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Barriers and facilitators to fostering children with disabilities in Cambodia

Light for the World Cambodia, 2021

Foreword

Worldwide research shows that children with disabilities are less likely to be in the foster care system, despite the fact that they too may need to make use of the alternative care system when staying with their birth families is not possible. This is the same in Cambodia as it is elsewhere. There are very few family-based alternative care options available for children with disabilities, and the few that exist are focused in very limited geographical areas.

One of the Guiding Principles in the Ministry of Social Affairs, Veterans and Youth's Action Plan for Improving Child Care is 'Equity'. It expressly states that special attention needs to be paid to children with "special needs" to ensure that they are "not left behind". Thus, there is a tremendous need to mainstream family-based alternative care services to reduce discrimination against children with disabilities regarding their fundamental right to be cared for within families and communities.

Family Care First | REACT is a network of more than 60 member organizations working together to support children living in safe, nurturing family-based care. FCF's Technical Working Groups recognized that a group of children - especially children with disabilities - suffer a particularly serious lack of recognition and referral to services. As part of FCF | REACT's 'Leave No Child Behind' project, Light for the World Cambodia is focusing on the promotion of disability inclusion. To contribute to the limited body of work in this field, we have carried out a study on the inclusion of children with disabilities in the foster care system in Cambodia. We are delighted to present the results in this report.

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Executive Summary

As with any other children, and maybe even more so given their vulnerability, children with disabilities have the right to adequate care and support to meet their needs. In line with this, we would like to understand what prevents children with disabilities from being included in the foster care system. This report thus aims to answer the question: “what are the barriers and facilitators to inclusion of children with disabilities in foster care in Cambodia?”

The study included a literature study, as well as semi-structured interviews with ten key informants, all of whom had worked in or had expertise of the foster care system in Cambodia.

This resulted in six key barriers and six key facilitators to foster care for children with disabilities.

The barriers are:

- Fear and misunderstanding disability
- The perception of residential care for children with disabilities
- The inability to adequately identify children with disabilities and their needs
- Lack of adequate preparation and support of foster parents
- Lack of access to disability specific services
- The fear that foster care placements for children with disabilities are more permanent

The facilitators are:

- Raise awareness on disability to increase knowledge and dispel myths
- Access to disability specific services near the foster home
- The provision of respite care to the foster family
- Proper identification and permanency planning
- Adequate coverage of costs
- Knowledge and awareness of various alternative care options

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Introduction

When children, for a variety of reasons, are no longer able to live in their birth family, an alternative care option needs to be found. In Cambodia, the main reason for no longer residing in the birth family is poverty, often compounded by other factors such as "violence, abuse, family conflict, abandonment, migration, family death, or illness and addictions" (Hamilton, Apland, Dunaiski, & Yarrow, 2017, p. 4). Another reason for placement in alternative care, particularly for children in rural areas, is the idea that alternative care will provide the child with high quality education which cannot be provided for by the family, or specialist care that the family doesn't know how to provide. Types of alternative care seen in Cambodia include kinship care, foster care, pagoda-based care, group homes, boarding schools and residential care (Hamilton et al., 2017). In this report we will focus specifically on foster care.

Types of alternative care[1]

Kinship care. Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.

Foster care. Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care.

Pagoda-based care. Care provided to children by Buddhist monks, nuns and lay clergy, often within a Pagoda setting.

Group homes. A limited number of children are housed in a family environment under the supervision of a small group of caregivers unrelated to the children.

Boarding schools. Generally related to education, but children may be placed in boarding schools due to a child protection issue in the family.

Residential care institution. A non-family-based centre run by paid staff, where children live and access services, as well as sleep at night (Ministry of Social Affairs, 2016).

Foster Care

The Cambodian government, in its 2006 Policy on Alternative Care for Children, defines foster care as "a form of temporary placement in which a family agrees to take an unrelated child in. It is usually for a short-term duration and does not involve the permanent transfer of parental rights and responsibilities" (Kingdom of Cambodia, 2006). In Cambodia, foster care is mostly provided and managed by NGOs, with the nature of foster care thus differing depending on which NGO it is being managed by (Hamilton et al., 2017).

Family-based care, such as foster care, is widely considered to be the more preferable alternative to residential care. It is also well-known that across the world, children with disabilities are more often excluded from foster care (EveryChild, 2011). The Kingdom of Cambodia's Policy on Alternative Care for Children also acknowledges that "it is not uncommon to find children with disabilities in residential care partly because they are more likely than others to be abandoned and less likely to be placed in family and community care" (Kingdom of Cambodia, 2006, p. 23).

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[1] (Hamilton et al., 2017)

Children with disabilities in alternative care in Cambodia

Little is known about the extent to which children with disabilities are placed in alternative care, and particularly foster care. A 2016 mapping study found 925 children with disabilities living in residential care institutions, out of a total of 16,579 children (Ministry of Social Affairs, 2016). Very little is known about the numbers of children with disabilities living in other forms of alternative care.

Research question

As with any other children, and maybe even more so given their vulnerability, children with disabilities have the right to adequate care and support. Therefore we would like to understand what prevents children with disabilities from being included in the foster care system. This report thus aims to answer the question: “what are the barriers and facilitators to inclusion of children with disabilities in foster care in Cambodia?”

Methodology

As a first step, a literature search was carried out. Key stakeholders shared important documents and policies, and an online search using three key words - 'foster care', 'children with disabilities' and 'Cambodia' was conducted. The Better Care Network website was taken as a base for the literature search, with all documents being checked for these three key words.

As a second step, semi-structured interviews were carried out with ten key informants. Informants had worked, or were working, in foster care, government and/or disability specific organisations, and had direct professional experience with foster care for children with disabilities in Cambodia. A list of key informants is available on page 18. Interviews were carried out and analysed by the author. In addition, Light for the World staff met with members of the Department of Social Welfare for Children and the Department of Social Welfare for Persons with Disabilities to discuss foster care, and receive feedback on research results. Results were also discussed with expert staff members from Light for the World[2].

This report is divided into two main sections, the first being the barriers to inclusion of children with disabilities in foster care, and the second being the facilitators to inclusion of children with disabilities in foster care.

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[2] Including Virak Kheng, David Curtis and Marieke Boersma.

Barriers to inclusion of children with disabilities in foster care

Fear and misunderstanding disability

Although not mentioned in the literature, almost all respondents mentioned that beliefs and stigma around disability are a barrier to fostering of children with disabilities. For example, disability can be seen as bringing bad luck and as a sign of bad karma, and inviting a disabled person into the household could be seen as inviting bad luck into the home.

> "Some people still say [disability] brings bad luck to the family. They did something bad in their past life and are therefore disabled in this life." (Participant 7, 2020)

> "Parents don't understand that the child can't help being born with disability. […] We see that not many families are willing to provide care to those who have a disability." (Participant 6, 2020)

Previous research by Light for the World amongst managers of NGOs working with children shows that most see that families of children with disabilities are discriminated against in the community. Examples of discrimination include not allowing other children to play with the disabled children, believing persons with disabilities to have bad hygiene, or believing that the family must have done something wrong to warrant having a child with a disability (Light for the World Cambodia, forthcoming).

In addition to stigma, many persons in Cambodia are simply unfamiliar with disability or with the concept that disability can change or improve over time. They may not know what someone's disability means in terms of development, care and future prospects. Not knowing what (the specific child's) disability is, can lead to fear of making mistakes in the provision of care or reluctance to engage with the child.

Because of ideas around disability, there is often very little perspective of children with disabilities reintegrating into their birth families. Foster care organisations reported making repeated visits to parents, and sometimes even leaving the child behind for a short period of time in order to give the families time to get used to their child. Often, despite this, families still do not want to take back their child. This can mean that foster care, despite having the intention of being a temporary solution, ends up being more permanent for children with disabilities as compared to children without disabilities.

> "It is difficult to reintegrate disabled children [into their birth families]. […] Because when we visit [the families] they think we bring the problem to their families. They think disabled child is not easy; brings problems." (Participant 8, 2020)

The same goes for foster parents. It is difficult to find potential foster parents for children with disabilities, as "many reject a foster child with a disability. They think it is very hard for them to take care." (Participant 8, 2020)

> "It is hard to find short term foster parents for [children with disabilities]. They feel like they don't have the skills. They are scared of disability." (Participant 3, 2020)

> "Most of our emergency foster care parents don't feel capable of having seriously disabled children with them. Mainly that they are scared that they will do something wrong." (Participant 1, 2020)

Perception of residential care for children with disabilities

There is still widespread use of residential care for children with disabilities (EveryChild, 2011). In general, even for children without disabilities, residential care options are considered to be the best solution for children needing alternative care, with the majority of interviewed commune council members and village chiefs in Cambodia citing this to be so (UNICEF, 2011). In addition, for children with disabilities it is even more often the case that residential care institutions (RCIs) are considered the more preferable alternative care space. This is because residential care institutions are seen to have the experts and professional support available to provide children with disabilities with the care that they need, which foster parents might not be able to provide.

> "[A residential care institution would be preferable because] it's a place that has space and there are professionals to support them." (Participant 3, 2020)
>
> "Not all children with disabilities should be in foster care. There are some cases where foster care fits very well. Other kids, their best interest might in in institutions. […] A child with severe and multiple disabilities needs specialized staff. A family cannot do that. […] A family setting environment is best, but they need more than that. They need specialists, experts to take good care of them." (Participant 7, 2020)
>
> "If a child has disability or mental disability, they [the family] think it's best to leave at hospital or abandon at NGO, in residential care which is quite popular. They know Cambodia has a place for those children at RCIs. They think that living there is better for the child than to take care of them." (Participant 3, 2020)

Inability to adequately identify children with disabilities and their needs

In order to be able to serve children with disabilities and their potential foster families, one of the preconditions is that these children with disabilities are identified. If case workers – in charge of placing children in foster families and supporting them throughout their placement - are not able to properly identify and assess children with disabilities, it may result in "underreporting, inappropriate placement decisions and inadequate provision of services for children and youth with disabilities in foster care" (United Cerebral Palsy & Children's Rights, 2006, p. 6).

Key informants indicated that social workers did not have much understanding of disability. Community workers in Cambodia are also not specifically trained to identify children with disabilities (Jenny, Martin, & Burn, n.d.), a skills gap acknowledged by the Department of Child Welfare (Kheng, 20th November 2020). One organization offering foster care stated: "We also need to work with partners to identify disability. Some disabilities are difficult to see. It's very difficult to train social workers on how to do it." (Participant 6, 2020)

Social workers, in general, may not have had official training and certification in the field of social work, but learn on the job, as demonstrated by the fact that only 39.2% of frontline workers have degrees in psychology or social work (Roby, 2020). Professional training for social workers is quite recent, with the first batch of Bachelor level Social Work students starting their four year degree from the Royal University of Phnom Penh in 2008, and the first Masters level Social Work programme starting in 2009 (Rethea; Royal University of Phnom Penh). Not enough students, however, enter the social work programme to keep up with the demand (Participant 3, 2020). Social workers often do not get a lot of or even any training specifically on disability, and depend on disability partners to provide them with support as needed (Participant 3, 2020). But with social workers being the first point of contact for families and children, this may mean that identification and assessment can come too late or not at all. Some NGOs do state that their existing social workers have been trained on assessing and recognizing disability, but that incoming social workers have not (Participant 6, 2020), indicating that disability training is an ad hoc event for case workers.

Lack of adequate preparation and support of foster parents

Even where foster parents are open and willing, there is the fear of not being able to provide adequate care to the disabled child they are fostering. Foster parents may feel scared of the disability and the high care needs that the child has, including the high responsibility that comes with that. Or, in the case of a child with a less significant disability, they may fear high care needs despite the fact that this would not be the case for this specific child.

> "It is a matter of how well-prepared families are before receiving children. There will be unexpected situations, but the better prepared, the more chance of success." (Participant 7, 2020)

Lack of preparedness in the challenges associated with caring for children with disabilities is an international phenomenon amongst foster parents. As foster parent recruitment programmes generally do not focus on disability, potential foster parents may not have been given basic information about the needs of the children that are placed in their household, or have had training in how to take care of their foster child's specific needs (United Cerebral Palsy & Children's Rights, 2006). Not being psychologically prepared for a foster child with disability is often cited as a reason for not wanting to foster a child with a disability (Save the Children & Center for Educational Research and Consulting, 2013).

When foster parents are not adequately prepared before placement or supported throughout placement, it can lead to dangerous situations. As noted by Jenny et al. "[We observed that] the foster carer had limited training and support in caring for this particular child's needs. We felt the placement was inappropriate and perhaps placed the child at risk" (Jenny et al., n.d.) Similar observations were done by other key informants:

> "[Foster parents] are scared of disability. They need to take care 24 hours. If feeding is not done properly [the child] can die in two minutes." (Participant 3, 2020)
>
> "[the foster children] were very severely disabled. [The foster] parents were not told anything about that. They were not prepared. […] The new foster parents were terrified. [They had] had no training on how to feed the child, medicate the child." (Participant 4, 2020)

Foster parents need adequate information on disability in general and on their (potential) foster child's disability specifically in order to make a well-informed choice on whether to foster this child and to feel adequately prepared to do so. This currently does not seem to be the case in many of the foster programmes discussed. Even simply making the choice of whether or not to foster a child with a disability needs to be thought out. As mentioned by one informant, "There are so many types of disabilities: how do you do this with recruitment. If you ask parents If they want a disabled child, it covers so many things. It could mean a child with a simple disability, or a severely disabled child." (Participant 1, 2020)

Lack of access to disability specific services

> "We have limited ability to work with children with disabilities. So it is hard for us to work with disabled children. We try to find services to support them and our social workers. We don't have that. It is difficult to assess them and difficult to work with them." (Participant 8, 2020)

One of the main reasons that children with disabilities in Cambodia are placed in residential care centres, rather than in biological or foster families, is the fact that specific disability services are often lacking in most communities. Residential care centres are considered to provide the care and services that children with disabilities need (although whether the quality of services they provide is adequate is another topic for discussion) (UNICEF, 2011). A study on alternative care in Cambodia found that in areas where there were strong networks amongst service providers - providing programmes on early intervention, prevention, and CBR – there were fewer children with disabilities entering residential care institutions (Jenny et al., n.d.).

> "As long as people see that there are services available for them in the community. Then we can prevent separation in the first place. I think parents abandon their child with disability after the child is born because they don't know what to do with the child. They don't know how to provide care for the child. There are no or limited services in the community for them to support their child with disability. Without services and knowledge on caring for their children and their socioeconomic situation – they are poor – I think they would abandon. But if they know that there are services, there is someone there who would help them support their children to develop to their potential, I think they would not abandon their children in the first place." (Participant 9, 2020)
>
> "I would imagine now in Cambodia, in the coming ten years, a child with multiple and severe disabilities needs specialized staff. A family cannot do that. They are not trained to do that. A family setting environment is best, but they need more than that. They need specialists, they need experts to take good care of them." (Participant 7, 2020)

Parents, both biological and foster, need community services for children with disabilities to enable them to raise the children in the community rather than send them to an institution. This can include medical services, rehabilitation services, therapy, respite care or day centres.

> "We find when families know there is support available, they are more likely to [take in the foster child]." (Participant 2, 2020)
>
> "To make [a person] a good caregiver, first we take care of them. We support them with what they need. They get therapies. Our nurse visits them the first time and works with the foster care mom. The social workers that work with the foster family always visit with the nurse too. And we try to work together and ask if there are concerns or worries about where they need our support. That makes it easier than before." (Participant 8, 2020)

Almost all key informants indicated that the lack of community-based disability specific services was a deterrent to any form of family-based care. Initially, the lack of support and services is a reason for biological parents to relinquish their child with a disability to institutional care; once in the alternate care system, kinship carers or foster carers are reluctant to take up care of a disabled child without adequate support.

Foster care placements for children with disabilities are (feared to be) more permanent

Foster care is intended to be a temporary solution. Placement lasts until a child is returned to their biological family or another permanent family placement (e.g. through adoption), or when a child ages out of care, in many countries at the age of 18.

For children with disabilities, foster care agencies find that the chance of reintegration into birth families or adoption is very low. Birth families are not willing to take back a child with a disability, and there is very low adoption demand for children with disabilities (Kheng, 20th November 2020). In addition, (potential) foster families fear that children with disabilities may not be independent as they transition into adulthood, thus leaving them with a lifelong burden of care. This, combined with the fact that the cost of caring for a child with a disability can be high and that most foster care is financially supported by NGOs whose yearly budgets are volatile, makes foster parents fearful of taking on a burden that may last beyond regular foster care placements.

> "[Fostering a child with a disability] brings costs, so [foster parents] say, 'I can, but I need a contract for long-term support. Because what if the organization stops supporting, then how will I survive?' […] Some parents are happy to take care of the child. But they only need the cost support. And long term. Not just one or two years. These children can survive their whole life. And the extra cost and time they spent to look after them will be very consuming." (Participant 3, 2020)
>
> "Government should pay some money. Because organizations can stay for twenty years, then funding ends, and then foster parents start to feel the pressure. Even though they love the child, it is an extra expense for them. The government should support them." (Participant 7, 2020)

Permanency planning is difficult for children with disabilities. In some cases because the NGOs who run the foster care programmes have short-term programmes that only last a year or two. And second because it is more difficult to find permanent families to transition children with disabilities into, due to the stigma surrounding disability and the resources needed to take care of a child with a disability.

> "For disabled children it is still a challenge. […] It is hard to find permanent families for them. Because NGOs don't have permanency planning for them, for individual cases." (Participant 5, 2020)

In most cases, foster parents have the expectation that foster children will at least age out of care and become independent at a certain point in life. For children with severe disabilities this will most likely not be the case. Without proper permanency planning, foster parents may fear that they are taking up a life-long commitment if they accept the child into their home.

“If foster care is temporary, then children living in foster families should be coached on what happens after; they should be coached on that it is temporary and not permanent. Having an exit strategy is important at the start of foster placement. […] That is why it is hard to imagine a multiple, severe disabled person would be right to place them in foster family. Because physically, intellectually they are not going to be ready [to be independent].” (Participant 7, 2020).

Facilitators to inclusion of children with disabilities in foster care

Raise awareness on disability to increase knowledge and dispel myths

Lack of awareness on disability and what it means in the life of a child is a large factor in why birth parents give up their children, as well as a factor in why foster parents are less interested in fostering a child with a disability. Work on raising awareness on disability, dispelling myths, and being open about current care needs and future (inclusive) prospects can be a big factor in the inclusion of children with disabilities in foster care. This means raising awareness in the community, amongst leaders, and amongst social workers.

> "[There is a] need for community awareness raising. So that parents don't leave the child in the first place." (Participant 1, 2020)
>
> "That kind of discrimination is still in our community. Until they are well aware of what to do with children with disabilities, and they are well supported and they are educated. Then they are willing to take those children."(Participant 5, 2020)

Access to disability specific services near the foster home

In order to ensure that children with disabilities are more likely to find foster placements rather than institutional placements, disability specific services near the foster home are essential. Disability specific services can help (foster) families understand their child's needs and get them invested in the child's progress.

> "If you want to increase the number of children with disabilities [in foster care], you need to start with looking at where the resources [for children with disabilities, such as rehabilitation] already are and building those. And then placing kids in those areas." (Participant 2, 2020)

Having disability specific services in the vicinity would also reduce the costs of transport that the foster care organization needs to cover. As shared by Children in Families, "because of the location where many of the children live, we pay a substantial amount for travel both for children accessing medical or other services and for our staff. This could be different for another organization if their foster placements were all closer to needed services."

Having services nearby to support children with a disability, has several benefits. First, the child's skills improve, increasing the abilities of the child to communicate and participate. Second, knowing they are not alone and being equipped with the right knowledge to take care of the child will reduce (potential) foster parents' fear of the unknown of taking on a child with a disability.

> "In our foster care, from the beginning it is hard to find short term foster parents for those children. They feel like they don't have skills. […] But after several years and some training, they get used very easily and they fall in love with the children. Then they want to take care of them." (Participant 3, 2020)
>
> "For foster care, we need those services for children with disabilities so that the children can grow up in family environment." (Participant 9, 2020)
>
> "They lack knowledge and skills in how to take care of children with disabilities. So they see children with disabilities as a big burden to the family. […] They love them, but it is a lot of skill and capacity to take care of them. So once that capacity has been built, they feel that that is great for them." (Participant 5, 2020)

Provision of respite care to the foster family

Foster parents that choose to foster a child with a (severe) disability, need access to respite care in order to be able to manage a disabled child in their home for a significant period of time. Respite care – such as day care or weekend care – can provide foster carers with a break from caring, which improves placement stability (EveryChild, 2011).

> “We are also thinking about, maybe the foster family it might be stressful for them. So we are recruiting more caregivers that can take care of him during the weekend or so. So the parents can have some time off at least part time.” (Participant 3, 2020)

Taking care of a child with a disability, particularly a child with significant care needs, can be stressful and time-consuming. It can mean that carers are not able to leave the house to attend social visits or community events, or are not able to provide one-on-one attention to other children. In some cases, carers may also not be able to ask family members or friends to support in caretaking for the disabled child as care might require a certain skill level.

Formal respite care is currently not a well-known concept in Cambodia. However, being able to take a break from care has proven to reduce stress and increase quality of life in carers of children with disabilities. Having a system of respite care to allow carers to rest and invest in social and community activities will increase the likelihood of successful foster placements for children with disabilities (Jenny et al., n.d.).

Proper identification and permanency planning

Proper identification can lead to improved foster care for children with disabilities. If social workers understand disability, they are better able to identify the needs that a child has, and match the child to an appropriate family that is understanding of the child’s needs.

> “One issue we have seen is that a foster care organization doesn’t understand what special needs are. Children in their care don’t receive disability specific services.” (Participant 4, 2020)

Being able to properly identify a child with a disability serves multiple purposes. First, it can prepare future foster parents to understand what the (future) prospects are of the child, as well as his or her current care needs. They can then make a better assessment of whether or not they want to take in the child, reducing the likelihood of disappointment in the placement and the need to transfer the child to a new placement later on.

> “Children who would benefit from foster care placement should be properly identified to define the needs and plan an adopted foster care program with suitable resources and budget. On this basis foster carers should be selected, trained and supported to meet this child’s needs. (Jenny et al., n.d., p. 21)

Second, if disability is properly identified, foster carers can be supplied with appropriate support if needed, including training, therapy, financial support, respite care and medical care. Lastly, with proper identification and assessment, children can be referred to the necessary disability specific services. Being able to access therapy and medical services improves their capabilities, which in return can enhance the positive attitude of carers toward the child in their care.

Continuing with that line of thought, once children are adequately identified and assessed, a proper permanency plan needs to be a part of the process as well. This includes working with birth parents to see if reintegration is a possibility.

> “Foster care is a new concept to all the people in general. Not many families understand what this really means. Am I adopting this child to become one of my own? Is he staying forever?” (Participant 7, 2020)

Understanding the timeline of the placement will also help (potential) foster carers make well-considered choices regarding whether or not to foster a certain child. Currently, many may fear taking in a child with a disability, as they are afraid the child will stay in their care forever: a child may never return home as children with disabilities are difficult to reintegrate into their biological families. Many may fear being stuck with the financial burden, as NGO budgets may stop at any time. Being clear about the length of the placement up front and regularly discussing the long-term plans for the specific child, can take away fears and support foster carers as they take care of children with disabilities.

Adequate coverage of costs

Children with disabilities can bring higher expenses than children without (Palmer, Williams, & McPake, 2016), and providing proper and stable coverage of those costs for foster care families will increase the likelihood of proper placement.

> “[Fear of the costs] is a big challenge and barrier. Some parents are happy to take care of the child. But they only need the cost support. And long term. Not just one or two years. These children can survive their whole life. And the extra cost and time they spent to look after them will be very consuming.” (Participant 3, 2020)

As stated by the Ministry of Social Affairs, “foster families caring for children with disabilities should receive remuneration to cover daily needs to the children: all medical and care costs should be responsibility of the state. Foster families can be remunerated as a way to value them as professionals.” (Jenny et al., n.d., p. 22). This remuneration should ideally be provided by the state, as NGOs are often reliant on external funding which can lead to uncertainty as to how long the funding will last. Currently, however, the foster care system, including the funding of it, is still dependent on non-governmental organisations (Kheng, 20th November 2020).

> “The end responsibility should be with the government, not with the organisations. I think this would encourage more families to foster a child. Not because they earn money, but because it doesn’t cost them anything.” (Participant 7, 2020)

Knowledge and awareness of various alternative care options

As noted earlier in this paper, the overarching belief is that residential care institutions are the best place for children with disabilities as they are believed to have the specialized skills needed to take care of disabled children. Providing awareness and information on the possibility of keeping children with disabilities in families, whether biological or foster, can be important in demonstrating that there are alternative options for children with disabilities.

> “Residential care centres have a high profile in their communities and are visible and available. However, when officials are exposed to alternative forms of care, attitudes can change towards promotion of family- and community-based forms of alternative care.” (UNICEF, 2011, p. 46)

> “And the more you hear about that [residential care centres], the more they think OK and just send their children to an RCI.” (Participant 9, 2020)

When people and authorities don’t see foster care as a viable alternative for children with disabilities, then children won’t be referred there. If there is more awareness on the fact that children with disabilities can be fostered, or more importantly, don’t automatically need to go to residential care, then it is more likely that the various options for alternative care will be explored when the need comes up.

One way to raise awareness is to simply start with a few families that foster children with disabilities.

> “From the beginning one or two accept. And the neighbours around see this is an opportunity to take care of children.” (Participant 3, 2020)

> “There are people who think differently, and if you find them it helps to change the perspective in the community. But once you start with a few families, then other families do start to take that on.” (Participant 2, 2020)

As neighbours and communities see that children with disabilities can be fostered and thrive, they may understand that residential care is not the only option for children with disabilities.

Conclusions

Worldwide research shows that children with disabilities are less likely to be in the foster care system, despite the fact that they too may need to make use of the alternative care system when staying with their birth families is not possible. This is the same in Cambodia. This study is a first look at what the barriers and facilitators are when it comes to foster care for children with disabilities in Cambodia.

Through literature review and interview with key informants, we have defined six key barriers and six key facilitators to foster care for children with disabilities.

The barriers are:

- Fear and misunderstanding disability
- The perception of residential care for children with disabilities
- The inability to adequately identify children with disabilities and their needs
- Lack of adequate preparation and support of foster parents
- Lack of access to disability specific services
- The fear that foster care placements for children with disabilities are more permanent

The facilitators are:

- Raise awareness on disability to increase knowledge and dispel myths
- Access to disability specific services near the foster home
- The provision of respite care to the foster family
- Proper identification and permanency planning
- Adequate coverage of costs
- Knowledge and awareness of various alternative care options

Interestingly, many of the barriers and facilitators for foster care are also issues that need to be addressed to decrease the need for alternative care. The misunderstanding of disability, lack of parental support, lack of access to disability specific services, adequate coverage of costs for caregivers… these are all reasons for birth parents to relinquish care of their children with disabilities and place them in the alternative care system. This is echoed by key informants as well, stating that “part of the need for alternative care [for children with disabilities] is due to the lack of services to help families, leading to the relinquishment of children” (Participant 2, 2020).

If we can solve these issues with the goal of improving inclusion in the foster care system, then we are simultaneously also working on the prevention of family separation in the first place.

Recommendations for further research

This report makes a start at uncovering barriers and facilitators to the inclusion of children with disabilities in foster care in Cambodia. Below follows several recommendations for further research to continue studying how best to support the integration of children with disabilities into family-based care.

The influence of disability specific services on alternative care for children with disabilities

One of the results of this study is the fact that (foster) parents of children with disabilities, and children with disabilities themselves, cannot do it alone. Proper support is needed – be it in the form of medical care, therapeutic services, assistive devices or respite care. Lack of access to disability specific services is seen as one of the large barriers to fostering a child with a disability, and potentially could also be a reason for birth parents to initially give up their child into the alternative care system. A further area of research would therefore be to study whether or not there is a direct relationship between disability specific services / integrated community based rehabilitation services in an area, and the amount of children with disabilities that are given up into alternative care and/or taken up into the foster care system.

Child labour as barrier or facilitator of foster care

Although not often reported, fostering can sometimes take place to meet a demand for labour in the foster family (Webbink, Smits, & Jong, 2010). Neither literature nor key informants mentioned labour in this study, but Light for the World staff present anecdotal evidence for child labour as reason for fostering. The question is whether this is a relevant motive for fostering amongst (potential) foster parents in Cambodia, and more importantly, what the effect of this motive is for children with disabilities. The need for labour can be both a barrier and a facilitator in fostering children with disabilities: a barrier if foster parents prefer 'healthy' children, or a facilitator if foster parents believe they are allowed to exploit children with disabilities as repayment for the extra care that they require.

Motivations and support of foster parents of children with disabilities

The current report has based conclusions on literature as well as the expertise of professionals in foster care provision. It would also be interesting to study the motivations as expressed by foster care parents themselves. What barriers do they see in fostering children with disabilities, and what has supported them in the process? A positive deviance approach – studying families who have successfully fostered a child with a disability – would be recommended as a next step to understand what support foster parents need and want.

Key Informants

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Chamnap Seang	Previously Hagar
Pola Ung	Holt International
Sokhavatey Kheng	Cambodian Children's Trust
Sarang Seam	Grace House
Chhaya Plong Menglang Keng	UNICEF
Sarah Chhin	M'lup Russey
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References

EveryChild. (2011). *Fostering Better Care: improving foster care provision around the world*. Retrieved from

Hamilton, C., Apland, K., Dunaiski, M., & Yarrow, E. (2017). *Study on alternative care community practices for children in Cambodia*. Retrieved from

Jenny, M., Martin, D., & Burn, S. (n.d.). *Enhancing Alternative Care Opportunities for Children with Disabilities in Cambodia*. Retrieved from

Kheng, V. (20th November 2020). *Meeting minutes for meeting with members of Department of Child Welfare, Child Protection Office, and Department of Social Welfare for Persons with Disabilities*.

Kingdom of Cambodia. (2006). *Policy on Alternative Care for Children*.

Light for the World Cambodia. (forthcoming). *Assessment of disability inclusion training 2018*. Retrieved from

Ministry of Social Affairs, V. a. Y. R. (2016). *Mapping of residential care facilities in the capital and 24 provinces of the kingdom of Cambodia*. Retrieved from

Palmer, M., Williams, J., & McPake, B. (2016). Standard of Living and Disability in a Low Income Country.

Participant 1. (2020) */Interviewer: J. Baart*.

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Rethea, P. (25 September 2012). Social Work to change Cambodia. Retrieved from https://www.phnompenhpost.com/lifestyle/social-work-change-cambodia

Roby, J. L. (2020). *Supervision for staff of FCF | REACT partner organizations*. Retrieved from

Royal University of Phnom Penh. (2016). Background / Department of Social Work. Retrieved from http://www.rupp.edu.kh/fssh/social_work/?page=Background

Save the Children, & Center for Educational Research and Consulting. (2013). *Development Perspectives of Foster Care in Armenia: Research Analysis Results*. Retrieved from

UNICEF. (2011). *With the Best Intentions: a study of attitudes towards residential care*. Retrieved from

United Cerebral Palsy, & Children's Rights. (2006). *Forgotten Children: A Case for Action for Children and Youth with Disabilities in Foster Care*. Retrieved from

Webbink, E., Smits, J., & Jong, E. d. (2010). *Hidden Child Labour: determinants of housework and family business work of children in 16 developing countries*. Retrieved from

Barriers and facilitators to fostering children with disabilities in Cambodia

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