"If We Reintegrate Six Babies, Someone Else Will Institutionalise Eight"

A Discourse Analysis of NGO Workers' Constructions of Alternative Care of Children in Cambodia

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Abstract

This thesis explored alternative care of children in Cambodia through the view of employees of non-governmental organisations. Preliminary research revealed a misappropriation of the word orphanage to describe a place, not for orphans, but where poor families in Cambodia take children for care. Thus, the language of alternative care became the topic of interest and was critically examined through discourse analysis. The research was guided by Personal Construct Theory, which provided a framework and method for inquiry. Using a combination of structured and semi-structured interviews, this thesis elicited and analysed the personal constructs of employees of non-governmental organisations across Cambodia and compared and contrasted these with the Royal Government of Cambodia's policy and the United Nations guidelines on alternative care. The key finding was a pervasive discrepancy between discourse and on the ground reality, as evidenced by the respondents' constructions. While some respondents criticized the government for weak implementation of alternative care standards, underlying many hindrances was the presence of hundreds of non-governmental organisations working outside the law and implementing fragmented and often contradictory alternative care programs. A longitudinal study was recommended to better examine the discourse, how it is changing, and how to close the gap between discourse and reality.

Key Words: alternative care of children, non-governmental organisations, personal constructs, Cambodia, discourse analysis

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Foreword

This thesis is the culmination of a year of thoughts, reflections, and research. Initially, I was interested in the rise and impact of volunteer tourism in developing countries. In particular, I was curious as to how volunteer tourism affects vulnerable children when I came across a film about Cambodia's orphan business[1]. The film depicts orphanage directors who exploit children and tourists for financial gain and the harm well-meaning volunteers can have on vulnerable children. I began to explore further, excited to examine this phenomenon from an academic perspective; however, I noticed a larger issue.

In preliminary conversations with foreign workers in Cambodia, few people seemed able to explain an orphanage in the Cambodian sense. The existing language was inconsistent with the reality; many children in orphanages have parents and are only there due to familial poverty and a pervasive belief that orphanages provide better care than families. Further research informed me this was not only the case in orphanages, but in all types of alternative care in Cambodia, particularly pagoda care, which is much less researched. The wider relationship between alternative care discourse and NGOs, and the possibility to contribute to a relatively under-researched area, sparked my interest and thus I arrived at my current point of departure.

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[1] See http://www.julianaruhfus.com/cambodias-orphan-business/

List of Abbreviations

CCC	Cooperation Committee for Cambodia
CNCC	Cambodia National Council for Children
GACC	Guidelines for the Alternative Care of Children
HCCH	Hague Conference on Private International Law
IBCR	International Bureau for Children's Rights
MSCC	Minimum Standards on Community Care
MSRC	Minimum Standards on Residential Care
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NGO	Non-Governmental Organisation
NGOCRC	NGO Coalition on the Rights of the Child
OVC	Orphans and Vulnerable Children
PACC	Policy on Alternative Care for Children
PCT	Personal Construct Theory
RGC	Royal Government of Cambodia
RGT	Repertory Grid Technique
SOS & ISS	SOS Children's Villages and International Social Service
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

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1. Introduction

Words are powerful tools. Though it is often unconsciously done, the selection of a word for a certain description or situation allows people to convey feeling, meaning, and abstract concepts to another person. Words are accompanied by unspoken attachments to other words; for example, the word 'orphan' often brings to mind children that are "abandoned, innately vulnerable and in need of care" (Richter & Norman 2010:217). What then is the inference of the word orphanage? How does language – or discourse – affect our understanding?

The alternative care discourse describes and conveys meaning about children who are not under the care of their biological parents. In Cambodia, an estimated 553 000 orphans and vulnerable children [OVC] live in alternative care, such as recovery centres or foster care (United Nations Children's Fund [UNICEF] 2011:6). Traditionally, Cambodian OVC would be cared for by extended family or a pagoda (International Bureau for Children's Rights [IBCR] 2006:18); however, the presence of residential care facilities has caused some to abandon tradition and leave OVC at orphanages (UNICEF 2011a:4). Indeed, though the absolute number of orphans is estimated to have decreased since 2005, the number of orphanages and children in orphanages has doubled since then (Ministry of Social Affairs, Veterans, and Youth Rehabilitation [MoSVY] 2011:12). Though the majority of OVC are still cared for by kin, the orphanage trend is concerning as a 2011 survey found that 91.9% of Cambodian families believe a poor family that cannot afford their child's education should send the child to an orphanage (MoSVY 2011b:9). With over 30% younger than 14 and over 20% in extreme poverty, many children are vulnerable to abandonment (UNICEF 2011b:2; United Nations Development Programme [UNDP] 2013:160).

The role of non-governmental organisations [NGOs] in alternative care has grown; particularly in post-conflict developing states that lack infrastructure, budget, and knowledge. In the 1990s, when decades of conflict ended in Cambodia, NGOs flooded in to help the country recover. The MoSVY is tasked to implement and monitor alternative care now; however, corruption hinders their work and NGOs continue to play a major role. Of the 1350 NGOs currently in Cambodia, roughly 165 work with child protection. A pervasive lack of oversight in alternative care has led to fragmentation whereby one NGO reintegrates children at the same time as another opens an orphanage and institutionalises more (Oum 2012). Additionally, the alternative care sector is beleaguered by a severe lack of data, as research is largely done by NGOs on an ad hoc basis; there is no systematic monitoring mechanism (NGO Coalition on the Rights of the Child

[NGOCRC] 2010:34). It is thus difficult to know how many children are in alternative care, what standard of care they experience, or what various NGOs or government actors are doing.

Using Personal Construct Theory as a guide, this thesis examines how NGO workers construe – or make sense of – alternative care in Cambodia. As NGOs are often the alternative care provider and are influential in policy-making, these constructions are critical to understanding the alternative care discourse and assessing the implementation of alternative care standards.

1.1 Research Objective and Questions

NGOs play a large role in alternative care in Cambodia, particularly in providing and evaluating care; however, the Royal Government of Cambodia [RGC] creates the laws that govern alternative care. This research explores the constructions employees of child protection NGOs have for six forms of alternative care: recovery centre, orphanage, adoption, kinship[2], foster, and pagoda. While discourse analysis can take on many forms; I seek to answer how NGO workers differentially understand the language of alternative care, contrast this with the RGC and United Nations [UN] discourse, and assess the impact, if any, on the implementation of alternative care. This is achieved through the following research questions:

How do child protection NGO employees construe[3] alternative care of children in Cambodia?

How do these constructions compare with the alternative care discourse of the Royal Government of Cambodia's Policy on Alternative Care for Children, the United Nation's Guidelines for the Alternative Care of Children, and existing research?

How does this impact the implementation of policies on alternative care?

1.2 Overview of Thesis

At the outset, I provided an introduction, objective, and guiding questions. In the next section, I contextualise the topic within Cambodia, focusing on children and NGOs. A literature review follows where I broadly examined the discourse of alternative care guidelines at the international level before delving into Cambodian laws. Due to the broadness of discourse analysis, a specific theory was chosen to guide the research and act as a framework for inquiry, not analysis; the theory is presented in Section 4. The methodology employed is then explained. After this, the data is analysed to discover trends, discrepancies, and insights into the respondents'

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[2] Kinship care refers to care by extended family members, such as aunts, uncles, cousins, or grandparents. In Cambodia, it also refers to more distant familial ties, such as cousins of uncles or sisters of grandparents.

[3] Jankowicz (2003b:10) defines construe as follows: "to construe is to make sense of something; to have a personal understanding of it; to find meaning in it".

constructions and contrasted against previous research and the RGC and UN alternative care guidelines. Finally, this thesis concludes with a summary of key insights into alternative care discourse in Cambodia, as well as some recommendations for the future.

2. Context

2.1 History and Demographics of Cambodia

From 1975 to 1979, Pol Pot carried out a systematic genocide during which it is estimated one-quarter of the population died, including 85% of teachers and 95% of doctors (Suárez & Marshall 2012:182). In 1979, Vietnam ended the genocide; however, 650 000 more Cambodians died in the 1980s due to ongoing starvation and conflict (Ibid). The 1991 Paris Peace Accords, formally ended the conflict, but the decimation of human capital was immense (Bunthoeurn 2011:63). From 1991 to 1993, the UN acted as a transitional authority, drafted a constitution, invested $3 billion USD in infrastructure, organised the first multiparty democratic elections to establish the RGC, and ratified the UN Convention on the Rights of the Child [UNCRC] (Suárez & Marshall 2012:182). However, Cambodia still faces many obstacles and "is one of the most aid dependent countries in Asia" (Suárez & Marshall 2012:182). Cambodia ranks 160 out of 177 on the Corruption Perceptions Index, 138 out of 187 on the Human Development Index, and 22.8% live on less than $1.25 USD per day (Transparency International 2013; UNDP 2013:143,160) (See Figure 1 for more statistics). Additionally, the number of international tourist arrivals rose from 2.2 million in 2009 to 3.6 million in 2012, which far exceeds the capacity of the fledgling tourism industry (United Nations World Tourism Organisation 2013:9). Overall, Cambodia faces a challenging combination of underdeveloped infrastructure, political corruption, and extreme poverty.

Population: 14 864 646

31.2%
0-14 years

63.5%
15-64 years

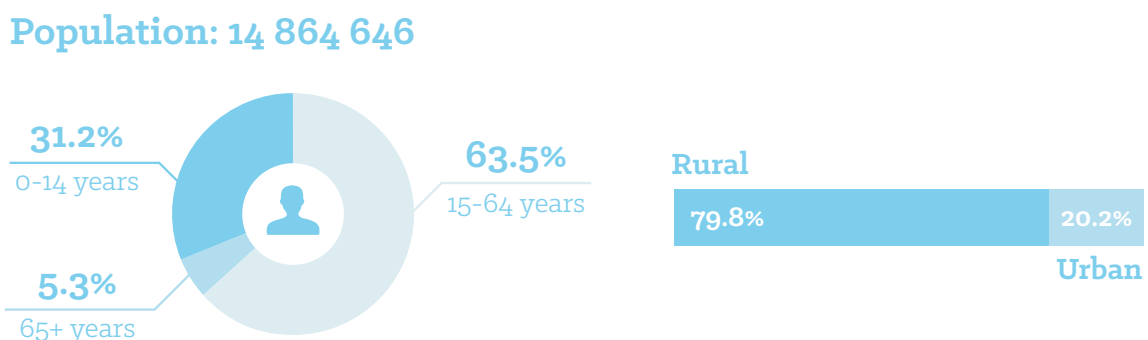**5.3%**
65+ years

Rural
79.8%   20.2%
Urban

Figure 1: Demographics of Cambodia
Source: UNICEF 2014

The RGC has made significant progress in children's rights since 1992; however, with 31.2% of the population under 14 years old, children are suffering the effects of poverty and corruption and

are highly vulnerable to abandonment (UNICEF 2011a:2). In 1995, the RGC established the Cambodia National Council for Children [CNCC] to monitor the implementation of the UNCRC; however, it lacks both funding and resources (NGOCRC 2010:ix). In 2011, UNICEF (2011a:6; 2014:48) estimated that there were 1.5 million OVC in Cambodia, though there are no recent statistics. Strong kinship relations traditionally provided care for OVC; however, a lack of social safety nets and education, combined with poverty and high fertility has led to increased use of residential[4] care (Frewer 2013:97; UNICEF 2011a:2). According to the IBCR (2006:25), "Cambodia has a governance problem", driven by corruption, which undermines child protection. Due to this, the RGC often shares its responsibilities for service provision with NGOs (Frewer 2013:97) and "the implementation of activities under the [UN]CRC is predominantly funded and implemented by and through international and local organisations" (NGOCRC 2010:xi). In recent years, the RGC has increased its focus on children; however, the "RGC allocates less than half of its budget to social services sectors […]. NGOs therefore continue to play a critical role" (CCC 2010:8). The net result is that NGOs arguably play a larger role than the government in alternative care for OVC; therefore, it is necessary to elaborate on NGOs.

2.2 NGOs in Cambodia

Throughout the 1990s, NGOs proliferated due to weak state capacity and growing global support for NGO assistance in development (Cooperation Committee for Cambodia [CCC] 2012:3). The Cambodian Prime Minister, recently praised NGOs as "a major catalyst for accelerating development progress" in Cambodia (CCC 2010:21). Frewer (2013:97,102), however, states the NGO explosion was too extreme; even now, aid and NGOs continue to increase, leading to an erosion of government capacity to provide services. According to Bunthoeurn (2011:42), in the 1980s there were 25 international NGOs; in 2011, there were 200. The first local NGO was established in 1991, there were about 400 in 2002 and the numbers grew exponentially since then (Ibid). Frewer (2013:98) believes "Cambodia has one of the highest concentrations of NGOs in the world" though estimates of exact numbers vary widely. An extensive 2011 census conducted by the CCC (2012:18–24) concluded that, although there were 3490 registered NGOs, only 1350 of these were active. "NGOs bring alternative models and approaches to development" and are "instrumental in advocating for national reforms that pave the way for improvements" (Bunthoeurn 2011:42). In children's rights, NGOs are integral to policy development and service

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[4] Residential care refers to alternative care within an institution, such as an orphanage or recovery centre. This may also be called institutional care. Kinship, pagoda, foster, and adoption are non-residential or community-based alternative care.

provision; however, there is increasing dependency on NGOs to implement and oversee alternative care (NGOCRC 2010:44).

The MoSVY estimates that 165 NGOs are involved in child protection (Oum 2012), although these NGOs work in dissimilar ways, leading to fragmented coverage and standards (Suárez & Marshall 2012:185). Despite UNICEF assistance to the RGC to strengthen child protection, a vicious circle exists whereby the RGC should handle alternative care, but a lack of resources means NGOs take the burden, which the government uses to justify not allocating resources to this sector (NGOCRC 2010:7). Despite this, NGOs have helped achieve gains in primary school enrolment, healthcare, birth registrations (CCC 2012:51) and "have begun to play a greater role in participating in national policy formation" (CCC 2010:4). NGOs in Cambodia are numerous and influential; however, the UN and the RGC ultimately govern the alternative care discourse.

3. Literature Review of Alternative Care of Children Discourse

This section provides an overview of the relevant documents on alternative care of children. The first sub-section focuses on international documents, mainly from the UN. The second sub-section explores the RGC's policies. The final sub-section briefly presents the types of alternative care, as described in the PACC discourse.

3.1 Relevant International Documents

In 1989, the UNCRC was adopted[5]; it identifies child-specific rights at the international level and is the foundation for many national child protection policies (SOS Children's Villages & International Social Service [SOS & ISS] 2009:4). Three articles in the UNCRC address alternative care and the prioritisation of keeping families together (UNICEF 2011b:2). Article 7 states that every child has the right "to know and be cared for by his or her parents"; Article 9 emphasises "that a child shall not be separated from his or her parents against their will" and any separation must be in the best interests of the child; and Article 20 states that any "child temporarily or permanently deprived of his or her family environment […] shall be entitled to special protection and assistance provided by the state" (UN 1990:3,6). In 1993, the Hague Conference on Private International Law [HCCH] (1993) enacted a convention on inter-country adoptions. The Convention reiterated the belief that "each State should take […] appropriate measures to enable the child to remain in his or her family of origin"; however, when in the best interests of the

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[5] All but two countries (the United States and Somalia) have ratified the UNCRC.

child, inter-country adoption should be done with respect for the child's rights and cooperation among states to best protect the child (HCCH 1993:1).

The 2003 Stockholm Declaration on Children and Residential Care stated "there is indisputable evidence that institutional care has negative consequences for both individual children and society" and countries should develop national strategies to explore and prioritise community-based options (Stockholm Conference Participants 2003). In 2009, the UN adopted the Guidelines for the Alternative Care of Children [GACC], which clarify and enhance the UNCRC and "support efforts to keep children in, or return them to, the care of their family or, failing this, to find another appropriate and permanent solution" (UN 2010:2). The GACC place emphasis on preventing residential care (Article 21,156), improving state authorisation and monitoring of alternative care (Article 5,8,73,92), and the particular vulnerabilities of children in alternative care (Article 4,60) (UN 2010). Together, the aforementioned conventions, declarations, and guidelines offer a wealth of standards for the alternative care of children. They all also encourage the development of national laws, which is where the attention now turns.

3.2 Royal Government of Cambodia

The 1993 Constitution of Cambodia contains two articles concerning care of children: Article 47 states "parents shall have the duty to take care of and educate their children to become good citizens" while Article 48 posits "the State shall protect the rights of children as stipulated in the [UNCRC]" (RGC 1993:11). As of 2014, Cambodia does not have an all-encompassing child protection law; however, the RGC, in collaboration with UNICEF, developed a Policy on Alternative Care for Children [PACC] in 2006 and several subsequent declarations on alternative care. The PACC, largely based on UNCRC and Stockholm Declaration, outlines standards for monitoring, regulating, and providing alternative care (MoSVY 2006a:12). Though it was written before the GACC, many similarities can be found, particularly in preventing alternative care and encouraging non-institutional, permanent forms such as kinship, foster, and adoption.

The PACC defines alternative care as "care for orphaned and other vulnerable children, who are not under the care of their biological parents" and may be residential or community-based (MoSVY 2006a:9). The MoSVY (2006b; 2008a) developed 2006 Minimum Standards on Residential Care [MSRC] for orphanages and recovery centres and 2008 Minimum Standards on Community Care [MSCC] for kinship, foster, and pagoda care. Both specify the responsibility of

the alternative care provider to meet education, discipline, socio-cultural development and health standards; however, neither stipulates who will enforce this or how (Ibid). A 2008 declaration called for the establishment of an inspection office to monitor and maintain a database on children in alternative care (MoSVY 2008b); to date, this has not been established.

The legal situation for adoptions is complex. Adoptions were governed by the 1989 Law on the Marriage and Family although the basic provisions were inadequate to regulate the influx of inter-country adoptions (BNG Hemoregon 2008:1). Rampant lawlessness and accusations of trafficking led many countries to ban adoptions from Cambodia until better regulations were in place; the RGC suspended inter-country adoptions in 2009 to implement stronger legislation (Holt International 2005:4). The 2007 Civil Code postulates conditions related to adoption; however, it was still scant on regulations for inter-country adoptions. In 2009, the RGC adopted a Law on Inter-country Adoption[6] to increase safeguards and regulations of adoptions (Oum 2012)[7]. UNICEF (2011b:3) provides technical support to the RGC to strengthen child protection, though it states Cambodia is not aligned with the GACC or the Stockholm Declaration.

3.3 Types of Alternative Care of Children

There are six main types of alternative care in Cambodia. The MoSVY prioritises family, permanent, and/or domestic solutions over residential, provisional, and/or international options; nevertheless, the PACC details each type (MoSVY 2006a). Here, a brief overview of each is presented, from the discourse of the PACC. Recovery centres cater to "children who have been affected by abuse, exploitation, drug use, street life or any other difficult circumstances" and provide specialised care for trauma (MoSVY 2006a:11). Orphanages should "provide all basic developmental needs for children who have lost one or both biological parents" though, "they also admit a variety of children at risk and child in need of special protection, but are often unable to provide specialised services" (Ibid). In 2003, the RGC (2003:2–3) cited that there were 20 state-run orphanages, 100 NGO run orphanages, and "an unknown number of privately run children's centres". Since then, the number of residential care facilities and children in residential care rose rapidly, while the number of orphans is estimated to have decreased (UNICEF 2011a; MoSVY 2011b) (See Figure 2 and 3).

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[6] This law is not yet available in English; however, it has been analysed and commented on by many NGOs and private adoption agencies.

[7] Inter-country adoptions are still suspended in Cambodia to allow for the necessary safeguard mechanisms to be implemented first. It is expected that they will resume in mid-2014.
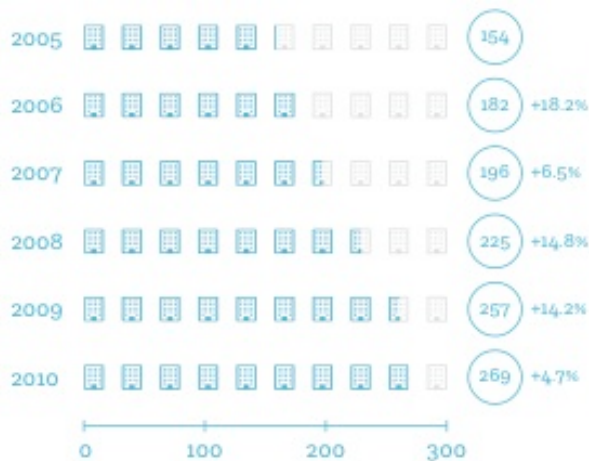
Figure 2: Number of Registered Residential Care Facilities in Cambodia
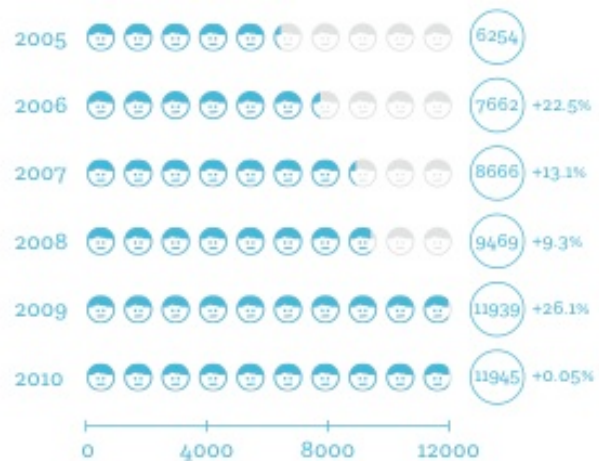*Source: MoSVY 2011*

Figure 3: Number of Children in Residential Care in Cambodia
Source: MoSVY 2011

The MoSVY (2011b:12) estimates there are 553 000 OVC in Cambodia, thus the vast majority are cared for by foster, kinship, adoption, and pagoda care. Foster care is the "temporary placement in which a family agrees to take an unrelated child in" (MoSVY 2006a:10). Kinship care occurs when "extended family members take an orphaned or other child in" (Ibid). Adoption is the "permanent family placement in which the rights and responsibilities of the child's biological parent(s) are transferred to adoptive parent(s)" and should be done formally through a court process (MoSVY 2006a:10). In Cambodia, the line between foster, kinship, and adoption is blurred, as the possible permanency of the first two resembles an informal adoption (RGC 2003:4). Finally, pagoda care is a traditional form of alternative care that occurs when a boy is cared for at a Buddhist temple or pagoda; girls cannot be cared for in this way due to religious rules (MoSVY 2006a:11). There is a severe lack of data on OVC in non-residential care; in 2009, it was estimated that only 1531 children were in formal non-residential care, suggesting that many are in informal arrangements with no monitoring or regulation (Oum 2012). Article 56 of the GACC states that permanent informal care that is in the best interests of the child should be formalised (UN 2010:10); however, there is little evidence of this in Cambodia thus far. Alternative care in Cambodia is quickly developing; however, it is necessary to analyse the alternative care discourse. To do this, a guiding theory was chosen.

4. Theoretical Approach

Discourse analysis is broadly related to social constructivism as it examines the culturally specific and relative ways of understanding and making sense of the world (Mikkelsen 2005:186).

Some critics claim discourse analysis is too broad to be useful (Bryman 2008:540); therefore, Personal Construct Theory [PCT] is presented to clarify the specific approach to knowledge, language, and discourse taken in this thesis. Though PCT originated in the psychology school, its' use in development studies and discourse analysis is increasing. This section explores constructive alternativism, PCT, and finally PCT and culture.

4.1 Constructive Alternativism

Prior to 1950s, the psychology field was governed primarily by logical positivism, which asserted that "there is a truth 'out there' which exists independently of the people who search for it" and people are passive respondents to the world (Jankowicz 2003b:44; Fransella & Neimeyer 2003:25). George Kelly, a psychotherapist, called these theories accumulative fragmentalism, whereby "truth is collected piece by piece" (Kelly 2003:4) and countered them with constructive alternativism, which postulates "all of our present interpretations of the universe are subject to revision or replacement" (Kelly 1963:15). Note that Kelly pluralises 'interpretations'; he believed in multiple unique understandings of the world that are subject to change as new events occur (Kelly 1963:10; Winter 1992:4). While an objective truth may exist, we cannot know it directly, we can only approximate it through a series of successive estimations (Caputi, Foster, & Viney 2006:xiii). Positivism differentiated between researchers as scientists and subjects as passive participants (Fransella & Neimeyer 2003:25). Kelly questioned this differentiation:

> Might not the individual man, each in his own personal way, assume more of the stature of a scientist, ever seeking to predict and control the course of events with which he is involved? […] Might not the differences between the personal viewpoints of different men correspond to the differences between the theoretical points of view of different scientists? (Kelly 1963:5)

In addition to redefining man's role, Kelly believed "the notion of truth is replaced by constructions that are to be judged not in terms of their truth, but their usefulness" (Caputi et al. 2006:20). In this sense, a theory or fact is never true; it is only ever the most appropriate and accurate knowledge at the given time (Chiari & Nuzzo 2003:42; Kelly 2003:5). Despite originating from clinical psychotherapy, constructive alternativism and PCT have been used in cross-cultural research, marketing, volunteer tourism, religious beliefs, and other areas (Ackerberg & Prapasawudi 2009:17; Winter 1992:ix). Kelly predicted the demise of PCT, stating that it is but one interpretation of the world that will eventually be replaced by a more suitable and accurate theory (Kelly 1963:44); however, PCT is still used in a relatively unaltered form (Winter 1992:8). Kelly's 1955 theory is presented below and complemented with latter interpretations of it.

4.2 Personal Construct Theory

The PCT postulates that the universe and persons are "a form of motion"; the world and our interactions and interpretations of it are constantly changing and evolving (Kelly 1963:48). Individuals strive to develop the ability to understand and predict future events by creating a construction system that is made up of patterns, constructs, and predictions (Björklund 2008:49). New events can validate or invalidate existing notions by proving or disproving expectations.

> Construing is an active, ongoing process in which we each constantly try to give meaning to our world and to predict future events by operating rather like a scientist: making hypotheses, testing them out, and if necessary revising them on the basis of the evidence which we collect (Winter 1992:4).

For example, Arun lives in a small town in Cambodia and has never left. He notices a pattern and construes that all persons are poor and deferential and thus predicts that all persons fit these categories. One day, a foreigner comes; the foreigner has a computer and talks directly to the village chief, which does not fit Arun's existing constructs. To accommodate this experience, Arun can either expand his construction system to incorporate richness and directness or he can reject them and keep his constructs. Expansion means changing his understanding of the world so that future predictions allow for rich and direct people to fit; rejection means maintaining his existing constructs at the risk of incorrect future predictions. The dichotomous scales of poor versus rich, deferential versus direct are personal constructs and form the basis of PCT.

Personal constructs are bipolar patterns that people subconsciously create to make sense of reality – "a way in which some things are construed as being alike and yet different from others" (Kelly 1963:105). Constructs are often implicit and subconscious until provoked (Björklund 2008:49). When Arun's brother visits from Phnom Penh, Arun notices he has nicer clothes and is more respectful to their father. When this occurs, Arun may re-evaluate his constructs to include a relativity scale of 'poorness-richness' to distinguish between himself, his brother, and the foreigner. Arun is creating a complex web of constructs to understand the world and makes predictions about the future. Due to different experiences and interpretations, each individual has a unique set of constructs that evolve as new experiences occur (Caputi et al. 2006:9).

Due to its abstractness, PCT can be applied in many areas of research; its use has grown steadily since 1955 (Adams-Webber 2003:58). PCT is relevant to this thesis as it embodies the notion of multiple fluid and subjective constructions; in line with qualitative methods, PCT individualises perceptions and emphasises how past experiences shape current knowledge and how future

experiences affect constructs. Using PCT to guide this research enabled a deeper understanding of how respondents think and a specific approach to knowledge as ever-changing.

4.3 Culture and Personal Construct Theory

Culture is a broad and contested topic with no universally agreed upon definition; however, discussions on this are not within the scope of this research. As this thesis involves a cross-cultural element[8], links between culture and PCT are examined. Kelly (1963:90) stated that if two people construe something in the same way, it is because they are psychologically similar. Thus the existence of a homogenous culture assumes a similarity in the outlooks and predictions of its members; people belong to a culture "especially because they construe their experience in the same way" (Kelly 1963:94). Each person is part of multiple cultures and subcultures, for example religion, education, sport, and so on, and membership occurs due to shared constructions of events (Scheer 2003:154). Shared culture impacts the formation and testing of constructs; divergent cultures occur due to different constructs and subjective worlds (Tomico et al. 2009:55; Kelly 1963:56). At any given time, a person may be a part of complimentary and contradictory cultures, which results in the loosening and tightening of their constructs due to increased opportunities for both validation and invalidation (Scheer 2003:155; Caputi et al. 2006:102).

For example, Arun's brother, Samnang, may have construed like Arun when he was younger: the world can be understood by poor and deferential constructs and nothing else. He thought richness meant a good rice harvest and sharing your wealth in a wood house. The two boys may have shared these constructs with family and community culture. However, in Phnom Penh, Samnang encountered new cultures of work, friends, and accommodation that exposed him to concrete houses, fancy clothes, and eating out. These challenged his richness construct and either validated or invalidated it. While adjusting to new cultures, Samnang's construct system may have included many inconsistencies as he struggled to understand and incorporate the experiences (Winter 1992:7). Eventually, Samnang will reorder his construct system by hierarchically organising experiences and developing his construct for richness. This construct will be unique to him as it evolved out of his particular cultures and experiences, and it may change again in the future (Kelly 1963:181).

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[8] Both foreign and Khmer (Cambodian) respondents

At the theoretical level, both constructive alternativism and PCT emphasise that each person will interpret and understand PCT differently due to dissimilar constructs and cultures (Caputi et al. 2006:100). Thus, the use of PCT and the respondents understanding of it is culturally dependent. I found this theory intriguing and relevant; this is not to say that the respondents also did. In addition, while constructs can be verbalised, "the communicated construct is the construing of the person who receives it" (Kelly 1963:136). Therefore, all presentations and analyses are my interpretation of the respondents' constructions and some receiver bias and misinterpretation may exist, despite extensive effort to preserve the original constructs.

5. Methodology

This section first presents the research design, including the data collection and sampling processes. Following this, the interview methods are discussed and the method for data analysis explained. Finally, the limitations and ethical considerations are explored.

5.1 Research Design

Broadly, this is a discourse analysis of how language shapes and guides the phenomenon of alternative care (Bryman 2008:528). More specifically, it is a qualitative case study approach that allows for a comprehensive analysis of complexities and focuses on the respondents' perspectives as the expert knowledge (Bryman 2008:52). Within the case study, there are a variety of embedded units of analysis, which allows for comparisons between these distinctive elements (Yin 2009:50). For example, the NGO employees can be differentiated by their country of origin, degree of involvement in care, and/or the length of their experience; these "subunits can often add significant opportunities for extensive analysis, enhancing insights into the single case" (Yin 2009:52–53). This research rests on both a deductive and inductive approach. Discourse analysis and PCT was chosen prior to entering the field; however, the research design remained flexible, allowing for inductive learning and alterations throughout.

5.1.1 Data Collection

Starting in April 2013, secondary data was collected continuously. This data was reviewed, analysed, and broadened over time. The secondary data consists of pertinent legal documents from the RGC and the UN, journal articles, and other documents of importance. Upon arrival in the field, in August 2013, I made contact with gatekeepers who clarified the contextual relevance

of the topic and suggested possible respondents. Primary data was collected in January and February 2014. Interviews were conducted in Phnom Penh and Siem Reap, the two largest cities, at a location of the respondent's choice. As most respondents' NGOs operate nationwide, this thesis analyses alternative care across Cambodia. Each interview lasted 30 to 75 minutes and was conducted in English. Eight interviews were one-on-one; one interview had two respondents who provided individualised responses. Informed consent was sought from all respondents and emphasis was placed on their anonymity, as well as their control over the process.

5.1.2 Sampling

In order to elicit respondents, I used purposive and snowball sampling. I contacted four respondents through purposive sampling, whereby they were selected specifically because they are knowledgeable about alternative care (Silverman 2013:148). The NGO community in Cambodia, while large, is relatively tight-knit. Due to this, snowball sampling used the social network of the four initial respondents to find six more respondents (Mack et al. 2005:5; Overton & van Diermen 2003:43). The respondents were then vetted to ensure they met the baseline criteria for participation, listed below.

1. *Knowledgeable about alternative care in Cambodia*
2. *Worked for an NGO involved in child protection for minimum of one year*
3. *Strong verbal competency in English*

These criteria were set due to a desire for respondents that were intimately familiar with the topic of research (Björklund 2008:51), working within the target type of organisation for an extended period of time, and able to communicate without a translator. In total, ten employees from nine different child protection NGOs were interviewed. I sought to hear different experiences by talking to people with diverse backgrounds. Six respondents were foreigners; four were Khmer. Five were in a role with direct access to or control over an alternative care facility or policy and five were in a role with indirect access to or control over an alternative care facility or policy. Five worked for international NGOs and five for local NGOs. To preserve anonymity, pseudonyms were assigned to all respondents (See Appendix One).

5.2 Interview Methods

In 1955, Kelly developed the Role Construct Repertory Test to elicit the respondent's constructs about themselves and others in a clinical psychotherapy session (Kelly 1963:132). Over time, this test transformed into a broader method, the Repertory Grid Technique [RGT]. According to PCT,

however, "we distort the human experience when we assume that any specific technique will apply equally to each individual" (Caputi et al. 2006:100). Thus, my interview approach was flexible. I began by introducing my topic, the informed consent document, myself, and asking the respondent to summarise their involvement with alternative care (See Appendix Two). I then presented the RGT concept. If the respondent understood and seemed comfortable with the RGT, I used this method. If not, I took Jankowicz's (2003b:45) advice and sought another way of communicating with the person and eliciting their constructs. In the end, 5 interviews used the RGT while 5 were semi-structured interviews.

5.2.1 Repertory Grid Technique

The RGT is an interview tool that allows the researcher "to obtain a glimpse of the world through the 'goggles' of their subject's construct system" (Winter 1992:21) and to extract personal "constructs which are used by individuals for making sense of reality" (Ackerberg & Prapasawudi 2009:22). The RGT consists of three main aspects: elements; constructs; and linkages, which are documented in a detailed matrix (See Figure 4). Elements are the specific events that are the topic of interest to the researcher, such as objects, actions, and/or concepts within a given topic (Kelly 1963:137). Constructs are bi-polar patterns that are created by individuals to facilitate understanding and are "the basis upon which elements are understood" (Kelly 1963:109) and the RGT enables communication of them (Björklund 2008:49). Linkages are how the respondent uses constructs to describe the elements. The result of an RGT interview is a detailed matrix of the respondent's constructs. As expected, many researchers have interpreted or tweaked the RGT to best suit their study and there are many variations of its use (Bell 2003:97). I briefly touch on some variations while describing the process I used.
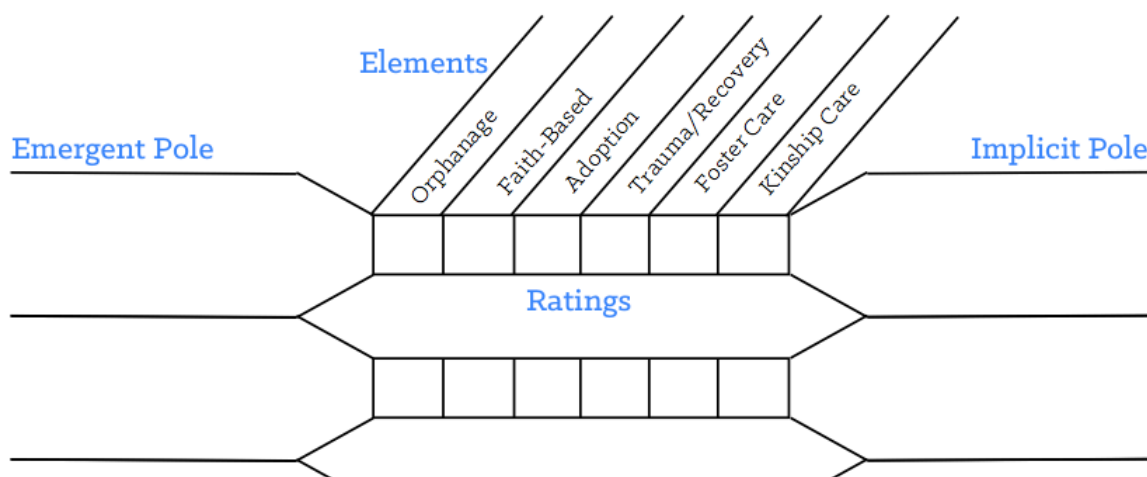

Figure 4: Blank RGT Interview Matrix

According to Fransella (2003), there are five skills needed when using the RGT. The researcher must: prioritise the constructs of the respondent; suspend personal values; listen credulously; be reflexive; and be creative. I employed an emergent research design, whereby I minimised my previous knowledge and interaction with the topic so I could learn from the respondents without challenging or contradicting my thoughts (Creswell 2009:135). To listen credulously is to hear, accept, and, if necessary, clarify; the importance of this rests on the fact that the respondent is the only expert on their constructs (Kelly 1963:174; Caputi et al. 2006:9). I discuss reflexivity in Section 5.5 and creativity in the method is mentioned above. After practicing the skills, I selected elements that are homogenous and representative for the interviews (Björklund 2008:60). Some practitioner's elicit elements from respondents; however, it is more common to select elements to find the "values and the qualities [respondents] appreciate within this restricted domain" (Tomico et al. 2009:55). Thus, I selected the six types of alternative care and printed them on cards so the respondents could see and connect to them tangibly (Fransella 2003:110).

Though some researchers also supply constructs to ease cross-group comparisons, this, in many ways, contradicts Kelly's original concept of the uniqueness of constructs (Bell 2003:97). Due to this, I elicited constructs during the interview. I presented the respondent with the six types of care and asked them to select any three to begin with. Following standard RGT, I then asked them to describe a way in which two were similar, but dissimilar from the third (Kelly 1963:111). Each construct has an emergent and implicit pole, which should be dissimilar, but not necessarily opposite (Kelly 1963:116). For example, 'rich' may contrast 'poor' for some or 'rich' may contrast 'unlucky'. I encouraged the respondents to provide both fact- and opinion-based answers and stressed the absence of correct responses. As there are "a great variety of possible interpretations that a listener may place upon […] a simple statement" (Kelly 1963:117), I repeated the construct back to the respondent to ensure maximum accuracy.

Once a construct was elicited, the respondent was asked to rate it on a scale of one to five, one representing the emergent pole and five for the implicit pole. Though Kelly's original scale was bi-polar – emergent pole, implicit pole, or neither – this hid many nuances of constructs so most researchers now employ a five-point scale (Bell 2003:98). This process of elicitation – pick three elements, state construct poles, and rate all elements – was repeated until the respondent was unable to think of new constructs, which usually occurred after 10-12 constructs. The final grid is a matrix of numbers and words containing the respondent's meaningful perceptions and values of alternative care (Caputi et al. 2006:275) (See Figure 5).
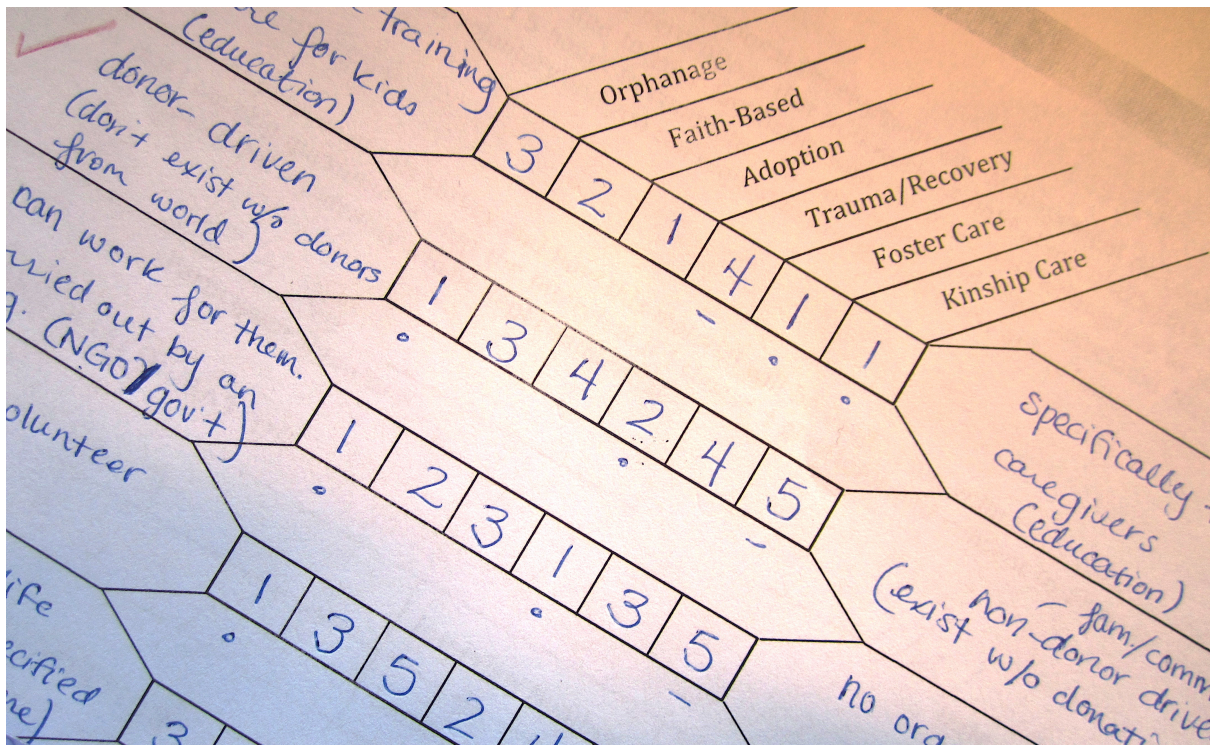
Figure 5: Complete RGT Interview Matrix

The RGT is the most common method for PCT because it is highly individualised and contains a large amount of data (Winter 1992:17). The RGT limits interviewer influence and bias by allowing the respondent to direct the interview (Ackerberg & Prapasawudi 2009:29). Though I supplied elements, I had no control over the constructs provided; thus, respondents could comment on any aspect of alternative care they felt was pertinent; this also minimises social desirability bias. The RGT allows for interesting cross-cultural analyses as respondents with diverse backgrounds are asked to construe on the same topic (Caputi et al. 2006:289); "cultural values are thus explored in relation to a set of stimuli" (Tomico et al. 2009:55). The elicited constructs allow the researcher insight into the respondent's priorities and behaviours – what do they mention; how are things connected to them – and room to compare and contrast between respondents (Winter 1992:5). Due to this, the RGT was the primary method of inquiry; however, each person has a unique construction system and thus "it follows that [PCT] and approaches based on it may themselves be found useful by some people, but not by others" (Jankowicz 2003b:44). For those who did not find it useful, I conducted semi-structured interviews.

5.2.2 Semi-Structured Interviews

Semi-structured interviews were used as the alternative method as they are "designed to elicit a vivid picture of the participant's perspective on the research topic" (Mack et al. 2005:29); you will

notice this is similar to the RGT. Indeed, constructs can also be elicited through a conversation, if the listener pays close attention to the contrasts highlighted in the speaker's words (Winter 1992:24). Mikkelsen (2005:171–172) presents a series of interview styles; however, all of the styles place the interviewer in the lead role and the respondent involved as a student. In order to follow PCT, it was important to minimise my role, which I attempted by eliminating questions; instead, I presented the six cards of alternative care to the respondent. As "constructs may also be elicited by asking the subject to describe each element in turn" (Winter 1992:22–23), this is what I asked the respondent to do. In this sense, I mimicked the RGT by allowing the respondent freedom to comment on any fact- or opinion-based constructs they felt were relevant. In the end, the semi-structured interviews complemented the RGT interviews as each method allowed the participant to respond in a way they felt comfortable.

5.3 Data Analysis

After the interviews were transcribed, the data was ready for analysis. Kelly developed the RGT to contain both qualitative and quantitative data that "can be analysed at the univariate, bivariate, and multivariate levels" (Bell 2003:99). Since unique constructs were elicited from each respondent, only qualitative discourse analysis of the RGT and semi-structured interviews was done. All constructs and statements were coded into themes. An analysis was then performed to elicit common and dominant themes among the respondents. Three prevalent themes concerned the description of alternative care, the impact on child development, and oversight; these structure the analysis. The respondents' constructs were then compared to the RGC and UN alternative care discourse to draw out significant similarities or contrasts that may affect the implementation of alternative care. In the analysis, often only one construct pole is presented, in order to make a coherent analysis of one element or type of alternative care. According to constructive alternativism, the interpretations and analyses are ultimately my understanding of the respondents' constructs. To preserve their meaning, direct quotes are used throughout the analysis. Additionally, all responses are referred to in past tense, as it represents how the respondent construed at the moment of speaking and may have changed since then.

5.3.1 Reliability and Validity

In traditional terms, the presumed reliability and validity is high as each grid or interview is the true voice of the interviewee, detailed and personal, and assumption-free (Tomico et al. 2009:56). However, it is a subjective qualitative method and therefore I was cognisant of the possibility for

interviewer bias and reduced this by minimising my role. Winter (1992:46–58), however, insists reliability and validity are less relevant than consistency and usability, which in turn ensures reliability and validity. The data is consistent and usable because the RGT and interviews have prevailed as useful forms of elicitation, there is no objective answer being sought, and constructs are elicited from the respondents (Ibid).

5.4 Limitations

Though every effort has been made to minimise limitations, four exist. Firstly, snowball sampling runs the risk of being selective as the initial respondents may not know or may intentionally exclude others from taking part (Overton & van Diermen 2003:43). I overcame this by reaching out to four people initially to diversify potential participants. The second limitation is related to the first. I conducted all interviews in English, which meant people who were knowledgeable in alternative care, but not strong in English were unable to take part and those who did take part may not have been able to fully express themselves in English. However, all respondents reported enjoying the process and had strong enough English skills to communicate well. The third limitation is the interview location. To ensure the respondent felt comfortable, I offered to conduct the interview at a location of their choice. Occasionally, there were many distractions, which hindered the effectiveness and focus of the interview. Finally, using RGT was a possible limitation as Ackerberg and Prapasawudi (2009:30) noted it is time-consuming (two hours), expensive (software analysis programs), and hard to replicate. However, I did not experience these. The RGT interviews lasted around 1 hour, the same as the semi-structured interviews and, as only qualitative analysis was done, there was no need to purchase software. The thesis cannot be replicated; however, the objective is to elicit the current constructions of alternative care discourse. These necessarily change over time and thus the responses would change. The only remaining limitation is, as data was collected by both the RGT and semi-structured interviews, it was not possible to conduct quantitative or cross-grid analyses.

5.5 Ethical Considerations

This section is by no means exhaustive; however, it highlights the three ethical considerations. The first was the selection of respondents. I chose not to interview children as I am unqualified to recognise and prevent trauma. Instead, to gain the most truthful and accurate critique of the alternative care discourse, I selected NGO workers as experts. Secondly, the choice of research design is based on my worldview. As reflexivity is a critical, if not founding, aspect of PCT, I was

reflexive about all decisions; in using PCT, I decided it was the most appropriate theory for this research. Prior to entering the field, I was cognisant that culture is not easy to downplay and my particular combination of cultures (e.g. Caucasian, female, researcher, student, etc.) may lead me to construe differently than the respondents (Chiari & Nuzzo 2003:159). To negate this, I spent five months in-country before conducting interviews and was aware that the theory or method[9] may be culturally biased (Jankowicz 2003a:360). Finally, informed consent was sought and received. I explained the process, then asked them to read, ask questions, and sign the informed consent form with their name or 'yes'. Every effort was taken to preserve the voice and intent of the respondents. Moreover, as protecting their identity is key to ensuring participation brings them no harm (Mack et al. 2005:8), all respondents are identified by pseudonyms.

6. Analysis

In this section, the data is analysed against previous research, the RGC's PACC, and the UN GACC. Though the PACC was passed in 2006, only three respondents named it during the interviews, highlighting a lack of dissemination and importance of the policy among NGO workers. In comparison, every respondent mentioned NGOs in all types of alternative care. Each sub-section examines how the respondents construed (1) a description of the type of care, (2) the impact on child development, and (3) the oversight of the alternative care by government or NGO actors. Drawing on existing research throughout offered interesting comparisons with constructions and discourse. The analysis starts with recovery centres and orphanages, before turning a lens on adoption, foster, kinship, and pagoda care. Lastly, how respondents construe hindrances in implementing the RGC's alternative care discourse is examined.

6.1 Trauma/Recovery Centres

6.1.1 Describing Recovery Centres

The GACC and the MSRC do not differentiate between recovery centres and orphanages. Instead, they group them under residential care, which is "care provided in a non-family based group setting" (UN 2010:6). The PACC, however, distinguishes recovery centres as group living arrangements providing specialised care for children (MoSVY 2006a:11). When construing a recovery centre, most respondents echoed the GACC and PACC discourse: "it's a purely crisis or very short-term place" (Sophie) "for those who are severely traumatised and very high risk of

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[9] All Khmer respondents were interviewed via semi-structured interviews, indicating that the RGT may not be useful, applicable, or easy to understand in Khmer culture.

safety – physical and emotional safety – after they have been abused or violated or trafficked" (Keo) and need "professional care provided by trained staff" (Aubrey). Charlotte, however, stated she knew nothing about recovery centres. Five respondents also mentioned that a child would be in a recovery centre due to trauma, which correlates to the PACC discourse that references "abuse, exploitation, drug use, street life or any other difficult circumstances" as possible causes (MoSVY 2006a:11). Overall, the respondents' constructions of what recovery centres are and why children are placed there are remarkably similar to the GACC and PACC, indicating a cohesive discourse and implementation of recovery centres.

6.1.2 Impact on Child Development

Any form of residential care has a detrimental impact on child development; therefore, the PACC recommends placement is temporary. The MSRC set out key guidelines related to hygiene, education, socio-cultural development, and buildings in the recovery centre (MoSVY 2006a; MoSVY 2006b). Here a noticeable difference in constructs can be seen between respondents. While foreigners Mia and Aubrey focused on developmental targets and psychological needs of the children, Khmers instead emphasised the risk of abuse. Keo construed that "some abuse occurs. Sometime it's child to child, sometimes staff to child". Solyna stated:

> Boys over 10 years cannot stay in the shelter because we are afraid if there is any sexuality. I don't know if it happens, but we need to prevent it. We find alternative accommodation for them either put them in kinship care or other boy shelter if they need.

Chiva, on the other hand, focused on the services that recovery centres offer the child "to help them, like send them to the hospital, connect with information on relatives, work directly with the school when the children must stay at home. If it's a serious case of fear of the suspect, provide a counsellor". The respondents conveyed the negatives of residential care; however, as most construed recovery centres as temporary and borne out of trauma, they felt the positives outweighed the negatives for child development.

6.1.3 Oversight

According to the GACC, alternative care provider's should receive authorisation and accreditation to provide care (Article 55), care should be rigorously screened (Article 125), and residential care should be limited and restricted "to those situations where it is absolutely necessary" (Article 156b) (UN 2010). The PACC discourse echoes these standards, particularly the

RGC's responsibility to monitor and evaluate recovery centres every three months (MoSVY 2006a). Four respondents, however, mentioned the role of NGOs before that of the governments. According to Solyna, "so many NGOs implement [recovery centres], but not so many in the government. The government do not have that". Chiva echoed this: "if you look around, we have many ministries and many NGOs" running recovery centres. Aubrey, a foreigner, agreed that recovery centres are privatised, but construed "the government regulates it". Jackson, however, cynically said "recovery centres are primarily run by NGOs, or I mean they call themselves NGOs". Only Solyna mentioned the RGC's role in monitoring and accrediting recovery centres; however it was once a year rather than every three months, as stipulated in the PACC. In addition, the proliferation of recovery centres negates the implementation of Article 156b of the GACC.

Most respondents constructed recovery centres in a way similar to the GACC and PACC discourse; however, a noticeable difference occurred when two Khmer respondents mentioned the possibility of abuse first, while foreigners construed the positive opportunities for healing. Despite both the RGC discourse emphasising the importance of government oversight, only one respondent mentioned the RGC. This could be for a variety of reasons; however, four mentioned the role of NGOs in providing this type of care, indicating the respondents see NGOs as more prominent, important, or relevant to recovery centres than the government is.

6.2 Orphanages

6.2.1 Describing Orphanages

In research, media, and policy debates on alternative care discourse in Cambodia, orphanages are at the forefront. As aforementioned, orphanages are grouped under residential care in the GACC; however, a plethora of the articles relate directly to orphanages, as is seen throughout this analysis. The PACC defines orphanages as "long term residential centres that provide all basic developmental needs for children who have lost one or both biological parents", but adds that in Cambodia, orphanages "also admit a variety of children at risk and child in need of special protection" (MoSVY 2006a:11). Interestingly enough, every respondent described orphanages last and many hesitated or seemed unable to define it in the Cambodian context. Foreigners in particular, struggled to reconcile incompatible constructions of orphanages.

> I have no idea how to define it… It's a centre where children without parents live… that makes sense; I almost forget it should be for children without parents because in Cambodia it's so different. (Mia)

> I don't use the word orphanage; I use residential care because the word orphanage is so flawed in Cambodia. I don't know a single residential centre, which actually is filled with only orphans. I believe using the word orphanage is wrong. It's long-term care for children that, supposedly, there's no other options for. In Cambodia, they're used as boarding schools, drop-off zones for sexually abused children, trafficked children, whatever you can think of. (Liam)

> Orphanages in their true sense should be about the child needing a home, but in the Cambodian context, it's about the parents not caring for their child and giving them to the orphanage (Aubrey)

According to UNICEF (2011b:1), 72% of children in orphanages are not orphans; instead, they are there due to poverty, which supports many of the above constructions. Jackson stated that "technically, it's a place where orphans would live […] The truth is though that it's often used as an early intervention and it's long-term residential care". Using orphanages as an early intervention is in direct contradiction of GACC Article 21, whereby residential care is used only when "specifically appropriate, necessary and constructive for the individual child concerned" (UN 2010:5). As Liam point out "the [PACC] is basically a guidebook, which says […] work from this step to this step and everybody's skipping all them and going straight to orphanages". Charlotte "would love to know whether orphanages existed 100 years ago", while Solyna's construed: "The orphanage, it happened in 1979. The government has set up orphanage because after coming back from the Pol Pot regime, so many orphans". Sophie, however, construed "orphanages as something that outsiders brought in; it's an imposed phenomenon". Keo on the other hand, looked at the word and said "orphanage? What does it mean? A shelter for orphans?". As Charlotte points out, there's a danger with the massive presence of orphanages as it "breaks down the family network, which is so strong here", which UNICEF (2011b:1) also believes. With so much controversy arising over the word 'orphanage', it follows that the impact on child development also brings up strong feelings.

6.2.2 Impact on Child Development

The MSRC set out baselines for care, though these are not implemented. Some orphanages even "exploit the problem of poverty by actively recruiting children in poor families by convincing, coercing or even paying parents to give their children away" (UNICEF 2011b:1); this is in express contravention of GACC Article 127 which prohibits child recruitment (UN 2010:18). Charlotte had "a problem with religious orphanages trying to take away [the] children". Liam also noticed "orphanages actively recruit children" and believed "if you weren't putting this option in their face and saying 'Oh, you should put your child in an orphanage'… I don't think people really

would even consider it". Often, the advertising of orphanages in Cambodia leads parents to believe their children would be better off there (UNICEF 2011b:1); however, "the scientific, medical research shows that there are negative development indicators" (Jackson).

Every respondent construed the level of care negatively, mostly emphasising that "institutionalisation just brings problems" (Liam) and "caregivers, directors, staff, everyone, is highly unqualified in orphanages in Cambodia" (Sophie). Orphanages "are under-resourced and under-staffed" (Aubrey), which leads to terrible conditions that "are worse for the child's health" (Sophie). As Chiva construed, "some orphanages have a lot of quantity, but little quality... 100-200 children in the building". Not only is it harmful physically and emotionally, "children don't develop life skills. They become very dependent and don't know how to cope by themselves" (Keo), as UNICEF (2011b:2) also states.

The GACC states children maintain family contact and be encouraged to reintegrate as soon as possible (UN 2010:5,10). According to UNICEF (2011b:2), 72% of the children in orphanages have living parents, meaning alternatives to orphanage placement exists for many. Charlotte "would love to think the goal would be to reintegrate", but her experience led her to believe it is not. Both Vichhay and Chiva found the style of care in orphanages disconnected from reality and amusing. Both laughed when they discussed the impact of orphanages run by westerners.

> In the orphanage, they have three meals and two snacks. They eat a lot! When they go back to community, they cannot adapt... they only have two meals. [...] Some orphanages have air con and they put children in it! But when they are integrated into the community, they have no air con, even no fan. (Vichhay)

> In the orphanage, they have food, health, everything, but when they visit their homeland, they come back and they say 'oh my house is not good, my bedroom, my bathroom, my toilet, I cannot live there'. They do not adapt to the real situation. This is a bad impact of orphanages. (Chiva)

Chiva also construed a solution: "I think, don't take the children into the orphanage. The children should stay with the parents in the community". This is what the GACC and PACC discourse state; however, orphanages continue to grow and cause unnecessary family separation due to a lack of knowledge of alternatives (UNICEF 2011b:2). All respondents construed orphanages negatively, regardless of age, origin, or experience. The detrimental impact on children dominated the discussion and many blamed a lack of regulation enforcement.

6.2.3 Oversight

Of the six types of alternative care, oversight in orphanages is the most emphasised in the GACC and PACC discourse; however, these guidelines are rarely enforced due to low funding and capacity within the MoSVY (NGOCRC 2010:9). "Almost all [269] residential centres are funded by individuals from overseas", including the 21 government ones and an unknown number of unregistered orphanages (UNICEF 2011b). Mia believed that "without external donors from around the world, orphanages wouldn't exist in Cambodia". UNICEF (2011b) is working with the RGC and believes improvements are being made, yet Charlotte is "pretty anti-orphanages" because "they need to be far better regulated". She elaborated that "the government orphanages' care levels are so basic because there's low funding. The local one here, the staff are paid $30 a month. [...] You can't live on that."

According to Holt International (2005:12), NGOs have more funding, but fail to realise there is little need for orphanages as most OVC have kin that could care for them if supported by NGOs. Aubrey construed naïveté and ignorant altruism as the cause of the orphanage problem as it is "usually some sweet grannie who's started something or some well-meaning faith-based carer… you don't see the big NGOs getting involved in the orphanage business". The lack of resources to properly implement the PACC discourse is dangerous for children as it leaves them vulnerable (NGOCRC 2010:10). Though the GACC Article 20 states care should never aim to further the economic goals of the provider (UN 2010:4), Jackson and Charlotte construed this is the incentive of many orphanages. In addition to children performing dance shows for tourists, "staff and volunteers seldom undergo appropriate background checks" leaving children vulnerable to further exploitation (UNICEF 2011b:2).

> Some orphanages in Phnom Penh have advertisements like 'find another doctor', 'another engineer' to volunteer in the orphanage, but when they come, they don't do the title that they have. They carry the children with no checks so that is like harassment, touching. The children start to say 'oh, this is my papa and I love my papa'. (Chiva)

> There needs to be a safe place for children in crisis, but [...] not long-term institutionalised care where it's open to tourists and short-term volunteers. There was an orphanage [...] – the government actually closed them down because the director was sleeping with the children – but they had a sign up saying 'Volunteers welcome! Any nationality! Just come and play with the children!' There was another case of a British man [...] who set up an orphanage [...] and abused the kids; it was awful. (Charlotte)

The respondents construed the lack of oversight, combined with altruistic foreigners, created a dangerous situation for children. A 2011 report supports this: "since foreigners are known to give

money, residential care centres have begun to solicit more funds through 'orphanage' tourism" (MoSVY 2011b:65). The constructions were not affected significantly by variations in age, gender, experience, or origin; all conveyed the damage that orphanages cause and the misappropriation of the word 'orphanage' in the alternative care discourse in Cambodia. The fact that many orphanages are founded and run by NGOs led many respondents to distance their work from the NGOs that run orphanages. However, if change is to occur, UNICEF (2011b) believes the government must engage all NGOs, moving their programs from orphanages to community care and redefining the word 'orphanage' in discourse and in practice.

6.3 Adoption

6.3.1 Describing Adoption

Controversy has surrounded adoption since the 1990s, when it came to light that many "birth parents were allegedly given money by unethical child caring facilities and 'child locators' to relinquish their children for adoption" (Holt International 2005:4). Despite this, the PACC discourse lists adoption as a preferred solution, alongside foster and kinship care (MoSVY 2006a:13). Adoption is a "permanent family placement" with a full transfer of "rights and responsibilities" to the adoptive parents and must be arranged through the courts (MoSVY 2006a:10). The GACC does not define adoption, but states that if no other option exists, permanent and stable formal adoption should be sought (UN 2010:22). Inter-country adoption is still banned, thus most respondents commented only on domestic adoption. Three foreign respondents (Mia, Jackson, Charlotte) construed adoption in line with the PACC discourse. Liam construed that formal adoption "is very difficult because it's legally very hard for a Cambodian family to push this through court. It costs a lot of money. There's a lot of informal adoption". Sophie reiterated this.

> Adoption is typically something that has been arranged without a NGOs intervention. For example, when a baby has been abandoned at the hospital, a lot of mothers or families just take them. That's considered adoption. […] I don't know what the statistics are but, because of that lack of monitoring, we're really unsure as to what kind of care those kids are getting. (Sophie)

Solyna indicated that there is a hesitancy to adopt because "In Cambodia, we think about 'where do they come from?' 'which family?' maybe not have the same attitude. […] It is common to have big families, so adoption do not happen". Chiva, however, construed a lack of understanding as why adoptions happen informally.

When people take any action related to adoption, it's not formal. So, I have no children, and I need one child, so I don't go to the law, I pay money to the real mother. For example, $800 and I take the children. So this is not good adoption. Our people don't understand about it.

All respondents similarly construed domestic adoption as informal and described it as the PACC discourse does; however, two foreigners saw high legal cost and community solutions as the cause, while two Khmer attributed it to high fertility and low understanding. This difference may have occurred due to differences in knowledge about adoption in relation to other types of care; for example, foreigners may compare adoption to foster, which is free and community-based, while Khmer compare it to kinship, which is 'obliged' and indigenous to Cambodia.

6.3.2 Impact on Child Development

Though the RGC and UN discourse do not mention standards for adoption, Jackson and Liam believed adoption is "in the best interests of the child" (Jackson) and "is very safe because to adopt a child today you have to go through a very difficult process" (Liam). Little is known about adoption as the government does not publicise information (NGOCRC 2010:10); however, the IBCR (2006:18) believes most laws are not followed, particularly adoption laws., Both Vichhay and Keo construed adoption as dangerous "because many cases of adopted children end up with trafficking. So, even though the government proclaim they are ready for international adoption, I feel not yet" (Vichhay).

Some illegal adoption can make child more vulnerable to […] abuse because we are not sure the parents will take good care of them […] Sometimes they use the children to work like slaves and sometime exploited sexually. (Keo)

In 2001, after growing allegations of trafficking, many countries issued moratoriums on adopting from Cambodia; however, the RGC allowed adoptions until 2009 (Holt International 2005:4). While inter-country adoptions have not begun again, it is clear Vichhay and Keo feel the dangers still exist, both abroad and domestically. This danger can be traced back to a lack of clear discourse and inadequate oversight.

6.3.3 Oversight

Out of all types of care, respondents expressed the most confusion over adoption laws. Chiva stated "the system for control, for checking and interviewing the children, there is none". Keo

was aware of a policy he thought was strict, but knew little more, while Vichhay thought Cambodia should strengthen domestic laws before considering inter-country adoptions.

> Nothing is really clear about how to monitor or check the person who will adopt the child and who is going to follow up the well-being of the child when they are in another country? […] The government seems to go a bit fast in allowing adoption of Cambodian children abroad. They should work internally […] ensure the children do not end up in trafficking or exploitation. We don't have a system yet. Inside Cambodia, the government cannot even control it, so how about adopting a child to Germany, to America? Who is going to monitor? Nobody knows. (Vichhay)

Lack of oversight was also a concern for Solyna who construed that while the law makes it harder to adopt, it does not make it safer as it is not implemented and adoptions still occur. Charlotte, however, construed adoption as "for the rich", since "family papers cost money", but admitted "I don't even know what the government laws are on adoption are at the moment; they change it every five minutes". Here, more so than in other forms of care, the respondents' constructs of the laws were characterised by confusion and distrust, showing the RGC adoption discourse is not known at the ground level. Both Khmer and foreigners knew little about the laws on adoption, though some knew they existed. Interestingly, though there has been a restriction on adoptions since 2009, it seems this applies only to formal adoptions and may have led to an increase in informal adoptions as the respondents construed the new process as hard and costly.

6.4 Kinship Care

6.4.1 Describing Kinship Care

The PACC discourse describes kinship care as "a situation in which extended family members take an orphaned or other child in"; it is commonly informal, but may also be formalised (MoSVY 2006a:10). The GACC extends this to also include care by "close friends of the family known to the child" (UN 2010:6). Mia construed kinship along similar lines as PACC discourse while Liam reiterated the UN discourse. Eight respondents cited kinship care as a traditional form of alternative care (MoSVY 2011b:62). In line with this, Vichhay and Chiva expressed this expectation of kin whereby "families provide extended networks of mutual obligation" to care for the child (IBCR 2006:7). Solyna added that:

> In Cambodia, we are very much using extended family concept as social welfare. No need for government to set up that program. It is like the sentiment of the people. For example, for me, if I have sister die […] I have to take care of the nephew or nieces. […] Sometimes, Cambodians dream we need to get social welfare from the government like the western countries […] I think our own social system is better.

The most common reason for kinship care was transience of the parents, where "many people work in Thailand" (Chiva) or the "mother had to work in Malaysia" (Solyna). The informality and lack of oversight was concerning to Charlotte, who has "two girls who go from an aunt's house to a grandmother's house to an aunt's house; it's quite disruptive sometimes". Many respondents construed kinship care similarly to the GACC and PACC discourse; eight out of ten respondents commented that it is a natural and traditional form of care. Most often, Khmer respondents mentioned obligation in relation to kinship care, while one foreigner focused on the informality of this type of care, which points to different cultural affiliations influencing the respondents' constructions of the discourse.

6.4.2 Impact on Child Development

The informality of kinship care poses difficulties for assessing the impact on child development. Neither the GACC nor the PACC comment specifically on this; however the MSCC relate to education, participation, and socio-cultural development (MoSVY 2008a) and many articles highlight non-residential care as better for child development (NGOCRC 2010:8; UNICEF 2011b:3). Here, respondents had diverse constructs. Sophie, Mia, and Jackson saw it as a "healthy environment" (Mia) as "all the research I've read, […] long-term child development – emotional, physical, cognitive, the whole gamut – is improved by kinship care or foster care or adoption" (Jackson). Solyna and Aubrey cited variable standards of care.

> In Cambodia, without parents, [children] can go to their auntie or whatever. It's natural, you know? You don't need to have program, but in terms of quality, it's a different range. Good or bad, it depends on family situation, economic situation. (Solyna)

> Kinship care is good because it keeps the children in the community and close to their family […] but [it] is provided by non-professional and often untrained persons who may or may not be capable of providing care. (Aubrey)

Two respondents contrasted existing research and construed kinship care, as it is currently practiced, negatively. As mentioned above, family transiency leads to a situation that is "quite disruptive for the child because their immediate family is coming and going" so the child is "moved around a lot" (Charlotte). Vichhay believed:

> … it is difficult for one woman to take care of 7 children. It is not an obligation, but it is from your good heart. […] It's not a legal obligation, but it's a social obligation. […] One person takes care of 7 children, so that is big, too much for that person.

Despite previous research, the GACC, and the PACC discourse citing kinship care as the best option, only three respondents, all foreign and in Cambodia for less than three years, mentioned

solely positive constructions. Two others, with relatively short experience, mentioned the standard of care and impact on development is variable, while two more, with longer experience, viewed it negatively. The diverse opinions show how one topic can be construed in a variety of ways, depending on the respondent's personal experience with it.

6.4.3 Oversight

The GACC Article 18 posits that "states should seek to devise appropriate means […] to ensure [child] welfare and protection while in such informal care arrangements" and should formalise the care (Article 56) (UN 2010:4,10). The PACC and MSCC discourse also stress formalisation and regulation (MoSVY 2006a:17; MoSVY 2008a:7); however, neither states how and when to do this. Six respondents did not mention NGO or RGC involvement, possibly because all stated kinship is natural and informal. The other four expressed diverse opinions about oversight. According to the RGC (2003:4), there are no estimates of children in kinship care or formal support from NGOs or the government. Mia echoed this: "kinship care is natural; it exists without donations or external involvement". Chiva, however, had personal experience caring for her three nephews with RGC and NGO support.

> The authority provide a letter for the three children under my responsibility. For me, I provide my children to go to school, have a bicycle, have books, clothes… and so my nephews also have the same. [NGO] give some help [so] the three children have three parties looking after them: aunty, authority, and NGO.

In line with the MSCC, Chiva gives fair and equal treatment to her children and nephews (MoSVY 2008a:4). She also said "there must be authorities involved". Aubrey saw oversight as an either-or between NGOs and the government: "if [alternative care] comes up through a court case, then it can be quite government-run. However, if the child's had issues and gone to an NGO for care and they help set up the care". Vichhay, however, lamented "there is no proper standard. […] One mother takes care of 7 children. […] She has to earn money to support her own children and at the same time look after other people's children". The lack of responses on oversight in kinship care shows how deeply embedded it is in society; few view it as something that can be formalised. In addition, the four responses reference varying experiences with kinship and illustrate how the PACC discourse is variably existent on the ground.

Almost all respondents construed kinship care in a way similar to the GACC, PACC, and previous research discourse; however subtle differences were observed between Khmer and foreign respondents. On the subject of child development, differences arose between years of

experience and time in Cambodia. Also, three of the four who commented on oversight in kinship care drew on personal experience, but concluded different solutions, indicating the impact experience has on constructions and awareness of the RGC discourse.

6.5 Foster Care

6.5.1 Describing Foster Care

According to the GACC, foster care is the formal placement of a child in a non-related "family that has been selected, qualified, approved, and supervised for providing such care" by an authority (UN 2010:6). In 2003, the RGC (2003:2) differentiated between formal and informal foster care, stating that the former involves financial support, a legal agreement, and is often confused with adoption, while the latter is indigenous to Cambodia. The PACC, however, states foster care is short-term and "does not involve any legal agreement" (MoSVY 2006a:10). Keo stated foster care is for "children who don't have any family or kin" because otherwise they would be in kinship care though Sophie believes "foster care isn't something that families look into on their own; most families […aren't] even aware of it". Many respondents struggled between competing discourses of temporary or permanent, formal or informal. Often, the respondents reconciled rival constructs through justifications. For example, Jackson explained that "foster care, in formal practice, should be short-term temporary care with a non-biological family. […] However, in Cambodia it often can be long-term".

Three others construed it as quite different from the west because it is permanent in Cambodia and thus chose to classify it as informal adoption. For example, Charlotte said "it seems to be foster care, but the child may stay with family for a very long-time - almost informal adoption". Three more showed confusion over foster care. "Does foster care even exist here? I don't think so, at least not what I would call foster care…" (Mia). Solyna believed "foster care is not really in place… This is just kind of a concept, but it isn't really practiced". Vichhay thought foster care "happens with some Cambodian families, right? They take the child from other family and they take under their control in the community?". As can be seen, there are a wide variety of constructions, most showing confusion about foster care. This is reflected in the discrepancies between definitions in the GACC and PACC discourses, which contradict each other.

6.5.2 Impact on Child Development

As with kinship care, the PACC does not comment specifically on how foster care affects child development; however, the MSCC set out baselines of education, socio-cultural development,

and participation (MoSVY 2008a). Article 158 in the GACC states foster care in the child's community "should be encouraged as it provides continuity in socialization and development" (UN 2010:22). Two respondents construed foster care positively as "highly qualified and trained staff" (Sophie) are involved and "foster care allows [the child] to grow and learn about life skill and about their community life" (Keo). Keo was also aware of the dangers of "physical abuse and sometimes sexual abuse too from the foster parents", which Liam reiterated: "it's not always a great solution because sometimes they're used as servants or slaves". Chiva construed foster care in much the same way as the MSCC.

> The parent of foster child must take care of them like the real children and provide food, education, health care. [...] The parent must be fair for both the children. Sometimes, the children could not adapt into the family. [...] So we could call the foster a domestic worker, a child domestic worker. [...] If you have an NGO behind, okay that's good, but if you don't have, no. It's related to the law on domestic violence.

The IBCR (2006:18) supports this, arguing that because informal care is unregulated and unmonitored, children are vulnerable to exploitation and trafficking. Sophie explained that differences in foster care might arise because "in Khmer [language], they have different words for raising the child as your own or just giving support every once in a while". This brings up an interesting consideration about the alternative care discourse in Khmer language as the word choice affects the type of care given.

6.5.3 Oversight

In 2003, the RGC (2003:4,5) hailed community foster care as cost-effective alternative care, provided the foster family is committed and social workers are involved. The PACC (MoSVY 2006a) emphasises monitoring by the RGC and alternative care providers, while the GACC stresses formalisation of care arrangements by accredited caregivers and providing support to foster parents through networks and training (Article 56,118-122) (UN 2010:11,17–18). In 2010, the NGOCRC (2010:8) stated that NGO foster care programs are few, unregulated, and largely experimental and called for stricter monitoring. Here, again, constructs were diverse and confused when compared to the discourse. Based on personal experience, both Chiva and Sophie disagreed with the NGOCRC's construction. Chiva believed "NGOs do the monitoring. One week, two week, a month… according to the children and when they have a safe feeling".

> As foster care exists in Cambodia, it's pretty well monitored by the NGOs who implement it, but not the government. I only know of two, no three, organisations doing foster care. My knowledge comes mostly from an NGO that has been doing foster care for 9 years, [but] I wouldn't be surprised if the care is not consistent across different NGOs. (Sophie)

Sophie's final comment speaks of the issue plaguing foster care: inconsistency. UNICEF (2011b:2) recognises that some NGOs are involved in foster care; however, these approaches should be harmonised, strengthened, and consistent across Cambodia. The lack of this led Charlotte to construe it negatively.

> I think it's an area that can be successful, but it's still in its infancy here. [...] There seems to be very few guidelines, very little training and it's very informal. [...] My concern with foster care is that when those children grow up and become adults, or even when they go to school, is on the family paper side. If they haven't got a birth certificate, they can't access school, who is then responsible? I think that's where the commune needs to take more responsibility to make it a more formal agreement.

Aubrey, however, was more mixed, as it is "implemented or run by a private enterprise, which is often church- or NGO-based even though the overarching laws they have to abide by are government". Liam construed "foster care is implemented both by NGOs and the government. It's tough because foster care provided by NGOs in Cambodia is very well monitored whereas the actual formal, government system has very little monitoring". As with the other aspects of foster care, diverse opinions exist concerning its' oversight. In particular, Liam's final comment highlights the discrepancies between NGO and RGC care and how this affects the discourse.

As in previous sub-sections, respondents had a wide range of constructions; however, the variety came mainly from the form of foster care the respondent knew best, rather than their nationality or years of experience. The diversity of responses suggest that foster care exists in a fragmented form whereby some are strongly monitored and well-implemented and others lack funding and oversight. Some respondents thus construed similarly to the RGC discourse of regulated foster care, while others did not.

6.6 Pagoda Care

6.6.1 Describing Pagoda Care

Pagoda care is not defined in the GACC; however, the PACC discourse describes it as when "Buddhist monks, nuns, and lay clergy provide children with food, shelter, [and] education" (MoSVY 2006a:11). All ten respondents construed pagoda care similarly: a "traditional way of caring" (Liam) in "a religious community" (Mia). Chiva explained pagoda care is only for boys because "the [Buddhist] culture has a strong preference for the boy, the boy is the strong man, he is the protector of the woman". One of the biggest obstacles in pagoda care is a lack of data. According to the RGC (2003:4), nobody knows how many OVC are involved. Jackson admitted "I

don't know the numbers for pagoda care... I doubt anybody does", though he said "pagoda care and orphanages are quite prevalent, they're all over the place and there lots of kids in these forms". In 2011, a MoSVY (2011b:68) report claimed there is a "large population of children who live in pagoda care" and recommended further research into this form of care to increase knowledge. Despite the lack of data, Liam construed it as positive because it is community-based and "very much part of the Cambodian culture". Vichhay, however, thought pagoda care encouraged gender inequality, as it is only for boys, which Charlotte also stated.

> Pagoda care is more part of the culture than the foster or recovery centres. I've got very mixed feelings on pagoda care... in some cases it's very good for the boys, but [it's] only boys. That leaves the girls more at risk because they're left within the family or farmed off to someone or sold somewhere.

The community setting lends a positive aspect, while the gender aspect concerned two respondents, both of whom have worked in child protection for a long time. All respondents construed a similar description of pagoda care to the overarching discourse, yet differences arose when they moved towards discussions on the impact on child development.

6.6.2 Impact on Child Development

The GACC Article 20 states that the "provision of alternative care should never be undertaken with a prime purpose of furthering political, religious or economic goals of the providers" (UN 2010:4). Keo, a Khmer, construed the religious aspect as a positive because "it's good to learn about Buddhist advice and teaching [and] to become a good person, to have a good heart, to be passionate and to teach people to have inner wealth". Mia and Charlotte, foreigners, saw it as a constraint. Mia believed "you should never take care of a child based on a religion because probably, well definitely in Cambodia, that religion is forced on the child". Charlotte said:

> There's no state school so if a boy spends all his boyhood there, how do they go on to do anything else? Is their life then dictated that they remain a monk? Because in Cambodia, even more now, you need education to do anything.

Keo's constructs shifted when he mentioned caregiving, as "there is no someone specific to be a caregiver, so it's a challenge because monks might not have enough time". As Sophie stated, this can detrimentally affect the child's well-being because "the kids are just there. So whether they're sick, or going to school, they've been placed there by parents who can't afford them and nobody's qualified to take care of them". As seen with kinship care, the informal nature and lack of data on pagoda care poses many problems, which Liam picked up on.

> In many ways I feel sorry for the monks because they've been given a responsibility, which they shouldn't have. It's a very poor option for caring for children because there are massive opportunities for abuse. It's not actually structured as a service for children, there's no trained staff, not much monitoring…

Six respondents construed a high possibility of abuse in pagoda care. Indeed, significantly more mentioned abuse here than the other types. Keo briefly mentioned that some "monks can be abusive to children, both physically and sexually", but quickly moved on to another construct. Two foreigners with direct involvement in alternative care were more specific. Charlotte was uncomfortable with pagoda care due to scandals in Catholic orphanages in the west. Jackson felt pagodas were rife with abuse, but "because they're monks… it's easier to attack foreigners coming in and doing something bad than a foreigner coming in and criticising Cambodian monks. It's very difficult". The impact on child development is well-summarised by Sophie.

> Nobody knows much what goes on in there and that's what's concerning. We don't know as much as we do about orphanages so it may be a slightly better form of care, at least because children aren't explicitly exploited in pagodas, you don't have the tourism aspect… […] Pagoda care is a touchy subject because monks are revered in Cambodia so you can't criticise a pagoda the same way you can criticise an orphanage and people are much less likely to believe that monks are capable of sexual abuse. So that's why we don't know as much as we should, nobody wants to touch that topic.

In general, a certain level of discomfort or even fear was displayed when sharing constructions of pagoda care. Though it is promoted in the PACC discourse as a positive form of care, it was the one that was most mentioned in relation to abuse. The lack of monitoring and classification of a pagoda as a temple first, alternative care provider second, leaves children vulnerable to neglect and abuse.

6.6.3 Oversight

The PACC and MSCC encourage formalisation and regulation of pagoda care; however, no visible effort has been made here. None of the respondents mentioned any involvement by NGOs or the RGC, indicating just how lawless pagoda care is. Previous research into how this care is given or the impact on child development is extremely limited, usually focusing on only one pagoda. Liam stated "the vulnerability to abuse by peers, by staff, by anyone is higher in pagodas because there's too little monitoring". This may be because pagodas are governed by the Ministry of Cults and Religions in Cambodia, thus pagoda care is often caught between this branch and the MoSVY (MoSVY 2008a). This overlap of oversight creates a system that lacks accountability and diminishes the importance of ensuring children in pagoda care are safe.

Pagoda care is promoted by the PACC as a traditional form of community care; however, the lack of focus on it is concerning. As demonstrated through the interviews, Khmer respondents were positive or non-committal when discussing pagoda care. Foreigners either admitted knowing nothing about this topic or were heavily critical of the absence of oversight and possibility of abuse. It may or may not be a dangerous situation for children, but until the RGC discourse is properly implemented, it is hard to know what is really going on in pagoda care.

6.7 Hindrances to Implementing the Alternative Care Discourse

As is clear from the above analyses, the alternative care discourse is contested and fragmented. Though many of the MoSVY declarations offer advice and rules on how to implement the PACC, respondents often construed the reality as vastly different from the PACC discourse. Four respondents commented specifically on why this is so. Charlotte attributed it to lack of follow-through by the RGC.

> You get the big [NGOs] that work with the government to write these wonderful papers, but never funding to implement them. […] They say, 'oh, we're doing all this because we've got this paper that says we're doing it', but on the ground it's not happening.

Vichhay construed that a lack of funding for government employees was to blame.

> [MoSVY] are not working. I mean probably because their salary is very low and the government doesn't have the financial support. […] If the government paid good money to the staff, just like the NGO, the government staff will work better and Cambodian social welfare will be better.

Jackson, on the other hand, critiqued alternative care providers.

> There's no centralisation of how care is carried out, it's such a mess. […] Different organisations implement in different ways. […] There aren't any standardised guidelines or anything, at least none that are enforced.

Finally, Liam attributed the obstacles to donors, as well as the government.

> There needs to be a donor change of mind […] all donors are investing huge amounts of money into orphanage care. […] Obviously, there needs to be […] stronger regulations… or implementing those regulations is probably more accurate because they do exist.

These four responses highlight how the implementation of the alternative care discourse is hindered. Not only do respondents construe alternative care differentially, the obstacles to improving the situation on the ground for OVC in alternative care are construed differentially. Possibly because the respondents work in NGOs, none of them named NGOs as an obstacle, however, the three foreigners each mentioned multiple problems in their response, indicating the

situation is complex and not easily resolved. Vichhay, however, said low government salaries are the biggest hindrance, which he based on stories from friends in the government and his lengthy experience in NGOs. What this indicates is that NGOs may affect the government's potential by hiring skilled personnel and paying higher salaries. Possibly then, what underlies the aforementioned constructions are NGOs. If NGOs were not involved in providing alternative care, certainly fewer orphanages would exist. This would increase reliance on traditional kinship, foster, and pagoda care for OVC and the RGC would both create the discourse and implement it, leaving the government accountable for standardisation and oversight.

7. Conclusions

When the language used to describe and convey meaning about a phenomenon is contested and misappropriated, the point of interest becomes discourse. This thesis explored how NGO workers construe alternative care in Cambodia and contrasted this with the discourse of the UN GACC, RGC PACC, and previous research. Overall, a pervasive discrepancy between discourse and on the ground reality was found. Each respondent construed uniquely, often bringing up comparisons or past experiences to validate personal constructs and an analysis of sub-cultures, such as foreigners versus Khmers or short versus long experience, contextualised their constructs and enabled conclusions to be drawn. When comparing the constructs to the PACC discourse, interesting findings arose. For each type of alternative care, one sub-section offered a particularly intriguing interplay between the respondents' constructs and discourse; these key analytical findings are highlighted below (See Figure 6).

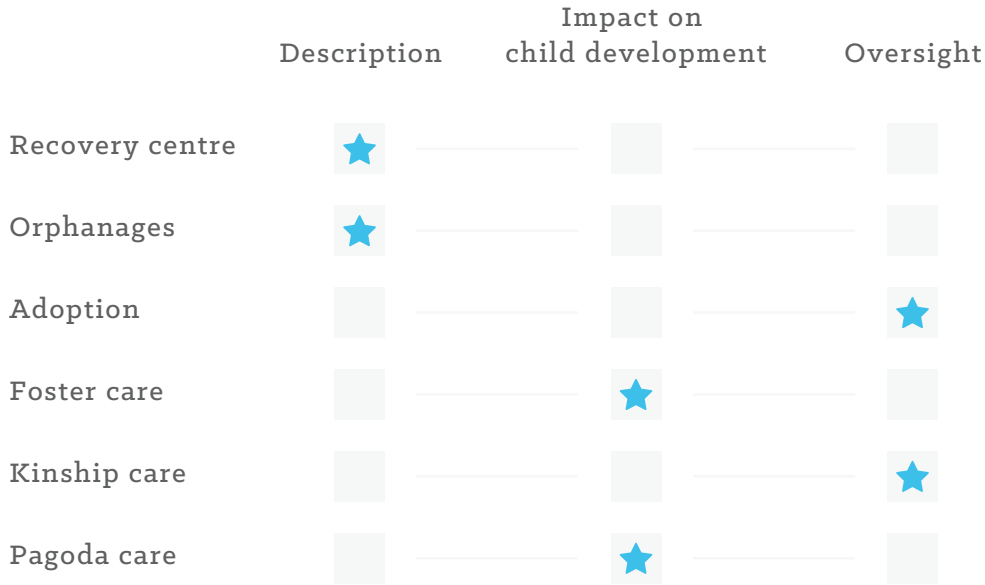|	Description	Impact on child development	Oversight
Recovery centre	★		
Orphanages	★		
Adoption			★
Foster care		★	
Kinship care			★
Pagoda care		★	

Figure 6: Key Analytical Findings

In the description of recovery centres, all respondents construed almost identically to the discourse, indicating strong and cohesive implementation of PACC discourse in reality. Many described orphanages similarly to the PACC; however, foreigners struggled to reconcile the Cambodian boarding school or business style orphanage with their previous constructs. Previous research from NGOs also frames orphanages in Cambodia as controversial due to the relative permanency of placement, lack of orphans, and use of tourism for funding (UNICEF 2011b). For adoption, the oversight sub-section revealed widespread confusion over the law, which signifies that the discourse is not disseminated to practitioners. For foster care, the impact on child development and type of care given are heavily dependent on which Khmer word is used, which highlights the importance of considering and understanding both Khmer and English discourse when implementing strong alternative care standards. Kinship care's informal nature led most respondents to construe it as outside of oversight mechanisms, meaning the RGC discourse of formalisation and monitoring is not executed in reality. Finally, pagoda care was most mentioned in relation to abuse, indicating a negative impact for child development and a desperate need for increased regulation and data children in pagoda care.

Vast differences were found between the standards in discourse and the respondents' constructs of standards in reality, despite the PACC. The impact of the respondents' constructions on the implementation of alternative care is ubiquitous. Only four respondents mentioned the PACC during the interview and all of them also commented that it is not applied in practice. However, the respondents construed diverse hindrances to implementation, each pointing to a different solution. One respondent blamed low government salaries while another cited donors as the problem. Overall though, many solutions can be traced back to the presence of hundreds of NGOs that work outside the law and implement fragmented and even contradictory alternative care programs. Increased cooperation and collaboration between NGOs would help eliminate the situation in which one NGO is reintegrating children while another institutionalises them. In addition, a greater discussion is needed over the role of NGOs in developing countries, particularly on how and when NGOs should transfer responsibility of alternative care service provision to the government and take more of an advisory role.

To improve alternative care and achieve harmony between the RGC discourse and NGO employees' constructions, a holistic systems approach should be adopted. For example, extensive vulnerabilities prevent many children in orphanages from living at home, thus actions must aim to support poor families and communities to prevent alternative care. This approach should be

grounded in NGO-RGC cooperation and strong oversight. The NGOCRC (2010:18) recommends that orphanages are transitioned into group homes for children with disabilities, as this population is in desperate need of specialised care in Cambodia. As long as civil society remains the leading alternative care provider and acts without oversight from the RGC, harmonised discourse and standardised alternative care are unlikely to occur.

On a broader level, this thesis used PCT to provide a framework for discourse analysis. The application of PCT to development studies is relatively new; however, this research proves promising for its continued use. Not only was the RGT enlightening and constructive, complimenting it with semi-structured interviews enabled cross-cultural comparisons to be drawn out. For a greater understanding of how the alternative care discourse is developing in Cambodia and how to close the gap between discourse and reality, a longitudinal study of personal constructs is recommended.

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Appendix One: Respondents

Code	Interview Date	Respondent Pseudonym	Age Range	Gender	Origin	NGO Type	Involvement with AFC	Years of Child Protection Experience	Worked for # Child Protection NGOs	Years in Cambodia
1	30 Jan 2014	Sophie	30-35	Female	Foreign	With Shelter	Direct	10	2	3
2	4 Feb 2014	Jackson	30-35	Male	Foreign	No Shelter	Direct	5	2	3
3	5 Feb 2014	Mia	20-25	Female	Foreign	No Shelter	Indirect	1.5	1	1.5
4	7 Feb 2014	Charlotte	55-60	Female	Foreign	With Shelter	Direct	38	4	6
5	7 Feb 2014	Liam	30-35	Male	Foreign	No Shelter	Indirect	9	5	8
6	11 Feb 2014	Keo	30-35	Male	Khmer	With Shelter	Direct	6	3	N/A
7	13 Feb 2014	Solyna	*	Female	Khmer	With Shelter	Indirect	3	*	N/A
8	13 Feb 2014	Vichhay	30-35	Male	Khmer	No Shelter	Indirect	13	4	N/A
9	13 Feb 2014	Chiva	40-45	Female	Khmer	No Shelter	Indirect	20	5	N/A
10	13 Feb 2014	Aubrey	30-35	Female	Foreign	With Shelter	Direct	1	1	1

* = Data was not given by respondent

Appendix Two: Interview Cover Sheet

Introduction

I am Fiona Clark, a Master's student in International Development and Management at Lund University. The purpose of this interview is to study the perceptions that NGO workers hold about alternative forms of care in Cambodia. You have been selected due to your familiarity with the topic and willingness to participate. The interview will take about 1 to 1.5 hours to complete. All participants and their associated NGO will remain anonymous. Participation is voluntary and you can request to stop the interview at any time.

Informed Consent

I understand the purpose of this survey and how this material will be used. I am voluntarily participating and know that I can skip questions or stop the interview if I choose. I give informed consent to Fiona to use my answers, knowing that my identity will be kept confidential.

_____   _____
            Participant signature   Date

Interview Information

Date		Interview Number	
Time		Location	

Participant Information

Nationality	
Years in CP	
Years in Cambodia	
Involvement with Alt. Care	Direct Indirect

Conclusion

Thank you for all the valuable information and your time. That's all the questions I have, but is there something else you would like to add?