



thailand

kingdom of thailand

Geography

Capital

Bangkok

Global Positioning

Thailand's bordering countries include Burma, Malaysia, Cambodia, and Laos. Thailand is located in Southeast Asia, and it borders the Andaman Sea as well as the Gulf of Thailand.

Geographical & Natural Outline

The total area of Thailand is 513,120sq km, which includes 510,890sq km of land and 2,230sq km of water. Thailand has a tropical climate with southwest monsoons from May to September, and northeast monsoons from November to March.

Major Cities/Urbanisations

The largest urban area in Thailand is Bangkok, with a population of 9.27 million people (2015). Samut Prakan is also considered to be one of the larger urban areas, with a population of 1.81 million (2015). Notably, 50.4% of the population of Thailand live in urban areas, with the country's urbanization rate at approximately 2.97%.



People & Society

Nationality

Thai

Ethnic Groups

Thai 95.9%, Burmese 2%, other 1.3%, unspecified 0.9% (based on 2010 estimate)

Languages

The official language of Thailand is Thai (90.7%), but Burmese is also spoken (1.3%), as well as a number of other languages (8%). English is often spoken as a second language by the elite in Thailand (2010).

Religions

Buddhist (official) 93.6%, Muslim 4.9%, Christian 1.2%, other 0.2%, none 0.1% (2010 est.)

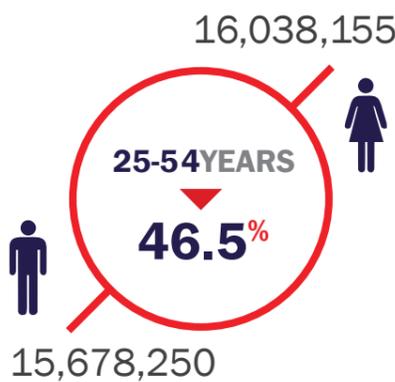
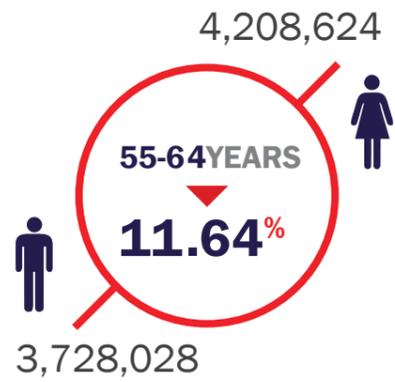
Population

68.86 million (2016)

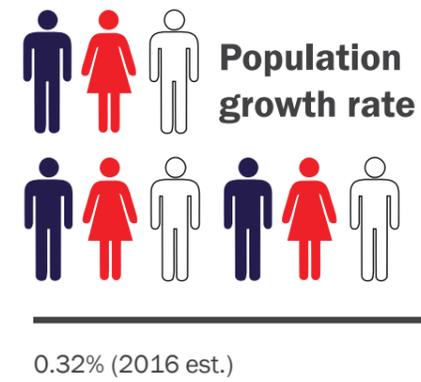
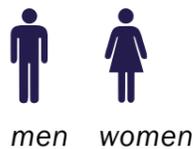


demographics

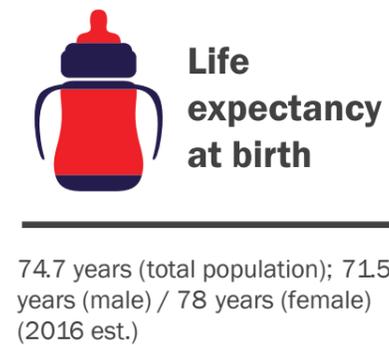
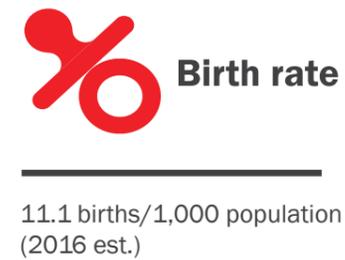
The age group of men and women throughout the years.



legend



9.4 deaths (per 1,000 live births) (2016 est.)



NOTE: Varying reports estimated 40,000-50,000 children are not registered annually

government type/political stance

The legal system in Thailand is predominantly based on the civil law system, with some common law influences. And is also known as a unitary country with a strong tradition of centralization.

Head of State
King Vajiralongkorn (or Rama X), since 1 Dec 2016

Head of Government
The government in Thailand consists of a head of government (currently Interim Prime Minister General Prayut Chan-ocha, as of August 2014), a chief of state (King Wachiralongkon Bodinrathaphepphayawarakun, as of 1 December 2016), and the cabinet (appointed by the king, but nominated by the Prime Minister.

In 2014 General Prayut Chan-o-cha, the Commander of the Royal Thai Army, ordered a coup d'état, effectively dissolving Prime Minister Yingluck Shinawatra's Cabinet and positioning General Prayut Chan-o-cha to assume the role of Prime Minister. Thereafter, the military junta of the National Council for Peace and Order (NCPO) took political control over Thailand. Under the NCPO, Thai peoples' rights and freedom were taken away, and political activists as well as members of the opposing political parties were detained. The voice of the people was silenced by strategic media and internet censorship, and the looming threat of imprisonment kept politicians from engaging in political gatherings.

Simultaneously, sections of the Thai constitution (2007) were repealed. Once the military oriented legislature was drawn up, the NCPO was able to officially elect General Prayut Chan-ocha as the Prime Minister of Thailand.¹ The NCPO's government takeover was officially endorsed by King Bhumibol Adulyadej (King Vajiralongkorn's father before his passing on 13 Oct 2016), thus legitimizing the NCPO's control over Thailand.²

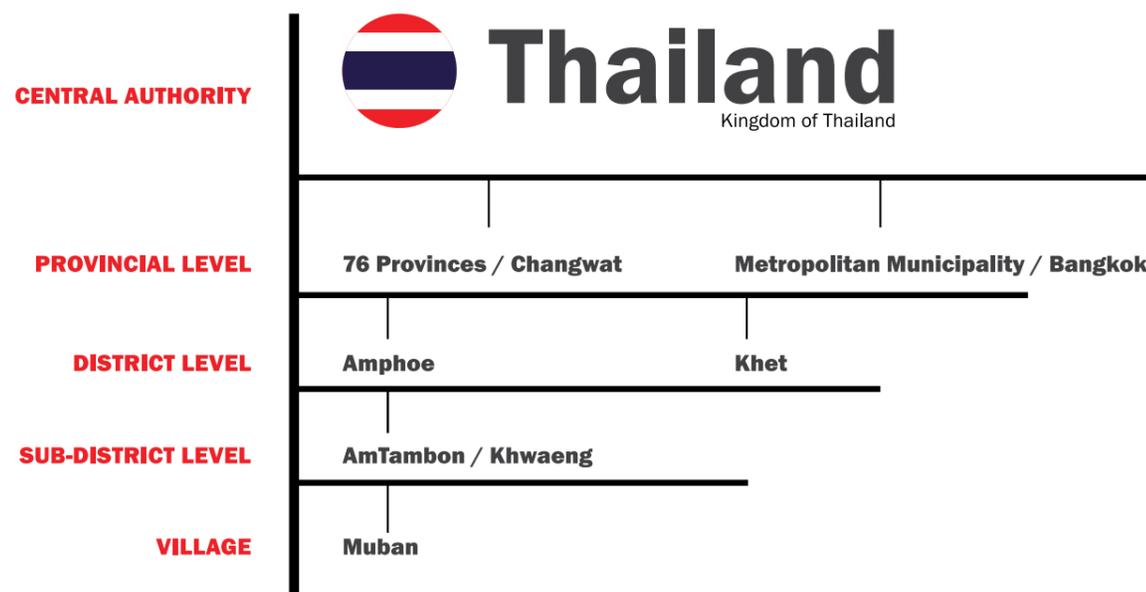
Is the governing party likely to change in the next election?
It is currently unclear as to whether the governing party will change in the next election. A substantial number of political changes have recently occurred, shifting the political climate of Thailand drastically. After seven decades of ruling over Thailand, King Bhumibol Adulyadej passed away in 2016, thus making Prince Maha Vajiralongkorn his successor. There were 50 day of mourning following the King's death before King Maha Vajiralongkorn (or King Rama X) was anointed.³ Since Maha Vajiralongkorn has taken his position as King, significant changes to the government and political system have already been made. While the

King of Thailand is generally expected to be a figurehead of stability, with no intention of causing conflict between the monarchy and the military, King Maha Vajiralongkorn has recently begun to engage in a power struggle with the NCPO. Namely, the King refused to give royal consent to the new constitution drawn up by the Thai military. The new constitution openly limited royal power, while extending the power of the military. The King took issue with this, and reportedly caught the entire country off guard by refusing to give his consent.⁴

What are the implications of change to the existing social care set-up?
At this stage, it is difficult to predict the potential causes of a change to the current social care system in Thailand. Journalists and politicians have mainly been focused on the implications of King Rama X's relationship with the military, as there is a growing concern that the NCPO will act on the instability of a new king in order to extend the junta's power and control over the country.⁵

administrative divisions

Thailand is divided to 76 provinces (*changwat*) and the metropolitan municipality Bangkok. They are further divided into districts - *amphoe* or *khet* (for Bangkok) into sub-districts - *tambon* or *khwaeng* into *muban* which is translated into village.



This administrative structure is organized into a dual system of local administration and local autonomous self-government (decentralized). Each province is headed by a governor and head officials appointed directly by the Ministry of Interior. When these provinces are divided into districts and subdivided into sub-districts, the local autonomous governments directly elect councils and mayors as the head of these smaller divisions. However, they are still placed under the control and supervision of provincial governors, district officers and the Minister of the Interior, who have the authority to approve their annual budget plans and local regulations, dissolve local councils, and dismiss local councillors.

Economy

Gross Domestic Product (GDP)
USD406.8 billion (2016 est.)

Real growth rate
3.2% (2016 est.)
NOTE: In 2014, the estimated GDP real growth rate was 0.8%.

Composition by sector
Agriculture - 8.9%
Industry - 35.9%
Services - 55.3% (2016 est.)

Unemployment rate
As of 2015 the estimated unemployment rate is 0.9% (country comparison to the world: 4), with youth unemployment (ages 15 to 24) at 3.4 percent (male: 2.8% and female 4.4%, based on 2013 estimates). The youth unemployment rate has a country comparison to the world of 132.

Population below poverty line
12.6% (based on 2012 est.)

Inflation rate (CPI)
The 2015 inflation rate is -0.9%. Notably, the 2014 inflation rate was estimated to be 1.9%.

¹ "2014 Thai coup d'état." Wikipedia. March 04, 2017. Accessed March 10, 2017. https://en.wikipedia.org/wiki/2014_Thai_coup_d%27%C3%A9tat.

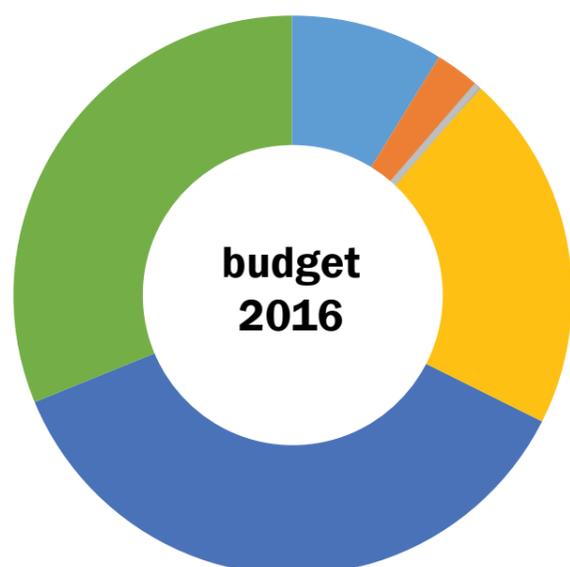
² Hodal, Kate. "Thailand coup gets King Adulyadej approval as junta dissolves senate." The Guardian. May 25, 2014. Accessed March 10, 2017. <https://www.theguardian.com/world/2014/may/25/thailand-coup-king-adulyadej-junta-senate>.

³ "Thai Crown Prince Maha Vajiralongkorn proclaimed king." BBC News. December 01, 2016. Accessed March 11, 2017. <http://www.bbc.com/news/world-asia-38168912>.

⁴ Luedi, Jeremy. "Thailand's King Rama X faces off against junta." Global Risk Insights. January 12, 2017. Accessed March 11, 2017. <http://globalriskinsights.com/2017/01/thailands-new-king-rama-x-confronts-junta/>.

⁵ Ibid.

thailand government budget FY 2016



8.8% National Security
2.6% Management of Natural Resources and Environment
0.30% Management of Foreign Policy and International Economic Affairs
20.7% Expenditures on General Administration
36.4% Education, Health, Virtue, Ethics and Quality of Life
31.2% Others

Budget
 USD76.69 billion of revenue; USD86.94 billion of expenditures (2016 est.)

Foreign aid
 There are no statistics concerning the full amount of foreign aid that Thailand received during 2015 and 2016. However, in 2014 the United States of America (USA) provided Thailand with USD74 mil for economic purposes, as well as USD3.33 mil⁶ for military purposes.⁷ It should be noted that all information concerning the amount of Official Development Assistance (ODA) received by Thailand is provided

by sources that are not directly affiliated with the Thai government. The official website for the Thailand International Cooperation Agency (TICA) claims to provide information on ODA, but the ODA page attached to the website clearly states that there is no data.⁸ The lack of recent data on foreign aid received by Thailand may also be due to the country's change in economic status. In 2011, Thailand became an upper middle income economy, which was a significant step in the economic development of the country,⁹ as Thailand had previously been classified as a low-income country.

International debt
 USD139,343.69 mil (January, 2017)¹⁰

⁶ These are inflation adjusted numbers.
⁷ "U.S. Overseas Loans and Grants to Thailand." Inside Gov. Accessed January 06, 2017. <http://us-foreign-aid.insidegov.com/1/174/Thailand>.
⁸ "Thailand Official Development Assistance." Thailand International Cooperation Agency. Accessed January 07, 2017. <http://www.tica.thaigov.net/main/en/other/3566>.
⁹ "Thailand Overview." The World Bank. September 2016. Accessed January 07, 2017. <http://www.worldbank.org/en/country/thailand/overview>.
¹⁰ "Thailand Total Gross External Debt." Trading Economics. January 2017. Accessed January 06, 2017. <http://www.tradingeconomics.com/thailand/external-debt>.

social care sector

After the structure of the social care sector was reformed in 2002, the primary agency responsible for people in vulnerable economic positions became the Department of Social Development and Welfare (DSDW). Government assistance provided through the DSDW is extended to women, children, families, the elderly, homeless people, disaster survivors, and the disabled. The range of social care and welfare programmes is designed to include preventative measures as well as emergency relief efforts. However, the DSDW is not the only social care agency in Thailand. There are four major agencies operating under the Ministry of Social Development and Human Security (MSDHS), including

- 1) Office of the Permanent Secretary
- 2) Office of Women's Affairs and Family Development
- 3) Department of Social Development and Welfare, and
- 4) Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups

Other notable government agencies include the Provincial Social Development and Welfare Offices (operating under the Office of the Permanent Secretary), the National Housing Authority, the Public Pawnshop Office, and the Community Organization Development Institute. The organizational structure of these government agencies is devised to provide support to those who need it, and to deliver that support in the manner that best suits the needs of

each individual or family in need of aid. Therefore it is important to note that the DSDW also offers technical support, advisory services, information technology, and a range of monitoring and follow up services to ensure that those in need continue to receive appropriate assistance.

The social welfare system is further broken down into central units and agencies, which are responsible for connecting local communities, families, and individuals to care programmes that are specific to their needs. The Bureau of Social Welfare Services is one of the larger central agencies, with approximately 6 divisions. Government sanctioned institutional placement (for persons with disabilities, including the elderly) and non-residential family assistance programmes are provided through the Bureau. Additionally, the Bureau of Social Welfare Services is largely responsible for the development of standards pertaining to care provision services/organizations.

However, the unit that is most concerned with child and family protection is arguably the Bureau of Anti-Trafficking in Women and Children. In keeping with the Bureau of Social Welfare Services, the Bureau of Anti-Trafficking in Women and Children is a central agency with multiple divisions and subdivisions. The Bureau of Anti-Trafficking in Women and Children is described as "a focal point for the co-ordination among the networks of concerned agencies for the protection and welfare of victims of trafficking of

women and children." Amongst the long list of responsibilities carried out by the Bureau of Anti-Trafficking in Women and Children is the task of conducting studies in order to properly assess the state of trafficking, and prevent further trafficking from occurring. There are "implementing units" under the Bureau, which consist mainly of residential homes (predominantly located in Bangkok for victims of trafficking). The Bureau of Anti-Trafficking in Women and Children is also responsible for implementing laws, declarations, acts and conventions concerning the protection of women and children from trafficking.

Due to the sizeable number of unregistered alternative care facilities and organizations operating in Thailand, it is almost impossible to provide an accurate assessment of the major actors. One can assume that the private sector is quite large, as hundreds of unregistered private organizations were recently identified.¹¹ However, statistics also show that the combination of informal kinship care accounts for 90% of all alternative care situations in Thailand. Again, the involvement of private organizations, NGOs, and government agencies that act as kinship care facilitators is at least partially unaccounted for - meaning that there is no way to know which sector is providing the most access to kinship care assistance.¹²

¹¹ 2016 Online Survey to assess the extent of unregistered Children's Homes in Thailand. Report. Thailand CRC Coalition Alternative Care Working Group, 2016. 1. Accessed January 8, 2017. <http://www.bettercarenetwork.org/sites/default/files/online%20survey%20report%20draft%20%281%29.pdf>.
¹² Review of Alternative Care in Thailand. Report. UNICEF, 2015.33. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

institutional care

Baby Homes / Emergency Home to Children & Family / Development & Rehabilitation Centres / Nursery / Observation & Protection Centres / One-Stop Crisis Centres (OSCCs) / Orphanages / Reception Centres / Rehabilitation Centres / Remand Homes / Safety Protection Centres / Training Centres / Welfare Centres

The terms institutional and residential care as well as orphanages are used somewhat synonymously in Thailand, which is generally not the case in most countries. The full definition of residential/institutional care as declared by the Thai government, under the Child Protection Act of 2003, and with additional information provided by UNICEF, is as follows:

Institutional / Residential Care: Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other forms of short and long term residential care facilities, including group homes.

Within the context of Thailand, government residential care is further defined by the following categories as stated in the Child Protection Act, 2003:

- i) *Reception Centre:* A place where a child is temporarily sheltered and cared for with the intention of tracing and observing the child and his or her family so as to develop guidelines for appropriate provisions of assistance and safety protection to each individual child
- ii) *Welfare Centre (Home for Children):* A place which provides care and development for over six children in need of assistance
- iii) *Welfare Protection Centre:* A place, which provides education, discipline and occupational training to a child who is in need of protection in order to correct his or her behaviour, and provide treatment and rehabilitation for the child's physical and mental conditions
- iv) *Development and Rehabilitation Centre:* A place, school, institution or centre established for the purpose of treatment and rehabilitation of the physical and mental conditions of a child who is in need of special welfare assistance or protection, as well as providing such child with education, guidance and occupational training.¹³

According to UNICEF's Review of Alternative Care in Thailand (2015), there are approximately 50,000 children living in residential care situations. Though, this statistic includes boarding schools, which are often used as an alternative to orphanages and other forms of institution-based care centres for children. In fact, government boarding schools play a significant role in institutional care provision for children in Thailand. It is estimated that 51 government operated boarding schools care for 67.4% of the 50,000 children in residential care settings. In contrast, only 14.7% of the children in residential care settings are in government operated residential care facilities.¹⁴

Field interviews confirmed that families are often compelled to place their children in boarding schools/orphanages in order to gain access to education (and a meal). Families cited the high cost of putting a child through public schools especially during the last 3 years of high school to obtain a Vocational Certificate i.e. proof of education history. Besides having to purchase school uniform/s (different every day of the week), stationery and books, parents are also expected to buy a 'closet' teacher. An unspoken expectation where parents are to recompense the classroom teacher to ensure the teacher's commitment to see the child through the lessons throughout the academic year as well as presenting gifts to the teachers to help the child complete school projects or to provide supplementary classes. Including securing a seat for the final examinations. Though the practice is deemed incongruous, it is unlikely to be challenged as the oversight of public school administration is under the governmental body of the Ministry of Education – a long-standing established institution.

Another reason accounting for the placing children into institutional care is due to the lack of school facilities. According to a posting, there are 44,903 pre-primary schools (6,619 private) in Thailand. However the number of public primary schools and lower secondary is at 31,129 while public lower and upper secondary schools number is 2,660.¹⁵ Once again, families are given no option but to consider residential/institutional care in order for the child to complete his/her education. Supposedly the age of entry to institutions is between the ages of 10-12 when the child transit from primary to middle/high school.

¹³ Review of Alternative Care in Thailand. Report. UNICEF, 2015. xii. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

¹⁴ Ibid. 7.

6%

Only 6% of the children in the 'orphanages' are ORPHANS

2.1 Government / state-run child care facilities

It is reported by several sources that there are 23 state-run care facilities / orphanages across whole of Thailand. Of which 8 of them are baby homes and many of who are waiting to be adopted. Some of the more widely recognized government run baby homes are Pakkred (est. 2002, located in Bangkok) and Viengping (est. 1986, located in Chiang Mai).¹⁶

Pakkred in particular is internationally recognized as a prominent institution in Thailand, as a result of the institution's public statement concerning the children's exposure to adults outside of the orphanage. The staff and administrative body running the orphanage state that interaction with strangers prepares abandoned and orphaned children for adoption by means of eliminating the their fear of unfamiliar and/or foreign adults. In 2010, one staff member in charge of interviewing potential volunteers was quoted by CNN after claiming that there had never been a volunteer who was rejected by the orphanage. Over 200 abandoned infants and children (2010 estimate) are being cared for by the Pakkred staff, with the aid of volunteers who stay for periods as short as a few hours, and periods as long as years at a time. It was estimated that there were approximately 80 volunteers working with Pakkred during the time, most of who were women from Europe and the United States of America.

It should be noted that the facility only houses children under the age of 5 (and without disabilities). Once the children in Pakkred reach the schooling age to

begin their education i.e. 5 years old, they are transferred to other institutional facilities. Pakkred also allows mothers to leave their babies in the facility for years at a time, until the baby's mother/family is capable of providing for her/their children.¹⁷ Although there is some information about Pakkred made available by third parties, the institution does not have a website or any form online presence. Due to insufficient information provided by the institution, data and statistics on Pakkred's funding are not available.

Viengping Children's Home (VCH) has a slightly different model from that of Pakkred. Although VCH was originally a baby care unit attached to the Chiangmai Boy's Home, the structure and purpose of the care centre has shifted over time. VCH now offers care for orphaned and abandoned babies/children up to age six, and care for girls aged 7-18, shelter for women and their own children. It continues to house boys from age of 6-20 under a separate administration. There is an estimate of more than 500 children registered under their care with regular new admissions of 70 to 80 every year. Interestingly, only 150 children are presently residing in the facility while 250 children have been sent to 12 other private child care homes around the area and another 100 been fostered out to the community.

VCH strongly advocates for family placement, primarily by means of foster care or adoption. They have been placing children with local Thai foster families for the past 15 years. It is a common practice to place the child with the foster families while waiting on approval of

the adoption application over a period of 1-2 years. The foster families are given monthly allowance and reviewed regularly. In addition, VCH facilitate 20-30 adoption placements in a year. Of which, 5 would be domestic adoption and 25 intercountry adoption. The adopters are usually from Denmark or Sweden who will be asked to cover the health check based for the children while the institutional social worker prepares the documentation to be submitted to the Child Adoption Centre in Bangkok for approval. Although VCH is government run and funded, the orphanage continues to rely on external donations in the form of money, food, toys, games, etc.

International organizations such as UNICEF have criticized the government sector of care provision for children and families in Thailand. It has been reported that there is not only a lack of cross sectoral collaboration and communication, but also weak communication within the government sector. This communication issue stems largely from internal reporting, rather than sourcing information and assistance from inside the network of the government sector. Another issue within the government sector is the lack of data management and standardization across facilities. This has the potential to negatively impact the lives of children and families in need of assistance, as they may be overlooked or unidentified by the current care system. The general lack of professionally trained/qualified social workers and personnel is also a common critique of government run care facilities. And inherently, the lack of financial resources provided to the care

of the children where the government allocate 60 Baht (USD1.80) for daily meals of a child in the care facilities (without the education allowance).

2.2 Private child care facilities

There are numerous children's homes and orphanages in Thailand that are privately operated and funded. It is not uncommon for some of these institutions to operate in close proximity to the Thailand-Myanmar border, particularly Mae Sot district. Following the State Peace and Development Council (SPDC) government takeover in Myanmar, a large number of the Karen people have fled Myanmar and sought refuge in Thailand. The Karen refugees are not legally considered to be citizens of any country, therefore depriving Karen people of citizen's rights. Due to the current political situation in Myanmar, many Karen children enter Thailand in order to find refuge, shelter, food, education, and care. It is estimated that hundreds of thousands of Karen have fled to Thailand.²⁰ Because of the high demand for assistance in this area, private organizations are inclined to open facilities near the border.

Naiyana Thanawattho, a Child Protection Specialist from Save the Children mentioned that the Thai government officials are presently collating data about unregistered private care facilities/shelters in Mae Sot district (highest and to date have identified 56. There have also been discussions between the Thailand and Myanmar governments in regulating the facilities to tackle the

trafficking issues over the past few years. Commonly, the babies delivered across the border which are then placed into the baby homes/nursery become easy prey for human smugglers given that these children are unaccounted for. Whilst the older children (above the age of 6yrs) usually end up in boarding schools under Thai curriculum; taught a completely different language from their mother tongue and be disassociated from their own Burmese culture. Hence, upon leaving institutions they no longer able to speak, know nor even connect with their native Myanmar families.

One of the privately run institutions operating near the Thailand-Myanmar border is Safe Haven Orphanage. Located approximately 2 hours away from Mae Sot, Safe Haven Orphanage was founded in order to provide children from Myanmar and Thailand with care. About fifty children are currently being cared for by the institution. The founder, Mrs Tasanee Keereepraneed, began caring for children in 1987 when she converted her childhood home into an orphanage. From the initial stages of setting up the orphanage, Mrs Tasanee has personally funded Safe Haven with whatever means are made available to her. While Safe Haven Orphanage receive donations, a large percentage of the institution's funding comes directly from Mrs Tasanee. External funding has been provided by private donors and NGOs (including Gyaw, Friends of Safe Haven, the Border Consortium, Colabora Birmania, and Relevant Community Church).



The aims of Safe Haven Orphanage are to provide disadvantaged children from all religious (and nonreligious) backgrounds with access to food, shelter, education and medical care. Safe Haven Orphanage provides care to infants and children from 1 month old to 20+ years old. However, due to insufficient funding in the local school systems, some children and young adults have to transfer to Mae Sot to complete their education. Family reunification and family placement (such as adoption and/or foster caring) are not included in the aims of the institution. However, Safe Haven does plan on becoming a registered foster home in the future. This transition is particularly important, as the children in Safe Haven's care will be legally eligible for citizenship if the orphanage is able to operate as a foster home.²¹

¹⁵ <http://education.stateuniversity.com/pages/1526/Thailand-EDUCATIONAL-SYSTEM-OVERVIEW.html>

¹⁶ "Thai Children in Need of Families." Thai Embassy. 2015. Accessed January 07, 2017. <http://www.thaembassy.com/thailand/thailand-adoption-procedure.php>.

¹⁷ Ehrlich, Richard S. "Teaching Thai orphans not to fear strangers." August 9, 2010. Accessed January 7, 2017. <http://travel.cnn.com/bangkok/life/teaching-orphans-not-fear-foreigners-720911/>.

¹⁸ "Viengping Children's Home." Viengping Children's Home. Accessed January 07, 2017. http://www.chiangmai-chiangrai.com/viengping_childrens_home.html.

¹⁹ Review of Alternative Care in Thailand. Report. UNICEF, 2015. xv. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

²⁰ "Background on Burma." Safe Haven Orphanage. Accessed January 8, 2017. <https://safehavenorphanage.org/background-on-burma/>.

²¹ "About Safe Haven Orphanage." Safe Haven Orphanage. Accessed January 8, 2017. <https://safehavenorphanage.org/about/>.

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2.3 Non-profit & community child care facilities

One of the more prominent NGO operated child care institutions located in Thailand is the Thai Red Cross Children’s Home. It was established by Her Royal Highness Princess Maha Chakri Sirindhorn in 1981, who has the title of the Thai Red Cross Society

Executive Vice-President. The Thai Red Cross Children’s Home was originally established in order to provide babies who had been abandoned (after birth at Chulalongkorn Memorial Hospital, or at any Thai Red Cross agency) with nutrition, health care, religious classes/ lessons, jobs (where appropriate/ applicable), education and shelter in Bangkok. Present day, adoption is a primary concern of the Thai Red Cross Children’s Home, and the Home is one of the 4 authorized agencies to provide adoption services. However, before beginning the process of facilitating adoption services, the Home seeks out the abandoned babies’ parents in an effort to reunite the children with their families. In cases where abandoned children are reunited with their families, the Home offers social welfare support to the children and families (if needed). The Home also claims to provide “support for studies and research into child and family welfare,” although the exact form of support is not specified. The maximum capacity of the Home is 50 children/infants.²² In terms of funding, the Thai Red Cross Children’s Home website does not provide much information. However, external articles on the Home indicate that the Thai Red Cross Society has received numerous donations specifically for the purpose of maintaining the Children’s Home. For example, The Ascott Limited donated 250,000 Baht (USD7400) in 2012, and additional 250,000 Baht (USD7400) in 2013, equalling a total donation of 500,000 Baht (nearly USD15000) (in raised funds) to the Children’s Home.²³

Another well recognized organization in metropolitan Bangkok is the Friends For All Children Foundation / FFAC (est. 1977), which currently operates two residential nurseries for children in need of temporary or long term care. According to the FFAC website, some of the children who live in the residence facility are ultimately reunited with their families, while others (more specifically, children who have been permanently abandoned by their parents) remain under the care of FFAC until an appropriate adoption placement opportunity arises.²⁴ The total number of children being cared for by the FFAC residence facilities is not disclosed. Extensive details regarding the FFAC’s funding are not made available, although the website does indicate that donations are accepted and encouraged. The FFAC has also established a donation system through which donors can sponsor a child in any of the FFAC programmes (residential home, day care, educational sponsorships, etc.).²⁵ Notably, the FFAC is affiliated with three other children’s homes in Thailand, including Swallow Nest Home (provides housing for pregnant women and their children for a maximum of one year), Baan Unrak’s Children’s Home (neo-humanistic approach of care), and Hope Home (residential facility for children with physical disabilities).²⁶

In Chonburi, Pattaya Orphanage (PO) operates as one of the larger institutions for infants and children. The orphanage was established in the 1970s (exact date not specified by the institution) by a Roman Catholic Priest. To this day,

the orphanage is run by Roman Catholic priests and sisters, although the religious component of the management and staff is said not to interfere with the religious beliefs of the children in their care. PO accepts infants and children under the age of 6 that have been abandoned by their parents. According to PO’s website, these children are generally abandoned because their families are not provided with sufficient social welfare support from the Thai government, thus rendering them economically incapable of meeting their children’s needs.

The orphanage is equipped with two baby rooms, which can hold approximately 60 babies/toddlers at a time. The children begin their education with pre-school at age 4, and continues to support the children’s education through university (or vocational school, depending on the child’s wishes). Additionally, the physical and mental wellbeing of the children are priorities of the institution. A paediatrician visits PO every Saturday to ensure that the children are in good health. It is estimated that there are over 200 babies, toddlers, children and young adults are being cared for by PO. Family placement is one of PO’s priorities, which is evidenced by the fact that the orphanage has facilitated the adoption of several hundred children (who were

once residents of the institution). The organization notes that most of the adoptive parents are from Germany, Denmark, France, Italy and Switzerland.²⁷ Like most NGOs in Thailand, PO accepts funding and assistance in the form of monetary donations, clothing and food donations, sponsorship (i.e. sponsoring a child or sponsoring a meal), and volunteer work.²⁸

NOTE:

The 3 institutions are accredited adoption agencies alongside with Holt Sahathai Foundation All 4 baby homes also offer foster care placements.

Located in Chiang Mai, the Agape Home or “Nikki’s Place” (est. 1996) offers institutional care for children who are affected by HIV/AIDS. The orphanage cares for over 100 children from ages 0-21, most of whom are HIV/AIDS positive or have lost their parents due to HIV/AIDS. In order to keep families that are impacted by HIV/AIDS together, the Agape Home established The Mother and Baby Unit (MBU). Mothers and their children can live together in the MBU, where they are provided with food, shelter, medical care/ assistance, and clothing. The Agape Home website notes that the structure of the MBU has changed over time in order to accommodate a wider range of

circumstances and needs: “During 2004, this service extended to the care of HIV+ women who do not have children, and secondly to allow for non-HIV+ children to live in with their mothers for a time provided that there is a family or orphanage placement available to them should the mother pass away.” In addition to the MBU and the orphanage, Agape established five group homes (Baan Jarawee or Village Jarawee). There are six children being cared for by Thai house parents in each home. Plans to build an additional ten group homes are underway.

Agape also founded Project Lek, a family strengthening and support programme for families with HIV affected parents and/or children. Families in need of this form of support are referred to Agape through churches, other NGOs, and Agape affiliates.²⁹ The family must then undergo an assessment process, which determines whether or not they are eligible for monetary assistance (with monthly disbursement) through Project Lek. The aforementioned programmes are funded by international donors and sponsors.³⁰

²² “Thai Red Cross Children’s Home.” Thai Red Cross Children’s Home. The Thai Red Cross Society, 2013. Web. 09 Jan. 2017. <<http://english.redcross.or.th/content/page/958>>.

²³ “Ascott Raises 250,000 Baht For Thai Red Cross Children’s Home.” The Ascott. N.p., 10 Apr. 2013. Web. 09 Jan. 2017. <http://www.the-ascott.com/4ascott_raises_250000_baht_for_thai_red_cross_childrens_home.html>.

²⁴ “Residential Nursery Care.” Friends for All Children Foundation (FFAC). Friends for All Children Foundation FFAC Bangkok Thailand RSS, 2017. Web. 09 Jan. 2017. <<http://www.ffac-foundation.org/ffac-programs/residential-nursery-care/>>.

²⁵ “How to Help.” Friends for All Children Foundation (FFAC). Friends for All Children Foundation FFAC Bangkok Thailand RSS, 2017. Web. 09 Jan. 2017. <<http://www.ffac-foundation.org/how-to-help/>>.

²⁶ “Affiliation with Three Homes.” Friends for All Children Foundation (FFAC). Friends for All Children Foundation FFAC Bangkok Thailand RSS, 2017. Web. 09 Jan. 2017. <<http://www.ffac-foundation.org/activities-and-changes/affiliation-with-three-homes/>>.

²⁷ “Projects.” Pattaya Orphanage. Accessed January 09, 2017. http://www.thepattayaorphanage.org/or/?page_id=32. The Pattaya Orphanage website does not specify the date of publication.

²⁸ “Donation.” Pattaya Orphanage. Accessed January 09, 2017. http://www.thepattayaorphanage.org/or/?page_id=44. The Pattaya Orphanage website does not specify the date of publication.

²⁹ “How We Serve.” Nikkis Place Agape Home. 2014. Accessed January 09, 2017. <http://www.nikkisplace.org/serving-children-with-aids/>.

³⁰ “The Mother and Baby Unit.” Nikkis Place Agape Home. 2014. Accessed January 09, 2017. <http://www.nikkisplace.org/aids-mother-baby-home/>.

³¹ “Jarawee Village.” Nikkis Place Agape Home. 2014. Accessed January 09, 2017. <http://www.nikkisplace.org/aids-family-home/>.

³² “Project Lek.” Nikkis Place Agape Home. 2014. Accessed January 09, 2017. <http://www.nikkisplace.org/aids-home-help/>.

³³ “News & Resources.” Nikkis Place Agape Home. 2014. Accessed January 09, 2017. <http://www.nikkisplace.org/news-resources/>.

2.4 Faith-based child care facilities

Faith based care facilities have a strong presence in Thailand, and it is not uncommon for orphanages or children's homes to have a religious component. Some institutions and residential care facilities, including a few that are run by religious groups, refrain from forcing religious beliefs onto the children. This is generally done out of respect for the children's cultural and religious values i.e. Pattaya Orphanage. Thou oftentimes institutions and residential care facilities will use religious doctrine(s) as a framework for care provision, thus allowing certain institutions to operate under guidelines that are based more on religious values than the legal requirements for care providers. This issue is highlighted by UNICEF's Review of Alternative Care in Thailand (2015), which states: "More generally, [private residential care facilities] often have no clear policies, guidelines and standards of care and/or tend to determine their own frameworks and standards of care."³⁴ Additionally, while it is acknowledged that a good deal of the institutional/residential care providers are faith based, the exact number of faith based care providers remains unknown. Due to the lack of data collection on privately operated faith based care facilities, the size of the sector has yet to be determined.

Despite the fact that over 90% of Thailand's population is Buddhist, there are a significant number of Christian child care organizations and institutions. One of the larger Christian organizations operating in northern

Thailand, Chiang Rai province is the Mercy Ministries Foundation (MMF). In 1981, MMF began their work in Thailand through the establishment of the Christian Happy Home, an alternative care facility for orphaned children. Since then, four children's homes and one baby home have been founded under the umbrella of MMF. The Chiangrai Happy Home cares for 40 children, all of whom are between the ages of 5 and 18. Similarly, the Chiangsean Happy Home cares for approximately 40 children between the ages of 6 and 19. The Chiangsean Happy Home was originally established for the purpose of providing 10 or so boys with care, but over time MMF began to allow girls into the institution, causing it to grow significantly in size. In 2001, a former resident of the Chiangrai Happy Home built the Theong Happy Home intended to provide care for other Hmong children in need of assistance. The Theong Happy Home initially had 10 residents, but it is now home to 20 children. MMF also opened a crisis home in Phang Nga for those who were affected by the 2004 tsunami. In its conception, the crisis home was meant to act as a temporary solution, but it eventually became a permanent residence for children in need. Finally, MMF partnered with a group of Canadian donors in order to fund the establishment of Chiangsean Babies Home (opened in 2000). There are 8 babies/toddlers under 4 years old in the care of the Chiangsean Babies Home. Once these babies/toddlers reach age 4, they are transferred to Chiangsean Happy Home in order to begin their studies.³⁵ MMF does not allow their children to be adopted, primarily

because MMF believes that the children are already placed in a happy, home-like environment where their needs are being met; and secondarily, because they feel that leaving the home to be adopted would interrupt the children's connection to Christian beliefs.³⁶

While there are presumably a number of care facilities in Thailand that have a Buddhist foundation, Buddhist NGOs and temples do not tend to have a strong internet presence. This is likely due to the fact that it is relatively uncommon for temples to have websites. However, the Wat Pra Baht Nam Phu Buddhist Temple has published some information regarding their care practice through one of their partners, the World Health Organisation (WHO). In 1992, Wat Pra Baht Nam Phu began caring for HIV/AIDS patients, providing adults and children in need with access to health care and professional psychosocial support. An estimated 2000 people are under the care of Wat Pra Baht Nam Phu, a majority (1,300) of which are orphaned children. It is unclear as to whether the temple offers residential care to their patients. The exact amount of funding granted to Wat Pra Baht Nam Phu's programme for children and adults affected by HIV/AIDS is unknown, but the temple runs on donations and financial support from the Thai government. With personal donations and government support combined, Wat Pra Baht Nam Phu receives approximately 100,000 Baht (USD3000) per month. It should be noted that Wat Pra Baht Nam Phu is not in the government sector, although they do receive sizeable government subsidies.³⁷



2.5 Are there any cartels/strategic alliances?

CRC Coalition Thailand is a child-right based organization group made up 40+ organisations mostly working in child protection areas and based in Bangkok. A coalition that started up with main objective to report the progress of work regarding on the Convention on the Rights of the Child to the United Nations, has expanded to work with various government actors and set up various thematic working groups to promote activities supporting the improvement of child welfare in Thailand. To facilitate discussions and knowledge-sharing, the coalition is broken down to various thematic sub groups covering topics on i) Protection; ii) Education; iii) Health; iv) Alternative Care; v) Stateless and minorities rights; and vi) Children on the Move. Some of the members having a good relationship with government have been appointed in a number of advisory boards to advice on social care service provisions in the country. Vice versa, government leaders and academics are also invited to the meetings as the group to give details about new social care policies and initiatives.

One of the most active sub-working groups is the Alternative Care, the members are made up of representatives from

- ChildLine
- Friends-International
- Holt Sahathai Foundation
- One Sky Foundation
- Plan International
- Save the Children
- Siam-Care Foundation
- Step Ahead
- UNICEF

Each of the representatives are committed in promoting family-based care options in Thailand and have been effecting support programmes to strengthen the capacity of families to keep their children away from institutions. Respectively, the member organizations have indeed put in place one of the best family-focussed care solutions in the state. Nonetheless, these programmes and services are localised in Bangkok with the exception of One Sky Foundation (based in Sangkhlaburi district bordering Myanmar). The group mentioned on working on a Strategic Plan mid-year and in hope that they would be able to represent a bigger collective nation-wide mission in making an imprint to make better the alternative care option of children in whole of Thailand. Though, it was asserted that the direction would be one which is guided and aligned with the government.

³⁴ Review of Alternative Care in Thailand. Report. UNICEF, 2015. 26. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

³⁵ "Thailand Ministries." Mercy Ministries Foundation. 2017. Accessed January 11, 2017. <http://www.mmfthailand.org/thailand-ministries/>.

³⁶ "About MMF." Mercy Ministries Foundation. 2017. Accessed January 11, 2017. <http://www.mmfthailand.org/about-mmf/>.

³⁷ "Wat Pra Baht Nam Phu: The Buddhist Temple that Cares for Full-blown AIDS patients." WHO. 2017. Accessed January 11, 2017. <http://www.who.int/workforcealliance/forum/2011/fieldtrip1/en/>.

³⁷ "Wat Pra Baht Nam Phu: The Buddhist Temple that Cares for Full-blown AIDS patients." WHO. 2017. Accessed January 11, 2017. <http://www.who.int/workforcealliance/forum/2011/fieldtrip1/en/>.

15
4
17
605

One Sky Foundation Survey (2014) was a hallmark in throwing light to the institutional care situation in Thailand. With limited resources i.e. a pool of 15 volunteers over a period of 4 weeks unraveled the existence of 17 illegal/unregistered children's homes in Sangkhlaburi district housing 605 unaccounted children.

politics of care

3.1 What is the current political stance/approach to care?

The current approach to care provision in Thailand has been criticized for its reactive nature, as the use of residential and institutional care are often prioritized. With such blatant misuse of institutional and residential care as a first resort, rather than a last resort, the current state of the care sector is in contradiction to the UN Guidelines.³⁸

After the approval of the National Child and Youth Development Promotion Act of 2007, a National Committee of Child and Youth Development Promotion (NCCYDP) chaired by the Prime Minister was created. Matters concerning the wellbeing of children were almost entirely relegated to the NCCYDP responsible for the National Child and Youth Development Plan (NCYDP). The NCYDP was designed to parallel the National Economic and Social Development Plan and fit into a time frame of 4 years, spanning from 2012 to 2016. In order to assess the reform needs of sectors concerned with child development, organizations (NGOs and others) and government agencies/units (both central and local), civil society, and academia participated in the formulation of the NCYDP. In addition to consulting child care/protection agencies and organizations, a public hearing regarding the current laws and policies in place for children was held. This allowed for a fairly open public dialogue about the National Child and Youth Development Promotion Act and other relevant topics/issues pertaining to children in Thailand.³⁹

Implementation of the development plan was to be carried out by The Office of Welfare Promotion, Protection and

Empowerment of Vulnerable Groups (OPP), and national committees were developed to facilitate coordination. However, it should be noted that the lack of subnational committees proved to be a major oversight. While the NCYDP document was not made accessible through government websites, UNICEF released an evaluation report on the development plan in 2015 as the plan came to an end. The report stated the following, "these Committees dealt with child abuse, including referral cases from *tambon* (sub-districts) and district levels, as well as prevention of the prevalence of abuse and more general problems of children and youth including drop-outs, drug abuse, teenage pregnancies, abandoned children and social deviant behaviour," which suggests that issues such as child protection and child/infant abandonment were addressed by the NCYDP.⁴⁰

However, relevance of the NCYDP was limited with regards to the current situation of children and youth as the plan failed to address the access to and quality of existing social services and initiatives for child and youth development, and to identify related gaps. It thus provided insufficient guidance to help prioritize initiatives and measures for children and youth development that would have contributed to achieving desired results.⁴¹ Reportedly, the Twelfth National Economic and Social Development Plan (2017-2021) was recently approved by the Cabinet, but there has been no mention of a continuation to the NCYDP. The exact nature of the issues to be addressed by the Twelfth Development Plan have yet to be disclosed, but the plan is reportedly exceptionally focused on poverty reduction.⁴² With poverty as

one of the main factors contributing to child and infant abandonment, a political emphasis placed on poverty alleviation may be highly influential to the structure of the care system. However, it is too early to discern the effectiveness of the upcoming development plan.

3.2 What is the social policy agenda and how advanced are developments? - what policies exist and how important are they perceived within the country?

In 1992, Thailand ratified the Convention on the Rights of the Child (CRC), henceforth supposedly holding the country accountable to international standards and laws. Upon ratifying the CRC, countries are required to submit progress reports (once every 5 years), which allows for a more thorough assessment of the state of child protection and child rights implementation. The most recent progress report was submitted in 2012, and it contained a number of highlighted areas of concern. Implementation of policies pertaining to monitoring and data collection, equality of religion and ethnic groups, the age of criminal responsibility, national budget/resource allocation, access to necessary services for vulnerable children, strong prevention and detection mechanisms, and protecting the rights of children seeking refuge/asylum were all scrutinized by the progress report.⁴³ The aforementioned child protection issues brought to light by the report are of great significance, and the fact that these areas remain underdeveloped should be a huge concern. However, based on the structure of Thailand's legal system, as well as the parameters of the CRC, certain international child protection laws are not fully enforceable unless they are incorporated into Thai law.

³⁸Review of Alternative Care in Thailand. Report. UNICEF, 2015. xv. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

³⁹Evaluation Report." UNICEF. 2015. Accessed January 15, 2017. https://www.unicef.org/evaldatabase/index_90379.html.

⁴⁰ Evaluation of the Thailand National Child and Youth Development Plan 2012-2015. UNICEF, 2015. 25-26. Accessed January 12, 2017. https://www.unicef.org/evaldatabase/index_90379.html.

⁴¹ Ibid

⁴² "12th National Economic and Social Development Plan." The Government Public Relations Department. September 17, 2016. Accessed January 15, 2017. http://thailand.prd.go.th/1700/ewt/thailand/ewt_news.php?nid=3807&filename=exchangeRadio.



The Child Rights International Network (CRIN) addresses this issue, stating the following:

” *International conventions including the Convention on the Rights of the Child (CRC) do not have direct effect in Thai law, and the rights contained therein must be incorporated into national law to be enforceable. The CRC (as a whole) has not been directly incorporated as such, meaning that its provisions can only be directly invoked by domestic courts and local agencies where they have been enacted in national laws. The Juvenile and Family Courts can use the Convention in interpreting domestic laws, but where there is a contradiction between national law and the CRC, national law will prevail.*⁴⁴

In short, this statement indicates that the national policies and laws concerning child protection are in need of special attention and, likely, reform.

While there are fairly well constructed child protection laws and policies in place (i.e. the Child Protection Act of 2003, The Children and Youth Development Act of 2007, etc.), the general lack of implementation seems to undermine Thailand's attention to child rights promotion.⁴⁵ This is not to say that there has been a lack of progress in the Thai legal system. The vast majority of policy development in regards to child protection has taken place over the last 15 years, which indicates that the Thai government has (at least to some degree) prioritized the need to strengthen the legal framework. Nevertheless, the fragmentation of newly developed policies, laws, and committees requires attention, as it is beginning to pose a hindrance to implementation.⁴⁶

⁴³ “The Convention on the Rights of the Child (CRC).” UNICEF Thailand. Accessed January 15, 2017. https://www.unicef.org/thailand/overview_4010.html.

Based on the information provided by this webpage, the publication date must be 2012 or later. However, there is no publication date provided by the website.

⁴⁴ “Thailand: National Laws.” CRIN. March 20, 2012. Accessed January 15, 2017. <https://www.crin.org/en/library/publications/thailand-national-laws>.

⁴⁵ “The Convention on the Rights of the Child (CRC).” UNICEF Thailand. Accessed January 15, 2017. https://www.unicef.org/thailand/overview_4010.html.

Based on the information provided by this webpage, the publication date must be 2012 or later. However, there is no publication date provided by the website.

⁴⁶ Review of Alternative Care in Thailand. Report. UNICEF, 2015. 12. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

child protection

UNICEF Thailand has been laying down the foundations of child protection structures and mechanisms to build the capacity of families, communities and the government to care for vulnerable children. In 2001, UNICEF began piloting a Thai Child Protection System model in four regions. It was extended to another 40 sub-districts by 2017, acting as a monitoring and reporting apparatus for children who are at risk or become victims of violence, abuse, exploitation and neglect. During the course of implementation, some issues such as the lack of awareness on child protection (and at some level denial), inconsistent line of reporting, and decision making without the best interest of the child began to manifest. These were further aggravated by the limited access to services and the non-existence multi-sectoral coordination between the Provincial Child Protection Committee and Provincial Office of Social Development & Human Security (provincial sub-office of MSDHS) at various administrative levels (i.e. district, sub-districts, villages etc.) in providing assistance to the victims.

Since then, UNICEF is working together DSDW on a 5 year system-building programme to develop the protocols for referral and collaboration at provincial level which would then transcend to strengthening the linkages between provincial and sub-districts level. Ultimately delegating the role and/or duty in addressing child protection issues to local authorities. The programme will be extended to cover 8,000 more sub-

districts. UNICEF and the DYC alongside provincial representatives are also forming multi-disciplinary teams (MDT) at the One Stop Crisis Centres over the next span of 10 years as the first response team to provide immediate assistance to the families and children.

Migrant children

Thailand has experienced a significant amount of economic growth in recent years. This increase in economic stability has positive impact on many Thai people's lives, but it is important to recognize that poverty is not altogether eradicated throughout the country. As pointed out by Holt International, immigrants, refugees, and minorities have not been included in the country's economic prosperity. Without the economic means to raise a child, and with limited access to social welfare, some families may feel pressured to abandon and/or institutionalize their child (ren) in order to ensure that the child's basic needs are met.

In some circumstances, the children are picked up on the streets by the local government authorities i.e. Department of Anti-Trafficking or DSDW and put into one of the government 'shelters'. There have been past report on allegations of abuse in the institutions. Friends-International works to support marginalize migrant children and community and have been conducting training on child protection system/policy within these institutional centres. Sebastien Le Mouellic, Head of Partnership & Technical Support

approximated that there are 800 children mainly from Cambodia who cross over Thailand on a yearly basis (with at least one accompanying parent).

Stateless children

Families living illegally in Thailand may also be forced to relinquish their child due to registration complications. A survey conducted in 2012 found that approximately 79.2% of children born into non-Thai households were not registered at birth. Although birth registration is a common practice that is legally required under the Civil Registration Act, registering a child is not a simple or feasible process for those who are not legally residing in Thailand. This legal dynamic can cause parents to feel that they have no choice but to give up their child in order to meet their child's needs. However, abandoning an unregistered child, even in the care of an institution or an organization can also potentially be extremely dangerous. Unregistered children are particularly vulnerable to abuse and trafficking, which is more than partially due to the fact that their legal status in the country prevents them from being able to notify government authorities of their position.

⁴⁷ “Thailand: The Need.” Holt International Children's Services. 2017. Accessed January 15, 2017. <http://www.holtinternational.org/about/thailand.shtml>.

⁴⁸ “Child Protection.” UNICEF Thailand. Accessed January 15, 2017. https://www.unicef.org/thailand/protection_14929.html.

Statistics from a 2012 survey are cited by the webpage, but the exact date of publication is not provided by UNICEF.

⁴⁹ “The work of CCD.” 4life Thailand. Accessed January 15, 2017. <http://4lifethailand.org/ccd/>.

Date of publication not included on the website.

⁵⁰ “Thailand: The Need.” Holt International Children's Services. 2017. Accessed January 15, 2017. <http://www.holtinternational.org/about/thailand.shtml>.

Child abandonment

Multiple sources state that certain cultural stigmas have played a role in child abandonment. For example 4Life, in association with the Christian Care Foundation for Children with Disabilities (CCD), claims that some children with disabilities are abandoned due to religious beliefs and social stigmas surrounding disability. Holt International's work in Thailand also yielded some evidence as to the presence of social stigmas against unwed mothers. Through their work with child protection, the organization found that it is not uncommon for child and/or infant abandonment to stem of the stigma against unwed mothers.

Sex trafficking & HIV/AIDS

Sex trafficking and the relatively high prevalence of HIV/AIDS are another two, often interrelated, considerable child protection issues in Thailand. A 2014 UNICEF report on HIV/AIDS in Thailand shows that over 70% of all sexually transmitted infections occur in the 15-25 age group. Children and young adults with HIV/AIDS may have no idea that they are ill, as Thai law forbids children under the age of 18 from giving consent for HIV testing. Additionally, soliciting sex is illegal in Thailand, which means that children and young adults who have been forced into the sex trade often feel that they cannot seek out help from legal authorities. By law, children under the age of 18 can still be sent to a juvenile detention centre for engaging in illegal activities.⁵¹

HOTLINE

A 24 hour hotline service also known as the *Prachabodi* Centre located in Bangkok was set up by MSDHS. It operates to receive complaints from the public then coordinate with the organizations/units concerned, namely the DSDW the Provincial Office of Social Development and Human Security in other provinces. Thou once again, it is marred by disjointed collaboration within local governing units. Also, it takes in calls for all social issues, varying from child protection, elderly abuse, domestic violence, financial assistance etc. It was also noted that many Thai would typically approach the police to report on a child abuse incident and get immediate gratification with the authorities taking immediate action on the matter. Thou recent attempts have been made to provide children (themselves) in vulnerable situations with access to abuse report mechanisms. One of the largest operating child abuse hotlines in Thailand is ThaiHotline, an organization that works to reduce child pornography on the internet, and functions primarily as an internet hotline where victims of abuse can file a report.

Another reporting service is provided by the ChildLine Thailand Foundation (CTF), the sole operator of the 24 hour "SaiDek 1387" hotline. ChildLine's services are provided exclusively for children under the age of 18, and the foundation ensures that their reporting mechanism is not associated with any government agencies.⁵² Ilya Ilya Smirnoff Executive Director for CTF started the call centre 10 years ago to necessitate a separate channel for children to feel safe and had the freedom to ask difficult questions. There are 7 trained staff of which 5 have social work qualifications to attend to calls. CTF receives an average of 500 genuine calls annually; after initial assessment, staff takes on the cases accordingly to their expertise and have a weekly agency case conference. At the same time, CTF operates a youth centre known as the HUB since 2012. It opens between 9am-6pm and 9pm-6am in reaching out to street children around Pomprab District i.e. old railway station known to be one of the toughest districts in Bangkok. Notwithstanding challenges, CTF is herald to successfully engage the most marginalized children and take on some of the complex case management of child protection in Bangkok.

workforce for care

4.1 Who/ which agencies are offering social work qualifications?

Training and educational programmes for social work have been in place in Thailand since the 1940s, following the development of the Department of Public Welfare. In 1954, Thammasat University founded a social work degree programme for the purpose of meeting the Department of Public Welfare's needs. As the sector became more developed, a social work curriculum was designed by the Thai Association of Social Work and Social Welfare Education (TASWE) in order to standardize the practice. The curriculum was approved and accredited by two government units, namely the Commission on Higher Education and the Ministry of Education. To complete the programme, the curriculum also required legal recognition from the Office of Civil Service Commission.

A majority of the institutions providing social work qualifications are universities. In recent years, The National Council for the Schools of Social Work in Thailand was established under TASWE, marking a significant development in the social work sector. The list of universities offering social work training and education (at both undergraduate and graduate levels) includes:⁵³

1. The Faculty of Social Administration, Thammasat University
2. The Faculty of Social Work and Social Welfare, Hua Chiew Chalermprakiat University
3. The Faculty of Liberal Arts, Krirk University
4. The Faculty of Social Science, Mahachulalongkorn Rajwittayalai University (Buddhist University)
5. The Faculty of Humanities and Social Science, Prince of Songkhla University
6. Mahamakut Buddhist University

Only Thammasat and Hua Chiew Chalermprakiat University offer both master and doctoral programmes in the whole of Thailand. The student enrolment for both universities were cited to be nearly 500 per academic year.

4.2 Is there an association/accreditation body for the social workers?

In 1958 the Social Workers Association of Thailand (SWAT) was established, and from that point on SWAT has acted as the primary association for social workers in Thailand. However, SWAT is not a particularly well respected unit, as it tends to remain relatively uninformed in the social work issues that arise in Thailand. Despite the fact that it is a legitimate association that is regularly governed by members of the Ministry of Social Development and Human Security (MSDHS), only 10% of the 1,170 SWAT members hold a degree in social work. The decline of SWAT has been more prominent in recent years, which is largely due to the association's lack of funding.⁵⁴

More recently, the Association of Thai Medical Social Worker and the Association of Psychiatric Social Worker were established as the guideline bodies for the social workers in these specific areas of practice. Regardless of different scope of work, all social workers are to adhere to the Social Work Profession Act 2012.

⁵¹ Brown, Andy. "Protecting children exploited for sex, in Thailand – and Asia-Pacific." UNICEF. February 24, 2015. Accessed January 15, 2017. https://www.unicef.org/infobycountry/Thailand_80732.html.

⁵² "Helping children 24/7." ChildLine Thailand. 2014. Accessed January 15, 2017. <http://www.childlinethailand.org/>.

⁵³ Check it out! APASWE. APASWE, 2012.

<http://www.apaswe.com/images/Download/cion014.pdf>

⁵⁴ "Social Work Licence and Professional Association." AcademLib. Accessed January 12, 2017. http://academlib.com/2157/sociology/social_work_licence_professional_association.

The exact date of publication is not specified. The web page is copyrighted from 2014-2017.



4.3. How is the social work profession perceived in the country?

Social work takes many forms in Thailand, and more often than not it is carried out in an unofficial manner. In some regards, the philosophy and ethics embedded in philanthropy are so deeply ingrained in Thai culture that social work is perceived more as every person's duty to society than as a profession. Some scholars attributed this attitude towards social work to the Buddhist values surrounding care/sharing for or with others. Being that over 90% of the Thai population is Buddhist, a culture of religious philanthropy may indeed contribute to the general attitude towards social work in Thailand.

Inescapably, social work as a profession is seen as somewhat irrelevant to the structure of Thai society and communities, as the values of generosity and care in social work already exist outside of the social work practice.⁵⁵

However, other sources have noted that the economic shifts in Thailand between the years of 1977 and 1997 have significantly influenced the presence of NGOs and CSOs. Prior to experiencing rapid economic growth, the number of NGOs and CSOs in Thailand were scant. It was only after the country underwent a drastic economic change that the presence of the third sector became extremely strong. Over the course of a couple decades, thousands of local NGOs were established.⁵⁶ Still, the exact number of NGOs in Thailand remains unknown due to the fact that there is no mandatory centralized registration system.⁵⁷

Professor Apinya Wechayachai, President of Social Work Professions Council concurred that social work is not seen as a popular profession by the Thai society. She shared that only 40% of students who graduated with social work qualifications remain in the sector while others seek various career paths which likely offer better pay package and benefits. The average salary of recently graduated social worker in Thailand is 15,000 Baht (USD450) and with not much recognition nor priority given for professional development in areas of practice.

alternative care

The Child Protection Act (2003) contains a list of legal definitions pertaining to child care and child protection, however, a formal definition for alternative care of children is not included. Therefore, the most pertinent available definition is provided by UNICEF's Review of Alternative Care in Thailand (2015), which offers a summarization of the definition of alternative care of children as dictated by the UN Guidelines (2010):

” *Alternative care is when children are cared for by institutions or individuals other than their biological parents – this can include care by facilities such as orphanages or shelters, or by family systems such as foster families or wider kinship networks (for example, the child's grandparents). Alternative care may take the form of:*

Informal care:

any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body;

Formal care:

all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.”⁵⁸

⁵⁵ "Social Work Licence and Professional Association." AcademLib. Accessed January 12, 2017. http://academlib.com/2157/sociology/social_work_licence_professional_association. The exact date of publication is not specified. The web page is copyrighted from 2014-2017.

⁵⁶ Civil Society Briefs: Thailand. Issue brief. Asian Development Bank, 2011. 1. Accessed January 11, 2017. <https://www.adb.org/sites/default/files/publication/29149/csb-tha.pdf>.

⁵⁷ Ibid. 2.

⁵⁸ Review of Alternative Care in Thailand. Report. UNICEF, 2015. xxi. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

As listed in the Child Protection Act (2003),

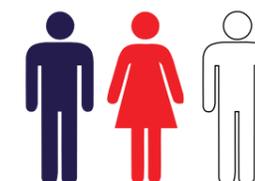
Terms	Definition
Child	A person below 18 years of age, but does not include those who have attained majority through marriage.
Child in Difficult circumstances	A child staying with an impoverished family or abandoned by his or her parents or whose parents are divorced, imprisoned or separated causing difficulties to such child; or a child who has to shoulder familial responsibilities beyond his or her age, ability and intellect; or a child who cannot help him or herself.
Children Warranting Welfare Assistance	<ol style="list-style-type: none"> 1. Street children or orphans 2. Abandoned or lost children 3. Children whose guardians are unable to care for them for whatever reasons, for example, being imprisoned, detained, disabled, chronically ill, impoverished, juvenile, divorced, deserted, mentally ill or neurotic 4. Children whose guardians have inappropriate behaviours or occupations, which might affect the physical or mental development of the children under their guardianship 5. Children who have been unlawfully brought up, exploited, abused, or subjected to any other conditions which are likely to cause them to behave in an immoral manner or suffer physical or mental harm 6. Disabled children 7. Children in difficult circumstances 8. Children in situations warranting welfare assistance as stipulated in the ministerial regulations
Children Warranting Safety Protection	<ol style="list-style-type: none"> 1. Tortured children 2. Children vulnerable to wrongdoing 3. Children in the state necessitating safety protection in accordance with the ministerial regulations.
Disabled Child	A child who suffers some form of defect, physically, mentally or intellectually, regardless of whether such defect occurred at birth or thereafter.
Development & Rehabilitation Centre	A place, school, institution or centre established for the purpose of treatment and rehabilitation of the physical and mental conditions of a child who is in need of special welfare assistance or protection, as well as providing such child with education, guidance and occupational training.
Foster Family	A person who takes on and cares for a child as his or her offspring. "Unlawful care" means failure to care for, nurture or develop a child in accordance with the minimum standards as stipulated in ministerial regulations, to such an extent that it appears likely to be harmful to the child's physical and mental well-being.
Guardians	Parents, persons providing care, adopter and guardians according to the Civil and Commercial Code, including step parents, guardian of a child's safety, employer, as well as any other person providing care or shelter to a child.
Nursery	A place which provides care for at least six children not over six years of age who are not related by kinship to the owner or operator of such nursery, not including health care facilities or schools, whether public or private.
Observation Centre	The Central Observation and Protection Center for children and juveniles with jurisdiction over Bangkok Metropolis, Provincial Observation and Protection Centres, and Observation and Protection Centres under the Juvenile and Family Division of Provincial Courts, established under the Act Instituting the Juvenile and Family Courts and the Juvenile and Family Procedures of 1991.
Orphan	A child whose father or mother has died, or who has no evidence of parents or whose parents cannot be traced.
Parents	Biological father and mother of a child, regardless of whether they are married or not.
Remand Home	A place where a child is temporarily sheltered and cared for with the intention of tracing and observing the child and his or her family so as to develop guidelines for appropriate provisions of assistance and safety protection to each individual child.
Safety Protection Centre	A place, which provides education, discipline and occupational training to a child who is in need of protection in order to correct his or her behaviour, and provide treatment and rehabilitation for the child's physical and mental conditions.
Welfare Centre	A place which provides care and development for over six children in need of assistance.

Statistics of children in alternative care



Total number of children in alternative care (total)

Data unavailable



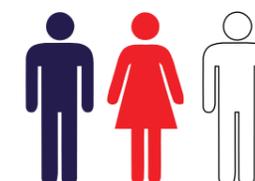
Total number of children in residential / institutional care

50,000



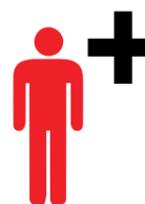
Legal age of leaving care

24 years old



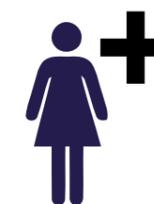
Total number of children in family-based care - kinship care / foster care

Data unavailable



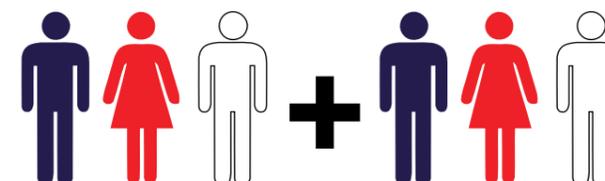
Total number of boys in care

Data unavailable



Total number of girls in care

Data unavailable



Total number of children adopted

Based on HCCH Annual Statistics for 2011-2013 available to date, 2303 children placed on domestic adoption while 344 placed out for inter-country adoption.



structure of care for children & young persons with disabilities

The government unit assigned with the task of managing matters pertaining to persons with disabilities is the Department of Empowerment of Persons with Disabilities or DEP (often referred to as the National Office of Empowerment of Persons with Disabilities, or NEP). The DEP/NEP operates under the umbrella of the MSDHS, and it is headed by the Director-General, Mr. Somchai Charoen-umnuaisuke. Although the department is broken down into a number of divisions that deal with specific issues (i.e. the Rights Promotion Division, or the Strategies and Plans Division), there is seemingly no division that is solely devoted to assisting children with disabilities.

The responsibilities of the DEP/NEP include:

- coordination with government agencies, particularly in the process of formulating policies and strategies for the empowerment of persons with disabilities
- data collection on persons with disabilities
- development of monitoring mechanisms for persons with disabilities
- providing disabled persons organizations (DPOs) with financial support
- facilitating collaboration and coordination between DPOs and the government
- ensuring that persons with disabilities have access to the services/facilities established to meet their individual needs⁵⁹

However, Better Care Network's recent Country Care Review of Thailand highlighted concerns about discrimination and stigma against children with disabilities, which results in reluctance by some parents of children with disabilities to register with the department. While those parents and children who have come forward to seek assistance are left to deal with untrained and uncoordinated entities in advocating for their child's rights. DEP/NEP is also designated to provide DPOs with financial support though it is not uncommon for DPOs to allude to the minimal amount of assistance they received.

Unsurprisingly, many of the NGOs which work in care provision for children with disabilities are almost entirely funded by private donations. Camillian Home, a registered NGO providing residential and communal care to over 70 children with disabilities (including HIV/AIDS), clearly make known the lack of government funding⁶¹ on their website. Though it is possible that this was done as a scheme to receive larger personal donations, as multiple organizations have used their websites as a platform to draw attention to the need for funding. Contrastingly, the 2015 UNICEF Review of Alternative Care in Thailand claims that there are assistance packages being given out to children affected by AIDS/HIV (CABA) in the South. The Provincial Social Development and Human Security office (PSDHS) and the Provincial Public Health Office are the units in charge of distributing/determining the recipients of the packages. This is one of the only examples of good practice, particularly in terms of preventative mechanisms.⁶²

It should also be noted that a fair number of the DPOs operating in Thailand are run by religious groups and/or charities. Often times the organization refrains from imposing religious beliefs on the children, as a child's access to care should not be dependent on their religious background(s). This attitude towards Christian-based care remains true in the case of the Christian Care Foundation for Children with Disabilities (CCD), which is one of the largest foundations for children with disabilities in Thailand. The CCD strives to keep children with disabilities from entering government run orphanages, as such institutions can have over 2000 children and young adults to care for at any given time, thus rendering the institution incapable of meeting the needs of a child with disabilities. In order to provide children with disabilities with care that is specific to their needs, the CCD has established day care centres, community-based rehabilitation services, and a residential care facility. It is estimated that there are currently over 500 children in the care of CCD, only 30 of which are in the Rainbow House (the CCD's residential care option).⁶³

⁵⁹ "Organizational Structure." Department of Empowerment of Persons with Disabilities. December 18, 2015. Accessed January 12, 2017. <http://dep.go.th/en/organization-structure>.

⁶⁰ "Roles and Responsibilities." Department of Empowerment of Persons with Disabilities. September 30, 2014. Accessed January 12, 2017. <http://dep.go.th/en/role-and-responsibility>.

⁶¹ "What We Do." Camillian Home. Accessed January 13, 2017. <http://www.camillianhomelatkrabang.org/what-we-do/>. Publication is copyrighted from 2013 to 2014.

⁶² Review of Alternative Care in Thailand. Report. UNICEF, 2015. xvii. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

⁶³ "The work of CCD." 4life Thailand. Accessed January 12, 2017. <http://4lifethailand.org/ccd/>. Date of publication not included on the website.

family based care

6.1 What is the definition of family-based care? How is it defined? Is there emphasis/priority given to it?

A concrete definition of family based care has not been provided by the MSDHS, or any other government organization/unit concerned with alternative care for children. Rather, the structure and definition of family based care is explained by the various NGOs/NPOs/CSOs that offer family based care services. In most cases, family-based care services are depicted by care providers as programmes that offer financial support, educational support, health care, vocational training and employment assistance, as well as other various forms of assistance that can help to keep families from feeling that institutional care is their only option. Examples of this definition of family-based care include programmes orchestrated by Orphan's Promise,⁶⁴ One Sky Foundation,⁶⁵ and Care for Children,⁶⁶ and countless other organizations.

However, there is a trend of calling residential care arrangements for abandoned and orphaned children "family care." In these arrangements, there are generally 5-10+ children living with a married Thai couple, who are often referred to as "parents." Some organizations simply refer to this

form of residential care as family care, without highlighting the fundamental differences between residential care placement and family strengthening programmes. Examples of organizations advertising this form of residential and/or institutional "family care" include, but are not limited to, Baan Gerda⁶⁷ and SOS Children's Villages Thailand⁶⁸ (note: there are over 700 children in this programme).

6.2 Is there a need for family based service? Justify answer; what indicators suggest this?

The primary need for more family based service programmes stems from the disproportionate number of child care institutions in Thailand. Without exposure to family based care alternatives, some Thai families in difficult economic positions may be led to believe that institutionalization is their child's only opportunity to receive an education, and/or the family's only way to relieve themselves of the economic responsibilities that come with having a child.⁶⁹ Many children in Thai orphanages still have one or two living parents.⁷⁰ This indicates that Thai orphanages are generally not housing orphans, but children who come from families that were not provided with welfare support sufficient enough to keep the family

together. In fact, abandonment and poverty were listed as the two major contributing factors to children being placed in residential care in 2015.⁷¹

The same statistical report shows that orphan hood only accounts for 6% of the children placed in residential care facilities. Sources often refer to the reliance on institutional and residential placement as a reactive response, meaning that problem solving is taking place on a surface level, rather than addressing the deeper societal causes that lead to the need for alternative care.⁷² With these factors in mind, there is a need not only for family based care initiatives, but also for a more comprehensive study on the factors (or rather the missing components of social service provisions within the community) that cause families to seek out institutional care options.

6.3 Is there poor practice or short-fall of service? are standards very high; is the sector strong? if there is a need; then why? – Short-falls come from; Govt/Private/NGO?

One of the major downfalls of the sector is that institutionalization is often not treated as a last resort.⁷³ In this sense, there is a discordance between the UNCRC and the current legal framework surrounding the utilization of institutional care in Thailand (Child Act 2003). The lenience of the legal framework towards institutional care negatively impacts the role of family based care services in Thailand. Moreover, long term institutionalization is both permitted and encouraged by the Child Act of 2003, as it declares that residents of child care institutions are allowed to remain in care until the age of 24. UNICEF provides a further analysis of the effects of relying on institutional care, stating:

“ These legal and policy weaknesses reinforce socio-cultural perceptions of residential care and long-term institutionalisation as a necessary and often only option to provide care for children in need of alternative care, especially children living with or affected by HIV/AIDS (CABA) and children with special needs.”⁷⁴

In order to strengthen the sector, family-based and community-based care must be legally and professionally advocated for. The prioritization of residential and institutional care standards also points to a flaw in the government's attitude towards alternative care for children. By assigning priority to the development of institutional and residential care standards, the government inadvertently undermines the greater issue at hand - keeping children within their families. While the need to strengthen institutional care standards may be entirely legitimate, the deeper need for family-based care services is eclipsed by the incentive to advance the sector through institutional development.⁷⁵

Additionally, a majority of the resources that should be going towards funding all forms of alternative care for children, are allocated to residential facilities. This is evidenced by the formal kinship care sector, which is capped to assist a maximum of only 5,000 children at once. The lack of a sustainable kinship care programmes is especially significant when the foster caring situation in Thailand is taken into consideration. Despite the limitations of the sector, kinship care remains to be a more popular form of family-based care, mainly because foster care is a stigmatized practice in Thailand. With a cultural bias against caring for those who are not of familial relation, there are very few foster programmes in operation.⁷⁶

NOTE:

In Buddhist culture, it is believed that the bad karma of the orphaned, neglected or abandoned child will be passed on to the next caregiver. Hence, many are hesitate to come forward to be foster parents or adopters.

Other notable issues within the care sector also point to a failure on the part of the government, particularly in terms of approach and implementation. Despite the various terms given to different types of residential care as stipulated in the Child Protection Act (2003), residential/institutional care and orphanages are interchangeably use. Thus negating the relevance in specifying explicit admission requirements and execution of different reintegration/rehabilitation programmes to meet the needs of the child (ren) in the child care facilities.

Furthermore, the social workers placed in the Reception Homes for Children and Families in the provinces are not well-trained nor skill to conduct an assessment in determining the needs of the child upon referral at the centre. More than often, instead of formulating a care plan within the 7 days (Child Protection Act Article 42) i.e. reviewing risk and protective factors, with grace period of 90 days to work towards either facilitating the reintegration of the child back to family and/or exploring a social intervention plan i.e. referring to relevant agencies for assistance - the children are opportunely send to either remand home, welfare centre, safety protection centre or development and rehabilitation centre citing reason for their own "safety protection".

The lack of accountability amongst government organizations and units assigned to manage the alternative care system presents another serious

⁶⁴ "Keeping Families Together." Orphan's Promise. Accessed January 13, 2017. <http://www.orphanpromise.org/keeping-families-together/>. Copyright/publication date extends from 1997 to 2016.

⁶⁵ "Our Work." One Sky Foundation. Accessed January 13, 2017. <http://www.oneskyfoundation.org/overview>.

⁶⁶ "Who We Are." Family First In Asia. Accessed January 13, 2017. <http://www.careforchildren.com/who-we-are>.

⁶⁷ "Family care for HIV & AIDS orphans in Thailand." Baan Gerda. 2007. Accessed January 13, 2017. <http://www.baangerda.org/en/families.html>.

⁶⁸ "About SOS Children's Villages Thailand." SOS Children's Villages. Accessed January 13, 2017. <http://www.sosthailand.org/about-us/sos-thailand-in-english/about-us-in-english>.

⁶⁹ "Thai Orphans Benefiting from Family-Based Care." Christian Broadcasting Network. January 08, 2013. Accessed January 13, 2017. <http://www.cbn.com/cbnnews/world/2013/january/thai-orphans-benefiting-from-family-based-care/?mobile=false>.

⁷⁰ "Thai Children in Need of Families." Thai Embassy. 2015. Accessed January 13, 2017. <http://www.thaiembassy.com/thailand/thailand-adoption-procedure.php>.

⁷¹ Review of Alternative Care in Thailand. Report. UNICEF, 2015. 7. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

⁷² Ibid. 8.

⁷³ "Thai Orphans Benefiting from Family-Based Care." Christian Broadcasting Network. January 08, 2013. Accessed January 13, 2017. <http://www.cbn.com/cbnnews/world/2013/january/thai-orphans-benefiting-from-family-based-care/?mobile=false>.

⁷⁴ Review of Alternative Care in Thailand. Report. UNICEF, 2015. xiv. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

⁷⁵ Ibid. xiv.

⁷⁶ Ibid. xv.

problem. In particular, the structure of the private sector allows for unregistered NGOs to operate without government monitoring or intervention despite conditions instructed in Chapter 6, Child Protection Act (2003). On the other hand, organizations that have been properly registered are treated similarly, with very little government oversight. Because there is insufficient guidance on the part of the government, organizations tend to develop their own sets of standards and policies. As the private sector accounts for such a large percentage of care provision in Thailand, this is indeed a pressing issue that affects not only institutional care, but also family and community based programmes that are run by private organizations.⁷⁷

Thou a more glaring testimony of the government lack of commitment in supporting re-integration of the children back with their families, is its recent decision to stop handing out the 2000 Baht (USD60) assistance to families whom were ready to take their children home early 2017. Once an incentive which encouraged struggling families to bring their child home with the additional fund, could now be the very justification for allowing the child to remain in care.

6.4 If there is a need; then is this politically and professionally acknowledged? Or is the need resented and concealed?

It is difficult to accurately assess the government's stance on improving family-based care programmes in Thailand. Most of the trusted information regarding the government's attitude towards care provision comes from organizations that work with the MSDHS, as it is the only available evidence of government policy implementation. With this in mind, perhaps the most relevant developments in the sector have been a result of Care for Children (CfC)'s partnership with the MSDHS. This partnership resulted in a pilot project, which was approved in 2012. Presumably the initial contact and coordination between MSDHS and CfC went well, CfC signed a three-year contract with the Department of Children and Youth in 2015. Under the supervision of CfC and the Department of Children and Youth, the National Foster Care Project was developed and launched.

Ironically, there are already existing local private organizations i.e. Holt Sahathai Foundation whom have been pioneering foster care provisions in the country for more than four decades alongside with other child care agencies. Including one of the 23 government children's homes/welfare centres, Vienping Children's Home (VCH) which is also listed as CfC project site have been placing children under their care with community foster families since 1999. They highlighted their foster care programme is different from what is offered by the MSDHS-CfC service provision, catering to younger children. Unlike the latter which provide foster care placement for older boys residing in one of their building wings.

According to CfC's website, the National Foster Care Project is scheduled to consist of 20 project sites i.e. government run orphanages. The most recent update, CfC's has conducted training workshop in 15 Child Welfare Homes out of the proposed 20. Indeed, the National Foster Care Project could be taken as a significant step in the direction of family-based care from the Thai government. CfC has turned foster caring into a trend of sorts. This is evidenced by the sudden push for foster care services, which directly followed CfC's presentation at the New Life Centre Foundation in Chiang Mai. A wide range of care providers attended the meeting, and the presentation was well received to the extent that

” *The Royal Thai Government has moved foster care into the national spotlight like never before....*

Nonetheless, the effectiveness of this approach is still in question, as the project is yet to be completed, and the results are currently undetermined.

6.5 What model(s) of family based care is used? Family preservation / strengthening i.e. preventing admission into institutional care

Thailand is also home to numerous organizations that specialize in family strengthening programmes. And it appears that the main actors in the sector are NGOs and private organizations. For example, the alliance formed between Holt International and the Holt Sahathai Foundation (HSF), sometimes referred to as the United Hearts Foundation, plays a significant role in family based care provision in Thailand. HSF has been providing support to families in need since 1976. The HSF support programmes include services such as counselling, educational sponsorship, vocational training, and financial assistance. With a strong emphasis on the importance of family strengthening efforts, HSF offers an alternative to institutional care for children.

To assist unwed mothers, HSF provides temporary shelter to reach a point of stability that is conducive to a healthy home environment. The programme for mothers includes a range of counselling and medical care services (including postnatal care), with specialized programmes made available to mothers who are affected by HIV/AIDS. An estimated 98% of mothers who seek aid through HSF's programme ultimately decide to keep their babies.⁷⁸ If the child is unable to be reunited with their family, HSF offers adoption placement programmes for the remaining of the children. Of which 2/3 of the children are adopted by local Thai families. The programme had assisted 9,190 thus far.

One Sky Foundation is another example of family based care provision in Thailand. The premise of their alternative care project is the need to “keep families together.” In order to prevent family separation, One Sky tends to rely on temporary kinship care rather than temporary institutional or residential placement. One Sky's family strengthening programmes consist of nutritional support, welfare support, health care, educational support/ sponsorship, counselling services, translation services (particularly for school enrolment and health consultations), and job/income opportunities. It should be noted that One Sky's income generation project, a broom making business, is a new endeavour.

Despite a small team of less than 10 local staff, One Sky has demonstrated its capacity of handling a fairly large number of cases at any given time. In 2015 alone, One Sky worked with a total of 124 family support cases, ultimately assisting 259 children and 157 adults. Andy Lillicrap, the only international staff and Adviser related that most parents had left the children in institutions as they could not afford to pay the schooling expenses of the children. The average cost of putting a child in high school amounts to 1200 Baht (USD35) per month covering transportation, meal allowance etc. Again, affirming the main reason for institutional care is due to provide an opportunity for the children to attend school.

Additionally, in 2014 One Sky's child protection programme removed 9 children from situations of sexual abuse, neglect, and torture. More significant recent feat was One Sky's involvement in helping to unite 30 children whom were abused in one of the 18 illegal children's homes in Sangkhlaburi. The Home was used as a 'prop' by a UK volunteering agency which brought roughly 1,000 volunteers every year to perform community service by spending a week with the children. The abuses were brought to light by a volunteer who spoke the common language and reported to the central authority in Bangkok. One Sky stepped in to assist in tracing the families of the children, including some belonging to the minorities group from Myanmar. To date, there are 11 children who are still in the care of trusted caregiver while the families are supported to eventually take their children home.

All of the aforementioned programmes are made possible through personal donations to the One Sky Foundation, as well as financial support from other organizations (including: Children at Risk in Asia, World Childhood Foundation, The Little Feet Fund, Harrow International School, 3L Foundation, British Women's Group, and Schaufhausen). One Sky Director, Wiwat Thanapanya, also sits in the Child Protection Committee and have been relentless in getting the cooperation of the local governance to advocate for family strengthening initiatives and put in place gate-keeping measures in the district.

⁷⁷ Ibid. xiv.

⁷⁸ "Holt International Children's Services "Holt International 2017. Accessed January 10, 2017. <http://www.holtinternational.org/about/thailand.shtml>.



Siam-Care Foundation (SCF) is another noteworthy organization which rallies round HIV infected families who lack the financial means to seek medical help. SCF sponsors more than 300 families with milk powder, education fees, counselling and guidance on proper care of the child as well as medication intake. The foundation emphasizes these HIV-infected mothers to feed the babies with formula milk instead of breastfeeding, to prevent passing on the virus to their children and making sure those children who were infected continue to have a steady supply of antiretroviral drugs for the crucial 2 years after diagnosis. Run by local staff whom themselves were once infected, Siam Care offers a unique personalized care for the families and children struggling with the condition. The team goes out of their way to connect the mothers to community hospitals and maintain regular contact in monitoring the family situation where alternative care option for the children is also explore at terminal stages.

Family assistance i.e. family tracing / reintegration / reunification etc

There is a relatively limited amount of information regarding family reintegration, reunification, and family tracing programs/services in Thailand. Most information on the provision of family assistance programmes is located on NGO websites. The high number of faith-based care providers offering reunification programmes may suggest that the reunification is often carried

out by self-funded private organizations and NGOs, rather than government run organizations. While there are likely several examples of family assistance services that operate outside of the faith-based care sector, very few of them have an internet presence, and thus not included in the report. Additionally, some of the faith-based organizations have what appear to be blogs, rather than websites, making the available information appear to be somewhat untrustworthy.

One example of a non-faith-based family reunification model in Thailand is offered by The Thai Red Cross Society (in association with the ICRC). The reunification programme, often referred to as Restoring Family Links or the Family Links Network, only offers assistance to those who have lost a family member due to natural or man-made disasters, armed conflict or violent circumstances, and migration. With these factors in mind, the programme is clearly not specifically designed for the purpose of reuniting children with their families, although it may be possible used for that purpose in some cases. Notably, in addition to their programme that operates within Thailand, the Family Links Network has a programme for locating family members outside of Thailand.⁷⁹ There is no available information on the programme's funding.

Kinship care

Kinship care is by far the most used form of alternative care for children in Thailand. Statistics shows that informal kinship care accounts for approximately 90% of all alternative care circumstances in Thailand. Formal kinship care is offered by the MSDHS as an alternative care option. However, the formalized kinship care arrangements are to be managed by the Child Adoption Centre (CAC). As the entity placed in charge of handling and distributing the kinship care budget, the CAC is a particularly important actor.

In the years 2014-2015, the CAC was provided with a government budget of 120 million Baht (USD3.6mil) to fund formalized kinship care. However, due to the structure of the care sector, government funding for formalized kinship care is split amongst the following units:

- i. the Bureau of Woman and Child Protection and Welfare (BWCPW)
- ii. the Foster Care Division
- iii. the Bureau of Community Welfare Protection
- iv. Provincial Shelters for Children and Families, v) Family Development Centres
- v. Provincial Social Development and Human Security Offices
- vi. Social Development Centres.⁸⁰

At the receiving end, families under the formal kinship care scheme receive a monthly allowance of 2000 Baht (USD60) per child, with a limit of 4000 Baht (USD120). Supplemental assistance may also be offered, depending on the circumstances, but the amount granted never exceeds 1000 Baht (USD30) per month.⁸¹

Restrictions placed on the size of the formal kinship care programme have systematically kept a large number of families from receiving government support for kinship caring situations. This issue was highlighted in a survey conducted by the National Statistics Office (NSO), which found that there were potentially over 400,000 children in need of government assistance. These children are not accounted for by the government because they do not fit in the formalized kinship care programme. This inevitably causes children and families to seek out residential or institutional care over family-based care options.⁸²

Government efforts to resolve this issue have proven to be short-term solutions, such as lowering the grant money for each child in order to include a larger number of children in the programme.⁸³ Other structural issues affecting formal kinship care provision include a lack of communication between government and non-government agencies, a lack of qualified social workers, insufficient monitoring mechanisms, insufficient guidelines and regulations, and a general lack of standardization. Although the Child Act of 2003 is the main legal framework for formal kinship care, the exact regulations governing the practice remain unclear to care providers.⁸⁴

Foster care

The structure of the foster care system in Thailand is somewhat complex, as there are multiple official programmes operating at once. The main form of foster care run by the Thai government is called the Foster Care Programme was officially established in 1999. It is overseen by the Bureau of Woman and Child Protection and Welfare (BWCPW) operating under the Department of Social Development and Welfare or DSDW. Because the foster care system is broken into two categories, the government sector and the private/public sector, there is some variation in the agencies responsible for carrying out foster care services.⁸⁵

⁷⁹ "Restoring Family Links in Thailand." Restoring Family Links. Accessed January 14, 2017. <https://familylinks.icrc.org/en/Pages/Countries/Thailand.aspx>. Date of publication unavailable.

⁸⁰ Ibid. 33.

⁸¹ Ibid. 35.

⁸² Ibid. 36.

⁸³ Ibid. 35.

⁸⁴ Ibid. 40.

⁸⁵ Review of Alternative Care in Thailand. Report. UNICEF, 2015. 40. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.



While the government operated foster care facilities respond directly to the BWCPW, public/private run foster care services respond to the Self-help Land Settlement and the Social Service Center. If a child makes the transition between foster care and adoption, the Child Adoption Center (CAC) must also be involved in the process. Because foster care is considered to be a temporary arrangement, it is quite a common practice for the CAC to collaborate with the BWCPW.⁸⁶ Additionally, there is extensive collaboration between the BWCPW and government run residential homes, in order to transfer children from residential placement into a family-based care alternative. Foster families that go through the government foster care programme receive a monthly stipend of 2,000 baht (USD60), as well other items that are deemed necessary to providing for the child. Though, many argue that the foster carer provision provided here is basically kinship care assisting resettlement or relocation of homeless families.

Holt Sahathai Foundation (HSF) is known to be the forebear of foster care in Thailand. HSF is the first organization which implemented foster care in Thailand in 1976. HSF has been supporting other progressive residential care homes to develop a localised foster care placements for past 40 years. The Executive Director, Ms Jintana Nontapouraya whom is high regarded in the care sector shared that the service provision came about from a need to care for children with special/high medical needs whom were abandoned in hospitals. Due to the complications of their condition/s, the children constantly need of care and attention. HSF began door-to-door recruitment of foster families within the local community and provided them an allowance of 500 Baht (USD15) alongside supporting them with necessary supplies and covering medical expenses. Taking a more valiant approach in providing care to vulnerable children, Holt piloted a foster care initiative for HIV-positive children in 1990s when the when AIDS/HIV became an epidemic.

Ultimately, HSF's goal is to unite the orphaned, abandoned and vulnerable child with a loving family member remained. The foster care programme is a temporary arrangement for the struggling families. To date, HSF have placed 2,376 children in secured foster care placements. And currently there about 150 foster children living with 90 local Thai families; 80+ (below the age of 5years) while 60+ (above 5yr).

Generally, the foster care programmes are run by NGOs and some residential or institutional facilities.⁸⁷ There is currently no standardized monitoring system in place for foster care situations/placements. As there are a number of different programmes operating at once, standardization in the foster care sector is quite difficult to achieve. Reportedly, some organizations and/or programmes have long term monitoring mechanisms in place while others may only have one family assessment after the child has been placed in foster care. Concerns have been raised in regard to inconsistencies surrounding the funding of government operated foster care programmes. This issue is addressed in UNICEF's Review of Alternative Care in Thailand, which summarizes the issue at as such:

” ...government residential care facilities also sometimes received smaller amounts of funding from the Child Adoption Centre, as well as NGOs, to support foster families. In practice, the various funding sources and the absence of an integrated approach to management of foster care programmes have contributed to prevent consolidation of foster care as a significant component of alternative care.⁸⁸

⁸⁶ Ibid. 41.

⁸⁷ Ibid. 42.

⁸⁸ Ibid. 42.

In response, the Thai government body approached a UK-based fostering agency Care for Children (CfC) to develop and launch the 'National Foster Care Project' for 20 government run orphanages, over a three-year contract in 2015. CfC has since been working with the welfare homes on training the residential care workers to help the children integrate back into the community while converting the initial care facilities into either a community resource centres or a small residential units. CfC maintained that they work alongside with the local government staff in determining the type of foster carer needed at the vicinity. They shared in some cases the institutional care staff turn into foster carers. And the foster carers are given an allowance of 2000-4000 Baht (USD60-120) monthly for the care of the children.

In keeping with the developments, a Steering Committee has been set up to look into formulating the National Minimum Standards of Care for Foster Care. Thou very welcome move – it should not be a model of 'one size fit all' and the need for collaborative consult of the various actors in the sector whom each have created a specialized / specific care for different types of foster care.

Adoption

A formal definition of adoption is not included in the recent Child Adoption Act (2010). Thou it is governed by several laws, these include but are not limited to:

- Cabinet's Resolution on the Measure on preventing the sale of children (1977)
- Child Adoption Act B.E. 2522 (1979)
- Child Adoption Act B.E. 2533 (1990)
- Ministerial Regulation No.9 B.E. 2543 (2000)
- Child Adoption Act B.E. 2553 (2010)
- The Family Register Act B.E. 2478 (1935)
- Section 1598/ 27 of the Civil Code

Notwithstanding, the Thai adoption process is an administrative proceeding rather than judicial proceeding. The adoption process is overseen by the Child Adoption Board (CAB) of Thailand, with the aid of various government officials working under the Child Adoption Center (CAC), the Department of Child and Youth (DCY) Ministry of Social Development and Human Security (MSDHS).

It is stipulated in the Child Adoption Act (1979) that Child Welfare Organizations must apply for a licence from the Director-General in order to facilitate adoptions, or be involved in adoption processes to any degree. Additionally, all adoptions must be approved by the Child Adoption Board (CAB), including those adopting a child under care of DCY's orphanages.⁸⁹ Most information pertaining to adoption a Thai child does not differentiate between the intercountry adoption process and the

domestic adoption process. However, it is frequently stated that non-Thai prospective adoptive parents should go through a local adoption agency. This greatly affects the cost of adopting, as the average adoption agency charges a fee ranging between USD10,000-18,000.⁹⁰ Whist Holt Sahathai Foundation (HSF) one of 4 licensed adoption agencies gives an estimated cost at USD21,000 for intercountry adoption.

In order to adopt a child, adoptive parents must meet the list of family requirements. The first requirement is that adoptive parents are legally qualified to adopt in their home country. Adoptive parents must also be over the age of 25. Although marriage is not technically a requirement, it greatly increases the parent's chance of adopting in Thailand. However, the requirements do state that the marriage between a man and woman, and both partners must be at least 15 years older than the adoptive child.⁹¹ Contrastingly, Thai prospective adoptive parents are not required/expected to have a legally recognized partner or spouse.⁹² Single women looking to adopt in Thailand may only adopt children with special needs (sometimes older children are categorized as having special needs), and they must petition in order to do so. Single men are not considered to be appropriate adoptive parents. Couples and single parents are not permitted to adopt more than one Thai child, unless (in rare cases) the children are siblings.

In all cases, children must also meet a set of legal requirements for adoption. Most often the children who are adopted are being cared for at children's homes or orphanages. These children must be legally relinquished by both parents, or, if the child was abandoned, the DSDW must make an effort to contact the child's birth parents before the child is put up for adoption. Children must be between the ages of 1 and 15 in order to be adopted, although there have been some recent cases wherein families (non-U.S. only) were able to adopt a child before their 1st birthday. It is reportedly uncommon for children over the age of 10 to be approved for adoption by a non-Thai speaking family. Notably, Thailand has had a practice of placing quotas on the number of children that each country can adopt. Thou, these quotas do not apply to children with special needs hence allowing the children a chance to live in a care of a family where their individual needs are more likely to be met in comparison to living in residential care set-up.

NOTE

According to the Thai Central Authority, children with special needs are those who are aged more than 4 years, who have a health problem, developmental delay or whose mother suffers from mental illness or intellectual deficiency.

In 2005, Holt formed a partnership with the Department of Social Development and Welfare to focus on having more children with special needs placed for adoption. HSF has since been tasked to look out for prospective adoptive parents (both domestic & ICA) for children with special needs under the care of the several government run orphanages.

⁸⁹"Thai Children in Need of Families." Thai Embassy. 2015. Accessed January 07, 2017. <http://www.thaiembassy.com/thailand/thailand-adoption-procedure.php>.

⁹⁰"Child Adoption in Thailand." Siam Legal International. 2017. Accessed January 14, 2017. http://www.siam-legal.com/legal_services/thailand-adoption.php.

⁹¹"Thai Children in Need of Families." Thai Embassy. 2015. Accessed January 07, 2017. <http://www.thaiembassy.com/thailand/thailand-adoption-procedure.php>.

⁹²"Child Adoption in Thailand." Siam Legal International. 2017. Accessed January 14, 2017. http://www.siam-legal.com/legal_services/thailand-adoption.php.



Despite the fact that the Child Adoption Act is in effect, NGOs and other agencies/units providing adoption services tend to have their own lists of regulations and requirements. Because this is a fairly normal practice on the part of agencies/organizations handling adoption, adoptive parents' chances of being approved are somewhat dependent on the requirements of the individual agencies in addition to meeting the overarching legal requirements. The adoptive parents' financial stability is a major consideration in the adoption process, and evidence of sufficient family income is required. In some cases, parents who are overweight or in bad health will be denied the right to adopt. Additionally, the inter-country adoption procedure requires that the adoptive parents travel to Thailand for a minimum of one week, in order to be assessed by the CAB.

A social worker from one of the child care facility confirmed that the adoption period is lengthier i.e. 1-2 years, validating UNICEF Review of Alternative Care (2016) where prior to the centralization the process would have been completed within 6 months. Consequently, prolonging the duration of stay of the children in care facilities or worse undoing the possibility of some child being placed in a family-based care option as they grow older within the care system. The paperwork submitted to CAB simply involves putting together the child's birth certificate, health checks etc with no universal standard report. Hence, it seems more administrative rather than child focussed where not much information about the child is provided to prospective adopters to facilitate the transition to permanent care and prevent disruption/breakdown of the adoption placement.

Accredited adoption agencies (licensed are reviewed yearly)

- Friends for all Children Foundation (FFAC) <http://www.ffac-foundation.org/>
- Holt Sahathai <https://www.holtinternational.org/thailand/>
- Friends for all Children Foundation (FFAC) <http://www.ffac-foundation.org/>
- Thai Red Cross <http://english.redcross.or.th/home>

Guardianship

Guardianship care is very rarely mentioned by service providers, with NGO or government administrations, and information about guardianship was not included in country reports on care provision.

legal considerations

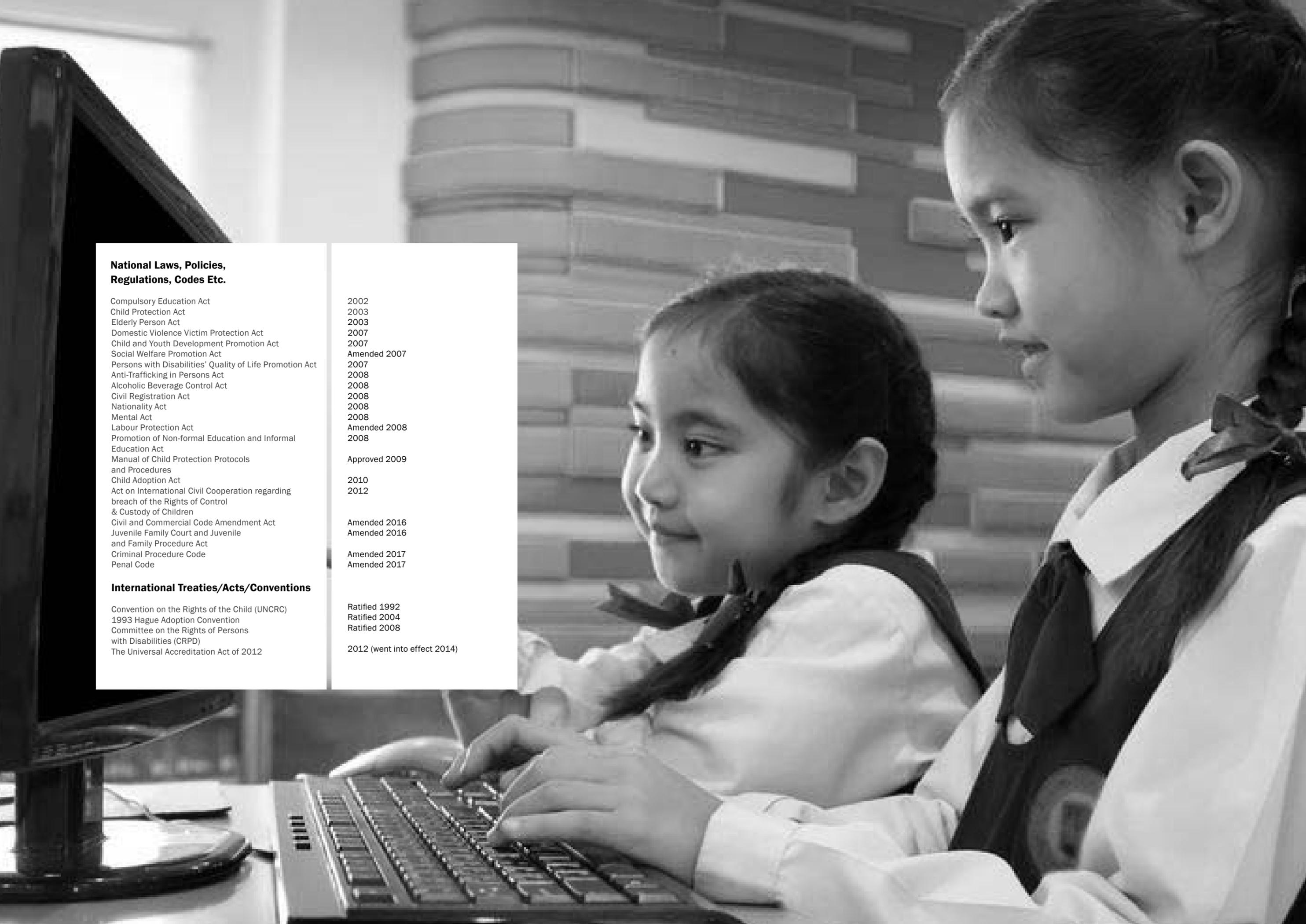
There is not currently a singular registration process that spans the various sectors and organizations, rather there are a series of requirements for registration depending on the care service being provided. Private residential care facilities for children must be registered under the MSDHS. Once a residential care facility is registered, it is overseen by the MSDHS Provincial Social Development and Human Security offices.⁹⁴ Without completing the official registration process, private residential facilities are not eligible for government funding. However, if a residential facility is provided with government funding, the sum is generally quite small. For this reason, it is not uncommon for residential care providers to feel a lack of loyalty or accountability to the MSDHS. Oftentimes private care providers abide by their own rules and regulations, deeming the lack of support from the MSDHS as a sign of general their lack of involvement in the care provision process.⁹⁵

In 2016, an online survey report was conducted by the Thailand CRC Coalition Alternative Care Working Group. The purpose of the report was to create a preliminary assessment of the presence of unregistered children's homes in Thailand. Research yielded evidence of 219 children's homes operating without registration out of the 303 institutions found online during the period of 4 weeks. The size of these child care centres/orphanages varied drastically, with some centres caring for less than five children at a time, while others were caring for over 700 children. According to the report, approximately 64% of the identified unregistered facilities were affiliated with Christianity. The report did not disclose the institutions/homes identified, nor the reasoning behind operating unlawfully.⁹⁶ And most of unregistered children's homes are located in Northern Thailand, particularly in Chiangmai and Chiang Rai.

⁹⁴ Review of Alternative Care in Thailand. Report. UNICEF, 2015. 27. https://www.unicef.org/thailand/Final_Synthesis_Report_en_web.pdf.

⁹⁵ Ibid. 26.

⁹⁶ 2016 Online Survey to assess the extent of unregistered Children's Homes in Thailand. Report. Thailand CRC Coalition Alternative Care Working Group, 2016. 1. Accessed January 8, 2017. <http://www.bettercarenetwork.org/sites/default/files/online%20survey%20report%20draft%20%281%29.pdf>.



**National Laws, Policies,
Regulations, Codes Etc.**

Compulsory Education Act	2002
Child Protection Act	2003
Elderly Person Act	2003
Domestic Violence Victim Protection Act	2007
Child and Youth Development Promotion Act	2007
Social Welfare Promotion Act	Amended 2007
Persons with Disabilities' Quality of Life Promotion Act	2007
Anti-Trafficking in Persons Act	2008
Alcoholic Beverage Control Act	2008
Civil Registration Act	2008
Nationality Act	2008
Mental Act	2008
Labour Protection Act	Amended 2008
Promotion of Non-formal Education and Informal Education Act	2008
Manual of Child Protection Protocols and Procedures	Approved 2009
Child Adoption Act	2010
Act on International Civil Cooperation regarding breach of the Rights of Control & Custody of Children	2012
Civil and Commercial Code Amendment Act	Amended 2016
Juvenile Family Court and Juvenile and Family Procedure Act	Amended 2016
Criminal Procedure Code	Amended 2017
Penal Code	Amended 2017

International Treaties/Acts/Conventions

Convention on the Rights of the Child (UNCRC)	Ratified 1992
1993 Hague Adoption Convention	Ratified 2004
Committee on the Rights of Persons with Disabilities (CRPD)	Ratified 2008
The Universal Accreditation Act of 2012	2012 (went into effect 2014)

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