinces and made a number of visits to them. The girl was very happy at the thought of going to live with this new family, however, her brother was not. He decided that he wanted to remain on the streets, living with his father. The foster placement did not go ahead as the siblings should not be separated. Currently the girl remains living at Mith Samlanh and the boy is living with his father on the street. The hope is that the boy may return to the center, at which time the team can counsel him and provide him again with his options of continuing to live on the streets or the option of improving his life with a new family.



**Child Safety**

No children under the project have been victims of violence or abuse and have all maintained their right to education. There are a number of reasons for this success:

The lengthy and in-depth assessment of potential foster families is time-consuming for both families and the children; however, it has shown to be effective. The Foster Care Officer is given time for an in-depth analysis into the family's emotional stability.

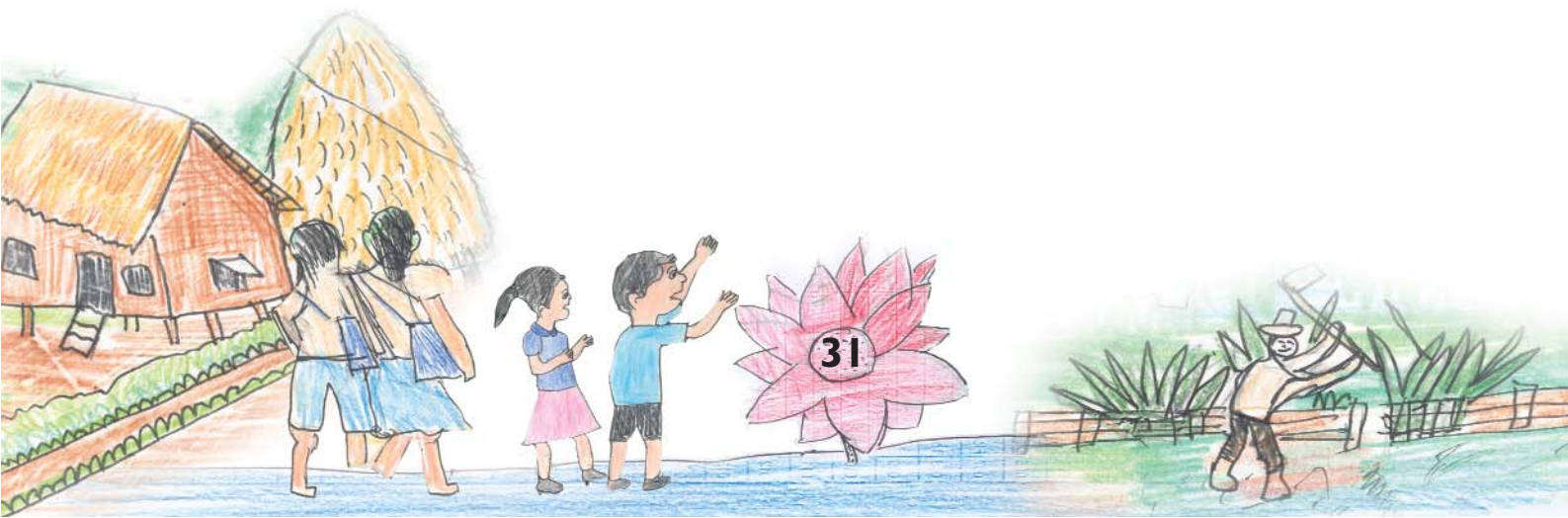
The contract the Foster Family has to sign with Mith Samlanh and the local authorities is also a reminder of the conditions under which they accepted to take care of the child.

The involvement of the local MoSAVY and DSVAY staff in each case provides Mith Samlanh with the extra support required to monitor the child and the family.

Follow up by Mith Samlanh enables the Foster Care Officer to maintain regular contact with the child, facilitating their relationship as a confidante, and examine the interaction between the child and family.

**The Child's best interest**

Mith Samlanh's Foster Care project is receiving excellent results in terms of the children's emotional situation and development.





**Process of Family Selection**

It is relatively time consuming for the Foster Care Officer to assess all the families who request to become part of the Foster Care project. Families from all over Cambodia are eligible to participate in the project and as transportation networks are not well developed, particularly in rural areas, it can take up to 2 days for the Foster Care Officer to travel to visit a family.

In some cases very distant relatives of the child have been found. If willing and able, these families are accepted as Foster Care families. Although Foster Care does not usually place children with their extended family (Mith Samlanh Placement team is responsible for this), if the child and distant relatives are unknown to each other, it can be treated as Foster Care and the same procedures are undertaken.

**Business Plans and Support to Families**

Support provided to Foster families in terms of financing business start-up costs has been 100% effective in increasing family income and facilitating self-sufficiency. The extra income generated as a result of Mith Samlanh and FosterCare.no's support not only allows them extra finances to adequately care for the foster child(ren), but also allows them to improve their own situation; profits are often used to improve housing conditions.

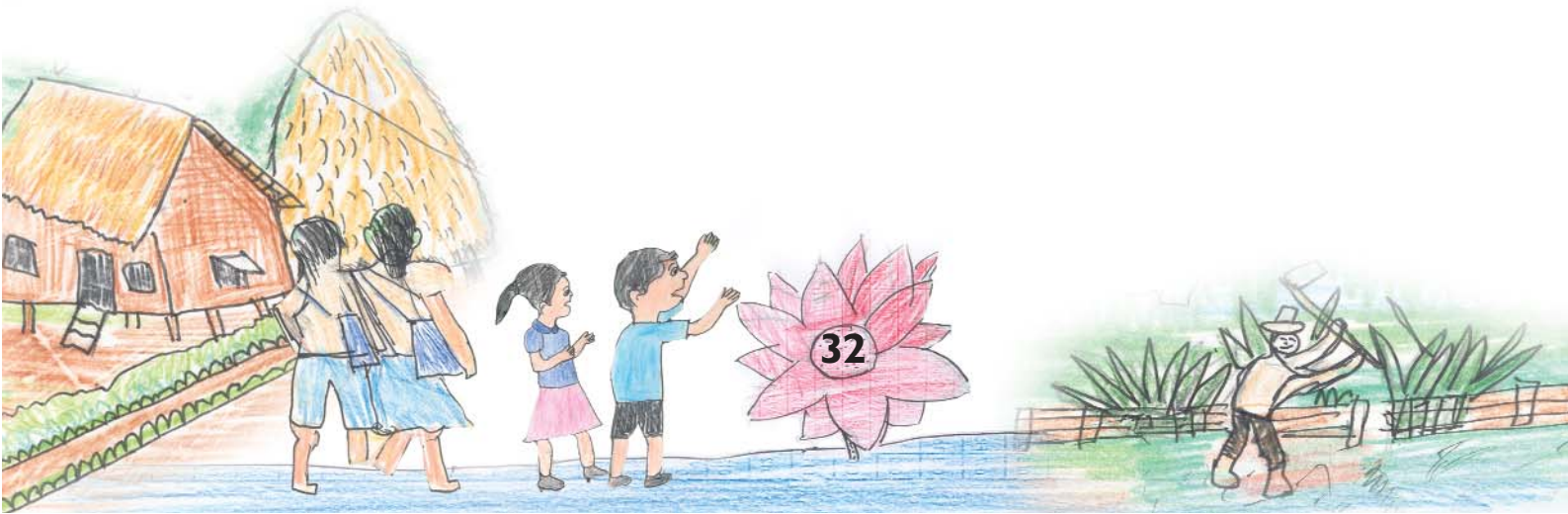
There are, however, several families who approach Mith Samlanh to become part of their Foster Care project as they have heard or seen the material support that Foster Care families receive (cows, pigs, chickens, repairs to housing, materials for business etc). These families are motivated by the incentives provided rather than caring for a vulnerable child, which is not suitable reason for becoming involved in the Foster Care project. In depth emotional assessment allows Mith Samlanh to understand the real motivation of the families.

**Cost efficiency**

The Foster Care project is cost efficient when compared with other forms of care arrangements available for orphaned and abandoned children. It costs approximately \$80 per child per month to keep a child in residential care. NGOs with group foster care homes on average provide Foster Parents with around \$40 per month per child for an average of 3 years. Mith Samlanh's Foster Care project spends on average \$1,500 per child in total, making it more sustainable and cost effective in comparison. In some cases no financial support is required as some families already have sufficient funds for caring for their Foster child.

**Collaboration with Government**

Mith Samlanh's excellent relationship with the Government has been key to the implementation of the Foster Care project. Government approval was sought before the project could be started and they were instrumental in facilitating the involvement of local authorities.



### Collaboration with Local Authorities

The number of families who have been referred to Mith Samlanh through their Local Authority has been substantial. Local Authorities not only pass on information in the provinces about the Foster Care project but are also key informants to the project for the assessment procedures and for monitoring the child and family progress after placement. With many families and children placed living in the provinces, the project would not be able to run effectively without these key partners.

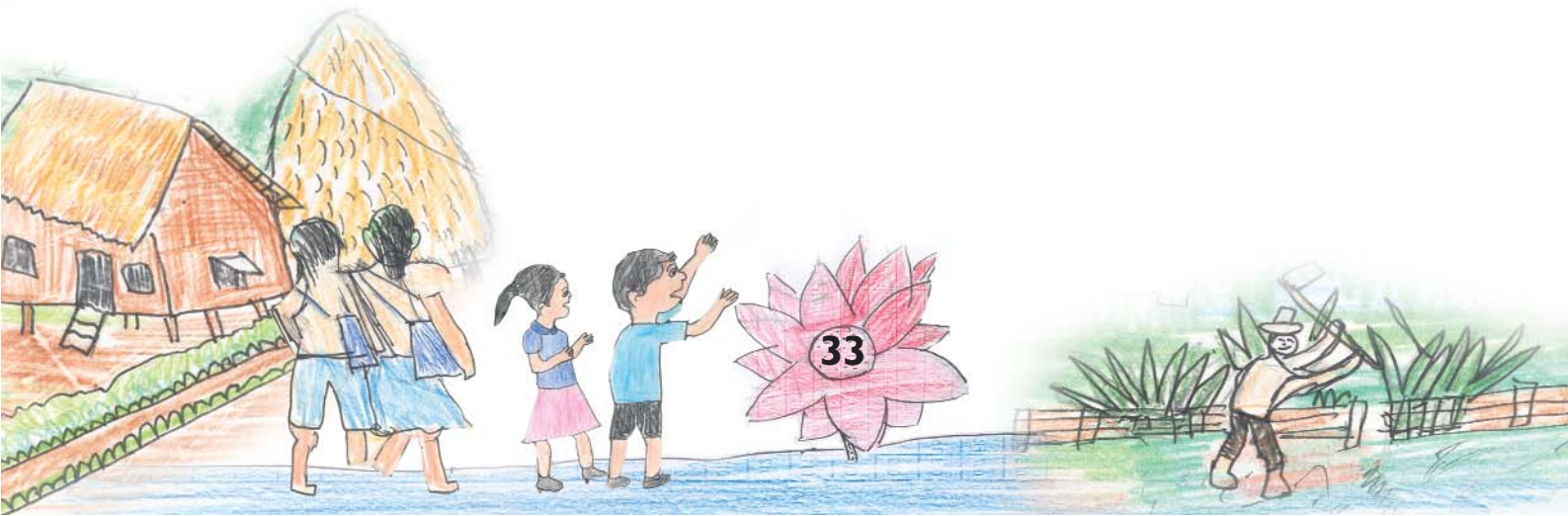
### Collaboration with Chief of Village and the Community

The Chief of village and the community in which the foster family lives are key stakeholders in the Foster Care process. After the identification of a Foster Family, Mith Samlanh contacts the Chief of village and the family's neighbours to collect background information as part of the assessment process. It is important to maintain good relationships with these community members as they can become key stakeholders in the success of the placement of a child in Foster Care. Community members are encouraged to inform Mith Samlanh if they suspect any mistreatment of the child.

### Staff Training

All staff at Mith Samlanh undergo a series of trainings, both general and those more specific to their particular job, as outlined in their Individual Training Plan (ITP). General trainings include: Working with Street Children; Communication skills; Basic Reproductive Health; Basic HIV/AIDS; Basic Drug Use etc. The Foster Care Officer in addition attends trainings relevant to the job such as "Recognizing Domestic Violence in the Family".

The trainings equip the staff members with the knowledge to be able to carry out their job to the highest standard.



# SCALING UP AND MOVING FORWARD



## National Collaboration

There are 11,470 children currently living in residential care in Phnom Penh. As observed by the United Nations and other NGOs worldwide, residential care should only be used as a “last resort” option for children who have lost ties with their family. Instead, Foster Care is the obvious best placement option for these children.

This Foster Care project, although currently small scale, has the potential to work with a much larger number of children and families as long as the necessary resources are available.

As resources grow, Mith Samlanh Foster Care project will be in a position to take referrals from other NGOs, particularly reliable orphanages, to take children out of residential care and place them instead into Foster Care.

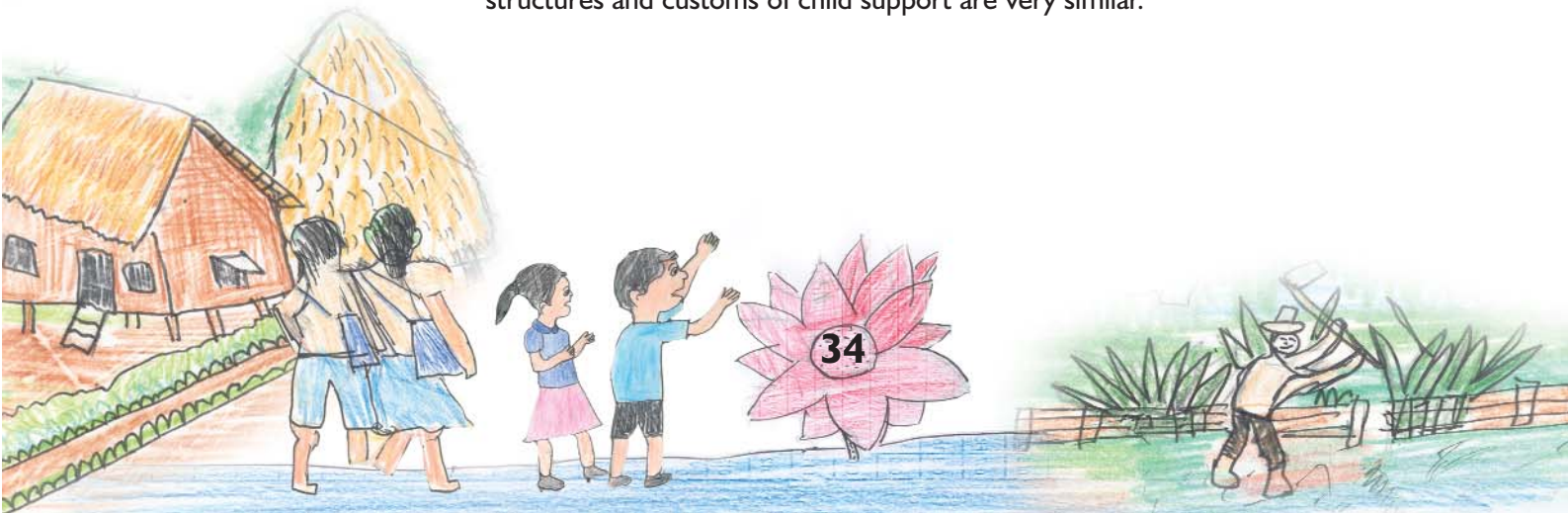
Mith Samlanh has a Memorandum of Understanding with the Ministry of Social Affairs, Veterans and Youth (MoSAVY) and also with the Ministry of Education, Youth and Sport (MoEYS), the two main Government missions working with and for children. Ministry staff are integrated into our project as capacity building initiatives for the Government and Mith Samlanh are also fully supported by them, for example through land donations for project sites. Ministry staff in the provinces are also key stakeholders in the Foster Care project, providing referral services for families and orphaned or abandoned children to Mith Samlanh, as well as following up individual cases in their jurisdiction.

Mith Samlanh long-standing collaboration with the Government puts them in an excellent position to move policies written for children forward. The first step will be using the Standards of Practice created as a result of the Mith Samlanh Foster Care project to initiate the creation of national procedures for alternative care.

Networks for organizations and Government Ministries working with children exist, but Mith Samlanh can initiate the formation of more formal relationships to support the Government into creating a law on Alternative Care and move Cambodia to become a leader in best practice examples for alternative care methods for orphaned and abandoned children.

## International Networks

As seen in Section 3, it is not only Cambodia which currently lacks knowledge, resources or Government support for alternative care methods. The example from the Mith Samlanh Foster Care project can be shared regionally, where traditional structures and customs of child support are very similar.



In addition to Mith Samlanh in Cambodia, Friends International has established a Street Children project in Laos, “Peuan Mit”, in collaboration with the Ministry of Social Affairs. They are currently providing technical support on a variety of issues to NGOs and Government in Myanmar, Thailand, Honduras and Indonesia and in the past have supported projects in Pakistan, Nepal and Mexico.

Friends International was instrumental in setting up the Street Children Network, a member of the Child Support Network (CSN). The CSN links NGOs working with street and vulnerable children throughout the world to share ideas, experience and funding opportunities. Their experience, knowledge and position in the realm of working with vulnerable children puts Friends International in a unique position to be able to capitalize on the experience gained as a result of the Foster Care project. Friends International eventually aims to use this knowledge to create Foster Care projects in a number of other countries in the region.



8

**Resource requirements**

The Foster Care project currently relies on funding from FosterCare.no. Resources are required for the continuation and expansion of the Foster Care project to enable a larger number of children to be placed into family homes in Cambodia and internationally.

**Situation 1**

\$30,000 enables 20 children to be placed into Foster Care families within Cambodia.

**Situation 2**

\$100,000 would enable Mith Samlanh to establish links with other local NGOs and place suitable children, currently in residential institutions in Cambodia. A total of 50 children could be placed with these resources.

**Situation 3**

\$300,000 would enable Friends International to establish links with other NGOs working with orphaned and abandoned children in the South East Asia region (initially, Cambodia, Laos, Thailand & Indonesia, where Friends International currently operates). Technical support would be provided to suitable NGOs to implement a Foster Care program in their country. A total of 150 children could be placed into Foster Care with these resources.

**Situation 4**

\$1,000,000 would enable Friends International to establish links worldwide with NGOs working with orphaned and abandoned children. An International Foster Care Advisor would be hired to support and train Governments, International and local NGOs in Foster Care Standards of Procedure and implementation techniques. Technical support would be provided to suitable NGOs to implement a Foster Care program in their country. A total of 500 children could also be placed into Foster Care with these resources.



## PROFILE OF ORPHANS / ABANDONED CHILDREN IN DEVELOPING COUNTRIES



In order to understand the value of a project such as Foster Care, it is important to understand the situation and background of the children who come into contact with the project. Their case histories are often complex and traumatic, which in itself requires a lot of care and attention.

The number of orphans and/or abandoned children in the developing world is increasing, particularly with the onslaught of the HIV/AIDS epidemic worldwide. These children face a huge number and range of different issues as a result. “The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS” (2004) provides a useful summary of the profound affect HIV/AIDS can have on children, setting them on a long trail of painful experiences:

**Economic hardship** – with the family’s source of economic support threatened and savings spent on care, household capacity to provide for children’s basic needs declines. An increasing number of children are being forced to take on the daunting responsibility of supporting the family

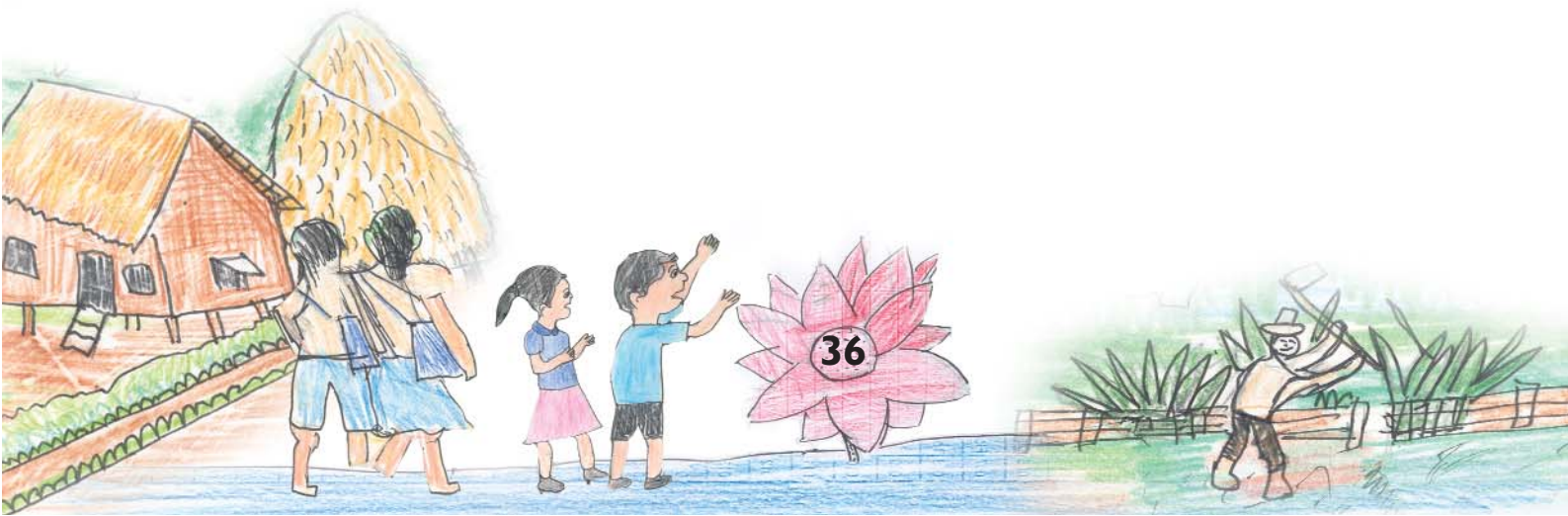
**Lack of love, attention and affection** – The loss of a parent often means that young children are left without consistent responsive care. They can also be deprived of interpersonal and environmental stimulation and individualized affection and comfort.

**Withdrawal from school** – Economic pressure and the responsibilities of caring for parents and siblings can lead children to withdraw from school, even while their parents are still alive.

**Psychological distress** – The illness and death of their parents can cause extreme psychological distress in children, along with increased fatalism that is worsened by the stigma attached by HIV/AIDS and to being an orphan.

**Loss of inheritance** – Orphans (and widows) are often deprived of money or property that is rightfully theirs

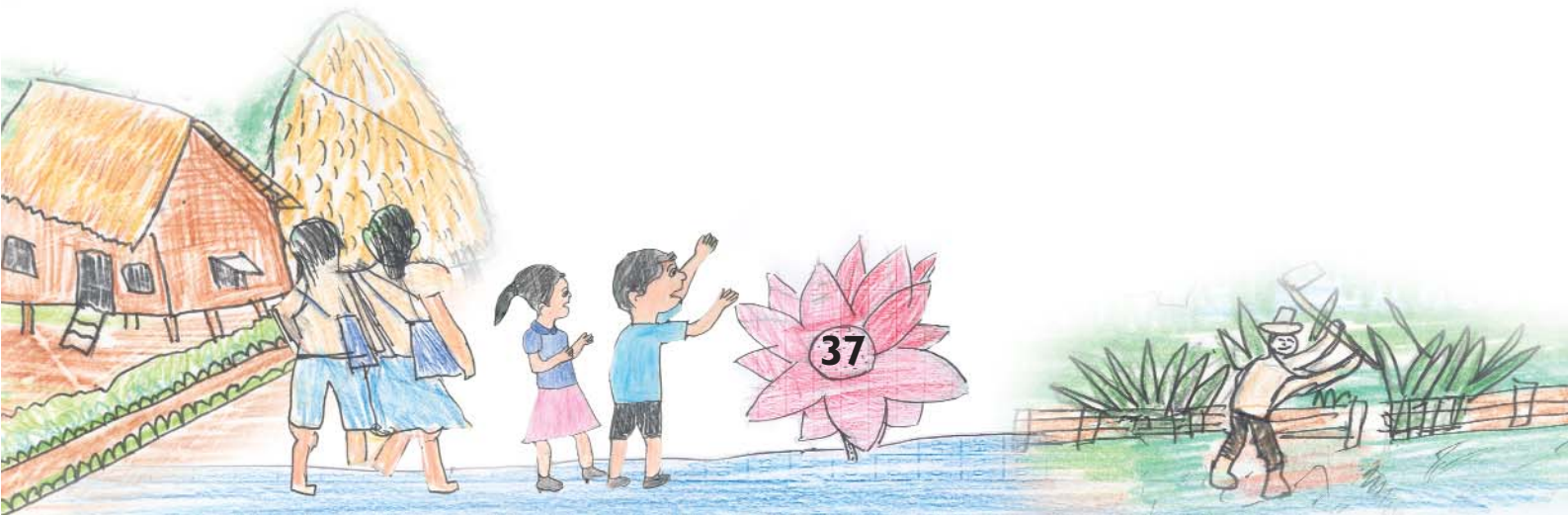
**Increased abuse and risk of HIV infection** – Impoverished and sometimes without parents to educate and protect them, orphans and vulnerable children face increased risk of abuse and HIV infection. Many are forced into harmful child labour and/or sexually exploited for cash or to obtain ‘protection’, shelter or food.



*Malnutrition and illness* – Orphans and other affected children are at increased risk of malnutrition and illness and may be less likely to get the medical care they need.

*Stigma, discrimination and isolation* – Dispossessed orphans are often obliged to leave their homes and to live in unfamiliar and sometimes unwelcoming places. Children orphaned by AIDS are more likely to be rejected by extended family members than those orphaned due to other causes.

With all these factors and more affecting such a large number of children in developing countries, there is a desperate need for support systems to be put in place to care for these marginalized members of society. Mith Samlanh supports families affected by AIDS, amongst others, in order to prevent their children from becoming abandoned orphans after their death through strategies such as placement with extended family members. However, there are a number of children who do not have any such support systems within their family. As a result, Foster Care is one of the major types of support systems that can be implemented in order to ensure such children do not have to live and/or work on the streets and are not institutionalized in orphanages.







## Mith Samlanh/ Friends FOSTER CARE FAMILY ASSESSEMENT

**Note for the staffs:**

It is important to understand and take into account the wishes of the child when assessing the reintegration into the family. Additionally it is important to take into account the wishes of the parent and the family. However it is vital to prioritise the safety and the protection of the child when making a reintegration plan, and make a final assessment based on what is in the best interest of the child.

### I BASIC INFORMATION

**Code number :**

 /  / 

**Date of registration**

 /  / 

**Date of opening family assesment**

 /  / 

**Who refer this family to MS/F**

**Present address:**

HOUSE:	STREET :
GROUP :	VILLAGE:
COMMUNE:	DISTRICT:
CITY:	PROVINCE:
LANDMARK:	OTHER COUNTRIES:

**Describe how to get there :**

**Father**

 YES  NO

**Name**

**Other name/Nickname  
Age**


**Marital status**

**Occupation**

**Mother**

 YES  NO

**Name**

**Other name/ nickname  
Age**


**Marital status**

**Occupation**

**Other relative(s) in the household**

 YES  NO

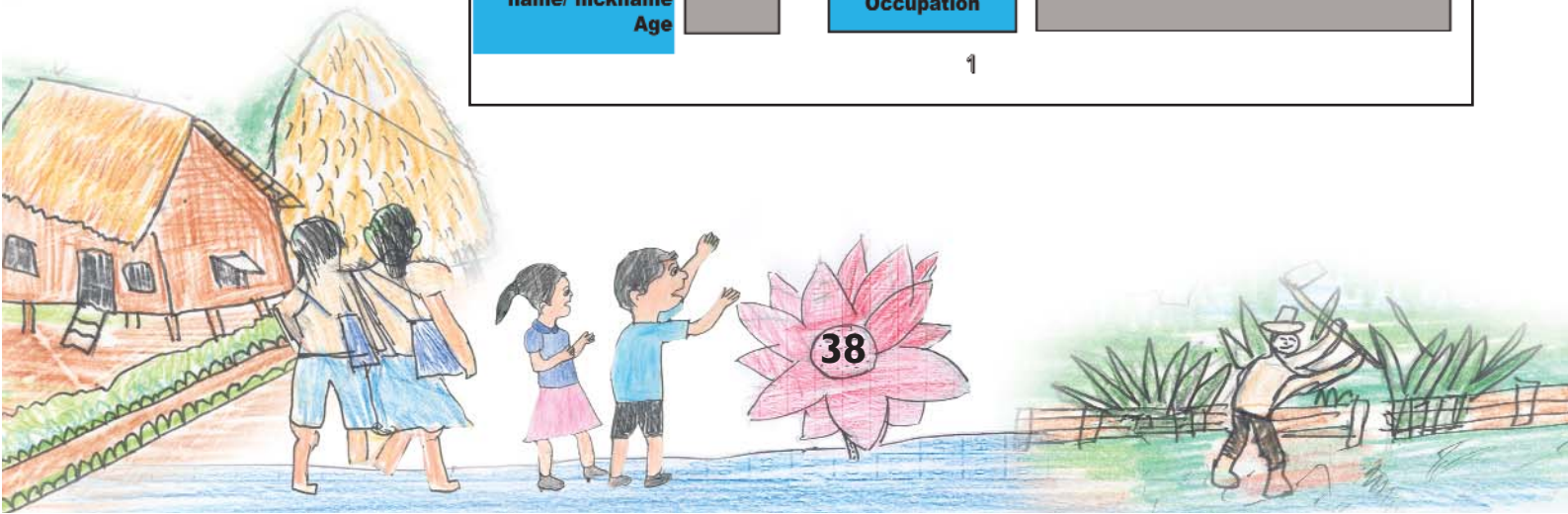
**Name**

**Other name/ nickname  
Age**

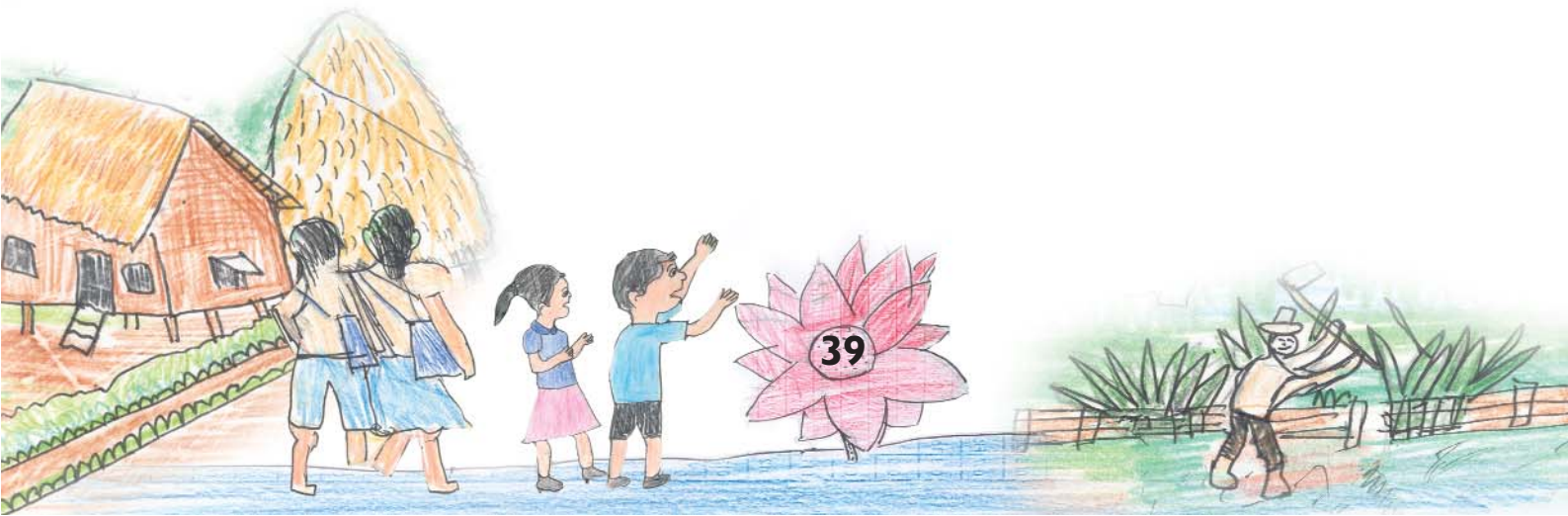
  


**Marital status**

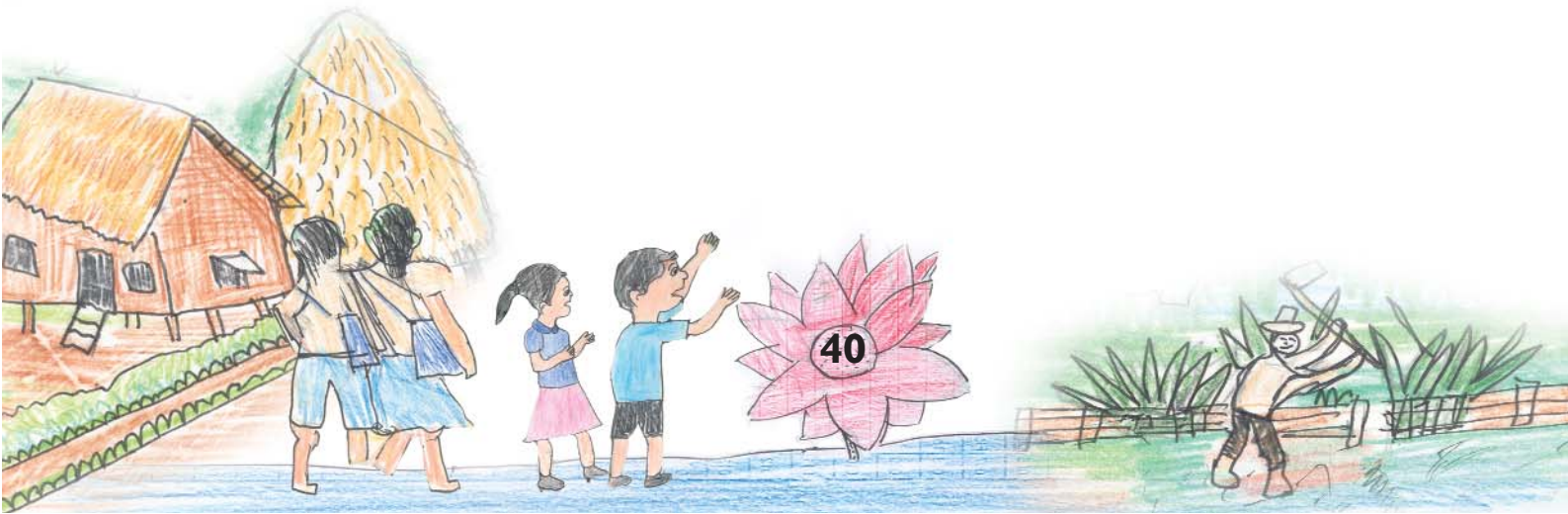
**Occupation**



<p><b>Other children in the household</b></p> <p><b>Nick name</b></p> <p><b>Age</b></p>	<p>YES <input type="radio"/> No <input type="radio"/></p> <p><b>Name</b> _____</p> <p><b>Marital status</b> _____</p> <p><b>Occupation</b> _____</p>
<b>II EMOTIONAL SITUATION OF THE FAMILY</b>	
<p><b>QUESTIONS TO THE FAMILY:</b></p> <p><b>Why do you want to adopt a child ?</b></p> <p><b>Do you want:</b></p> <p><b>Why ?</b></p> <p><b>Have you ever raise children ?</b></p> <p><b>Have you often arguments in your family ?</b></p> <p><b>Father:</b></p> <p><b>Mother:</b></p> <p><b>Describe any prior experience you have in caring for, supervising, or teaching children:</b></p>	<p>_____</p> <p>a boy <input type="radio"/> a girl <input type="radio"/> nevermind <input type="radio"/></p> <p>_____</p> <p>YES <input type="radio"/> No <input type="radio"/> precise: _____</p> <p>YES <input type="radio"/> No <input type="radio"/> precise: _____</p> <p>YES <input type="radio"/> No <input type="radio"/> precise: _____</p> <p>_____</p>
<p><b>QUESTIONS TO THE NEIGHBOURS:</b></p> <p><b>What do they think of this family :</b></p> <p><b>Why ?</b></p>	<p>_____</p> <p>_____</p>



<b>Is there any violence in this family</b>	YES <input type="radio"/> No <input type="radio"/>	precise: <input style="width: 100%;" type="text"/>
<b>Do family members often have arguments ?</b>	YES <input type="radio"/> No <input type="radio"/>	precise: <input style="width: 100%;" type="text"/>
<b>Relationship between the community and the family ?</b>	VERY GOOD <input type="radio"/> GOOD <input type="radio"/> FAIR GOOD <input type="radio"/> BAD <input type="radio"/> DANGEROUS <input type="radio"/>	PRECISE: <input style="width: 100%;" type="text"/>
<b>Do anyone use substances in the family ?</b>	YES <input type="radio"/> No <input type="radio"/>	
<b>Do the parents play card ?</b>	YES <input type="radio"/> No <input type="radio"/>	precise: <input style="width: 100%;" type="text"/>
<b>Do they drink alcohol ?</b>	YES <input type="radio"/> No <input type="radio"/>	precise: <input style="width: 100%;" type="text"/>
<b>QUESTIONS TO THE CHIEF OF VILLAGE:</b>		
<b>What does he think of this family :</b>		<input style="width: 100%; height: 20px;" type="text"/>
<b>Why ?</b>		<input style="width: 100%; height: 20px;" type="text"/>
<b>Is there any violence in this family</b>	YES <input type="radio"/> No <input type="radio"/>	precise: <input style="width: 100%;" type="text"/>
<b>Do family members often have arguments ?</b>	YES <input type="radio"/> No <input type="radio"/>	precise: <input style="width: 100%;" type="text"/>
<b>Relationship between the community and the family ?</b>	VERY GOOD <input type="radio"/> GOOD <input type="radio"/> FAIR GOOD <input type="radio"/> BAD <input type="radio"/> DANGEROUS <input type="radio"/>	PRECISE: <input style="width: 100%;" type="text"/>
<b>Do anyone use substances in the family ?</b>	YES <input type="radio"/> No <input type="radio"/>	
<b>Do the parents play card ?</b>	YES <input type="radio"/> No <input type="radio"/>	PRECISE: <input style="width: 100%;" type="text"/>
<b>Do they drink alcohol ?</b>	YES <input type="radio"/> No <input type="radio"/>	PRECISE: <input style="width: 100%;" type="text"/>



### III ECONOMIC SITUATION OF THE FAMILY

Parents occupation : BOTH WORKING  ONE WORKING  NONE WORKING

Does this occupation generate a regular income : YES  No  PRECISE: \_\_\_\_\_

Try to evaluate the family monthly income : FATHER: \_\_\_\_\_ OTHER: \_\_\_\_\_  
MOTHER: \_\_\_\_\_ TOTAL: \_\_\_\_\_

Is there enough money to meet the needs of the child YES  No

Parents health situation : BOTH HEALTHY  ONE HEALTHY  NONE HEALTHY   
PRECISE: \_\_\_\_\_

Is the house : GOOD  FAIR GOOD  POOR  EXTREMELY POOR

Which sort of house ? BAMBOO  WOODEN  PLASTIC/THATCH   
PALM LEAF  CEMENT  PAGODA   
NO FIXE ABOVE  OTHER .....

Number of rooms: \_\_\_\_\_

Number of people living together: \_\_\_\_\_

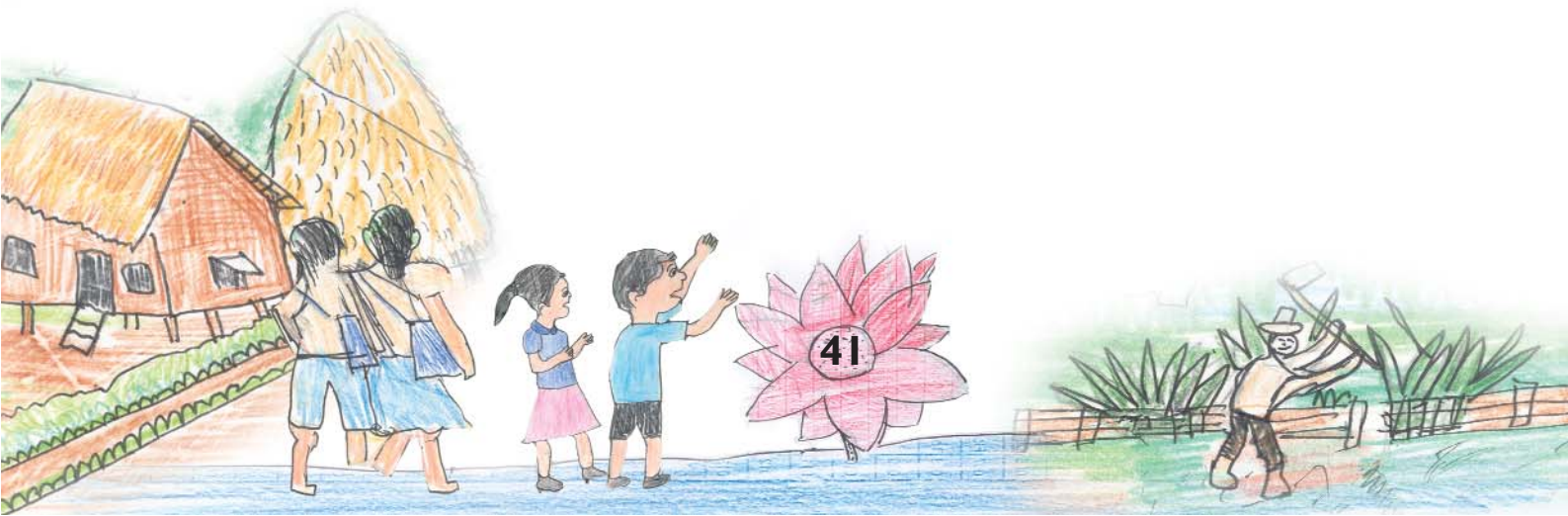
Facilities : TOILET INSIDE  TOILET OUTSIDE  NO TOILET   
TAP WATER  PUMP OUTSIDE  NO WATER   
OTHER .....

Does the house need to be extended or improved ? YES  No  precise: \_\_\_\_\_

If yes, estimate the price: \_\_\_\_\_

Does the family have its own land ? YES  No  How many hectares? \_\_\_\_\_  
OWNING  RENTING  SQUATTING   
OTHER :.....

Does the family owe a debt ? YES  No  If yes, how much is the debt ? \_\_\_\_\_



**Does the family live in a poor community?** YES  No

**Is the family poorer than others in the community?** YES  No  **Why?**

**What long-term expectations does the family have for the child?**

**Which hopes and plans does the family have for themselves?**

**Has the mother any skill?** YES  No  precise:

**Has the father any skill?** YES  No  precise:

**Have they plan to make an income generating activity?** YES  No

**Which one?**

**Where?**

**How much they have to invest?**

**How much can they invest?**

**What about the family support network?**

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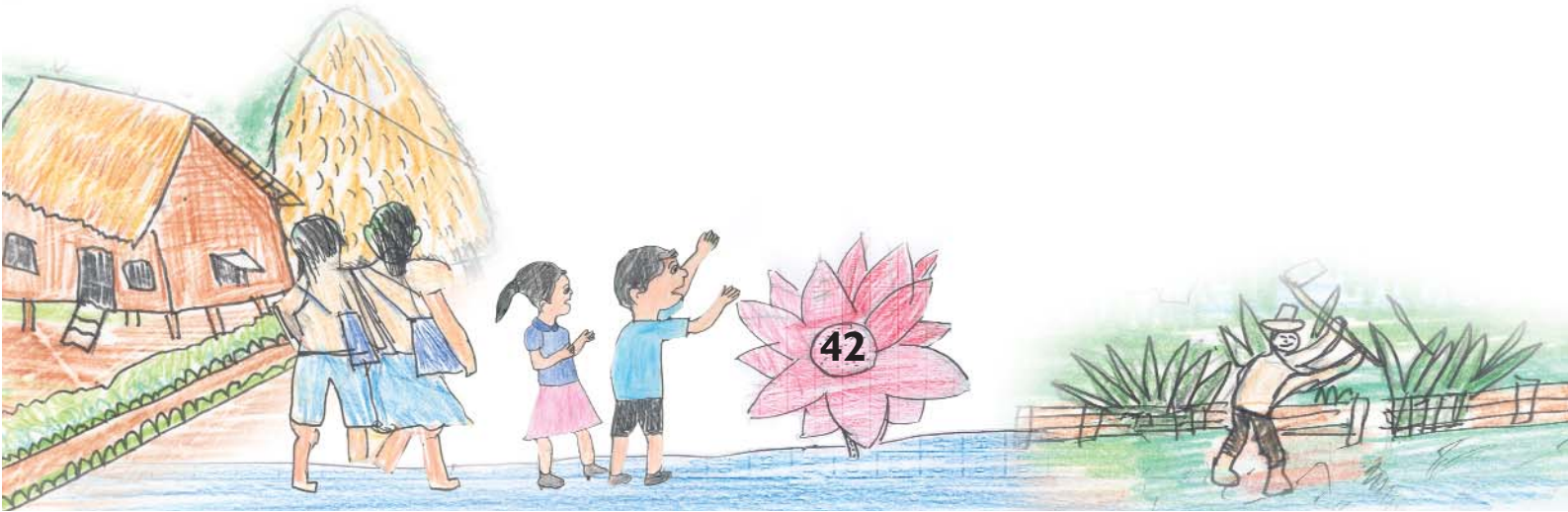
**IV LOCATION**

**Is there a school near the family's house?** YES  No  PRECISE:

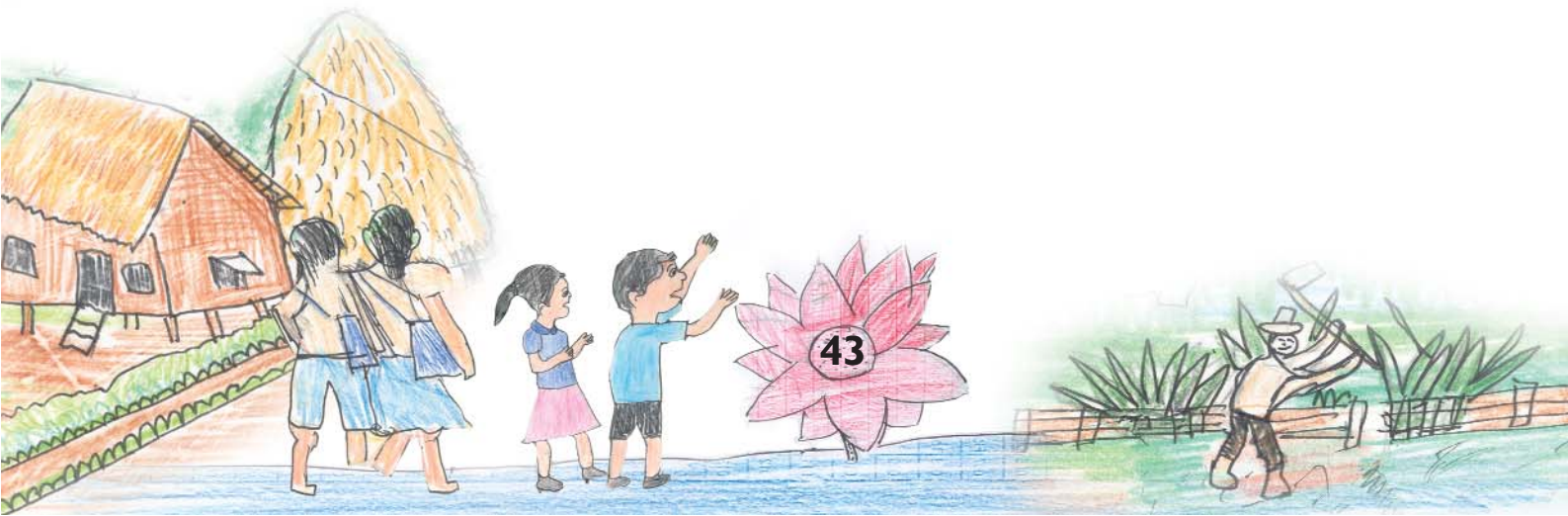
**Is there a clinic or hospital near the family's house?** YES  No  PRECISE:

**Do the family know where to refer the child in case of disease?** YES  No  PRECISE:

5



<p><b>Is the house near a road ?</b></p> <p><b>Ask the neighbours about floods or dry season :</b></p>	<p>YES <input type="radio"/> No <input type="radio"/></p> <p>PRECISE: <input style="width: 100%;" type="text"/></p>
	<p><input style="width: 100%; height: 40px;" type="text"/></p>
<b>V FAMILY PLAN</b>	
<p><b>Does the family need financial support :</b></p> <p><b>Material :</b></p>	<p>YES <input type="radio"/> No <input type="radio"/></p> <p>YES <input type="radio"/> No <input type="radio"/> AMOUNT: <input style="width: 100%;" type="text"/></p> <p>OBJECTIVE AND PLANNING: <input style="width: 100%; height: 20px;" type="text"/></p>
	<p><b>Micro-credit :</b></p> <p>YES <input type="radio"/> No <input type="radio"/> AMOUNT: <input style="width: 100%;" type="text"/></p> <p>OBJECTIVE AND PLANNING: <input style="width: 100%; height: 20px;" type="text"/></p>
<p><b>period of reimbursement :</b></p>	<p><input style="width: 100%; height: 20px;" type="text"/></p>
<p><b>Health support :</b></p>	<p>YES <input type="radio"/> No <input type="radio"/> AMOUNT: <input style="width: 100%;" type="text"/></p> <p>OBJECTIVE AND PLANNING: <input style="width: 100%; height: 20px;" type="text"/></p>
	<p><b>What is the business plan :</b></p> <p><input style="width: 100%; height: 60px;" type="text"/></p>
<p><b>Counseling :</b></p>	<p>YES <input type="radio"/> No <input type="radio"/></p> <p>OBJECTIVE AND PLANNING: <input style="width: 100%; height: 40px;" type="text"/></p>



Please describe any areas where you feel that you would especially need guidance and/or support.

**VI REACTIONS AFTER FIRST CONTACT**

Note about the family reaction to the assesement:

Reaction to the contract:

Reaction of the child after the first contact :

Reaction of the family after the first contact :

Estimation of NGO staff on the ability of the children integration :

**VII CHECK LIST**

- THE CHILD AGREE
- ID CARD OF THE CHILD
- INFORM AUTHORITIES
- INFORM OTHER NGO PARTNER
- CONTRACT SIGNED

Case Transmitted to :

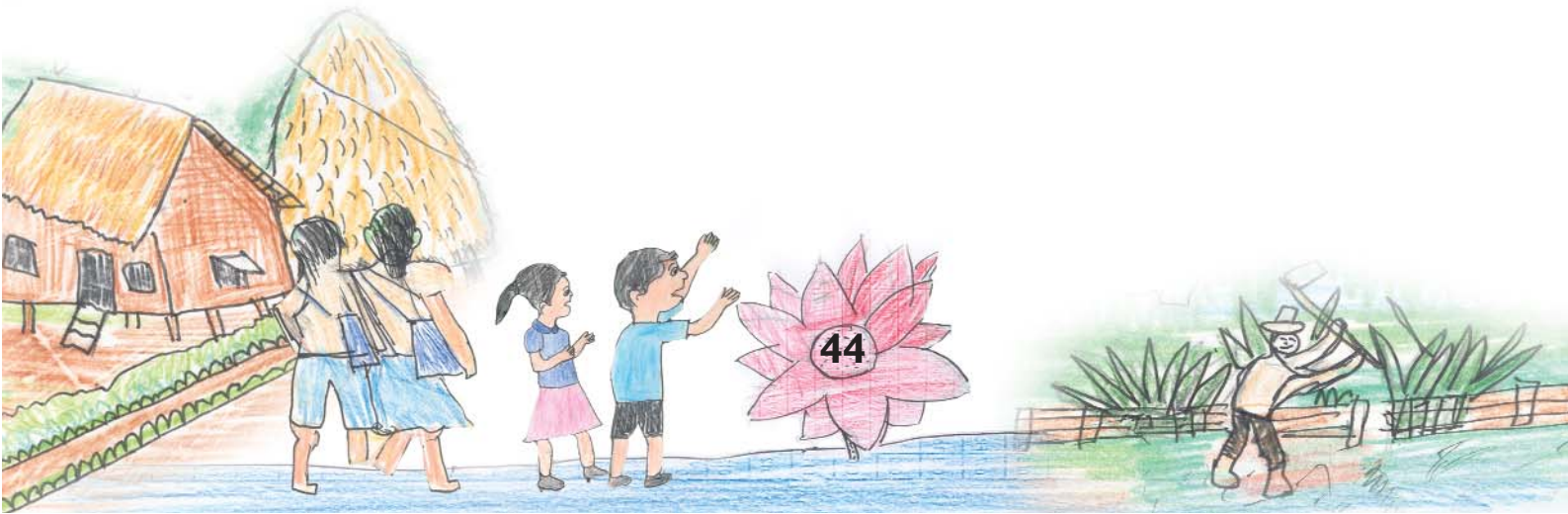
Date :

Copy to :

Date :

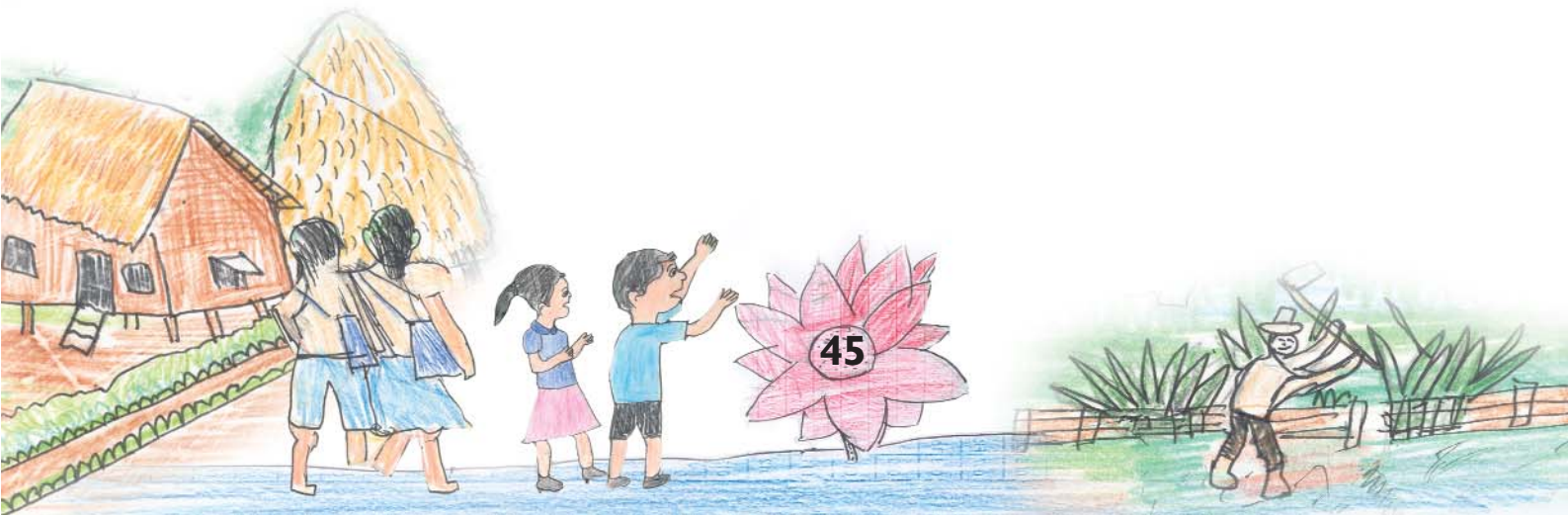
Signature of the responsible staff :

Date :



LIST OF MATERIAL  
AND BELONGINGS

REMARKS









[www.streeffriends.org](http://www.streeffriends.org)



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