Sharing Their Narratives

A research project exploring children's and families' experiences of alternative care in Thailand.

Dr Justin Rogers, Dr Victor Karunan, Dr Pryn Ketnim and Aphisara Saeli

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Message: Dean, Faculty of Social Administration, Thammasat University

Thailand is a country that has made significant progress towards the Sustainable Development Goals (SDGs). Among others, this has resulted in many significant achievements for children in terms of ensuring their health, education and social wellbeing in recent years. In this regard, the protection and wellbeing of children in institutions has been a major focus for both Government agencies and Civil Society Organisations (CSOS).

The Faculty of Social Administration of Thammasat University has a long track record in its commitment to teaching and practice in social work and social policy. This has contributed to enhancing knowledge and expertise of community organisers, social workers, policy specialists and others. The faculty has also provided technical expertise and support to the work of the Royal Thai Government and its agencies in accelerating social development and wellbeing for its citizens — with special focus on the most marginalised and vulnerable children, families and communities. This has become ever more important now with the COVID-19 pandemic which has challenged the social welfare sectors in the country and increased challenges for the poor and those left behind.

Over the past two years, Thammasat University has collaborated with Bath University in the United Kingdom to conduct a path-breaking research project on alternative care in Thailand. This report is the final outcome from this study and highlights the main findings drawn from the views and experiences of children, parents and community members across various regions in the country. The key significance of this report is that — for the first time — the study included direct interviews with a cross-section of children in various centres and institutions in Thailand and engaged with parents and community members to solicit and present their views, concerns and recommendations on the child welfare system in Thailand.

This report is both timely and relevant today as the problems and challenges related to children in institutions has become a global issue, including in Thailand and in the countries of Southeast Asia. It was for this reason that the CRC Committee decided to hold its recent

Day of General Discussion in September 2021 on the topic of alternative care. Here in Thailand, the Department of Children and Youth (DCY) of the Ministry of Social Development and Human Security (DSDHS) of the Royal Thai Government has also recently taken major steps for policy and practice reform in collaboration with Civil Society Organisations (CSOS) to develop a more child-centred and sustainable care system.

I wish to thank Dr Justin Rogers from The Open University in the U.K. and Dr Victor Karunan from our Faculty at Thammasat University in Thailand for taking the lead in this research project and for working with the research team to directly engage with many children and families who have direct experience of alternative care. I am sure the report's recommendations will help inform and support the work of the Royal Thai Government and Civil Society Organisations (CSOS) active in this field so they can make improvements for the many children growing up in alternative care.

I am pleased to launch this report as part of the Thammasat University Center of Excellence in Social Work and Social Policy and congratulate the research team for this important study.

Rapeepan Kumhom

Professor Rapeepan Kumhom
Dean
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23 December 2021

Foreword: Dr Rogers and Dr Karunan

Thailand is an important upper middle-income country in which to study child welfare. In many ways, it is a development success story where children's needs and wellbeing have been considered in national policy for many decades now. It was the first country in the Asia Pacific region to sign the United Nations Convention on the Rights of the Child (CRC) and in recent years, there have been many significant improvements in children's day-to-day lives. For example, over the past decade, there has been a significant reduction in the infant mortality rates, and improvements in primary educational outcomes. For children growing up without parental care, the Royal Thai Government (RTG) and officials in the Department for Children and Youth (DCY) have also made attempts to shift from the use of institutional care settings and introduced some support for kinship carers and foster care programmes. However, major challenges remain, and in a context of limited resources and considerable demand; the use of institutional care is still prioritised across the country to meet children's needs. Accordingly, for the estimated 55,000 children in Thailand who are unable to live with their parents, the likelihood remains that they will live in a large-scale, often unregulated, institutional settings.

The overall aims of this research project were to explore the experiences of the children, parents and families involved in alternative care in Thailand. Despite the challenges of Covid-19 we were able to undertake this research project that reached a significant number of children (n.160) living in alternative care and their parents and families (n.20). The children we engaged with lived in a range of different care settings from Migrant Learning Centres, Buddhist temples, Government Children's Homes and NGO centres. In total, we accessed 13 different care providers across four different regional locations: Central (Bangkok and Chonburi), North (Tak and Chiang Mai), North East (Nong Khai), South (Ja Na and Hat Yai).

This research project was underpinned by a child rights perspective with the premise that lessons learned directly from the participants are important for policy and practice. We hold the view that any reform of national care systems needs to be underpinned by learning from the children, the very people who are at the centre of the practice. We hope that the

participant's voices and their views come across in this report -in both narrative and art forms- and that government and non-government policy actors and practitioners can take these narratives and lived realities and bring about improvement for the children who are growing up in alternative care.

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Dr Victor Karunan, Lecturer/ Foreign Expert, Social Policy and Development, Faculty of Social Administration, Thammasat University, Thailand.

'A tree of hopes' by children at a residential home in Pattaya

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Dr Justin Rogers, The Open University, United Kingdom
Dr Victor Karunan, Thammasat University, Thailand
Dr Pryn Ketnim, and Ms. Aphisara Saeli, Independent Researchers - Thailand

An eco-map by a child at a Children's Village in Bangkok

Executive Summary

Overview

The central aim of this project was to explore the experiences and perspectives of the children and young people living in alternative care in Thailand. There are an estimated 55,000 children (Saini & Vichit-Vadakan 2015) in Thailand growing up away from their families in care. This is thought to be an underestimation, as provision such as kinship care are missing from the data. For some children, they are placed due to safeguarding concerns, whilst others are in care for social reasons such as poverty or access to an education (Mahidi & Brubeck 2018).

This research project involved 3 distinct field work phases. In field work phase 1, we explored the children and young people's experiences of alternative care and we utilised creative methods to achieve this. The research team engaged with 160 children in total through a combination of arts-based methods and semi-structured interviews. The children were living in 13 different settings in the North, North East, South, and Central areas of Thailand. The settings ranged from Government residential care settings, NGO residential care settings, Children's Villages, Buddhist Temples, Migrant Learning Centres, and Foster Care Homes.

In fieldwork phase 2, we focused on collecting data about the lived experiences of the family members who placed their children in alternative care. In total, we undertook semi-structured interviews with 20 parents/guardians We explore their perceptions of the alternative care system and their decision making in placing their children in care. In the final phase of fieldwork, we undertook an exploratory focus group with members of the general public. The aim of this was to begin to understand the perceptions of care more broadly across Thai society.

The findings presented below are drawn from an analysis of a large data set that includes many art works and eco-maps, and the transcripts of in-depth interviews with 79 people. In the main report we draw heavily on direct quotations as we feel they provide powerful insights into the Thai alternative care system. In this executive summary we present our analysis of the data and the lessons we learned from the participants.

What we learned from the children

- Across most settings, **children felt cared for** and often showed great respect towards their caregivers. They described the ways their caregivers have supported them to achieve their goals.

- Most **children understood the reasons why they were in alternative care** and they were able to explain their life story. For some, this was because of their family's struggles with poverty and a need to place them in care so that they were looked after and educated. For others they were placed in care for protection as they had experienced abuse and neglect.

- Most **children described limited and sporadic time with their family and friends**. The older children described how their contact happened through phones and social media. However, often their access to tech was used as a privilege by the care staff, which could be taken away if they were sanctioned for perceived bad behaviour.

- **Older children had significant caring responsibilities** for younger children, specifically those in Temples and Children's Villages. Although this may help their development as caring and responsible people, it is important to recognise they are children in need of care themselves and that they should be enjoying childhood with opportunities to play and spend time with friends.

- In most setting, **children described staff using corporal punishment**, some children spoke of their friends being hit with sticks by the carers. In some settings children received harsh sanctions, chores, and physical tasks like squat jumps.

- The **children described bullying amongst the peers** they lived with. Those that attended schools in the local communities also experienced bullying. They were stigmatised for growing up in care and away from their family. Some children didn't feel care staff or teachers were able to support them with these challenges.

- **Children also spoke of the value of friends in** the care setting. Often friends were the most important people to them. Friends were supportive and often helped them settle into life when they first entered care.

- Across the settings, **caregivers recognised children's achievements** with praise and rewards, and many children felt valued. Caregivers also supported their interests.

- The **children were hard working and ambitious**, and they studied very hard. They perceived their education as a privilege, and they wanted to succeed. Most children were planning for professional jobs in the future, and many hoped to return to their communities to support their families.

What we learned from the parents and guardians

- The main drivers behind the parent and guardian's decision making, when placing their children into care, were because of **experiences relating to poverty**.

- The parents often needed to work long hours and/or multiple jobs to survive, whilst many had **no family support or access to childcare**, which was a recurring theme.

- Some **parents chose Government homes over private foundations**, with the belief that they provided better quality of care and better access to education.

- Some parents **avoided private foundations believing they would have to orphan their children** and relinquish their rights to contact.

- Some parents described how – in some cases - **Government homes tried to support their family prior to admission** with financial support.

- Parents explained to us how the **Government homes supported contact**, and how they also transitioned some children to foster care and then on to reunification back to family.

- **Some parents had concerns about the care at the homes and bullying**, however, some didn't feel able to challenge the staff.

- Some **parents felt they were not always welcomed to visit their children** at many of the settings. Some were told directly to visit less often.

- The government routinely place children in the centre, which is closest to the parents' home registration, but often this is not near the current address of the parents. This practice causes difficulties for parents and their ability to visit their children, as most have migrated to urban areas for work, away from their hometown where they are registered.

What we learned from the public

- Participants had a **knowledge of care settings and an understanding of kinship care** in their families and communities.

- Participants felt that **corporal punishment should be used only as a last resort** and that care and trust were needed, to avoid its use.

- Participants identified perceived **cultural barriers to fostering and adoption in Thai communities**.

- They felt Thai people could do more than make donations and visit care homes, by **offering ongoing friendship/mentoring to the children**.

Recommendations for Policy and Practice

After engaging with the children and families at the centre of alternative care our recommendations align with the UN Guidelines of Alternative Care and the growing global movement to reform care systems. Alternative care should only be used when necessary and care provision should be suitable to best meet children's needs. Accordingly, we support the calls of the CRC group Alternative Care Thailand in their advocacy for a policy and practice shift away from institutions to family support, kinship care and family-based alternative care. However, we also recognise that this much needed reform will not happen overnight, and in the meantime, we recommend that with the participation of the children and families, improvements are made to alternative care policy and practice across the following areas.

- **Contact arrangements** were limited and sporadic across most settings. Children's time with their families and friends is crucial for their emotional wellbeing. It helps them make sense of their experiences as they develop their identities. Care plans that set out contact with important people, friends, and family, should be in place and based on the needs of each individual child. Removing contact to manage behaviour is counterproductive it is emotionally damaging, likely to cause behavioural problems, and its inconsistent with a child's right to a family life.

- The development of **life-story books** would provide children with information about their family and journeys into care, in a child centred way. Life-story books created with children serve as a resource for them to check out information and make sense of their experiences with their care staff and families as they grow up.

- Data suggests there is an urgent need for each setting to develop or review **bullying policies** and for staff to undertake training on identifying bullying and promoting anti-bullying cultures.

- Shift from behavioural management approaches of care to **trauma informed models of care**. Training for care staff on positive parenting that highlights the need to build relationships with the children in their care and promote their resilience.

- In line with the move in Thailand to **ban corporal punishment** in schools this needs to be extended to all alternative care settings. In the Thai Child Protection Act under Article 61 the provision for physical punishment in alternative care remains, which means hitting children is permissible.

- **Improved monitoring/inspection** visits of providers. Children and families' participation in monitoring is vital. Inspectors should spend time engaging and talking directly with the children. As a research team we learned this is an invaluable way to understand what it is like to live in an alternative care setting. Inspectors must

promote **child participation,** so they can assess whether the care children are receiving is appropriate, safe and meeting their needs.

- Parents we interviewed highlighted the positives of the **Government's family support, foster care, and reunification practice**s. It is imperative that they build on this good practice for more children and expand on this across the sector by supporting and mandating NGO providers to do the same. It would be beneficial to set aspirational yet achievable targets that lead to measurable improvements for children.

- **Childcare provision in the community** would also reduce the necessity for parents to place their children in care. Parents we interviewed explained they often faced the choice of having to leave the children at home unsupervised or place them in alternative care as they needed to go to work to survive.

- Poverty was all too often at the root of parents' decisions to place their children in alternative care. **Increasing social protection** and welfare payments, especially for children on the edge of care, would reduce the necessity for many children entering care.

Practice and Policy Improvements for Thailand's Alternative Care System.

1. Introduction

There are many children around the world who for various reasons are unable to grow up with their parents. For the vast majority, this can mean a childhood in the care of their kinship group, often through the support and love of grandparents. For some, this can mean a *"substitute family"*, for example with foster carers or adopters who have no pre-existing kinship connection to the children. However, in a global context, most children in alternative care arrangements are placed in residential care settings (RCS), which are often group care arrangements that are commonly known as children's homes, orphanages, residential/boarding schools, or centres. Many RCS are institutional forms of care, which can be characterised by a large number of children being cared for by a relatively small number of staff. Globally, it is estimated that there are upwards of 5.4 million children growing up within an institutional RCS (Boyce et al. 2020).

The reasons for children entering alternative care differ across national and international contexts. For example, in high-income countries, most children in public care are placed because of State interventions, often due to child protection concerns about abuse and neglect (Rogers et al 2021). However, in low- to middle-income countries, the drivers resulting in entry to care are often related to experiences of poverty, domestic violence and abandonment. There are an estimated 55,000 children in alternative care in Thailand and they are predominantly placed within institutional settings (Saini & Vichit-Vadakan 2015). The use of institutions runs contrary to the body of research evidence, that shows the negative impact this large-scale form of care can have on a child's emotional, social, behavioural, and educational development (Boyce et al. 2020).

Institutional settings have at different points in time been the primary form of care provision in most countries across the globe. It is important to acknowledge that in relatively recent history many high-income countries, such as the United Kingdom, have relied on institutions to care for children and other vulnerable groups. The process of deinstitutionalisation in the United Kingdom has been a long journey, and indeed for some groups of children, for example, those involved in the criminal justice system, and children with disabilities, institutional care provision remains.

However, there is little to debate about any merits to large scale care of children in institutions and there is widespread acceptance that global and national reforms are urgently needed to address this problem. Accordingly, in 2009 the United Nations passed a resolution on alternative care that offered (UN, 2009) guidance to Member States to reform alternative care services. Article 20 of the UN Convention on the Rights of the Child forms the primary basis for this resolution, requiring that states must provide protection and assistance to children who have been *"temporarily or permanently deprived of his or her family environment"* (UN, 1989). In addition to supporting quality alternative care provision, the United Nations Guidelines for the Alternative Care of Children also has a significant focus on gatekeeping into care and supporting at-risk families, preventing family separation, and promoting family reunification. The guidelines centre on two key principles that should underpin a quality system of alternative care:

1) *The necessity principle*, which argues that children are wherever possible best placed in their families and should only enter alternative care where it is necessary for their care and protection;

2) *The suitability principle*, which highlights any alternative care setting should meet the children's needs and provide adequate care and support. Under this suitability principle, the guidelines explicitly state that children under the age of 3 should not be placed in institutional forms of care.

In 2016, the Association of South-East Asian Nations (ASEAN) adopted *'The ASEAN Guidelines for Non-Violence Approach to nurture, care and development of Children in all settings' (ASEAN Guidelines)* which provides guidance to Governments, care-givers and other stakeholders in promoting the rights and safeguarding the protection of children, including those in institutional care. *"The ASEAN Guidelines which is in compliance with Article 19 of the UN Convention on the Rights of the Child, and General Comment 13, serves as guidance, or example to all those who nurture and care for children to enable them to attain their full potential and wellbeing and work towards elimination of violence against children".* These guidelines complement the *ASEAN Regional Plan of Action* on the Elimination of all forms of Violence against Children.

Furthermore, the 2019 UNGA Resolution on the Rights of the Child adopted by all 193 Member States and endorsed by over 253 organisations and networks also called for the ending of residential care for children globally.

When exploring the effects that living in alternative care settings has on children, perhaps the least well-documented and understood aspects are the perceptions and experiences of those at the centre of the phenomena -viz, the children and young people who are growing up in these settings. Roche (2019) undertook a review of the research that included children and young people's experiences of RCS across the Global South, he found a total of **just 24 studies.**

The aim of this research is to contribute to the significant gaps in the academic literature, knowledge and understanding of alternative care, and to provide policy and practice options for alternatives to institutional care for children in need. As a result, we have been working on this two-year project, which has focused on learning from the children, parents, families, and communities who are affected by alternative care policy and practice in Thailand. This is vital as their lived experiences offer invaluable lessons for policy and practice. In this report we share their narratives and their experiences so that improvements can be made for the benefit of some of the most vulnerable children in Thai society, those who are growing up away from the care of their parents and families.

2. Overview of Alternative Care- Review of the literature

The literature review is presented in 3 parts; Firstly, a brief overview of the global research evidence on alternative care; Secondly, the context of the Thailand alternative care system is discussed with an explanation of the governance structure (including relevant government departments), this is alongside a description of the regions/provinces where we undertook the fieldwork; Thirdly, because the main focus of this study is directly engaging with children in alternative care, we highlight findings from our scoping review of the existing peer reviewed studies that engage with children's experiences of living in residential care settings, in mainland South-East Asia.

2.1 Overview of global research evidence on alternative care

Most of the existing research on global alternative care has been quantitative and it has often sought to examine the amounts of children, the numbers of different care settings, and the measurement of children's outcomes. Globally, there has been a particular focus on studying institutional forms of alternative care such as orphanages and residential homes. This approach has produced a significant body of evidence that shows the detrimental effects of separating a child from their primary caregiver and placing them in an institutional setting with multiple, often inconsistent, caregivers.

Bowlby's (1952) seminal work in this field underpins modern understandings of attachment and the effects of institutionalisation. Bowlby's (1988, pp. 137-157) research was instrumental in shaping a deinstitutionalisation agenda that resulted in the closure of large-scale residential care facilities in the UK and the USA in the late 20th century. *Attachment theory* helped to promote a shift in child welfare provision and an increased focus on children's needs and states developing family-based care such as kinship care and foster care.

Alongside the growth of child development theories, such as attachment, there has also been substantial research into the effects of family separation and institutionalisation on children. There has been a significant increase in research outputs in the last 15 years. Individual research projects and meta-analyses have now studied the development of hundreds of thousands of children across the world (van Ijzendoorn, et al., 2007). For example, the *Bucharest Early Intervention Study* (Zeanah et al. 2017) is an influential project that provides some of the most rigorous quantitative findings on the impact of institutional care. The project is a longitudinal randomised control trial, which is an experimental research design that has been referred to as providing a "gold standard" in evidence. Findings show that children in institutional care had substantial developmental delays across a range of cognitive, physical and emotional domains compared to children reintegrated to family-based provision. Furthermore, Rutter (1998) highlighted how institutional forms of care in the same Romanian context, with low staff to child ratios, have a detrimental effect on attachment and subsequently on a child's development.

In recent years, research reviews into alternative care have reinforced these seminal findings from the works of Bowlby, Zeanah and Rutter. For example, Garcia Quiroga and Hamilton-Giachritsis (2016) undertook a systematic review of the literature on attachment and found that attachment security for children across alternative care was negatively affected but that the impact was greater for children in institutions.

Furthermore, Van IJzendoorn et al. (2008) undertook a review of the evidence, across 19 different countries, on institutionalised children's IQ measures and found they had significantly lower results than their peers did in foster care, on average 20 points lower. Children's physical growth, in terms of height, weight and head circumference, have also been found to be impaired (Van IJzendoorn et al., 2007). Van IJzendoorn et al. (2011: 30) also reviewed the international literature that focuses on the effects of institutional care on developmental delay and resilience; they reached the conclusion that 'the institutional setting itself is in most cases pathogenic and should be classified as a type of child maltreatment, particularly in the form of structural neglect'.

In 2020 a Lancet Commission supported by the charity Lumos undertook a systematic literature review of this large body of research evidence. The Commission concluded unequivocally that children who are institutionalised experience profound damage to their physical, social, cognitive, and emotional development (Boyce et al. 2020).

A major criticism of institutional forms of care such as orphanages and residential schools is that they are often typified by large numbers of children being cared for by relatively low numbers of caregivers (Bakermans-Kranenburg et al., 2008). This staff-to-child ratio often impacts the staff's ability to care for and nurture the children. Accordingly, this can impact a child's physical, emotional, and behavioural development. This is often compounded by the staff members being on shift patterns that results in inconsistent care where children can experience an estimated 50–100 caregivers in the space of a year (van Ijzendoorn 2011).

In addition to the evidence that shows developmental damage done by residential institutional care, there is growing evidence that shows the significant negative social effects that impact children who grow up in a residential care setting (Sherr, et al., 2017).

Children who leave institutional care can struggle to cope in adulthood (Holm-Hasen, et al., 2003, pp. 82-83), with limited social support many fall into poverty and face challenges with their mental health or become involved in the criminal justice system. Juffer and Van IJzendoorn (2005) reviewed the evidence on the mental health of adult adoptees in the United States and found those who had spent time in institutional forms of alternative care had the highest rates of mental health difficulties

2.2 Alternative care: Thailand

In this section we present an overview of alternative care in Thailand and a brief introduction to the governance and socio-political context of the various regions/provinces that were covered in this study.

2.2.1 Thailand's system of alternative care

Thailand is an upper middle-income country in Southeast Asia that has often been described (prior to the Covid-19 pandemic) as '*one of the great development success stories*' (World Bank 2018). In recent years they have attempted to develop policies that respond to child welfare and child rights. Thailand was the first country in South East Asia to sign the United Nations (UN) Convention on the Rights of the Child. Thai children are generally experiencing much better outcomes, across health and education, than their regional neighbours Vietnam, Cambodia and Myanmar (Save the Children 2018). For example, in the past thirty years literacy rates have risen from 60% to 98% (UNESCO 2017) and infant mortality rates have also improved significantly (World Bank 2017).

However, significant challenges remain, and children are still vulnerable to trafficking, violence and exploitation, particularly, the many children that have migrated and who are undocumented (Tang et al. 2017). Thailand's alternative care provision for children is predominantly institutional, with orphanages and boarding schools accounting for nearly 95% of placements (Saini & Vichit-Vadakan 2015). The Thai government have made attempts over the past twenty-five years to shift to family-based care (Saini & Vichit-Vadakan 2015; Kamolsirisakul 2012). However, despite these attempts there are only an estimated three hundred children in foster family placements (Saini & Vichit-Vadakan 2015).

It is also interesting to note that in Thailand it is estimated that 20% of children in households are living out of parental care and yet only 0.4% of children are double orphans, having lost both parents. (Flagothier, Catherine, 2016).

The impact of COVID-19 on Thailand has been severe over the past year leading to widespread job losses, affecting middle-class families and the poor in the informal sector. Over the past year, poverty rose to 6.4% in 2020, representing an additional 200,000 people falling into poverty. (World Bank, 2021). Furthermore, *"increasing inequality is one of the key challenges for the Government in Thailand stifling its desire to become a high-income country. Thailand has one of the world's highest wealth concentrations, with the top 1% holding an estimated 58% of the country's total wealth. Inequality is also reflected in social exclusion of marginalised groups – migrants, domestic workers, LGBTI, persons with disabilities and ethnic minorities, and is the main source of many structural problems in Thai society today – including human trafficking, crime, corruption and social and political instability".* (World Bank, 2021).

In relation to alternative care for children, Thailand has taken some significant steps towards focusing on alternative care as part of its overall legal and policy context of child protection in the country. However, there are many challenges especially due to gaps in legal policies and frameworks and the operationalisation of these policies at local levels. This is largely due to the fragmentation of the current policy framework governing child protection resulting in insufficient coordination of multi-sectoral approaches and interventions, confusion of roles and responsibilities, and accountability at all levels. As UNICEF Thailand noted *"in such a context everybody is responsible, but nobody is ultimately accountable".* (Saini & Vichit-Vadakan, 2015). The 2003 Child Protection Act (Art.33) allows for long-term institutionalisation – up to the age of 24 years – which undermines efforts to shift from institutional care to family, kinship and community-based care for children in need.

The recent UNICEF Multiple Indicator Cluster Survey (MICS) (UNICEF 2020) indicates that 23.5% of children in Thailand are living away from their parents. It is important to highlight that over 72% of these children are living in informal kinship care arrangements with their grandparent. However, there is still a large proportion of children in the

population who are growing up in children's homes. The Thailand Child Protection Act defines a Children's home as any welfare centre that is providing *"care and development for over six children in need of assistance"* (Kingdom of Thailand 2003). Across Thailand, children's homes are provided by a mix of state-run institutions and NGO's institutions run by both local and international organisations. These NGO's providers can often be faith-based organisations run by foreign Christian missionaries. Whilst local religious organisations also provide care, for example, through temples in communities with Buddhist traditions (Quinley 2018), or mosques (Mohammadzadehet al. 2017a) in communities with Islamic traditions.

Beyond the UNICEF MICS data, it is a challenge to accurately map the scale and scope of alternative care in Thailand, due to limited official administrative data. However, it is estimated that in Thailand, 55,000 children are living in alternative care and only 4.9 percent are placed because of child protection concerns, while the majority are relinquished into care by their parents, due to social factors such as poverty, parental migration for work, the death of a parent, disability and HIV (Kamolsirisakul, 2012; Saini and Vichit-Vadakan, 2015). Mahidi and Brubeck (2018) argued that the costs of education were also drivers for care entry. Despite there being free school access in Thailand, there are hidden costs to education that go beyond the need to purchase school uniform, stationery and books.

> For example, *'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.' (Mahidi & Brubeck 2018)*

The documented estimation of 55,000 (Saini and Vichit-Vadakan 2015) children in care is thought by many to be too low, as provisions such as residential schools for children with disabilities are missing from the data. Furthermore, there are a proliferation of private children's homes that are often operating on the margins without registration. One Sky (2018) attempted to map the scale of unregistered homes by searching for available websites of facilities and cross checking these with the Government register. They found a

total of 240 unregistered homes operating across the country, which is a figure that could be considerably higher if you acknowledge some homes may not have a web presence.

The *One Sky Foundation* (2019) and colleagues at Mahidol University went on to undertake a mapping study of children's homes in Sangkhlaburi district on the Thai/Myanmar border. Although it is a snapshot of one district, this study suggests that due to the unregistered status of many homes, the scale of care and the numbers of children in alternative care across the country is likely to be significantly underestimated. They surveyed 606 children growing up in 17 private children's homes in Sangkhlaburi district. All 17 were unregistered homes. Most children were not orphans and 90% reported they had a living parent. Gatekeeping practices were poor and agreements between parents and the homes were often missing and few had child protection policies. The study found most children, over 60% were placed for access to education.

Thailand has one of the highest rates of privately-managed residential care centres for children in the Southeast Asia region. While many of them provide appropriate and caring facilities for children, there is very limited accountability to Government authorities – they function as a *"parallel system"* with its own standards and management systems. The lack of oversight in this regard is again due to the fragmentation of the Government's legal and policy framework of alternative care in Thailand.

Other major gaps and challenges in alternative care for children in Thailand include: lack of prevention strategies to address family separation and promote family-based care; foster care remains at the margins of the alternative care system due to the socio-cultural biases against non-kin related care; under-staffing and under-resourcing of both Government and private childcare centres; lack of qualified personnel – especially social workers – hampers quality individual care and case management of children in institutions. The overall effect of these gaps is that it jeopardises re-integration of children with their families and de-institutionalisation.

2.2.2 National governance structure

Across Thailand, there are 76 provinces and 2 special administrative areas. These provinces are subsequently divided into districts - Amphoe or Khet (for Bangkok) then into sub-districts – Tambon or Khwaeng and then into Muban, which can be translated as a 'village'. (Madihid & Brubeck 2018). Thailand's governance structure is organized into a dual system of central administration and a regional decentralised form of local government. A governor and head officials are appointed for each district by the Ministry of the Interior. Then local elected governments are formed that are led by local mayors. Despite this decentralised system the Minister of the Interior maintains significant authority, for example, to approve annual budgets, dissolve local councils, and dismiss local councillors.

The main central government department that is responsible for alternative care provision across the country is The Department of Children and Youth Affairs. This department is based within the Ministry of Social Development and Human Security and it was established in 2015. The Department is described as a policy and practice agency with a mission to promote and develop the potential of children. Its remit includes child protection and welfare and aims to support the public and private sectors to monitor and evaluate policy and ensure the wellbeing and security of children (DCY 2021).

2.2.3 Socio-cultural contexts of the regions in this study

For the purposes of this study, we grouped the alternative care settings across the following four provinces/regions; 1) Central (Bangkok and Chonburi); 2) North (Tak and Chiang Mai); 3) North East (Nongkhai); 4) South (Ja Na and Hat Yai). In the following subsection of the report, we provide an overview of these regions, which provide a full geographical spread of the country and represent the diversity of Thailand's local histories, cultures and ethnic mix.

2.2.3.1. Central region (Bangkok and Chonburi)

Bangkok – or *Krung Thep (City of Angels)*, the capital city of Thailand, is located on the delta of the Chao Phraya river connecting to the Gulf of Thailand. It has an estimated population of about 10.5 million – with about half of them internal migrants from other

provinces in Thailand and foreign migrant workers. It is known as a bustling metropolis with temples, factories and shops with homes juxtaposed along its roads and canals. It is a major tourist destination with bountiful cultural and religious attractions. All national government offices and commercial established at located in Bangkok. Given this strategic location, Bangkok is also the location for millions of migrant workers from neighbouring countries – many of them children and young people, as well as foreign residents and international tourists.

Pattaya city is in Chonburi province on the east coast of the Gulf of Thailand, about 100 Kms southeast of Bangkok. The city is part of the Eastern Seaboard Zone and a major commercial and tourist centre. Tourism began in Pattaya during the Vietnam War when American servicemen began arriving for R&R making tourism the major income-earner for the city and the country. Pattaya has a large migrant and foreign population due to the tourist, fishing and service industry. Pattaya is world famous for its beaches and islands which attracts tourists from all over the world.

2.2.3.2. Northern region (Tak and Chiang Mai)

Tak province lies in the western edge of Thailand bordering Myanmar. Its strategic location on the border results in regular cross-border migration of both legal and illegal migrants from Myanmar into Thailand seeking employment and refuge during times of political turmoil. A quarter of the population in Tak province belong to hill-tribes – Yao, Karen, Akha, Lahu, Hmong and Lisa. The province is therefore a great mix of ethnic groups and migrants besides the local Thai population. The main industries in Tak province are agriculture, handicrafts and jewellery, among others. Mae Sot is the major district in this province where one finds a large number of migrants from Myanmar.

Chiang Mai is a major province and the largest city in Northern Thailand. It lies in a mountainous region inhabited by a large number of hilltribes. Its history and cultural context are deeply shaped by its origins in the Lanna Kingdom which until today influences the social life, dress, food and architecture of the city. In 2017, Chiang Mai was awarded the UNESCO title of "Creative City". Some of the country's most famous temples are located in Chiang Mai – Wat Doi Suthep being the most popular for tourists and local visitors. Chiang

Mai is another major tourist attraction for its food, temples and mountainous landscape, especially during the winter months of the year, for both foreign and local tourists. Chiang Mai is also distinct in the country for being the base for Christian missionaries during the earlier history of Siam who worked among the hilltribes and established schools, churches and children's boarding houses – many of which continue until today.

2.2.3.3. Northeast region (Nongkhai)

Nongkhai is a province in the North-East of Thailand bordering Vientianne province in Lao PDR in the north. The north-east (Isan) region of Thailand shares common links with the ethnic, cultural and religious traditions of the people in the Northeast of Thailand and neighbouring Lao PDR. A major boost to the city/province was the opening of the First Thai-Lao Friendship Bridge that connected the two countries. The Isan region in Thailand is also one of the poorest in the country with the highest poverty rates among the primarily-rural population, resulting in this group being one of the largest number of migrants coming to Bangkok in search of employment and livelihoods.

2.2.3.4. Southern region (Ja Na & Hat Yai)

Songkhla is a province in the south located on the eastern cost of the peninsular Thailand. It is a regional centre for the Gulf of Thailand coastal area with commercial connections to Malaysia and Singapore. Songkhla is a fishing town and an important seaport in the eastern part of the country. Since 2003, Songkhla – together with the other provinces in the Deep South of Thailand (Narratiwat, Pattani and Yala) have been rocked by insurgent violence between Muslim militants and the Buddhist Thai State. Jana district is one in four districts of Songkhla Province where there are still events that affect the security within the Kingdom. The majority of the population is Buddhist with a large proportion of Muslims, especially in the rural areas along the Malaysian border. Songkhla is one of the major producers of rubber, rice and seafood – it is the second largest rubber producing region, and the largest rice contributing region in the country.

Hat Yai is the largest city in Songkhla province. It is largely a business and commercial centre near the border with Peninsular Malaysia. Hat Yai has been a target of the separatist violence among Muslim insurgent groups in the Deep South of Thailand. Demographically,

Hat Yai has a mix of Thai Malaysian and Thai Chinese, most of whom are involved in trading, business and commerce along the Thai-Malaysian border. It is also a major shopping destination for Thais and Malaysians, and other foreigners.

2.2.4 Overview of the different settings in the Thai alternative care system

In the following section of the report, we provide an overview of each of the different care settings that we accessed for this study. The settings represent all the predominant types of alternative care provision across Thailand. Through our professional networks and with the support of the Department of Children and Youth we were able to engage with children who were growing up in all these settings. We were also able to interview parents that had placed their children in NGO and government residential care setting (RCS), and foster care placements.

2.2.4.1 Children's Villages

Children's Villages are a growing form of global alternative care provision. The leading provider that developed the model is SOS Children's Villages, which is an Austrian organisation that currently looks after over 85,000 children in 572 villages around the world. However, their approach has also been replicated by other providers and indeed by some Governments. The concept of the care setting is a village environment made up of several small houses. There are usually 6 to 15 houses in a village with up to 10 children in each house. Although due to the scale these are often considered institutional settings, the villages aim to provide a *'family like setting'* and the care is provided by a *"house mother".* Each mother takes care of one house with the aim of promoting attachments and bonding between the mother and children. In the SOS settings, each mother has 4 days off per month. She plays a very important role in the centre because she takes care of everything for each child in the house. Beside the mother, there is an aunt, who works as a mother's assistant and helps with childcare. One aunt might take care of more than one house, the aunt's work schedule is dependent on the schedule of a mother. She will replace the mother when they cannot work and need to take a day off. In the future, an aunt could be promoted to be the mother position. The villages recruit single women or married woman

with no children for this role. Mothers retire at the age of 60 and the village provides a retirement house for all retired mothers inside the village, next to the children's houses.

There is a mix between male and female children in the house. The sibling children who enter the village together stay in the same house. The older children have a responsibility to take care the younger children. The villages accept children under the age of 7 year. When the male children reach 14 years old or study in grade 7 they are separated and go to live in another village called the *"Male Youth House"*. These houses are only for boys with the male staff who the children call *"Uncle"*. One Uncle takes care of one house with 8-10 children.

The children are integrated in the community and leave the village to attend local schools. The village supports the children until graduation then the children move to independence. There is no plan for the village to return the children back to their family before 18 years because the village will support the children until they can live by themselves.

In recent years there has been concerns raised about safeguarding in SOS Villages across the globe and the organisation recently undertook an inquiry into historic abuse and governance failures across its organisations (SOS 2021). Reports of abuse of children and of the house mothers, coupled with concerns about governance were raised by whistle-blowers across the organisation for several years but they were not listened to.

For this study we interviewed children in three different children's villages across Thailand. Two in the central region and one in the south of the country. Each had around 100 children living on site in houses that accommodated 6-10 children.

2.2.4.2 Boarding Schools and Migrant Learning Centres

The formal education system in Thailand has become much more inclusive in recent years and the *Education for All Policy* has meant that all children are entitled to 15 years of free basic education. However, due to poverty and the distance many children live from schools, it is estimated that nearly 40,000 children reside in 51 Government boarding schools (Quinley 2018). Furthermore, as with children's homes it is thought that thousands

more children across the country live in unregistered school dormitories run by private NGOs. Quinley (2018; p. 290) explains that this is because *'It is much easier to register as a dormitory or boarding school than an orphanage or children's home.'*

The numbers of migrant children in formal Thai schools are low, significant barriers prevent children without a proficiency in the Thai language from enrolling in a state school. In Mae Sot in particular the *Migrant Learning Centres* (MLCs) complement the Thai formal system by providing access to education for those children unable to integrate into the local school. MLCs serve as a bridge for migrant children to they aim to enable the children to catch up with their peers at the Thai schools and prepare them for entry into the formal state schools (Tyrosvoutis 2019).

Migrant Learning Centres vary in size and numbers of children attending, some are community-based schools where children return to their families in the local villages at the end of the school day. However, many have dormitories and are institutions where children stay and are educated on the same site. The children at some of these schools are recruited from their villages across the border in Myanmar. For this study we accessed students at two different MLC's. Each centre differed in size one had 70 children and the other 150 children in total, in each of these centres all the children lived on site in dormitories.

2.2.4.3 Buddhist Temples

Temple care otherwise known as Pagoda Care is when children are raised at a Buddhist Temple. This is the oldest form of child welfare in Thailand and began when families who were facing poverty placed their children to grow up in the temple and become Buddhist monks. Today, they are mostly large-scale institutional care settings where children grow up in dormitories and where they are educated on site. Alongside education the children participate in Buddhist religious practices. The children are cared for by a relatively small number of monks and some care staff. The older children have responsibility for caring for the younger children in their dormitories. The Temples are funded primarily through public donations of money and they rely on donations of food. However, they also receive 'sizeable government subsidies' (Madihi & Brubeck 2018) Many Thai people donate as a way of 'making merit' a common practice in Buddhist traditions.

The children placed in these settings are often presented as orphans a narrative that is used for fundraising. Little is known about the scale of the practice across Thailand and how many of the 'orphans' have families. However, previous attempts to map alternative care in Thailand suggests that only 6% of children in orphanages in Thailand are Orphans (Madihi & Brubeck 2018).

COVID-19 has meant the financial reserves and the stock of food in settings like these have become limited, and some have launched appeals for food shortages. For example, the largest temple care setting in Chiang Mai - Wat Don Chan- which has over 700 children living there stated in a local paper that they only had food for the children for a few more days (City News 2019).

The settings are often open for people to visit. A search on social media for one of the large temples shows many pictures posted by visitors of people interacting with the children. For example, one photograph shows an Irish tourist playing Gaelic football with the children in a temple orphanage in Chiang Mai, and another posted their visit to the orphans for lunch on their birthday. This practice raises significant concerns, around exploitation of the children for financial gain and raises child protection risks. Unfortunately, we know from the horrific crimes of Richard Huckle that the intentions of visitors and volunteers in orphanages may be to abuse them (Munro 2018). It is important to acknowledge that this practice of *voluntourism* and tourist visitors is not limited to the temples and occurs in some shape or form in all the different kinds of alternative care settings within Thailand, and indeed in many places across Asia. Regardless of the setting and country, this practice is now well documented as being exploitative, high risk and harmful to children, it has also been framed as a form of modern slavery (Cheer et al 2019).

During this study we did find it challenging to gain access to the Temples for research purposes. However, we were permitted into one centre in the north of the country and interviewed four children who were growing up in a temple that accommodated over 700 children.

2.2.4.4 Government Children's Homes

The first child welfare providers were the Buddhist Temples in Thailand and they only cared for boys. Quinley (2018) explains that Her Royal Highness Pravimadather Kromra Suddhasininart developed homes for girls at the turn of the 20th century as she realised there was no provision for orphaned girls. Across Thailand, at the time of writing this report there were 29 government run children's homes (Alternative Care Thailand 2020). The numbers of children living in the different homes vary it is reported that they have 5000 residents in total, which is an average across the 29 homes of 179 children in each (Care for Children 2020). For this study, with the kind support of the Department of Children and Youth, we accessed children in two homes, one in the central region and one in the North East of the country. Children were separated by gender and the girls home cared for over 300 children.

Due to Covid-19, there were some children over the age of 18 who had *'aged out'* of care but as they could not get a job or accommodation they continued to stay in the centre. Usually, children move out of the Government homes within 3 months of high school graduation. Due to Covid-19 the policy was extended to 6 months. In some of the Government homes they operate a similar model to the SOS Children's Villages with groups of children living in different houses under the care of a small group of consistent staff. The houses are mixed age groups and some of the older children play a part in supporting the younger children. In some government homes, they care for infants and they have separate baby and toddler houses. Some of the baby houses have around 30 babies being cared for by a small number of staff, circa three.

2.2.4.5 NGO Children's Homes

There are number of Thai and international foundations that have established children's homes in different regions of the country. Some are setup by philanthropists who have been successful in business and wish to give back to their communities. There are also many examples of foreign nationals that have developed a connection to the region and

stayed to establish foundations to care for children and establish children's homes. Often, foreign nationals are motivated by their religion and setup faith-based organisations that usually rely on the donations from their fellow parishioners back in their home countries. In Chiang Mai, for example, there is a long history of Christian Missionaries coming from the USA, with some of the first formal schools being established by them at the turn of the 20th century in the North of the country. One of the criticisms of these Christian Faith homes is in their ability to meet the cultural and religious needs of the children that are placed with them. Thailand is predominantly a Buddhist country and often the children in Christian homes are raised with the Christian faith and teachings. OneSky Foundation (2019) highlighted the issue of proselytizing children in their survey. They state that 93% of the population is Buddhist and yet 50% of the children's homes in their survey were Christian. They went on to describe:-

> *In some cases, vulnerable children are even recruited by Children's Homes with at least a partial goal of indoctrinating or proselytizing a children's religion, spirituality, or philosophies.* (OneSky 2019 p.30)

There continues to be a proliferation of children's homes particularly in Chiang Mai, many are run by faith-based NGOs. Quinley (2018) cited Rossukon Tariya, the Head of the Social Welfare and Protection Division Office of Social Development and Human Security in Chiangmai Province, who estimated that there were more than 500 residential children's homes in Chiangmai alone. This estimate means that Chiang Mai in Thailand could have one of the highest numbers of children (per capita) in children's homes than almost any other location on the planet.

The numbers of children in these homes vary with some caring for numbers similar to the Government homes. However, there are also a growing number of organisations that are developing family support and foster home models. For example, *Jo Jo's Sanctuary* in Chiang Mai provides small scale foster homes with the focus on moving children out of large-scale institutional care, into smaller community-based homes and then working towards family reunification. For this study, we accessed children in three different NGO children's homes they were all faith-based organisations. Two were based in the Northern region and one was based in the Central region.

2.2.4.6 Family Based Care

The permanent placement of children with adoptive families has been long established in Thailand, since the 1930's. International adoption remains more common than domestic adoptions. Foster care was first introduced in Thailand in the 1970's however, it is not a widespread practice and up until this point both foster care and adoption have been slow to catch on. Some believe this is due to cultural barriers, for example, Quinley (2018 p. 291) explains:

> *"There are many cultural stigmas to taking in a child not from one's family of origin, with several negative Thai proverbs that refer to foster care and adoption. One says, "Don't raise someone else's children; don't eat someone else's food." Some concerned Buddhists feel that bringing in a child that was abandoned or troubled might bring bad luck into their home. Superstition plays a big part in adoption. Often a Thai family will check with the spirits to make sure the date and year of the child's birth will benefit their family."*

Holt Sahathai Foundation partnered with *Viengping Government Children's Home*, in Chiang Mai and since 1976 they have been supporting the home to re-integrate children into family-based care, either fostering or adoption. They continue this important work to this day and currently have around 100 children placed with 100 foster carers (Holt 2021). In more recent years Care for Children have worked closely with the government to train staff in the state-run children's homes. They have trained staff in 29 homes to develop foster care services and half of these homes now run foster care services alongside caring for children in the homes.

We accessed children in three different care programs based in the north of Thailand. One provided small scale residential care, one foster care provision whilst another supported reintegration to parents, with children who were transitioned out of government-run children's homes and placed back with their parents.

2.3 Scoping review of existing research that included children's perspectives.

For this study, which at its heart focuses on the experiences of the children in alternative care in Thailand, we undertook a detailed review of the existing research. We searched across academic databases for studies that directly or indirectly engage with children's subjective experiences of living in residential care settings in mainland South-East Asia. This review has been published in full in the peer-reviewed journal Children and Youth Services Review (Rogers et al. 2021). The article provides a more detailed account of the search process, for example, the databases used, and the choices made, and it presents a relatively detailed description of each study. We have drawn the salient points from this article and included them in this report.

In recent years, resource libraries such as the *Better Care Network* (BCN) have made great progress in documenting the research evidence on alternative care and the movement to reform child welfare systems across the world, there is still a significant lack of literature that focuses on Thailand, including reports from NGO's and Governments. For example, at the time of writing this report, only two published documents were found on BCN which focused on Thai alternative care: a country-wide review of alternative care undertaken by UNICEF (2015); and a country case study produced by Madihi & Brubeck (2018). These are valuable resources; however, there is undoubtedly a lack of literature on children in alternative care in Thailand, particularly, research published in peer reviewed journals.

Due to the paucity of Thai research in peer reviewed journals, we broadened our literature review to include countries from across South-East Asia. By considering this broader research evidence, we acknowledge that there are of course, social, cultural, political, and economic differences within South-East Asian countries. For example, some of the variations in care provision across the region include, Buddhist Temples providing care in Northern Thailand some with over 500 children (UNICEF, 2015) and there are also orphanages in Cambodia with operating models that rely on the questionable practice of recruiting overseas volunteers for staffing and funding (Knaus, 2017). Yet despite the differences, it is useful to consider the research evidence across this region as amongst these neighbouring countries there are also many similarities. For example, there is a *predominant use of institutional care over family-based provision*, and the level of regulation

from the state is often limited with many unofficial care providers operating without Government registration.

2.3.1 Approach to the scoping review

Our review of research published in academic journals, focused on countries across mainland South-East Asia. To ensure a degree of heterogeneity we excluded Singapore, this choice was made because it is a country with a considerably higher GDP and a significantly different political economy to others in the region. The search also excluded Indonesia and the Philippines as they also have very distinct child welfare systems and social, political, and cultural differences to the countries included in the mainland region. Qualitative research pieces were chosen as they allow children to provide insights into their experiences, and to give nuanced accounts. Certain quantitative research pieces were found while undertaking the review, though these primarily focused on the medical outcomes of children living in residential care settings and did not engage with their experiences or perceptions of care, and so were not included.

The review considered the findings of each paper, first by assessing the methods, ethics, locations, and terminology used by each research team, and then by comparing different research pieces to understand patterns in approach or understanding, and particularly considering where there might be gaps in existing research to inform future research agendas. The process involved the stages of formulating the review question; identifying relevant studies; selecting relevant studies; charting the collected data; and collating, summarising, and reporting the results. The question used to inform the review was: *To what extent, and in what ways, have the lived experiences of children in residential care settings in mainland South-East Asia been documented in peer-reviewed research?*

The first task undertaken for this search strategy was to develop sets of keywords to be used in searching digital academic libraries. We defined residential care settings broadly to include institutional care, orphanage care, foster care and care provided by temples. These have been chosen as they are generally recognised to be the main forms of residential care provision in South-East Asia (Madihi & Brubeck, 2018).

Three sets of search terms were then developed, these were: terminology about different types of residential care settings, to ensure papers were considered even if their terminology varied; country names and variations of the six mainland South-East Asian countries; and search modifiers signifying a focus on children, or a focus on perceptions and experiences. Search terms were also split into separate modifiers due to limitations of maximum search lengths with some libraries' search functions.

Accordingly, the search terms were combined into 12 unique searches for each journal. Search terms are given below in Table 1.

Table 1 – Search terms used

RCS Terminology	Country	Modifiers
("temple care" OR "residential care" OR "institutional care" OR "residential institution" OR orphanage* OR "foster care")	Thailand	(perception OR experience* OR opinion* OR "child's voice" OR attitudes)
	Cambodia	
	(Myanmar OR Burma)	
	(Lao OR Laos)	(child* OR "young people" OR orphan*)
	(Vietnam OR "Viet Nam")	
	Malaysia	

The following four digital academic libraries were searched: JSTOR, Web of Science, SCOPUS, and Science Direct. These libraries are the largest databases covering disciplines such as social work, anthropology, social policy, and sociology. Each library was searched with the 12 unique search combinations that resulted in the collection of many duplicate articles, which were then filtered out.

Using this broad search, a total of 2,412 papers were initially screened, where we considered whether the title met certain inclusion criteria. To be included the papers had to focus on children in, or affected by, residential care in mainland South-East Asia, and have been published between 2009 and 2019. In total 2,379 papers were discarded in this initial screening (mostly duplicates), and 33 were retained. These papers were then read in full, at

which point a further 10 papers were discarded as they failed to meet the above criteria. This resulted in **23 articles** that were reviewed in detail.

2.3.2 Findings of the literature search

The following section presents the key themes that we identified in reviewing the 23 articles from the literature search.

2.3.2.1 Participants

The numbers of participants varied widely in the studies, with sample sizes that ranged from 12 to 2,013. The participants were not solely children living in residential care: some studies included surveys of parents (McAndrew and Malley-Keighran, 2017); host community members (Proyrungroj, 2015); volunteers (Proyrungroj, 2017), or caregivers working in a residential care setting (Proeschold-Bell, et al., 2019; Ruiz-Casares and Phommavong, 2016). The studies that had fewer participants tended to use more qualitative and participatory methods (see Emond, 2009; 2010; Tan, 2015).

2.3.2.2 Methods utilised

The studies used a variety of qualitative research methods to achieve their objectives. One study (Chaibal, et al., 2016) used qualitative observational assessment techniques to compare gross motor skills between children. However, most studies used (13) qualitative semi-structured interviews, either directly with children, or with caregivers, volunteers, or members of the host community. Three studies gathered data through group interviews and focus groups, two through informal conversations or unstructured interviews, and nine studies utilised self-completed questionnaires and surveys to gather data. Ten studies undertook qualitative observation of children in residential care settings, with five of these studies being considered "ethnographic fieldwork", where the researcher spent extended time either living or working at the residential care setting. Half of all papers reviewed (12) utilised mixed methods drawing on qualitative and quantitative approaches.

Notable creative research methods were: the use of photo-elicitation and community mapping to understand the children's perceptions and experiences of their

communities and routines (Ruiz-Casares, 2016); the use of flashcards to discuss a child's personal history, their hopes and fears, and their understanding about caring for others (Emond, 2009; 2010); life history interviews to discuss key moments throughout the child's life (Scarvelis, et al., 2017); creating a "day in the life" video of the child, alongside the use of photo-elicitation where children were given disposable cameras to document their life and their community (Ungar, et al., 2011).

2.3.2.3 Ethical arrangements

Key ethical concepts and arrangements such as informed consent from both caregivers and informants, anonymisation of data and quotes, and independent reviews by ethics boards were discussed in detail by some studies (Emond, 2009; 2010; Mohammadzadeh, et al., 2017a; Ruiz-Casares and Phommavong, 2016; Ruiz-Casares and Phommavong, 2016; Huynh, et al., 2019). Fifteen of the studies obtained independent ethical approval, one study did not obtain independent approval but utilised informed consent forms (Ungar, et al., 2011). The majority of studies (14) which obtained ethical approval did so from university ethics committees. Three of these studies (Huynh, et al., 2019; Mohammadzadeh, et al., 2017a; Proeschold-Bell, et al., 2019) obtained ethical approval from government bodies based in the country of study, alongside university approval. Manaboriboon, et al. (2016) obtained ethical approval from government bodies and hospital ethics boards, though not from university ethics committees.

Seven studies had no discussion on ethics. Three of these studies did not interact directly with children (Proyrungroj, 2015; 2017; McAndrew and Malley-Keighran, 2017), and so did not encounter particularly complex ethical considerations. The remaining studies either interacted with children through questionnaires (Yakoh, et al., 2015), or spent extended periods undertaking participant observation, working in residential care settings where they interacted directly with children (Carpenter, 2014; Conran, 2011; Tan, 2015). The apparent lack of scrutiny of these researcher's ethical practice is notable, given the risks and complexity in research involving children in residential care settings, particularly when the investigator is interacting and working directly with vulnerable children.

2.3.2.4 Approaches to exploring lived experiences of alternative care

The majority of the 23 papers identified and reviewed did not focus on the lived experiences of children in alternative care placements. Instead, most papers considered topics such as physical development, the experiences of staff and community members, and the techniques children use to manage stress. Nine of the papers that were reviewed utilised a variety of approaches to explore children's perceptions and experiences of care, and focused only on Cambodia, Laos, and Malaysia. No papers were identified that focused on exploring the lived experiences of children in alternative care in Thailand.

2.3.2.5 Locations

Across the studies we found that Thailand was the most common location in South-East Asia with seven studies based there, though it is notable that three of these studies focus on drivers and opinions on the voluntourism sector, which, though linked to residential care, do not focus directly on the children. Furthermore, two other studies (McAndrew and Malley-Keighran, 2017; Scarvelis, et al., 2017) focus on the experience of Thai adoptees (amongst other nationalities) to Ireland and Australia, respectively. Other studies were based in Cambodia (6), Malaysia (6) and Laos (2). One study (McAndrew and Malley-Keighran, 2017) included four Vietnamese adoptees to Ireland. There was a notable absence of studies found during this review that focused on children and family's experiences of alternative care in Myanmar or Vietnam.

2.3.2.6 Cambodia

Emond (2009; 2010) used a combination of participant observation, semi-structured interviews, and flashcard prompts to explore the lived experiences of 19 children living in a large (110 children in total) Cambodian orphanage. Emond's research focused on identifying the children's perspectives on being regarded as "orphans" (2009) and the effects that peer-to-peer care had on resilience and learning (2010). Methods used in these research pieces appear to be the most engaging and child-centred of all papers reviewed. Emond centres interviews around pictographic flashcards on topics such as personal history and current worries. Children were able to select the order of the discussion and were given the ability to reject topics of conversation they did not feel comfortable engaging in. In addition to this

approach, Emond (2009) also asked the children to advise an "imaginary new resident", allowing them to demonstrate how they perceive and interact with other children.

2.3.2.7 Lao PDR

Both papers identified that focus on Laos explores the perspectives of children in residential care. Ruiz-Casares and Phommavong (2016) conducted interviews with community leaders, child protection professionals, parents, carers, and children in two provinces in Laos (Luangprabang and Xayaboury). A cross-section of children was chosen from a range of alternative care provisions – orphanages, boarding schools, monasteries, and kinship care. This wide range of informants and settings enabled Ruiz-Casares and Phommavong (2016) to map the determinants of child-parent separation, the perceived impact of alternative care on child wellbeing, and the approach to alternative care across urban and rural Laos. In a second study, Ruiz-Casares (2016) then goes on to utilise photo-elicitation (the use of photographs to elicit the interviewee's subjective explanations) and community mapping (a group activity where children map and discuss different parts of their community) to explore the children's lived experiences and perceptions. Ruiz-Casares (2016) discusses these methods in-depth, discusses the benefits and pitfalls of the approaches, and encourages other researchers to apply these activities in future projects.

2.3.2.8 Malaysia

Mohammadzadeh, et al. (2017a; 2017b; 2018a; 2018b) explore the emotional health, wellbeing, and self-esteem of adolescents living in Malaysian orphanages. These studies use the Brief COPE Scale (2017b; 2018a; 2018b), the Depression, Anxiety and Stress Scale-21 (2017a; 2017b; 2018a; 2018b), and the Rosenberg Self-Esteem Scale (2017a; 2017b) to attempt to quantify these aspects. All studies by Mohammadzadeh, et al. utilised self-rated questionnaires with statistical analysis of the resultant data. Musa, et al. (2019) also use the Depression, Anxiety and Stress Scale, and the Asian Family Characteristics Scale to assess the family values and emotional wellbeing of children in Malaysian boarding schools. In significant contrast to other Malaysian research pieces, Tan (2015) takes a more ethnographic approach to explore the literacy practices in a Malaysian residential care home. This study uses a combination of long-term (6 months) participatory observation,

semi-structured interviews, to build trust with the interviewees and collect a cross-section of data from children, visitors, carers, and supervisors. Documents such as brochures, photographs, and the children's schoolwork were also analysed to give a richer understanding.

2.3.2.9 Notably few authors

Though 9 papers out of the 23 were identified that directly explore the lived experiences and perceptions of children living in residential care, many of these papers were authored by the same academics. Three countries were the focus of multiple research projects and journal articles written by the same authors. These countries are Cambodia, Laos, and Malaysia, with respective authors Emond (2009; 2010), Ruiz-Casares (2016; 2016 with Phommavong as co-author), and Mohammadzadeh, et al. (2017a; 2017b; 2018a; 2018b). In the cases of Cambodia and Laos, no other research pieces or authors were identified which directly explored children's perceptions and lived experiences of care in either of these countries.

2.3.2.10 Descriptions of care settings and terminology used

Most studies (16) used the term "orphanage" to refer to the residential care setting being researched, though no study discussed if the children in their care were orphaned, or whether they were resident for other reasons. Likely, a significant majority of the children in these "orphanages" are not orphans, as a primary driver in similar contexts is abandonment due to poverty (UNICEF, 2015, p.8).

Other terms used in these studies were "boarding school" (Musa, et al., 2019; Ruiz-Casares, 2016; Ruiz-Casares and Phommavong, 2016), "children's home" (Scarvelis, et al., 2017), "foster home" (Yakoh, et al., 2015), and "residential homes" (Mohammadzadeh, et al., 2018). One study focused specifically on "monastery" care (Ruiz-Casares and Phommavong, 2016). Four studies explicitly referred to the residential care settings studied as "institutions" (Huynh, et al., 2019; McAndrew and Malley-Keighran, 2017; Proeschold-Bell, et al., 2019; Ruiz-Casares and Phommavong, 2016).

2.3.2.11 Discussions on the care setting

Most papers provided limited information about the context and setting of the residential care or avoid discussing the topic entirely. The few papers that discuss the stated purpose of the residential care setting are largely vague or historical. Proyrungroj (2015; 2017) explains that the residential care settings in their study originally took in children after the 2004 Indian Ocean tsunami, though there is no examination of the cause since then.

Tan (2015) gives perhaps the most comprehensive description of the residential care setting and its practices, detailing the history and founding purpose of the home, descriptions of the operations and facility itself, and a brief discussion of the children currently in their care. This relatively in-depth exploration of life in the residential care setting was used to both provide background and context. Emond (2009) and Carpenter (2015) both give some discussion about the context of their respective residential care settings, though the other research papers reviewed do not explore these areas.

2.3.2.12 Comparative studies

Three of the papers analysed were comparative studies that relied on the disaggregation of data between children in care and children living with their families to draw conclusions. Chaibal, et al. (2016) compare the early motor development of 62 children raised in an orphanage with 59 children raised by their parents. Mohammadzadeh, et al. (2018a) compare the emotional health and coping mechanisms of 164 adolescents living in private orphanages with 201 adolescents living with their parents. Musa, et al. (2019) compare the emotional health and "family values" of 35 boarding school students with 115 students who live with their parents. These studies used children who had not experienced care as a control group for comparison, and so necessarily disaggregated data.

Carpenter (2014) examines two factors that may limit the integration of Cambodian orphanages into local communities – envy and stigma. The study involved observations at 32 orphanages in Siem Reap Province, and compares the institutions' locations, facilities, and approach to external visitors and the community. The study gives general findings and comparisons from across the range of orphanages, rather than comparing or disaggregating by metrics such as size, quality of care, or approach to care.

Two papers explored the welfare or mental health of caregivers across several countries and disaggregated data to compare methods and mechanisms in different contexts. Proeschold-Bell, et al. (2019) consider the approaches taken by caregivers to sustain positive mental health in five regions (Cambodia; Ethiopia; Kenya; Hyderabad, India and Nagaland, India). Ungar, et al. (2011) explores the contributions made by youths to family well-being in five countries (Thailand; Canada; China; India and South Africa). Both studies disaggregate data into country of focus, while Ungar, et al. (2011) detail each case study's familial situation and history. Though Proeschold-Bell, et al. (2019) discuss the background that "differences in child outcomes [are] found between settings", the paper does not disaggregate or consider the type or quality of care received at the five residential institutions in any of the five regions, and instead focuses on the caregivers.

Huynh, et al. (2019) compare the psychosocial well-being of children in different care settings. In doing so, the study disaggregates data based on whether the child is in community-based care or residential care and compares levels of food security, quality of shelter, quality of caregiving, and access to healthcare services. Data is collected across five different countries – Cambodia, India, Kenya, Tanzania, and Ethiopia – and does not discuss the effect that differing contexts or cultures might have on the data collected, and instead treats residential care across different contexts as interchangeable.

McAndrew and Malley-Keighran (2017) explore parents' experiences of communicating with children who have been adopted internationally. The parents of 12 children are included in this study, with the children having been adopted from Thailand, Vietnam, Russia, and Bulgaria. The focus of the study is solely on the experiences of the parents, and no consideration is given to the quality or approach to care each child received before adoption, though this potentially affected the child's development and ability to communicate. Children are instead treated interchangeably as "international adoptees", without analysis of each child's history or context.

2.3.2.14 No disaggregation of data by care setting

Mohammadzadeh, et al. (2018b) explore the coping mechanisms utilised by adolescents living in Malaysian orphanages. The study includes 308 adolescents living in 9 orphanages randomly selected from a potential 50 private orphanages in a particular area of Malaysia (Klang Valley). The context and background of each orphanage is not documented or considered, and as such the data is not disaggregated by type or quality of care received. Though the quality and approach to care within private residential institutions can vary drastically, even within a small geographic region, the study treats each orphanage as interchangeable. Manaboriboon, et al. (2016) seek to identify the psychosocial needs of perinatally HIV-infected youths in Thailand. The study assesses 150 youths through individual counselling sessions and questionnaires – 122 youths were receiving care at one of two Bangkok hospitals, and 28 were at an orphanage in Lopburi province. Though many of the psychosocial issues assessed (good self-care, communication skills, risk-taking behaviour) have been correlated to growing up in residential care (Holm-Hansen, et al., 2003, pp. 82-83), the data is not disaggregated into care situation. Instead, issues around psychosocial needs are instead presented as being only correlated to age or method of counselling.

2.3.2.15 Discussing children as passive objects

Though the papers selected for review document or explore children's experience of residential care in some way, a significant number treat the children as passive objects rather than engaging with their subjective experiences. For example, Chaibal, et al. (2016) compared the early gross motor movement of infants raised in orphanages with those raised in families. Children were monitored to assess key motor developmental milestones such as crawling, sitting and standing, as well as noting the age of walking. In this research scenario, the children are too young to effectively engage in participatory research (4 – 8 months old), and participatory methods would have negligible benefit to achieving these research aims.

In exploring the experiences of parents of toddlers who were adopted internationally, McAndrew and Malley-Keighran (2017) explicitly discuss their decision to

not focus on the adopted children, stating that *"The study is unique in that it has explored issues which current international adoption literature has failed to investigate sufficiently. It focused on issues from the perspective of the parents, rather than focusing on analysing the children's speech and language development"* (p. 101).

Multiple pieces of research were reviewed that explored the subjective experiences and perceptions of adults involved in residential care, such as volunteers, community members and NGO staff. Though many of these research pieces involved ethnographic fieldwork, participant observation and interview, children are discussed as passive objects and rarely given agency. Conran (2011) gathers data from 75 volunteers, NGO coordinators and host community members over nine months, with an aim to explore voluntourism motivations and the effect that intimacy has on volunteer experience. Throughout this research, children are regarded passively as the objects of intimacy. Proyrungroj takes a similar approach and examines the experiences and motivations of residents (2015) and international volunteers (2017) involved in residential care placements. The effects that interacting with children have on volunteers is discussed, but children are still regarded as passive objects.

2.3.2.16 Use of retrospective discussions

Certain papers discuss the children and parents lived experiences of care, though these seem primarily to be a historical, retrospective interview with those who are now adults, rather than working directly with children currently living in residential care homes. Scarvelis, et al. (2017) explore the experiences of 30 children (now adults) who were adopted by Australian families from Rangsit Children's Home in Thailand in the late 1980s and early 1990s. Life history interviews were conducted to discuss subjective experiences, though this primarily focused on life growing up in Australia. Retrospective experiences of living in residential care varied, from being physically abused and happy to leave the orphanage, to not wanting to leave or not understanding what was happening (p. 427). As participants were asked to discuss memories from roughly thirty years prior, it is arguable that this should be considered more of a retrospective account, rather than their actual subjective experience at the time. McAndrew and Malley-Keighran (2017) interviewed twelve parents to discuss the experiences in communicating with children adopted

internationally (one of whom was born in Thailand). There is some retrospective discussion concerning preparing the child for adoption, managing the transition between countries, and reflecting on history, though the focus is primarily on the current situation.

2.3.3 Scoping review discussion

The initial research question used to guide this literature review was: *'To what extent, and in what ways, have the lived experiences of children in residential care settings in mainland South-East Asia been documented?'* Due to the lack of studies on this topic the scope was then broadened to include and consider the experiences and views of those who are linked to children in residential care settings, such as parents, volunteers, and host communities.

Focusing on the qualitative studies, this review identified that a variety of research methods used, some with creative techniques such as photo-elicitation and community mapping. While some studies utilised some form of participatory approach, many treated children as passive objects of study, rather than engaging with their subjective experiences. Multiple pieces of research that we reviewed explored the perceptions and experiences of caregivers, parents, and staff, with no direct or indirect research input from the children in the residential care setting itself. It is likely that this was due to ease of access to adult research participants, though could imply bias and a greater respect for the views and experiences of adults involved in residential care, over the children who are the people at the centre of the practice.

No studies were found that focused on children currently resident in Myanmar or Vietnam. This review did not collect enough data to hypothesise with any confidence why certain countries were favoured, though it is possibly related to the ease of access for researchers, and the countries recent political history. Though certain countries initially seem to have a significant research focus, many have few authors publishing multiple papers on residential care settings in their country, such as Malaysia (Mohammadzadeh, et al. 2017a; 2017b; 2018a; 2018b) and Laos (Ruiz-Casares, 2016; 2016 with Phommavong).

Although most of the research reviewed focused on Thailand and Thai children, it is notable that none of these studies directly explored children's perceptions and lived experiences of care, and instead focused on topics such as the drivers for voluntourism and the opinions of host families. This builds justification for this study that primarily focuses on children and young people's experiences of care.

There was a notable lack of discussion or exploration of the history, context or purpose of the residential care setting itself, with most studies providing a limited overview, or omitting this information altogether. This seemed to lead to a lack of disaggregation of data in several studies, where quality of care was not considered as a contributing factor, nor was the form, or context, of residential care setting. This is a significant omission, considering the significant amount of historical data that is available globally linking the quality and form of alternative care a child receives with their cognitive (Nelson, 2007; Van Ijzendoorn, et al., 2008), physical (Van Ijzendoorn, et al., 2007) and social (Holm-Hansen, et al., 2003, pp. 82-83) development. The review also found a lack of detail about the research participants, in particular the characteristics of children and their reasons for entering residential care, which could have resulted in researchers not considering the potential links between development outcomes and personal life histories.

This review also identified a noteworthy lack of detail on the ethical arrangements of several studies reviewed. Key ethical concepts and arrangements such as informed consent from both caregivers and informants, anonymisation of data and quotes, and independent reviews by ethics boards were discussed in detail by some studies (Emond, 2009; 2010; Mohammadzadeh, et al., 2017a; Ruiz-Casares and Phommavong, 2016; Ruiz-Casares and Phommavong, 2016; Huynh, et al., 2019). 15 of the 23 studies obtained independent ethical approval, one study did not obtain independent approval but utilised informed consent forms (Ungar, et al., 2011). However, 7 of the 23 studies had no discussion on ethics.

The limitations of this literature review are mostly methodological. Evidence from grey literature, such as reports produced by NGOs, National Governments, or Intergovernmental Organisations, are not included in this systematic review due to a lack of reliable published data. Though grey literature on the subject might be of high quality, it has not been peer reviewed, and it would be difficult to thoroughly search and review available

sources. There does however exist a growing focus on residential care settings by the international development and aid community, and so a review of available grey literature would likely give illuminating additional data and insight.

2.3.4 Scoping review conclusion

Despite the review's methodological limitations discussed above, the findings highlight several areas that underpin this project's ethical and methodological approach and that are critical to our understanding of alternative care in Thailand and South-East Asia more broadly. First and foremost, the review shows that children experiences of alternative care in the region are under-researched and there is a very limited amount of research evidence in peer reviewed journals, just 23 articles in total. The main gaps in the limited research that does exist can be summarised as follows:

(a) Most studies have neglected to directly engage with children and young people living in institutions. We therefore know very little about the lived experiences of children and young people in such settings, and particularly their subjective accounts of their social and emotional wellbeing, and aspirations for the future.

(b) Although some studies have used some form of participatory approaches and methods, overall, they tended to treat the children as passive objects of study to gather information, rather than engage them as active thinking and living human beings with their own subjective experiences and perceptions

(c) Most studies also ignored the historical, social, and cultural context of child-care institutions.

(d) Many studies also lacked disaggregated data on the type care provided, the quality of the provision the challenges faced and lessons for policy and practice.

(e) Ethical considerations and outcomes were also not explained in 8 of the 23 studies we reviewed.

The review of this peer reviewed literature has underpinned the development of our project, which we hope will start to contribute to filling the identified gaps in the existing knowledge and understandings of alternative care. The study's main aim was to engage directly with children, young people and their families who are involved in alternative care in Thailand. We sought to actively involve them in the process and learn about their perceptions and experiences of care.

The research team includes local Thai researchers with experience and knowledge of child welfare in Thailand and includes one local researcher that has the lived experience of a childhood growing up in an orphanage. We feel this has enabled us to ensure we are well placed acknowledge and reflect on the historical, cultural, and social nuances of care provision in Thailand and the different settings in different regions. Participatory and creative arts-based methods were developed to achieve that aim and from the outset ethical research practice was to be and ongoing priority throughout the project.

3. Research Methodology

3.1 Conceptual underpinnings

The *UN Guidelines for Alternative Care* are underpinned by the UN Convention on the Rights of the Child (UNGA 2009). The Guidelines promote a rights-based approach and call on Member States to consult with children and young people and enable them to participate in matters that effect their lives. A child rights perspective underpins this research, with the premise that research about children's lives needs to include children. The study is also informed by the sociology of childhood, which fits with this rights-based approach as it recognises children as active social agents who shape the worlds in which they live (Prout & James 2003). Accordingly, the research gained understandings of the children's lives, directly from them, to help inform the practices and policies that affect them (Rogers & Williams 2015). We also acknowledge that although children's experiences and insights are essential, they are limited in isolation and the views and experiences of adults can provide for a more complete picture about situations facing children in a given context. As Hart argues: *'The current reverence for ''children's voices'' should not cause us to overlook the need for thorough and broad-ranging analysis'* (Hart, 2008: 414). As a result, our approach to research on this topic has been to supplement the children's voices with the experiences of their families, and previously we have explored practitioner and policy actors' views (Rogers & Karunan 2020) so that the data from the children can be analysed in broader context.

3.2 Ethical consideration

University ethical processes for research were followed, and the project gained approval from both the University of Bath Social Science Research Ethics Committee in the U.K. and the Thammasat University Ethics Committee in Thailand. A data management plan was drafted and reviewed regularly, all transcripts were anonymised at the point of transcription and names were removed. The anonymised data was stored on secure project laptops and then backed up to a secure online server.

Beyond these procedural ethical consents, we were keen to ensure ethical research practice was at the centre of the fieldwork in both the interviews and artwork sessions. This was particularly important, as the project involved vulnerable children and parents and explored a potentially sensitive topic. The researcher, who undertook all the interviews was trained and supervised by the principal investigator who has experience of direct work with children as a social worker and also as a researcher. As a research team we held regular meetings during the fieldwork phase to discuss the methods and consider any ethical dilemmas.

First and foremost, informed consent was gained directly from the participants at the start of the interviews and art sessions. The children were informed about the project in an age-appropriate way, and it was explained that what they said would be treated confidentially, within 'contextual limits' (Hugman and Smith 1995), whereby if a child disclosed a significant safeguarding concern, child welfare services would be contacted. Thailand has a National Helpline to report such concerns. We also gained consent from each of the care settings for the children to participate, both in the art workshops and the individual interviews. We provided the children with a small gift for participating in the study, this was usually some colouring pens or a notebook. This was provided at the end of the interview and the children didn't know they were receiving this until the end.

We sought consent from the children to take photographs and videos of the activities explaining that we would not use images were they were identified in anyway. The children were given the option of keeping the small artworks they produced individually, we did produce some large-scale group art works, and these have been stored securely at Thammasat University for use at future public events, covid restrictions allowing.

The care settings facilitated our access to young people who were in our chosen age range of 12-18 years old. It is important to acknowledge that the care providers selected the groups of children we had access to. In some of the larger settings this was for pragmatic reasons. For example, some had over 700 children living there, and we were only able to engage with around 15 young people at a time. In future studies it might be useful to work with the settings to determine a more random sample of participants from the residents in the RCS and then seek their consents to participate. However, we feel there was an

openness from each of the settings and we are grateful that they supported our researchers to speak with groups of children. Most of the groups we engaged with were from their school class groups in our selected age range. It is also worth reflecting on this potential sampling limitation and acknowledging this occurred in a context were gaining access to children in RCS is challenging, and across most of these settings we believe we were the first researchers able to speak directly with children.

The activities and the interviews took place at the care settings for the art workshops, staff from the setting were present with our researcher and our artists who facilitated the activities. The individual interviews took place in separate rooms on a one-to-one basis with the researcher and the young person, which was audio recorded then later translated to English at the point of transcription by the researcher.

In our interviews with parents and guardians described below (7.3.2 Fieldwork phase 2) due to Covid-19 restrictions we had to conduct the interviews over the phone. We gained access to our sample of parents from three care settings. These settings shared information sheets and explained the nature of the study to the parents prior to our researchers call. The researcher then explained the research to them at the start of the phone interview and gained their consent before conducting the interview.

3.3 Field work phases

This research project involved 3 distinct field work phases, which are described in detail below. In *Field Work Phase 1*, we explored the children and young people's experiences of alternative care and we utilised creative methods to achieve this. *Field Work Phase 2* involved interviews with the parents and guardians of children who are growing up in alternative care. In *Field Work Phase 3*, we undertook online focus groups with members of the public, to gain a snapshot of public perceptions of alternative care in Thailand.

3.3.1 Phase 1: Children and young people's experiences of alternative care

In the first fieldwork phase we studied the lived experiences of children growing up in the alternative care system in Thailand. The way we did this was to engage directly with the children themselves. The initial aim of the project set out in our research proposal was

to reach a minimum of 10 children from 5 different alternative care settings, temples, residential schools, foster care, children's homes and children reintegrated back to family from residential care. Despite the challenges of numerous Covid-19 lockdowns and the shifting local regulations, in the end we were able to engage 160 children in the study who were growing up in 13 different settings. In total we involved 148 children in art activities and undertook in depth semi-structured interviews with 59 children. There were twelve children we interviewed that did not take part in the art workshops, the reasons for this were primarily due to limited time given to us by some of the care providers. However, in all settings, we did use creative methods with drawing central to the interview process.

The research focused on children of school age, and we involved children between the ages of 12 to 18 years, this range was chosen as it is an interesting and important age group to study. In Thailand, children start secondary education at the age of 12, and can remain in school until 18. Therefore, this sampling choice reflects that age range, and it also provides some context in which to understand their experiences in relation to their peers who are not in alternative care. The total numbers of children and the different settings accessed are shown below in Tables 2 & 3.

Table 2 Number of child participants by location

Location	Interview	Art activity	Total
Center (Bangkok & Pattaya)	16	45	45
North (Tak & Chiangmai)	23	43	55
Northeast (Nongkhai)	10	30	30
South (Songkhla & Hat Yai)	10	30	30
Total	59	148	160

Table 3 Children and young people sample

No.	Location	In-depth Interview		Art activity	Grand total (Art and Interview)
		Female	Male		
1	NGO, Migrant Learning Centre	4	2	38	38
2	INGO, Children's Village	3	2	15	15
3	NGO, Children's Home:	3	3	15	15
4	Government, Home for Girls	5	0	15	15
5	NGO, Foster Care	1	3	0	4
6	NGO, Children's Home	2	0	0	2
7	NGO, Children's Home	1	1	0	2
8	NGO, Kinship Care	1	4	5	5
9	Buddhist Temple	4	0	0	4
10	INGO Children's Village	5	0	15	15
11	Residential School	1	4	15	15
12	INGO Children's Village	1	4	15	15
13	Government, Home for Boys	0	5	15	15
	Total	**31**	**28**		
	Total	**59**		**143**	**160**

We used creative approaches to engage the children and young people to promote their active participation. The children were generously giving their time to take part, so we were keen to make sure the activities not only provided us with data to about their lives in care, but that they were fun! We used drawing and talking both in the group settings and the semi structured individual interviews. We initially piloted our methods in Mae Sot across three sites which helped us develop timings for the activities and gave us an idea of the data generated by each method. Even though the first sites were pilots, we still used the data we collected in the final analysis. The research team spent a day and a half in most settings and in some instances two full days. We held the art activities on the first day and then returned to complete the interviews with individuals that expressed an interest in taking part on the second day.

We used a wide range of *draw and talk methods*. For example, in the individual interviews we used *eco-maps* to explore the children's social networks and relationships, which also gave insights into how they interact with their local communities. *Eco-Maps* have been used previously in research that explores children's experiences of alternative care (Rogers 2017). For the eco-map exercise, the participants undertook this on a one to one with the researcher. The participants were asked to draw themselves in the middle of the page and then the researcher started to talk through all the people, places and things that were important to them. The maps themselves provided a source of data, however, the real in-depth data came from the recorded discussions about the things they were placing on their maps. This provided a way to minimise adult/child power relations and allowed more relaxed communication through the paper and the art activity, instead of the potential intense communication exchange in a formal one-to-one interview.

Figure 2: Eco-Map examples
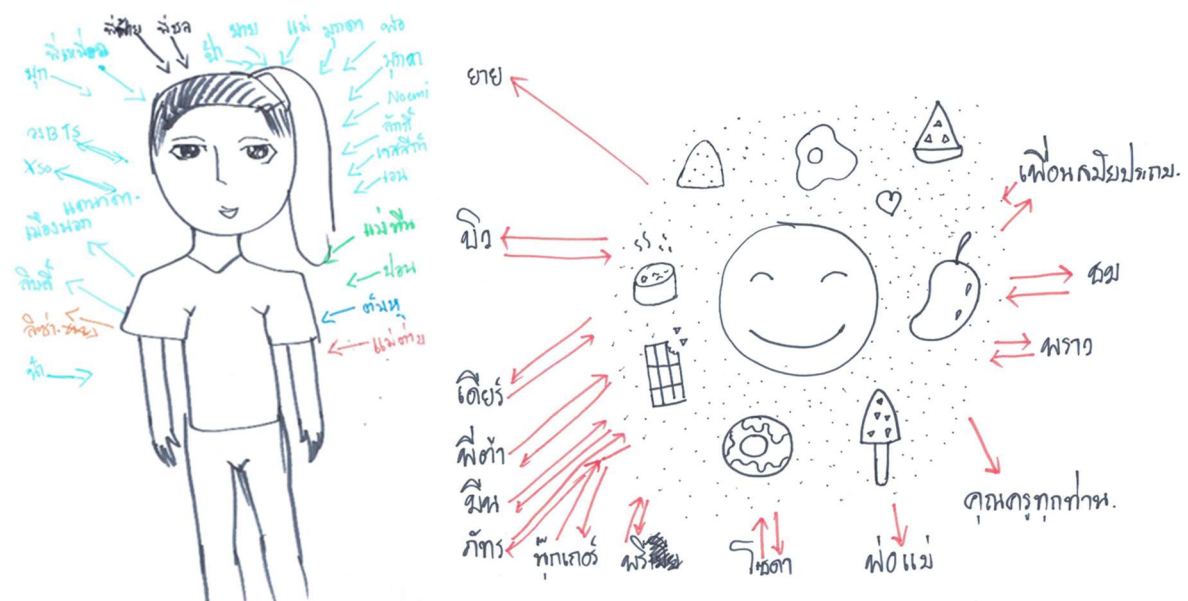
As shown in the drawings above the children took differing approaches to drawing their eco maps. Some included more detail on recording the names and things of interest, whilst others were more focused on the creative visual representations of their social networks. The exercise worked in both approaches because as we noted above the data that the exercise generated was primarily from conversation and the children's descriptions of the eco-maps.

We also engaged a wider group of young people in the different settings in art workshops to explore their hopes and wishes for the future. We used professional artists to support us with these workshops. This was an inclusive activity, and many young people chose to participate in this activity some of whom did not want to be interviewed on a one-one setting. We kept this activity fun and future focused and for the most part it avoided difficult discussions about any sensitive topics but gave insights into what the young people wanted in their future outside of their care settings.

The series of photographs below (Fig 3) show the process of one of the group artwork activities, the *'Tree of Hopes Painting'*. In this activity each participant drew their hopes for the future in a series of circles, which would represent leaves on the large tree of hopes painting. The participants cut out their circles and with the support of the researcher and the artist they glued them on to the tree. In the end of this fieldwork phase, we ended up with several of these large 'Trees of Hopes' artworks that we aim to exhibit at public events (Covid-19 allowing) in 2022.

Figure 3: Tree of hopes photographs

In the more remote areas that the research team travelled to, for example, in the South of Thailand, we were unable to travel with the art supplies necessary to undertake the large-scale tree of hopes exercise. We therefore modified the scale of the exercise and asked the groups of young people to draw individual pictures that showed us their hopes and dreams for the future and then, if they were comfortable, explain it to the group.

Figure 4: Hopes and dreams artworks

During the one-to-one interviews with the children, we also used the *Three Houses* method that was developed by Turnell & Edwards (1999) for child protection assessments. Our use of the method was to explore the participants hopes in more detail but also to open the conversation up to any worries they may have. We asked the children to write in the three houses; the first house was their house of good things; the second one was their house of worries; and the third was house of dreams. We then went through each house on the paper asking them to write down and explain what they would put in these three different houses. This opened up conversations with the young people about their hopes

and aspirations and things were going well in their life, and it also enabled us to learn about their concerns and worries. It is a creative way to discuss potentially sensitive areas of the young people's lives through a drawing and talking method. It opened conversations about missing their family members and issues of bullying among peers in the homes.

Figure 5: Three houses
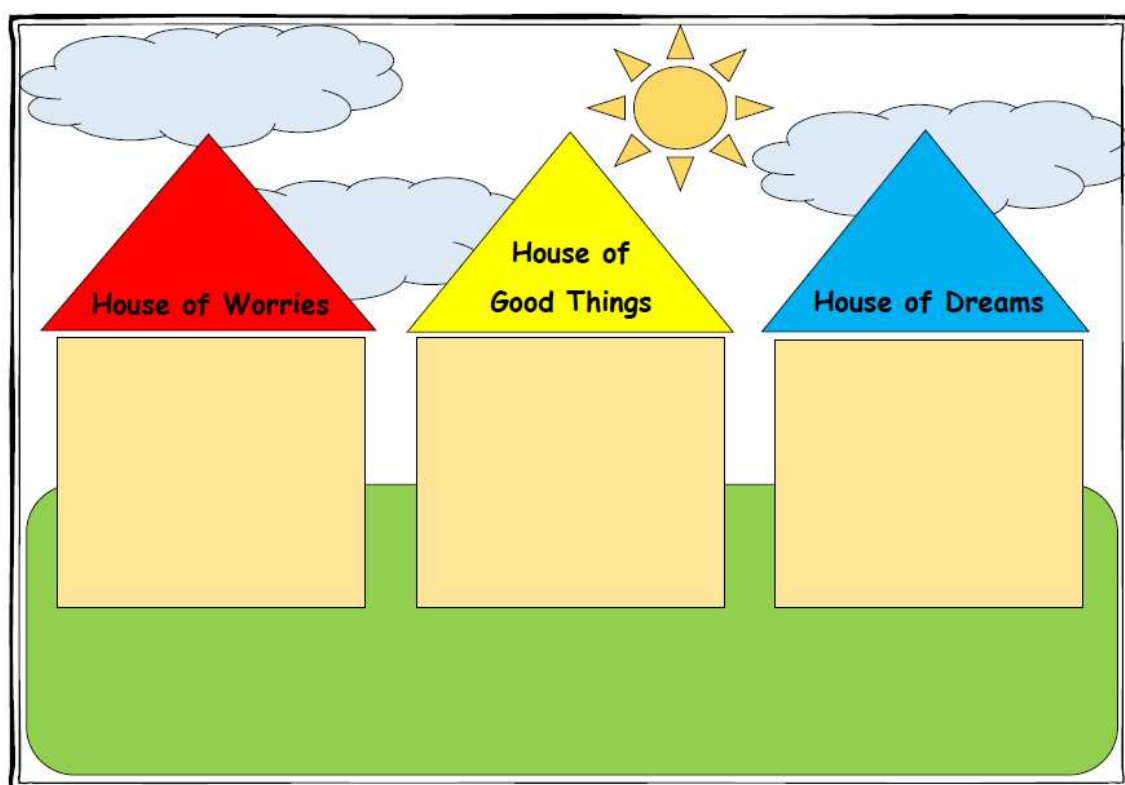
At the end of our time in each of the care settings we also conducted a final group activity that we called a *World Café,* where we explored the children's thoughts on our research activities. This was a useful way for us to gather feedback and develop our tools in preparation for the next care setting we visited. As part of this activity, we used flipchart paper to list things about the activities that participants were happy about, anything they had concerns about and the things for the research team to improve and things to avoid. Overall, the feedback from across the sites was very positive from the young people and they spoke about enjoying the activities and the opportunity to participate in the research. They did offer feedback on our art materials and ways to make the sessions more fun that we took on board as the field work progressed and improved out selection of art materials!

Figure 6: World café

Throughout the fieldwork phase the lead researcher made field notes at the end of the activity with her observations and recollections. We also had another researcher join the team during the writing up phase who is a talented artist and a person that has the lived experience of growing up in an RCS. She was able to assist with analysing the content of the images the children produced and collating these alongside the recorded descriptions from the young people.

3.3.2 Phase 2: Parents and guardian's experiences

For this phase of the fieldwork, we focused on collecting data about the lived experiences of the family members who have placed their children in alternative care. The aim was to explore their perceptions of the alternative care system and their decision making in placing their children in care. We aimed to undertake semi-structured interviews with 10 parents and guardians but thanks to the support of the care settings who connected us with we were able to reach 20 participants. The sample included the parents of some of the children that took part in the first fieldwork phase. However, we chose to anonymise and disaggregate the data to avoid revealing the participants identity.

At the start of each interview, we explained the purpose of the research and asked for the participants to provide consent to participate. We explained that we were independent researchers wanting to learn about alternative care in Thailand. We explained that the interviews would be confidential unless they told us something that raised concerns about a child and that they didn't need to answer any questions or discuss any topics they didn't want to. We used a semi-structured interview schedule to guide the process, and we aimed for an open exchange to follow the participants lead. Researchers have referred to this approach as a 'conversation with a purpose' (Burgess 1984). Due to Covid-19 restrictions, interviews were undertaken on the phone. Although this had potential limitations in relation to building a rapport, without a face-to-face exchange, it did mean we were able to meet with parents in rural locations without the travel time. We were able to meet them at a time that was most convenient for them, which we feel assisted us with our ability to reach the sample size of 20. The interviews ranged from 30 minutes to one hour. The interviews included a small sample of 3 parents that had placed their children in care, but with the support of the Government children's home, and an NGO that provided family support, their children had been returned to their care. We were unable to access a sample that included parents who placed their children in Migrant Learning Centres or in Pagoda care. We hope to be able to include this group in future research.

Table 3: Parents/Guardians, care settings and regions

No	Source	Number	Location
1	Faith-Based NGO, Foster Home and Family Reunification	3	Northern Region
2	NGO Residential Care Setting	11	Central Region
3	Government Residential Care Setting	6	North East Region
	Total	20	

3.3.3 Phase 3: Public perceptions of alternative care

In the final fieldwork phase, we wanted to gain an understanding of the general publics' perceptions of alternative care. At this point, we have studied perceptions of Thai alternative care from a wide range of perspectives. For example, in a previous study funded by the British Council Newton Fund, we interviewed policy actors and practitioners to gain their perspectives on Thai alternative care (Rogers & Karunan 2020). In this final fieldwork phase that explored public perceptions, although we acknowledge this is a very small sample size, it has enabled us to gather data across the whole range of the stakeholders in the community, which has enabled provided us a more rounded understanding of the perceptions and experiences of Thailand's alternative care system.

With the public we used a *focus group* as a method to explore their perceptions. Focus groups have previously been used in social research to explore perceptions.is generated through group dynamics and this was an advantage for this project. As the name suggests one of the strengths of the focus group approach is its ability to focus participants on a topic. The group can be prepared and guided to focus on one topic, in this case alternative care of children in Thailand.

The literature on focus groups suggests they should include up to 12 participants (Barbour & Kitzinger 2001). The focus group approach employed in this fieldwork phase enabled rich qualitative data to be elicited from 7 members of the public. One to one interviews, for a sample of this size may have taken considerably more time in arranging and negotiating access. The transcription of 7 individual interviews would also have been time consuming, although the transcription of focus groups is also documented as a complex task due to the dynamic nature of group discussion (Bryman 2008). Greenbaum (2000) estimates that the cost of conducting one focus group with up to 12 participants is the same as conducting three one to one interviews.

3.4 Data analysis

The audio recordings of the interviews with the children and the focus groups with the parents were transcribed in full and a framework of *thematic analysis* was used to identify the emerging concepts, perspectives and ideas. Thematic analysis has been described as an accessible and flexible approach to qualitative data analysis (Braun and Clarke 2006). Braun and Clarke (2006, p.77) promote the use of a six-stage framework for conducting a thematic analysis in a 'deliberate and rigorous' way. Braun & Clarke's (2006) framework was used in this study; it assisted in organising and coding the transcripts and promoted an inductive analysis whereby the themes emerged from the data. The transcripts were read line by line, and codes were listed. Initial themes were developed from this list of codes. The themes were then defined and subsequently reviewed until key themes were constructed. The key themes are presented in the findings chapter that follows; themes are organised into 3 sections that relate the 3 different fieldwork stages.

4. Main Findings

In this section findings are presented in 3 sections; 1) What we learned from the children; 2) What we learned from the parents; 3) What we learned from the public. In each of the sections we present the themes that emerged from our analysis of the data. We share images from the young people's artworks and excerpts from the transcripts. In places, we have purposefully used quite long quotations from the participants as we are keen to share their voices as this highlights the context and nuance of their perceptions and experiences. The quotations we chose to include were selected because they encapsulate key themes and perspectives that emerged from the analysis of the data.

4.1 What we learned from the **Children**

4.1.1 Children's understandings of why they were living in alternative care

The children all seemed to have some understanding of the reasons why they were in the home and the need for them to be living apart from their families. Some children explained their living situations and experiences prior to entering the home in some detail. For example, when we asked a 12-year-old girl why she was living in the Government home she explained that:

> **Child:** *…My grandmother did not take proper care of me.*
> **Interviewer (INT):** *You lived with your grandmother.*
> **Child:** *Yes, when I say improper care, I mean my grandmother was old and she could not work. So, I went absent from the school to help her work. She had only me to stay with her.*

The following quotation is another example of this common theme, a child being placed due to arrangements with a grandparent breaking down and them being unable to continue caring for their grandchild.

> *INT: And do you know why you came here?*
>
> *Child: …my family was not ready to take care of me and I stayed with my grandma and she was very old. Then she informed this place to bring me here.*

Data shows that children can enter the different alternative care settings for differing reasons. In the government homes where children were placed many of the children explained they were placed due to concerns around abuse and neglect. For example, this girl in the government home explained that she was taken to the home after experiencing abuse in her family

> *Child: I was sent here because I was abused by my brother. He could not find a job. I did not understand, he might be stressed. His girlfriend also abused me because she wanted me to take care of her baby, but I did not do a very good job. There was an aunt, a neighbour, who knew that I was abused. She called the police, so they came and arrested them.*
>
> *INT: …So, the police brought you here? Did you go anywhere else before coming here?*
>
> *Child: The police brought me to the hospital first… Then they took me to the police station to ask questions because at that time they could not arrested my brother yet. He was running away.*

Many of the children growing up in foster care, the NGO homes and particularly the children's villages explained to us they were living there due to their family's social struggles, domestic violence. Drugs were also discussed by the children and the experience of poverty was prevalent in all the children's accounts. The following quotation from a girl in an NGO children's home really encapsulates this theme around poverty, which was evident in many of the children's accounts.

> *INT: Do you know the reason why you are here?*
>
> *Child: I know some information like my parents do not have enough money to support my education. Also, the community I lived, there were surrounded with a lot of drug addicted people. So, my mother sent me to live here.*
>
> *INT: Ok. Can you remember your life before moving here? How was your life?*
>
> *Child: At that time, I did not go to study. I stayed home alone and played with my toys. My mother was a worker for a construction company. In the night-time, if my mother did not have job during the day for construction, she went searching for the garbage to sell. I went out with my mother to work. I did not go to school.*

At an NGO children's home in Pattaya one boy explained to us succinctly how the combination of a mother in prison, and a father who had no money to send him to school, meant he had to live in the home.

> *INT: Do you know why you are here?*
>
> *Child: Yes, I know. My father does not have money to send me to school and my mother is in jail.*

One boy in a children's village explained that he was placed in the village by his father after family breakdown and his parents 'problems'. He also felt this was in part due to his use of computer games. However, what is probably more significant than his gaming activity is that at the young age of six, he was left at home unsupervised having to care for his even younger sister.

INT: You have been here for 5 years?

Child: Yes.

INT: Do you remember how your life was before you came here?

Child: I was with my parents. They have problems very often and I was addicted to games. I play game all the time when I was at home.

INT: Computer games?

Child: Yes. One day my parents had a problem and so they divorced. I was 6 at the time. My dad was stressed and tired, so he could not take care of me.

INT: You lived with your dad after the divorce… and your dad brought you here?

Child: Yes.

INT: Was your life here is different from the life before you came here?

Child: Yes, it is different,

INT: How is it different? Can you explain?

Child: Before I came here, I woke up very late. Sometimes I slept very late too because I was playing games. I do not have responsibility because my dad and mom did not teach me much. My dad is busy with work and my mom always went out. So, I was only with the computer.

INT: Were you in the house with only your sister?

Child: Yes.

INT: You woke up late, and what did you do when you wake up?

Child: After woke up, I took a shower, had breakfast then started playing games.

INT: Your parents prepare food for you before they left?

Child: Yes, they bought it.

INT: They bought it and left it for you?

Child: Yes.

For the children growing up in the migrant learning centres on the Thai Myanmar border in Mae-Sot, they demonstrated an awareness of their status as migrants in Thailand. They were aware their parents migrated due to challenges of life in Myanmar and the need to leave the country for work. For example, one boy explained,

INT: Do you remember the life before you came here?

Child: A little bit.

INT: Why did you come here?

Child: Because my family could not take care of me, because of money… and the economy.

The children from Myanmar were also very aware of one of the key drivers that has emerged across this study which is a perception that children must leave home in Myanmar for an education. As one of the girls at an MLC in Mae Sot explained to us:

Child: School in my village is only to grade four, so after that there is no way to continue education, so my family chooses for me to come here.

Children from the hill tribes in Chiang Mai had similar experiences. For their parents the choices for education seemed to be the NGO children's home or nothing.

INT: Do you remember your life before staying here?

Child: My village does not have school. I stayed home during I was before 7 years old. At that time, I followed my mother to do farming every day and play around her everywhere. I came here when I was 7 years old.

INT: You came here when you were 7 years old?

Child: Yes, so I went to school.

This young person from a Hill tribe had a similar experience and described how children are recruited into the homes through brokers, in this case a Christian church 'steward'.

INT: Why do you live here?

Child: My family lives in a village on the mountain where there is no school, my mother does not have education. If I want to go to school, I have to walk very far away, like to cross many mountains. My family does not have car. My village is in Chiangmai, but the school is in Mae Hongsorn province. I came here because there was a man, also a hill tribe person but he worked as the steward for the church, he organized the Christmas party at my village. He looked for the children in the village who needed help. He knew my father passed away since I was young, and my mother was only one who took care of my family. So, he helped by taking me to stay here.

INT: Did your mother know him?

Child: At first, she did not know him. The man asked the other villagers, and they introduced my family because the other family they had both father and mother. Only my family that has one mother took care of three children.

INT: He picked you after finding out your family needed help.

Child: Yes

INT: So, you came to stay here since you were grade one. When you stay here……. Are you okay? (She has a tear in her eye)

Child: OK

Another child in a residential centre in Pattaya explained that their immigration status was a factor in their placement in alternative care.

INT: How do you understand your situation? why do you stay here?

Child: I understand that my family is not ready. I might have problem if I stay with my family because I do not have nationality. I have only birth certificate. I think it is better for me to stay here because I cannot make decision now. I think I can decide where to live when I am 18 years old.

4.1.2 Relationships with carers and their perceptions of their care

Across the different settings the children expressed gratitude for their care and most spoke positively about their caregivers. They presented as thankful, particularly for the lessons their caregivers were teaching them. In the Government home the children seemed to have respect for the staff and appreciated their care and their mentoring. For some children they placed staff members alongside their family members on their eco maps as people that were close to them and that provided them with support. This was often the social workers based in the homes.

Figure 7: Eco Map examples
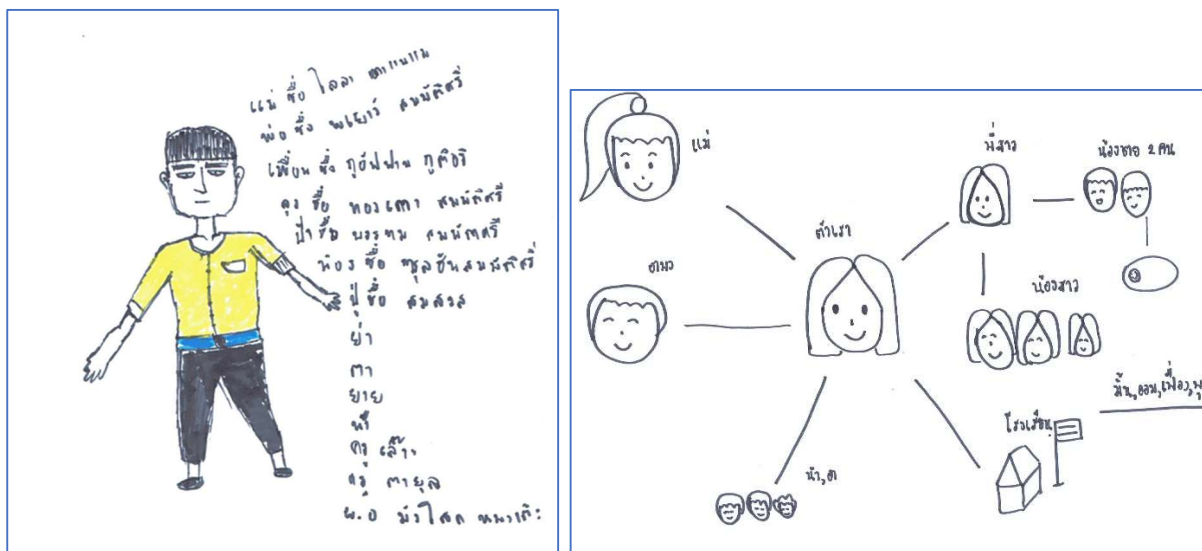
One of the girls described how their social worker helped them to settle into the Government home and helped them to 'improve' themselves.

> *INT: Who helped you adapt yourself when you first came here?*
>
> *Child: My social worker helps me to develop myself.*
>
> *INT: What is her name? You can put his name in the eco-map… How did she help you?*
>
> *Child: She helped me improve myself.*
>
> *INT: How?*
>
> *Child: If I did anything bad, she'd tell me to improve to be better and that if I wanted to change myself then I'd have to be more diligent to improve myself.*

Another child in the same government home also explained that their social worker was a close person to them and the first person that go to when they have a problem they need support with.

> **INT:** *Who do you consult when you have a problem?*
>
> **Child:** *the staff*
>
> **INT:** *Who is their first one? the staff member you think of when you have problem?*
>
> **Child:** *XXX the social worker here.*

The boy that we quoted earlier, who felt his computer gaming was a problem when he was at home with family, described how the staff in his home helped him to be 'better.' The opportunity to play in a playground with other children was also a benefit of living in the home.

> **Child:** *Since I have been here, I am a lot better because they teach me everything, starting from wake up and duty as housework.*
>
> **INT:** *When you are here what do you do after you woke up?*
>
> **Child:** *I clean the leaves then swept and mop the floor of the house after I wake up. I first came here I did not want to do any work. I was still addicted to the games. I wanted to do what I used to do. But when I stay for a certain time, I start to change.*
>
> **INT:** *Did you still play games when you were here? When you first came here, did they let you play games?*
>
> **Child:** *Not on the computer, here was only a playground instead. It was fun, and I was happy, because before I came here, I only had the computer.*

The participants in the children's villages described very close relationships with their carers who they referred to as family. The main carers in their houses they refer to as their Mother/Mum and backup carers they refer to as their Aunt.

> *INT: Does your mum help you a lot?*
>
> *Child: Yes, whatever she can do for me, she will fully support me.*
>
> *INT: Can you give me some examples?*
>
> *Child: Like, if I want to study an art, then she tries to support me.*
>
> *INT: Does She find a place for you to study?*
>
> *Child: She teaches me herself.*
>
> *INT: OK she teaches you by herself. And what do you mean by aunt?*
>
> *Child: The aunts in this village.*
>
> *INT: How are they important to you?*
>
> *Child: The aunt help take care of me when my mom is not home for example my mom goes to get groceries or her day off. They also help us solve the problem but less often than mother.*
>
> *INT: What are the major problems that you consult your mom?*
>
> *Child: About my studies.*
>
> *INT: Like when you do not understand the lesson in the classes or homework?*
>
> *Child: Yes.*

The children in the villages often spoke of wanting to return after they leave care, to help their house mothers, they showed great respect for their mothers and a close attachment. For example, this girl was quick to place her house mother down first on her eco-map.

> *Child: First person is the mother; she always supports by listening and coordinating with all issues. For example, the university and dormitory paper or when I have to see the doctor, my mother informs the office and prepares all the documents for me.*
>
> *INT: Who takes you to do the examination for the university registration?*
>
> *Child: Mother…. Mother has never interrupted my study like forcing me to study in a way she likes. She gives me freedom to choose by myself. She always supports me to do my best for what I choose.*

The children also described the village as home and like other young adults leaving home they wanted to be nearby.

> *INT: When you grow up where do you want to live?*
>
> *Child: I want to be near Bangkok, not too far from home. I want to come back to visit my mum and my sisters, young kids. I do not want to take a 7-8-hour on the road to be back.*
>
> *INT: So, you want to live near the village?*
>
> *Child: Yes. I want to come back to help my mum from time to time.*

4.1.3 Relationships with peers

Bullying was a common issue across many of the settings, the children described how this ranged from 'teasing' and 'bad talk' to children hitting others and stealing their possessions. The following 9 year old child who was placed in an NGO home described how they were teased when they arrived and how they found this shocking.

> *INT: How did you feel when you first came here?*
>
> *Child: At first, I felt shocked and scared.*
>
> *INT: You were around 9 years old then?*
>
> *Child: Yes, I was in grade 3.*
>
> *INT: Shocked?*
>
> *Child: Yes.*
>
> *INT: Did you come with your sister?*
>
> *Child: Yes. The first day I came here there were some older children who were teasing me, but it wasn't bad just funny teasing.*

In the Government home the children also reported challenges with their peer relationships. They described bullying in the dormitories and teasing across the different age groups. One girl explained how this was often related to how long people had been living in the centre, with children who newly arrived often being bullied. When the researcher asked this child in a Government home what they would improve about life at the centre they

described how they wanted the other children to stop 'bad behaviour' and she went on to describe bullying that she had experienced.

INT: If you could develop this place, what would you want to do?

Child: As I see, the children here always bully others and the stronger child often takes advantage of the weaker kid. I want to manage this relationship. I want everyone talk with reason.

INT: Have you ever been bullied from other children?

Child: I have never been physically bullied but had bad talk from the children who have lived here before me. They try to show their power.

INT: What did you do in that situation?

Child: I was not OK. I cried alone and very quietly until the housekeeper asked me. Then she talked about my case in the house meeting. Then after the meeting, those girls spoke to me even worse. Even though they are younger than me, but they stayed here before me. They said bad things to me always. I have never faced this situation before. At that time, it was difficult for me to adapt myself in this place.

INT: What did you do when you were not OK?

Child: I did nothing.

INT: Just be patient?

Child: Yes, sometimes when I could not be patient, I cried in the toilet. Many times, the children in between old and young age, we call them middle children always use emotion and cannot control themselves. (The senior is old children, the junior is young, the middle children are the age between old and young children, around grade 6-9 children) They hit the younger children when they upset, even slap. I feel bad. I hope the children here can talk to each other nicely and support each other.

INT: The caretaker here could not solve this problem for you?

Child: No, she cannot do anything or help. Even when the children tell them, they cannot solve this problem. The children always bully behind her back.

The same suggestion for improvement was made by another child in the same Government home. The two quotations also highlight how the children had no faith in the staff being able to resolve the bullying incidents and described how staff interventions could make matters worse.

INT: Anything that you want to develop here?

Child: The children's behaviour. The facilities here are good but the children's behaviour is a problem.

INT: The problem children, is it a group or only one?

Child: In the past they are in the group. They had a leader who told the other what to do. For example: the leader told the other to ignore me, then no one talk to me. Once they took my workbook and report and hid them, I did not have my work to send to the teacher. I almost failed that class.

INT: How did you solve that problem at that time?

Child: I did everything again, all reports and assignments that I lost. A lot of assignments I had to do again.

INT: You cannot inform the caretaker to help searching?

Child: If I informed the caretaker, they would bully me harder. So, I kept quiet and did all work again. They returned all my work when I finished up all work again.

INT: Are they nice to you now?

Child: No problem now because I did not fight back. I didn't because it is recorded if you have bad behaviour. Then, you would be transferred to another centre if you were recorded many times. I do not want to have problem. So, it would better to stay quiet to stay as long as I can in one centre. Changing to the new centre, it would be hard to adapt myself again.

Bullying/teasing and the stealing of personal possessions also occurred at NGO children's homes and again children did not seek support from staff with these matters and instead tried to resolve the issue themselves.

> *INT: Do people ever tease you here? Who?*
>
> *Child: I don't know who tease me. Sometimes they also took my belongings while I was sleeping…*
>
> *INT: How did you solve the problem?*
>
> *Child: I investigated by myself, observed and found the cause of problem.*

Data shows that relationships with peers are also nuanced and alongside accounts that showed the impact of bullying, we also found data showing how peers could also be the closest people to them and how they provide an invaluable source of social capital. Friends in the care setting could help you get by daily. This boy in a Government boys home described how one of his older friends that he referred to as his brother, gave him some Nike shoes.

> *INT: What is your most important treasure?*
>
> *Child: My shoes.*
>
> *INT: Nike shoes?*
>
> *Child: Yes.*
>
> *INT: How did you get them?*
>
> *Child: I did not buy them like brand new, I asked from the brother here*
>
> *when their shoes do not fit them anymore. So, he gave me because they are too small for him.*

Other children described close peer relationships and referred to themselves as siblings. For example, this girl at the children's village explained the closest person to her on her eco-map was her an older young person that just left for University, she described her as her sister.

> *INT: Who is your closest person?*
>
> *Child: …the closest person is the senior child who I call "sister" she is now studying in the university and stay in the dormitory.*
>
> *INT: Do you still contact her?*
>
> *Child: Yes, she still come back to visit here from time to time.*

One off the children in the village placed her friend prominently on her eco map and spoke of how close they were to her.

> *INT: Who are these friends here?*
>
> *Child: Friends at school in the classroom and sport team. My friends support my study when I missed the class for the sport tournament about 10 days. They helped collect all of my assignments and shared their class notes with me.*
>
> *INT: How about people in the local community?*
>
> *Child: The people surround me in this village. I know everyone around here.*
>
> *INT: Do you feel lucky that you are here?*
>
> *Child: Yes, very lucky and I am proud to present that I am the village's child.*

Data did show that as the children got older, they had to take on significant caring responsibilities for the younger children. This sibling responsibility for their peers is built into the structure at the settings that have adopted a version of children's villages where the households are mixed in ages from 0-18 with the older children supporting the house mother in their care and support for the younger children. This child in a Government home explained that alongside their household chores they had to help look after the younger children in their dormitory.

> *INT: What is your responsibility in the house?*
>
> *Child: My duty is cleaning the house, and the kitchen. I am the oldest child in the house, so I have to help take care of the young kids.*
>
> *INT: Do the kids in the house fight with each other?*
>
> *Child: Yes*
>
> *INT: How many children in your house?*
>
> *Child: about 23-24*

In the Buddhist temple we interviewed a small number of older young people and they described significant responsibilities for caring for the younger children. This is in the context of a temple that accommodates over 700 children. One 16-year-old girl explained how she found the care of the children challenging

> *INT: I see, if you could design your life, how would it be?...*
>
> *Child: For me, I think I'm happy I have become a nanny. Because there's more privacy, although there's a time requirement and sometimes it can be tiring when the kids are naughty. If the kids are well behaved, we get our private time.*
>
> *INT: When the kids are naughty and you get upset, what do you do?*
>
> *Child: Sometimes, I unconsciously yelled at them but then, I would have to go and apologize to them. Because sometimes in the moment, I feel angry but when cooled down, I understood them. But usually, I have friends and they will help me. When they know I'm angry, they will say "hey, calm down" or something like this. I have friends to help support me.*

This 17-year-old girl in the temple had lived there since she was 7 years old. She was given accommodation and paid as a nanny to care for the children in her dormitory. Her account of daily life offers an insight into long days and hard work.

> *INT: What do you get to do here in your daily life? Can you tell me what do you do? What time do you get up and so on?*
>
> *Child: I wake up at 4.30 and call the rest of the kids to chant. In the morning, we do walk meditation. In the evening, we chant.*
>
> *INT: I see. After that?*
>
> *Child: when I go back, I take a shower...I watch the kids do their chores first then shower. Soon after, it's dinner time so I call the kids to come eat.*
>
> *INT: You call the kids to eat then after that, what do you do?*
>
> *Child: I held activities for the kids.*
>
> *INT: On Saturday and Sunday? Or school days?*
>
> *Child: Yes, Saturday and Sunday.*
>
> *INT: Then you held activities all the time, every week?*
>
> *Child: Yes. Sometimes I teach manners, chanting etc.*
>
> *INT: The kids that you teach are in what grade?*
>
> *Child: Junior high-high school.*
>
> *INT: Junior high?*
>
> *Child: Yes, Grade 7-9*

INT: I see, how many people?

Child: 65 people.

INT: And how many nannies taking care are there?

Child: 9 people.

INT: What about on school days?

Child: The kids go to school.

INT: So, you have to send them off to school first?

Child: Yes.

INT: So, after breakfast you all separate to go to school?

Child: No, we have them line up at the field first. Gather them and check whether all is there, if so, we allow them to leave.

INT: A bit like a teacher.

Child: Yes.

INT: After you have let them go off, you then go to school?

Child: Yes.

INT: Then what do you do when you come back? What time do you finish school?

Child: We finish school at 11.30 to eat lunch.

INT: Then you go back to school again?

Child: Yes. When we finish eating, we go back to study again.

INT: And after school is finished?

Child: When school is finished, I watch the kids doing their chores and then at 4.30 we have dinner.

INT: You guys eat at 4.30 then what do you do next?

Child: We go back to take a shower.

INT: I see.

Child: Yes, because at 6, we chant.

INT: Then you go to sleep after chanting?

Child: We do our homework for a while before sleeping.

When the interviewer asked this young person about their hopes for the future, they spoke of how they were focused on working as a nanny at the temple and sending the money home to her stepmother.

> *Child: Right now, I can't think of any. I just want to earn money and take care of my stepmother.*
>
> *INT: Are you able to go outside to do some jobs to earn some income?*
>
> *Child: No, I cannot.*
>
> *INT: I see, you can't go outside. Then do you currently have your own personal savings?*
>
> *Child: Right now? I receive money for being a nanny. My master will give as a gift.*
>
> *INT: How much are you given?*
>
> *Child: I get Baht 500 per month.*
>
> *INT: I see, you get Baht 500 per month. How do you manage it?*
>
> *Child: Sometime, I don't use it but sometimes I use and transfer to my mum if she needs it.*
>
> *INT: I see, so you save up to take care of your mum.*
>
> *Child: Yes.*

4.1.4 Rewards and sanctions

The children gave examples of when they were rewarded by the staff for good behaviour. In the children's village one 14-year-old boy who had lived there since he was 5 years old explained that his house mother would arrange trips out if they were well behaved.

> *INT: How is the reward system in your house?*
>
> *Child: For my house if I make mom happy, she will take us to travel or eat out.*
>
> *INT: When your mom takes you to travel outside, does she take everyone?*
>
> *Child: Yes.*
>
> *INT: Where normally does she take you …?*
>
> *Child: Robinson, Big C. places like those.*
>
> *INT: Do you go with the car of the village?*
>
> *Child: No, we go by our own. My mom takes us to the public bus.*

Children in NGO homes also described rewards for good behaviour included extra allowances for achieving good grades at school.

> *Child: In my house they will give Baht 50 to the kid who does not get zero grade in any subject.*
>
> *INT: How much have you got for this reward?*
>
> *Child: Baht 150 , we have to have no zero grade for all subjects in a semester, then you get Baht 50*

There was also some good practice at the children's villages when a child described how their behaviour was positively reinforced from her house mother by providing hugs and praise,

> *INT: Have you ever gotten any awards? Does your mum give you any reward when you do good things?*
>
> *Child Sometimes, but my mum's rewards are not things. They are mostly hugs and praise. I told her myself that whenever I do something good, she does not need to give me anything, just love me, be with me, fully be with me, love me forever.*

The sanctions for what was perceived as poor behaviour varied from losing rewards and trips out. In some settings children were given extra chores or schoolwork and others they lost their pocket money. For some children they experienced physical punishments in the MLCs they were made to do physical exercises and in the Government homes and children's villages the participants in this study described to us how they were punished physically and hit by staff with sticks. In the Government girls home the children all spoke about the loss of their allowances, they explained they would get daily pocket money of Bht 60 and how this can be taken away.

> *Child: Yes, one of the rules are that if we write our name wrong when we get our allowance then they will take away some of money.*
>
> *INT: How much did they take away?*
>
> *Child: Around Baht 5-20 t for the whole week.*
>
> *INT: How many times have you ever been punished for this?*
>
> *Child: Sometimes other people in the house misspell their name but our entire team get some of our money taken away.*

> *Child: I have my personal saving account with the house. My mom here makes an agreement with all children to save Baht 10 per day. I still save mine with this policy even though I am grown up. For example, I had Baht 60 allowance when I was in the middle school, but I got only Baht 50, another Baht 10 my mom saves for my saving.*
>
> *Child: The mother will deposit all my money at the end of the month.*
>
> *INT: Is this policy only for your house?*
>
> *Child: It depends on the mother in each house, they all talk to their children about the process to save money. All children like to save money!*

In the children's village sanctions usually meant extra household chores and some children were given the option to write an essay.

> *Child: They have to suggest their own punishments like improving the house without the mom having to tell them. But if they cannot think of anything then they have to write an essay.*

In an NGO children's home one participant explained that their sanction included some reparation towards a younger child they teased.

> *INT: Is there any other penalty besides allowance deduction that you have ever got?*
>
> *Child: Washing the clothes for the junior who I teased.*
>
> *INT: When is the last time you get this punishment?*
>
> *Child: quite a long time. I do not tease anyone when growing up.*

The children in one Government home explained were also sanctioned for wearing clothes that breached the rules for example one girl explained how she was punished for wearing shorts and when we asked her why she couldn't wear shorts she replied: -

> *Child: I think because there are outsiders who often come to visit here such as the donors. So, they want all the children to look proper.*

Sanction was often presented as a loss of privileges or access to activities. For example, this girl in the Government children's home explained that the children in her house lost access

to computers. This sanction was significant to this child as losing access to the computer limited her contact with family.

> **INT:** *Do you use the computer here?*
>
> **Child:** *Not often because one of the young children in my house used to sign the housekeeper's signature to entry the computer room once. All children in my house were banned from using the computer room since then.*

Children placed in foster care described similar approaches to reward and sanctions from their foster carers.

> **Child:** In the past when we lived with 5 children in this one family, the foundation had 5 families all together. So, the child among 5 children who get highest point from the study in each family will get a reward.
>
> **INT:** The top score student of each family will get a reward?…
>
> **Child:** ... It gives only the top one in each house.
>
> **INT:** OK, just the top one will get the reward which would be money or thing that she wishes to have.
>
> **Child:** Yes
>
> **INT:** If the children break the rules?
>
> **Child:** If it is a serious mistake, the parents would consult with the staff (at the Foundation). For non-serious mistake, the parent can punish the children.
>
> **INT:** So, the punishment varies and depends on each family.
>
> **Child:** Yes
>
> **INT:** What was the punishment you had in the family you lived?
>
> **Child:** Deduct the daily allowance, do the chore alone, cannot participate the special event, cannot attend any special event meal or party with other.

Across all the different settings the children reported that care staff used physical punishments. Sometimes this was described as 'soft' hitting, others described being hit with a stick. For example, this girl in the children's village explained that she was hit by her house mother when she was younger.

> **INT:** Have you ever been punished? Has your mom ever punished you?
>
> **Child:** Yes, when I was a kid.
>
> **INT:** How did she punish you?
>
> **Child:** She preached a bit and hit me, but not too hard, very soft hit.

A child in the Government home also explained how some staff sanctioned the children's behaviour by hitting them.

> **INT:** *Do the staff use the same punishments?*
>
> **Child:** *No, not the same. In some houses the housekeeper hit the children.*

The children also told us that the use of physical punishment was used in some of the settings where they were educated on site, with physical punishment being used by the teachers. For example, this child in a Government children's home explained

> **INT:** *Have you been punished?*
>
> **Child:** *Yes, normally they will hit. Currently, they will let us to pull grass…*
>
> **INT:** *Have you ever been hit?*
>
> **Child:** *Yes*
>
> **INT:** *Where?*
>
> **Child:** *On my hand.*
>
> **INT:** *What happened?*
>
> **Child:** *The kitchen was open and me and my friend went to play there. The older kid took the face paint there to paint on my face. Then we were found, the teacher at the department hit me….1 time for everyone who played together.*
>
> **INT:** *How often you been hit?*
>
> **Child:** *Not many times. They do not hit the grown-up children much. They will let us do some work instead. Like pulling the grass.*

In one of the children's village a 14-year-old boy explained that, alongside punishments of extra chores, his house mother punished him by hitting him with a stick:

> *INT: Have you ever been punished because you did something wrong?*
>
> *Child: Sometimes.*
>
> *INT What did you do?*
>
> *Child: I didn't listen to my mom.*
>
> *INT …And how do they punish you?*
>
> *Child: Sometimes they make me scrub the pipes…*
>
> *for the worst behaviour I will be hit.*
>
> *INT: How have you been hit...*
>
> *Child: Yes, using a stick.*
>
> *INT: Standing straight and get hit?*
>
> *Child: Yes.*
>
> *INT How many times?*
>
> *Child: Around 5 times.*
>
> *INT How do you feel when you are getting punished?*
>
> *Child: I feel regret that I did wrong.*

One of the Government homes used a similar system to the children's villages with a house mother that cared for a dormitory of children. They also had house uncles for the older boys. This boy described how children were hit by both the mothers and the uncles.

> *INT: What you have to do to get punishment?*
>
> *Child: I have never been punished.*
>
> *INT: I see. Has any of your friend been punished?*
>
> *Child: Yes.*
>
> *INT: What did they do wrong?*
>
> *Child: A senior in my house smoked cigarettes.*
>
> *INT: Mmmm.*
>
> *Child: Then uncle hit him…then talked.*
>
> *INT: So, there is a rule stated that smoking is forbidden in the house.*
>
> *Child: Yes. It's forbidden.*
>
> *INT: Did he get the cigarettes from outside?*
>
> *Child: Yes.*

> *INT: And he got caught by an uncle.*
>
> *Child: Yes.*
>
> *INT: How did the uncle hit him? In front of everyone or in a private space?*
>
> *Child: After we had daily evening pray (Buddhism), the uncle asked him to be here to discuss.*
>
> *INT: so here in this private room. (the office that we use to interview) .*
>
> *Child: Yes..*
>
> *INT: So how did you know that he was hit? Did you see them?*
>
> *Child: No - he (the senior) told me.*
>
> *INT: Oh, He told you. Did the uncle use stick to hit him?*
>
> *Child: Yes.*
>
> *INT: How many times had he been hit?*
>
> *Child: I do not know.*
>
> *INT: Has anyone else got hit by stick?*
>
> *Child: Mostly the young kids...*
>
> *INT: Have you ever got punishment when you lived with your house mother?*
>
> *Child: Yes.*
>
> *INT: Why?*
>
> *Child: I woke up late.*
>
> *INT: Okay. How did she punish you?*
>
> *Child: She hit me. She woke me up by using the stick to knock my chin.*
>
> *INT: Because you did not wake up easily.*
>
> *Child: (laughs) yes*

The children we interviewed that were placed in foster homes spoke positively about their caregivers. However, some children described how they were mistreated by their caregivers and experienced physical and emotional abuse:

> *Child: At first it was ok with all of us. They took good care of us but after 2 years past, their behavior was different than in the last 2 years.*
>
> *INT: Ok by good care what do you mean?*

Child: Yes, they prepared breakfast for us every day, but after that I had to do things.

INT: What did you do, please tell me the details?

Child: Pull the grass and prepare land for growing vegetables.

INT: Helped them to do housework?

Child: Yes

INT: You said they changed, how was the change you mean?

Child: Once I felt hurt. They wanted me to eat big piece of fat meat. I could not eat it but they forced me to eat until I vomited.

INT: Pork fat?

Child: Yes, only fat, big one. I could not eat it because I felt disgusting, then I vomited. I felt terrible, bad that they forced me. After that they blamed us that we were too picky to eat.

INT: You feel bad. After that did they make you feel bad?

Child: Yes, normally we had meal at the same time but on the different table. After I finished my meal, I cleaned my dish and I liked to sit in front of the house to see the scenery outside. It was the nature around the house. I normally sit there after my meal to relax every day. They saw my behavior like that until one day, they locked the door from inside. I could not get out the house which made me so confused.

INT: Did they tell you why they do that?

Child: Not at all. They told me nothing why they lock the door.

INT: After 3rd grade, where do you live?

Child: …Because the parents had that bad behavior, the foundation dismissed this family. At that time, I was the oldest among 5 children of the foundation who stayed with that family. The youngest girl within our 5 was smacked on her bottom hardly until she got a bruise. She just was 3 years old. We went to the school together; the teacher saw the bruise. She called the foundation staff. Then the staff picked all of us from the family. We went to the hospital to physical check-up too.

INT: Only the youngest child was smacked? How about you and another kid?

Child: We was smacked too but not as much as the youngest one. She had done many things to get hit. She got hit many times more often than other kids.

INT: They abused the children in their family.

> *Child: Yes.*
>
> *INT: after that, where did you live?*
>
> *Child: We live here.*

This child went on to explain that in the second foster home they were placed in they felt they were being used for work, and how this was in a context where <u>they</u> were not being heard by the staff who were meant to be monitoring their placement.

> *INT: Do the staff from the foundation visit you when you were with family?*
>
> *Child: Yes, once a month.*
>
> *INT: So, you could meet the foundation staff every month?*
>
> *Child: Truthfully, they visited the family every month, but they rarely met the children because we usually come back home late. They visited the family during the day when we were at school. They only visited and met with the parents who take care of the children.*
>
> *INT: So, what did you do if you have problem while staying with the family?*
>
> *Child: We did not dare to tell the staff about the problem because we were afraid to be punished if the parents knew. So, we kept all of the situations we faced to ourselves.*
>
> *INT: You all did not dare to tell the staff even when you felt it was not correct or you had been treated badly?*
>
> *Child: Yes, we were not confident to tell our story until the youngest girl was done, it was too much, and she could not accept it anymore.*
>
> *INT: She was the one who told the foundation?*
>
> *Child: yes, she was the only one, the same one that made the foundation know our situation from both families.*
>
> *INT: Actually, you and other old children still could bear on the situation?*
>
> *Child: Really, we could not bear on it, but we just choose to let go and be patient.*
>
> *INT: … did they do anything else that you think it was not correct for all of children?*
>
> *Child: They made us work for them very hard both indoor and outdoor. We had to work doing everything for them, while they did not do anything such as pulled the grass, and clean the house, not only to clean our room and our toilet we used, but*

> *also their room and their toilet. They did not do anything but eat with us. We also did the cooking for everyone. We did all the work while they did not do anything.*
>
> *INT: They let you work both at their house and their farm like pulling the grass?*
>
> *Child: Yes, we worked at everything, they just eat and sleep.*
>
> *INT: In your opinion, what is the correct way that they should take care of all children?*
>
> *Child: At least they should work with us, we can help together but not use us as their labor and they do nothing.*
>
> *INT: You think they should work together, not just use the children.*
>
> *Child: Yes, they used only children to work, even Saturday and Sunday.*

This child in one of the children's villages explained how the house mothers hit the children on the 'butt' and how one of the previous house mothers was 'fierce'.

> *INT: Normally, does aunty punish any kids?*
>
> *Child: Yes.*
>
> *INT: Why?*
>
> *Child: Because the youngsters fought each other. There is a troublemaker among us, the one who always messes up around the house and other houses. Sometimes that one accuses aunty.*
>
> *INT: Accuses aunty?*
>
> *Child: Yes.*
>
> *INT: How does she react?*
>
> *Child: Hits his butt and sometimes just complain. But now she is doing nothing with him because it never gets better.*
>
> *INT: It's not helping.*
>
> *Child: No*
>
> *INT: So, how old is the troublemaker?*
>
> *Child: 11 years old.*
>
> *INT: going to teenage!*
>
> *Child: He is a troublemaker since he was a kid.*
>
> *INT: Since the one was little?*

> *Child: Yes, because the previous house mother spoiled that one. So, that's why.*
>
> *INT: Back then you lived here with the old house mother?*
>
> *Child: Yes.*
>
> *INT: But now she retired?*
>
> *Child: No, she resigned.*
>
> *INT: So, now aunty is the new housemother?*
>
> *Child: … Yes, she is a lot better than the previous one. The previous mother was very fierce.*

One child described how punishments also took another physical form and how they were made to do *squat jumps*. These squat jump punishments were described by children in the villages and in the temple, and migrant learning centres.

> *INT: Have you ever been punished?*
>
> *Child: Sometimes when I was a little kid, I was stubborn.*
>
> *INT: How have you been punished?*
>
> *Child: My mom would make me mop the floors many times. If I did not want to clean the dishes and my mom would let me wash the dishes, and mop the floor, mop the floor many times until you remember. She also made me do jumping jacks and squat jump.*
>
> *INT: How did you feel when you were punished?*
>
> *Child When I was a kid, I did not like it but when I grew up, I got used to it. I knew it was my fault and so it's okay. When I got punishment, I would remember that, okay. I could not do this because this is bad.*

A girl living in a Buddhist Temple explained to us the carers used physical punishments too, she had to do 50 squats for not cleaning properly:

> *INT: What are the punishments?*
>
> *Child: Sometime squats.*
>
> *INT: What other punishments are there?*
>
> *Child: Push ups for the grown-up children*
>
> *INT: Have you ever broken any rules?*

> *Child: No, I have never broken any rules, but I have been punished once. When we clean up anything, it needs to be clean, but I once left a spot of dirt. So, I got a punishment.*
>
> *INT: How did they punish you?*
>
> *Child: I had to do squats.*
>
> *INT: How many squats?*
>
> *Child: Fifty… and it made my legs hurt!*

4.1.5 Connections with community and family

The children in different settings had different levels of integration with the communities around the care setting. For example, in one of the children's villages the children were attending the Government school in the local community. This was the case for some of the children in the Temple we accessed too. However, several the NGO providers and the Migrant Learning Centre's had education on site, and it appears the children had much more limited opportunities outside of the care setting. One of the MLC's we accessed was located in relatively rural area on the outskirts of Mae Sot town. It seems the children spent most of their time within the MLC and other than family visits home during school breaks the only other time out of the centre was to visit church, which they did every three weeks.

> *Child: One team is to cook, one team is to do cleaning, and one team is to go to the church. Free group goes to the church*
>
> *INT: So, different week, they rotate.*
>
> *Child: different week teams are rotated, yeah*

The centre had over 70 school age children living there and what seemed to be a limited number of staff and teachers. They managed this by splitting the children into teams, however, this meant for the children that their only opportunity to go out of the centre was every three weeks.

We had mentioned previous examples where children were well supported their peers in the community schools, for example the child whose friends shared their class notes. However, the following excerpt from the interview transcript of a girl living in a

children's village she explains how challenging community integration can be. She describes having the stigma of being in care and how that has impacted her emotional wellbeing and how her house mother supported with this.

Child: The community around me teaches me many things in good ways and bad ways.

INT: The community such as your school?

Child: Yes.

INT: Anything else?

Child: My school, house, friends.

INT: Friends at school or at the house?

Child: Both, also teachers and all the adults that have helped and taught me. That made me know that the community here and outside is different.

INT: How?

Child: The community inside here is nice, that we have everything, if we need anything we just ask. But the community outside the village, we do not know whether the people are sincere with us or feel okay with us because we are children in alternative care. Some people do not accept us.

INT: It is like being in here is safer?

Child: Yes.

INT: You do not know what the public think about you?

Child: Yes.

INT: Have you ever been in the situation that you feel like the public is not safe or that they don't accept you?

Child: Some people that know we are from the alternative care, that our parents left us, are mean to us and look down on us.

INT: Do you just feel that, or has it ever happened to you before?

Child: I got bullied by my friends at school before. They teased me about my parents.

INT: How did you feel about it at that time?

Child: I did not like it at all. I felt hurt. That it is not my fault, I cannot choose to be born with this situation so why do I get bullied.

INT: It is not your fault

> *Child: No, not at all. (The child has a tear.)*
>
> *INT: We can stop for a moment if you like.*
>
> *INT: How did you deal with it?*
>
> *Child: At first, I cried and then I told my mom about it. She told me that it is fine. We cannot choose where we would be born. (Child sobs a little while talking)*
>
> *INT: But you were upset about it?*
>
> *Child: Yes. My mom told me to focus on my education so that I can show them that the people who are from alternative care can be successful too. My mom said that I might be better than some kids who have parents because I might even have more opportunities.*

In many of the settings the children explained how important members of their family were to them and how they were the people they spoke to if they had a problem. In most cases their contact with family was often limited, which was the case for the child below who is a government home.

> *INT: Right now, who will you consult when you have problem?*
>
> *Child: Now I consult no one.*
>
> *INT: How do you do when you have problem?*
>
> *Child: I keep it with myself. If sometimes I cannot hold on, I will consult my grandmother only.*
>
> *INT: How can you contact her?*
>
> *Child: I called her from the telephone of the social department, but not often.*
>
> *INT: Can you ask to call your grandma anytime?*
>
> *Child: No, only if it has been a long time, then I can ask, just so I can release my feelings of missing them.*

For most of the children they were working hard to maintain their relationships, and many had plans to return home and take care of their parents or grandparents. For example, the child in a government home that wanted to return family

> *INT: Do you have any plans to go home?*
>
> *Child: Yes.*
>
> *INT: When do you think you will go?*
>
> *Child: I do not know yet. I am trying to save money and to get into the sports school…*
> *I have to finish Grade 9 and if a family member contacts the centre and show that my*
> *family is ready to take me back, then I can go.*
>
> *INT: Is it possible for you?*
>
> *Child: I don't know, I haven't been home for a long time, so I don't know how they*
> *are now.*
>
> *INT: Your sister did not tell you anything?*
>
> *Child: No, my sister's house located in different district from my family.*
>
> *INT: When you go home do you go back to your mom and grandma or do you go live*
> *with your sister?*
>
> *Child: Stay with my grandma.*

Another girl in the government RCS also explained how she wanted to return to care for her older family members. However, she was aware if she wasn't in the children's home her education costs would have to be met by her grandparents.

> *Child: I want to stay with them (grandparents) and take care of them.*
>
> *INT: Can you stay with them now?*
>
> *Child: I have to be 18 years old, then I can move out from here. Otherwise, I have to*
> *talk with my mother. Actually, I can move out since I graduated grade 9, but I think I*
> *should graduate from vocational school or bachelor's degree before moving out.*
>
> *INT: So, you want to stay with grandparents?*
>
> *Child: Yes, I want to, but I do not want them to have difficulty. If I move out now*
> *and stay with them, they will have to support me with my education.*
>
> *INT: Ok so if you stay here, the government will sponsor your education?*
>
> *Child: Yes.*

Many of the children across all the settings explained how it was difficult to contact their family members. The often explained that this was because they didn't have access to a

phone. Whilst completing the eco map one girl discussed her limited contact with her family.

> **INT:** *Tell me about your grandmother and mother?*
>
> **Child:** *I want to contact both of them, but they do not have telephone. I can talk to them sometimes when I contact my sister.*

One child in a government RCS described a similar scenario and how they could maintain some contact but only when they had access to the computer in the school.

> **INT:** *How do you talk to each other?*
>
> **Child:** *Facebook, Line,..: I used to have a phone before but not anymore. When I go to school, the teacher will let me use the computer so I can talk to them from time to time.*
>
> **INT:** *So, can you have your personal mobile?*
>
> **Child:** *Yes, when I am 18 years old*

In the children's villages the contact with family is limited in frequency. Our researchers observed and recorded the following in their notes:

> *'There is a limited time for family to visit, about 2 times maximum per year only during the occasion that is provided by the village. They do not want to confuse the children about the family, especially the young children and they want to protect the children's feeling who do not have family to visit. They want the children to feel like the real family is the village itself.'*

Overall, most of the children who participated in this study had families, which supports the often-cited statistics that at least 80% of children in alternative care are not orphans and had connections to family. For example, we interviewed 6 children in the MLC's and only one explained that their parents had died, and she was there as she had no family. A 12 year old girl in one of the MLC's explained her situation to us and it represents the experiences of most children who participated in the study across the settings. She was 5 years old when she was sent by her parents to the MLC and had spent 7 years boarding there in the dorms,

she visited home 5-6 times per year. Her house is about 25 Kms from school over the border in Myanmar. This girl was grateful for her education, but this clearly came at a significant emotional cost, which was evident when she became tearful and emotional when discussing her visits to family back in the village.

> **Child:** *I go back around five and six times per year, if the school holiday is long, I go back to family. It's not so far, it's around twenty-five kilometres from here.*

4.1.6 Hopes for the future

The data presented above showed how some of the children felt that stigma in their local communities and how some experienced bullying because of their status of living in alternative care. Previous research has shown that children growing up without their parents can be stigmatised, patholigised or negatively labelled, for example, they might be described as orphans, or troubled. It is in this context that we wanted to explore the hopes and dreams of the children in alternative care in Thailand. The findings that follow show the children alternative care that we interviewed are resilient and hopeful and although they are growing up in challenging circumstances away from their families their artworks showed they are children with ambitions to work hard at their education and careers so they can care for their families and contribute to their communities.

Much of the discussion held with the children about their hopes came from our art workshops, in particular the tree of hope activity, where the leaves represent the children's hopes for the future.

Figure 8: Trees of hopes example

During these art activities in the migrant learning centres the children showed a strong connection to their home country Myanmar, and their culture, many were from Karen backgrounds. In the tree of hope below there are numerous drawings of the Myanmar and Karen flags, which illustrates their connection to their culture and nationality. Whilst completing the images the children often spoke of a hope to return to their villages and communities when they are able to leave alternative care.

Figure 9: MLC tree of hopes

Across the individual interviews the children showed a strong connection with their families and hoped to return to them in the in the future. These hopes for reunification were repeated continually in the art works the children created that represented their wishes for the future. For example, a 13-year-old girl in an NGO home in Chiang Mai drew the house she wanted to buy in Bangkok for her parents. This child had limited contact with her parents and when she was asked about what she wanted to do in the future she replied:

> *"When I grow up, I want to have a beautiful house for my mum and dad to live in Bangkok."*

Houses were drawn by the children across all the art activities we did. They often represented a place to live with their future partners and children and place for their parents and siblings to reside too. For example, this boy living in an NGO home in Chiang Mai, drew a well-designed room, where he thought through the things he wanted in house, from the clock to the refrigerator! he also described how he wanted to live near the sea with his own family and for his parents to visit.

> *Child: This is the bedroom, I hope to have the floor like this at the lowest level… there will be a refrigerator, clock, utensils and a cupboard for clothes. I hope to have my own family to live together. After having my own family, whenever I'm free I will bring my parents to tour around. I can live anywhere but the best place to live is Cha-am because it's near the sea. I've been there before so I like it. I will work starting small then grow bigger. I'm not sure when I will go but I'm thinking ahead.*

Figure 11: House in Cha-am

Often the reasons the children wanted to reunify with their parents or grandparents was so that they could take care of them. The following brief quotation from a girl in the Government children's home encapsulates this hope, which was expressed by many of the children. She wanted to succeed in her education, secure a job and then return to her family to take care of them.

> **Child:** *I want to graduate and work to make money, then go back home to take care of my family.*
>
> **INT:** *Who do you want to take care of?*
>
> **Child:** *My grandmother, mother, and sister*

Figure 12: Boy drawing his future house

Alongside the art works that represented their hopes for a future family home, the children often created paintings and drawings of the jobs they hoped to get after they graduated and expressed their ambitions and how they wanted to secure good jobs when they left school.

Figure 13: Future job as a Chef

When we asked the child about the picture painted above, he they told us that they wanted to be a Chef.

> **INT:** *That is interesting. What kind of Chef?*
>
> **Child:** *Japanese Chef.*
>
> **INT:** *What Japanese food do you like?*
>
> **Child:** *Ramen, Kimchi, and chicken sauté*

INT: What work do you want to do?

Child: When I am the game caster and the world champion, I will setup a business about games and create my own YouTube channel.

INT: Do you know how to be the game caster and world champion?

Child: Yes, practice with my team, teamwork is important. My team is as important as my family.

INT: How long do you have practice per day to be a world champion gamer?

Child: A lot, about 5-6 hours per day.

As you can see from the paintings below several of the children wanted to be teachers and planned to attend University after they graduated high school.

Figure 15: Future job Teachers

Whilst several other participants wanted to work in healthcare settings, mainly in hospitals as doctors or nurses, which can be seen in the art works below.

Figure 16: Future jobs as Health Care Workers

Regardless of whether the children wanted to be doctors or Teachers most of those growing up in the MLC's expressed a wished to return to Myanmar. This hope was summed up quicky and succinctly by the following participant who was telling us about their hopes to be a doctor.

> **INT:** *And you want to be a doctor in Thailand or in Myanmar?*
>
> **Child:** *I want to be in Myanmar.*

This hope for a return to Myanmar was shared by other children in the MLC's who wanted to be teachers, they didn't want to teach at the MLC they attended they wanted to return to the village so children could be educated there. For example, this child explicitly referenced wanting to improve education in her village.

> **INT:** *You want to be a teacher; do you know how to be a teacher? Do you know how to achieve this?*
>
> **Child:** *No, I don't know it yet.*
>
> **INT:** *Why do you want to be a teacher?*
>
> **Child:** *To teach more students in my village… I want to go back and help the village to improve the education there.*

These ambitions showed that the children hoped to have jobs in public services that contributed to their communities. For example, one of the girls living in the Buddhist Temple described to us how she was going to become a police officer.

> **Child:** *There's actually many things I would like to be, I want to be a policewoman, I want to be air hostess, I want to be an accountant in a company.*
>
> **INT:** *Do you know how to become a policewoman, what you must do?*
>
> **Child:** *… I know that for some, in junior high, they study the Nation Guard program then in high school, they study Thai Reserve Officer Training Corps Student program. But I live here, I didn't get to study those things. But my teacher said, even though I study accounting, I can go for the test.*

For another young person he described his interest in social issues and his concerns for people in poverty. To address these concerns, he has set his ambitions high wanting a career in public service and a hope to be the Prime Minister!

> *Child: I want to go sit on the prime minister's chair…*
>
> *INT: Why do you want to be the prime minister?*
>
> *Child: Because I see that the country is not in a very good place with the recession.*
>
> *INT: You are concerned for your country?*
>
> *Child: Yes, I like to study social issues.*
>
> *INT: Ok you like social studies. Then what policies would you have if you were the prime minister that could help the country?*
>
> *Child: I would help the poor. I have seen many times that the rich have more opportunities than the poor. When the poor have problems there will be people in the society that will help them.*

4.2 What we learned from the Parents and Guardians

4.2.1 Drivers for placing children

The parents and guardians we interviewed in this small sample had one common experience and that was the challenges of living in poverty. Many were daily wage earners and the costs of raising children was clearly a challenge for them in their lives. The impacts of poverty manifested in different ways, some experienced unemployment, homelessness whilst others were in contact with the criminal justice system and had spent parent's periods of time in custody.

> **INT:** *How old was your child when you sent him to the childcare centre?*
>
> **Father**: *From when he was born until in kindergarten 3, he was with me. His mother left him from when he was in kindergarten 3 and I got into a car accident and had to go to jail. I had no job, so I had to rely on the centre.*

Another father explained his unemployment was due to his immigration status and this meant that he was unable to go to work and he couldn't provide for his family, as a result they were experiencing homelessness.

> **Father**: *I didn't have a place to live, when my children were 2-3 years old and 5 years old. I was very poor, and we didn't have a place to live. We used to stay in the garden.*
>
> **INT:** *At that time, you did not have the house like you have now, correct?*
>
> **Father**: *I did not have a house and I didn't have Thai nationality. So, I couldn't go get work in the city. Only I got Thai nationality, my wife and my children did not have Thai nationality, so it was hard to stay in the city and get a job. We didn't have a house either, so that's why we sent them to stay at school.*

Several of the children had been placed initially with their grandparents, often this was due to the parent migrating to the city for employment. For others this was due to a parent entering custody. One grandmother explained that she wanted to take care of her grandchildren herself but that she was on her own with little support.

> *Grandmother: Someone recommended the foundation and I already looked at it, I've always heard about this foundation... I also went to visit the place. But if there were no foundations then I'd have to take care of my grandchildren normally. I wanted to take care of them, but I had many responsibilities at that time, and I was the only one taking care of them.*

4.2.1.1 Placed for an education

The parents often told their children they were there to study and get an education, which is consistent with what most of the children told us. One father described how when his child became upset when he was initially placed in the NGO home that he told him to stay and try hard. He explained:

> *Father: I told him to stay here first, each of us in the family had our own duties and his was to study.* Most of the parents were also very pleased with the education opportunities the children were receiving across the range of care settings and they were hopeful that their children would go on to vocational training or university study when they left care.
>
> *INT: How long will the home for boys take care of your son?*
>
> *Father: They will take care of him and support him until he will be 18 years old and achieves his degree. So, he could have a job and take care of his father that is the information they gave me when I signed the permission to let my son go to stay there. I thought it was great for my son, so I signed.*
>
> *INT: OK. Can you rate the level of your satisfaction of the home for boys about your son's education 1 to 10?*
>
> *Father: I'm very satisfied when I visited.*

The parents were also proud of their children's achievements and spoke about their progress and educational attainment. For example, this mother whose sons were in a government home, was keen to tell us about how happy she was that her children were doing well in school.

> *Mother: …Right now I hope they focus on their study and they are good boys. I will support whatever they want to be in the future. I give them moral support all the time.*
>
> *INT: How is his studying?*
>
> *Mother: I never thought that he is good at study. His house mother told me that he is the 3rd rank in the class among 45 students. I am very happy, he got 96%.*
>
> *INT: He is in Grade 4, right?*
>
> *Mother: Yes. The first son who love only sport and does not like to study, but he also got the 5th or 6th in the class*

4.2.1.2 Placed for care and protection

In some cases, the children were placed by their parents in the children's homes, so they were cared for and were protected. One mother explained how she had no support around her or access to childcare in the community. As a result, she had to leave her children aged 5 and 9 home alone whilst she went out to work. In this instance the children's care needs were being neglected and they were at risk being alone. The mother explained: -

> *Mother: Before they went to the home for boys (Government RCS), there was one time where they walked far away from our neighbourhood into another area, like to another village. It's like they were curious to go out and they knew the time I would be done with my job and… then they came back home before I arrived.*
>
> *INT: How did they end up living at the home for boys (Government RCS)? Did they contact you or did you contact them?*
>
> *Mother: There was a guy who saw my kids walking around and he asked them where they were going, and they said they were trying to find me. First, he thought they were homeless children. He took them back home and came to see me in the evening, he talked to me about how the kids did not have anyone to take care of them and it would be better for them to go to the foundation.*

For some of the parents, they were working long hours or multiple jobs to survive and although they some were offered support by Government, including financial aid what they needed was more accessible childcare in the community. For example, the mother below explains money would not help if childcare wasn't available, this was compounded because the amount of money was minimal and would mean she still had to work.

> *INT: So, you contacted the home for boys yourself?*
>
> *Mother: Yes, I contacted home for boys by myself and told them about my situation. At first, they recommended solutions, like to give me some money, which is the same money they give to the foster family but just giving it to me to take care of my own son. However, my problem is not about the money, it's about the fact that there is no one to take care of the kids. If they give me money (it's not enough to not work), so the kids still must stay at home together, with no caretaker (while I work). So, they decided to accept both to the home for boys because if they only took one then the other one would be at home alone…*
>
> *INT: Did they interview you to accept the children to stay at home for boy after you contacted them?*
>
> *Mother: It was like this… I went to consult them about my problems. Then the staff came to observe the children at my house. First, I went there alone by myself, after that the staff visited my house, talked to the children, asked me the questions like who do the kids stay with when I go to work and when they came back from school? Where did they stay on school holidays? Who took care of the kids when I went to work? Did I send them to live with my relatives in another province? My answer was only no, no one to take care of them, both stayed together at home… After that day of visiting, they told me to pack their bags because they would come pick them up tomorrow.*

For some parents they made the decision to place the children in care to protect them from harm. One mother who was experiencing gender-based violence in the home, felt the decision to place their child in the government home served to protect them from the harmful effects of this. This mother was also concerned about the level of physical abuse her child was receiving and had very real concerns that her child's life was at risk.

> *INT: His father sent him…When he was 4 years old? Did you agree with him?*
>
> *Mother: Yes. I thought it was better for him because if he stayed with his dad then he might develop some issues. I was afraid of his mental development when he grew up. I have seen in the movie that the child who grows up in a violent family, he will be a psychopath.*
>
> *INT: When you sent him to the childcare centre, was it because you thought he would be safe…?*
>
> *Mother: Yes, if he stayed with his father, I would not be able to help him because I also got hit when he was drunk. I didn't know what to do, I could just only cry. I told him that if he would continue doing this then he should send our son to a childcare centre and go wherever he wanted. If our son dies because of your abuse, then we would be in trouble.*

An aunt who became a guardian of a child placed at an NGO centre in Pattaya also described complex family dynamics and how her niece was being sexually abused by her grandfather. The aunt made attempts to care for the child but along with her own children she placed her in the government welfare centre for access to school.

> *Aunt: …When her grandfather who was single and lived in the next door of her house, he gave her money for snacks and he would sexually abuse her, and she told her mother.*
>
> *INT: And her mother tried to solve that problem by sending her away from there, by putting her in your custody?*
>
> *Aunt: Yes, because her mother wasn't taking care of her either. She didn't press charges, because he was a relative which I could not understand at all how she let that happen to her own daughter. I noticed the kid had physical symptoms, rash on her skin in the lower abdominal and inner legs. When she first arrived at my house, she wasn't a happy child at all. She didn't understand things like other kids would in her same age.*
>
> *INT: She wasn't growing as she should?*

> *Aunt: No, she wasn't. She wouldn't answer when I asked her anything. She lacked self-confidence and was poorly developed for her age. I sent her to a school, the government welfare care centre with my daughters and my son.*
>
> *INT: They all went to the same school?*
>
> *Aunt: Yes. Once, my son was old enough he went to ordain as a Buddhist Monk. So, there were three left for me to take care of.*

4.2.2   Choices and the decision-making process

The majority of the parents in this sample had chosen the care setting with the explicit aim of being able to stay in touch with their children. It is important to acknowledge that our sample was recruited through the care settings, so we were only able to access parents that maintained a link with their children. For future research it would be beneficial to understand the decision making of the parents that permanently relinquished their children to care and who did not maintain contact. However, this could be a difficult group to find and gain access to. Many participants in our sample described just how important it was to them to find a care provider that allowed them to stay in contact with their children. For example, this mother in Chiang Mai spoke about choosing the government facility over the private foundation for that very reason.

> *INT: How did they end up living at the home for boys (Government RCS)? Did they contact you or did you contact them?*
>
> *Mother: There was a guy who saw my kids walking around and he asked them where they were going, and they said they were trying to find me. First, he thought they were homeless children. He took them back home and came to see me in the evening, he talked to me about how the kids did not have anyone to take care of them and it would be better for them to go to the foundation, the private one which would be better for them. But they told me that if they went there, they would not allow me to meet them or have anything to do with them.*
>
> *INT: So, they just take the children in and raise them?*
>
> *Mother: Yes, they will send them back eventually, but you cannot visit them during their stay there because they are afraid that the kids will want to come back home if they meet their parents often. At that time while they were at school,*

> *they got the tuition sponsorship from a foundation and they know I want to keep in*
> *touch with my kids, so the foundation advised me to go to the home for*
> *boys where they could stay but I could visit them.*

Another parent in Nong Khai explained that they also chose the government home over an NGO as they wanted to maintain contact.

> *INT: The home for boys is it the governments?*
>
> *Mother: Yes.*
>
> *INT: So, it's the private foundation then, they won't let you visit?*
>
> *Mother: Yes… from what I know they won't let you visit.*
>
> *INT: Do they let the kids come back home when school closes or they keep them for*
> *the whole education period?*
>
> *Mother: I think they will let the kids go back, but just do not allow parents to visit,*
> *so I didn't investigate the details about that foundation when I knew they wouldn't*
> *let me visit my son on weekends.*

Another mother talked through her decision making and the reasons why she didn't place her child in the NGO home. Maintaining contact was a key factor in her reasoning.

> *Mother: There was the NGO foundation, but they were only going to take him (full*
> *time) when he was little, and I couldn't leave him. But with the Government Home, I*
> *still could take him back during school holiday, or he could come back once he*
> *finished grade 9 or when he finished grade 12.*

A father also described how he was faced with the option of permanently relinquishing his child to a foundation where international adoption was the goal for the children. He explained…

> *Father: I went to a foundation first. But they said I needed to give my son up to the centre and let them take care of him, for a chance that a foreigner might be interested in adopting him so they could send him to learn in another country. It would be like giving my son up to them. But I could not do it, because my problems were just, I had no time and no one to take care of him. I did not want to give him away... They recommended me to go to this childcare centre, they told me that at this centre I did not have to give my son over... I could remain in contact.*

4.2.3   Connections with children

Given that for most of the parents interviewed, contact was a key driver in their choice of care provider we explored the contact arrangements and the time they spent with their children. Data suggests that contact was minimal across most settings. Parents were actively dissuaded from visiting by staff and were often told that visiting unsettled the children and made them miss family.

> *INT: When she was in the childcare centre in Pattaya, how often did you visit her? Once a month? Once a week?*
> *Mother: I did not visit her for many months, the staff there were afraid that the children would want to come home.*
> *INT: Do they have any regulations or recommendations on how often you should visit?*
> *Mother: They say that if I would visit then I should call beforehand and schedule on weekends because they don't want to disturb their education.*

One of the parents explained that they were told not to visit the children's home because it would not only unsettle her child but the other children that lived there who didn't have parents visiting them.

> *Father: I told him to stay there, and I would visit him every week. After a while the center told me to visit once a month because most of the children who lived there either did not have parents or they were in jail. When I first sent him there, only 40 kids lived there. But now I believe there are over than 80 kids.*

> *INT: They only let you visit once a month because it might affect the other kids if you visited your son often?*
>
> *Father: Yes, the kids might be jealous and think why does this kid have parents who visit him often?*

One parent explained to us that she had been told not to visit her children in an NGO run children's home unannounced in case donors were present. It seems the home was framed as an orphanage to donors for fundraising purposes and having parents show up impromptu could undermine that false narrative. This practice directly impacts a child's relationship with their parent and exposes the reality of the *'orphan myth'*, which is perpetuated for financial gain over children's needs.

> *INT: Did you visit him often?*
>
> *Mother: Not very.*
>
> *INT: How many times per year?*
>
> *Mother: 4-5 times a year. I have to inform the foundation that I am going to visit first, if not they will not let me in. It is like the foundation told their sponsor that the kids don't have parents and if we go there without telling them first, they will have difficulty with their sponsors.*
>
> *INT: Children with parents do not meet their criteria?*
>
> *Mother: Yes. So, I must inform them if I want to visit the kids.*
>
> *INT: To make sure that you will not meet the sponsor?*
>
> *Mother: Yes.*

The same mother went on to explain that despite this narrative of orphanhood she was in daily contact with her son thanks to his access to a mobile phone.

> *INT: Did you buy a cell phone for him?*
>
> *Mother: Yes, I bought for him one that was Baht 950, but it was broken because it fell into the water when he washed his clothes. After that he saved his own money from his daily allowance, Baht 20 per day, and bought a new cell phone. He has used that one for a year as I bought him a case that can be hanged around his neck that prevents it falling into the water.*

> *INT: How often did you call him now that he has a cell phone?*
>
> *Mother: Almost every day. He calls me after dinner around 6 or 7 p.m. If I call when he is not available, he will tell me to call back later.*

Some parents lived a distance from the care setting where their child was placed, and this was a significant barrier for many of them to visit regularly. This meant the challenge of having to find money to visit but also the time it took on public transport to get to the children's home. For example, this father explained how he travels from his hometown in Chiang Mai to Nong Khai where his son is placed in a government children's home.

> *Father: Even though I can take him out to sleep somewhere outside the centre I can't afford the expense of it. So, I normally catch the bus from Chiang Mai at night which arrives at Udon at 5 am and then I connect another bus from Udon to Nongkhai, Baht 55. Then I get off the bus at Nong Song Hong intersection and hire local tricycle or tuk tuk for Baht 20 to the centre or walk there. I play with my son until 4 -4.30 pm. and I go back to Udon and take the night bus to Chiang Mai, same route, in the evening. I can save both money and time and meet my goal.*

For some parents the impact of covid-19 presented another challenge in relation to contact. Family members were stopped from visiting the care settings altogether and for others the restrictions of PPE and social distancing meant family time had changed.

> *Mother: Yes, he still misses me. He can't even hug me because of Covid. They told him to wear a mask and sit 1-2 m. apart.*
> *INT: You have to sit apart from each other when you visit right now?*
> *Mother: Yes. He said that there are a lot of covid cases there and he is worried for me. I also have to wear a mask in my home. He also told me that if I visit him, just go straight, do not travel around because there is a lot of infected rates around the centre.*

This parent spoke about covid restricting physical contact and how she was maintaining connection to her children with phone calls. She also spoke of how the children were upset with covid restrictions.

> *INT: The last time you connected with your children was by phone, right?*
>
> *Mother: Yes, I called them every two days, I miss them a lot. I cannot go there in this Covid situation.*
>
> *INT: Do you call to the office?*
>
> *Mother: I call the social worker during the daytime. If I call during the night time, I have to call the house mother.*
>
> *INT: What is the latest issue your children sharing with you?*
>
> *Mother: They said they are sick of Covid19, as they cannot go anywhere.*

4.2.4   Perceptions of care

It is important to acknowledge that some parents praised the care their children received in alternative care. They were thankful for the staff's care and support and were pleased and proud that their children were achieving well in their schooling. For example, this mother explains how caring the house mothers are at the NGO children's home and how attached they are to the children, how they support them when they're upset and help them with their education.

> *INT: How often did you visit when they first went there?*
>
> *Mother: They allowed to visit once a week because the kids might cry and want to go home.*
>
> *INT: Have they ever cried?*
>
> *Mother: Yes, once. I told them that the mother there would take care of them and I would call them regularly. They knew I have to work and could not stay with them and the grandparents were sick, and they could not help taking care of them anymore. The mother there also helped talking to them, and after a while they got close to the mothers there. They are very attached to the mothers there.*
>
> *INT: They take good care of them?*
>
> *Mother: Yes. They said that teacher teach language very fun and is very kind, speak politely, even when they could not do their homework the teacher did not yell at them.*
>
> *INT: Have they told you what they like there?*

> *Mother: They said they like when the mothers let them play… and when they take them to plant vegetables.*

An Aunt who placed her niece in the home to protect her from an abusive father explained how although she did feel concerned that she was abandoning her niece into care, but that she was satisfied with the care her niece was receiving.

> *Aunt: I am glad that she's in good care at the center. I really have to admit that they take good care of her. The children experience every activity and lessons which is very good. Their food and livelihood are very good as well. So, I am very glad to have placed her there although I had thought whether it was like I was abandoning her. On the other hand, I thought, if she was with her parents, would she ever get these kinds of opportunities to study? Would she be able to have these kind of food and livelihood? …and the children there are willing to take their own responsibility, no bargaining. I see their faces and they are very happy, and they are diligent. It is such as nice place that we have in our country.*

However, there were also several parents/guardians that expressed concerns about the care setting. For example, some had concerns about their children not settling into the homes and how they were emotional and missing their family.

> *Mother: Yes, at first, he was happy because he had a lot of friends, a few months later when I visited, he cried about wanting to come home.*
> *INT: What did you do?*
> *Mother: I couldn't take him back because I was still working.*

Other concerned parents spoke of how they were considering bringing their children home. However, some continued to have family problems and were facing challenges that they felt meant they were still unable to care for their children. For example, this mother explained some complex family dynamics and a powerless situation that prevented her from bringing her son home.

> *INT: If you could choose, do you want to take care of your son? Or is he better off at the childcare centre?*
>
> *Mother: If I could take him out, I'd want to take care of him, but my husband's relatives would speak up again. I want him to continue his education.*
>
> *INT: So (for him to come home) you have to make an understanding with your husband's relatives.*
>
> *Mother: Yes, but they don't like me. They berate me very often, which makes me feel uncomfortable… they would say that this is another example of me being a burden on them, I even put my son in their responsibility.*
>
> *INT: That is why you are still troubled about taking him out.*
>
> *Mother: Yes.*

Several participants were even more critical about the level of care their child received at the children's homes, and for some this meant they made the decision to bring their children back home. For example, when this mother was asked about what she would improve at the Government children's home she explained…

> *Mother: I look at many aspects of the centre itself and I would like the staff there to take care of the children as if they were their own children. They should not look at the kids as if they were abandoned children. The clothes of the children are dirty, and the food is not good for children. If the parents had the ability to take care of them, they wouldn't send them there. I just want them to take better care of the children. The boys' and girls' dormitories are separated but there are still problems. I understand that there are a lot of children, but I don't think they take care of them very thoroughly. I saw how the teachers acted and talked to the children, I could not accept it, so I brought all the children back.*

Some parents had also removed their children from the homes because they had concerns about the level of care, specifically about bullying amongst the children.

> *Mother: Yes. I saw that my son was rather repressed. He did not have good development.*
>
> *INT: So, his behaviour worsened from before they went there?*
>
> *Mother: Yes, really. I saw all the kids punching each other, the older kids were bullying my son. I understand that there are a lot of kids, but no one was watching them. If the kid has serious injured, who would be responsible. I was troubled really, to send them there but also, I expected them to experience good things, but they had problem staying there, so I could accept my own trouble and took them back.*
>
> *INT: You moved (to Pattaya) when you took them back?*
>
> *Mother: I left the moment I brought them back home…Some of the parents of the kids there were addicted to drugs too. I pity all the children there. It is hard for children there to grow up and be good. The environment there was not supporting the kid to be a good person. So, I decided to remove all of my children and take them out of the centre.*

Another parent described her concerns about bullying in the past and how she challenged her children's bully directly as she was 'afraid' of raising the matter with the staff at the Government children's home.

> *INT: Does he tell you about anything he dislikes there?*
>
> *Mother: He used to complain about him getting bullied at school.*
>
> *INT: When he first went there?*
>
> *Mother: Yes.*
>
> *INT: But he is okay now?*
>
> *Mother: Yes. And he used to be bullied at home for boy too, but all of the bullies left as they grew up and moved.*
>
> *INT: Everyone who used to bully him moved out?*

> *Mother: Yes, they took his blankets and when he asked for it back, they didn't give him. But know the bullies grew up and already left so there is no one to bully him now. When I used to visit him, he had bruises all over his body, but the older kids have all left.*
>
> *INT: Oh, he was abused too?*
>
> *Mother: Yes, but they left already.*
>
> *INT: Did you inform the staff that he was abused?*
>
> *Mother: No, I was afraid to get in trouble with the officer. However, I did speak to the bully and I said that did you know he had ADHD? If you don't like him, just go away from him and don't talk to him.*
>
> *INT: Did he listen to you?*
>
> *Mother: They listened but still bullied him until they left the centre. Now it is better for him since no one bullies him anymore.*
>
> *INT: If you could turn back time, would you still send him to this centre?*
>
> *Mother: Truthfully, I don't want him to stay there because I love him, and I have never hit him.*

4.2.5 Hopes for the children's future

In the first fieldwork phase with the children, we explored their hopes and dreams for the future. We also explored this with the parents and guardians asking them what they hoped life would be like for the children when transitioned into adulthood. We found that amongst those parents/guardians whose children were still in care that they all hoped the children would reconnect with them when they left care. Many hoped that they would use their education and secure good jobs too. For example, this mother explained her pride in her son who had recently been reunified home because he was training to be an electrical technician.

> *Mother: He is in Year 2 of vocational school.*
>
> *INT: What major?*
>
> *Mother: Electrical technician.*
>
> *INT: How long is the trial period of him staying at home?*
>
> *Mother: Three months, if he can stay then it's okay, he doesn't have to change schools?*

Other parents were actively saving so they could support the child when they left care. For example, this mother was planning to support her son's skills in mechanical engineering.

> *INT: You plan on letting him finish his vocational school then coming back to live with you?*
>
> *Mother: He said that. I said that after he finished his education, I will open a shop for him, I will save money for him. It isn't hard to fix a motorcycle, just change some tires and stuff. Just keep doing it with patience and keep waiting for customers. Opening a shop should take about a hundred thousand baht or two, I can find it for him.*
>
> *INT: You only have one son.*
>
> *Mother: Yes, I used to hope to rely on him in the future as I thought that he is a normal kid like others, but now I hope that he could just take care of himself.*
>
> *INT:...His ADHD has less effect on him now, it doesn't affect his life anymore?*
>
> *Mother: No, only he cannot read and write. Sometimes his abilities are even better than a person without ADHD, his speaking and thinking. He is skilful, ...he cannot read and write, but he understands everything else. When my motorcycle was broken and it was making a lot of noise, he knew exactly what was wrong.*

A father gave a similar explanation of how he was saving for his son's higher education when he left the NGO children's home.

> *INT: What do you expect for his future?*
>
> *Father: Expectation…After I have my second one, I started saving some money. In case he is graduated or not, or the center will support him or not, I want to be ready to support both of my sons to finish his education plan they want.*
>
> *INT: What do you want his future to be?*
>
> *Father: I will leave it up to his decision. I do not think I can tell him to graduate in this or that when I couldn't even do that myself. I just wish he can be responsible for himself and for society, that's all.*

4.3 What we learned from the Public.

In this final phase of the fieldwork, we undertook focus groups with members of the public. We recruited a convenience sample of parents of children who were of school age through our researchers' networks. The sample is small, and the findings are very much exploratory in their nature, but they do offer an interesting insight into public opinions of alternative care. In this section we present findings on the Participants existing knowledge/experience of alternative care settings; Kinship care; Views on corporal punishment; making merit and supporting children's homes; Foster care and Thai culture.

4.3.1 Participants existing knowledge of alternative care settings

The focus group participants knowledge of alternative care varied some were unclear on what the term meant and for example one stated '*I've never been involved much with this kind of thing*' . Others were able to reel off names of foundations and children's homes in places across the country. Some questioned whether alternative care meant a focus on children's homes and some were surprised when we shared that for our research we also included residential schools like the MLCs and Pagoda care.

> *Participant 1 (P1): What about boarding schools? Like …….. Is that considered alternative care?*
>
> *INT: Yes, it does but ….. is a school for children with special needs. It can be counted as the parents would have to place the children there even though some will come home during the school breaks.*
>
> *Participant 3 (P3): Wait, alternative care is also counting the boarding schools?*
>
> *INT: Yes, it can also be counted as an alternative care setting as the parents place their children there and allow the teachers in taking care of them.*

Some participants had experience of visiting care settings or they knew friends and family that did in order to make donations and in the Buddhist tradition 'make merit'.

> *P1: … I heard from friends I work with whenever it's their birthday, they seem to find a place they can make merit. They would gather donations, (for the children's home) which personally, I've never done. My friends have been and treated the children for lunch or held a small party for the children in some centre. Most people in my*

> *generation, after working and saving up some money, we would want to make merit or donations for society. That's all I know about those children.*

Some had direct work experience. For example, one participant interned at a Government 'baby home':

> *P5: When I was studying nursing, I went to Songkhla, Baby home. I used to do an internship there, I got to know the place for a certain period of time.*

Whilst another participant visited a residential school for children with disabilities in her role working in education for the local authority.

> *P3: I have chance to go into different places due to my work, officer at the municipal office. The one I went to in Phuket was a centre for children with special needs, and Ban …. (a foreign children's home). All of them are in Krathu District (Phuket).*

Those that had experience of visiting and spending time in the care settings shared their thoughts of the care provided to the children. For example, the nursing intern spoke of how the house mothers at the baby home were caring but the attachment

> *P2: Another place would be X Centre; this one is a foundation, so they have staff and caregivers who are quite good. They have now got children going back and forth to family and plan for home setting as well. It's like a shelter that whenever they are ready, they can leave. Mother and children can come and live there as they would provide a house for them, like children and family shelters. The buildings are quite nice and spacious. XX is another children's home that provide good care for the children*

This participant went to explain that from their perspective not all the settings provided good care and questioned the motivation of some of the carers, they also felt it is important to provide proper care for children to benefit wider society:

> *P2: I think, it's almost like the children are going to places according to their karma and merit. When children go into this kind of place, warmth is very important. They already have their personal issues. The staff and house mothers are selected*

differently and some work there with their heart but some work for the money because there's payment given. So, it becomes a very sensitive and delicate issue to help children. As we know, children are already a delicate issue, so for children with problems all living together in order to help the children truly and fully in these places it is really difficult. If each place doesn't take good care of the children, in will end up effecting the whole society. This is because they can create children with a lot of problems.

4.3.2 Family-based care and Thai culture

When we started to discuss family-based care a number of participants had experience of kinship care, which would be expected given the UNICEF (2021) MICS data that suggest nearly a quarter of Thai children experience living with kin during their childhoods. One participant spoke fondly about living with her grandmother

P4: Oh, for me I lived with my grandma for 20-30 years!

P5: 555 direct experience.

P6: This means you have a direct experience. You have been living in alternative care all this while!

INT: What was it like ? What was your experience?

P4: When living with grandma, I was happy… I didn't want to go back home because my grandma totally spoiled me. (laughs)

Whilst another participant shared her experience of providing kinship care for over six years.

P7: I took in my niece to raise. Back when I didn't have a baby of my own. She is my younger sister's child. At the time, actually the family was a complete, it just happens that she was the second daughter of my sister. My sister married into a Chinese family, they had a very outdated way of thinking, which is you should only have one child. The older child was a son… Once that happened, the grandfather cherished the baby boy very much. Then, my sister has another baby who was a girl. This time round, the baby was despised. At the time, my mother-in-law was still alive and saw that I didn't have a child yet so she asked whether I could take the girl in and help raise her. I didn't find that it was an issue, and I love children, so I took the girl in and

> *raised her from 1 years old to 6-7 years old. I raised her like my own child. I gave her fullest love. I didn't think she was another person's child but raised her like my real child. Until there was a time when I faced the crisis situation, and my business wasn't doing well. So, I thought, perhaps I should bring her back to her family for a short while, I did that, but they never returned her to me.*
>
> *INT: Oh, they never returned her?*
>
> *P7: No, in the end, I didn't get to raise her anymore. But she lived with me 6 full years. Nowadays she still calls me "mother". She would call her mother "Mama", but even though I am her aunty she calls me "Mum"… she is now 28 years old…*

The participants discussed some of the cultural beliefs around caring for other people's children (outside of their kinship group) in Thailand. The facilitator described foster care and at one point in the conversation asked the participants views on the Thai idiom, *"do not raise other's children / do not eat other's food"*. This is a saying that has been previously noted in articles about the care system in Thailand to highlight cultural barriers to implement foster care (Quinley 2018). This sparked a discussion amongst the participants about 'nosey neighbours' and how they might be a barrier to caring for other peoples' children!

> *P3: … There are aunties next door who are very … let's say…too concerned for us, in this Thai culture. (Some Ps laughed)*
>
> *P1: …They worry too much about us (laughs). Why is this aunty poking her nose in? Hahaha.*
>
> *P3: I have, I have thought like this, personally I have. Those who are in Europe, when they do this (foster/adopt), their hearts are good, very good. I am so afraid that I could not reach that point due to the pressure around me.*
>
> *P2: They might not have aunties next door like us … Angelina Jolie has her home isolated outside of the community.*
>
> *(Some Ps laughed)*
>
> *P2: Because she has no aunties next door. (Laughs)*

One of the participants was able to give an example in their community where the involvement of a neighbour had a negative impact on an abandoned child who seemed to be informally adopted.

> *P1: My neighbours have taken in 2 children; one was taken in from a person in the rented house who works in a bar and she got pregnant. After she gave birth, she abandoned the child. She ran away. The owner of the house saw and because she didn't have her own child, she decided to raise that baby. They are all grown up now. But when she started to have her own children, but she still raised them all together. Another person, who lives nearby, they have children, but all boys and they wanted a girl and no matter what they did, they cannot have a girl. So, after many years, they decided to take in other people's child to raise. At first the girl is so nice. But the thing is, some Thai people have big mouths, and they live next door. The girl didn't know she was not the biological child and her 2 older brothers didn't tell her either, but the people next door came and told her "You are not their child; you were picked up to be raised"*
>
> *P5: …"They wish well, but wish to harm"*
>
> *P1: Once the girl knew, she became stressed, and they couldn't calm her down. She was furious "You are not my real father and mother!" or something like that. She was violently rampaging at her parents.*

One of the participants later went on to explain another cultural belief that caring for other people's children can help with fertility!

> *P2: It is our belief that if anyone doesn't have a child, they should take in other people's children then the jealous baby will come to your family.*

4.3.3 Fostering and making merit

When we asked the participants whether they would consider fostering they were reluctant. For some this was because of the community and nosey aunties. For others this was down to timing and it not being at the right time in their life to take a child in that needed care.

> *INT: If we were to come back to the topic of adoption or foster, if the government were to support each household every month in taking care of a child, are you willing to do so?*
>
> *P2: For me, I have 2 small children. If I were to take care of another child, I probably could not manage. Hahaha. Only have 2 children and they are a headache already. When my aunt took in a child, her children has already grown up and they are in the university.*
>
> *INT: Okay, what if your children are all grown up, would you be interested?*
>
> *P2: For this one, I may have to think through because at the end of my life, I may not have the strength to do that. I do think that there's many factors, if I am still able, who knows? If I was 40, wait...I am 40, no...if I was 50 or 60, I'm probably unable to raise new children. (Laughs)*

One of the other participants had also heard about the instability of foster care in other countries and questioned if a placement in a family breaks down how that impacts on children.

> **P1:** *In foreign countries, if they take a child in, whether foundation or whatever. They will provide subsidies for taking care of the child. But I heard on the news of people taking in the children but how they couldn't cope, and the child had to be sent back and they were worse than before. This is because they had to keep moving around.*
>
> **P3:** *It's like they are rejected.*
>
> **P1:** *Yes.*

Although the participants questioned the practice of foster care they feel that they could do more to support children in alternative care, which demonstrated warmth and care for children and how they were reflecting on ways they could help. For example, the group discussed the practice of making merit early in their discussions and then they returned to this as a way to compensate for not being able to foster but to offer more than donations. They suggested ways they could volunteer and offer mentorship and guidance to the children and how this was inspired by a soap opera on TV:

P3: I watched a soap opera, and they were broadcasting about an orphanage and the main female character didn't foster the child to raise at her house but signed some kind of paper as an adoptive mother or something so she would visit the child every week as well as taking the child out to do activities and so on. After that, she'll bring back the child to the centre. I think that if it is in this kind of model, for people age around 30, it is possible. Because I see many of my friends who don't have a family or choose not to have a family or choose not to have a lot of children, but when asked why they don't want children...it's because they don't want to have any burden.

P2: It is big deal needing to take care of the children 24 hours

P3: If they have to take care of the children, they might have their own kids. So, instead of taking care 24/7, maybe this model is an option. Before, we would want to have our own family and many children but now, the image has changed, almost everyone doesn't want to have a family. Women of working age are earning money, having a family or children is like a burden that they have to survive through greatly in their life. If asking about bringing in the child, it would probably be difficult for people at the age of 30. But I don't know what the new generations think. Personally, for my friends they would probably not adopt/foster the kid but just want to visit at the centre, take out for trips or something, I think they would have good feedback on this. If to the point of them staying at their home, they probably won't.

P1: As I have mentioned, we need to go back to the starting point. If we can reduce children in alternative care centre, that would be good. If we really care for them... it is that we still have them in the society, and they could say what do they really need. Those who would go in to help or care for them, have they been doing things that are aligned with the children's needs or desires, more than just going in to treat them with ice-cream or going in to do something like that. It would be...they should be a source of support they can receive, so that when problems occur, they still have this... person, no matter what... As PR mentioned, we might be supporters for them during the time that they need. If there's something like this, it would probably help them if we were to make it happen.

P2: We might need to sell the idea that we could done more than treat them a food and provide training or teaching.

> *P1: I guess it has to do with the publicity of the center as well. The ad they sent would notify that they need material things mostly. So, those who are notified would think that they needed material things. Perhaps it is also because those of my friends who are going in do not have their own children.*
>
> *P1: the help from outside is lacking. help doesn't necessarily have to be materials. They need more than materials for help to develop the children.*
>
> *P2: I agree with you. I know like the children's home close to me, there's a lot of donated things like toys and snacks but it's a bit over the top of what they need. They have to take those things and give to others so that it's not a waste. Sometimes, people bring things to give on their birthdays but turn out, those things are leftovers. It seems as if everyone just wanted to give things but perhaps the children wanted other things.*
>
> *P3: That's right, I think children wanted warmth more (than gifts).*
>
> *P2: Yes, and people playing with them more.*
>
> *P1: Things are given easily to them, but other things are more needed, although difficult to give.*
>
> *P2: It difficult because it is not convenient as just donating things.*

4.3.4 Views on corporal punishment

Given the findings from the children that showed corporal punishment was used across the different settings we asked the focus group if they had a view on this as a practice as a way to 'manage the children's behaviour'.

> *P1: When it's a foundation or orphanage, it's very hard to take care of every child and provide warmth at the same time. For example, during the day that I take care of 3 children... Sometimes I am also angry, even as a real mother I had fluctuation of emotions very easily, what about for someone who takes care of 10 children? What if the 10 children acted out at the same time? To control the emotions is very hard so hitting is something I could understand but I must admit that if they are hitting do they have a reason and is it in accordance with the children's behaviour?. What level of behaviour are they exhibiting? The level of behaviour also depends on how they*

*are cared for. If the child is well taken care of and looked after, they wouldn't behave in a way that is bad and where they deserve to be hit. But if they lack good care or being looked after, it will develop into even more extreme behaviour. Up to a point where, they need to get hit in order for them to stop because they wouldn't listen. I think the issue is like **the snake that eats its own tail.** The story is connected and never end. We always come back to the starting point. Therefore, what I think is important is doing whatever it takes to make the children trust the person who's in charge, which is those who take care of them. If they are able to trust those who provide care, the issues wouldn't be severe.*

Another person held the view that sometimes hitting a child is ok especially if they are behaving in a way that is risky and where they may be physically harmed. However, they also recognised that it may not be best for the child's emotional development in her own words '*might not be in line with psychological principles*'. This sparked an interesting exchange amongst the parents talking about their views on boundaries and when hitting was appropriate.

P3: Personally, if there's a reason for hitting, but not hitting hard or angrily as if wanting them to die! It's like hitting to warn. For example, we told our children to not put their fingers into the power socket.

INT: If it's dangerous, right?

P3: Yes, if I view that their behaviour can cause harm or death and they just wouldn't listen, we might have to hit them to warn that they cannot do that. This is not suddenly just hit without any reasons or count down warning. There's got to be level of warning, maybe 3 times before considering hitting. It's a way of stopping their behavior as well. Hitting is an immediate method of stopping certain behavior, which may not be in line with psychological principles, but this is my opinion.

P4: I view that when there's a lack of warmth and care, children develop into what they want and have to survive which has certain seriousness. Therefore, the caregivers who have to take care of a lot of people, the rules have to be clear. If there's no clear punishment, they wouldn't be able to keep control of the children. This is how I view, just like how the society also have rules and regulations. If they are

not able to control over the people, it means that there will be a lot of issues that follows.

INT: You mean there needs to be strong boundaries laws, right? In order to control the people.

P4: Yes, in this case.

P5: The punishment should be in levels.

P2: Yes, correct. It shouldn't be said once then hit right away, as that is not right. I view that there should be warning level 1, 2, 3 and then this highest level of punishment. It's used at a point where there needs to be decisive action. So that there's an example to see boundaries and children would also see that there's real punishment, which makes the children not reaching the severe behavior. Because if they see that they will get punished they will decrease their severe behavior automatically.

5. Analysis

In this section of the report, we present an analysis of the key themes, highlighting the findings that have particular significance for policy and practice. The analysis draws on existing research evidence on alternative care of children and it underpins the recommendations for policy and practice presented in the following chapter.

5.1 Reasons for entering care

Consistent with previous studies (Saini & Vichit-Vadakan 2015; Mahidi & Brubeck 2018) our interviews with parents highlighted that poverty was all too often at the root of the difficult decision to place children in alternative care. For some parents, the lack of available childcare provision in the community compounded their experiences of poverty. Parents were concerned about having to leave children home alone whilst they went to work low paid jobs for long hours. Increasing social protection and welfare payments, especially for children on the edge of care, would reduce the necessity of children entering care. However, in light of these findings, alongside poverty reduction, community based childcare provision would also reduce the necessity for parents to place their children in care. Several parents we interviewed explained that with no access to childcare, they faced the choice of having to leave their children at home unsupervised or place them in care, as daily wage earners they needed to go to work to survive. This evidence suggests that if civil society and government child welfare services pivoted their funding and interventions to community childcare the necessity for alternative care and the family separation it causes could be lessened.

Another key driver for the children's entry into care was for them to gain an education, which again has been reported in previous studies and articles (Mahidi & Brubeck 2018; Saini & Vichit-Vadakan 2015; Quinley 2018). Education was a particular factor for the children from Myanmar entering the Migrant Learning Centres in Mae Sot, and for the children from Hill Tribes in the northern regions around Chiang Mai. Alongside a focus on improving community-based childcare mentioned above, if services pivoted and focused on increasing access to education provision in local communities, for the children who

participated in this study, it would have clearly been another factor that would have lessened the need for them to enter care.

Most children understood the reasons why they were in alternative care and they were able to explain to us their circumstances on entry. For some, this was because of their family's struggles with poverty and a need to place them in care so that they were looked after and educated. For others they were placed in care for protection as they had experienced abuse and neglect. It is good that most children understood these circumstances and at what appeared to be at a level appropriate for their age and experiences. However, there were some participants that were less able to discuss their circumstances and some perceived that they held some blame for their entry into care. This is where practices such as life-story work would be beneficial for the children in care, which is a relationship-based process where the adults in the child's life develop honest discussions through the development of a creative book about the child's life. Life story work is an ongoing intervention, and it develops overtime with the child's level of understanding, with practitioners sharing information when the child is ready to process it.

Existing research shows an understanding of the reasons why they live away from their parents and a knowledge of their family and heritage helps children as they develop their identity and sense of self (Watson et al., 2015). Rogers (2018) argues that in the absence of information, and connections to their past, children will develop their own understandings on an imagined level, which could be fantasy and hurtful for the child and their emotional development. For example, the child in this study who held onto the belief that it was his gaming to blame for him not living with his family, when clearly there were significant familial and social pressures that were probably more significant factors. With practices such as life-story work (Watson et al., 2015) this child could, with the support of his carers and social workers, have processed their understanding and the blame they placed on themselves with the reality of their family's circumstances. Accordingly, as we build towards recommendations from this research, we argue training around life-story work would be beneficial, both for care staff and social workers and this would also be of importance for social work academics to consider when training practitioners.

5.2 Perceptions of care

Across all the settings most children felt cared for and often showed great respect towards their care givers. Several young people wanted to stay connected to their carers when they leave the care setting. This was very evident for those in the children's villages who referred to their primary carer as their house mother. This suggest that from the children's perspective, the village model, which aims to promote *'family like'* care seems to be achieving its goal and that there is a bond between the children and their caregivers. There was similar data from the NGO care homes that were not villages but ran models with house mothers, which suggests models that have a focal consistent caregiver are valued by the children and promote attachment. This wish to maintain a connection to the carers was missing in other settings and this is understandable when you consider previous research that has suggested in institutional forms of care the numbers of staff a child encounters over a year can range from 50-150 carers (van Ijzendoorn 2011), which would undoubtedly impact a child's ability to bond with their caregivers. This consistently inconsistent form of care is highlighted as a significant factor in the systematic reviews of the research evidence that show institutional forms of care have a negative impact on the emotional, physical and social development of children (Boyce et al 2021).

Across the children's villages and the NGO providers, the close bonds between care staff and children were also recognised by the children's birth parents. Findings showed that many parents perceived the house mothers as caring and good teachers for their children. Most participants, (both children and parents) felt the caregivers supported the children to achieve their goals and took care of the children. For example, the Aunt who said *'I am glad that she's in good care at the centre. I really have to admit that they take good care of her'.* Data shows that across the settings, caregivers recognised children's achievements with praise and rewards, and many children felt valued.

However, there were some parents that were critical of the care their children received and some made the decision to bring their children home as a result. Some of the concerns about care from both the children and parents centred on corporal punishment and bullying in the homes and the limiting of family contact. These concerns are discussed in the following sections.

5.3 Corporal punishment

In most every setting the children described how staff, carers and teachers, used corporal punishment.. Some children received harsh sanctions, physical tasks like squat jumps. In some children spoke of their friends being hit with sticks by the carers.

Article 61 of the Thailand Child Protection Act (Kingdom of Thailand 2003) states that 'physical and harsh measurements punishment are forbidden', however, there is still the proviso in article 61, which states, *'unless they are reasonably applied for disciplinary measures*. Given that physical punishment was reported to us by the children in 12 of the 13 sites it seems that it is being routinely applied in most alternative care settings in Thailand.

It is also important to acknowledge that the use of physical punishment is not a Thai specific issue or indeed a concern only for alternative care. Around the world nearly 3 in 4 children between the ages of 2 and 4 regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers (Global status report on preventing violence against children, UNICEF/WHO, 2020.)

The use of physical punishment runs contrary to the extensive body of research evidence around the globe that shows the use of corporal punishment has entirely negative outcomes for children across cultures. There are no benefits for any country or any culture to allow the physical punishment of children. It is contravention of a child's rights and at odds with the sustainable development goals. Children who are punished physically exhibit more aggression and anxiety (Gershoff 2010). The physical pain caused no matter how minor it may be perceived, causes significant emotional pain prompting a highly stressful fight or flight response, which is harmful to a developing child.

Accordingly, corporal punishment has been found to be costly to society, it is linked to poor development across a range of measures both in terms of physical and mental health (Gershoff 2010). Children who receive physical punishment have been found to exhibit harmful behaviours in adulthood where they often try to self-regulate emotions through risk taking behaviours including drug and alcohol misuse (Cuartas 2021). There has been a growing movement to ban corporal punishment around the globe. Sweden was the

first to ban it in 1979 and 63 countries are now on the path to banning violence against children. This approach is consistent with Sustainable Development Goal 16.2 The elimination of all forms of violence a key indicator of that goal is that 'children do not experience corporal punishment physical injurious or humiliating'.

It is important to highlight that abuse of children has been well documented in many alternative care settings around the world. For example, the recent safeguarding review that found widespread abuse of children and staff at SOS Children's Villages (SOS 2021). This reinforces the need for proper standard operating procedures and systems of regulating and monitoring. At the centre of these practices child and family participation is needed to hear their experiences and act on concerns they raise. Robust whistle-blowing processes and protection for whistle-blowers is also vital as a way to safeguard children too as this was key in raising the concerns highlighted in the SOS safeguarding review.

In our focus group with members of the public they felt there was a place for physical punishment, which suggests that wider community awareness is needed around the detrimental impact of violence on children. However, it is also important to highlight that one participant recognised that using physical punishment is counterproductive and like' *the snake that eats their own tail*'. Research suggest that this metaphor is correct as the use of violence/aggression to manage challenging behaviours can cause repetitive cycles of challenging, often violent behaviour (Gershoff 2010). The focus group participant went on to suggest the need for hitting a child would be reduced if carers were able to *'build trust and care.'* This tacit understanding from the participant is consistent with the growing consensus in global child welfare for the need to develop trauma informed approaches to caring for children (Ludy-Dobson & Perry 2010).

Trauma informed models of care enable carers to consider why children maybe are behaving in a certain way and to consider the context of their experiences. The is a relationship-based approach that involves carers connecting with the children and modelling ways to regulate emotions and behaviours in their interactions. This is an approach that shows children how to respond to stress and emotions in a calm way so that they learn to do the same, which is the opposite of corporal punishment that shows a

violent response to a stressful situation and that quite often instigate a violent response in return.

5.4 Peer relationships: bullying and support

Bullying is understood in different ways across different cultures and contexts. However, it is commonly described as the use of power in an aggressive way towards a weaker victim through social, emotional or physical means. Vanderbilt & Augustyn (2010) outline the effects of bullying on its victims and noted how the impact is significant and long term and across a person's emotional and social development.

The children in this study described the ways they were bullied by their peers. How they were called names, excluded or had their possessions taken. One of the parents explained how their child had been hit by other children. This is not uncommon in schools and indeed in children's homes around the world. Previous studies have highlighted the prevalence of bullying in residential care settings across a range of countries. For example, in Bulgaria, France, Greece, Italy and Romania (Mazzone 2019)

Those that attended schools in the local communities also experienced bullying from the children that remained with their parents. They were stigmatised for growing up in care and away from their family. This is not uncommon for children in care and this has been discussed in previous research. For example, Rogers (2017) found that children in care in the UK had experience of being 'othered and stigmatised' for their care status and as a result they were treated differently and devalued by their peers. This often meant the children had to manage, what Goffman (1963) referred to in his seminal work on stigma as a 'spoiled identity'

Bullying is difficult to identify and hard for staff to challenge and there is always a fear that staff interventions in peer relationships may make matters worse. However, this results in children not feeling able to seek support from their caregivers, and the matters remaining unresolved. This lack of support from staff is consistent with research findings in other alternative care studies in different countries. (Mazzone 2019). What is interesting that many of the children felt able to tell the researcher from this project about their

experiences of bullying, which highlights the importance of children having access to independent visitors outside of the institution to monitor the care and the culture of the homes and assess prevalence of bullying. Properly vetted external mentors could provide a valuable support to children to share their experiences of bullying in a safe way.

It is important to highlight that in contrast to these experiences of bullying some children also spoke of the value of friends in the care setting. Often friends were the most important people to them and the children spoke about their peers being like family. Friends were clearly supportive and often helped them settle into life when they first entered care. These are positive findings, reinforces the value of children spending time together with their peers. This also presents as an opportunity for developing anti-bullying cultures by building peer support networks as a way to challenge bullying behaviours.

On a separate point, but related to peer relationships, the older children we interviewed had significant caring responsibilities for the younger children, specifically those in Temples and Children's villages. Although this may help their development as caring and responsible people, it is important to highlight they are children in need of care themselves and that they should be enjoying childhood with opportunities to play and spend time with friends.

5.5 Contact with family and connections to community

Most children described both limited and sporadic time with their family and friends. The older children described how their contact happened through phones and social media. However, often their access to tech was used as a privilege by the care staff, which could be taken away if they were sanctioned for perceived bad behaviour. In our previous research that explored policy actor and practitioner perceptions they highlighted the importance of family connection and strengthening, and this was understood as a way to prevent entry in to care and for family reunification. However, what we found in this study from the children and the parents that family connection and strengthening was absent as a method to promote the wellbeing of the children and young people who remain in the alternative care system.

This is a missed opportunity for care settings as the promotion of contact could also enable children to maintain and build their social networks, which could lead to the possibility of reunification, or the option for young adults to connect with their kin when they transition out of the institution, which is important to promote good outcomes for care leavers.

Research evidence also suggests that care leavers are likely to have a strong sense of belonging to their community and familial ties and it is common for children to reconnect with birth families on leaving care (Stein 2012). Of course, there are risks with these relationships, particularly if the child was removed for safeguarding concerns. However, it is also important to acknowledge that family relationships can also offer support at various points in the life course and for children who grew up in alternative care the reality is that it will be unlikely that the care setting that supported them through childhood would offer support to them in anyway in adulthood.

In most of the sites, particularly the children's villages, there was a real push for the staff to be perceived as family and for the care setting to be considered home. This is an admirable aim and seems well meaning, a way to develop the child's attachment to their caregivers and protect the children from missing family. However, it could be argued that the logic of less contact when people are missing someone is flawed and what is needed to stop the upset is more contact, or reunification. This is also problematic when you couple this with children's rights to a family life and the findings that show parents felt they were actively dissuaded from visiting their children

The perceptions of several parents in this study are that homes ran by foundations would limit or prohibit their contact. For some providers it seems that this limiting of contact was because of a misguided view that seeing their family upsets the children and makes them miss them more. However, it could point to something more concerning, it is possible that this arrangement could be the foundation framing the children as orphans and presenting their institutions as Orphanages, which could be a way to help them with their fundraising efforts. This process means the children become what is known as paper orphans (Van Doore 2016), abandoned by families on paper but in reality, they have been separated due to the parents need for support, education and/or childcare. Research by

One Sky in the Sangkhlaburi district of Thailand exposes this Orphan Myth, in their research surveying 600 children in the district they found 90 % had at least one living parent. This is an exploitative practice where the so called 'orphanages' are exploiting a family's vulnerability for the benefit of their own fundraising. Aside from this being a highly questionable moral and unethical practice it also goes against a growing body of international research evidence that shows the benefits of contact for children in alternative care. The evidence suggests that children who have regular and consistent contact develop their sense of identity and belonging, which is of particular importance for adolescents (Geurts et al 2012; Sen & Broadhurst 2011).

Despite these attempts to protect the children for example through limiting contact, the participants in this study were all aware of their birth families and in the short time we engaged with them as researchers they still demonstrated a strong connection and bond to their families and a desire to return. This is understandable as a person's bond to their family and community is often very strong and forms an important part of their identity, this phenomenon is common across many cultures. As a result of these enduring bonds, there is a move in many countries globally to supporting children in alternative care to maintain and develop 'lifelong links' with family members for this very reason. Accordingly, we argue the need for practitioners to develop individual contact arrangements as part of a care plan for each child, with the aim to maintain and build their networks and connections to family and community when they leave alternative care.

In some settings ,we recorded in our field notes and picked up in the children's accounts that that there was limited integration to community. Some settings particularly those with schooling on site were fairly closed off institutions. For example, the children in the MLCs were only leaving their site every three weeks to attend church. Our researcher noted that this was because they did not hold Thai ID cards and could not leave the centre alone in case they were stopped by the Police. This isolation can present as a risk for children it narrows their social networks and if they are experiencing abuse and neglect there are limited trusted adults they could disclose their child protection concerns too. In these circumstances it is vital that care providers are regulated, monitored and inspected to prevent opportunities to be hidden and abused.

5.6 Ambitions and hopes

We feel it is important to end the analysis section by highlighting the resilience of the children and young people growing up in alternative care in Thailand. They are in the difficult circumstances of a childhood away from their parents, family friends and communities. However, the children we engaged with were hardworking, ambitious, and they were studying very hard with the hopes they could turn their dreams into reality. They perceived their education as a privilege, and they wanted to make the most of this privilege and succeed. Most children were planning for University or Vocational college and for professional jobs in the future, and many hoped to return to their communities to support their families.

The young people were not always sure how they were going to achieve these hopes and dreams, for the younger children this was understandable – as for the older children it would be beneficial for them to have support to help them plan and achieve their goals. This is important when you consider international research evidence that show some care experienced adults can face challenges due to their early childhood experiences (Stein 2012) and lack of support on leaving care. This is potentially compounded with the well documented impact institutionalisation has on a person's development and their social relationships (Boyce et al. 2021).

Accordingly, it is important to consider support for care leavers but also in practices and policies that prepare young people for transitioning from the care setting and moving to independence. Practices such as *individual pathway planning* in the years leading up to the point when they leave care could help children to be best supported and prepared to leave.

The members from the public that took part in the focus group raised an interesting point that they could do more to offer support to children in care. They were professional people from a range of backgrounds their suggestions to act as mentors/independent visitors and if they were properly vetted and trained they could be a real resource for children in care.

6. Recommendations for Policy, Practice and Future Research

After engaging with the children, parents and families at the centre of alternative care in Thailand our recommendations align with the UN Guidelines of Alternative Care and the growing global movement to reform institutionalised care systems. Alternative care in Thailand – as in many other countries - should be used only when absolutely necessary and the quality of the settings should be child-centred and suitable to meet children's needs and fulfil their rights. We support the calls of the CRC group Alternative Care Thailand in their advocacy for a policy and practice shift away from institutions to family support, kinship care and family-based alternative care. However, we also recognise that this much-needed reform will not happen overnight, and in the meantime, we recommend that with the participation of the children, parents and families at the centre of the process, major improvements can still be made to alternative care policy and practice across the following areas in Thailand:

- Contact arrangements were limited and sporadic across most settings. Children's time with their families and friends is crucial for their emotional wellbeing. It helps them make sense of their experiences as they develop their identities. Care plans that set out contact with important people friends and family should be in place and based on the needs of each individual child. Removing contact to manage behaviour is counterproductive it is emotionally damaging, likely to cause behavioural problems, and inconsistent with a child's fundamental rights to a family life.

- The development of life-story books would provide children with information about their family and journeys into care, in a child centred way. Life-story books created with children serve as a resource for them to check out information and make sense of their experiences with their care staff and families as they grow up.

- Data suggests there is an urgent need for each setting to develop or review bullying, discrimination and child protection policies and for staff to undertake training on identifying bullying and promoting anti-bullying attitudes and practices.

- Shift from behavioural management approaches of care to trauma informed models of care. Training for care staff on positive parenting that highlights the need to build relationships with the children in their care and promote their resilience.

- In line with the move in Thailand to ban corporal punishment in schools this needs to be extended to cover all alternative care settings. In the Thai Child Protection Act 2003 under Article 61 the provision for physical punishment in alternative care remains, which means hitting children is permissible.

- Improved monitoring/inspection visits of providers. Children and families' participation in monitoring is vital. Inspectors should spend time engaging and talking directly with the children. As a research team we learned this is an invaluable way to understand what it is like to live in an alternative care setting. It is vital inspectors promote child participation, so they can assess whether the care children are receiving is appropriate, safe and meeting their needs.

- Parents we interviewed highlighted the positives of the government's family support, foster care, and reunification practices. It is imperative that they build on this good practice for more children and expand on this across the sector by supporting and mandating NGO providers to do the same. It would be beneficial to set aspirational yet achievable targets that lead to measurable improvements for children.

- Poverty and Domestic Violence was all too often at the root of parents' decisions to place their children in alternative care. Increasing social protection and welfare payments, especially for children on the edge of care, would help reduce the necessity of children entering institutional care.

- Childcare provision in the kinship group and community would also reduce the necessity for parents to place their children in care. Parents we interviewed explained they faced the choice of having to leave the children at home unsupervised or place them in alternative care as they needed to go to work to survive.

6.1 Recommended practice and policy Improvements for Thailand's alternative care system

6.2 Recommended areas for future research

Our literature review found a paucity of research evidence that explored the experience and perspectives of children and families in alternative care in Thailand. Based on our scoping review presented above, we understand this is also the case across most countries in South-East Asia and other regions. We hope our study contributes towards filling the gap but recognise there are many areas that still require further exploration. For example:

- There is a need to understand the experiences of younger children and infants in care. Ethnographic approaches and observational studies could be beneficial in this area.
- Due to the scope of this study we were unable to reach children with disabilities who are living away from their parents, and this is a glaring omission in the existing research that needs to be urgently addressed.

- Previous research has included a small number of care leavers in the Thai context and interviewed them about their retrospective experience of living in care. It would be interesting to undertake research into their experiences of the care leaving process and explore the enabling factors that helped them and the challenges they faced as they moved to independence.

- The sample was limited in the numbers of children we could access in Foster Care and Buddhist Pagoda Care and further research is needed that involves children in these settings.

- Corporal punishment was a key theme that emerged in the findings. It is an important issue with growing global campaigns aiming to end violence against children. Further research on this topic would be interesting to understand further the scale of its use in alternative care in Thailand and beyond. Interviews with care home staff would also be interesting to understand their perspectives on its use.

- It would be useful to build on the focus group findings in this study, with a wider survey to of the public, to understand perceptions of care across the wider population. This is important as families, kinship groups and communities are going to be vital in any process of national care reform that hopes to build on family based alternatives to institutions.

7. Conclusion

The findings and analysis presented in this research report are based on our experience of engaging with children and parents with direct experience of care and wider members of the community. We hope the participants narratives and the recommendations can inform and provide guidance for the future national policies and strategy developments of the Royal Thai Government agencies, civil society, national and international child rights organisations and development partners.

Going forward, we feel there is a need to urgently reform the childcare systems and enhance the capacity of the social service workforce in Thailand. This should include, the development of *National Minimum Standards for differing Alternative Care settings and*

Practice Protocols that support managers and caregivers to ensure they are able to best meet the needs of children and their families.

We know from 80 years of research evidence that institutional forms of care are harmful to children. We also know in the context of limited public funds, that family support and family-based care are a better economic choice, with institutions being more costly to run over the long term. Accordingly, we support *Alternative Care Thailand's (ACT)* roadmap for care reform and their advocacy efforts for bringing about systemic change.

 It is important to highlight that many of the children we interviewed and spent time with during this research were happy in their care settings and grateful for the care they were receiving and the opportunities they were being afforded. However, this report has also identified many areas where children deserve better care and the urgent need for reform and improvements in the alternative care systems in Thailand. It is encouraging that the civil society groups and ACT are working with the Royal Thai Government and developing plans to divest in institutional forms of care and invest in communities with practical services that focus on family support, childcare provision, foster care, and reunification.

We hope the narratives of the children and families we have shared in this report inform this vital work and highlight the urgent need for change, so that some of Thailand's most vulnerable children receive the care and support they deserve and are able to develop to their full potential, which is their right as enshrined in the UN Convention on the Rights of the Child.

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Sharing Their Narratives

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