



POTENTIAL SHORT-TERM

INTERNATIONAL

VOLUNTEERS' PERCEPTIONS

OF

CHILDREN'S RESIDENTIAL CARE

IN

CAMBODIA

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2015

INTRODUCTION

The aim of this study is to identify the perceptions of potential short-term international tourists concerning children's residential care in Cambodia. Respondent's perceptions will be compared with the findings of existing research on this topic and the views of experts in the field. International volunteering has been identified as a key driver in the expansion of orphanages and children's residential centers in Cambodia and other developing countries, and the growth of these institutions has been well evidenced as contributing to a number of negative outcomes for children. The study's aim of better identifying potential short-term international volunteer's perceptions about the orphanage situation in Cambodia can hopefully contribute towards current efforts to raise awareness amongst potential volunteers and reduce the popularity of this damaging tourist activity.

This study has been adapted from an academic thesis completed by the author in 2015.

ACKNOWLEDGEMENTS

Bahut shukriya, akon charan, kob kon krab, danke schoen and thank you to: Nupur Kumar Farley, Dr. John Watson, Nicolas C Grey, Nikolai Schwarz, Kanchan Kapoor, Dr. Sombat Tapanya, Meang Sakda and Patricia & James Farley

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1. EXECUTIVE SUMMARY

The global boom in volunteer-tourism, known colloquially as 'voluntourism', has led to an increasing trend of volunteering within children's residential centers and orphanages, particularly in developing countries. With an estimated 1.6 million international volunteers seeking placements each year a supply and demand situation is created whereby the popular demand of fee-paying international volunteers for 'orphans' to work with is artificially supplied by operators in developing countries who are unnecessarily removing children from their families and placing them in 'orphanages'. Research has consistently highlighted the negative impacts upon children of living in residential centers such as these. These negative impacts include: unnecessary separation of children from their families, vulnerability to abuse, normalizing the access of strangers to vulnerable children, and disrupted attachment.

A researcher from Friends-International interviewed 100 tourists in Siem Reap, Cambodia who were considering volunteering in orphanages in order to identify what they really understood about the residential child care situation in the country.

Key findings broadly fell into two categories -

Negative Perceptions:

- 75% of potential volunteers were not aware that most of the children in residential centers in Cambodia are not orphans.
- 60% of potential volunteers were not aware that orphanages are sometimes run primarily as a profit-making concern.
- Less than half of potential volunteers were aware that access to education is the primary reason for parents placing their children in care.
- Only 30% of potential volunteers disagreed with the statement that residential care is the best way for children from poor families to access education.

Positive Perceptions:

- 74% of potential voluntourists interviewed agreed that family and community-based support is preferable to residential care.
- Most volunteers are well-motivated and wish to contribute positively through giving their time and money.

Some of the misperceptions identified in this research suggest that the information available to volunteers needs to engage much more with the complexities and well-evidenced negative impacts of residential care for children.

Further information on the issues surrounding volunteering in Cambodian residential care institutions may be found at these websites –

www.thinkchildsafe.org

www.thinkchildsafe.org/when-i-volunteer

www.thinkchildsafe.org/thinkbeforevisiting

2. LITERATURE REVIEW

INTRODUCTION

With growing interest in volunteer-tourism around the world, there is an associated growth of volunteering within residential centers such as orphanages and children's homes. It is estimated that more than 2 million children live in institutional care world-wide (UNICEF, 2009), and that four out of five of these children have parents. A growing evidence base highlights the negative impacts of living in residential care. The popularity of volunteering in these facilities compounds the issue and the negative impact on children. Not only does such short-term international volunteering encourage the expansion of residential centers, but it also renders children vulnerable to abuse and needlessly separates them from their families. There is a critical need to raise awareness of the risks of harm involved in these increasingly popular volunteering practices.

The Cambodian Ministry of Social Affairs, Veterans & Youth Rehabilitation (MoSVY) reports that the majority of children in residential care in Cambodia are not orphans, but children with parents (MoSVY, 2012). Cambodia is not alone in this respect. A Save the Children Alliance report cited many developing countries in which the percentage of children living in residential care who had one or more living parent at over 80% (Csaky, 2009). UNICEF Cambodia estimates that 75% of children living in residential care in Cambodia have parents (UNICEF, Cambodia, 2014). The argument that such figures are used by these agencies to support, is that many of these children are growing up separated from their families unnecessarily, and that caring for children in institutions should only be used as an option of 'last resort' due to the many child protection and child development issues identified with the practice.

Traditionally, most children without parental care in Cambodia and other developing countries have been cared for through extended family and community forms of alternative care. Increasingly these traditional forms of non-institutional alternative care are being replaced by NGO-run residential facilities, which the Cambodian government database indicates increased in number by 75% over five years - from 154 institutional care facilities in 2005 to 269 in 2010 (MoSVY, 2011)

MoSVY also acknowledge that since such facilities are increasing rapidly, and there is a lack of government capacity to register or monitor them, the actual number of centers is almost certainly much higher, as residential care is increasingly accessed as an alternative to parental, extended family or community forms of care. The growing trend to place children in residential facilities is a concern to both the Cambodian government and international development agencies in the country, and does not comply with the position of the Royal Government of Cambodia, whose Policy on the Alternative Care of Children states that residential care should only be used as a 'last resort' and a 'temporary solution' (MoSVY, 2006). This increase is also not in accordance with the 2010 United Nations Guidelines for the Alternative Care for Children, and contravenes several articles of the United Nations Convention of the Rights of the Child - most notably article 7.

"The child, for the full and harmonious development of his or her personality should grow up in a family environment . . . the child shall have the right to know and be cared for by his or her parents"

UNCHR, 1989

International research also clearly indicates that family-based care provides children with a range of benefits compared to other forms of residential care and avoids many of the problems associated with institutionalization, such as risk of abuse and social, physical and intellectual delays.

2.1 REVIEW OF LITERATURE ON THE BACKGROUND AND CONTEXT OF CHILDREN'S RESIDENTIAL CARE IN CAMBODIA

Decades of civil war, mass murder that left the country devoid of an entire generation of an educated middle class, occupation by external forces, corruption and an authoritarian government have left Cambodia a struggling nation; one that is far less developed than its neighbors (UNDP, 2013). Whilst the population living below the poverty line has fallen to 22.8%, the multi-dimensional poverty head count is much higher at 45.9%. As stated by the UNDP 2013 'Analysis on Cambodia', this implies that "individuals living above the income poverty line may still suffer deprivations in education, health and other living conditions consequent of this poverty". As of 2010, close to half of the country's population were children under the age of 18, and 40% were chronically malnourished and 11% acutely malnourished, according to the Cambodian Demographic and Health Survey (2010). In addition children from poor families can face a high risk of exploitation, school drop-out, child labor and other challenges.

Cambodia lacks a state social welfare system with the capacity to support poor families, and local and International NGOs, often providing residential care for children, fill this gap in children's services. Whilst a range of social and economic factors such as re-marriage, large families, migration and alcoholism contribute to the prevalence of poor families placing their children in residential care, the single largest contributing factor for the placement of children in care is access to education (MoSVY, 2011).

Cambodian state school teachers are paid a low salary (\$140 per month), and, as a result, almost all state school pupils have to make daily non-formal payments directly to their teachers in order to attend school. In a study of 'Attitudes to Residential Care in Cambodia' (MoSVY, 2011) 91.9% of parents interviewed agreed/definitely agreed that a poor family should send a child to an orphanage if they cannot afford to pay school fees. Primary school education fees account for 26.5% of non-food spending among the poorest Cambodian households (World Bank, 2005). Faced with this reality, many poor Cambodian parents place their children in residential care as their best hope of securing an education and a better future for their children.

Published research on residential care in Cambodia is limited. Only six studies (known to the author) have been published in the past 15 years. Daigle & Dybdal (2001) conducted a survey with staff in both NGO and state-run children's shelters. This study suggested that many residential centers in Cambodia do meet basic nutrition and health needs, with almost all participating shelters reporting that they provide adequate food and health care to children. However, this study had some limitations, in that the results relied upon the assertions of the organizations staff and there was no independent observation of conditions in the residential centers. Nor were the opinions of any children living in the shelters obtained. The findings, therefore, may have been biased towards a positive view of care.

In 2009 Roisin Boyle (2009) conducted a study on behalf of the International Organization for Migration (IoM) entitled "My Heart is Here: Alternative Care and Reintegration of Child Trafficking Victims and Other Vulnerable Children in Cambodia". With regard to the previously noted evidence of access to education being a major driver of poor families placing their children in care, Boyle's study found that whilst the children themselves felt that they had greater educational opportunities whilst in residential care, most were not studying at a level appropriate for their age.

The Cambodian NGO and Government collaborative project ICC/HOSEA (2001) also found that whilst children in care had high expectations about their future prospects, these did not match the reality of the Cambodian job market, in which family connections often play an important part in securing employment, and 'orphans' are discriminated against. Boyle (2009) also found that many children remained at the residential centers after the age of 18 and expressed concern about the thought of leaving the center. Boyle interprets this finding positively, viewing it as an indicator of the high quality of care provided by the centers, but alternatively it can be interpreted as the failure of the centers to adequately prepare the youths for either living independently or returning to their families. Given the scarcity of published literature of children's view of residential care in Cambodia, Boyle's study is of some value and interest. However, some significant limitations to this research should be acknowledged. Firstly, Boyle conducted her interviews primarily with 'child victims of trafficking' in specialist shelters. Shelters for

children who have been exploited or trafficked by their own families play a different role than other residential care centers, as placing these children back with their families could place them at risk of further exploitation or abuse. The majority of children in residential care in Cambodia are not victims of trafficking or abuse, but have been placed in care by their own families due to poverty and limited access to education. Secondly, many of Boyle's interviews with children were conducted whilst residential center staff were present, and participating children were selected by staff members; which may have put pressure on children to not report problems but say that they were happy in order to please the staff responsible for their daily care.

Academic research and analytic literature on the Cambodian government's role and performance in managing children's residential centers in the country is almost totally lacking, and the literature reviewed in order to provide context on this area is primarily drawn from policy documents and media reports.

Children's residential care in Cambodia falls under the responsibility of the Ministry for Social Affairs, Veterans and Youth Rehabilitation (MoSVY), and their policy - Prakas on Minimum Standards in Residential Care (2006) – broadly defines children's residential care as:

"A group living arrangement for children in which care is provided by remunerated adults for service provision, e.g. orphanages, recovery centers and child protection centers".

As previously described there has been an increase in the number of children's residential centers in Cambodia since 2005, but there is poor data on how many such centers are operating, or how many children are currently in care. In 2010 the Ministry reported 269 centers accommodating 11,945 children, but:

"MoSVY recognizes that since residential care facilities are increasing rapidly and not all . . . facilities are registered with MoSVY . . . the actual number of children in care could be much higher"

MoSVY, 2010

Although there is specific legislation in place to protect children and regulate the opening, operation and monitoring of residential centers in Cambodia (including the type of family-support processes that should take place prior to a child being admitted to one), implementation is still minimal. The government report "A Study of Attitudes to Residential Care in Cambodia" (MoSVY, 2011), states:

"MoSVY has taken a strong stance in the 'Policy for the Alternative Care of Children' and the 'Minimum Standards for Residential Care', enacting policies and frameworks that favor family and community-based care over residential care, but these have not been adequately enforced"

In September 2014 Oum Sopannhara, Director of the Ministry's Child Welfare Department, which has responsibility for over-seeing the orphanage sector said in a newspaper interview that implementing the Ministry's policies is nearly impossible due to a lack of resources and coordination at the government level (Cambodia Daily, 2014).

Despite being in charge of monitoring children's residential centers, the Child Welfare Department has, in reality, little authority to compel most centers to comply with its recommendations. Mr Sopannhara said that most orphanages do not formally register with MoSVY, but gain their permission to operate in the country as NGOs via the Ministry of Interior. Many others open without informing anyone in the government. A lack of communication between the Ministry of Social Affairs and the Ministry of Interior has led to 'hundreds' of orphanages operating without the knowledge of MoSVY (Cambodia Daily, 2014).

Compounding this reported structural and administrative problem is a reported lack of resources. According to government policies those children's residential centers that operate with the knowledge and consent of

MoSVY (currently only a fraction of centers actually operating) should be inspected by government official once per year, and closed down if they fail to meet basic minimum standards. "This does not really happen", said Mr Sopannhara, "because we do not have enough money to inspect them". And in practice, as many residential centers are registered with the Ministry of Interior and not MoSVY, Social Affairs inspectors can only recommend that sub-standard orphanages cease operations, but cannot enforce them to do so.

The Director of the Child Welfare Department further added that corruption was an issue in the limited inspection process that was taking place, with orphanage directors bribing MoSVY inspectors to obtain favorable inspection reports. "We have had some problems already, some are lying about the documents", Mr Sophannara said of his inspectors. "How can I know if they are corrupt or not?"

Although on paper the Royal Cambodian Government has committed itself to reducing the number of children in orphanages and increasing support to vulnerable children at the family and community level, the government's policies and frameworks in this area have not been disseminated across the country to sub-national and local government staff.

"Yeah, it's our job, but there are more than 1,000 [local authorities]", Mr Sophannara said, laughing at the seemingly insurmountable challenge. "How can we provide training for all? The local areas should implement the procedures for alternative care, but how can they if they do not even know them?" (Cambodia Daily, 2014)

The lack of central government funding commitment to Child Protection and Welfare is noted as a concern by USAID - who, both directly and via UNICEF are the primary donors for child welfare systems building in Cambodia, a key objective of which is a reduction in the number of children living in orphanages.

"Concern from the perspective of USAID/DCOF and other potential donors is the absence of any commitment of funds from the central government for the implementation of MoSVY's child protection and welfare responsibilities. The Prakas on Alternative Care, for example, specifies functions of MoSVY, [and local government authorities] but the central government provides funds only for staff salaries, office expenses, and travel. The Government does not provide any funds toward their operational responsibilities. For these, this line ministry is entirely dependent upon donor funding"

USAID, 2012 pp.15

USAID'S 2012 analysis of progress in child protection diplomatically stated that "Cambodia's political and fiscal environment make it difficult to bring about rapid change in formal aspects of the child protection system" (USAID, 2012, pp.7). This statement could be interpreted to refer to governmental operations being hierarchical, bureaucratic and slow; administrative issues which are then compounded by problems of corruption.

The Ministry of Social Affairs acknowledges serious gaps in this area and is currently taking steps to improve the situation including enumerating all residential centers currently operating in the country, recruiting and training a new cohort of social workers to focus specifically on the reintegration of children from residential care and refusing to register any new children's residential centers.

2.2 REVIEW OF LITERATURE ON THE PHYSICAL AND PSYCHOLOGICAL IMPACT OF RESIDENTIAL CARE ON CHILDREN

Research into the social and emotional effects of residential care for children has a long history. In 1943 Goldfarb conducted an observational study in the United States that compared 40 six-year old children in residential care with 40 six-year old children in foster care. The study measured children's behavior against a series of behavioral markers, and found that the children in residential care showed significantly higher levels of hyper-activity and mental retardation. Based on his findings Goldfarb developed the characterization of "institutional syndrome", which included hyper-activity and indiscriminate demand for affection.

The work of Goldfarb informed the monograph of John Bowlby, "Maternal Care and Maternal Health" (Bowlby, 1951), which was published by the World Health Organization in 14 different languages and whose key concepts have remained influential up until the present day. Bowlby argued that in order for children to develop well, they require strong attachment to a mother-figure early in life. Subsequent studies have argued that Bowlby's use of the term 'mother' is too limited, and that this attachment can be formed with other 'primary care givers' (e.g. grandparents or foster carers).

Rutter (1981) and Tolfree (1995) reconsidered Bowlby's work, and argued that other factors found in residential care, for example lack of stimulation and rigid daily routines, might also contribute to the effects of maternal deprivation that Bowlby described. However, Bowlby's fundamental premise that a consistent, one-to-one relationship with a care giver is crucial to a child's healthy development has not been significantly called into question. Bowlby further argued that the need of young children for a 'primary care giver' could not be met in institutions, due to high staff turnover and the high ratio of staff to children.

Rutter & Quinton (1984) conducted a longitudinal study of 94 women who, as children, had been in residential care in the UK. The women were tracked over a 20 year period and compared with 41 women who had never been in residential care. Results indicated that the women who had been in care had higher rates of personality disorders and marital problems than the control group. However, the researchers cautioned that factors other than institutional care (e.g. abuse, genetic and environmental factors) may well have contributed to these findings.

More recently, beginning in 2003, The Bucharest Early Intervention Project (BEIP) conducted a series of studies comparing the development of children in residential care with non-institutionalized children and those who had left institutions for foster homes (Parker et al, 2005; Nelson, C., 2007). The Bucharest Project has generated a large amount of research, and two examples most relevant to this study are noted below.

Parker et al (2005) looked at the impact of early institutional rearing on the brain. The study assessed children's ability to discriminate facial expressions of emotion, by measuring electrical activity in the brain. 72 Romanian children (aged 7 – 32 months) who had been living in residential care were compared with 33 children (aged 8 – 32 months) who had never been institutionalized. Differences between the two groups suggested that early institutionalization has an effect on the physical development of the brain, one effect of which is disruption of the neuro-circuitry involved in the recognition of facial expressions in young children.

Nelson, C. et al (2007) looked at cognitive recovery in children who had previously been placed in institutions. 136 children were assessed at the beginning of the study, after which 68 were randomly selected and moved to foster care, leaving 68 still in the orphanage. The study also looked at 72 children who had never been in care. All children were assessed using the Bayley Scale of Infant Development and the Wechsler Pre-School Primary Scale of Intelligence, two widely recognized international assessment tools, and tracked through to 54 months of age. Children who had remained in residential care had markedly lower scores of cognitive development than the other two groups. Children who had been moved into foster care showed improvements in cognitive scores, with a greater improvement positively correlating with a younger age at which they were transferred to foster care.

The BEIP and related studies have contributed greatly to the evidence base for the scaling-down of institutional care in Europe and the United States, and this move away from children's residential centers and towards family-based and foster care is now beginning to be promoted and replicated in some developing countries. However,

a couple of points should be kept in mind when extrapolating from the findings in Romania to the situation in other poor countries in general, and Cambodia in particular. Firstly, the East European residential centers upon which this research was based, were large state-run orphanages, sometimes accommodating hundreds of children with extremely poor staff to children ratios. Many of the infants used in these studies were exposed to the most severe forms of neglect such as malnourishment and sensory deprivation. The situation in most Cambodian orphanages is not comparable. Most children's residential centers in Cambodia have less than 50 children resident, and whilst there are many instances of neglect and abuse reported, they are rarely of the magnitude or severity of that described by the BEIP. Almost all NGO-run residential centers in Cambodia are dependent on foreign donations from visitors for their funding. Whilst this study will argue of the negative impacts of such a model, one mitigating feature of Cambodian orphanage's reliance on voluntourists, could be that the regular stream of visitors to Cambodian children's residential centers arguably provides some measure of (very informal) external monitoring - thereby reducing the likelihood of the type of gross neglect seen in Romania and other East European countries.

A second point when considering evidence from the BEIP in relation to the current study, is that much of the BEIP research is focused on infants and children under five. Bowlby had identified this as the 'critical period' in which attachments are formed, and subsequent technological advances have confirmed that the early years of infancy see the most rapid brain development. Thus, one would expect to see the biggest impact of adverse childhood experiences when they occur in infancy. Whilst there are a significant number of babies and young children living in institutions in Cambodia (often due to abandonment), the average age at which children enter care in Cambodia is 11 years old (Friends International, 2015). The age profile of children entering care, and how long they remain in care, are important variables to be taken into account when considering the impacts of residential care.

While the impacts of institutional care on young children has been the subject of numerous studies, also extremely important but much less well documented are the long-term effects on older children who grow up in care and lose connections with their families and communities. Often, the ties of many institutionalized children to their parents and relatives are weakened or severed (USAID, 2015 pp14, MoSVY 2011). To the extent that family and community relationships are damaged by placement in residential care, potential connections needed for long-term social and economic reintegration as adults are lost. For most young people, actually becoming economically active involves help from, and connections facilitated by, family members and community connections. Access to land, for example, typically comes through inheritance, which institutionalized children may risk losing. Also, finding a job is often a matter of who you know and who, in turn, they can connect you with. Young people who leave orphanages lacking strong family and community connections are at a disadvantage in finding ways to earn income.

2.3 REVIEW OF LITERATURE ON VOLUNTOURISM

Barbara Vodopivec and Rivke Jaffe's article "Save the World in a Week: Volunteer Tourism, Development and Difference" (Vodopivec, B. and Jaffe, R. 2011) argues that volunteer tourism both reflects and contributes to a new logic of development, in which development is not only privatized but can be packaged as a marketable commodity. The authors examine the processes and interactions that take place within this form of tourism through interviews with short-term international volunteers in Antigua and Guatemala, concluding that whilst all the volunteers expressed a concern with global inequality and perceived international volunteering as a way to mitigate such inequities, all of them lacked knowledge of Antigua and Guatemala's history, politics and the specific social and economic problems that the people there face. Vodopivec and Jaffe describe how development practice has undergone a process of privatization as the actors responsible for development activities are increasingly located in civil society rather than the state, and posit that whilst this is not necessarily a 'bad thing', it should not be accepted uncritically, reflecting as it does a de-politicized neo-liberal hegemony evident in both the outsourcing and privatization of development practice and the commodification and marketing of development activities.

"Both tendencies are exemplified in volunteer tourism in development projects"

Vodopivec and Jaffe, 2011

British sociologist Anthony Giddens (2000) identifies a shift from the traditional politics of emancipation, with its connection to collective identities informed by the politics of Left and Right, towards a more de-politicized and individualized "life politics", in which personal identity and individual actions and lifestyle choices become the key site of political change. The centrality of this "You can make a difference" idea is supported by both the promotional literature of voluntourism companies (Projects Abroad, 2015, Go Abroad, 2015) and the existing literature on international volunteering - the majority of which focusses on assessing the impacts of volunteering experiences on the volunteers themselves (Wearing, G. 2001; McBride et al 2010; Sheraden et al 2008). McBride et al's 2010 study, for example, assesses volunteer's perceptions of the impact of their volunteering on individualized personal measures such as 'international awareness', 'inter-cultural relations' and 'international development career intentions'.

Jim Butcher and Peter Smith (2010) expand upon Anthony Giddens concept arguing that "the growth of life politics represents a narrowing of human subjectivity away from collective solutions to social problems towards individual life choices". Mohan (2001) makes a similar observation in discussing professional international development workers understanding of development. He points out that being overly reliant on personal contact and direct work with beneficiaries in developing countries results in a limited and narrow conception of development that fails to take into account fundamental historical, political and material inequalities.

Vodopivec and Jaffe (2011) build on Erik Cohan's (1984) concept of the 'tourist encounter' to describe the 'volunteer encounter' - a mutually created space in which the various actors involved pursue their own individual goals and agendas, and volunteers can construct their own identities as 'international volunteers' as well as constructing the identities of the various 'others' involved in the encounter. The most significant 'other' in such volunteer identity construction is the beneficiary, which in the case of this study means the children resident in the orphanages.

"To fulfil their preset goals, volunteers need a project to work on and they need somebody needy to help. This is only possible through the organizations that enable their access to the project and the beneficiaries. When volunteers enter the encounter, the project and beneficiaries are already there, and [the volunteers] perceive these as empirical givens. They rarely question how the project came into being and how the beneficiaries became beneficiaries"

Vodopivec and Jaffe, 2011

2.4 REVIEW OF LITERATURE ON INTERNATIONAL VOLUNTEERING IN CAMBODIAN CHILDREN'S RESIDENTIAL CENTERS

International travel with a volunteering component (popularly known as 'voluntourism') is one of the major growth areas in contemporary tourism, and whilst reliable statistics on volunteer travel do not exist, former World Bank Director Kristalina Georgieva cited ecotourism and cultural tourism, both closely related to volunteer tourism, as the fastest growing segments of the global travel industry (Travel & Leisure, 2009). "Volunteer Tourism: A Global Analysis", a report published by the Association for Tourism and Leisure Education in 2008, surveyed over 300 volunteer tourism organizations worldwide, concluding that the market now caters for 1.6 million volunteer tourists a year, with a monetary value of between £832m and £1.3bn (US\$ 1.7bn-2.6bn). This report also states that growth in the sector has been most marked since 1990 (Association for Tourism & Leisure, 2008 in Butcher and Smith, 2010).

Existing research has focused primarily on the benefits of the increase in “tourists who, for various reasons . . . undertake holidays that might involve aiding or alleviating the material poverty of some groups in society” (Wearing, 2001), arguing that international volunteering placements can benefit the volunteer’s future study and employment (Wearing, 2008 pp.26), breakdown stereotypes and increase cross cultural understanding (Coghland and Gooch, 2010 and Guttentag, 2009 pp. 545) and can serve as a model for a more socially responsible approach to tourism, and a sustainable approach to resourcing development initiatives (Wearing, 2008 pp.48). In general, much of the current literature is theory-based and qualitative in nature, often relying on case studies, and lacks a solid evidence base. Such research has tended to focus on the motivations and outcomes of voluntourism from the volunteer’s perspective, and there is currently a lack of research critically analyzing either the tangible developmental outcomes of such volunteer projects or the impacts of voluntourism on host communities and beneficiaries in the developing world.

Callanan & Thomas (2005) analyze this ‘mass niche market’, arguing that its growth over the past 20 years has been facilitated by various factors including: low cost air-travel, increasing rates of ‘gap year’ travel by college students, a growth in the number of volunteer projects, the variety of destinations promoted, the range of players involved (e.g. charities, churches, schools, colleges and private tourism operators and volunteering companies) and the “inevitable consequence of a restless society, jaded from the homogenous nature of tourism products, and seeking alternative tourism experiences”. Callanan and Thomas draw attention to the definitional ambiguity of the term ‘voluntourism’, noting that the concept does not differentiate between an 18 year old participating in a one week project, with no specific skills or qualifications and a 40 year old builder who engages in a 6 month project training a local community how to build their own facilities. Rather than offering new definitions of volunteer tourism, the authors deconstruct the concept based on a number of factors, including: the duration of the placement, the extent to which the placement builds capacity locally and the skills and the qualifications of the volunteer of relevance to the project itself. Following on from this the authors propose a conceptual framework of both volunteer tourists and volunteer tourism projects that measures these and other dimensions in order to classify them into 3 groups - ‘shallow’, ‘intermediate’ and ‘deep’ voluntourism. The lines between volunteering, voluntourism and tourism are blurred and Callanan and Thomas do not assume that all volunteer tourists and all volunteer tourism projects can be neatly assigned to these 3 classifications. Rather, the aim of the framework is to provide a more nuanced conceptualization of the range of volunteer tourism projects and volunteer tourists that exist.

Pursuing a similar line, Sherraden, Lough & McBride’s paper on ‘The Effects of International Volunteering and Service’ (2008) noted the ‘wide variance’ across voluntary programs, volunteers and community contexts. The authors conclude that the diffuseness of international volunteering makes identifying impacts ‘challenging’, and propose a conceptual model to direct future research, which acknowledges that outcomes for host communities, volunteers and sending communities vary depending on individual attributes and capacity.

“How institutions structure and leverage individual capacity influences who participates and how they serve, and shapes the impact of volunteer action”

Sherraden, Lough & McBride (2008)

The current study focusses on short-term potential volunteers who report having considered volunteering specifically in children’s residential centers or orphanages in Cambodia. Whilst there is currently no reliable data about the scale of the orphanage volunteer sector (both due to the number of unregistered organizations and the difficulty of mapping an activity as large and diverse as international volunteering), the Better Care Network and Save the Children UK (2014) report that the aggregation site ‘Go Abroad’ identifies 1,180 orphanage volunteering opportunities from a range of different sending organizations in over 20 countries.

An interesting result of an online analysis conducted by Better Care Network found that web searches by potential volunteers for ‘volunteering in orphanages’ were relatively rare, whilst web searches for ‘volunteering abroad’

were far more common. For every 10 searches for ‘volunteering in orphanages’ there were 4,000 searches for ‘volunteering abroad’ (BCN(a), 2014). However, from the first two pages of Google results for the search item ‘volunteering abroad’ 20 out of the 23 organizations featured offer children’s residential center volunteering placements. This striking finding suggests that potential international volunteers are not searching specifically for orphanage placements, but rather for an international volunteering placement in general, and only opt to volunteer in an orphanage when presented with an abundance of opportunities to do so.

This finding mirrors to some extent the field results of this survey of potential volunteer’s perceptions, which found that 83% of the tourists interviewed in Siem Reap who had considered volunteering in a children’s residential center had not made any concrete plans to do so prior to arriving in Cambodia. As stated earlier many residential centers in Siem Reap rely on income from volunteers for their funding (MoSVY, 2011), and even by spending a short-time in the town one will notice flyers advertising volunteering opportunities in orphanages in many hotels and restaurants, tour guides and tuk tuk drivers offering visits to children’s residential centers and concentrations of residential care centers inviting volunteers on roads leading to tourist sites.

Residential centers for children in Cambodia are of various types. Some of these centers serve a genuine need, are operated in the best interest of the children, have exit/family reintegration strategies for the children and good social work support. However, interviews and research by the Better Care Network found that most specialists in the area agree that these kinds of facilities are the exception rather than the rule (BCN, 2014, pp.32). Many residential centers have been established by well-intentioned, but inexperienced foreigners responding to the obvious poverty in the region and believing that a children’s home is the best way to help. Other centers are run by overseas Christian groups, often with an evangelical intent. Such institutions vary in their capacity and sophistication, with some demonstrating good practice, whilst others lack the resources, expertise or policies to adequately respond to the needs of the children in their care (MoSVY, 2011).

A third type of organization are institutions set up primarily as business opportunities. The influx of money and gifts to children’s institutions has led some people to create children’s residential centers specifically to generate income, with limited consideration for the welfare of the children. All such centers are dependent on individual foreign donors for their income, and offering volunteering opportunities with children is the key component in the business model of such institutions, via which they can both charge fees for providing the volunteering placement, and also access and build relationships with overseas visitors willing to fund-raise or donate to the ‘orphanage’ on a longer-term basis. In a 2014 survey of the websites of 62 officially registered children’s residential centers in Siem Reap, 61% advertised opportunities for visitors to work directly with children. Only 23% of these had any statement of child-protection or request for police background checks in relation to volunteering (BCN, 2014).

Reflecting on why children’s residential care has become so widespread in Cambodia USAID (2012, pp. 15) conclude:

“The answer seems to lie at least in part in the fact that orphanages have developed an effective business model. Substantial amounts of money flow from abroad and visiting tourists to support these facilities”

USAID, 2012 pp.15

The parents of children in such institutions are sometimes paid by the institution to facilitate the children moving to live at the center, or the parents agree to the children living at the center on the promise of access to superior educational opportunities, which may, or may not, materialize. At worst, such institutions keep children poorly clothed, poorly fed and in sub-standard accommodation in order to elicit greater donations from visitors and volunteers, and there are regular reported instances of physical and sexual abuse perpetrated by both center staff and foreign visitors (APLE, 2015).

In February 2015 the United Nations Committee on the Rights of the Child expressed concerns about reports of child abuse by foreign tourists at orphanages in Cambodia (Cambodia Daily, 2015). However, it did not cite statistics or specific examples of such abuse. Samleang Seila, Country Director of the NGO Action Pour Les

Enfants (APLE), whose work focusses on foreign child sex abuse perpetrators, said his organization believes child sex abuse at orphanages is on the rise:

"Children in these institutions are more vulnerable to abuse. We have to discourage any tourism into institutions that are supposed to care for and protect children"

Cambodia Daily, 2015

In recent years these types of centers have caught the attention of the international media, who have exposed corrupt and abusive practices (Al Jazeera, 2012, The Guardian 2014). Whilst this media attention has stimulated some public interest and is encouraging to child protection specialists working in this area it is "difficult to assess the impact of [such] coverage, especially as to whether it resonates beyond those already active in this field" (BCN, 2014). The current research seeks to address this knowledge gap by identifying the initial perceptions of potential volunteers on issues related to children's residential care in Cambodia.

Whilst media coverage has tended to focus on the more sensational aspects of this issue, such as child sexual abuse and the 'orphanage scam', this study also seeks to gain an understanding of potential volunteer's perceptions of the broader issues involved, such as the unnecessary separation of children from their families, inadequate government supervision of centers and the value of family and community-based social support.

Critical theory, with its focus on issues of power, domination and oppression, offers fertile ground for developing theoretical perspectives useful for analyzing the phenomenon of voluntourism. Foucault's (1979) work on uncovering the often subconscious foundations of our perceptions and understandings is a relevant theoretical lens through which some of the dynamics at play within voluntourism could be examined; suggesting, as it does, that our a priori understandings of "reality" should be recognized as playing an important part how those "realities" are both perceived and shaped.

Vodopivec and Jaffe's (2011) critical focus on the "volunteer encounter" raises a number of concerns about voluntourism, including: the commodification of development activities, the dependence of private sector development actors on foreign donors and the perception inherent in voluntourism that "development" is something that can be "done" in "a pleasurable way in one's free time, or as part of one's holiday or leisure time". Central to these criticisms are the researchers findings that almost all volunteers they interviewed "lacked specific knowledge of the country's history and politics, or of the social problems [faced] there" (Vodopivec and Jaffe, 2011).

The "volunteer encounter" - the mutually created social space in which all of the actors involved pursue their agendas - is substantially shaped by the initial perceptions and understandings of all those involved. Whilst a large amount of literature describing the personal aspirations and motivations of international volunteers currently exists, I have been unable to find any discussion of volunteer's pre-placement perceptions and understandings of the specific context in which they intend to conduct their volunteering activities.

Given this identified knowledge gap the primary research question for this study is:

- What are potential short-term international volunteers' perceptions of children's residential care in Cambodia?

The study will also consider two subsidiary questions:

- To what extent does existing research and literature on children's residential care in Cambodia and other developing countries support the identified perceptions of potential international volunteers?
- Do the findings have any implications for international volunteering, de-institutionalization initiatives and child protection practice in residential care centers in Cambodia and other developing countries?

As discussed above the number of orphanages in Cambodia continues to grow despite a decline in the number of orphans and legislative and practical efforts by the government, international agencies and NGOs to effect

a reduction. Short-term international volunteers have been identified as playing a key role in supporting such institutions. Based on these connections I hypothesize that the perceptions of visitors to Cambodia considering volunteering in children's residential centers are not supported by the existing research, literature and expert views on this topic.

3. METHODOLOGY

3.1 RESEARCH FRAMEWORK

This study will adopt a descriptive approach and use survey data to test the hypothesis stated above.

This research topic has been selected for the insight the results could provide into the perceptions of international visitors to Cambodia considering volunteering in children's residential centers. A better understanding of the initial perceptions of this group, and awareness of where those perceptions are factually erroneous, unsupported by research or contrary to the views of actors experienced in this field, could contribute to improving the strategies and key-messages of child protection agencies working to reduce the number of international visitors volunteering in children's residential institutions in Cambodia and other developing countries.

A 2008 study by Tourism and Research Marketing estimated that over 1.6 million people volunteer internationally each year. Clearly there exists a wide range of activities, and different levels of knowledge, skills and experience within such a large group. This study aims to identify the perceptions of 'voluntourists' (i.e. those who seek to combine international volunteering with a holiday). Short-term volunteers are attracted to international destinations which offer both opportunities for engaging in 'development' type volunteering whilst also providing a safe and enjoyable holiday experience. The research for this study was conducted in Cambodia, which is a good example of the type of destination popular with voluntourists. Countries with a profile similarly attractive to short-term international volunteers, and about which concerns have also been raised about high-numbers of sub-standard children's residential centers include: Nepal, Ghana and Thailand. (Lonely Planet, 2014; Punkas, M. and Feit, K., 2014)

There is little consensus among psychologists and social scientists about the best way to measure perceptions and beliefs because of their intangible nature. Consequently, a pragmatic approach has prevailed and perception data has been obtained using a structured questionnaire or survey. This survey makes use of a Rating Scale (Likert Scale) questionnaire to obtain data on potential volunteers' initial perceptions of children's residential care in Cambodia.

An alternative approach could have made use of semi-structured interviews, which may have provided more nuanced and in-depth qualitative data. However, given the need to administer the survey to participants within quite narrow time parameters (most participants will be short-stay tourists and the survey needs to be administered at a point when they are considering (but have not begun) volunteering to work with children), a semi-structured interview approach was not practicable, and the use of surveys made a larger sample-size possible.

The results of the survey have been analyzed and presented in a way that best allows for conclusions to be drawn in relation to the research questions. The survey items were categorized and coded in order that they fall into the three outcome categories detailed above.

As the approach of this research is largely descriptive the statistical methods used to analyze the data and generate insights are relatively straight-forward. As the survey items were measured using an ordinal scale, frequency analysis has been used to show how the responses are distributed.

The literature review above is intended to establish the position of researchers, government and child protection agencies on the items measured in the survey. The hypothesis that the perceptions of potential international volunteers are not supported by the findings of research and views of specialists in this field will be tested by comparing the results of the surveys with existing data, research and literature on this topic.

3.2 CASE STUDY CHOICE

Cambodia has been selected as the case study for this report as it is representative of popular voluntourist destinations in which Governments, NGOs and other stakeholders report a significant negative impact by international volunteers on the national systems for caring for vulnerable and marginalized children. It is of note that 'the rate of growth in the number of Cambodia's orphanages over the past 5 years matches the increase in the number of tourists visiting the country during that same period' (Carmichael, 2011).

All participants in this study were interviewed in Siem Reap; Cambodia's premier tourism destination. Siem Reap was selected as the case study as orphanage volunteering and orphanage tourism are at their most prominent in this area. Based on extrapolations from reports on the number of children in residential centers in 2010, there are estimated to be more than 3,000 children currently living in residential care in Siem Reap Province (Better Care Network, 2014). However, the situation in Siem Reap province can also be found in other areas of Cambodia; especially concentrated in major tourist areas, such as Phnom Penh, Battambang and Sihanoukville.

Siem Reap city is situated close to the temple complex of Angkor Wat. The number of tourists visiting Cambodia has risen dramatically in recent years, with the number of tourists tripling between 2005 and 2013, which saw 4.2 million tourist arrivals registered (Ministry of Tourism, 2014). Siem Reap is Cambodia's primary tourist destination – demonstrated by the fact that Siem Reap airport saw nearly double the amount of arrivals than Cambodia's capital city of Phnom Penh in 2013 (Ministry of Tourism, 2014).

However, the booming tourism industry in Siem Reap has not had an obvious effect on the economic development of the surrounding province. This becomes apparent when leaving the central areas of the city and traveling just a few kilometres into the countryside. As with much of Cambodia, 80% of the province's population are agriculturalists, and 75% rice farmers (Commune Database Online, 2010). Large numbers of the population illegally migrate to Thailand for seasonal labor, where they can earn 10 times more per day working on construction sites than they can in their own villages (Bylander, 2013).

Education in rural Siem Reap, as in most areas of the country, is limited and of low quality. Although primary school enrolment stands at 116%, drop-out rates increase dramatically through high school, with lower secondary enrolment at 53%, and upper secondary at only 25% (Ministry of Education, Youth and Sport, 2014).

There are 104 registered non-governmental organizations in Siem Reap. These include 21 international NGOs and 83 local NGOs, many of them focused on work with children. However, regulation of NGOs and INGOs is not robust, and this figure is almost certainly a significant under-estimate.

3.3 SAMPLING METHOD

As stated above, the Cambodian Ministry of Social Affairs, Veterans & Youth Rehabilitation (MoSVY) reports that there are currently 269 registered children's residential centers in the country (Better Care Network, 2014, (a) pp.4). However, many children's residential centers in Cambodia are unregistered, and the figure above is almost certainly a significant under-estimation, with MoSVY itself acknowledging that "the actual number . . . could be much higher" (MoSVY, 2011). MoSVY describes itself as "powerless" to prevent new residential care centers from opening, and acknowledges that a large number of residential centers operate unregistered and are consequently not monitored by the government or any other agency. (Cambodia Daily, 2014).

Therefore, there is currently no reliable information available about the number of residential centers, the number of children in residential care or the number of short-term international volunteers working in Cambodia. Given this situation it is not possible to determine an appropriate sample size for this research area with any accuracy, and a sample size of 100 has been selected largely on pragmatic grounds (i.e. the time and resources available to conduct the research).

The participants in this research will be a criteria-based sample of 100 international tourists who:

- Have been in Cambodia 1 month or less.
- Do not plan on staying in Cambodia more than 6 months

- Report having considered doing some volunteer work with children whilst in the country.

The above criteria are designed to control for ex-patriates and longer-term visitors to Cambodia. The research design aims to sample tourists in Cambodia who report that they are definitely or 'maybe' planning to do some volunteering with children whilst in the country. Both of these types of respondents meet the criteria of being 'potential' short-term volunteers.

3.4 DATA COLLECTION

"The link between volunteering in residential care centers and the tourism industry was perceived . . . as being overt and, in some countries, is now integrated into the average tourist experience. Case studies from Cambodia and Nepal . . . demonstrate how volunteering in residential care centers is now packaged alongside visiting the attractions of that country by both local and international actors"

Better Care Network, 2014, (b) pp. 19

The surveys for this study (see Appendix B) were administered in person by the researcher and his team in Siem Reap. The popularity of volunteering amongst visitors to Cambodia made a street survey approach, conducted in areas popular with tourists a feasible, and indeed preferable, method of data collection for the target group for this research. All members of the research team were provided with instructions for administering the surveys to ensure consistency.

Other methods for data collection were considered (e.g. online surveys conducted via social media, administering surveys to tourists attending basic child protection awareness raising sessions in Cambodia), but were ultimately rejected. The option of administering surveys via Facebook groups popular with visitors to Cambodia was rejected due to concerns that not enough surveys would be completed and returned to meet the sample group size (n=100), whilst making use of already existing groups of tourists attending child protection awareness raising sessions was decided against as this group, by virtue of their seeking out and attending such training, are already demonstrating some degree of prior research into and thought about the issues. Making use of a combination of face-to-face interviews, social media and the child protection awareness sessions attendees was rejected due to the lack of consistency in such a diffuse approach.

The surveys measure some demographic characteristics of the respondents (age, sex, nationality) as well as some items included to ensure all respondents meet the sample criteria.

The three outcome areas measured in the survey have been drawn from the major issues identified in the literature on this topic, and are:

- Perceptions of reasons why children are living in residential care.
- Perceptions of the funding, monitoring and legal context of children's residential centers in Cambodia.
- Perceptions of the advantages and disadvantages of residential care for vulnerable children.

Each of these outcome areas was measured using multiple survey items. The items measure potential international volunteers' perceptions, not objective levels of knowledge about each outcome category.

The survey has been written:

- In a neutral way that does not lead or coerce the respondent into giving a particular response.
- In a way that does not assume prior knowledge about the topic.
- Using short and simple wording.
- Using a limited number of items to keep the time taken to complete the survey at under 10 minutes.

3.5 LIMITATIONS AND ETHICAL CONSIDERATIONS

Both the research design and the data collection method have a number of limitations which the study will endeavor to mitigate.

In recent years there have been a small but growing number of international and local awareness raising campaigns and television news features addressing the negative consequences of volunteering in children's residential centers in developing countries. For example, the 'Children are Not Tourist Attractions' campaign (Friends International, 2011). Familiarity with such campaigns and news stories may lead respondents to feel uncomfortable providing responses that they perceive may present themselves in an unfavorable light. However, the three outcome categories measured by the survey items are quite broad and largely focus on aspects of this issue not directly addressed in the existing public information on the topic. The morally neutral phrasing of the survey items, plus the anonymity of respondents should also help address this potential limitation.

Likert Scale survey item response options could lead to unclear data because certain response options may be interpreted differently by different respondents. For example, the response item 'strongly agree' may represent different things to different people. This issue of 'individual interpretation' is a recognized disadvantage of using Likert Scale-type approaches. One solution could be to clarify with all respondents how they interpret each of the options. However, this would greatly increase the time needed to complete each survey – and is not possible within the time constraints of this research. The number of response options used in this survey has been limited to 5, which should reduce the margin of interpretive variation, whilst still generating usefully differentiated data.

The sample group for this study is 'potential short-term international volunteers'. Accessing such a tightly defined group raises a number of challenges. In order to measure the 'initial' perceptions of 'short stay' potential volunteers, the research design will need to control for how long respondents have been in the country and the expected duration of their visit to ensure all participants meet the criteria of being 'tourists'.

A further challenge in accessing this sample is that the relevant target group is defined by their 'intention' to volunteer. The research seeks to measure the perceptions of 'potential' volunteers, and knowing for certain which 'potential' volunteers will actually go on to organize and undertake a volunteering placement would only be possible through a longitudinal study beyond the scope of this dissertation. However, as the aim of this study is to collect data from 'potential' volunteers this limitation is not as significant as it may appear. The survey will control for those who may have thought about volunteering but do not plan to volunteer, and will only include data from those that report that they definitely or 'maybe' plan to volunteer. This group could be described as 'active considerers', and meet the sample criteria required to address the survey's research questions.

Administering the surveys via face-to-face street interviews required time and resources which were feasible within the limitations faced by the researcher. Meeting the target of 100 completed surveys was helped by administering the surveys during the high tourist season. A small research team helped in conducting the interviews, with all interviewers receiving instructions and training to ensure consistency in how the surveys were delivered.

The study focuses on 'international' volunteers, and the survey is written in English. The language used in the survey has been kept as simple as possible, and only participants with English as a first language, or who report that they are fluent in English took part in the study.

All participants were given a covering letter including information such as the contact name and address of the researcher, details of how and why the respondent was selected, the aims of the study, any potential benefits or harm resulting from the study, and what will happen to the information provided. Information provided about the study was clear and realistic to avoid inflating the expectations of participants about the likely outcomes of the research. No participants were pressured or coerced into taking part, and the covering letter also meets the requirements of obtaining informed consent. Respondents were made aware that they have the right to withdraw from the study at any stage, or to have any data they have provided withdrawn. After completion the surveys were coded to ensure anonymity.

4. RESULTS

The surveys were conducted via face-to-face street interviews and efforts were made to approach potential participants of all ages, ethnicities and gender. The basic demographic information collected from participants is worth noting, and largely corresponds to other sources of information on the demographic profiles of voluntourists (Georgian College, 2010; CNN, 2010).

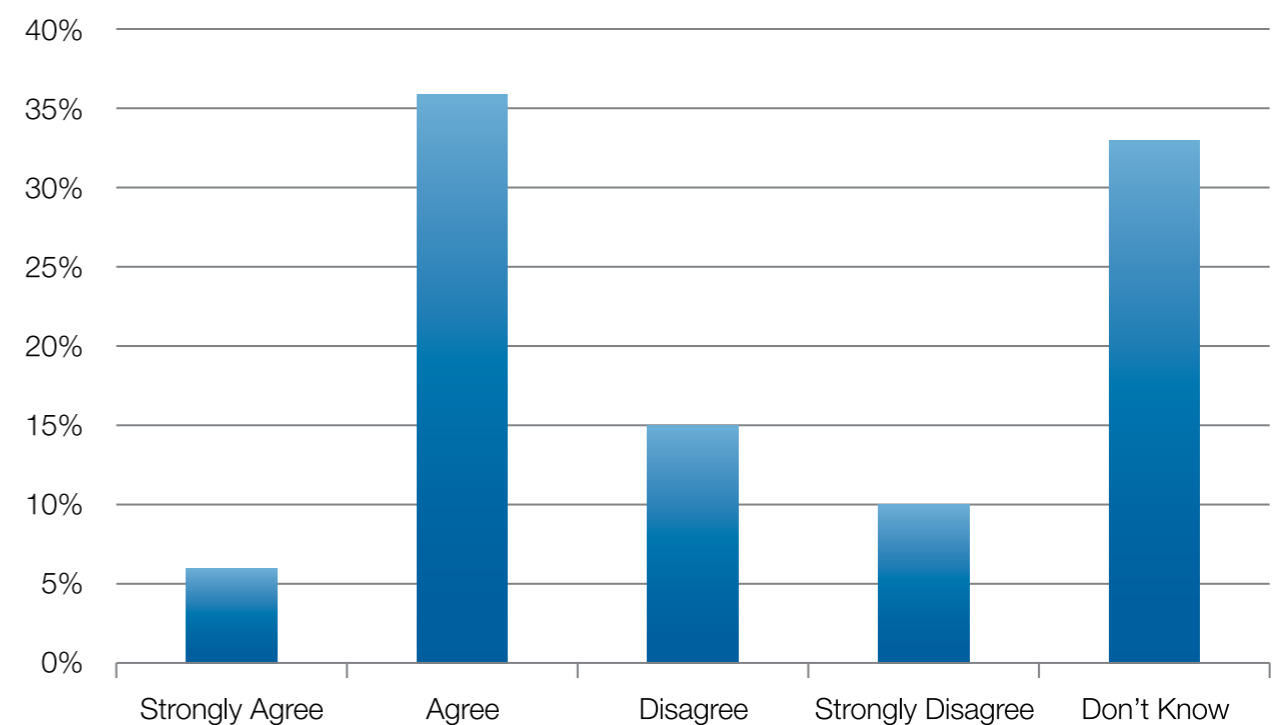
- 78% of respondents were aged under 30
- 74% of respondents were female
- 98% of respondents were from Europe, the US or Australia/New Zealand

(The very high number of European and Australian respondents is most probably indicative of limited English speaking on the part of Asian tourists approached to take part in the survey, rather than an accurate reflection of the number of Asian tourists participating in volunteering activities in Cambodia).

The results of the survey are presented here grouped into the three broad outcome areas measured by the various survey items. These three focus areas cover perceptions of why so many children in Cambodia are in residential care, perceptions of the regulatory and funding context of residential centers and perceptions around the value of children's residential care more generally. The research questions concern both identifying short-term international tourists' perceptions of children's residential care in Cambodia, and also the extent to which the existing literature and research on children's residential care in Cambodia and other developing countries supports those perceptions. The presentation of the findings will first describe the findings and then compare them with existing research and expert opinion. Frequency distribution will be used as this method most clearly communicates the findings. After discussing and presenting the findings individually a concluding section will draw together the results to give more of an over-view of what the results as a whole are able to tell us about potential short-term voluntourists' perceptions of children's residential care in Cambodia.

4.1 PERCEPTIONS OF THE REASONS FOR CHILDREN BEING IN RESIDENTIAL CARE IN CAMBODIA

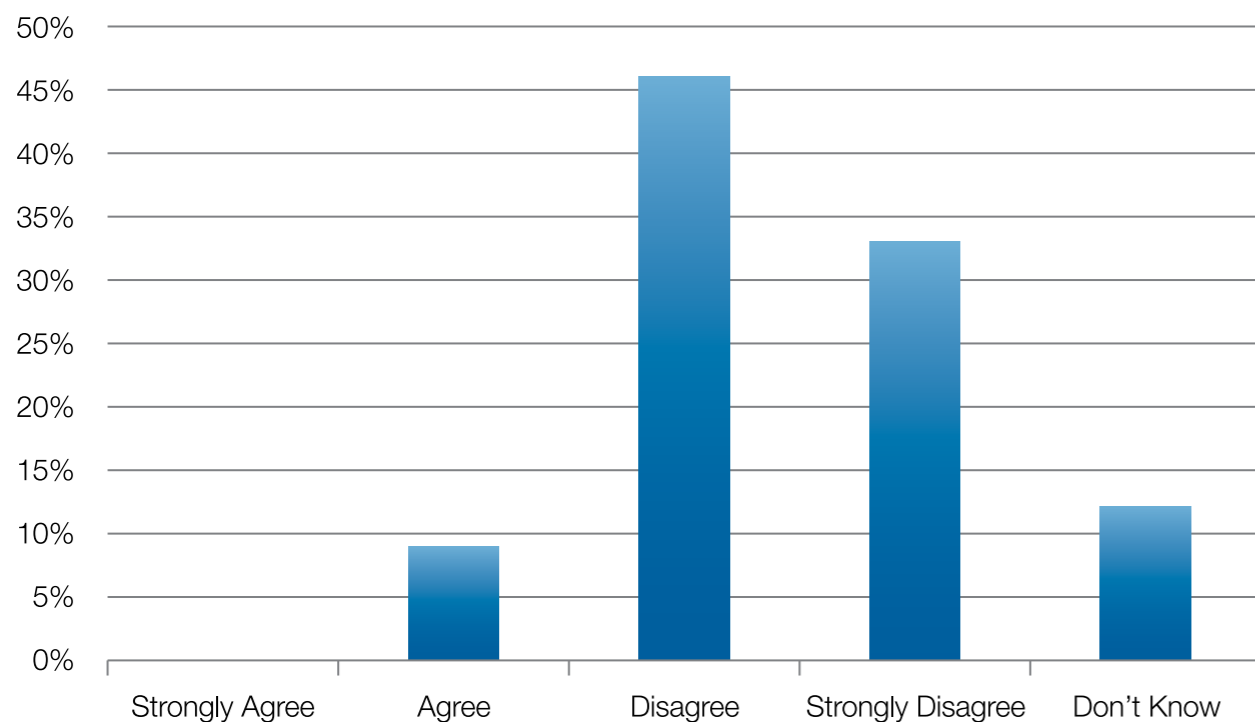
CHART 1: "The most common reason for children being in residential centers in Cambodia is because they are orphans"



The Cambodian Ministry of Social Affairs (MoSVY) reports that in 2009 77% of children living in orphanages in Cambodia had parents who were living, and many more than that had known extended family members. Thus the finding that 42% of potential voluntourists interviewed agree/strongly agree with the statement that being orphaned is the most common reason for children living in residential centers, and only 10% of respondents disagreeing/strongly disagreeing with the statement suggests that the perceptions of a significant number of potential international volunteers are not in agreement with existing data.

Chris Greenfield (2004) in his PhD thesis "The Gulf Between Rhetoric and Reality" also found that almost half (49.3%) of tourists interviewed believed that the primary reason a high number of Cambodian children were in residential centers was because they did not have parents. These comparable findings from 10 years ago suggest that despite the media attention and awareness raising efforts around this issue in recent years, this erroneous perception remains widespread.

CHART 2: "The most common reason for children being in residential centers in Cambodia is because of parental violence"

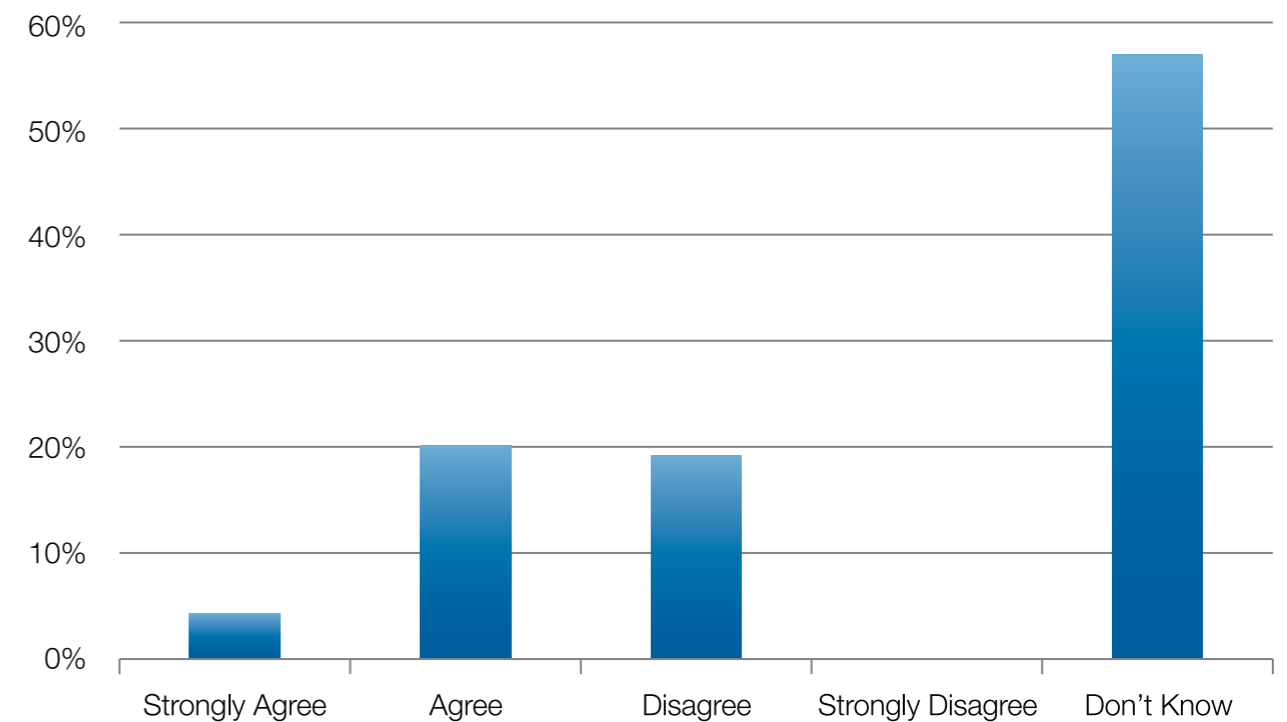


With 79% of respondents disagreeing/strongly disagreeing this finding indicates that tourists considering volunteering in an orphanage do not think that children are in residential care in order to be protected from physical abuse. This perception is in line with recent research on violence against children in Cambodia. In 2013 the Cambodian Violence Against Children Survey (Ministry of Women's Affairs, 2014) conducted a survey of 2,376 children and youth in order to estimate the prevalence of various forms of violence against children. This study concluded that violence against children is a significant issue in Cambodia, estimating that more than half of Cambodian children aged under 18 experience some form of physical abuse by a parent or adult relative.

However, this survey also found that less than 1 in 20 children sought help outside of their family or friends. The study lists possible sources of support identified by children, and whilst these include the police, the village chief, the local authorities and teachers - no mention is made of either NGOs or children's residential centers. The Cambodian Violence Against Children survey was coordinated by UNICEF and the US Centers for Disease Control and Prevention, and is a methodologically robust piece of research. The finding that children's residential centers are not perceived by Cambodian children and youth as a potential solution to physical abuse, corresponds with my own professional experience working in many residential centers in Cambodia that very few of the children in care are there as a direct result of physical abuse. Other research papers on this issue repeatedly

identify poverty and access to education as the main reasons for children being accommodated (MoSVY, 2011, Friends International, 2014; Pункас, M., 2014) and make no reference to protection from abuse. The identified perceptions of potential voluntourists are therefore in agreement with both the published research and my own experience over six years of working in this field.

CHART 3: "Most children in residential care and orphanages in Cambodia are victims of human trafficking"



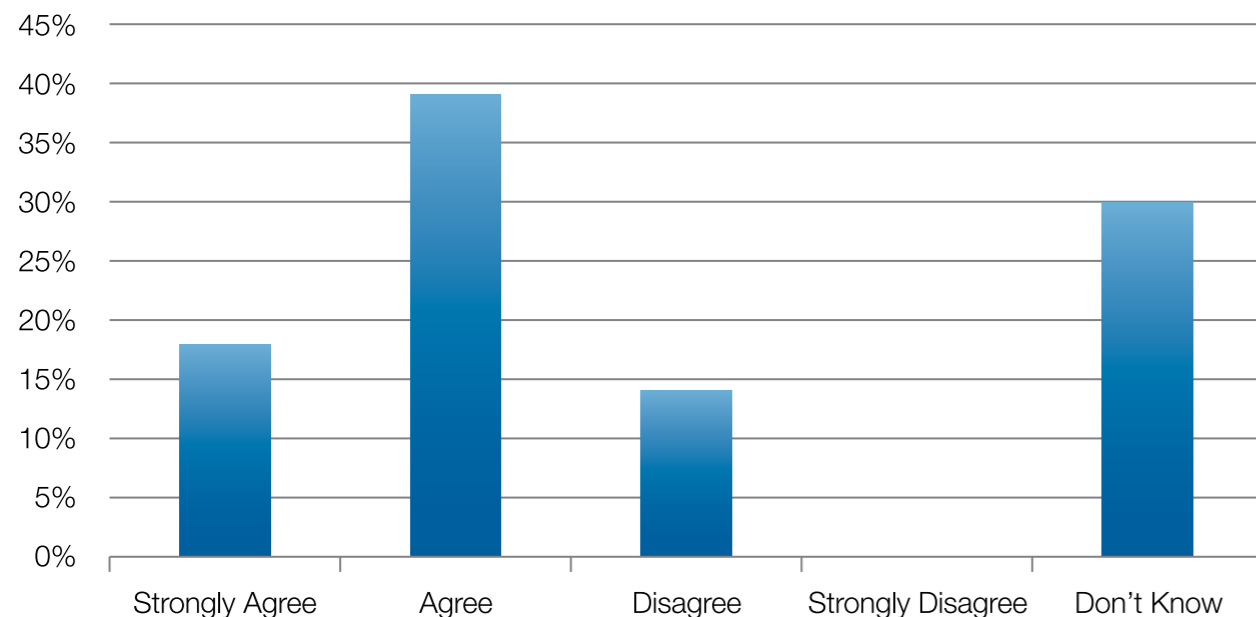
That the majority of respondents had no clear perception of whether trafficking was a common reason for children being in residential care is not surprising given the contested nature and definitional ambiguity of the term 'trafficking' itself. According to the definition provided by the United States Trafficking Victims Protection Act, trafficking must include three elements - (i) a process action, which refers to the harboring, moving or obtaining of a person (ii) a particular means of trafficking (e.g. by payment, fraud or coercion) (iii) for the purposes of slavery or forced labor (Punkas, M. and Feit, K. 2014).

Whilst such a definition broadly covers most people's general understanding of the term, on being tested against ground realities it does leave some grey areas. For example, the largest group of children described as 'victims of trafficking' in the Cambodian context are those that travel to Thailand in order to beg on the street (usually in Bangkok). Research conducted amongst this group of children found that 91% of Cambodian children begging in Bangkok were there with their parents or close relatives (Friends International Thailand, 2011). With regard to the issue of 'forced labor', 65% of these children did report that they do not like begging. Thus, whilst many of these children may fit the US criteria, and if caught in Thailand whilst not accompanied by their parents are indeed categorized and formally processed as victims of trafficking - some members of the public may be surprised to learn that a begging child living illegally with their parents in a foreign country is classified as a 'child trafficking victim' - a term they may associate more readily with the sale and exploitation of children by organized criminal gangs.

Continuing this discussion around definitions of 'child trafficking, the Nepal-based NGO - Next Generation Nepal plausibly argue that a child whose parents have been misled into placing a child in a children's residential center on the promise of enhanced educational opportunities that fail to materialize, could also be legitimately regarded as a 'victim of trafficking', with the 'forced labor' criteria being met by the child having to interact or perform dances and other cultural shows for paying voluntourists (Next Generation Nepal, 2014).

Putting the definitional issues to one side and returning to the Cambodia context, the NGO Friends International works with Cambodian children classified as trafficking victims in Thailand and repatriated to Cambodia. These children are almost always placed in specialist children's residential centers on their return to Cambodia, but with Friends International only reporting 38 such trafficked child repatriations during 2014 this represents a tiny proportion of the Cambodian residential care population, and the finding that only 19% of respondents disagreed/strongly disagreed with the statement that trafficking is a major contributor to children being in care indicates that reported perceptions of potential voluntourists on this issue are not in line with reality.

CHART 4: "The most common reason for children being in residential care is because of neglect due to poverty (e.g. not enough food)"



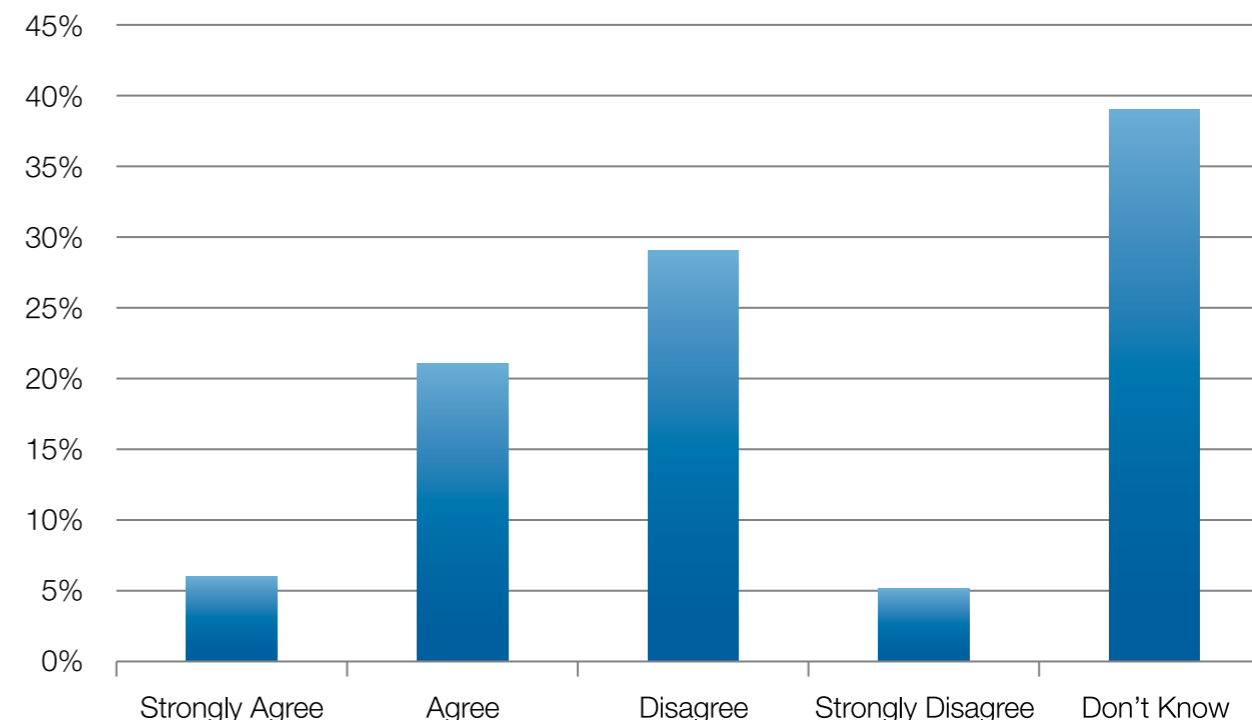
With a multi-dimensional poverty head-count of 45.9% (UNDP, 2013) and 51% of the country's children either chronically or acutely malnourished (Cambodian Demographic and Health Survey, 2010) poverty is indisputably a major issue in Cambodia. The review of the literature in this field supports the

perception that poverty is a major cause of admittance into residential care both in Cambodia and worldwide. In Brazil and Sri Lanka studies found that 50% of children were reported to have been placed in residential care due to insufficient income for parents to meet children's basic needs (IPEA, 2004; Save the Children, 2005). The Cambodian Ministry of Social Affairs study "With the Best of Intentions: A Study of Attitudes Towards Residential Care in Cambodia" (MoSVY, 2011) reports that those families most likely to be faced with the decision about whether to place a child in residential care are "likely to be among the poorest in the country". The researchers for that study interviewed 45 families with children in residential care and found that "most lived in stark poverty".

"The majority lived in houses made of grass, scavenged fabric and corrugated iron", and many "described their difficulty surviving and the problem of finding enough to eat" (MoSVY, 2011, pp.24)

The perceptions of respondents in the current study reflect an awareness of this reality, with 57% agreeing/strongly agreeing that "neglect due to poverty" is the most common reason for children being in residential care. However, it is worth noting that a large number (37%) reported 'not knowing' about the role of poverty in residential placements – perhaps reflecting the previously described perception that being orphaned was the most common reason for children being in care.

CHART 5: "The most common reason for children being in residential care centers and orphanages in Cambodia is limited access to education in rural areas"



MoSVY's (2011) study into attitudes to residential care used various methods to obtain the views of 2,941 participants - including children in care, care center directors, tourists, government staff and other key informants. The study concluded that:

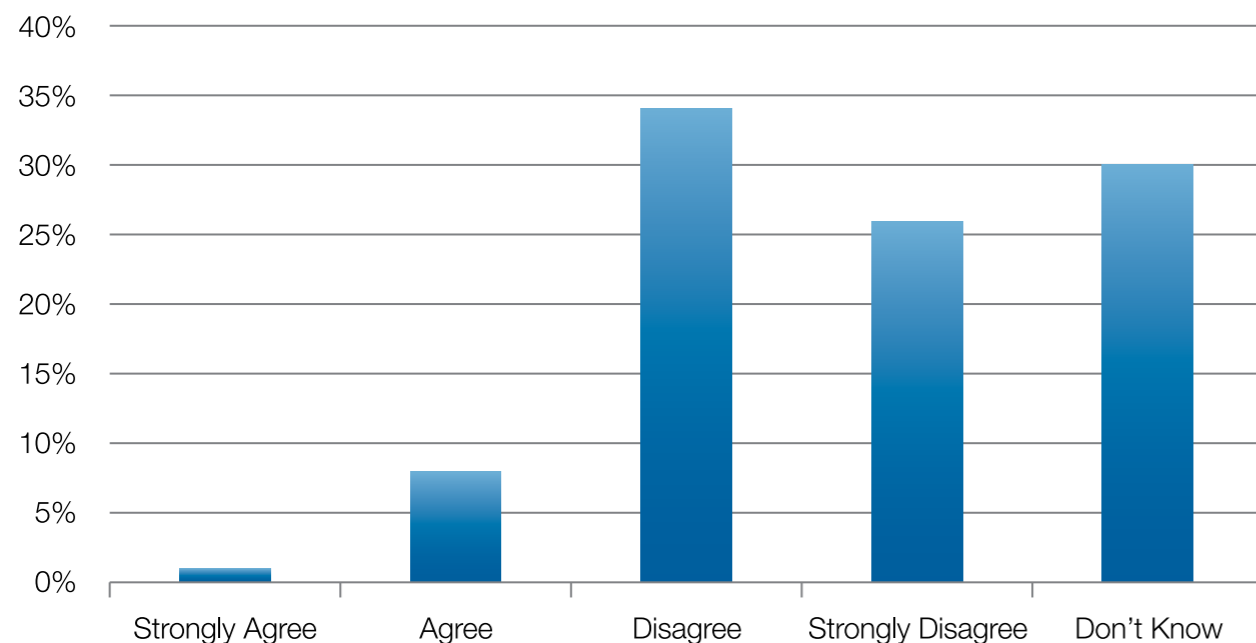
"Education is the primary reason why poor families place their children in residential care. Most residential care centers offer education and extra classes" (MoSVY, 2011)

89.4% of families participating in the MoSVY study believed children living in residential care received a better education than those living in the village, and 91.9% agreed/definitely agreed with the statement "A poor family should send a child to an orphanage for education if they cannot afford to pay for the child's education in the village".

Given the above figures the finding that only 27% of respondents in the current research agreed/strongly agreed that access to education is a common reason for admittance to care is striking, and suggests a perception of this issue that does not correspond to the findings of research or the views of specialists in this field. Possible reasons for this misperception could include a lack of awareness on the part of overseas visitors of the extreme difficulty poor families in many developing countries face in accessing reasonable quality education for their children, and an assumption that the high number of children living in residential care must have a more dramatic cause than "low quality public schools". Short-term international visitors, often from countries with universal access to reasonable quality state education, may also fail to appreciate the very high value poor and illiterate parents place on securing some level of education for their children in the hope that this will make possible their graduation from a life of poverty.

4.2 PERCEPTIONS OF THE CONTEXT OF CHILDREN'S RESIDENTIAL CARE IN CAMBODIA

CHART 6: "All children's residential care centers and orphanages in Cambodia are registered with the government"



Whilst NGOs are in principle required to register with the government in order to operate in Cambodia, not all register with the same Ministry, and many do not register at all, making monitoring and enforcement of minimum standards difficult. The Ministry of Social Affairs (MoSVY) is generally seen as the lead agency with responsibility for oversight of organizations providing care to children, and does work towards registering all children's residential centers. However, weaknesses in MoSVY's capacity to register centers are openly acknowledged by international agencies and MoSVY themselves (Cambodia Daily, 2014). There is currently no data available on the number of children's centers that are either unregistered or registered with ministries other than MoSVY that have no oversight procedures in place. In their 2011 study MoSVY reported that some centers may deliberately neglect entering into agreements with MoSVY in order to avoid having to comply with oversight regulations such as government inspections and complying with minimum standards. However, the study spoke to 396 NGO directors, government staff and donors, and most of those believed that the primary reason for non-registration was limited organization on the part of the government (MoSVY, 2011, pp. 34).

It is also accepted by both government and NGO staff working in Cambodia that regulations, procedures and requirements for opening residential care centers are unclear. Whilst registering as an NGO is relatively straightforward and can be done via a number of different ministries, there is currently no specific guidance for the process of registering children's residential services.

The results of this study indicate that those considering volunteering in Cambodia are aware that many orphanages are not registered, with only 9% of respondents agreeing/strongly agreeing with the statement that all such institutions are registered with the government. Unregistered residential care centers pose a particular risk to children's wellbeing, as MoSVY staff report that they do not have jurisdiction over unregistered centers, are unable to conduct inspections and in some cases even when child protection concerns have been raised MoSVY staff have been refused entry to unregistered facilities (MoSVY, 2011, pp.34)

CHART 7: "Children living in residential centers and orphanages in Cambodia are assessed by social workers to check that they are orphans or can no longer live with their biological parents"

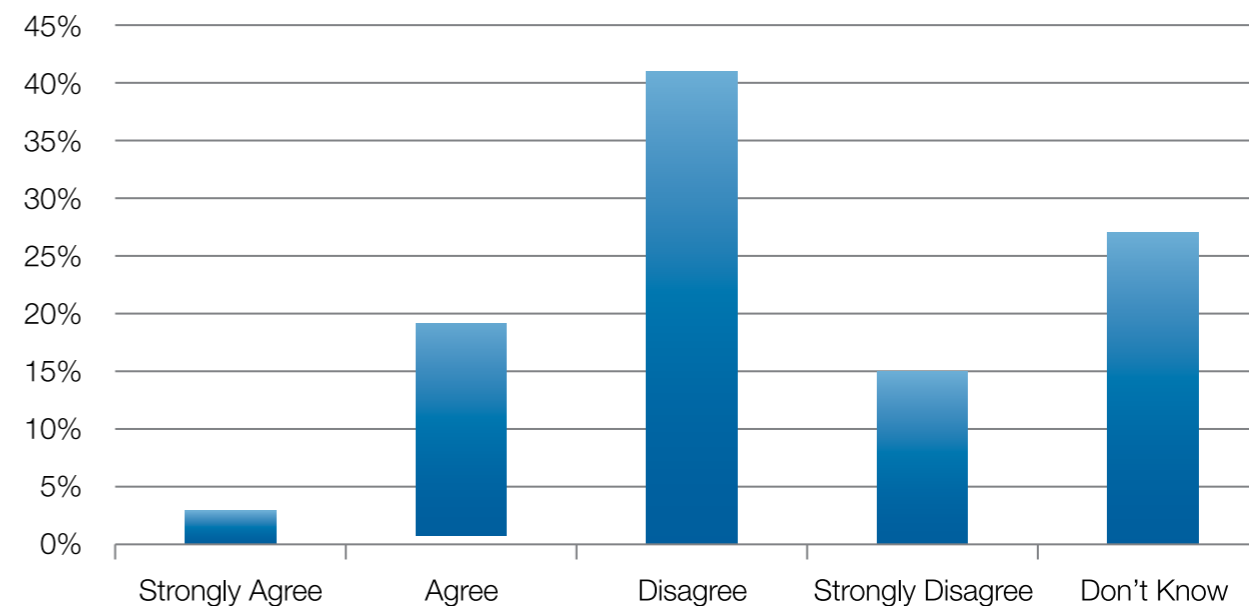
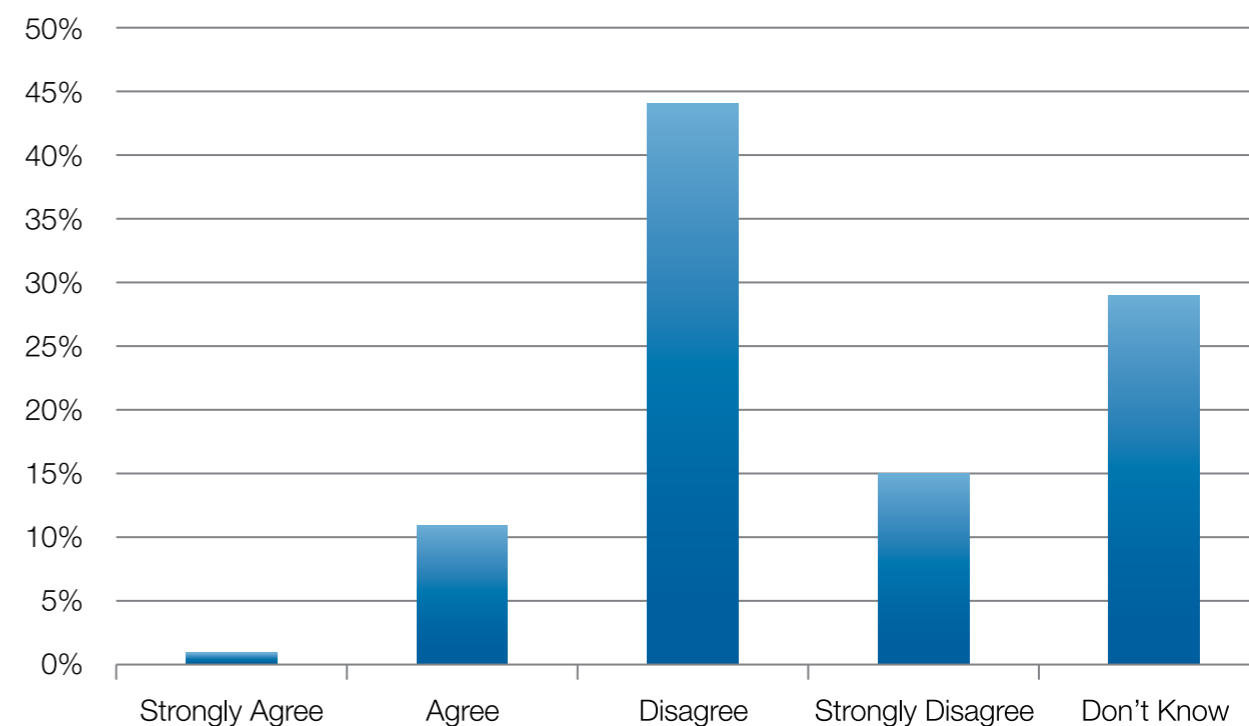


CHART 8: "Most children's residential centers and orphanages in Cambodia are monitored by social workers to make sure they operate in line with government standards and guidelines"



The two survey items above both measure respondents' perceptions of the level of formal oversight of the orphanage sector in Cambodia through the assessment of children being received into care, and the external monitoring of centers.

With regard to the survey item concerning the assessment of children in order to ascertain their family

circumstances, 56% of respondents indicated that they did not believe such assessment procedures were being implemented. This perception is in agreement with the existing data, for example, UNICEF's 2009 report that only 23% of children in orphanages were true orphans, and many of those did have known extended family (UNICEF, 2014). In terms of legislation MoSVY is committed to the view that residential care for children should only be used as an option of last resort after community care options have been explored and exhausted, and the Cambodian governments 2006 Policy on Alternative Care for Children identifies family-based care as its preferred option for children unable to live at home, and outlines procedures for family-preservation (i.e. supporting families that are struggling to provide for their children) and non-institutional alternative care options (e.g. kinship care and foster care). However, despite such legislation the population of children in residential care in Cambodia continues to climb, with a 75% increase between 2005 and 2010. These figures support potential volunteers reported perception that the family backgrounds of children admitted to residential centers are not being systematically assessed, as does the self-reporting of NGO residential care directors who describe actively soliciting children for their centers (MoSVY, 2011. pp.37).

With reference to the monitoring of centers to ensure they operate in accordance with government standards and guidelines, 59% of participants in this study felt that such monitoring was not taking place in Cambodia. This perception is supported by the views of both the Ministry of Social Affairs and specialists in this area. Whilst MoSVY does have a clear set of Minimum Standards for residential centers, and a process for inspecting those centers registered with the ministry to ensure they are complying with those standards, implementation of this process is weak for a number of reasons, many of which have been described previously – many centers are unregistered or registered with ministries other than MoSVY, the Ministry of Social Affairs report a lack of resources to effectively monitor residential centers and the Director of MoSVY's Child Welfare Department acknowledges that corruption is also an issue, with orphanage directors bribing government inspectors to obtain favorable inspection reports (Cambodia Daily, 2014).

CHART 9: "Most children's residential centers and orphanages in Cambodia receive funding from the government"

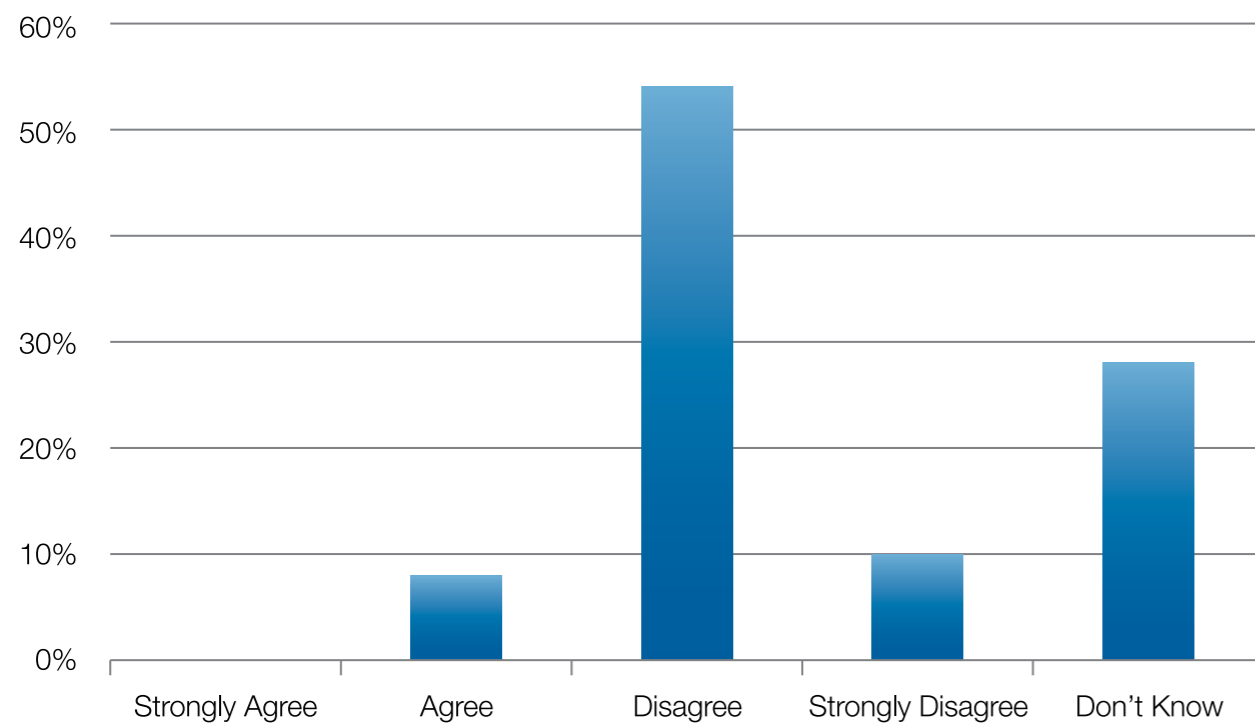
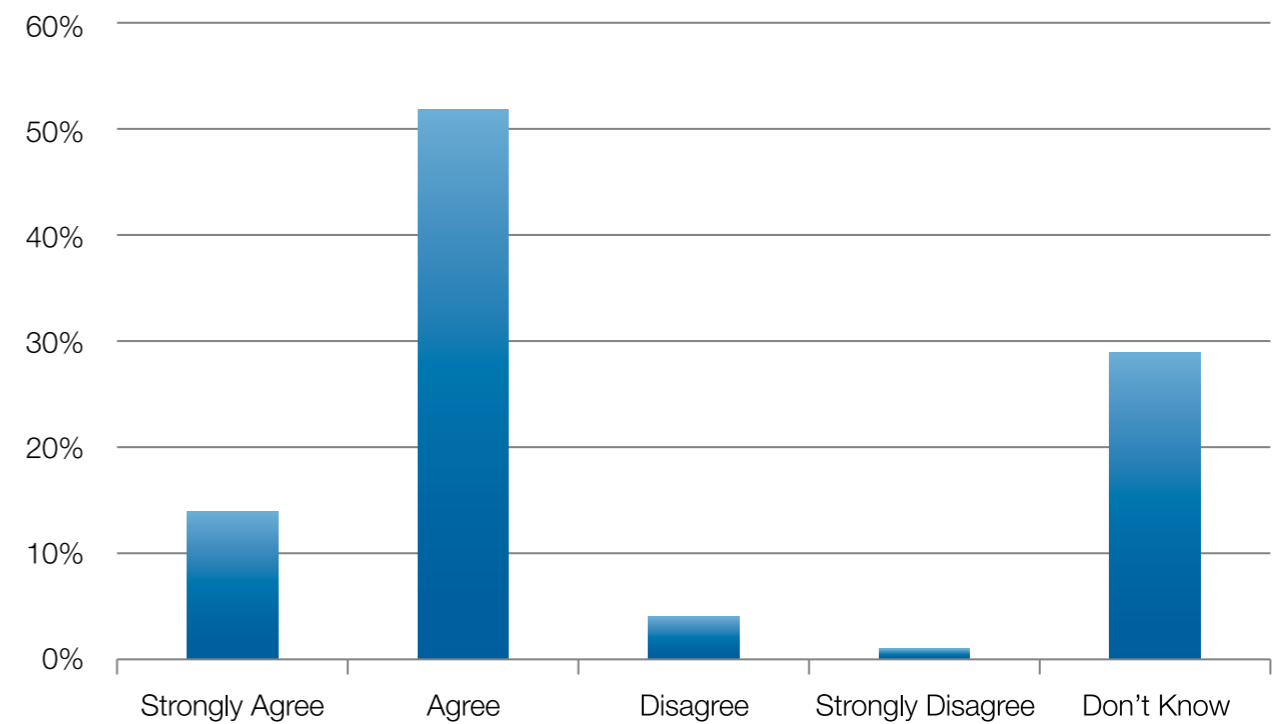


CHART 10: "Most residential centers and orphanages in Cambodia are funded by overseas donors"



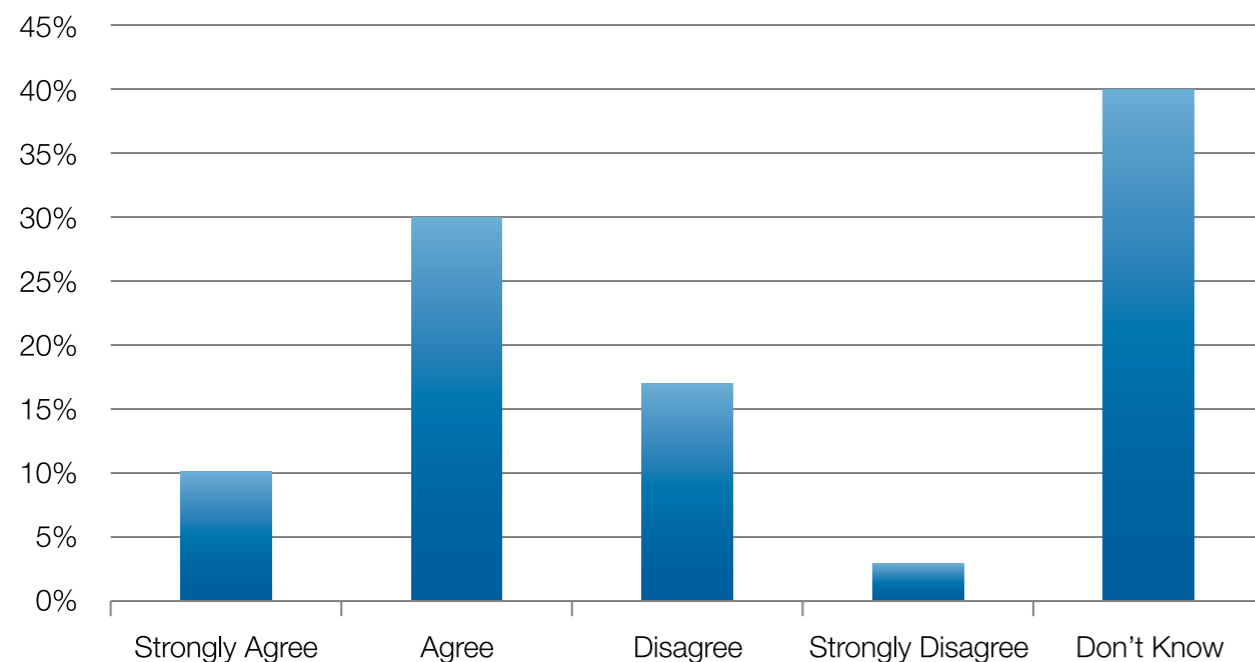
The above survey items capture the perceptions of potential volunteers about the funding context of children's residential care in Cambodia. These closely connected items show a high degree of concordance, indicating that the perception of the majority of respondents is that most children's residential centers in Cambodia do not receive any government funding, but are funded by overseas donors. These perceptions are confirmed as being accurate by a review of the literature on the funding of such institutions.

Reliable figures for the number of residential centers operating in Cambodia do not exist. The most recent enumeration (MoSVY, 2011) reported 296 centers as being formally registered with MoSVY. However, as previously stated the ministry acknowledges that this figure does not include 'hundreds' of unregistered centers. Discussions between the author and key informants in several child protection agencies in Cambodia has found some consensus on an approximate figure of 600 centers currently operating in the country. The Cambodian government contributes funding to only 23 government-run residential care centers (and even these centers also receive supplementary support from overseas organizations).

MoSVY does not keep records of the funding sources for residential care centers, but government staff responsible for registering and monitoring centers estimate that they are almost 100% foreign funded (MoSVY, 2011. pp.25). Short-term international volunteers play a key role in funding the residential care sector in Cambodia. Such volunteers can grow to become core funders of centers. Many volunteers retain a relationship with the organization after their visit, and may continue to fundraise or donate their own money to the orphanage.

"Some of these volunteers are young kids, but they come from wealthy families, and when they go home they can lead to some pretty big donations"
 Residential center Director, Interview (MoSVY, 2011)

CHART 11: "Some children's residential centers and orphanages in Cambodia are run primarily to make profits for the owners"



Whilst 40% of participants agree/strongly agree with the statement that some residential centers are run primarily to make profits for the owners, a total of 60% either disagreed/strongly disagreed with this statement or expressed that they did not know about this issue. This finding suggests that a significant number of those considering volunteering in an orphanage are not aware that such institutions are sometimes established and run as profit making businesses intended to financially benefit the owners, a situation that is regarded as common knowledge amongst the government, child care professionals and the general public in Cambodia (The Guardian, 2014; Friends International, 2014; Next Generation Nepal, 2014; Better Care Network, 2014).

"Residential care centers generate funds that are unaccountable or in some cases provide profit. The findings demonstrate that most residential care centers do not have to account to donors for money collected . . . there is no guarantee that money raised . . . goes towards the welfare of children"

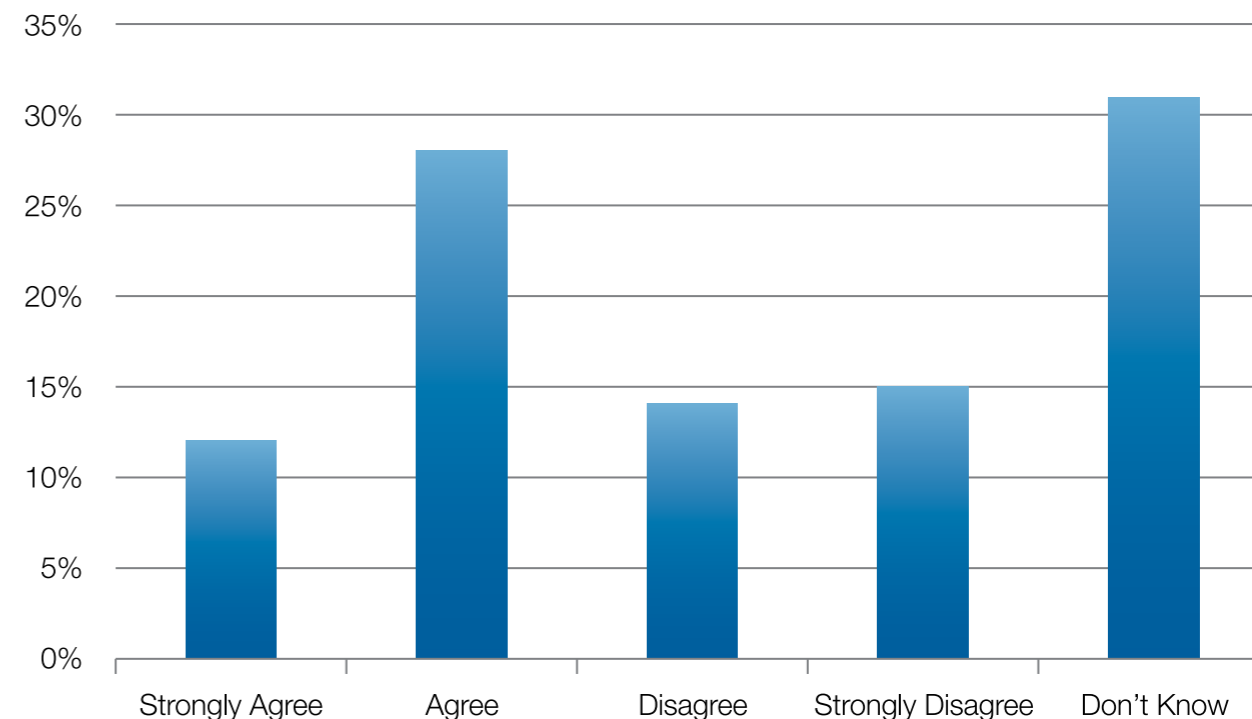
MoSVY, 2011, pp.28

"For those residential facilities that we know were created as money making ventures, where tourists are lured and children lack care and protection, we make no apology for demanding that they be closed"

UNICEF Cambodia, 2014

4.3 PERCEPTIONS OF THE ADVANTAGES AND DISADVANTAGES OF RESIDENTIAL CARE FOR CHILDREN

CHART 12: "Children's residential centers and orphanages are the best way of making sure that vulnerable children are protected from abuse in Cambodia"



With only 29% of respondents disagreeing/strongly disagreeing with the statement that residential care is the best way of ensuring that vulnerable children are protected from abuse, this finding suggests that many potential volunteers have not considered alternative, less extreme approaches to protecting vulnerable children. In Europe and the United States placing children at risk in residential care is usually only done in exceptional cases (e.g. when a child is a risk to themselves due to being beyond adult control or drug use), and such a step requires a court order approving the decision, and is usually only considered a temporary solution. Family and community-based approaches are the preferred approach, for example working with families to agree an action plan designed to ensure the child's safety. If social workers feel a child needs to be removed from their family home for their own protection, then, in the vast majority of cases accommodation for the child would be sought with either extended family members or a foster carer. Not a residential center.

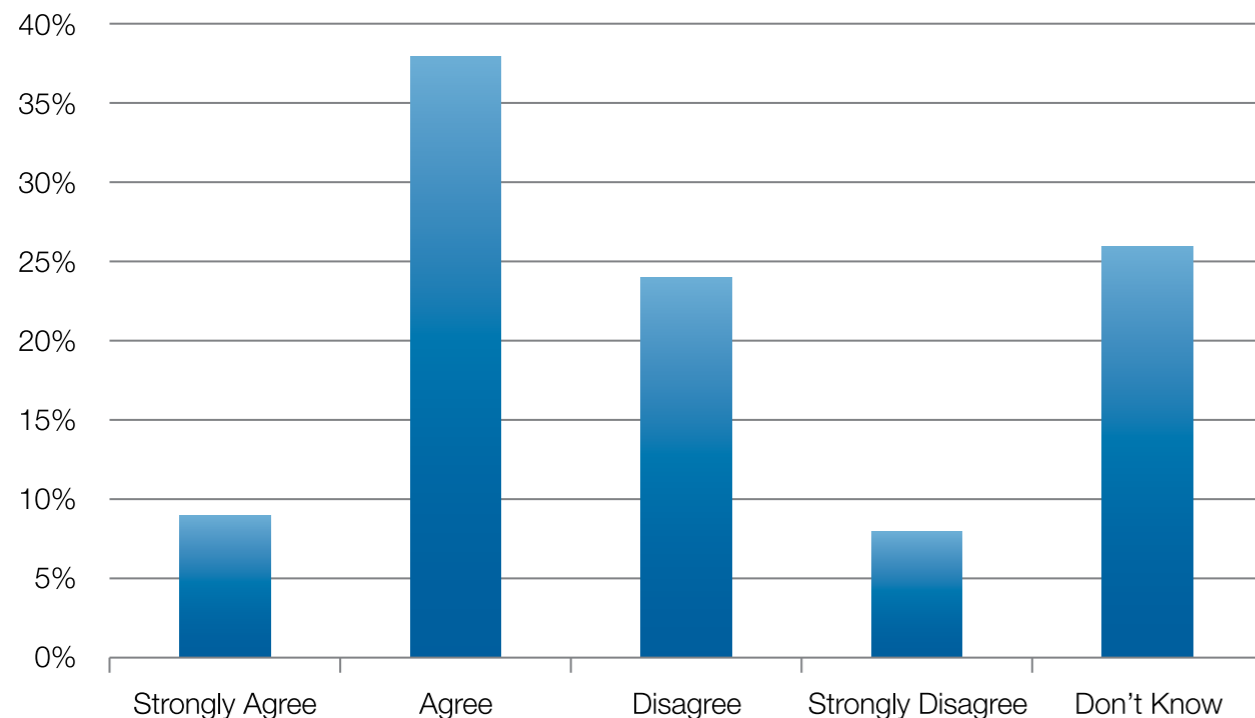
The finding that 40% of respondents agree/strongly agree that residential care is the best way of protecting children from abuse in Cambodia is striking, but difficult to interpret without a more in-depth and qualitative exploration of such a view. As previously described the provision of community social services in Cambodia is weak, and respondents to this survey item may be expressing the perception that in such a national context removing children from their families and placing them in institutional care really is the best available option. Alternatively, respondents may not be aware of how discredited and exceptional the use of residential care now is in Europe and the United States. The Literature Review presented a large body of evidence describing the negative effects of residential care on children, and the weight of this evidence, together with concerns about quality and cost, have contributed to a drastic reduction in children's residential care in Europe. This decline has been accompanied by changes in policy and professional perceptions of residential institutions

Foster care is a relatively new idea in Cambodia, and the number of available foster carers is small. The above

finding may also be a reflection of respondents assumption that this is the situation, and therefore perceiving residential care to be the best available option in the current Cambodian context.

Further research would be required to identify if mainstream perceptions of the value of residential care for children are significantly different dependent on the location; namely, do people find the idea of the wide scale institutional care of children more acceptable in developing countries than they do in rich countries?

CHART 13: "Children's residential centers and orphanages are the best way to help vulnerable children access education in Cambodia"



This result again seems to show a bias towards a positive perception of children's residential centers, with 47% of respondents agreeing/strongly agreeing that centers are a good way for children to access education.

Research emphatically identifies access to education as one of the principle drivers of poor families placing their children in residential care in Cambodia and other developing countries (Friends International, 2014; Better Care Network, 2014), and 91.9% of Cambodian families agree/definitely agree with the statement that "A poor family should place a child in an orphanage if they cannot afford to pay for education" (MoSVY, 2011. pp.48)

That poor families in Cambodia face major difficulties in accessing decent education for their children is well documented. Challenges facing the Cambodian public school system include insufficient numbers of teachers, minimal government funding, high grade-repeat and drop-out rates, unofficial student fees and corruption (students paying to pass exams). Most Cambodian villages have a Primary School, although many do not provide a full 1-6 Grade curriculum, and only 5.4% of Cambodian villages have a lower secondary school - making long walks for children to reach their nearest school a major issue in the countryside.

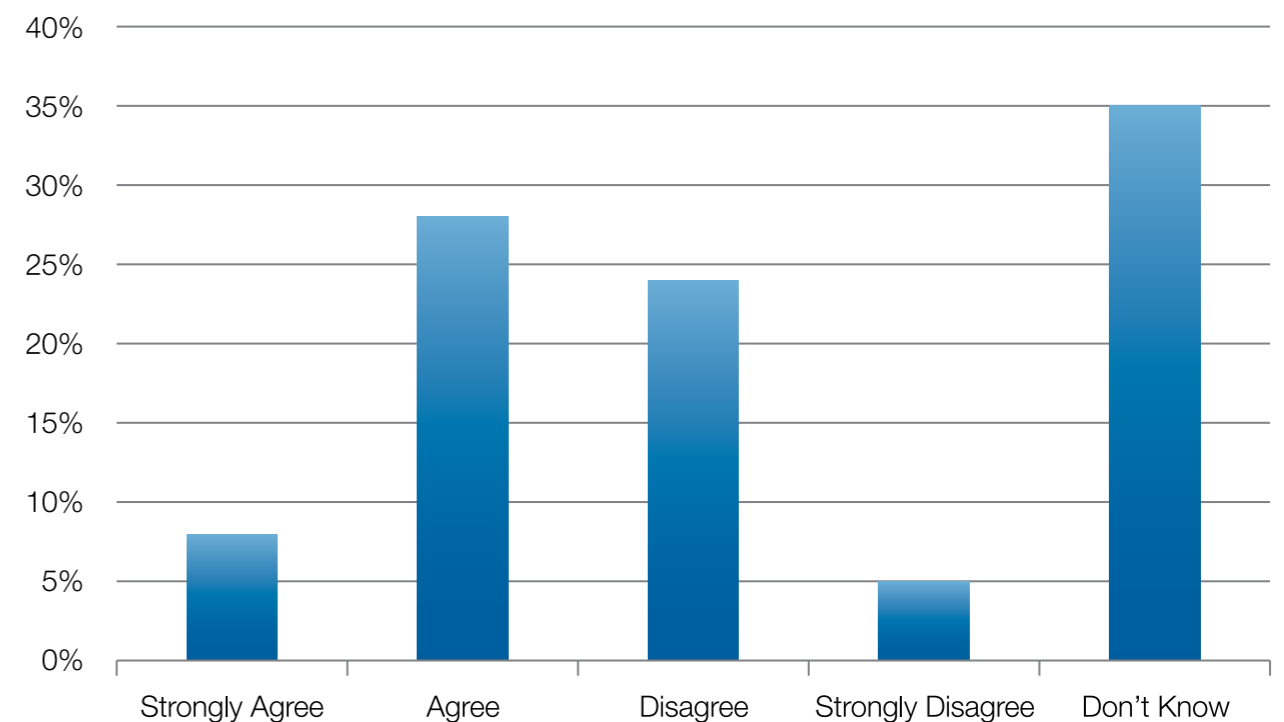
A 2007 report by the Cambodian NGO Education Partnership (NEP) suggested that the payment of unofficial student fees for each child averaged \$108 annually, or 9% of the average annual income of each family (NEP, 2007). Clearly in a poor country where having four or five children is common, these education costs become very significant. The NEP study found that these fees were the main reason given by parents for their children not attending school.

Given the all of the above, tourists reported perception that residential centers are a good way for poor children

to access education is not one that can be dismissed out of hand, and is a view that is shared by the vast majority of poor Cambodian families. A 2001 study found that almost all residential care centers involved in the study said that they offered education to children (Daigle and Dayble, 2001). However, the majority of residential centers surveyed in MoSVY's more extensive study sent the children in their care to the local public school - an approach which can ensure school attendance, but not quality of learning (MoSVY, 2011). Interviews with children in residential care from the same 2011 study indicate that many are studying at a grade inappropriate for their age (i.e. too low), but further research would be needed to test the validity of the perception amongst poor Cambodian families and short-term potential volunteers that residential centers really do ultimately lead to better educational outcomes for children from poor families.

Some residential centers run extra classes and after school lessons within their centers, and providing such 'teaching' is a popular activity with short-term international volunteers. However, as most volunteers are not qualified teachers, do not speak the local language and stay for only a short time the value of such activities is questionable.

CHART 14: "Living in a residential center or orphanage increases children's risk of physical or sexual abuse"



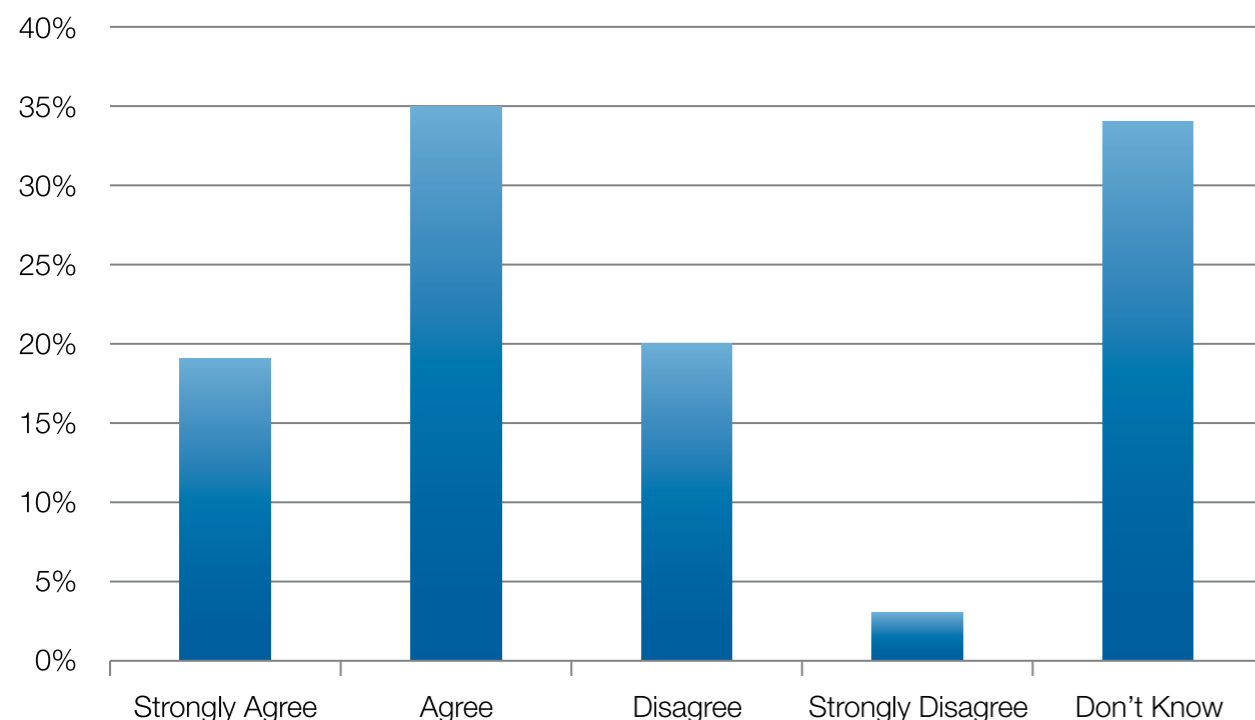
Whilst reports of physical and sexual abuse in residential centers in Cambodia are a common feature in the local media and with NGOs specializing in investigating child abuse (Cambodia Daily, 2015; APLE, 2015), formal recording of cases of abuse is not undertaken and academic research into rates of abuse in care centers in Cambodia does not exist. Recent research on this topic has, however, been conducted in neighboring Thailand, where interviews with 815 current and former residents of child welfare centers found that 36.1% of children in residential care reported being slapped on the head, and 29.6% said that they had been kicked by center staff (MSDHS, 2012). The same Thai study also compared rates of physical punishments between children and youth in High School and those staying in residential Centers. Amongst High School Students the reported incidence of flogging was 13.8%, whilst in residential centers 40.6% of children reported being flogged. Similarly, whilst 22.1% of children at High School reported being slapped by staff, the figure for young people in residential care was almost double, at 43.5% (MSDHS, 2012).

The Thai findings suggest that rates of physical abuse may well be higher in South East Asian residential centers

than in schools. A UK study comparing rates of physical and sexual abuse in UK children's residential centers and foster care placements across 211 local authorities between 2009 and 2012, found that the rate of substantiated abuse claims was significantly higher in residential care settings, with less than 1 substantiated allegation per 100 children in foster care, compared to 3 substantiated allegations per 100 children in residential care (Biehal, N. et al, 2014).

The responses to this survey item are quite evenly balanced, with a small majority of respondents (36%) agreeing with the statement that living in residential care exposes children to an increased risk of physical and sexual abuse - a perception supported to some degree by research, albeit research not conducted in the Cambodian context.

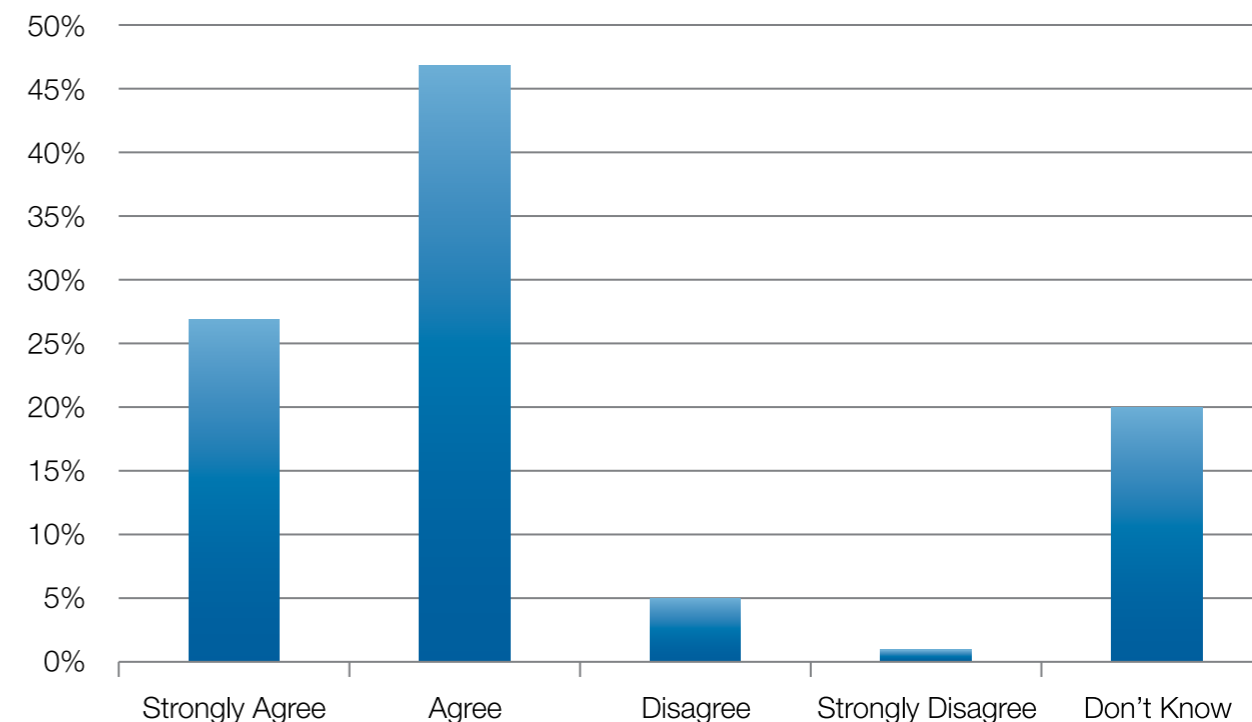
CHART 15: "Living in a residential center can negatively impact children's social and emotional development"



The results for this item show a high level of agreement between potential volunteer's perceptions and a robust body of scientific work evidencing social and emotional developmental delays among children separated from family environments and placed in orphanages and other institutions. Specific deficits have been documented in areas including cognitive functioning, neuro-development and social-psychological health. Contemporary meta-analyses have reported significant impairments in IQ and attachment among institutionalized children from more than 50 countries (Nelson, C. and Berens, A., 2015).

With only 23% of respondents disagreeing/strongly disagreeing with the above statement this result suggests that the majority of potential voluntourists (54%) do realize that residential care is a sub-optimal care option for children, although the finding that 34% reported that they did not know about this topic should also be noted, suggesting, as it does, that a significant number of respondents were unaware of the strength of scientific evidence detailing the negative developmental effects of institutional care.

CHART 16: "Supporting vulnerable children in their community or family offers them the best option for a safe childhood where they can be well looked after and access education"



74% of the 100 tourists considering volunteering in an orphanage interviewed for this survey agreed with statement that supporting vulnerable children in their family or community offers them the best option for a safe childhood. This perception is in line with previously described research documenting both higher levels of risk of abuse and developmental deficits for children living in residential care (MSDHS, 2012; Nelson, C. and Berens, A. 2015). The perception that supporting vulnerable children in their families and communities is preferable to institutional care is also in line with the views of international child protection agencies, who are unequivocal in their commitment to seeing an increase in family support services and a reduction the number of children living in residential centers in Cambodia and other developing countries (UNICEF, 2014; USAID, 2014).

5. SYNTHESIS AND ANALYSIS

Drawing together the various survey results allows for a more global picture of the perceptions of potential international tourists about the existing situation they are considering getting involved in to be described.

In terms of perceptions about why such large numbers of children in Cambodia are living in residential centers the results indicate that many potential volunteers are not aware that the children in such centers are not orphans, with only 25% of respondents disagreeing/strongly disagreeing that children being orphans was not the primary reason for children being in care, and only 17% disagreeing that the number of orphans in Cambodia was on the increase. These results raise a number of questions, including:

- Is greater awareness-raising amongst potential voluntourists required to inform them of the actual reasons for high numbers of children being in care in Cambodia?
- Is further research required to explore volunteer's perceptions of why they think that there is an increasing number of orphans in Cambodia in 2014? The conflict situation in Cambodia stopped over 35 years ago, there have been no natural disasters and no major HIV or other public health issues during the same time period. Is it possible that, lacking specific local knowledge, potential volunteers are simply making assumptions about orphanage and child care issues based on the situations they have learnt about via the media in other developing countries such as Romania, South Africa and Egypt?
- On the issue of 'trafficking' 81% of respondents either didn't know or agreed/strongly agreed that the trafficking of children was a significant contributor to high rates of admission of children to residential centers, this perception is not in line with research and data on reasons for admissions to care in Cambodia. For various funding, political and religious reasons 'child-trafficking' enjoys a high media profile which is not in line with the empirical scale of the problem. Child-trafficking, and the related area of sex-trafficking, are emotive and morally clear-cut topics easily used to generate media human-interest stories and elicit large donations from the public and international donors. The issue of child-trafficking also fits with a dominant popular development discourse focused on 'rescuing' and 'saving' vulnerable children, that is particularly popular with faith based development organizations, notably Christian groups. Christian organizations play a significant role in the orphanage sector in Cambodia, and are able to access large financial support from countries including the United States and South Korea. MoSVY data from 2008 estimates that more than a third of children's residential centers are owned and managed by Christian organizations, and that the majority of these NGOs promote converting the children to Christianity as part of their role. The link between "saving" children from trafficking and subsequently "protecting" them in (often secure) residential centers from prevailing Cambodian cultural norms (e.g. Buddhism or 'bad' parenting) seems clear, and the difficulties in persuading Christian residential service providers to reintegrate children in their care to their biological families is well documented (MoSVY, 2011). High profile and regular international and local media coverage of the issue of child trafficking may also go some way to explaining the misperceptions of potential volunteers on the scale of this issue.

The survey results looking at volunteers perceptions of the degree of governmental regulation and oversight of children's residential care in Cambodia shows a high level of agreement between potential volunteers perceptions and the evidenced reality of the situation in Cambodia, with only 9% of respondents agreeing that residential centers are registered with the government, and only 22% indicating that they feel any assessment or monitoring of the children in care is carried out. Taken together these findings suggest most potential volunteers are aware that government oversight and monitoring of the orphanages and the children is weak. This perception raises a number of questions for further research. Of particular interest would be an exploration of international volunteer's attitudes towards participating in a child care system that they know to be far less regulated and monitored than similar projects in their own countries. As previously described, the removal of children from their families in the West is now a rare and exceptional circumstance, hedged in by professional standards and child protection legislation. That short-term-international volunteers, largely without qualifications or experience, would be able to participate in this field of work in their home countries is extremely unlikely. In effect, the lax regulation of child care in many developing countries, and the 'anything goes, regulatory free-for-all' situation pertaining in Cambodia in

particular, makes possible the opportunity for short-term international volunteers to easily get involved and 'make a difference'.

That 60% of respondents either disagreed or 'did not know' that some children's residential centers in Cambodia are established and run primarily to make profits for their owners (popularly known as 'the orphanage scam') indicates that greater public awareness is needed on this issue - both to alert potential voluntourists that their good intentions may be taken advantage of, and also to contribute to the reduction in the number of centers not run in the best interests of children.

Whilst 40% of respondents agreed that children's residential centers were the best way to protect children from abuse, and 47% agreed that centers were the best way for children from rural areas to access education, a far larger number (74%) perceived that support to vulnerable children in their families and communities was a preferable option. This somewhat ambivalent finding mirrors previous research addressing this issue which found that whilst voluntourists verbally express a significant preference for family and community based support to provide help to poor children and their families; yet international donors and volunteers continue, in practice, to provide more money, time and material supports to residential care centers. Possible reasons for this may include that it is easier to raise funds for the support of individual and identified children in dedicated residential centers, and there is also anecdotal evidence that overseas supporters believe that poor families in developing countries may squander any financial support provided to them directly (MoSVY, 2011). This opinion is not borne out by research, which has found that poor families given money for monthly food payments do send their children to school (MoSVY, 2015). During 2014, the NGO Friends International provided school reintegration, school material support (e.g. bags and uniforms) and social work follow up visits to over 5,000 children in Cambodia that had previously dropped out of school. Over 90% of these children thus supported were still attending school 1 year after reintegration (Friends International, Annual Report, 2014).

Finally, more than half of respondents perceived that children's residential centers were not a good environment for children's optimal social and psychological development, and 74% agreed that providing social support to children in their own families and communities was a preferable option. This perception is in line with both the results of research and the views of child protection experts specializing in this area.

5.1 SUMMARY OF POTENTIAL VOLUNTOURISTS PERCEPTIONS OF RESIDENTIAL CARE IN CAMBODIA

The data obtained in this survey allows for a tentative profile of the perceptions of the 'typical' tourist considering volunteering to work with children whilst in Cambodia to be made.

- 75% of potential volunteers are not aware that most of the children in residential centers are not orphans.
- Most potential volunteers are aware that poverty is the main reason for children being in care, but less than half are aware that access to education is the primary reason for parents placing their children in care.
- Almost all potential volunteers (92%) are aware that children's residential centers are not funded by the government, and most are also aware that these centers are not monitored by the government, and children living in the centers are not assessed.
- Whilst slightly less than half of potential volunteers feel residential centers offer the best option for poor children to be safe and access school, slightly more than half acknowledge that living in a residential center is detrimental to a child's emotional and social development.
- A significant number of potential volunteers (60%) are not aware that orphanages are sometimes run primarily as a profit-making concern.
- 74% of potential voluntourists perceive family-based and community-based support as being preferable to residential care.

These findings suggest a number of practical approaches for addressing current misperceptions about the orphanage sector in Cambodia, which shall be examined in the concluding section of this study.

6. CONCLUSIONS

The perceptions of potential international volunteers identified in this survey suggest a number of practical steps that could be taken to contribute to current international efforts to see a reduction in the number of children living in residential centers in the developing world.

The third, and final, research question posed by this study was to consider whether the findings have any implications for the future direction of international volunteering, de-institutionalization initiatives and child protection practice in orphanages in Cambodia and other developing countries.

Much of the current literature on “ethical volunteering” seeks to provide potential volunteers with guidelines that will help them select volunteering projects that benefit both the volunteer and the beneficiaries. Such literature includes advice such as; consider the suitability of your skills, work to build the capacity of local staff rather than working directly with beneficiaries and thoroughly research the legal and regulatory situation of any projects you are considering volunteering with.

As international volunteering continues to grow in popularity such guidelines are of real value, and efforts to improve the quality and ethics of international volunteering is a vital area of work. However, the focus of this study is on volunteering in orphanages, and I shall limit my concluding comments to this one specific area of the voluntourism industry.

Orphanage voluntourism is an international issue and addressing current concerns about the phenomenon will require a cross-sector approach involving tourism companies, the government, the media, NGOs and the volunteers themselves.

6.1 IMPLICATIONS FOR FUTURE PRACTICE

- That only 25% of potential volunteers perceived that most children in Cambodian orphanages are not orphans suggests that further dissemination of this information is required. This finding indicates a fundamental misperception on the part of most volunteers on the true nature of children's residential care in Cambodia. An improved understanding could help potential volunteers make better informed choices about how they volunteer. Dissemination of this information could be done through social and other media and travel websites and guidebooks.
- With only 30% of respondents disagreeing/strongly disagreeing that residential care is the best way for children from poor families to access education this perception indicates a lack of awareness on the part of potential volunteers of the large body of scientific work evidencing the severity of the negative impacts of residential care on children's development. “Problems getting to school” would not be sufficient grounds for removing a child from their family in the West, and the key message that access to education is fueling the growth in residential care in some developing countries needs to be more widely disseminated.
- That 74% of respondents perceive family and community-based options as preferable to residential care is encouraging, and points the way towards less damaging forms of interventions that international volunteers may be able to participate in. Governments, donors and NGOs should scale up family-based alternative care projects such as foster care and kinship care. The role that short-term international volunteers, lacking local knowledge and language skills, could play in such activities is limited, but with a greater awareness of the primary role of rural poverty and sub-standard public school systems resulting in children going into care there is scope for international volunteering projects and companies to move away from providing short-term orphanage experiences and developing more sustainable and long-term projects that support children to stay with their families, build stronger rural economies and work towards improving the education system. The ‘hands on’ volunteering experience of working in a children's home is understandably popular with potential volunteers. However, research indicates that many volunteers ultimately feel disappointed with such placements, sensing that their ability to meaningfully contribute to the care and education of the children is so limited that they feel their presence in the center is “not useful” (Ball, E. 2014). Further

developments in the field of tourism volunteering are needed to better educate potential volunteers about how their time and money could be best used, and to develop alternative volunteering options that involve the transfer of professional foreign skills to adults and youths in developing countries (e.g. computer skills, fundraising skills, English language proficiency and other technical skills)

- That 60% of potential volunteers were not aware that orphanages are sometimes established and run as profit making businesses in which the welfare of the children is of secondary importance indicates that this information still needs to be made more widely known among the international volunteering community. This particular perception, coupled with the findings across many of the other survey items relating to reasons for children being in care, indicates that volunteers are fundamentally misunderstanding the true nature of the orphanage situation in Cambodia and points towards the need for a more sophisticated approach to explaining the situation to international volunteers. Whilst there are multiple factors contributing to the high numbers of children in residential care in Cambodia, some of the principle drivers are undoubtedly the vested interests of the orphanage directors and the voluntourism industry itself. As stated earlier:

“To fulfill their . . . goals, volunteers . . . need somebody needy to help. This is only possible through the organizations that enable their access to . . . the beneficiaries . . . [the volunteers] perceive these as empirical givens. They rarely question how the project came into being and how the beneficiaries became beneficiaries”

Vodopivec and Jaffe, 2011

With an estimated 1.6 million international volunteers seeking placements each year a supply and demand situation is created whereby the popular demand of fee-paying international volunteers for ‘orphans’ to work with is artificially supplied by operators in developing countries unnecessarily removing children from their families and placing them in ‘orphanages’. Most volunteers are well-motivated and wish to contribute positively through giving their time and money. The current misperceptions of many potential volunteers identified in this survey suggests that the information provided to volunteers needs to engage more with the complexities and ‘grey areas’ of children's residential care in particular, and ‘development’ activities in general. A number of responsible tourism companies are now working to better regulate the volunteer tourism sector, and promote ethical volunteering (Tourism Concern, 2015; Learning Service, 2015). With regard to orphanages the NGO Friends International has recently launched a campaign that seeks to better explain the complexities of the situation potential volunteers may unwittingly be entering into (Friends International, 2015)



Aside from the above suggestions directly informed by the results of this study into volunteer's perceptions, the literature review also suggests some other actions that could be taken by stakeholders in the area of orphanage tourism:

- The tourism industry has one of the most important roles to play in creating an ethical and safe market place for tourists that wish to volunteer. The industry should move towards ending all orphanage voluntourism packages offered by tourism and volunteering agencies. The only exceptions should be for appropriately skilled and experienced volunteers who can volunteer for long enough to ensure their work is sustainable. These requirements are not easy to meet, and in reality such placements would probably be made through International NGOs or professional and long-term volunteering schemes such as Voluntary Services Overseas and The Peace Corps.
- Tourist guidebooks such as Lonely Planet and Rough Guide, as well as tourist websites and message boards should include warnings to tourists about the potential dangers of orphanage voluntourism.
- The Cambodian government's registration and monitoring system for all orphanages operating in the country should be improved.

6.2 SUGGESTIONS FOR FUTURE RESEARCH

- There is currently no accurate record of either the numbers of residential centers in Cambodia or the numbers of children living out of family care. An enumeration of both these areas is planned for 2015, and will be conducted by MoSVY, USAID, the University of Columbia and a consortium of Cambodian NGOs.
- No research has been conducted on rates of abuse within residential centers in Cambodia. Such research would be very difficult to do with children currently still living in residential centers (as they may be unwilling to report abuse fearing reprisals from center staff). However, a reasonable and useful picture could be obtained by collating incidents of abuse recorded with various stake-holders (e.g. the police, MoSVY and various child protection NGOs), media reports of substantiated incidents of abuse in centers and interviews with former residents of orphanages.
- Whilst some research does exist looking at volunteer's post-volunteering perceptions of international volunteering experiences in general, the sample sizes tend to be small and I have not been able to find a study looking specifically at volunteers in children's residential centers post-volunteering perceptions of the experience. This could be a very interesting piece of research.
- It is widely accepted in the cognitive science and psychology literature that people develop and use internal representations of the world. These "mental models" are cognitive representations of external reality that form the basis of people's reasoning, decision-making and behavior. People's ability to internally represent the world accurately is always limited and unique to each individual, and mental models are therefore characterized by being both incomplete and inconsistent. Mental models exist within the mind and are therefore not available for direct observation or measurement, and finding ways of eliciting people's mental models presents a challenge. However, some elicitation tools and techniques have been developed and used in various fields, including organizational research (Sterman, 2000 in Jones *et al* 2011), human-computer interaction (Cooke, 1999 in Jones *et al* 2011) and education. Future research that makes use of such approaches to gaining a better insight into those aspects of human cognition that influence preferences, action and behavior could be of value in the field of international development - both in terms of volunteers and professional development workers.

6.3 FINAL THOUGHTS

"UNICEF Cambodia urges volunteers wishing to make a personal contribution in Cambodia to avoid working in institutions or residential care facilities for children"

UNICEF Cambodia, 2014

Orphanage voluntourism contributes to long-term attachment problems and psychological disorders for children, denies them of their right to grow up in a family-based care setting, leaves them at risk of physical and sexual abuse, and fuels a corrupt profit-making industry that is not in the best interest of the child. The results of this survey indicate that a significant number of tourists considering volunteering in orphanages are not aware of these facts. Volunteering in children's centers is only suitable for a very few skilled volunteers, and only in very particular circumstances. Short-term volunteering in children's residential centers is not an ethical option in the vast majority of cases.

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8. APPENDICES

APPENDIX A: INTERNATIONAL VOLUNTEER PERCEPTIONS SURVEY RESULTS

INTERNATIONAL VOLUNTEER PERCEPTIONS SURVEY

Age	18-23	24-30	31-35	36-40	41-50	51-60	60+
	40	38	12	4	4	2	
Sex	Male			Female			
	26			74			
Nationality	Australian(27), Belgian(2), British(17), Canadian(7), Chinese(1), Czech(1), Danish(2), Dutch(6), Finn(2), French(6), German(7), Italian(3), New Zealand(3), Spanish(2), Swiss(2), Vietnamese(1), and USA(10)						
Did you arrange a volunteering placement before arriving in Cambodia?	Yes			No			
	18			82			

Note: 1 = strongly disagree, 2 = Disagree, 3 = neither agree nor disagree, 4 = Agree, 5 = strongly agree

CHARTS	1	2	3	4	5
REASONS FOR CHILDREN BEING IN RESIDENTIAL CARE					
1. The most common reason for children being in residential centers and orphanages in Cambodia is because of parental violence.	12	33	46	9	
2. The most common reason for children being in residential centers in Cambodia is because they are orphans.	10	15	33	36	6
3. The most common reason for children being in residential care is because of neglect due to poverty (e.g. not enough food)		14	30	39	18
4. Most children in residential care and orphanages in Cambodia are victims of human trafficking.		19	57	20	4
5. The most common reason for children being in residential centers and orphanages in Cambodia is limited access to education in rural areas.	5	29	39	21	6



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