



A Qualitative Study on Community Social Workers: Motivation of Community Social Workers and Sustainability of Social Work in Cambodia

Kim Thida and Thlen Sokunnara

Louvain Cooperation

Abstract

The study explored the work of community social workers (CSWs) and their motivation and the sustainability of community social work programs in Cambodia. The results from the semi-structure interview with 21 CSWs revealed that the work of social workers is in itself a process of self-development and empowerment. On one hand, the targeted clients, women and children, showed improvement in their situation and mental wellbeing. On the other hand, remarkable changes in self-development and self-empowerment was noticeably evident among CSWs. The personal interest, incentive, and social support played a major role in job motivation while constraints to balance work and livelihood strategies, clients' problems, limited skills and technical supports, absence of collaborative responses from local authorities, and lack of effective referral system are considered to be the main and indirect barriers to motivation of CSWs. Comprehensive intervention is required for future programs to better assist the work of social workers in the community and to ensure sustainability of social work in the rural community in Cambodia. On top of that, community awareness raising, and a well-structured referral system must be established.

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Authors

Kim Thida

Research Coordinator, Louvain Cooperation

Thlen Sokunnara

Research Assistant Consultant

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INTRODUCTION

Cambodia has been through decades of civil war with its harshest one being the Khmer Rouge genocide which occurred between 1975 and 1979 (Kiernan, 1996). Due to this regime, a generation of survivors who experienced the mass atrocities and human rights violation found it difficult to function as parents or teachers or elders of the younger new generation (Fujimoto, 2009). This situation has made an immense impact on family relationships. A study conducted by Hean (1999) concluded that domestic violence, including husbands battering wives, wives battering husbands, parents beating or cursing at their children, are considered normal within family life in Cambodia. The social background of war creates a situation of normalized violence, lack of trust between people, greater numbers of disabled people, greater numbers of widowed women and single parent families and former soldiers who know no other way to live (Fujimoto 2009). The normalization of violence does not finish after the war ends, yet it continues within the family and the society as a whole. Domestic violence and violence against women and children continue to be a rising problem in Cambodian society (Eng, et al., 2010). As per Jordanwood (2016), the prevalence of domestic violence in Cambodia is high and children suffer from both direct violence and from exposure to violence between their parents. Since domestic violence remains a critical issue within Cambodian society, a number of key stakeholders including INGOs, NGOs and governmental bodies make efforts to develop policies and deliver social services to eliminate domestic violence against women and children. Some INGOs or NGOs give funds to implement social service programs through social workers, while some interventions are undertaken by governmental agencies. Those institutions include Commune Committees for Women and Children (CCWCs), Plan International, World Vision, Save the Children, Louvain Cooperation, Social Services Cambodia (SSC), and the like.

Coming to a social work context, motivation is vital for a social work manager to ameliorate productivity among social workers. According to Shier et al. (2012), overall social worker satisfaction and intention to leave the jobs are remarkably predicted by work, profession and personal life. Getting employees to do their best work even in difficult circumstances, is one of the employees most consistent, yet difficult challenges and this can be made possible through motivating them. Therefore, motivation should be implemented to promote the work of social workers at the community level, leading to the sustainability of the work. In general, motivation at work is psychological power that strengthens the desire and behavior of workers to reach goals and objectives (Nabi, et al., 2017; George and Jones, 2012; and Farhad, et al, 2011). The sense of satisfaction from the work and a commitment to the organization that they are serving is essential for workers to remain motivated on the job (Manzoor 2011).

The study aims at exploring and understanding the work of community social workers (CSWs) particularly looking into their motivation, and the sustainability of community social work in Cambodia.

This report will begin with the context and background of the involvement of the Commune Committees for Women and Children (CCWC) followed by the CSW of SSC, and health care services and referral system in Cambodia. Next, research methods and materials will be provided. Following that, the study findings will be presented. The report will be concluded by some discussion and recommendations for future project implementation.

Context and Background

Commune Committees for Women and Children (CCWCs) and social services to women and children

The Ministry of Social Affairs, Veterans and Youth Rehabilitation in Cambodia is tasked with implementing the social welfare scheme for Cambodians, yet it is one of the least funded ministries which experiences a persistent lack of financial and human resources, additionally those services are often implemented by non-governmental organizations (NGOs) and international non-governmental organizations (INGOs) with limited coverage and changes in regards to their priorities (Fujimoto, 2009 and Jordanwood, 2016). Under the governmental body, CCWCs were established in 2004 as a part of the decentralization and deconcentrating process to be an advisory body to the Commune Council. They are responsible for planning, supporting, advocating, raising awareness and monitoring issues related to women and children at the local level (RGC, 2008). CCWCs are commune level committees consisting of members that are either elected or appointed based on their role. Each CCWC has a 200USD budget per year to cover meeting expenses, transportation costs and office stationery expenses. These budgets are supported by international organizations and associations (RGC, 2008). Thus, the budget for the support of the implementation of CCWCs is mostly from donors. The major roles and responsibilities of the CCWC are as follow:

- Prepare an annual work plan and budget for the Committee and submit to the Commune/Sangkat (C/S) Council for approval
- Provide advice and assist the C/S Council and the C/S chief on the tasks related to women and children in C/S
- Raise awareness on laws and other policies related to women and children's rights to the people in the C/S and to mobilize the respective communities on health, education, protection and child development including registration of newborn babies and children
- Advocate for women to participate in decision making relating to the development of the C/S;
- Increase and strengthen communication, collaboration and coordination among C/S Councils, service providers and villagers that implement activities to help women and children in the C/S
- Assist C/S Councils to collect, analyze information and data related to issues and needs of women and children and integrate this information into the Commune Development Plan (CDP) and Commune Investment Program (CIP)
- Participate in the implementation, monitoring and evaluation of the C/S work plan related to women and children
- Monitor the situation of women and children in the C/S and report regularly to the C/S Council and include this information in the C/S reports

According to a study conducted by Jordanwood (2016), the results show that there are some positives of CCWC's work. To begin with, CCWCs had moved beyond their mandate in policy and had begun delivering child protection services. Those protection services include the support for family or connection to NGOs to prevent the school dropout of children. The study proves that staying in school prevented children from engaging prematurely in the labor force. Moreover, the majority of CCWCs provided support to families affected by domestic violence but most CCWCs preferred reconciliation more than prosecution in those cases. While reconciliation allows families to stay together it also puts women and children at risk of future violence. Additionally, CCWCs provided assistance to children suffering from sexual abuse. The CCWC members supported the arrest and prosecution of perpetrators, however there is a lack of services in the community for the victims. Finally, CCWCs reported working to prevent unsafe migration. This focused on providing awareness-raising to prevent unsafe migration and providing school support and materials to children. While the study on functionality of CCWCs showed some successes of the committees' work, there were some challenges which CCWCs struggled with (Jordanwood, 2016). As per that study, CCWCs encountered funding insecurity, both for administrative duties and for child protection services. Besides that, CCWCs suffer from the lack of a national network of social services delivery and rely largely on NGOs/INGOs to provide funds or links to social services for community members. A lack of technical capacity also negatively affects the effectiveness of CCWCs' work.

Social Services of Cambodia and Community Social Workers (CSWs)

Social work in Cambodia is largely carried out by INGOs or NGOs and is funded by donors from various countries (Fujimoto, 2009 and Jordanwood, 2016). SSC is an NGO established in 1992 by Ellen Minotti and Cambodians from the Khmer Buddhist Society, who had been Cambodian refugees in Seattle, USA (Fujimoto, 2009). SSC was created to provide training in personal social services. SSC social workers work directly at the grassroots level to provide social support to vulnerable people, particularly to children and women who suffer from domestic violence. To sustain the social work at the community level, SSC established a community social work program (Known as the Child Protection Plus project) which supports children and women who experience domestic violence in February 2014. For this program, community members are recruited to be CSWs and they play a crucial role in implementing the program activities at the grassroots level. As at April 2020, SSC has 38 CSWs (Female: 34, male: 4) with 234 clients in total (women: 163, girl: 44 and boy: 27). Among the 234 client cases, 18 cases were closed (women: 10, girl: 03 and boy: 05) and there have been no referral cases.

Before becoming CSWs, the community members have to go through the recruitment process and training conducted by SSC staff and external experts. The recruitment process is commenced with a job announcement at the local level, the community members should know how to write and read Khmer in order to be eligible to apply to work as a CSW. The gender of community members is not the main selection criteria, as such both men and women are encouraged to apply. If they are qualified, they will be invited for the interview and selected for the training. The 15-day training is

conducted with CSWs by SSC staff under the supervision and support of social work experts and other social workers from abroad. The training topics vary including violence against children, problem analysis and problem solving, basic counselling, positive discipline, child protection, parenting, child development, stress management, family tree, empathy, effective communication skills and strengths. The training is divided into 5 sessions and each session takes 3 days. The CSWs receive support from SSC staff through monthly meetings, monthly supervision/coaching and telephone supervision when it is urgently needed. After the 15-day training, they are finally selected for the work based on their attitudes and performance.

CSWs deal with clients with problems of domestic violence against women and children and other kinds of abuse including physical, emotional, and sexual abuse and negligence. The responsibilities of CSWs with the clients include exploring domestic violence cases, conducting home visits with clients, documenting client visits (completing assessment forms, client intake form, follow-up form, service provision form, referral form, closure form and report form) and planning for the next visits. Moreover, they have to refer the clients to relevant stakeholders encompassing local authorities (police or commune chief) and other NGOs in case the client needs additional interventions. Workplace settings with clients for CSWs vary based on setting availability and agreements with the clients, which commonly is at the client's house, at school, at the client's neighbor's house, behind the client's house, under the tree, at the pagoda and so on. In addition, CSWs take part in monthly and quarterly meeting with CCWC members and local authorities in their community to update them about their community social work with the clients. Additionally, they are provided supervision one or twice every month from SSC staff for technical support, in case, the CSWs need SSC social workers to accompany them to conduct a home visit. SSC staff also coach CSWs to improve the confidence. Every month, they are required to submit reports about their work for SSC staff and local authorities. In return, the CSWs are provided incentives from SSC for performing their work. The incentives include per-diem (10000 riels for half day) and gasoline fee for transportation (5000 riels for between 1 and 5 kilometers, 6500 riels for between 6 and 10 kilometers or more).

Health care services and referral system in Cambodia

Cambodia has the lowest health services utilization in the region, with only 0.35 contacts per year per inhabitant (Ministry of Health 1996 and UNDP, 1996 as cited in Somasundaram et al, 1999). The government hospitals operated under severe constraints, both in terms of a lack of skilled personnel and economic resources in the form of poor salaries and a shortage of materials and drugs. Currently, only a small fraction of Cambodian citizens have access to mental health care (Belford, 2010 as cited in Somasundaram et al, 1999). There are currently no stand-alone psychiatric institutions in Cambodia (MoH, 2010). There are several NGOs including Transcultural Psychosocial Organization (TPO), Social Services Cambodia (SSC), and the Centre for Child and Adolescents Mental Health (CCAMH), that are involved in the mental health sector in Cambodia and they are funded by the donations of international NGOs and other governmental organizations. Their work is mainly involved in advocacy, promotion, prevention, treatment and rehabilitation (Mental health atlas,

2005). There is no consistent routine follow-up or community care provided by the governmental health sector and only those few NGOs provide community-based care in the provinces (Schunert et al., 2012).

Currently the Cambodian health system is organized into three levels: central, provincial and operational district, with clearly defined roles and functions at each level. Coordination of all service delivery sectors within the MoH support health system management at all three levels. Even so, significant challenges remain including slow growth in public service utilization; the overall low quality of care in both public and private sectors; significant fragmentation of service delivery, funding and administrative authority; ineffective regulation, weak coordination between public and private services; and geographical barriers that include a lack of knowledge about services in remote areas (Leang & Chheng, 2014). According to study by Nakahara, et al (2009), formal referral systems were not functioning well in some areas (insufficient communication and underutilization of ambulances), and informal systems were frequently involved (patient transfer by taxi or referral by community volunteers, and treatment by traditional healers) but were not fully integrated into the referral network (traditional healers seldom referred patients to public facilities). The referral distance was long for most of the surveyed facilities and transportation costs were high when transferring from remote areas, even by ambulance (Nakahara, et al., 2009). The most accessible health center was on average about 3 km away from the villages; the average distance to medicine sellers was 1km from the villages (Nagpal, et al., 2019). In order to develop a formal referral system, it requires prior organization of each component of the referral mechanisms by strengthening the existing system and mobilizing local resources. This will allow the development a proper system at a reasonable cost. Improvement of care at each level of health facility, including establishment of regional trauma centers, is also necessary. These measures would minimize referral delay by promptly arranging referral and reducing referral distance (Nakahara, et al. 2009). The Health Strategic Plan of Ministry of Health (2016-2020) aimed to address the need to strengthen the referral system to enable client access to a comprehensive package of health and health-related services. This was to be based on need by establishing referral networks and mechanisms to coordinate referrals from health facilities and/or communities within Operational Districts (OD) and provinces. This would then link-up with the national referrals system (including health program referrals) and encourage active participation of communities and subnational level administrations to strengthen local accountability in health (MoH, 2016).

Methods and Materials

This research used a qualitative method of research to understand the work and motivation of SSC's CSWs towards their work to review the sustainability of CSW program.

Research design and procedures

To collect the data, an interview guideline (See appendix) was developed and SSC's social workers were trained on using it. The interview guideline was used to guide social workers while conducting interviews and to ensure the main topics were covered during the interview. The semi-structured interviews were conducted with the CSWs. The interview was conducted by SSC's social workers at the house of CSWs in the village and took between 60 to 90 minutes to complete. Key informant interviews were conducted with SSC's advisor and social workers in order to understand more about their services and profile information of SSC and CSWs.

The content of interview was voice-recorded and then transcribed directly into English. Content analysis was used to analyze the data. Each interview transcript was read a number of times. At this stage, preliminary interpretations of the respondents' responses were made. These preliminary interpretations were then carefully analyzed to identify emergent themes which would reflect the key meanings in the respondents' report. Then, the patterns and connections between the themes were searched for until a cluster of related themes emerged. The themes were constantly checked against the transcript to ensure that they were supported by the text. During this stage, a list of representative quotations illustrating each theme was compiled. New themes were recognized as they emerged, while themes that were not supported by the evidence were dropped.

Respondent's profile

The study collected data from 21 CSWs (18 women and 3 men) from Thbong Khmum and Preah Vihear provinces whose ages ranged from 20 to 60 years old. Most of CSWs in this study have at least one former job as a community volunteer or a local organization within their community. Most of the CSWs had completed secondary school (grade 7 to grade 9), 4 completed a high school certificate, and one completed a bachelor's degree. The time period for serving as a CSW ranged from 6 months up to two years or longer than two years. For more detail please see Table 1.

Limitation

Results of this study based on 21 CSWs is limited to only two provinces in Cambodia. The in-depth interviews were conducted by SSC's social workers who work closely with CSWs in the community which could lead to interviewer bias¹ (Salazar, 1990).

1 Personal qualities of the interviewer generally are acknowledged to be key determinants of the outcome of an interview. Biases introduced by the interviewer can directly affect the validity and reliability of the ultimate findings of the study.

Table 1. Profile information of CSWs

No	Gender	Age	Occupation(s) Past vs. Present	Family Structure	Education	Children	Timeline
1	F	27	Community facilitator, seller Hairdresser, CSW	6 (extended family— parents, niece/nephew)	Bachelor's degree	1	2 years
2	F	60	Seller CSW	2 (nuclear family)	Grade 9 (old system)	2	1 year and 6 months
3	F	33	Focal person CSW	5 (Extended family)	Grade 6	2	1 year
4	M	38	Farmer, Community worker with HIV, HRDC, CODAC CSW	5	Grade 8		6 months
5	F	27	Kindergarten teacher, Peer educator, Librarian CSW	5	Grade 8		1 year
6	M	44	Contractual teacher Farmer, CSW	4 (nuclear family)	Grade 9		More than 2 years
7	F	47	Deputy community chief, CCASVA (wash education)	4 (nuclear family)	Grade 8 (old system)	2	10 months
8	F	39	Volunteer (photography) for Red Cross, Primary school teacher, CSW	4 (nuclear family)	Grade 7		2 years
9	F	39	Finance in village, Village cleaner Volunteer at health center Kindergarten Teacher, CSW	6 (extended family— niece and nephew)	Grade 7	3	1 year
10	F	26	Team leader (Vattanak Pheap) Farming, Dancing, CSW	3 (nuclear family)	Grade 9	1	1 year
11	F	35	Volunteer (CCASVA) CSW, Farmer	5 (nuclear family)	Grade 5	3	6 months
12	F	37	Volunteer work for CHE, Plan Int, CCASVA CSW	5 (extended family)	Grade 9	2	8 months
13	F	27	Volunteer for commune and health center, Facilitator (Phum Srey) SCW	4 (nuclear family)	Grade 9	2	2 years
14	F	45	Work for Plan Int Vattanak Pheap, CSW	5 (nuclear family)	Grade 10		2 years
15	M	35	Farmer, Seller CSW	4 (nuclear family)	Grade 12		1 year 7 months
16	F	26	Volunteer for ADRA and agriculture Farmer, CSW	2 (nuclear family)	Grade 12		1 year 4 months
17	F	20	Sale representative, World Vision-childcare CSW	2 (nuclear family)	Grade 12	Unborn baby	1 year
18	F	27	Community volunteer Friend Educate Friend CSW	5 (nuclear family)	Grade 9		2 years
19	F	33	Kindergarten teacher, focal mother, CSW	4 (nuclear family)	Grade 12	2	10 months
20	F	26	Community volunteer (WVI) Farmer & CSW	7 (extended family)	Grade 11	2	1 year 4 months
21	F	28	Community volunteer (WVI)	7 (extended family)	Grade 12	1	1 year 4 months

Results

1. Motivational factors of CSWs

The section discusses factors that motivate CSWs in their social work position. There are several factors that contribute to CSW's motivation including personal interest, social appreciation and effectiveness of work, and social support and attitude toward CSWs.

1.1. Personal interest

CSWs were a newly introduced concept to the community. The CSWs respondents, reported that they had applied for the position with little knowledge or no information about community social work. The significant motivations among CSWs was their own interest to learn new things and skill and to gain working experience in community-related work. A curiosity about social work and willingness to contribute to society and the community was clearly conveyed, while wishing to apply what they have learned from work within their family was partially stated as personal motivation among CSWs. Likewise, working with children and women showed to be an area of interest among CSWs when they applied for this position. Unsurprisingly, getting incentive is considered to be a fundamental motivation among CSWs as they could earn money to support their living. As CSW is a low requirement job in terms of degree and working experience, holding a position as CSW doesn't involve full-time work. It gives CSWs an opportunity to do other paid work or farming at the same time.

“I worked every day for my previous job. Now I work once per week. For my teaching at kindergarten, I have weekend off. The work now I am doing is more independent because I only work when I have cases. I spend only half or one hour, I can do the job.”²

1.2. Social appreciation and effectiveness of work

CSWs perceived the tasks of social work as requiring a new skill and as a difficult job especially because it deals with domestic violence. Plus, they are required to work with a certain number of clients. Gradually when they were more familiar with the job, it became easier especially after receiving training. The improvement of clients' condition affected the way CSWs perceived and viewed their role. Witnessing their clients getting better from time to time after receiving intervention and spending time meeting with clients appeared to lift their energy and commitment to continue the work. Admiration, respect, trust, and acknowledgement by clients and from their

² Interview with female CSW, 27 years old, finished grade 8

surroundings showed to have solid reinforcement for CSWs to stay motivated at work. Work appears to be more enjoyable despite stress and the workload they have.

“My client was sad and dared not to talk to anyone. She only stayed at home. When I knew about her case, I visited her and worked with her. First, she did not speak to me. After sometime, she finally dared to talk to me and gained more confidence. She is happy to meet me now. So, I am happy and feel confident with myself... I feel motivated to work even though the work is complicated. If my clients do not welcome us and do not collaborate well, I feel discouraged to continue the work. It is a waste of time to continue. I still get incentives for transportation and when the clients show acknowledgement about my work, I have courage to continue with the work.”³

1.3. Social support and attitude toward CSWs

This section illustrates the characteristics of social support and attitude toward CSWs by family members and spouses, community, and local authorities.

1.3.1. Family and Spouse

The work of social work is new to everyone in the community including CSWs' family members and spouses. Overall, CSWs in this study received sufficient support from their family and spouses. Their family members showed support through the sharing of household chores, childcare, and other farming activities. Their family allocated them enough time to complete the work of home visits as well as completing documentation work at home.

“My husband admires me since I started working. I stopped yelling at my children. When I was not at home, my husband was aware that I was working. So, he collected children's clothes to do the laundry. He cooked and did other household chores.”⁴

³ Interview with female CSW, 27 years old, finished grade 9

⁴ Interview with female CSW, 33 years old, finished grade 6

“My husband takes care of my child on the weekend, so I mostly visit child [clients] during the weekend. My mother also helps me, actually she does all the housework and cooking. I help her when I am free.”⁵

For some CSWs, their spouse provided them transportation to do home visits or other support to enable them to complete home visits.

“He [husband] asked me how many days I needed to meet clients. I said that I had to meet 4 children; so, I needed 2 days. He asked what time I finished. I said one hour per a person. He volunteered to take me to meet the clients. And, also when I had the meeting at the commune, he took me to the meeting using his tractor. For my parents, they are all happy. If I tell them that I have meetings, they take care of my children. They don't complain to me that I am busy working. They know that this is my work. They wish me to have work and to have knowledge.”⁶

One CSW reported that her husband even accompanied her to do home visits when she lacked transportation. Still, in the beginning of their work, one CSW expressed that there was pressure from her husband to quit the job as she did not have enough time to provide childcare and continue farming. However, several months after starting the work, the demand to quit the job dramatically disappeared.

“My husband supports me. For instance, when I worked far from home, he often drove me there. He rarely lets me go alone because he is worried about my security. He always accompanied me to far villages.”⁷

⁵ Interview with female CSW, 27 years old, university degree

⁶ Interview with female CSW, 26 years old, finished grade 11

⁷ Interview with female CSW, 45 years old, finished grade 10

1.3.2. Community

As illustrated through the face to face interviews with CSWs in this study, the attitude of the community toward CSWs depends very much on their knowledge and understanding about the role of CSWs. The more people in community are aware and informed about the work and roles of social work, the more they showed support and acknowledgement.

“Frankly, some people in the villages look down on us. They think that we have low status because we do not get a salary from the work [just incentive]. But my clients support me and are happy. In our society, those who have knowledge, they support our work.”⁸

“The villagers support me. They say my work could help people in community. When there is issue in the community, they come to me for help so I can visit them and consult with them about their problems. They respect me. They consider me as a valuable person in the community.”⁹

The villagers who were not quite familiar with social worker seemed to view the work of CSWs as not even a job in itself, as one CSW in this study started that:

“Some people who do not know about social work, they always ask me what my work is about and why I go to the field. Some people are worried for me that my work is not really a job.”¹⁰

There is noteworthy confusion about the role of CSWs in the community. The villagers in the community often confuse the role of CSWs as being part of a charity group that provides materials and economic support to the poor. As a result, they expect CSWs to supply them with free rice, food, and money.

⁸ Interview with male CSW, 38 years old, finished grade 8

⁹ Interview with female CSW, 33 years old, finished grade 6

¹⁰ Interview with female CSW, 20 years old, finished grade 12

“The people in my village asked me what I am doing because I drive a motorbike back and forth a lot some days. I told them that I do social work to support women and children. Then they asked if I worked for an organization that helps the poor because they are poor too.”¹¹

Despite the lack of understanding on the role and responsibility of CSWs, people in the community regard CSWs as volunteers who lack the capacity and knowledge to provide the support that they need. While others perceived CSWs are community volunteers who serve their mission for a political party. Although some groups of people in the village seemed to have a better understanding of the role CSWs performed in the community, they still showed hesitation to trust CSWs in dealing with domestic violence and they did not disclose to them that cases of domestic violence occurred in their community. The question is whether they hide domestic violence cases to preserve the good name of the village or because they were not well-informed about the work of CSWs in supporting such issues.

“When I meet the clients at the market area, they are not really interested in our work. They rarely report cases to us because they are afraid that bad things will happen to their village. Or perhaps, they do not know what we are doing.”¹²

1.3.3. Local authority

The attitude and support from local authorities toward CSWs varies depending on their understanding about the role of CSWs in their community. In some communities, CSWs received sufficient support from commune authorities but received no support or almost no support from village authorities. In contrast, some commune authorities showed no support and collaboration with CSWs while the village chief did the opposite. The characteristics of the lack of support from local authorities was described as not being supportive, showing no encouragement and motivation, lack of appreciation and acknowledgement, and lack of trust and mutual collaboration.

11 Interview with female CSW, 33 years old, finished grade 6

12 Interview with male CSW, 44 years old, grade 9

“If we asked the village chief about new cases, he always said no. He said he already solved the cases; we do not need to work with those cases. After we explained to him about what CSWs do, he said no need to find any more reasons as we already knew that it is because of gambling and alcohol. We get support from the CCWC and commune authorities. They encourage us to continue working even if the village chief is not happy with us. If something happens, they suggest that we can report to them for help.”¹³

The positive change in attitude of some local authorities toward CSWs was reported as being improved over a period of time. This change is evident through satisfaction and trust in the ability of CSWs, as they witness the positive impact and contribution that CSWs have on cases in their community, especially domestic violence. The changed attitude presented through the valuing and caring behavior and safety concern toward CSWs. As a consequence, they referred more cases to CSWs.

“Now they [commune authorities] asked us to report during the commune monthly meeting. They recognized our work now. In the past, they seemed to forget that we existed, even though we were in the meeting with them. They said this organization is good. It helps children to think, be more careful, find safe place, especially boys as they are more interested in drugs.”¹⁴

“Previously, I made an effort to go to the village authority that is 25 kilometers from my village to introduce myself and my work. Before I could finish, the village chief said his village has no problems and his village is safe... Later on, other people told me that the village chief admired CSWs by saying that there are a lot of problems in the village, so it is good to have CSWs to help with mental health support while village authorities deal with legal actions.”¹⁵

13 Interview with female CSW, 37 years old, finished grade 9

14 Interview with female CSW, 27 years old, university degree

15 Interview with female CSW, 27 years old, finished grade

The lack of understanding about the role of CSWs among local authorities is believed to be a main barrier to building collaboration between the two. The local authorities reported that they misinterpreted that CSWs were serving to benefit non-government organizations rather than working to support local authorities. This misunderstanding lead to weak collaboration between CSWs and local authority. The local authorities are concerned about the village's reputation if CSWs report having domestic violence cases in their community.

“Some local authorities [both village and commune chief] do not trust the work of CSWs. They are not satisfied with our work. The commune chief used to say that CSWs works for organizations, not work for the commune authorities. They think we report to the organization and not report to them. They never report cases to us as they are afraid that we might report to the organization and people might think that their village is not safe. Some village chiefs are fine. They reported new cases when they know some households are having problems.”¹⁶

“The commune chief does not report to new cases to me when there are cases in the community. I got clients only when the CSW team referred them to me. It seems commune staff are not supportive enough toward CSWs. Perhaps there are no cases, or they don't want to report to me.”¹⁷

Fortunately, few CSWs in this study argued that both, commune and village authorities, are very supportive.

“The village and commune chief motivate me to work as they know I have some knowledge to do social work. During the commune meetings, I report to them about the cases. They encourage me to continue working as I was trained. They said they will refer more cases to me if there were any violent cases.”¹⁸

16 Interview with female CSW, 39 years old, finished grade 7

17 Interview with female CSW, 27 years old, finished grade 8

18 Interview with female CSW, 26 years old, finished grade 12

“The village chief informed other village members and his family about social work. He said that the work of social work is [more] powerful than the work of police when dealing with and ending domestic violence... Commune chief introduced the CSW to police at the village, commune, and district level during the meeting. They know what we are doing. The police know our work and the chief of police said the work is good.”¹⁹

2. Impacts

This part describes the impacts of the work of CSWs on clients and on the CSWs' self-development and empowerment.

2.1. Impact on clients

The work of CSWs has noticeably helped women and children in the community by reducing violence in the family and providing support for women and children with abuse experience to reflect on their problems and find solutions and safe places to protect themselves from violent and abusive figure(s).

“My clients are getting better after I worked with them. They are fresh and have the courage to change for the better. Some clients said, without me their husband would had continued beating them... Her husband used to beat her almost every day, now the beatings are reduced.”²⁰

“I feel my role is good. I can help children and women who have mental health problems. For the children who wanted to drop out of school, we can find the reasons [why] and help them to be better and continue with their studies.”²¹

19 Interview with female CSW, 45 years old, finished grade 10

20 Interview with female CSW, 39 years old, finished grade 7

21 Interview with female CSW, 47 years old, finished grade 8-old system

2.2. Impact on CSWs' self-development

In addition to positive consequences on women and children, there are several outcomes that CSWs themselves gained from their work including: Learning new skills and working experience; and Improving self-development and enhancing self-empowerment.

CSWs gained several new skills through training and working including basic counselling skills, positive parenting skills, and child development and child discipling. In addition to applying these skills to work effectively with women and children in their community, they reported the use of these new skills with their family members that resulted in significant improvement in their relationships with their spouses, children, and family members. Most importantly, they claimed to understand how to better discipline their children and adapt to using good practices in child rearing. The improvement of the family condition resulted from the enhancement of self-development in the CSWs.

“I am confident with myself. I did not know about positive parenting. I used violence and bad words toward my children. Now I understand the importance of raising children and taking care of the family.”²²

“What I am satisfied with is that in the past I did not know how to control my feelings. I ordered my children to do things when I was hot-tempered. However, when I became a CSW, I gained experiences to apply to my family and children. I know how to control my feelings, help clients to understand about mental health and support them to be better than before. Besides getting income, I gained experience, knowledge, and skills. I am more patient. I know how to discipline my children without committing violence. I stopped hitting my children. Honestly, ordering children to do something aggressively, they just do it. But if we know how to persuade them, getting close to them, and providing warmth and care, they trust us and they would tell anything to us.”²³

²² Interview with female CSW, 27 years old, finished grade 9

²³ Interview with female CSW, 47 years old, finished grade 8-old system

CSWs appealed to be more aware of their feelings, learning about anger management, and effective ways of communication.

“I was very shy. Now I am brave and not shy anymore. I am able to talk to people I do not know. In the past, I could not talk to people because I was so shy. Now I am not afraid anymore. I have confidence. My family said, I have improved a lot. I used to get angry easily, but not anymore.”²⁴

2.3. Impact on self-empowerment

The opportunity to be recruited as CSWs has, to some extent, contributed to self-empowerment among CSWs. Where they see themselves as a valuable and important figure in their family and especially in the community as defined by their ability to support and help other people using basic counselling techniques. Correspondingly, they are braver and are able to do and say things they dared not do or say in the past such as expressing ideas and thoughts to outsiders and in public or driving a motorbike outside their village. Moreover, they get to know more people and explore new places.

“I am able to drive motorbike from one village to the other villages. In fact, it was quite challenging for me to drive. Others also said that travelling is challenging. I am happy with myself that I can now do it.”²⁵

“Before, I did not know many people. Now, I have visited many places in many villages and have helped people in the community. I am happy that many people know me now. They approach and greet me when I arrive their village. They call me teacher and they acknowledge me and my work. They have confidence in me. They are open with me about their problems. They are not afraid to tell me any of their stories.”²⁶

24 Interview with female CSW, 27 years old, finished grade 9

25 Interview with female CSW, 33 years old, finished grade 6

26 Interview with female CSW, 39 years old, finished grade 7

“I am proud of myself that people said that I could help the community although I contribute just a little bit. I still can help some children. Some parents acknowledge that I can help their children to feel better. Before, I thought how could I help others, when I failed to help my own children and family.”²⁷

In addition to learning new skills, one female CSW in this study conveyed that the incentive she receives from the CSW work helps her feel financially independent from her husband even though the incentive is relatively small.

3. Challenges of CSWs

There are several main challenges that CSWs face, which were identified within this study. This section will explain the key challenges experienced by CSWs in their work such as client-related challenges, skill-related challenges, working-life balance, transportation, safety, and health-related concerns.

3.1. Client-related challenges

Challenges related to clients presented in terms of difficulty in dealing with clients and their problems, and the constraints on clients' family members. Working with clients, CSWs face several significant challenges; from clients not showing up during the home visit (session) to unwelcome behaviors by clients' parents (if client is child) and the client's spouse.

Working with children is considered to be more challenging by some CSWs because children usually are less expressive and share less.

“It is a bit difficult. Some children do not talk much though I ask them [questions]. Some children are very shy and dare not to talk to me. Some children could talk a bit more after they met me for 2-3 times. Sometimes, the father was drunk, he yelled at others, beat others.”²⁸

27 Interview with female CSW, 20 years old, finished grade 12

28 Interview with female CSW, 20 years old, finished grade 12

“For me, working with women is ok. But with small children it is a bit difficult. I don’t know what to ask them if they are not responsive.”²⁹

The constraints of working with children also came from some children’s parents who expected material support from CSWs and were afraid of their children reporting bad things about them to the CSWs. Therefore, they did not welcome or collaborate with CSWs.

“Some children I work with are afraid of their parents. I also work with their parents. But still they brought their children with them to the workplace, so I could not meet the children when I did a home visit.”³⁰

To deal with missed appointments, CSWs reached out to local authorities to help contact clients and reschedule the sessions. Even with unwelcome attitudes from some clients and their family members, they continued to work with clients patiently and remained friendly.

The spouses (husbands) of clients were reported as the main obstacle for CSWs when conducting home visits and counselling sessions with women in domestic violence situations, especially when the alcoholic and abusive husband showed up at home during the session. The main concerns of CSWs with the presence of husbands during a visit was their own safety-related concerns and interruptions with the flow of the session as their clients dared not to disclose their problems when husband were around.

“My challenge was that when I visited the client, she was not home. Sometimes, her husband was drunk. When I talked to her [client], he [husband] interrupted. When the husband was home, she did not want to meet me. She did not talk to me.”³¹

29 Interview with female CSW, 26 years old, finished grade 9

30 Interview with female CSW, 35 years old, finished grade 5

31 Interview with female CSW, 47 years old, finished grade 8-old system

“I was afraid while meeting a client in a quiet place. I was afraid the client’s husband would come. I was worried about my safety.”³²

Another concern when working with clients experiencing domestic violence was that it is a difficult issue to deal with. And, as indicated by one CSW, the safety of a CSW is difficult to ensure while working with the wife of an ongoing abusive husband.

“If the case of domestic violence is difficult, it is hard to find support or a solution for them. When I talked to the client, I felt we understood each other. But I still worried that she would tell her husband about our discussion. I am a woman and her husband remembers my face very well because I visited them so often.”³³

Another challenge faced, as reported by a male CSW, is jealousy while providing support to the wife of a violent husband. As the setting of counselling needs to be in a quiet place, it often reinforces the husband’s suspicion, which can cause fear and anxiety for him when the sessions are conducted with female clients.

“There is jealousy from client’s husband. Usually I met clients at their house. It is safe for them, but I feel it is not safe for me. I am a bit worried. It can be a problem when their relatives or especially the husband sees us alone together.”³⁴

3.2. Skill-related challenges

As part of capacity building, CSWs received 15-days training from SSCs trainers to build up their knowledge on basic counselling skills. Beside training, regular technical support and supervision was provided monthly by SSC social workers. Nevertheless, the skill-related challenges that remain as a core concern among CSWs are ‘questioning skills’. All CSWs found themselves stuck in the session as they did not know what else to ask and how to pose more questions to their clients, particularly when dealing with difficult cases. To deal with technical challenges, the CSWs reached out for peer support (other CSWs) and technical support from SSC social workers.

32 Interview with female CSW, 27 years old, finished grade 8

33 Interview with male CSW, 26 years old, finished grade 9

34 Interview with male CSW, 35 years old, grade 12

Giving the limited knowledge on advanced counselling and psychotherapy among CSWs, a well-defined referral scheme is an effective tool for CSWs when dealing with difficult cases beyond their trained capacity. CSWs in this study appeared to report or refer difficult cases to local authorities including village and/or commune chiefs and police. However, there is a lack of referral information about available resources or relevant organizations or institutes that provide further support and treatment on mental health.

“The challenge was when the clients requested extra help, I didn’t know of other organizations that I could refer them to. I really wanted to help them, so I felt upset. So far, I requested help from the commune authority.”³⁵

One CSW expressed the constraints over the limited knowledge about legal support and has no idea about how to refer such cases. Similarly, building collaboration with health centers or district hospitals was also a concern reported by a CSW.

3.3. Working-life balance

Eighteen out of 21 CSWs in this study were women and all of them reported having to manage time to complete the household chores and childcare tasks and, at the same time, perform the tasks of social work. Working on public holidays or weekends was a solution in order to solve the problem of coping with the lack of transportation (motorbike) and with household chores and childcare tasks. Since their family members were at home during the weekends or on public holidays, they had support with housework and childcare.

“I have my child, so I am fully occupied with my child. I can only do short home visits like one hour as I could not leave my child for too long. I go to meet clients when my child is sleeping. My husband helps to carry him/her when he/she is awake. Sometimes my mother also helps taking care of my child. Mostly, he/she sleeps in the morning, so I can easily work with clients in the morning.”³⁶

“Sometimes I work on Saturday or Sunday for the whole day because I pick up my children from school during the weekdays. Sometimes, I work

35 Interview with female CSW, 33 years old, finished grade 6

36 Interview with female CSW, 27 years old, university degree

on the weekdays after dropping my children at school and cooking meals for my family, I try to see clients after that. ³⁷

Incentives were not enough for CSWs to support their living costs. Therefore, livelihood strategy is also a constraint for many CSWs as they had to balance between performing CSW tasks and earning extra income for daily expenses. CSWs performed more than one paid job and that didn't include self-owned-farming and livestock activities. Hence, they are struggling to balance the job of social work and other income generating activities which, on top of that, there are household chores and childcare responsibilities that they need to manage.

“If I need to visit my clients, I wake up very early. I brought the cows to the field. I asked my children to help clean dishes and I cook. If my children study in the morning, I ask my children to wake up early to help with some household chores as I need to do the home visit. ³⁸

“When I work as CSW, I do not have much time to do other work to earn. If I want to apply for other paid jobs, I am required to work full-time. I could not spare time from social work to do other works. It is difficult for me because we need money to support our daily life... Sometimes, the neighbor asked my husband to work for several days, I allowed him to work. We also raise chickens and cows to support our living. Sometimes I borrow money from my relatives. ³⁹

“I sell vegetable in the market in the morning and I visit clients in the afternoon. Sometimes I do home visits on the weekend. ⁴⁰

Documentation work including reporting, filling different forms in after the home visit was highlighted as being a time-consuming task, as reported by the majority of CSWs; with this leading to work-related stress for some CSWs. This form-related issue was experienced by all CSWs regardless of their gender and their level of education.

37 Interview with female CSW, 33 years old, finished grade 6

38 Interview with female CSW, 35 years old, finished grade 5

39 Interview with female CSW, 33 years old, finished grade 6

40 Interview with female CSW, 60 years old, finished grade 9-old system

“This work is a headache especially when I fill in the forms. Sometimes, I could not find words to put in the report. They [clients] did not express their feeling verbally. They expressed it through facial expression. Their face goes red or they cry, this means they are very sad.”⁴¹

“I fill in the forms the next day after meeting clients because I am busy with cooking in the evening. Sometimes I did not feel good. I had to wait until I feel good before filling the forms, but not often. Usually I filled in the form right after seeing the clients, so I do not forget any information. Sometimes, I felt a bit bored because I have to fill many forms. My eyes could not see clearly. After seeing the client, I fill in the form because in the household, it is difficult. I don’t have time to do other works.”⁴²

3.4. Transportation, safety, and health concerns

Since CSWs are required to perform a number of home visits weekly or monthly, the lack of transportation has put all female CSWs (18 among 21 CSWs in this study were female) in this study in challenging situations to complete the number of home visits as planned. Although some were able to find solutions such as buying a new motorbike, the majority of them are still facing transportation challenges.

“When I attended the training, I did not have motorbike. I borrowed my sister’s bike. Then my husband decided to sell cows to buy me a motorbike. It was still not enough, so we got a loan from the bank. My husband pitied me because I always borrowed my relative’s motorbike to go to work.”⁴³

To cope with transportation challenges, CSWs showed to be more open about the schedule and willing to move around their schedule in order to catch up with some clients and to cope with transportation issues.

41 Interview with female CSW, 26 years old, finished grade 9

42 Interview with female CSW, 33 years old, finished grade 6

43 Interview with female CSW, 33 years old, finished grade 6

“If I am free, I go. Regarding the vehicle, I ask my brother/sister to borrow his/her vehicle. If it is raining, I wait until it stops.”⁴⁴

Compounding the lack of transportation, the far location of villages where CSWs conducted home visits was another obstacle as reported by all CSWs. The distance and the quiet road caused significant concern over safety among CSWs.

“I don’t have much time to do home visits as I am busy and sometimes the weather is not good. Plus, I live far away, so I have to call my colleague to go with me. I don’t go there alone because the road going to that village is so quiet. Sometimes when it rains, the road is slippery... I find some free time from my teachings and if the motorbike is not available, I borrow my father’s motorbike to go to the village.”⁴⁵

“I go for home visits 2 or 3 times per week. I have not so much time because I am busy and sometimes the weather was not good. Plus, I live far away; so, I have to call my colleague to go with me. I don’t go there alone because the roads going to the village are so quiet. If have time, I will go in the morning as the road is busier in the morning and not quiet.”⁴⁶

In addition to lack of transportation, health-related concerns were also described as a barrier to maintaining regular home visits with clients.

“My health is not good. It stops me from working regularly as I wanted. I can do home visits 2 times per month.”⁴⁷

44 Interview with female CSW, 33 years old, finished grade 12

45 Interview with female CSW, 39 years old, finished grade 7

46 Interview with female CSW, 39 years old, finished grade 7

47 Interview with female CSW, 60 years old, finished grade 9-old system

“Sometimes I have difficulty with my health. When I drove a motorbike, I felt a bit dizzy after driving.”⁴⁸

4. Needs of CSWs

During the in-depth interviews with CSWs, they expressed requests and needs in order to receive further support and assist to ensure sustainability and promote the effectiveness of the work of CSWs.

- Requested to have additional technical support by having SSC social workers join home visits and assist in filling the forms and having regular technical support through supervised sessions.
- Request to have additional training specifically with a focus on ‘questioning and listening skills’
- Improved collaboration and motivation from local authorities and police through promoting awareness raising among local authorities on the role of CSWs in the community.
- Request to have SSC staff to join the monthly meeting with commune authorities.
- Request financial support when CSW get sick or have transportation problems (motorbike broken) and increase the CSW’s incentives
- Access to information on services or organization/institutes to provide client referrals.

48 Interview with female CSW, 33 years old, finished grade 6

Summary: Key Explaining Factors of CSW's Motivation

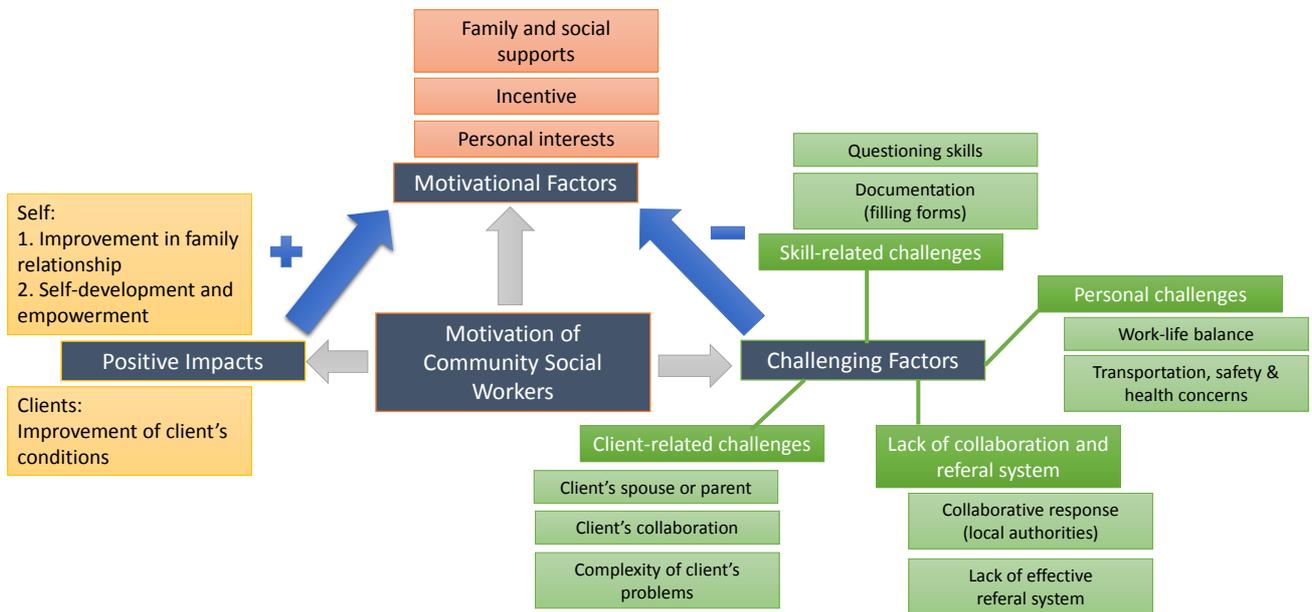


Figure 1. This figure illustrates the summary of explaining factors of CSW's motivation. The positive impact of social work on client's improvement and CSW's self-development and family relationship contributes to motivational factors of CSWs while challenging factors including personal challenges, client-related and skill-related challenges, and lack of collaborative response and referral system diminish their motivation.

Discussion and Conclusion

The work of social workers is in itself is a process of self-development and empowerment. On one hand, the targeted clients, women and children, showed improvement in their situation and mental wellbeing. On the other hand, remarkable changes in self-development and self-empowerment was noticeably evident among CSWs. The personal interest toward social work and social support (family and community) played a major role in job motivation and productivity among CSWs. Conversely, constraints to balance work and livelihood strategies, clients' problems, limited skills and technical supports, absence of collaborative responses from local authorities, and lack of effective referral system are considered to be the main and indirect barriers to motivation of CSWs. Although this study did not explore the livelihood strategies of CSWs, the majority of CSWs are struggling to balance time between social work and other paid jobs as well as household chores and childcare responsibilities. Beside working-life balance, client-related challenges, transportation and safety concerns, and documentation-related workload was reported as being additional work pressures for CSWs. The challenges raised by CSWs on the complications with filling in the forms should be addressed; how complicated the forms are and how to simplify them to meet the level of knowledge and capacity of CSWs. The limited technical skill on 'questioning skills' is raised as a main technical challenge that requires further training and supervision.

Domestic violence is complex. The nature of tasks the CSWs are dealing with, working with women and children in domestic violence environments, has an indirect impact on the motivation of CSWs due to the complexity of the cases and their own safety concerns. Even though, clients have been shown to have made progress after getting help from CSWs, working with clients of domestic violence is not that simple. Several research studies argued that domestic violence is not just a personal issue, it is a social problem that requires collaborative response (Lempert, 1996 as cited in Laing, 2001 and Bershron and Siracusa, 1982, as cited in Stanford, 2009). In order to tackle domestic violence, it requires multidimensional and comprehensive treatment and an approach which integrates many elements and community resources (Stanford, 2009). The lack of formal and integrated referral systems at the national level and across all community levels (Nakahara, et al, 2009 and Leang and Chheng, 2014) and insufficient health care services; including mental health care at the national and local level (Nagpal, et al., 2019, Schunert et al., 2012, and Somasundaram et al, 1999) have put the work of CSWs into a non-collaborative atmosphere and adds to the struggles to implement a referral system within the community.

Joint collaboration with local authorities is an important step toward an effective intervention plan in order to work in the community especially when dealing with domestic violence issues. However, the relationship between CSWs and local authorities is still a concern. The lack of information and understanding among local authorities has shown to be the root causes for the lack of collaboration and acknowledgment toward CSWs. The discovery of cases of domestic violence and child abuse in the village and community, threatened the positive image of a village or community as perceived by local authorities. The absence of collaborative response from local authorities might be due to the

lack of understanding of a social worker's role or because of the reputation-related concerns of local authorities. Comprehensive intervention is required for future programs to better assist the work of social workers in the community and to ensure sustainability of social work in the rural community in Cambodia. On top of that, implementing and promoting community awareness raising, especially to local authorities, on the responsibilities of a social worker is extremely essential. Most importantly, a well-structured referral system must be established to prepare CSWs with a collaborative work environment and rich information on existing service providers that work on similar issues. A strong referral scheme does not only reduce the work pressure on CSWs, but also promotes effective and collaborative intervention in the field of social work in Cambodia.

Recommendations

Several recommendations should be taken into consideration by the government, NGOs/INGOs, private sectors and other relevant stakeholders to reinforce the motivation of CSWs and to ensure the sustainability of community social work in future projects and interventions. These recommendations are:

- The majority of CSWs stated that they are willing to work voluntarily in the community because of their personal interest and the purpose of personal development for a future career. Therefore, to maintain their personal interest and motivation, self-care techniques and services should be provided, and family support and other social support should be encouraged.
- The collaboration between CSWs and local authorities remains a critical concern which hinders the implementation CSWs' services and affects CSWs' motivation. Thus, strengthening the collaboration with local authorities and CCWC is an important supporting element for CSWs enhancing the effectiveness and productivity of their work. Through the promotion of collaboration with local authorities, CSWs' activities should be integrated in the commune activity plan so that local authorities have a sense of CSWs' work.
- To raise awareness on the work of CSWs at the grassroot level and explore, analyze, measure its impacts and provide decision-makers with evidence-based information in order to influence the development of relevant policies to support CSWs' work
- Explore and encourage financing mechanisms to sustain the work of CSWs and to mitigate the risks of financial gaps resulting from reduced external funding. Some examples of financing mechanisms could include the following:
 - The Health Center Management Committee (HCMC) could advocate for appropriate financial resources in its Annual Operational Plans (AoP) to cover costs associated with fulfilling CSW roles and responsibilities.
 - A portion of the Commune Council budget could be allocated for social services like CSWs management and capacity building, administrative and logistic support for referral cases and other relevant activities defined in the scope of work of CSWs. Budget Requests should be done through the Commune Investment Program (CIP).
- A clear and effective referral system with the relevant existing service providers should be embedded in the scope of the CSWs' work. The collaboration with local organizations and local authorities especially with CCWCs should be done through strong collaborative work, well-prepared interventions, and awareness raising in the community prior to the implementation of the community social work. This can help improve the client referral system from relevant stakeholders to CSWs and vice versa.

- The CSWs raise some constraints regarding their technical work including the difficulties in form completion and the challenges of questioning skills while working with clients. Hence, additional training, coaching sessions or supervision on technical challenges and case management should be provided to fulfil the needs and ease the work of the CSWs. The skill development training or coaching, and technical supervision should be provided by professional social workers to ensure the quality of knowledge and skills delivery. Moreover, strong linkages between CSWs and other professional social workers should be reinforced in order to exchange knowledge and experience.
- The challenge of completing case management forms (intake form, assessment form, progress note form, case closure form and referral form) should be taken into consideration through providing extra assistance or coaching or simplifying the forms to meet the level of knowledge of the CSWs, so that they can complete the work faster and reduce workload-related stress.

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Appendix

Interview Guidelines

Demographic Information		
• Age:	• Gender: Male/Female	• Marital status: Single/Married/Separated
• Educational Level:	• Number of family members:	Main occupation:

Perspectives/Views about Community Social Work
<p><u>Before working as CSW:</u></p> <ol style="list-style-type: none">1) Before working as a CSW, what was your occupation? What did you do? Are you still doing this job? What made you stop the previous job?2) How did you get to know about CSW?3) What did you think/know about this job as CSW before you started working? What you feel and think now? Why?4) Have you ever thought about doing another job beside CSW before? Why? <p><u>Since working as a CSW:</u></p> <ol style="list-style-type: none">5) How many months/ years have you been working as a CSW?6) What made you decide to do this job? Why?7) In your opinion, what are the duties of a CSW? What do you like about this work? Why? What you don't like about this role and why?8) How do you perceive your role as a CSW? How important is your role as a CSW? Why?9) How important do you think it is to have a CSW in your community? Why?10) What are the benefits (money, incentive, training, capacity building, meeting, etc.) you receive for working as a CSW? How you think about these benefits? Are you satisfied? Why? If not, why? <p><u>Point of View of family and community:</u></p> <ol style="list-style-type: none">11) How does your family feel about Community Social Work? Why they think so? How do you think/feel about what they think?12) How does your family think about you as a CSW? Why? What you think about that?13) What kind of support did you receive from your family member (husband, children, parents, relative) while working as CSW? Why? How? What do you think about this support?14) How does your community think about Community Social Work? Why? Why? How do you feel/think about that they think?15) How does your community think about you as a CSW? Why? How do you think/feel about that? <p>What kind of support your community give you as a CSW? Why? What you think about this support? Why?</p>

Experience as a CSW

Nature of work as a CSW:

- 16) What kind of work did you perform everyday as a CSW? How did you think/feel about it? Why?
- 17) How long ago did you start working? How many days do you work per week?
- 18) How do you manage your time working in this position?
- 19) Who are you working with? Where do you meet them? What you think about it? Why?
- 20) How did you receive capacity building on CSW? How long? By who? What you think?
- 21) How much did you earn from this job? How is it compared to what you earned in your previous job? How do you feel about this payment?

Dealing with patients/people:

- 22) Who are the clients/people you are dealing with as a CSW? (e.g. client's characteristics)
- 23) How many clients do you handle per month?
- 24) What kind of problems did those clients/people have?
- 25) How do you work to support/help them? (Briefly describe from start to end the case)
- 26) What are the challenges you face when working/dealing with them? If yes/no, why? And, how do you deal with that?
- 27) Are you satisfied with your work with your clients? Why?

Challenges:

- 28) What are the challenges you have met so far as a CSW? Why?
- 29) What are your strengths and weaknesses working in this position? (e.g. knowledge, commitment, skills, etc.)
- 30) Have you experienced any difficulties working a community social worker? (e.g. time constraint, work burden, etc.)
- 31) How did you cope with those difficulties? Why?
- 32) How do you get help/support doing this job? Did anyone help you in those situations? If yes, what kind of help did they give? Are you satisfied with that help? Why?

Motivation

- 33) How did you think about/perceive this job before you started to work as a CSW?
- 34) How did you think about/perceive this job after you started to work as a CSW? What are the differences before and after? Why?
- 35) What were the main reasons/factors that made you decide to work as a CSW? Why?
- 36) What makes you continue working as CSW until now? Why? What motivates you to stay in this job?
- 37) What is your plan for this work as CSW? How long you plan to continue? Why?
- 38) Before becoming a CSW, what was your expectation for this job as CSW? Have you achieved those expectations? Why?
- 39) How do your family members contribute to your motivation to stay in this job? Why? What you think/feel about that?
- 40) Does the community play a big role in motivating you to work in this job? How? Why? What you think about this?

Needs/Support

- 41) What kind of support (financial, technical, emotional) have you received so far to help you do/perform your role as a CSW? From which organization and who? Did you get trainings before and while working as a CSW? When? Who provided you the support? And, what kinds of support?
- 42) How does this support help you with your work as a CSW? Why?
- 43) Do you need any additional support to help you to work effectively as a social worker? How you want to be supported? Why?
- 44) What kind of support do you wish to receive to support you to perform your role better? Why?