SITUATION ANALYSIS OF ALTERNATIVE CARE PROVISION IN THE CONTEXT OF SOUTHERN BORDER PROVINCES OF THAILAND

JANUARY 2025

Mahidol University
Faculty of Social Sciences and Humanities

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Acknowledgements

This research report presents findings from a study on alternative care provision in the Southern Border Provinces (SBPs) of Thailand, an area with distinct social, economic, and cultural conditions compared to the rest of the country. The aim of this research is to enhance understanding of the current situation and practices surrounding various forms of alternative care for children in the region.

A research team from Mahidol University, Thailand conducted the study on behalf of UNICEF Thailand. The principal investigator was Dr. Kanthamanee (Gift) Ladaphongphatthana, alongside co-investigators Dr. Worapong Charoenwong and Dr. Laila Rimpeng. The research advisor was Assoc. Prof. Dr. Aree Jampaklay, and field researchers included

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Executive Summary

Thailand has studied care environments for children without adequate parental care in the North, the Northeast, and the West. Very limited studies have been conducted on alternative care in the South of Thailand. This study will fill the knowledge gap and inform the policy to promote a safe and nurturing care environment for children in this region.

This research focuses on analysing the state of alternative care in Thailand's Southern border provinces (SBPs). It involved studying all forms of alternative care and the quality of care (such as child-to-caretaker ratio, child safeguarding policy, care facilities, and reintegration plan), identifying social services for children and families available in the area, and creating policy recommendations on alternative care for key stakeholders.

This study was conducted in the five southern border provinces of Thailand, namely Pattani, Yala, Narathiwat, Satun and Songkhla, covering various types of institutional care facilities, including: 1) Pondok educational institutions[1] 2) Hafiz institutions[2] 3) government boarding schools (Rajaprachanukroh schools) and 4) private orphanages/shelters. The proportion of the institutional care facilities surveyed were Hafiz institutions (44.7%), followed by Pondok educational institutions (34.2%), private orphanages (13.2%), and government boarding schools (7.9%).

This mixed-method research used a quantitative survey, structured interviews, focus group discussions, and in-depth interviews. These were held with key informants selected through purposive sampling and included foster and alternative family caregivers, representatives of local religious organisations, representatives of government agencies working with children and families, local researchers, and representatives of civil society and business organisations.

Notable research findings include the following: The main objective of establishing institutional care facilities is to provide care for children in poverty, followed by enabling children to learn religious teachings. This research found 15,927 children, including boys and girls, residing in institutional care facilities in the southern border provinces. Out of this number, 91.55 % are 13-18 years old. On average, institutional care facilities in the research area have a ratio of one caregiver for 25.19 children institutionalised in long-term residential care.

Children adhere to a strict routine, particularly in Hafiz institutions, where they are generally awakened around 3:00 or 3:30 a.m. and given additional sleep time during the day. While religious education is one of the main reasons children are sent to institutional care, general and vocational education is also provided. 65.8% of institutions concurred that children and youth in their care require developing vocational and income-generating skills, followed by language and communication skills (34.2%).

Regarding care patterns, with the heavy workload of caretakers and a limited number of staff, 71.1% of institutional care utilises student committees or student councils to care for a large group of children. Generally, seniors are assigned to help keep juniors disciplined, particularly in performing daily routines, including five-time prayers.

Most residential care facilities (89.5%) enforce a policy forbidding children from returning home during the 40 days following their first intake. After that, children to return home based on predetermined schedules.

1 A traditional form of Islamic education institution overseen by the Pondok's owner, called a *"babo"*
2 A traditional form of Islamic education institution focusing specifically on training students to memorise the entire Quran.

34.2% permitted returns twice a year, while 31.6% allowed returns once a month. However, care leaver key informants revealed a consensus that returning home twice a month (approximately every two weeks) is appropriate, as prolonged absence can create a sense of disconnection from relatives and neighbours.

In disciplining children, 86.8% of institutions (33 institutions) employed verbal warnings, while 36.84% (14 institutions) mandated offenders to complete extra work or community service tasks, such as cleaning, collecting rubbish, and sweeping. 26.31% of institutions still employ physical punishment.

In 74% of institutional care facilities, children are not permitted to use mobile phones. However, 26% of institutions allow children to possess communication devices and use social media under specific conditions.

On the one hand, 53% of institutional care facilities levy dormitory maintenance fees on children, including 12 Pondok educational institutions (31.6%) and eight Hafiz institutions (21.1%). Some charge a nominal 100 baht per semester, primarily for utilities. Conversely, 45% of care facilities do not impose dormitory maintenance fees. It is a common practice that fees would be waived if a child is an orphan especially by religious definition.

In the management of institutional care, it is found that 60.5% of institutional care facilities operate with an annual budget for children in residential care of less than 500,000 baht. Additionally, 29% of the facilities allocate budgets ranging from 500,000 to 3,000,000 baht annually for residential care. Another 5.3% of the facilities have budgets exceeding 10,000,000 baht per year.

None of the institutions have a written child safeguarding policy, and no training is provided for dormitory caregivers on child-rearing, child psychology, child rights, or child protection. While 28.9% of surveyed institutions have found children facing mental health issues, such as depression or risk of self-harm, 50% of the institutions do not have activities to promote the mental well-being of children.

From Multiple Indicator Cluster Surveys (MICS) data, the Southern Provinces have the lowest percentage of children not living with biological parents at 14.4%. From qualitative data collection, considerable demand for child adoption is found. And there were cases where biological mothers relinquished children at a young age for different reasons, such as poverty and a child being born out of wedlock. Each alternative family attempted to find solutions to religious challenges in raising a child that is not one's own.

Five categories of social services were identified for children and families in the SBPs: 1) education, including scholarships, religious education, and education for children with disabilities; 2) health, including promotion of mental health and traditional healer services; 3) housing, occupation and income, such as access to low-interest loans, housing repairs, and provision of occupational equipment or livestock; 4) culturally appropriate services and assistance such as butchered beef and traditional clothing during religious occasions; and 5) other services, such as emergency assistance, welfare funds for the disabled and elderly, assistance with the justice process and remedies for violence surrounding the political unrest of the three southernmost border provinces (Pattani, Yala, and Narathiwat), and education on child-rearing or parenting.

This research provides policy recommendations to (1) enhance the quality of residential care in terms of promoting child safeguarding policy in all care settings, addressing physical and mental health, water and sanitation, caretakers, and other issues like family connection; (2) register traditional boarding Islamic institutions; (3) monitoring and regulating private institutional care by developing the standard of care and supervision mechanism for private residential care facilities, review of private orphanage registration requirements, and implement comprehensive enrolment and supervision of all private residential care; and (4) protecting children without adequate parental care by enhancing access to social services and expanding support for children and families and increasing foster care.

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Introduction

1.1. Background

Institution care facilities provide care for groups of children in an environment distinct from their familial settings (United Nations, 2010, paragraph 29). The caregiver-to-child ratio in such facilities limits the ability to provide individualised care, which is vital for children to reach their full potential. Consequently, this may lead to psychological issues, such as feelings of neglect or attachment disorders, and could cause brain damage in young children with severe neglect. (Center on the Developing Child, 2007)

Thailand's formal alternative care system predominantly relies on institutional care. (Department of Children and Youth et al., 2021) Most children in orphanages are not orphans; only 3.6% of children in Thailand are double orphans (whereby both of their parents have passed away). However, 24.6% of children do not live with either biological parent. Looking regionally, this percentage varies: Bangkok: 15% (lowest), Central: 21.2%, Northern: 24.8%, North Eastern: 35.5% (highest), Southern: 14.4% (National Statistical Office, 2023). While 96.6% of these children reside in informal kinship care, a significant number are placed in institutional or residential care facilities. There are over 730 such facilities nationwide, with 709 currently operational (Alternative Care Thailand, 2023). Research indicates that each private orphanage has an average of 58 children (CRC Coalition Thailand, 2016). Currently, it is estimated that at least 41,100 children are institutionalised in long-term care facilities across the country—both those licensed and those not yet legally registered.

In reality, Thailand has more shelters than the officially reported figures. Many organisations function as residential care institutions, offering boarding and lodging for more than six children without kinship ties, with strict routines for purposes other than recreation. These include student dormitories, boarding schools, and religious institutions (Department of Children and Youth et al., 2021). When considering all types of residential care facilities, it is estimated that at least 120,000 children in Thailand live outside of a "home" or familial care, especially those raised in these residential care facilities (Ladaphongphatthana et al., 2022). This means that over 120,000 children are potentially impacted by not receiving adequate individual care and attention due to growing up outside a family setting.

A study by Ladaphongphatthana et al. (2022) provided the above estimates, categorising them into private residential care predominantly run by Christian faith-based organisations, government-led residential care managed by four different ministries[3], and care provided by Buddhist and Muslim institutions. The study also offered data and analysis regarding the number of temples and child monks. However, it did not give an estimate of children in residential care facilities by Muslim faith-based organisations due to insufficient information on the number of facilities in the SBPs. This research aims to survey residential care facilities in the SBPs, identifying both their number and the number of children they house, along with key characteristics of their services. It seeks to understand the factors leading to child separation from families and to assess the quality of institutional alternative care to pinpoint gaps and opportunities for future service improvements. The study also examines regional aspects of family-based alternative care and the social services available to children and families. It concludes with policy recommendations for key stakeholders, prioritising the best interests of children in long-term residential care facilities in the area.

1.2. Research objectives

The four main objectives which this research endeavours to achieve are as follows:

1. To study all forms of alternative care in the five Southern border provinces
    - 1.1. To identify the number and characteristics of institutional care facilities, as well as the number of children living in them
    - 1.2. To identify characteristics of foster care
    - 1.3. To identify the factors of child separation from family
2. To study the quality of institutional care
3. To identify social services for children and families available in the Southern border provinces
4. To develop policy recommendations on alternative care for key stakeholders in the Southern border provinces

BOX 1

Cultural Identity in the SBPs and the Role of Islamic Education and Community Care:

The population of the SBPs is predominantly Sunni Muslim, with ethnic Malay identity as a crucial component of the community. This cultural identity shapes many aspects of their daily lives, including childcare, social norms, family structures, and community interactions. Traditional Malay customs and Islamic practices are intertwined, influencing everything from interaction between sexes in public and dress codes to dietary habits (Liow, 2011). Education is highly valued in this setting, and there has been a significant push to improve educational opportunities for both sexes. Schools in these provinces often incorporate religious education alongside the national curriculum, ensuring children receive a balanced education that respects their cultural and religious heritage (Liow, 2011).

There are various modes of Islamic education where children are instilled with Islamic precepts, such as Tadika, Pondok educational institutions, Hafiz institutions and private Islamic schools. Interestingly, some of these traditional forms of Islamic education (Pondok educational institutions, Hafiz institutions) have strong care elements and should be studied as a form of institutional care to understand how the best interest of children in these care settings can be met. Additionally, cultural influences also affect the use of alternative families as options of care when family separation is necessary.

3 Ministry of Social Development and Human Security, Ministry of Education, Ministry of Culture, and Ministry of Justice

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Research methodology

This mixed-method research included a survey of the number of institutional care facilities and the social services that encourage families to care for their children instead of unnecessarily placing them in those institutions. Data regarding the quality of institutional care, characteristics of care facilities, and the children residing in them was gathered through structured interviews with 38 institutional care facilities. Additional data were collected using focus group discussions and in-depth interviews to explore various aspects of alternative care practices in the Southern border provinces, including the reasons for family separation. The aim was to develop policy recommendations on alternative care that could be effectively applied in the SBPs.

2.1. Research areas and target groups

This study was conducted in the five Southern border provinces of Thailand (Pattani, Yala, Narathiwat, Satun and Songkhla), encompassing 56 districts, 413 sub-districts, and 3,073 villages. The main target groups of this research were institutional care facilities that provide boarding services for more than six children aged 0-18 years without any relatives for a period of time. The quantitative survey included various types of educational and religious institutions. They are: 1) private Islamic schools, 2) Pondok educational institutions, 3) Hafiz institutions, 4) public boarding schools (Rajaprachanukroh schools and schools in Pracharat initiative), and 5) private orphanages. Subsequently, the qualitative analysis excluded private Islamic schools and Pracharat initiative schools due to differences in the nature of the residential care they provide.

2.2. Data collection and analysis

This study involved four main steps in data collection:

2.2.1. Survey of institutional care facilities and social services

The quantitative section of this study consists of two surveys: 1) a survey on the type and number of institutional care facilities as well as the number of children residing in them, and 2) a survey on social services for children and families. Both surveys were conducted by Mahidol University research team across the five Southern border provinces. The team engaged village-based volunteers co-ordinated through the Southern Border Provinces Administrative Centre (SBPAC) and enlisted students from local universities for communities in municipalities lacking village-based volunteers to serve as fieldwork data collectors. Those data collectors were instructed on using the research tools, how to build rapport, how to ask and communicate appropriately, body language, dress code, ethical research conducts, confidentiality and privacy policy. They were also guided on handling the completed survey forms with utmost care.

The survey collecting basic information on children's shelters, boarding schools and religious institutions consists of six major questions: the name of the residential care facility, the type of facility, other types of institutional care provision on the same premises with shared management (to identify clustered institutions), the number of children in the institution, the number of personnel, and the main reasons for placing children in institutional care. The respondents were those in charge of administration or general operation of the care facilities.

The survey on social services for children and families in each village included ten questions designed to identify the different types of services available at the village level. These services encompassed education, health, housing, work and income, social protection (such as assistance with the justice process), recreation, volunteer counselling and mental health support for those affected by political unrest around the three southernmost border provinces (Pattani, Yala, and Narathiwat), training on childcare or parenting, family relationship enhancement activities, and additional services beyond the nine main categories, such as reproductive health services for adolescents, maternal and child health promotion, and services for children with disabilities.

For both surveys, researchers utilised the INFORM application (through a UNICEF-authorised user account), a digital platform accessible via mobile phones, as the primary tool for conducting surveys to facilitate data management and analysis. Prior to the commencement of surveying, a meeting was held to train district heads of village-based volunteers, introducing them to the survey process using the INFORM application and allowing them to practice its use. Hard copies of the survey were distributed to the volunteers to provide an overview of all survey questions. Additionally, instructions for using the INFORM application, complete with technical support contact details, were prepared for the head of the volunteers to assist with training village-level volunteers. University students who were responsible for district-level data collection also received similar training in data collection methods. The researchers and field data collectors conducted the surveys from August 2023 to May 2024.

2.2.2. Structured interviews for exploring the quality of care in institutional care facilities

The structured interviews collected data on the quality and management of four types of institutional care facilities: 1) Pondok educational institutions, 2) Hafiz institutions, 3) Rajaprachanukroh schools, and 4) private shelters or orphanages. Islamic private schools were excluded from this qualitative analysis because they primarily focus on education rather than care, and the nature of care provided in educational institutions differs significantly.

The research team utilised structured interviews with questionnaires to collect data. Seven experienced field researchers familiar with the local language and culture co-ordinated and collected data from operators or administrators at 38 institutions throughout the SBPs.

The research team employed quota sampling across four types of institutions within the five provinces, basing these quotas on data derived from an initial survey of institutions. They acknowledged the challenges related to the accessibility of certain institutions, particularly those offering traditional Islamic education, and accordingly established quotas around two broad categories, in alignment with the distribution within each province. The first category pertains to institutions providing Islamic education to children in residential care, while the second concerns facilities offering residential care to vulnerable children. The proportion between the former and the latter is set at 80:20, based on the initial survey results. Initially, 30 Islamic educational institutions were identified, consisting of 13 Pondoks and 17 Hafiz institutions. Subsequently, eight institutions were selected, including three Rajaprachanukroh schools and five private shelters. In total, 38 institutions were sampled, with researchers distributing their data collection efforts across the five provinces, each of which consisted of seven to eight institutions.

Table 1: Sampling of institutional care facilities

Type of institutional care facility	Number	Per cent
1. Pondok educational institutions	13	34.2
2. Hafiz institutions	17	44.7
3. Rajaprachanukroh schools	3	7.9
4. Private orphanages	5	13.2
Total	**38**	**100.0**

The structured interview questionnaire consists of 43 questions divided into seven sections: basic details of each particular facility, childcare patterns and caregivers, child protection policies, administration and budget, admission procedures and follow-up actions for a child after leaving the care of the facility, physical characteristics of the facility's dormitory and its utilities, and the number of children in the facility. This research tool was developed on the basis of those tools previously employed and lessons learned in similar work on alternative care; for example: Holistic Review of Alternative Care Provision in an area of Thailand: The border District of Sangkhlaburi (Department of Children and Youth et al., 2021) and the Study of Case Management Practices of Children's Homes in Comparison with the Guidelines for the Alternative Care of Children: the Case Studies of Registered Private Children's Homes in Chiangmai Province (CRC Coalition Thailand, 2018). It was then contextualised to fit the conditions of the SBPs' care facilities and to be sensitive to local norms and free from offensive or intrusive messages. Tool testing was conducted before launching data collection.

In the final section concerning the number of children in the facility, the questionnaire included detailed questions about the total number of children by age, gender, religion, language, type of stay, as well as questions about children with special needs, foreign children, and the staff number. The research team required all questions in the final section to be on a separate sheet of paper and distributed to respondents after the interview. This sequencing helped ensure that interviewees were familiar with the field researchers, reducing potential early suspicions. This sheet included contact information for the field researchers, allowing interviewees to fill in data and send photos of the completed documents back conveniently.

Data collection for the study of the quality of residential care across the 38 facilities spanned six months, from November 2023 to May 2024.

2.2.3. Focus group discussion

In order to obtain qualitative data that expands on the data of the aforementioned quantitative methods, the research team organised seven focus group discussions as follows:

1. Seven administrators of private Islamic schools (23 April 2024)
2. Six administrators of Pondok educational institutions (23 April 2024)
3. Five administrators of Hafiz institutions (24 April 2024)
4. Four administrators of private shelters (26 February 2024)
5. Three caregivers for female children and youth (24 April 2024)
6. Seven institutional care experienced (26 February 2024)
7. Six institutional care experienced who have left institutional care within the past five years (25 April 2024)

The first five groups were comprised of service providers who were selected through purposive sampling. The main selection criteria required that participants be primarily administrators, owners, or operators of institutional care facilities. The other two groups included individuals with experience in institutional care and were selected through snowball sampling. For the sixth group, selection criteria dictated that individuals should have lived in an institution for at least three years, not be related to any service providers, administrators, owners, or operators of the facilities, and not be involved in providing services as dormitory caregivers or educators in a Pondok or Hafiz institution. The seventh group had an additional criterion: participants must have left institutional care within the past five years. Participants for this focus group were randomly selected from networks of former institutional caregivers currently pursuing undergraduate programmes.

The primary goal of the focus group discussions was to identify ways to ensure a safe and healthy upbringing for children. The main discussion topics included factors leading to child-family separation, the quality of institutional care, barriers and challenges of such care, and the experiences of both providers and recipients of institutional care. These discussions were held in February and April 2024.

2.2.4. In-depth interviews

To ensure the data was thorough, the researchers conducted in-depth interviews with 18 key informants divided into five main groups: 1) foster carers and adoptive parents, 2) representatives of local religious organisations or providers of information regarding Islamic educational institution networks, 3) representatives of government agencies working on children and families, 4) local researchers, and 5) representatives of civil society organisations and the private sector. Key informants were selected using purposive sampling, with details as follows:

2.2.4.1. Foster carers and adoptive parents (four families)

In reference to the baseline data from the previous survey of children growing up in families with primary caregivers other than the biological parents (UNICEF Thailand, 2023 unpublished), the researchers requested additional details from certain volunteer data collectors to contact caregivers who were not biologically related but provided care in family settings. Foster care and adoption are particularly rare in the context of the SBPs due to religious norms that are often perceived as discouraging adoption when it involves changing the family name and sharing the adoptive parents' inheritance with the adoptee. Additionally, there are restrictions on relationships between caregivers and children of different genders when the children have reached religious puberty.

The researchers successfully contacted and obtained informed consent to interview four families in Narathiwat, Satun, and Songkhla, including both informal foster carers and adoptive parents. Although legal adoption is not included in the definition of alternative care, this research found that these two types of families face similar challenges due to interpretations of religious teachings. As a result, data from both groups were collected and analysed in the same manner.

2.2.4.2. Representatives of local religious organisations or providers of information regarding Islamic educational institution networks (six individuals)

During the research, the researchers identified key informants, including experts in the history and dynamics of Islamic schools and Hafiz institutions, as well as experts in Islamic law. These individuals helped the researchers understand the classification, nature and operations of Islamic religious organisations and educational institutions. Typically, the researchers would request a single interview with key individuals. Still, representatives of local religious organisations or those providing information about Islamic educational institution networks two were interviewed multiple times. This approach was used to verify the information's accuracy and obtain permission to contact additional sources.

2.2.4.3. Representatives of government agencies working on children and families (two individuals)

To gather information on government policies regarding alternative care and services that encourage families to raise their children independently and self-sufficiently, the research team interviewed representatives of government agencies in the area. They found that information from these government agencies—particularly statistics and case management within the area—was valuable in providing a comprehensive view.

2.2.4.4. Local researchers (three individuals)

The researchers interviewed scholars and experts with knowledge of the local context, including those specialising in security-sensitive issues, context-specific Islamic education, and traditional religious education institutions. The aim was to gather scholarly insights to support the research data analysis.

2.2.4.5. Representatives of civil society organisations and the private sector (three individuals)

The research team considered the role of civil society and selected representatives who had been involved in promoting the development of children, youth, and women and career development for at least 10 years. This approach aimed to better understand the issues and services available in the area.

It is important to note that the qualitative study of institutional care facilities, conducted through structured interviews, focus group discussions, and in-depth interviews, adhered to human research ethics. The process began with contacting potential participants and obtaining informed consent before scheduling appointments at their convenience. Participants were informed of the basic details of the research, and written consent was obtained prior to data collection. On average, each data collection session lasted approximately 60-90 minutes.

2.3. Ethical research approval

This research was conducted following ethical standards and relevant guidelines, such as the UNICEF Procedure of Ethical Standards in Research, Evaluation, Data Collection and Analysis (UNICEF, 2021b), Data Collection on Children in Residential Care: Protocol and Tools for a National Census and Survey on Children in Residential Care (UNICEF, 2022), and the UNICEF Procedure Ethical Standards in Evidence Update (UNICEF, 2021a), and was approved for human research standards by the Committee for Research Ethics (Social Sciences), Mahidol University (MUSS-IRB), with the approval certificate No. 2023/142.2108 (Appendix 8.1). Overall, the researchers ensured compliance with the ethical research protocols such as 1) obtaining informed consent, 2) ensuring anonymity and confidentiality, 3) maintaining privacy and data security, 4) using clear instructions and language, 5) demonstrating respect and sensitivity, 6) obtaining consent for recordings, 7) facilitating discussions respectfully, and 8) emphasising voluntary participation.

2.4. Limitations

This research encountered limitations in surveying institutional care facilities and social services for children and families within the municipalities and the 12 districts of Songkhla Province (excluding Chana, Thepha, Nathawi, and Saba Yoi districts). These limitations arose because the village-based volunteer system, supported by the Southern Border Provinces Administrative Centre (SBPAC), did not extend to these areas. Additionally, there were challenges in co-ordinating data collection through requesting co-operation from local government agencies. To address this, the research team adjusted the plan and deployed five research assistant teams to collect data from community leaders in various municipalities throughout the five Southern border provinces. However, unfamiliarity with these areas may render the quantitative data on institutional care facilities and social services less reflective of actual statistics.

One of the major challenges of this research was accessing data sources. Misunderstandings and distrust often hinder information sharing, especially with unfamiliar individuals or when data is collected by government agents or affiliates. Consequently, data collection in the region required periodic adjustments. For instance, selecting the residential care facilities for structured interviews involved choosing data sources that were feasible to access for research purposes. Data collectors encountered challenges in accessing specific Pondok institutions because their operators were wary of government officials and strangers, largely due to the overall climate of unrest in the South. Moreover, during data collection, two cases of threats against data collectors were reported: one with verbal threats via phone calls due to misunderstandings of certain phrases in the consent forms, and the other characterized by firearms-involved intimidation stemming from distrust of the data collectors from outside areas.

3

Children raised out of the home - Children and institutional care facilities in the Southern border provinces

To answer research questions, this chapter primarily identified the number and characteristics of institutional care facilities, the number of children living in them, the factors of child separation from family, and the quality of institutional care. Given that this study collected data from several types of residential care, the operational definition of residential care used in this research is "a non-family-based group setting with paid or unpaid staff where some children live and receive care", while resident is "an individual who lives in and receives care from a residential care facility."

3.1. Types and characteristics of residential care facilities

In the SBPs, many alternative care institutions are Muslim religious, educational facilities, reflecting the majority faith practised in the region. At a broad level, these institutions aim to instil knowledge and practices based on the five pillars of Islam, which include professing one's faith, praying five times a day, giving zakat or donating a certain portion of one's wealth, fasting during Ramadan; and making a pilgrimage to Mecca. These institutions include Pondok educational institutions, Hafiz institutions, Islamic private schools, and other private schools offering similar education. Additionally, the SBPs host state and private orphanages and state boarding schools,

such as Rajaprachanukroh schools and schools under the Pracharat initiative. However, to keep this study in line with the adopted operational definition and to avoid confusion between the role of the education sector and the social welfare sector, this study focused primarily on residential care facilities that prioritise caregiving over educational services; dormitories and boarding houses associated with these education institutions have been excluded. This research explored the following four main types of institutional care facilities:

3.1.1. Pondok educational institutions

Pondok, a standard Malay word usually pronounced by local people as Ponoh, conveys a denotation of a hut or shack. It refers to a traditional form of Islamic education institutions overseen by the Pondok's owner, called a "*Babo*" (meaning father). Teachers in a Pondok are called *Tokru*, and may have assistant teachers who help with instructing and caring for the students.

Teaching in Pondok educational institutions centres on religious knowledge according to textbooks covering various subjects such as Arabic grammar, Islamic jurisprudence, and Quranic exegesis. There is no formal system of assessment or evaluation for advancement or graduation. Generally, students use notetaking and memorisation to develop skills necessary for leadership in religious activities such as prayers, funeral arrangements, merit-making rituals, and recitations on various occasions. They also have the opportunity to learn general subjects through non-formal education system as the Department of Learning Encouragement (DOLE) (formerly known as Office of Non-formal and Informal Education (NFE)) provides outreach service of general education and lifelong learning for those out-of-school children and youth who attend religious education in Pondoks.

3.1.2. Hafiz institutions

Hafiz institutions are Islamic educational establishments typically registered as Pondok educational institutions, but they differ by focusing specifically on training students to memorise the entire Quran. This requires a strict study schedule dedicated to reading and memorising the Quran. Parents often send their children to Hafiz institutions at a young age, usually after completing primary school (around 12 years old), believing that younger children are more successful at memorising the Quran than older ones. Almost all Hafiz institutions in SBPs offer living quarters and dormitories of varying quality. Notably, the number of Hafiz institutions in the SBPs is rapidly increasing, and the trend is towards developing an Islamic education model integrated with other forms of education to enhance competitiveness, such as teaching Quran memorisation alongside general subjects and science in private schools.

3.1.3. Rajaprachanukroh schools

In addition to Islamic educational institutions, this research includes state schools where children reside in dormitories and receive both alternative care and education from the institution. These schools provide housing and basic living supplies to students who meet certain criteria. The purpose of Rajaprachanukroh schools is to provide education, including vocational training, at both primary and secondary levels for children and youths facing economic, familial, or social challenges, such as those from impoverished families, orphans, or children lacking adequate care. The aim is to increase opportunities for accessing education and to enhance the quality of life for youths. There are nine schools of this type in the SBPs. Generally, they offer accommodation in the form of dormitories to support students from remote areas. They teach basic subjects while also facilitating the development of life and vocational skills. The government allocates a budget to support their overall operation including the provision of sustenance, accommodation, and healthcare for students.

3.1.4. Private shelters and orphanages

Private shelters and orphanages that care for children in the area were established by private or civil society organisations such as faith-based foundations. The motivation arises from Islamic teachings that emphasise the value of caring for orphans. They receive financial support through donations from communities and local organisations. Generally, the religion of the children cared for by these private shelters matches the predominant religion of the groups that established them. Therefore, activities for children in these private shelters are organised in a way that aligns with the local culture. For example, some orphanages provide basic Islamic education to young children and send them to receive basic education in other nearby schools.

Moreover, there are a few temples and religious organisations in the area that provide alternative care, although they typically care for fewer than six children and are expected to raise them as novices or 'temple boys'. These children participate in various temple activities such as collecting alms, cleaning, and preparing food to offer to monks. Additionally, there are other educational institutions that have care elements, such as the Pracharat initiative schools and private Islamic schools. These institutions are caring for orphans due to the parents' inability to care for them, but in small numbers compared to the total number of pupils.

3.2. Number of institutional care facilities

Prior to this research, data on the number of institutional care facilities are found in various sources. Based on the OPEC's annual report of 2023, there were 471 registered Pondok institutions and 218 private Islamic schools in the five Southern border provinces (Office of the Private Education Commission, 2024, p. 18) . Meanwhile, the Association of Pondok Educational Institutions in the SBPs reported a total of 841 Pondok educational institutions including Hafiz institutions registered as Pondok educational institutions, divided into 629 registered Pondok institutions and 212 unregistered. These were further classified by province as follows: (1) Satun: 13 registered, 12 unregistered; (2) Songkhla: 72 registered, 3 unregistered; (3) Pattani: 257 registered, 125 unregistered; (4) Yala: 126 registered, 35 unregistered; (5) Narathiwat: 74 registered, 37 unregistered (Interview with one of the top executives of the Association of Pondok Educational Institutions in the SBPs, 27 February 2024).

In the current research, the survey conducted at the village level in the SBPs identified 469 institutions providing boarding and residential care facilities. The majority of these were Pondok educational institutions, comprising 35.8%, followed by Islamic private schools at 34.1%, Hafiz institutions at 18.1%, government boarding schools at 9.8%, private shelters or orphanages at 1.1%, temples at 0.6%, and others at 0.4%. Specifically speaking, of the 471 Pondok educational institutions (including registered Hafiz institutions) listed with OPEC in 2024, this study encompassed 253 of them. The distribution of surveyed residential care facilities is presented as follows:

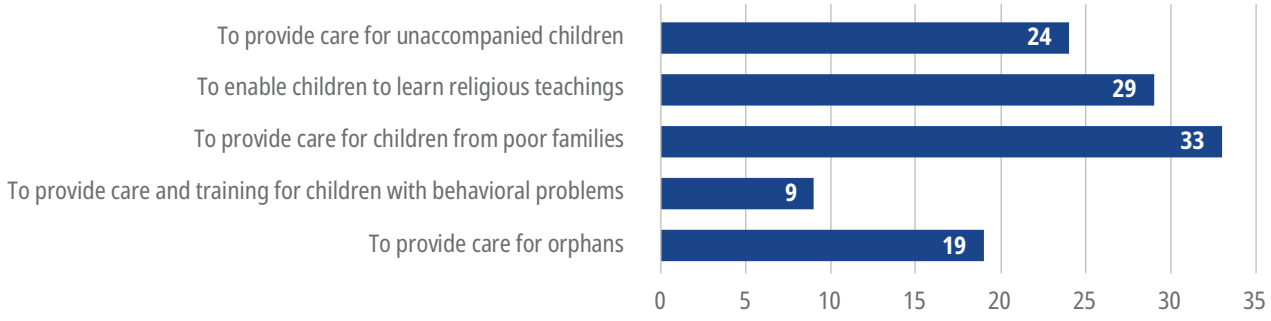
Table 2: Number of facilities that have an overnight stay for children in the SBPs

	Type of residential care	Pattani	Yala	Narathiwat	Songkhla	Satun	Total
1	Islamic private schools	64	32	29	23	12	160
2	Pondok educational institution	71	34	40	20	3	168
3	Hafiz institution	26	19	25	6	9	85
4	Government boarding schools	17	4	17	7	1	46
5	Private shelters and orphanages	1	0	3	0	1	5
6	Temple	0	0	0	1	2	3
7	Others	0	0	2	0	0	2
	Total	**179**	**89**	**116**	**57**	**28**	**469**

3.3. Objectives of institutional care facilities

Interviews with 38 operators of institutional care facilities in the Southern border provinces revealed that the most commonly selected objective to operate care facilities is to provide care for children from impoverished families. This was followed by the objective of providing religious education and, subsequently, providing care for children without parental support. The distribution of institutional care facilities aligning with each aim is as follows:

Figure 1: Objectives of establishing schools, institutions, and residential care facilities included in this survey, based on the number of facilities selecting the objectives

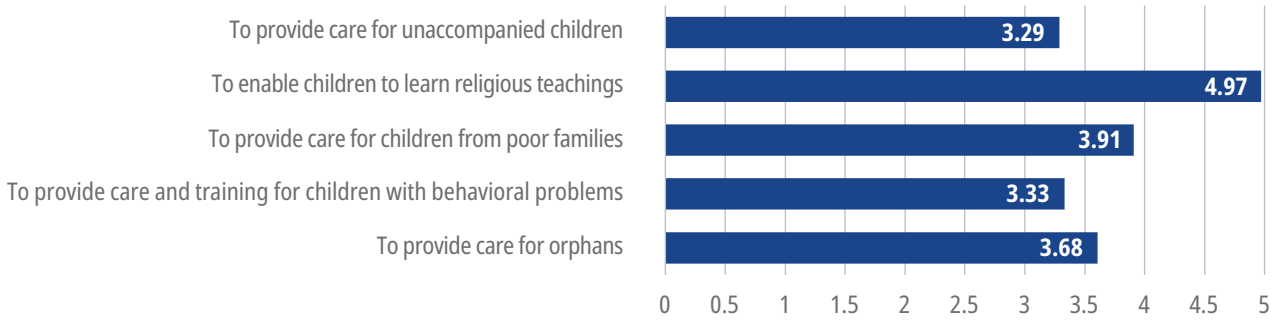


According to poverty data from the Office of the National Economic and Social Development Council (2023, p. 16), the three southernmost border provinces (Pattani, Yala, Narathiwat) are among the top ten provinces with the highest proportion of people in poverty, with Pattani having the highest rates of poverty and a significant likelihood of facing chronic poverty. This aligns with data indicating that since 2017, the Southern region has surpassed the Northeast as the area with the highest proportion of poor individuals, at 11.3 per cent (Office of the National Economic and Social Development Council, 2024, p. 6)

In-depth interviews reveal that for families in extreme poverty, sending children to school-type facilities can be a burdensome financial challenge due to expenses such as dormitory fees and food costs. Families with several children who do not fit the religious definition of orphans appear to have fewer opportunities to receive aid and support. Children from impoverished families who have no access to information or face other challenges impeding their access to educational support through various channels often withdraw from the education system (In-depth interview with the director of a private religious school, 5 November 2023). This information is consistent with findings from a survey by the Equitable Education Fund (EEF) on children who have left the education system, which reported that 1.02 million children and youths aged 3–18 lack records in the national education system, with poverty being the primary cause. In the five Southern border provinces, 78,314 children are out of the education system – 23,681 in Songkhla, 20,868 in Narathiwat, 16,636 in Pattani, 12,802 in Yala, and 4,327 in Satun (Equitable Education Fund, 2024).

However, in the ranking of objectives among care facilities, the top priority is providing religious teachings, which received a mean score of 4.97 out of a highest possible mean of 5. The second priority is providing care for children from impoverished families, with a mean score of 3.91. The third priority is providing care for orphans, which has a mean score of 3.68.

Figure 2: Ranking of objectives for establishing schools, institutions and residential care facilities included in this survey, based on mean ranking given assigned to each objective



Children perceived by their families as exhibiting behavioural problems are often sent to various educational institutions for care and behavioural refinement. This is particularly true for religious educational institutions that manage children's behaviour through structured class schedules and strict rules (Focus group discussion with Pondok educational institution administrators, 23 April 2024). Additionally, deviant behaviour in children may stem from issues like drug use, bullying, harassment, and mental health problems experienced before entering institutional care. Upon entering institutional care, children become especially susceptible to violence and abuse. (Unicef, 2024, p. 5)

Additionally, this research identified providing care for orphans as one of the main objectives of operating residential care (Mean: 3.68). Parental relocation for work to other provinces emerged as another important reason for the lack of caregivers. A study on the migration of Muslims from Thailand's three southernmost provinces revealed that many parents relocate for work. From a sample of 1,102 households, 261 individuals moved to work in other provinces for at least one month. Of these, more than half, or 56 per cent (145 individuals), went to work in Malaysia. Another 44 per cent relocated within Thailand, with 13 per cent working within the southernmost provinces and 31 per cent moving to other provinces. The main provincial destinations beyond the southernmost regions included Songkhla, Bangkok, and Phuket. Of those migrating for work outside their home province, 113 individuals, or 43 per cent, were women. (Aree Jampaklay, 2015, p. 19)

Notably, children with low learning competences have a tendency to be sent to Pondok educational institutions (Focus group discussion with Pondok educational institution administrators, 23 April 2024). This is done to ensure they receive the necessary care and education, as explained by one mama:

> When parents first sent their children to stay at the Pondok, they would say, 'Mama, our child can't cope with learning anymore and is stuck waiting for their grades to improve at school. Their brain can't manage it and they can't even read.' I told them, 'It's no problem, bring them to the Pondok first,' and assured them I would take care of the children myself. Upon their arrival, I immediately realised that the child had no basic knowledge; I had to reteach spelling. They couldn't grasp even the Thai language, so I had to teach them everything. Overall, I had to teach them Thai, Rumi, spelling, and phonetics... It reached the point where my own child, who didn't even like learning Thai in primary school, had to help teach my students... C is for cymbal, T is for torch..." (In-depth interview with mama, the caretaker of a Pondok educational institution, 12 January 2024).

As parents increasingly rely on Pondoks for such support, Pondok educational institutions encounter challenges in raising children with learning disabilities and behavioural issues. Additionally, operators of these institutions often lack knowledge and understanding of psychology related to children and adolescents. Consequently, Pondok educational institutions are in need of knowledge about the methods to screen and manage children with attention deficit hyperactivity disorders and special needs to prevent problems that may arise from admitting children who are not ready for the institution's educational environment (In-depth interview with one of the top executives of the Association of Pondok Educational Institutions in the Southern Border Provinces, 27 February 2024).

3.4. Alternative care provision in the facilities

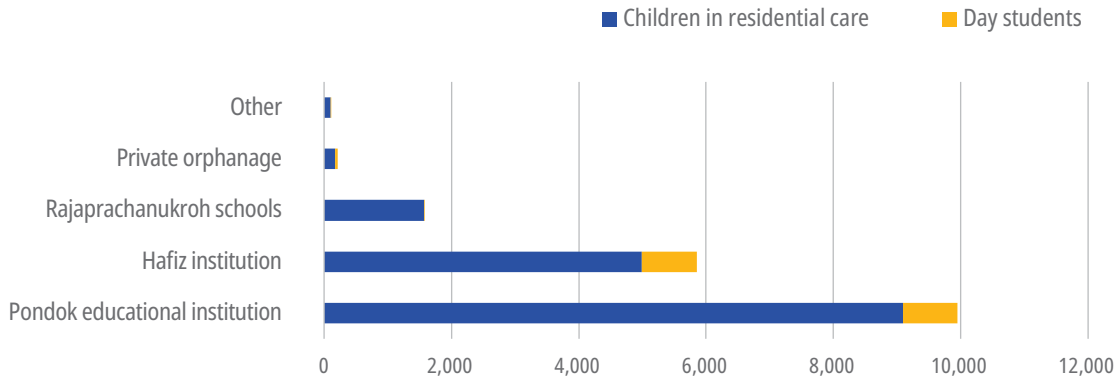
3.4.1. Basic information on children in institutional care

Table 3: Number of children in institutional care facilities in the SBPs, classified by age

	Type of institutional care	0-6 years old		7-12 years old		13-18 years old		Total		Minimum age (years)
		N	%	N	%	N	%	N	%	
1	Pondok educational institution	14	0.09	471	2.96	8,609	54.05	9,094	57.10	2
2	Hafiz institution	13	0.08	314	1.97	4,659	29.25	4,986	31.31	3
3	Rajaprachanukroh schools	0	0.00	427	2.68	1,145	7.19	1,572	9.87	7
4	Private shelters / orphanages	12	0.08	81	0.51	80	0.50	173	1.09	4
5	Other	-	-	13	0.08	89	0.56	102	0.64	5
	Total	**39**	**0.25**	**1,306**	**8.20**	**14,582**	**91.55**	**15,927**	**100**	

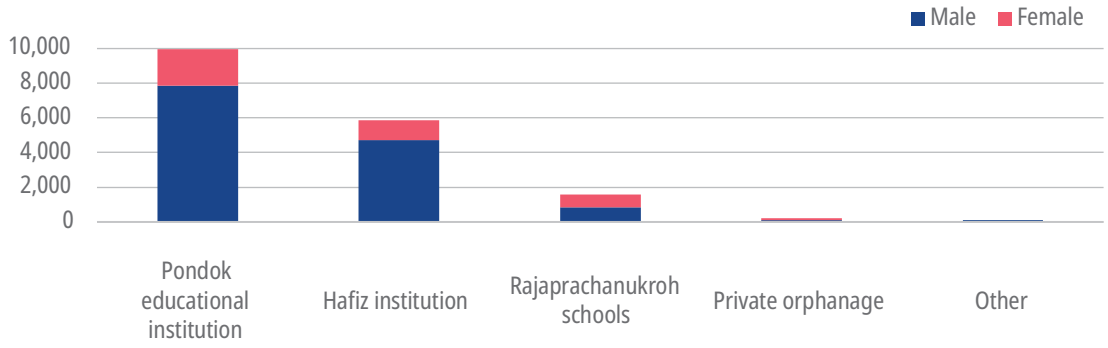
In all types of institutional care facilities examined, children under the age of six were staying there overnight under long-term residential care, with the youngest being two years old. Further investigation revealed that most of these young children were living with their parents or relatives who were employed as teachers or staff at the facilities. Additionally, there were instances where children under six had been sent by their parents to Hafiz institutions to begin memorising the Quran early even though that Hafiz institutions generally admit children aged 12 and above. In certain cases, due to personal connections between the children's families and the institutions' administrators, it was difficult for the teachers to refuse, resulting in the acceptance of younger children into their care.

Figure 3: Number of children in residential care and children in daycare in the Southern border provinces, classified by facility type



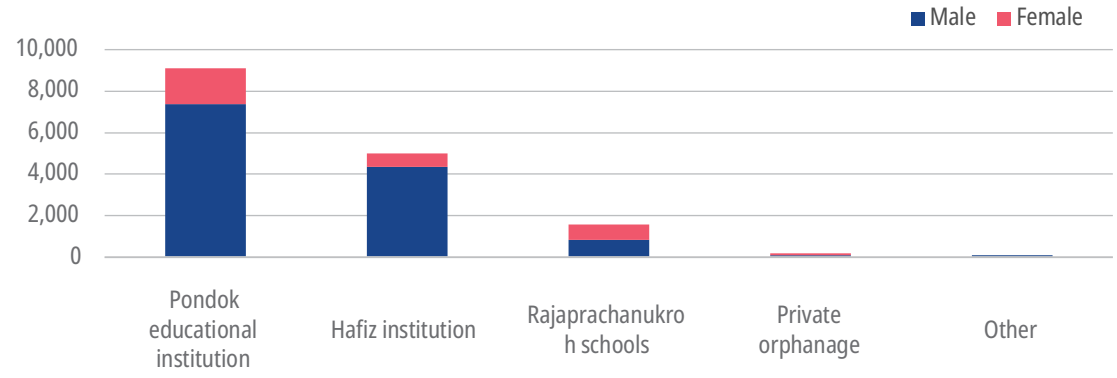
	Pondok educational institution	Hafiz institution	Rajaprachanukroh schools	Private orphanage	Other
Children in residential care	9,094	4,986	1,572	173	102
Day students	850	864	10	40	5

Figure 4: Total number of boys and girls in institutional care facilities in the Southern border provinces, classified by facility type



	Pondok educational institution	Hafiz institution	Rajaprachanukroh schools	Private orphanage	Other
Female	2,084	1,149	755	114	0
Male	7,860	4,701	827	99	107

Figure 5: Number of boys and girls residing in institutional care in Southern Border Provinces classified by facility type



	Pondok educational institution	Hafiz institution	Rajaprachanukroh schools	Private orphanage	Other
Female	1,724	621	748	91	0
Male	7,370	4,365	824	82	102

The study found that religious components also influence the care given to children in these facilities, but not entirely. Even though religious knowledge and practice are among the primary goals for bringing children into institutional care facilities, the administrators of various institutional care facilities recognise the need to enhance other knowledge and skills. This ensures that children can live independently after leaving institutional care facilities.

3.4.2. Daily routine

The daily routines across various types of institutions highlight religious learning, with differing levels of strictness depending on the institution. Typically, in a Pondok or a private shelter, children are awakened between 4:30 and 5:00 a.m. to cleanse themselves and prepare for the religious prayer. Following the prayer, there is either Quran study or religious teachings until approximately 6:30 a.m. or 7:00 a.m. Breakfast, bathing, dressing, and school attendance follow this. At around noon, the children have lunch, perform another prayer, and resume afternoon classes until about 4:00 p.m., participating in the third prayer. The children then have time for personal activities or sports. Around 6:30 p.m., the children gather for another prayer and study the Quran or listen to lectures until the fifth prayer at around 8:00 p.m. After that some institutions organise homework or lesson review activities, while others may focus on dinner and bedtime preparation, usually concluding activities by 9:30 to 10:00 p.m.

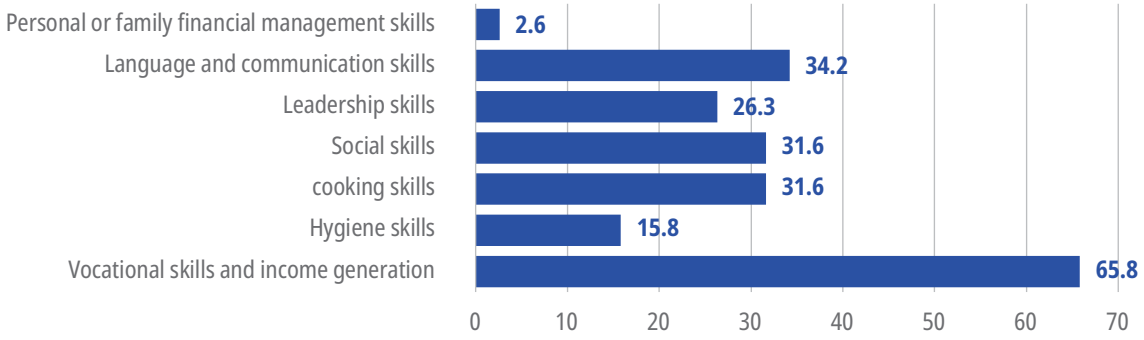
However, most Hafiz institutions require children to wake earlier than those in other types of institutions, around 3:00 or 3:30 a.m., to perform the night optional prayer and continue reviewing the Quran. To ensure adequate rest, additional sleeping periods are scheduled during the day, usually around 10:00 a.m. or 2:00 p.m. Administrators of some Hafiz institutions have noted that the rationale behind the rigorous schedule is to prevent children from wasting time on unproductive pursuits (Focus group discussion with Hafiz institution administrators, 24 April 2024).

3.4.3. General, religious, and vocational education is provided

Pondok and Hafiz institutions offer children the opportunity to study general subjects within the non-formal and informal education (NFE)[4] system to acquire knowledge comparable to that in the formal education system. According to several Pondok educational institutions, NFEs represent the governmental bodies with closest access to and the highest level of trust within Pondok institutions compared to other governmental entities involved. Administrators within these institutions believe that the NFE system benefits children by offering flexibility in teaching methods akin to the Pondok approach. Additionally, the educational content provided helps address learning gaps for children, many of whom face challenges with reading and writing—a significant obstacle in the Pondok system.

In addition to providing religious and general education, institutional care facilities have recognised the need to develop children's skills further. Most institutions concurred that children and youth in their care require the development of vocational and income-generating skills (25 institutions – 65.8%), language and communication skills (13 institutions – 34.2%), social skills (12 institutions – 31.6%), cooking skills (12 institutions – 31.6%), and leadership skills such as planning and teamwork (10 institutions – 26.3%). Furthermore, some institutions expressed a desire to improve personal hygiene (six institutions – 15.8%), and personal or family financial management (one institution – 2.6%).

Figure 6: Percentage of institutional care facilities in the Southern border provinces indicating the needs to provide additional skills to children, classified by skill type

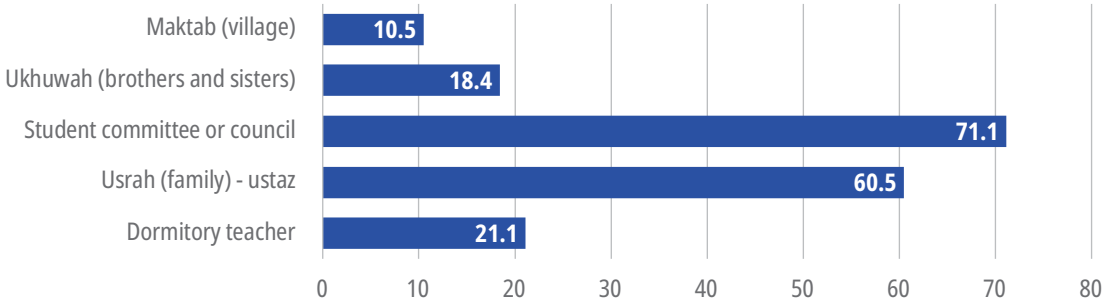


3.4.4. Caregiving pattern

From the study, five distinct forms of caregiving were identified: 1) Dormitory-style caregiving, where the dormitory teacher is the main caregiver; 2) *Usrah* (family) style caregiving, with the ustaz serving as the primary caregiver; 3) Household-style caregiving (*maktab*); 4) Sibling-style caregiving (*ukhuwah*), which involves pairing or assigning older children to care for younger ones; and 5) Student-council-style caregiving, characterised by a more relaxed arrangement than *ukhuwah*. Generally, the institutions appoint adults as caregivers, including dormitory teachers, ustaz, babo, tokru, or individuals with other titles. Additionally, older children are designated as assistant caregivers. The variations in caregiving styles are based on how relationships between children and caregivers are structured. Some institutions employ a combination of these caregiving styles.

4 This organisation was upgraded to the Department of Learning Encouragement (DOLE) since 2023, but locals in the research area are more familiar with this old name.

Figure 7: Percentage of institutional care facilities in Southern border provinces, classified by caregiving pattern



The study found that most institutional care facilities primarily rely on responsible adults, such as dormitory teachers (21.1%) or ustaz who teach religion in the evening and early morning (60.5%). However, the caregiver-to-child ratio is often insufficient for attentive caregiving, necessitating a system where older children assist in caring for younger ones. This setup often takes the form of a committee or student council (71.1%) to assist teachers or dormitory caregivers in supervising routines and ensuring younger students participate in activities such as waking up and praying.

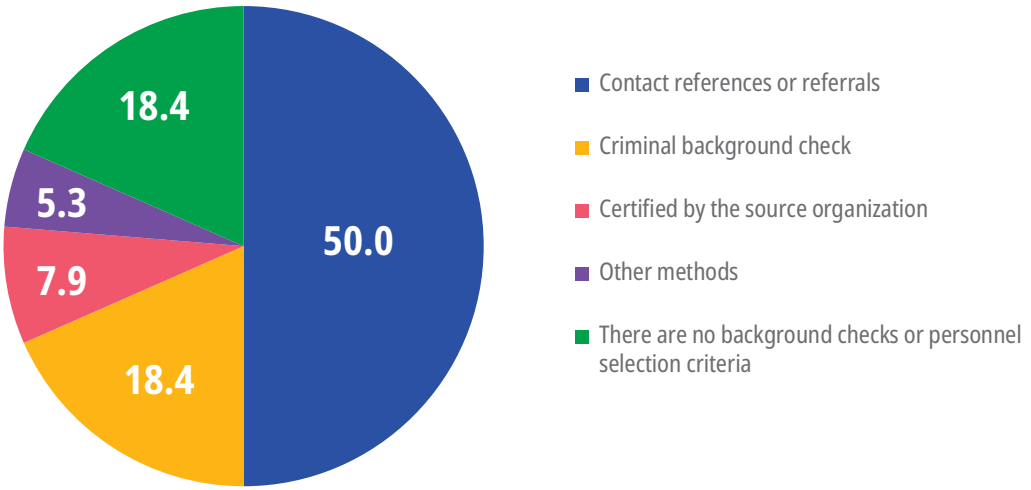
3.4.5. Caregivers

- **Selection and skills of primary caregivers**

Almost all institutions (36 out of 38, or 94.7%) have primary caregivers who are Thai nationals, with no foreign caregivers involved in caregiving within dormitories, except when institutions employ foreign teachers to teach languages such as Arabic and English. These teachers may also assist in dormitory supervision, as they typically do not have local housing and require accommodation. Schools often provide them with rooms in student dormitories in exchange for overseeing dormitory care and maintaining general order.

This research found that the selection of caregivers, often referred to as dormitory caretakers or dormitory teachers, typically involves checking the caregivers' backgrounds through references or recommendations in 19 institutions (50%) or conducting criminal background checks in 7 institutions (18.4%). Three institutions (7.9%) accepted references or certifications from previous organisations, while two shelters (5.3%) used other certification methods. Seven institutions (18.4%) did not employ any formal criteria for background checks or selection, relying instead on religious knowledge or the reputation of alumni as the primary criteria for hiring. Some institutions also considered personal qualities, such as patience and the ability to interact well with children. Most institutions tended to hire relatives, children, or alumni as dormitory caregivers.

Figure 8: Percentage of institutional care facilities in the Southern border provinces, classified by the main method of background checks or personnel selection



The study did not find evidence of in-house training or instances where primary caregivers were sent for training in childcare, child psychology, child rights, or child protection.

- **Proportion and workload of residential caregivers**

The institutional care facilities have an average ratio of one caregiver to 25.19 children, with a particular Hafiz institution having a child-to-caretaker ratio of 133.83. Many schools assign teachers with daytime teaching duties to also serve as dormitory teachers, particularly those who are unmarried. These teachers may receive additional compensation on top of their regular salary. However, this arrangement often results in exhausted dormitory teachers, rendering evening care ineffective and enabling only general rather than individualised attention. Almost all institutional care facilities (94.7%) have arrangements for caregivers to sleep in the same area or nearby, such as in peripheral rooms, rooms on the ground floor of dormitory buildings, or in houses adjacent to children's dormitories. This proximity allows caregivers to access the area quickly or for children to report emergencies immediately.

Twenty institutions (52.6%) indicated that their caregiving staff typically remain for over five years, reflecting a low turnover rate. This stability is often attributed to the fact that caregivers in residential dormitories are frequently close relatives/family members of the institution's operator or former students of the institution. Such arrangements rely on trust and continuity as these individuals often reside locally, enabling long-term employment without frequent job changes. Eight institutions (21.1%) reported changing caregivers every 3–4 years, while five institutions (13.2%) replaced caregivers every 1–2 years. Another five institutions (13.2%) change caregivers annually primarily because all are dormitory schools where caregivers juggle daytime teaching and evening and early morning supervision of resident children; a demanding workload resulting in frequent caregiver changes. Common reasons for changing caregivers include internal position transfers or voluntary resignation, particularly due to marriage or increased family care responsibilities.

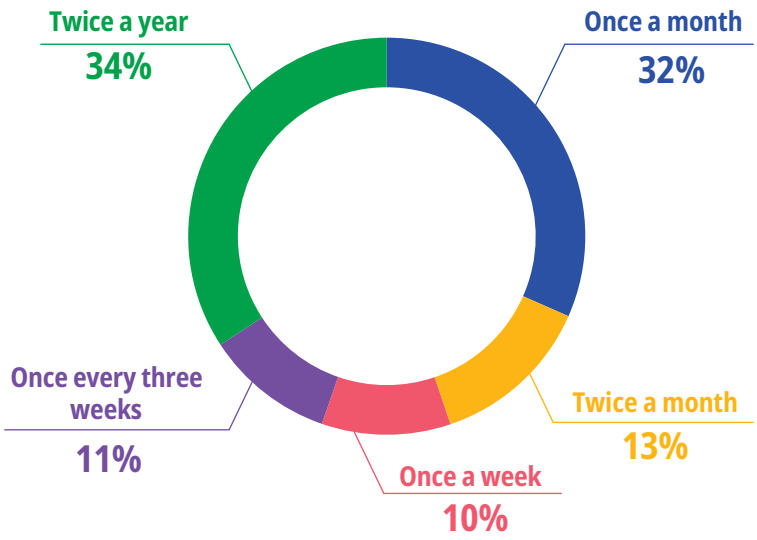
3.4.6. Family relationships

All institutional care facilities permit parents or guardians to visit their children, typically outside school hours. Many parents take advantage of this by bringing food and laundered clothing regularly.

Most residential care facilities (89.5%) enforce a policy that forbids children from returning home during the initial 40 days following their first intake. This period is essential for familiarising children with the institution's rules and regulations. Administrators believe that self-discipline and behavioural improvements require at least 40 days of consistent practice, as noted by a former resident: "If you engage in worship for 40 days, it builds a habit allowing continued and consistent practice" (Focus group discussion with care experienced who have left institutional care, 26 February 2024).

Institutional care facilities permitted children to return home based on predetermined schedules, with each institution having its conditions: 31.6 per cent allowed returns once a month, another 13.2 per cent permitted returns twice a month, 10.5 per cent allowed weekly returns, and another 34.2 per cent permitted returns twice a year. Additionally, 10.5 per cent allowed children to return home every three weeks. Typically, the conditions required that girls be collected by a guardian to return home, whereas boys were usually permitted to travel home independently.

Figure 9: Frequency of children's visits home from residential care facilities in the Southern border provinces



Institution administrators often believe that extended stays in the institutions promote discipline in children's daily routines and religious practices as good Muslims. They express concern that frequent home visits may lead to a loss of discipline, resulting in laziness, difficulty waking for prayers, and excessive use of communication devices. Upon returning to the institutions, children need readjustment, prompting administrators to minimise home visits.

However, the perspective of those with experience in institutional care differs. Focus group discussions revealed a consensus that returning home twice a month (approximately every two weeks) is appropriate, as prolonged absence can create a sense of disconnection from relatives and neighbours. One participant noted, "From experience, I know it is disadvantageous. For our child, we want him to return once every two weeks to visit his relatives."

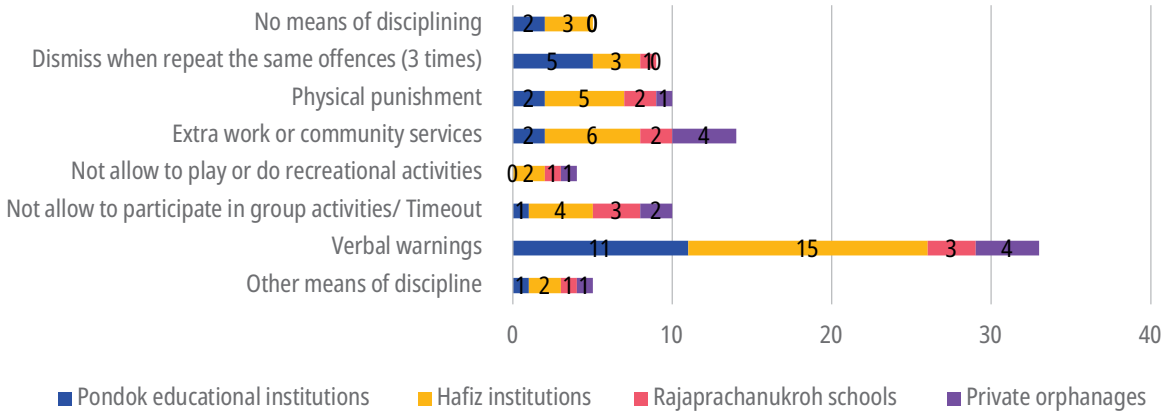
The focus group highlighted significant emotional harm caused by separation, such as missed opportunities for family communication and understanding of each other's growth, which hindered maintaining solid familial relationships. Consequently, participants suggested that parents engage in more activities with their children during home visits to foster good family relationships (Focus group discussion with care experienced who have left institutional care, 26 February 2024). One individual shared,

> I grew up elsewhere. When I returned home, there were no topics to discuss with my family. I never saw what my father did, nor did he see my daily life as I grew. Sometimes my parents were confused by my emotions, questioning if this was really their child. 'Living in a dormitory changed me"' (Focus group discussion with care experienced who have left institutional care, 26 February 2024)

3.4.7. Disciplinary measures

Eighty-six points eight per cent of institutions (33 institutions) employed verbal warnings as a disciplinary measure. Additionally, 36.84 per cent (14 institutions) mandated offenders to complete extra work or community service tasks, such as cleaning, collecting rubbish, and sweeping. Furthermore, 23.68 per cent (nine institutions) dismissed offenders from care after they had committed more than the specified number of offences, which caregivers commonly set at three. Ten point five per cent (four institutions) implemented restrictions or confinement to prevent offenders from participating in various activities. Notably, five institutions (13.2%) reported that they did not impose any form of punishment on children; these included two Pondok educational institutions and three Hafiz institutions.

Figure 10: Number of institutional care facilities in the Southern border provinces, classified by disciplinary measure



From the caregivers' perspective, there are numerous acceptable methods for disciplining children to encourage behavioural improvement. However, from the viewpoint of those being disciplined, certain punishments experienced while living in institutional care were deemed unacceptable, including severe confinement and public humiliation during the disciplinary process. One participant opines,

> House confinement is not a practice that should be employed. It negatively impacts mental health, such as forcing a child to sit under a tree for four to five hours at night while being chained. This occurs in cases of repeated offences, such as going out without permission or stealing. Heads are shaved first, followed by hitting, and ends up in chaining. That would leave one in fear and anxiety at night. (Focus group discussion with individuals who left institutional care within the past five years, 25 April 2024).

Upon further inquiry, it was revealed that individuals who had undergone severe punishment by being confined outdoors at night for several hours found the chaining itself less concerning than the fear of potential dangers from wild animals, given the darkness of the outdoor area and lack of lighting. Another example cited was punishment administered in front of the entire institution. While the disciplinarian may perceive this as a way to deter bad behaviour among a larger group, those being disciplined or witnesses found it humiliating, leading to the consensus that such practices should be avoided. A participant gave an account of the experience,

> If caught [engaging in inappropriate behaviour], an investigation will be conducted involving the guardians. The punishment will occur on the prayer mat, with all the children gathered around. For serious offences, such as adultery or intoxication, there will be no school for half a day, and the punishment will be made public, with such actions occurring monthly. Once the investigation concludes, the ustaz will announce the cancellation of school for that day. Everyone will understand that there exists an incident. Punishments should not induce embarrassment in front of a large audience; such practices must be avoided. (Focus group discussion with individuals who left institutional care within the past five years, 25 April 2024).

Additionally, this research highlighted alternative forms of behaviour modification beyond discipline. An example cited was a teacher who refrained from harsh discipline, instead patting a child on the head and praying for their understanding of religious knowledge, believing that religious comprehension would lead to better behaviour.

Only 10 surveyed institutions (26.31%) employed physical punishment, such as beating. Among these, five were Hafiz institutions (13.15%), two were Pondok educational institutions (5.26%), two were Rajaprachanukroh schools (5.26%), and one was a private shelter (2.63%). Interestingly, one of the offences that warranted punishment by beating was absence from prayer, grounded in the interpretation of Islamic teachings concerning discipline for failing to pray.

Fourty-four point seven per cent (17 institutions) indicated that adultery or intimate relationships with the opposite sex could constitute a serious infraction warranting dismissal from the institution. However, the threshold for what constitutes inappropriate closeness between individuals of the opposite sex varies by institution. This can range from engaging in sexual activity that results in pregnancy to illicit sexual relations, or being found in a secluded location without engaging in sexual activity.

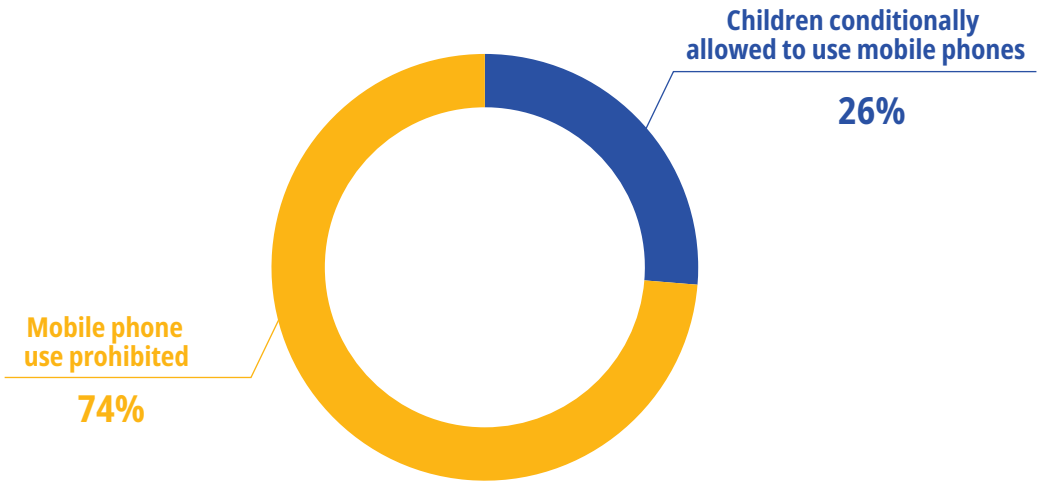
In focus group discussions with individuals who experienced institutional care, participants concurred that relationships between the sexes are always big issues in Pondok institutions. One participant remarked, "The issue of men and women is notorious because Pondoks separate males and females. If you have a boyfriend or an intimate relationship with the opposite sex, you might be expelled. You have to hide it." They also noted that even if the institution decides to expel a resident for violating rules concerning the opposite sex, the staff will not allow them to leave immediately. Instead, they will conduct an interrogation and document records for both parties involved. "If they find out who you are with, they have to record it too. We are afraid; it is a major issue" (Focus group discussion with individuals who had been raised in a childcare centre, 26 February 2024).

It is important to note that the issue of adultery was originally considered within the context of heterosexual relationships. However, with increasingly complex social dynamics and greater recognition of alternative genders in the five Southern border provinces, there are instances where the "problem of adultery" is contemplated in relation to same-sex relationships. This research found that a Hafiz institution had implemented preventative measures against such issues by prohibiting handshakes (greetings) between male ustazes and male students, citing concerns about potential fitnah [the risk of untoward relations occurring] between the ustazes and the students, unless the ustaz is married (Focus group discussion with Pondok educational institution administrators, 23 April 2024). Additionally, executives of an all-girls Hafiz institution (Hafizah) reported rigorously monitoring the sleeping arrangements of the children at night, requiring all to change their sleeping positions regularly in order to prevent unwanted relationships that could develop from consistently sleeping next to the same friend (In-dept interview with the executives of a Hafiz institution, 5 December 2023).

3.4.8. Permission for communication tools

In 74 per cent of institutional care facilities, children are not permitted to use mobile phones. However, 26 per cent of institutions allow children to possess communication devices and use social media under specific conditions. In these instances, teachers or caregivers monitor children's behaviour by connecting with them on social media platforms like Facebook or Instagram. They track children's posts for indicators of concern, such as signs of depression, impulsive decisions, or excessive extroversion, to facilitate behavioural support or further assistance.

Figure 11: Percentage of institutional care facilities classified by mobile phone use permission



In institutions where mobile phone use is prohibited, children may use a teacher's phone to contact their families at designated times, such as once a week or according to specific schedules. Former residents of such institutions reported, "I miss my family. I do not have a phone, but I can call them on Friday evenings for ten minutes" (Focus group discussion with care experienced who have left institutional care within the past five years, 25 April 2024).

The regulations concerning communication device usage in institutional care facilities also involve interesting penalties, particularly as mobile phones are considered valuable assets. It is uncommon for caretakers to destroy phones to discourage rule violations; instead, phones are confiscated if children contravene the rules. Parents may be required to redeem the confiscated phone for half its value, while some institutions may set the full value, with the funds being used for school activities or scholarships.

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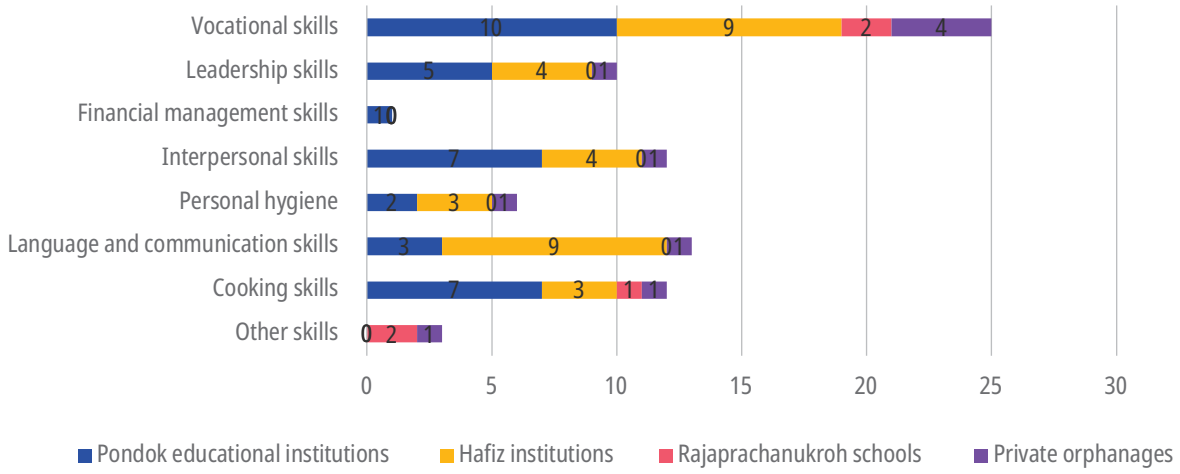
3.4.9. Reintegration Plan

Sixty-five point eight per cent of institutional care facilities in the Southern border provinces agreed that children in their care should develop vocational skills to earn income and achieve future self-reliance. This perspective is particularly important to the executives of private shelters and Rajaprachanukroh schools. Consequently, they aim to broaden these children's prospects for future employment and income generation.

Figure 12: Number of institutional care facilities in the Southern border provinces by additional skills recommended for children in care



Another type of institution that prioritises vocational training for children is the Pondok educational institution. Twenty-six point three per cent of Pondok educational institutions indicated that they wish to provide additional vocational training, as students in these institutions can engage in life-long learning. Education in a Pondok institution is not merely an academic pursuit; it also represents a way of life, necessitating that students consider their income and career prospects alongside their studies. Furthermore, Pondok educational institutions and Hafiz institutions—registered as Pondok educational institutions—collaborate with the Department of Educational Promotion (formerly the Office of Non-Formal and Informal Education Promotion) to provide various skills training for registered institutions.

One criticism of Pondok education is its focus on religious content at the expense of essential life skills (Focus group of administrators of Pondok educational institutions, 23 April 2024). However, in addition to vocational skills, 18.42 per cent of Pondok educational institutions expressed the desire for children to develop social skills, as many children often feel shy and are unaccustomed to interacting with others, particularly individuals of the opposite sex. Additionally, these institutions also wish for children to acquire cooking skills. This desire may stem from the practical need for children living in Pondok educational institutions to prepare their own meals, as 60.5 per cent of these institutions require students to do so.

The figure as shown above indicates that Hafiz institutions place the greatest emphasis on children's language and communication skills, with 23.68 per cent of the surveyed Hafiz institutions expressing this wish. From qualitative data collection, it was evident that administrators in Hafiz institutions stress the importance of learning Arabic and English, given the current focus on Qur'anic memorisation without sufficient attention to the meaning or grammar of the Arabic language. Some institutions also encourage children to continue their religious studies abroad in countries such as South Africa, where English is the primary language.

Before children graduate or return to their families, it was found that 20 institutional care facilities (52.6%) reported having processes in place to prepare both children and their families. Specifically, 23.7% of residential care facilities organised activities aimed at promoting vocational skills or generating income for children. Additionally, family counselling services were offered through initiatives such as providing encouragement and managing family conflicts (13.2%) and promoting child-rearing skills (15.8%). Furthermore, some institutions reported experiences in assisting children's families with housing improvements (7.9%) and restoring the health of those responsible for the children's care (2.6%).

3.4.10. Management of institutional care facilities

- **Around One-Forth engaged professionals, supported by volunteers**

In terms of human resource management, it has been found that 26.3 per cent of institutional care facilities engage professionals such as nurses, social workers, and psychologists, while 10.5 per cent seek consultation from psychologists and psychiatrists. However, this consultation often involves basic mental health services provided by sub-district health promotion hospitals rather than specialised psychiatric consultations. This is because most institutions do not have psychiatrists on staff but instead rely on personnel trained in mental health to offer essential informational services to the community.

Table 4: Average child-to-caretaker ratio, by types of residential care facility

Type of residential care facility	Average child-to-caretaker ratio
1. Pondok educational institutions	1 : 22.6
2. Hafiz institutions	1 : 29.5
3. Rajaprachanukroh schools	1 : 22.8
4. Private orphanages	1 : 18.7
Total	**1 : 25.2**

In residential care facilities, one caregiver has to care for an average of 25.19 children, with a particular Hafiz institution having a child-to-caretaker ratio of 133.83. As a result, 34.2 per cent (13 institutions) utilise volunteers to assist in caring for children over periods exceeding three days, without compensation. These volunteers are typically groups of individuals or university students who visit to organise camps and activities with the children, with most visits occurring annually.

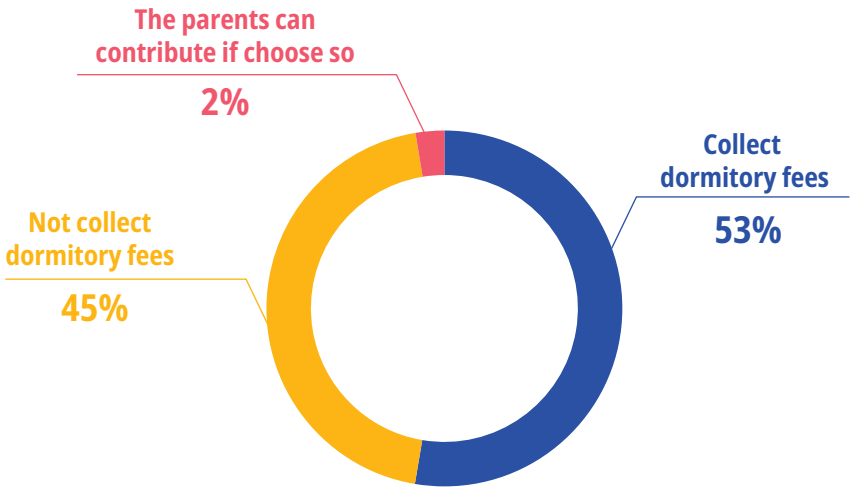
- **Untrained caregivers in dormitories and absence of written child protection policies across facilities**

Interviews conducted with caregivers and administrators of 38 institutions highlighted several gaps. The interview guide covered six training topics: child development or rearing, child psychology or positive discipline, the Child Protection Act, the Convention on the Rights of the Child, alternative care guidelines, and child protection processes. They were asked whether at least one staff member had received training in these areas. Only a very small proportion of respondents affirmed this. Child psychology or positive discipline had the highest response, with 15.8 per cent of institutions reporting at least one staff member trained, followed by 13.2 per cent for child development or rearing. However, further inquiries revealed that such knowledge was

not disseminated within the institutions, or key informants were unaware of the detailed content, having merely heard of it. Consequently, there remains limited training for dormitory caregivers in areas such as child-rearing, child psychology, children's rights, and child protection. Additionally, most interviewees were not familiar with terms such as "child protection policy" and "children's rights."

- **53% of institutions collect residence fees from children**

Figure 13: Percentage of institutional care facilities in the Southern border provinces, classified by residence fee collection



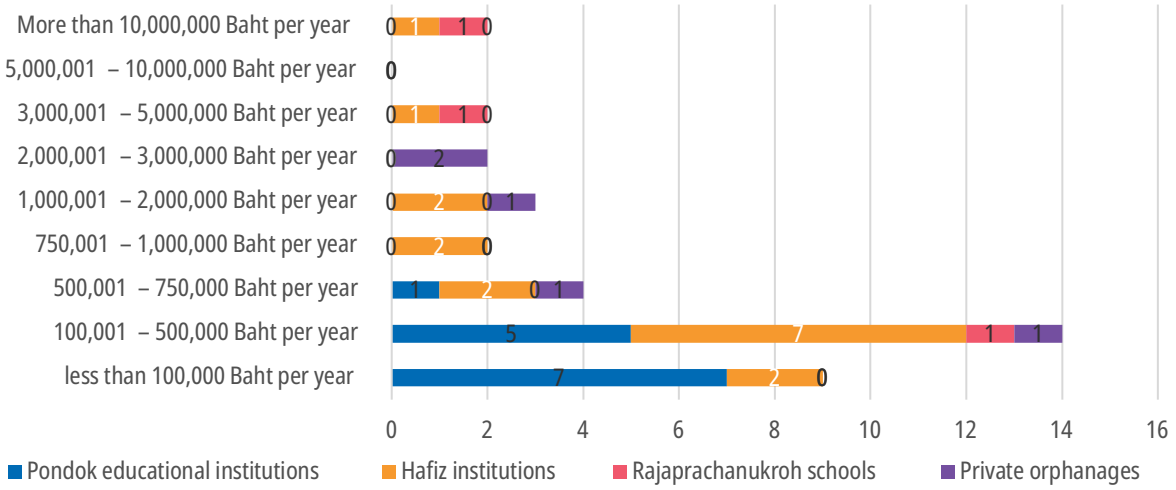
Fifty-three per cent of institutional care facilities levy dormitory maintenance fees on children, including 12 Pondok educational institutions (31.6%) and eight Hafiz institutions (21.1%). Some charge a nominal 100 baht per semester, primarily for utilities. Fees may be reduced or waived for families unable to pay, particularly for orphans, as defined by religious criteria (children whose fathers have passed away). Some institutions group orphans separately to facilitate budget management and ensure financial support reaches them promptly.

In contrast, 45 per cent of care facilities do not impose dormitory maintenance fees. These institutions allow children to reside free of charge and often provide additional food support, especially for orphans, by cooking meals or offering coupons for food purchases within the institution.

Government schools providing free education, accommodation, and meals also cover additional expenses, such as consumer goods or extra learning materials, to incentivise parental enrolment. This strategy can make government schools so appealing that local private Islamic schools may experience a decline in enrolment. For instance, a school participating in the Pracharat initiative has nearly doubled its student enrolment within two years after incorporating Islamic religious practices into the activities for students residing in dormitories. This institution offers foundations in academic knowledge, vocational skills, and life skills while simultaneously teaching religion and providing moral and ethical training, with activities such as organising congregational prayers five times a day and/or hosting Quranic lectures by a tokru in the evening, and Quranic teachings in the early morning (In-depth interview with a school administrator, 6 November 2023).

- **31.3% of Institutions operate on an annual budget of 100,001 - 500,000 Baht**

Figure 14: Number of institutional care facilities in Southern border provinces, classified by estimated annual expenses for children in residential care for the past year



In the Southern border provinces, 60.5 per cent of institutional care facilities operate with an annual budget for children in residential care of less than 500,000 baht. Within this group, 14 institutions (36.8%) report annual budgets between 100,001 and 500,000 baht. Specifically, these comprise seven Hafiz institutions (18.4%), five Pondok educational institutions (13.2%), one government schools providing residential care (2.6%), and one private shelter (2.6%). Also, 23.7 per cent of surveyed facilities have budgets below 100,000 baht per year, including seven Pondok educational institutions (18.4%) and two Hafiz institutions (5.3%).

Additionally, 29 per cent of the facilities allocate budgets ranging from 500,000 to 3,000,000 baht annually for residential care. Moreover, 5.3 per cent of the facilities have budgets exceeding 10,000,000 baht, which includes one Hafiz institution and one government school with residential care.

3.4.11. Accommodation, utilities and nutrition

• Similar building design among each type of institutional care facilities

The four types of institutional care facilities examined in this research—Pondok educational institutions, Hafiz institutions, government boarding schools, and private shelters—typically exhibit a similar layout in the children's accommodation. For government boarding schools (Rajaprachanukroh schools) where there is often a large number of resident children, dormitory-style accommodation is common. Some of these facilities use dormitory buildings with large open sleeping areas, except for private rooms for the teachers, accommodating numerous children at once.

The number of private shelters or orphanages in the research area is relatively small partly because other institutional care facilities efficiently cater to children growing up outside the home, particularly those focusing on religious instruction, which aligns more closely with family needs. Consequently, the Southern border provinces have fewer private shelters compared to other regions in Thailand. The buildings in private shelters vary, ranging from clearly divided structures to those accommodating children in residential homes of the operators or multi-storey commercial buildings.

Hafiz institutions usually span large areas, allowing caregivers to maintain constant oversight. In these settings, if housed in a residence, there is typically a large central room where children sit to memorise the Quran, which is converted into a sleeping area at night with mattresses, ensuring children sleep in close proximity and are readily able to wake each other for early morning prayers. If a building serves as the institution, the main characteristic remains children staying mostly together in the same space. In the case of Hafizah institutions (those caring for girls), spatial division is more pronounced, such as through high solid fences preventing outsiders from seeing the children; deliveries of food and items are typically left outside. Even in large Hafizah institutions, measures restrict outsider, particularly male, access or visibility into the premises.

If a Pondok institution transitions to a private Islamic school, it usually incorporates a dormitory for children. Traditional Pondok institutions, however, often consist of small huts lined in a row, centred around the babo's house and the main building, known as the "*balaisah*". These huts are typically constructed by students and their families using the babo's family land for learning religious knowledge and skills. Once students cease attending, they may vacate the hut but have no claim to the land or structures. Many old Pondok institutions have evolved into villages, though some women's Pondok institutions retain the traditional row of small huts for storing personal belongings. At night, children sleep in a large dormitory, possibly attached to or part of the babo's or mama's house, to facilitate care and security.

- **Religious rulings on covering awrah entail gender segregation, thereby reducing the risk of sexual abuse by the opposite sex**

In institutions accommodating both males and females, residential areas are distinctly separated. Facilities and common areas are often divided to prevent shared use between boys and girls. For instance, in religious study areas, curtains may physically separate males studying directly with their babos from females situated in another section. This segregation extends beyond physical barriers; adult males are prohibited from entering areas designated for females under all circumstances.

In situations necessitating the presence of children of different genders, physical spaces or time slots are frequently segregated. For example, sports day activities for boys and girls are conducted on separate days. On girls' sports days, schools strictly prohibit boys from entering the premises, except in cases of absolute necessity. Conversely, on boys' sports days, which often coincide with the opening ceremony, some girls may be present.

Segregation of public spaces between men and women significantly reduces opportunities for interaction with the opposite sex, thereby decreasing the risk of sexual harassment by the opposite sex. This form of separation is customary in the Southern border provinces, where the community tends to criticise any inappropriate interactions between unmarried individuals of the opposite sex. Consequently, the segregation of public spaces has become a widely accepted and implemented measure in these provinces.

- **Water quality problems cause skin disease problems**

Some institutional care facilities face water quality and access problems, with potentially harmful mineral concentrations in certain areas. This could pose health risks to the children living in institutions. Most institutions either filter their own water (44.7%) or purchase it (31.6%) for consumption. Others drink groundwater (13.2%), and tap water (10.5%). Regarding water for utilisation at these facilities, most rely on groundwater (50%) and tap water (26.3%). Some institutions use well water (15.8%), and filtered water (7.9%). A common practice for preparing water involves constructing water retention ponds (koloh), allowing sediment to settle before using the water for consumption.

However, an administrator at one institution reported experiencing a water shortage: "The water is not flowing very well. We have to use the canal instead, which is difficult for the women" (Focus group discussion with care experienced who have left institutional care, 26 February 2024). This challenge stems not from poor water quality, but from inconsistent flow, sometimes lasting several days. Consequently, children must rely on natural water sources, complicating efforts for girls to maintain privacy in accordance with religious principles.

It is believed that the water quality issues led to skin diseases such as rashes and itching among children in many institutional care facilities, particularly during the initial stages of attendance. As most symptoms eventually subside, some institution administrators attribute this to "homesickness," suggesting a period of adjustment. In severe cases of allergic reactions, institutions often seek medical treatment from nearby hospitals.

Figure 15: Percentage of water sources in the Southern border provinces, classified by type of water for consumption

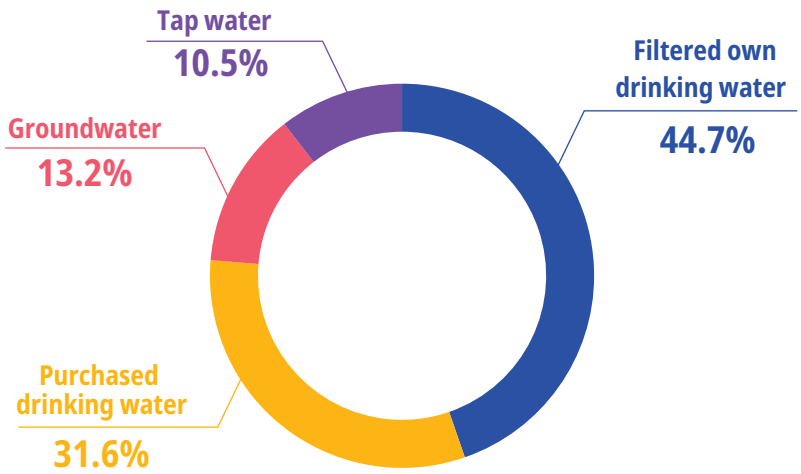
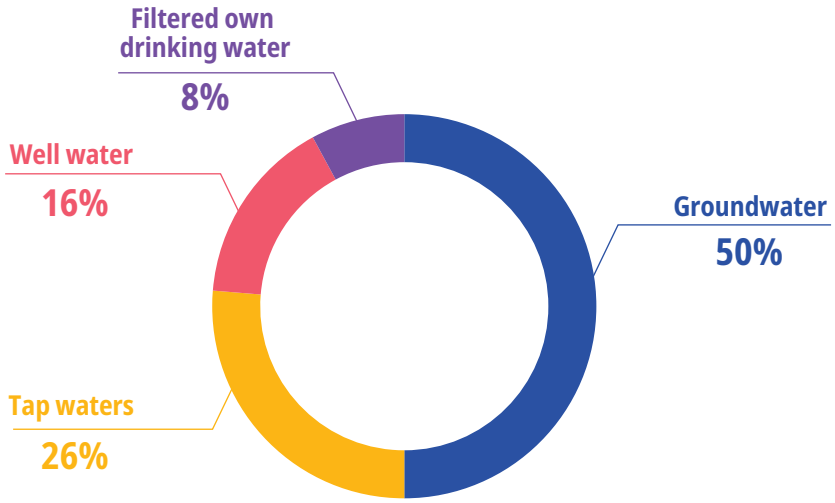


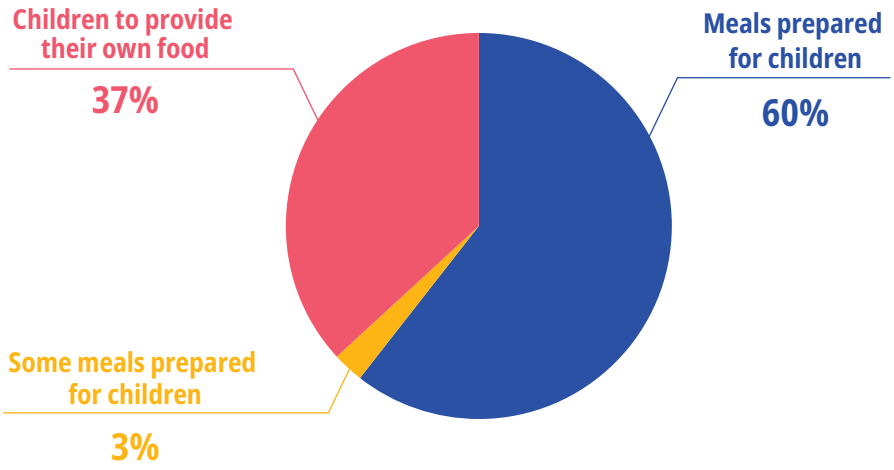
Figure 16: Percentage of water supply stations in the Southern border provinces, classified by type of water for utilisation



- **Nutrition**

The 2019 survey on the situation of children and women in Thailand highlighted that malnutrition or stunted growth among children in the country's three southernmost border provinces (Pattani, Yala, and Narathiwat) is markedly severe, affecting approximately 23 per cent of children compared to the national average of 13.3 per cent (National Statistical Office, 2021, p. 11). Addressing this malnutrition issue necessitates urgent solutions.

Figure 17: Percentage of institutional care facilities in the Southern border provinces, classified by food provision



In this study, one institution (2.6 per cent of the total) provided only partial meals to children residing in institutional care while 60.5 per cent of the institutions prepared and provided full meals. Within this group, there were five private shelters (all private shelters surveyed), three Rajaprachanukroh schools (constituting 100 per cent of that group), and 13 Hafiz institutions (accounting for 76.5 per cent of that group). Additionally, 37 per cent of all institutions surveyed allowed children to prepare or purchase their own meals.

Private shelters consistently offer services preparing all three daily meals for children. Arrangements are made to cover relevant expenses or co-ordinate with schools to ensure children receive meals without sourcing them independently, even on school days. In Rajaprachanukroh schools, 100 per cent prepare meals for each mealtime, subject to budget management by school administrators.

Interviews with administrators of Hafiz institutions revealed that the primary reason for providing all meals is to maximise the time children can dedicate to studying and memorising the Quran by minimising the distraction of meal preparation. These institutions are also meticulous in food selection, often prohibiting the consumption of certain types, such as processed foods. Instant noodles, soft drinks, and foods containing MSG are banned in some Hafiz institutions, with the reasoning that "it will negatively affect your memory." A former resident of a Hafiz institution reflected, "I thought... Is it really necessary to forbid this? At first, I tried to adjust. Later, I felt resistant. But when I look back, I understand more that the reason they don't allow it is because it affects my memorisation of the Quran. At that time, I could remember easily. Now, I find it difficult to remember" (Focus group discussion with care experienced who have left institutional care, 26 February 2024).

However, 14 institutional care facilities (37%) do not provide meals, allowing children to either purchase food from nearby shops or bring their own ingredients and ready-to-eat meals. Many of these institutions are Pondok educational institutions. These facilities typically permit older residents, who have some capacity to care for themselves, to take responsibility for cooking or buying food from local shops or community vendors. Additionally, many institutions allow parents to deliver food or ingredients to children in institutional care.

3.4.12. Mental health of children in residential care

The research revealed that 11 (28.9%) of the surveyed institutional care facilities reported instances of children experiencing mental health issues such as depression or being at risk of self-harm. The highest incidence was observed in Hafiz institutions at 18.4%.

In Hafiz institutions, mental health concerns arise from the pressures of their teaching and learning management systems, characterised by strict schedules and rigid success criteria. Students are required to memorise all 30 Juz of the Quran without error within a limited timeframe. Individuals raised in Hafiz institutions noted, "Hafiz is pressured because they have to rush with time in having to get 30 Juz," signifying the demand to memorise the entire Quran (Focus group meeting with individuals who experienced institutional care, 26 February 2024).

In Pondok educational institutions, only 2.6 per cent of institutions reported children's mental health issues such as depression or risk of self-harm, a rate significantly lower than other institution types. This may be attributed to the flexible educational structure of Pondok institutions, which do not enforce grade advancement. From the children's perspective, "Pondok is not stressful because in reality, they can choose not to study and are free" (Focus group meeting with individuals raised in childcare, 26 February 2024).

Despite the independent and less pressured environment of the Pondok system, some children enter with pre-existing behavioural, learning, and familial issues that affect mental health. Administrators noted, "if they can't live with anyone, they will be sent to the Pondok. At least they will have food to eat. Even small institutions still have cases like this [of mental health problems]." They cited a case where a child dealt with familial discord, culminating in divorce and custody battles; the mother sent the child to the Pondok, stating the father would not collect her. Consequently, the child became anxious, unfocused, and exhibited disruptive behaviour. Administrators found family problems to be the most prevalent issue, leading to overthinking, depression, and behavioural disorders (Focus group discussion with Pondok educational institution administrators, 23 April 2024).

This study found that half of institutional care facilities (50%) do not engage in activities specifically designed to promote children's mental health. This is partly due to the belief that strictly adhering to Islamic teachings will alleviate mental health issues, with many believing that religious practices can help children manage their problems. One of the administrators of Hafiz institution recalled that "when they were found stressful, we took them on *dawah* (a trip to disseminate religious teaching in the communities" (Focus group discussion with Hafiz administrators, 24 April 2024). Consequently, institutional care facilities often rely on religious customs and rituals as a framework for addressing mental health problems, under the assumption that religion itself can provide a solution.

In the Southern border provinces, there is also the perspective that certain mental health issues arise from 'weak *Iman*,' characterised by a failure to strictly adhere to religious principles or a decline in faith. Traditionally, it is believed that children's mental health issues can be resolved through more intensive religious practice. As a result, activities and schedules for religious study and practice are often designed to be more rigorous, in the hope of mitigating mental health issues. However, this approach can encroach on children's personal time without addressing the root causes of their problems by referring them to government psychological support services.

3.4.13. Care for girls: Care and challenges

Pondok and Hafiz educational institutions have a higher proportion of males (80 per cent male: 20 per cent female). This is because Pondok and Hafiz institutions focus on in-depth religious education – a pursuit more aligned with expectations for boys to become religious leaders in the Muslim community. Other factors, such as economic status and distance between home and institution, which can make travel unsafe for girls, may also play a role. Nevertheless, the Muslim communities in the Southern border provinces value sending girls to learn at Pondok educational institutions and Quran memorisation institutions for women (Hafizah). This ensures they grow up adhering to religious and cultural traditions whilst fulfilling their expected roles within the family as wives and mothers who uphold and pass on religious values to their children.

There are Pondoks dedicated solely to women and girls, led by a female Pondok owner, referred to as "mama" or mother. Additionally, there are also specialised Quran memorisation institutions for girls, known as "Hafizah", which operate independently from boys' institutions and enforce a strict supervision system with a daily schedule to ensure a safe, religiously appropriate environment. However, typically, Pondok institutions in the Southern border provinces accept both genders across age groups, with strict segregation to adhere to Islamic principles against gender mixing.

The stringent gender segregation between boys and girls may impact children's social skills. This research found that children and adolescents often lack familiarity with, and the skills to, interact appropriately with the opposite sex. According to university students who attended gender-segregated schools:

> Most of the time, we don't really dare to talk, or when presenting work in front of the class, we feel shy and embarrassed because before, when we were at school, we weren't as close together as we were at university.... When I came to [name of university], the first year, when we were divided into groups to do activities, there were only women. If we had to mix together, we would just let the men submit the work.... But after being there for about a year, two, or three, we became closer and things got better (Focus group discussion with care experienced who have left institutional care, 25 April 2024).

A study on gender segregation in schools found that gender-segregated learning environments lead to gender salience and gender stereotyping (Fabes et al., 2013). They also noted that students often experience 'mixed gender anxiety' when interacting with those of the opposite gender (Wong et al., 2018).

4

Children raised in the home – Children in family-based alternative care in the Southern border provinces

The 2019 Thailand Child and Women Situation Survey found that in the Southern border provinces (Pattani, Yala, Narathiwat, Satun, and Songkhla), an average of 9.42 per cent of children did not live with both parents. Pattani had the highest proportion of children who did not live with both parents among the five provinces, at 14.8 per cent, followed by Satun at 10.8 per cent. The province with the lowest proportion of children in alternative care in this area was Yala at only five per cent (National Statistical Office, 2021, p. 42). The 2022 MICS data shows that 24.6 per cent of children in Thailand live with neither biological parents. In the South, the percentage is 14.4. (National Statistical Office of Thailand, 2023, p.47)

4.1. Islamic family-based alternative care

Islamic principles, particularly *hadanah*, outline the rights and responsibilities of relatives in the guardianship of fatherless children. Relatives are obligated to assume parental roles that encompass the child's physical and mental development, safeguarding their well-being, and instilling socially and religiously acceptable behaviours. However, *hadanah* restricts caregivers' rights to the child's property, including assets inherited from biological parents. When a child under religious maturity lacks a caregiver, the order of guardianship follows a prescribed sequence starting with maternal relatives, primarily the mother, then the maternal grandmother, followed by other close relatives. If maternal relatives cannot provide care, paternal relatives are considered (Al-Jaziri, 2003, p. 521).

The term *kafalah* in Islamic law signifies the acceptance of responsibility and can refer to various contexts, including debt and childcare. In terms of guardianship, *kafalah* pertains to a family or individual voluntarily taking on the care, education, and protection of a child lacking family support, analogous to a parent's responsibilities.

Islam prohibits conventional adoption (Quran, 33:4-5), resulting in a unique form of Islamic adoption characterized by no binding relationship akin to biological parents, no inheritance rights for the child, and the potential to dissolve the arrangement. Thus, *kafalah* provides a framework that aligns with Islamic law and international children's rights principles, as recognised in Article 20 of the United Nations Convention on the Rights of the Child (UNCRC) as a form of foster care for orphans or children without familial care.

In the Southern border provinces, the term *kafalah* is not widely recognised except among those who have pursued advanced religious studies and possess proficiency in Arabic. Generally, *kafalah* is often perceived as referring solely to financial support for children.

It can be contended that *kafalah* embodies a guiding principle focused on supporting and nurturing children deprived of adequate parental care. While the term may appear unfamiliar to the local populace, various forms of support and nurturing are evident in the Southern border provinces, including:

1. **Regular financial assistance:** This encompasses aiding families with orphans through employment opportunities or offering monthly support to children via institutional care facilities such as Hafiz institutions. When orphaned students enrol, they are paired with sponsors, with the Hafiz institution serving as an intermediary between the children and their sponsors (Focus group discussion with Hafiz institution administrators, 24 April 2024).

2. **Family integration in Pondok:** Children residing in a Pondok with the babo's family develop closer bonds than their peers. Girls, in particular, live closer to female guardians, referred to as mamas, in an area known as "Pondok dalam." These children, often lacking family members to care for them, do not return home during holidays. Instead, they assist with household chores and dine with the babo and mama's family. Frequently, the babo and mama become acquainted with the children's familial circumstances and provide opportunities to assist with chores in exchange for meals or snacks, when other children may have to provide or buy food for themselves. Sometimes, following their Pondok education, the babo and mama finance their tertiary education up to a bachelor's degree, during which they may help care for the children of babo's family (In-depth interview with the director of a private Islamic school transformed from a Pondok, 11 July 2023). They may also receive support and opportunities to become teachers, officers, or school administrators, including the provision of housing within the school grounds (In-depth interview with an individual raised in a babo's family, 12 January 2024).

3. **Foster Care:** This involves placing a child with a foster family, distinct from adoptive parents. The child may be raised as part of the family or attend boarding school, returning home during breaks while observing awrah privacy, particularly in the presence of a foster mother or children of the opposite gender.

4. **Adoption:** Adoption through legal registration involves integrating an adoptive child as a family member with some relaxation of specific religious practices. This may include changing the child's surname, yet still informing them of their true status to ensure the legitimate guardian (wali) is acknowledged. Although the child is not entitled to an inheritance under Islamic principles, property may be transferred to them while the adoptive parent is alive, and a more relaxed approach is taken towards the observance of awrah within the family. Essentially, this approach entails establishing an adoptive family framework that accords the child full rights as a family member without severing connections to their biological family.

4.2. Foster care and adoption in the Southern border provinces

In Southern border provinces, 14.4 per cent of children live without parental care (National Statistical Office of Thailand, 2023, p.47). In examining the characteristics of family-based alternative care in the Southern border provinces, the research team conducted in-depth interviews with four families from Narathiwat, Satun, and Songkhla provinces regarding care. Of these, three families offered care through informal foster arrangements, and one provided care through adoption. Although the definition of alternative care excludes legally adoptive families, the research revealed that both types of families encountered similar challenges and limitations arising from the interpretation of religious teachings.

4.2.1. Perception of possible carers in alternative families

Foster care often concludes when the child marries and leaves the family. However, there is considerable demand for child adoption, as indicated by key informants noting a widely recognised interest among families in adopting children. These families generally prefer adopting young children and often do not register the adoption legally due to apprehensions about contravening Islamic religious rules. Among the families contacted for in-depth interviews, one non-Muslim adoptive family was located in Satun Province, and only one Muslim adoptive family was identified in Narathiwat Province, notable for being the first and only family in the district to register their adoption legally (In-depth interview with adoptive family, 10 May 2024).

In the Southern border provinces, Muslims place great importance on having children to complete a family and marriage. Consequently, couples who are unable to have children often seek to raise children of others as their own. Many families express a desire to adopt children but face challenges in finding suitable ones, typically preferring to adopt young children. As most orphans in shelters are older, they are less desirable. These families often inform relatives, acquaintances, or hospital staff that they are interested in raising children who are without parental care or whose parents are unable to provide for them due to poverty or the challenges of having many offspring. A foster mother's younger brother remarked, "My sister has no children. She enquired around the hospital to see if anyone would like to give up a child for her to raise or if there were parents unwilling or unable to continue raising their children. She is willing to adopt one of them" (In-depth interview with foster family, 8 May 2024).

Foster parents often perceive raising others' children as a divine will. One adoptive family expressed, "It is a blessing. Since we have nothing – no assets, many people want to raise children, but no one gives them. But we are lucky. After praying, we make supplication to Allah every night and day. Even though God does not allow a child to be born as our own, He can give someone else's child. Allah truly gives to you" (In-depth interview with an adoptive family, 10 May 2024). Furthermore, the initiative to adopt often comes from women. There have been instances where male relatives objected to adopting a child due to the biological mother's past behaviour. Nonetheless, an older sister decided to proceed with the adoption out of a strong desire to have a child (In-depth interview with an adoptive family, 8 May 2024).

4.2.2. Factors leading to child separation from family

In all cases that were interviewed, the biological mother is either unable or unwilling to raise the child. Circumstances include divorced or separated parents who decline the responsibility, the death of a husband followed by abuse from a new partner, a drug-addicted mother attempting to sell the child for travel expenses to Malaysia, or economic instability compounded by a lack of permanent residence or employment, compelling the mother to seek alternative caregivers. Occasionally, a child born out of wedlock faces rejection from the

husband and his family, thus is offered to others for upbringing (In-depth interview with a foster family, 12 January 2024; In-depth interview with a foster family, 8 May 2024; In-depth interview with an adoptive family, 10 May 2024; In-depth interview with a foster family, 12 May 2024). Additionally, financial assistance is provided to the mother or original family to alleviate immediate hardship. Interviewees emphasised that monetary contributions were not intended as payment for the child but rather to assist with other costs such as travel expenses, should the biological mother work in Malaysia, among other reasons.

Simultaneously, families wishing to adopt a child believed they were prepared to raise and educate the child. One such individual stated, "At that time, I wanted a child, wanted to raise him, and I had a job. At that time, I felt that way." Another remarked, "I gave them an education, sent them to religious studies, to a tadika school, to a public school; everything was the same as for my biological child" (In-depth interview with a foster family, 8 May 2024). Thus, it was a mutual desire: the child's mother either did not want or was not prepared to raise the child, while the adoptive family wished to have a child to complete their family. One foster family spoke of the pride in adopting a child as fulfilling a woman's sense of completeness, stating:

> At least [my sister is now a] human. Having a child is all she ever wanted. It does not matter if she does not have a husband. What she truly desires is to experience what it feels like to have a child. That's all she would want to feel, to the point of bringing tears [of joy], because for someone who longs for a child, [having one is to] completes one's humanity. Those without children cannot understand the feeling. She thinks she will rely on the child in her old age or in illness. Only [if her daughter] ask 'Mummy, have you eaten yet?' means a lot because there is no one else for companionship. Having a child to embrace is sufficient. The crucial point is the immense pride in knowing that Allah has blessed her. Even though she does not have a child of her own, she can raise another's child. She can care for them and tell others that they are her own child (In-depth interview with a foster family, a younger brother shared about his sister's experience as a long-term foster carer, 8 May 2024).

4.2.3. Navigating legal and procedural challenges in fostering and adoption

In some instances of caring for a non-kin child, families inform the police to safeguard themselves legally. For instance, when a mother struggling with drug addiction wished to relinquish her child and requested travel expenses to Malaysia, a police report was filed in addition to the family agreement to prevent future accusations. As one interviewee explained, "The reason I went to the police station was because I was afraid that people would say I was taking care of someone else's child or stealing someone else's child. So I just made evidence" (In-depth interview with a foster family, 8 May 2024).

Another instance capitalised on the border location by reporting the birth at the district office as belonging to her husband and another wife residing in Malaysia, thus giving the child up for adoption. The couple then were allowed to be listed as the real parents on the child's birth certificate. The adoptive mother recounted that,

> Regarding documentation, it must be admitted that we didn't fully adhere to legal procedures [of adoption]. I informed the district office that my husband had a mistress in Malaysia and that his wife was given the child to me. So, we registered the child under my name. This child has legal parents, which are me and my husband. Despite submitting the birth registration six months late, there were no legal issues [concerning parental rights] (In-depth interview with foster family, 12 May 2024).

4.2.4. Resolving religious obstacles in caring for a non-kin child

An in-depth interview revealed an adoptive family's endeavour to overcome religious obstacles by having the child consume milk from the adoptive father's younger sister. As a result, the adoptive father assumes the status of a religious uncle, and the girl does not need to veil before him, enabling them to live more like a birth family. Also, this research uncovered foster family cases where children are unaware of their non-biological relationship with their parents, leading to misunderstandings of religious teachings.

> Now the child is 10 years old. She attends a religious school, and her teachers assert that ablution is not invalidated by family members. But now we advise her that before praying, she should not touch [the father], as it will invalidate the ablution. She insisted, no, mum, because the teacher has said it will not invalidate the ablution. We replied, okay, it might not invalidate your ablution, but the father will definitely invalidate his ablution. (In-depth interview with foster family, 12 May 2024)

Regarding inheritance, adoptive families alter the child's surname to avoid inheritance complications under Thai law. To comply with religious law, adoptive parents intend to transfer the ownership of their assets before death to prevent them from passing on to heirs under Islamic law. "[In] religious law, [the assets] should belong to them [even if] they are not our biological children. They are entitled to our assets if we grant them" (In-depth interview with an adoptive family, 10 May 2024).

At present, the role of religious leaders in guiding Islamic laws related to fostering or adopting children is not particularly prominent. The topic remains contentious within Muslim society and allows the opportunity to develop knowledge and guidelines consistent with religious principles, ensuring that all children, including those without adequate parental care, are raised in a family environment for their best interest.

5

Social services for children and families in the Southern border provinces

Providing social services and necessary support systems strengthens families. It enables parents and relatives to independently care for children within the home, preventing relinquishment or unnecessary family separation. Social welfare encompasses seven areas: education, health, housing, income, recreation, the justice system, and general social services. This framework was adopted to survey the social services available in the research area.

In the survey of social services for children and families in the Southern border provinces, this study includes services provided by government bodies, religious institutions, public and private schools, foundations or associations, and local volunteer groups. It covers five main types of services: 1) education, 2) health, 3) housing, employment, and income generation, 4) services associated with religion, and 5) other services. The findings are as follows:

5.1. Educational services

5.1.1. Scholarship or tuition fees

Educational services provided scholarships or tuition fee assistance through 826 sources. These included 486 public and private schools (58.84%), 141 government agencies such as municipal offices, sub-district administrative organisations, and self-development settlements (17.07%), and 137 sources from volunteer groups (16.59%) like Zakat funds, orphan funds, and faith-based donors. For example, interviews with foster families revealed

that a nearby private Islamic school has a policy of awarding scholarships to orphans. Upon learning that the children were orphans under the care of this family, the school administrators waived their tuition fees, significantly alleviating the educational expense burden on low-income foster families (In-depth interview with foster families, 8 May 2024).

5.1.2. Basic religious education

At least 1,221 schools (80.97%) offer basic religious education through the Tadika curriculum, primarily conducted by mosque committees and registered with the Private Education Office (PEO). Additionally, at least 271 schools (17.97%) are managed by volunteers skilled in Quran recitation, following the Qira'ati curriculum. Both curricula are taught on Saturdays and Sundays or in the evenings after school. The widespread provision of primary religious education across almost every community highlights the importance of children and youth acquiring foundational religious knowledge and adhering closely to their beliefs. Despite many children and youth completing the Tadika, numerous families still wish to enrol their children in residential, educational institutions to attain higher religious knowledge and further develop their religious capabilities.

5.1.3. Education for children with disabilities and special needs

The survey found that at least 37 general schools (45.68%) have children with disabilities and special needs enrolled. Additionally, at least 25 provincial special education centres and service units are located at the district level (30.86%). Moreover, 16 cases (19.75%) of volunteer services are dedicated to providing educational support for children with disabilities and special needs.

5.2. Health services

5.2.1. Vaccination

The survey identified at least 612 hospitals, community health centres, and sub-district health promotion hospitals offering vaccination services for children and adolescents on-site and through mobile school vaccination units. Nevertheless, a significant number of children in the area remain unvaccinated. Since August 2023, the provinces of Narathiwat, Pattani, Yala, and parts of Songkhla have experienced pertussis outbreaks. By January 2024, there were 288 confirmed cases and five fatalities, all involving children under one year old. The Department of Disease Control found that vaccination coverage rates were still not in line with outlined criteria (Department of Disease Control, 2024). Vaccine refusal in the area is believed to be about the local interpretation of religious teachings and the faith in divine will. (Sawat Apiwatanawong et al., 2019).

5.2.2. Folk healers' services

The survey of the services provided by folk healers revealed that at least 165 places offer free or low-cost treatment services delivered by folk healers across the five Southern border provinces. Narathiwat province has the highest number, with 49 providers identified. Folk healers in the three southernmost border provinces of Pattani, Yala, and Narathiwat are referred to as To Bomo or To Bomo Kapong. These practitioners treat by warding off evil through prayers (dua) or spells. In some cases, rituals are performed, and herbs are used in the treatment (Hasbullah Asissakul et al, 2020). This practice is accepted and viewed as an alternative form of medical treatment for the local population.

5.2.3. Mental health promotion services

The survey on mental health promotion services indicated that 187 hospitals and sub-district health-promoting hospitals provide mental health services. However, it was noted that most sub-district health-promoting hospitals do not have psychiatrists on staff but rather personnel responsible for mental health and psychiatry who have received training to develop basic knowledge in these fields. Additionally, 26 groups of volunteers or faithful donors, such as the Banburi Sri Satun group, are identified as delivering mental health promotion services.

5.3. Housing, employment and income generation services

- **Housing repair services**

The survey of housing services revealed that 187 housing repair services (85.0%) are provided by government agencies, including local administrative organisations, self-development settlements, sub-district municipalities, and local military groups. In addition, volunteer groups comprising local leaders and village committees accounted for 26 of the services surveyed (11.82%). One foundation identified as offering assistance in housing repairs is Khonchuykhon Foundation.

- **Access to low-interest loans**

The survey identified numerous services enabling individuals to access low-interest loans. There are 631 funds (81.84%) operating under the Pracharat Empowerment Policy, which includes village funds and production savings groups. Government agencies and development projects also manage 65 funds (8.43%). There are also interest-free loans or religious welfare funds, which are services that are in line with Islamic teachings on the prohibition of dealing with interest, such as the Islamic Co-operative, Ibn Auf Islamic Co-operative, and volunteer groups or devotees, totalling 65 of surveyed funds (8.43 per cent).

- **Provision of occupational equipment or livestock**

The survey discovered that services providing occupational equipment or livestock are offered by government agencies under the Ministry of Agriculture and Co-operatives, such as the Livestock Office, Agricultural Office, Fisheries Office, and Community Development Office, at the provincial, district, municipal, and sub-district administrative organisation levels, totalling 370 service providers (92.50%). Furthermore, at least 28 community enterprise groups, volunteer groups, or faithful donors engage in this service (7.00%).

5.4. Culturally appropriate services and assistance

In addition to religious welfare funds, assistance is provided annually in culturally significant forms. This includes the distribution of beef butchered during critical religious occasions such as Eid al-Adha (Hari Raya) and rice, a local staple, for the impoverished during Eid al-Fitr. Traditional clothing, known as Raya clothing, is also given out for Eid al-Adha and Eid al-Fitr. These services, aligned with the cultural practices of the local community, are organised by 273 volunteer groups or faithful donors (48.49%), 153 government agencies such as municipal and administrative organisations at both district and sub-district levels (27.18%), 90 mosques (15.99%), and 31 foundations or associations (5.51%).

5.5. Other services

• Providing immediate assistance (financial assistance for impoverished families)

In addition to various services, immediate financial aid is provided to impoverished families in 934 cases. This assistance is sourced from government agencies in 623 cases (66.70%), volunteer groups or faithful individuals in 101 cases (10.81%), schools in 75 cases (8.03%), religious institutions, religious organisations, or Zakat funds in 60 cases (6.42%), and foundations or associations in 18 cases (1.93%).

• Welfare for the disabled and elderly

The government sector mainly facilitates the welfare of disabled and elderly individuals in the Southern border provinces. There are 1,311 service providers offering welfare funds for these groups, of which 1,300 are government agencies and projects (99.16%), with the remainder offered by other entities. Additionally, numerous Pondok institutions in the area provide opportunities for the elderly or retirees to reside in Pondoks. This arrangement allows the elderly to live alongside other seniors, community members, and children within the Pondoks. Housing the elderly in Pondoks is a culturally innovative approach that addresses the challenges of an aged society.

• Assistance in the justice process and remedies for violence

The violence in the Southern border provinces has persisted and been long-lasting since 2004, with a total of 23,982 victims of the unrest (Duanghathai Buranajaroenkit, 2021, p. 18). According to the survey, there were 518 services providing assistance in the justice process and compensation for violence, including unrest-related and other causes. Among these, 465 services are offered by government agencies, such as the Damrongtham Centre and the Operation Centre for Assistance and Relief for People Affected by the Unrest at provincial and district levels (89.77%). Additionally, 42 services are offered by volunteer groups, such as the Luk Riang group (7.46%). Narathiwat province hosts the most services, totalling 213 (45.80%).

The survey of social services for children and families in the Southern border provinces highlights that the government sector remains the primary contributor to service provision. This may be partially attributed to the field data collectors' greater exposure to information and services from the government sector. Nonetheless, religious actors and religious organisations or development-focused faith-based organisations are increasingly playing a role in providing services for children and families in the community.

6

Policy recommendations

6.1. Enhance the quality of residential care

6.1.1. Safety – Child safeguarding policy in all care settings

None of this research's care institutions (100%) have a written child protection policy. To promote the overall safety of children in all environments, the Department of Children and Youth, as well as the Southern Border Provinces Administrative Centre, may take the lead in developing a child safeguarding policy entailing protective measures, legal obligations, and protocols for intervention when a child is at risk as well as preventive measures, staff training, risk assessments, and promoting a culture of safety within organisations in all care environments including religious residential care facilities like Pondoks and Hafiz institutions. However, introducing child safeguarding policies to caregivers in the southern border provinces necessitates a balanced approach that harmonises these policies' content and key elements with contextualised and culturally relevant processes. Therefore, many stakeholders, such as local government agencies, religious leaders, civil society organisations, and children, must be involved in developing contextualised child safeguarding policies.

6.1.2. Health

- **Physical health**

Residential care providers should pay attention towards the access and quality of water and the nutrition issue. While the water problem may require expert technical advice, residential care providers can address nutrition issues. Caregivers of children in residential care and those children who prepare their own meals should have knowledge and understanding of nutrition to be able to select healthier food options. Alternatively, institutions

should consider regulating the types and styles of food available within the facility to facilitate children's access to nutritionally adequate meals.

- **Mental health**

A primary recommendation is not to organise activities that promote mental health for children immediately but rather to first provide knowledge and skills to caregivers of children in residential care. This research revealed that caregivers of children in residential care often lack awareness of the symptoms associated with mental health issues in children and adolescents. Some caregivers expressed the belief that a religious upbringing would preclude any mental health symptoms. In contrast, others ascribed mental health issues to being 'possessed by ghosts' or 'disturbed by jinn' (mysterious, human-like creatures mentioned in Islamic teachings). Additionally, though some caregivers recognised the mental health problems faced by children, they lacked the knowledge and skills necessary to manage these issues, compounded by heavy workloads that entail both teaching during the day and caring for the children after school.

This situation requires intervention through adjustments in workloads or the recruitment of additional caregivers to alleviate the burden. Also, caregivers need training to raise awareness, impart knowledge, and develop basic skills for addressing children's mental health problems, such as training in Psychological First Aid for those lacking expertise in psychology. In addition to acquiring fundamental knowledge and techniques for managing issues, caregivers must also learn about essential tools for screening mental health problems and how to refer children to public health facilities that offer mental health services when professional assistance is required.

6.1.3. Water and Sanitation

This research found that some institutional care facilities face water access and quality problems, with potentially harmful mineral concentrations in certain areas. This could pose health risks to the children living in institutions. To address the challenges of water quality in institutional care facilities in the Southern border provinces, the Southern Border Provinces Administration Centre can implement regular testing of water sources in all residential child care facilities, including Pondok education institutions and Hafiz institutions, to identify contaminants and mineral concentrations. With data on water quality, the Southern Border Provinces Administration Centre can then allocate funds to install water purification systems tailored to local needs, particularly in areas with high contaminants. In doing so, funding should also be reserved for maintaining and replacing water filters to ensure they function effectively and have an extended lifespan.

With the water purification system installation, caregivers, children, and communities should be raised aware of hygiene practices to prevent waterborne diseases. By implementing these recommendations, the Southern Border Provinces Administration Centre can significantly enhance the quality of water in residential childcare facilities, safeguarding children's health and reducing the incidence of water-related diseases.

6.1.4. Caretakers

- **Apply vigilance in assigning seniors to help care for juniors**

This research found that the majority of the institutions in the Southern border provinces assigned older children to assist in caring for younger children. This was often organised as a committee or student council, where older students were frequently granted authority to oversee younger students, acting as teacher assistants in supervising their participation in activities according to outlined schedules, particularly during prayers. Although teachers often refrained from authorising them to punish younger students, they required them to report their mistakes, allowing teachers to consider further actions. This practice resulted in a vertical power dynamic that left younger students under the control of their older counterparts.

Teachers and caregivers who choose to assign seniors to care for juniors must carefully consider the scope of the seniors' authority. They must foster understanding, provide close supervision, and establish a complaint channel for juniors who feel that seniors are extending their responsibilities beyond acceptable limits.

- **Develop guidelines to balance teacher's workloads in residential care facilities**

One of the concerns highlighted by this research is the workload of individuals responsible for caring for children in residential care, especially within religious educational institutions. Budget constraints often lead many institutional care facilities to assign teachers who provide daytime instruction to also serve as dormitory teachers, particularly in instances where teachers are unmarried. This increased workload—combined with insufficient opportunities for rest—often results in exhaustion by the end of the day. Such fatigue impairs their ability to effectively care for children in the evenings, reducing their focus to overall supervision rather than individual attention.

To avoid this, guidelines should be developed to balance teachers' workloads in residential care facilities. As the supervising agency, the Office of the Private Education Commission should consider implementing additional regulations concerning workload, qualifications, and standards for the residential care of children to enhance the quality of care provided in religious educational institutions.

- **Conduct skill enhancement programs for caretakers in all types of residential care**

This research found that administrators of institutional care facilities have the impression that dormitory caregivers, who may be teachers trained in a faculty of education or who have obtained a teaching licence, possess the necessary skills and knowledge in caregiving and child psychology. However, this is only sometimes the case.

Interviews with institutional care facilities aimed at determining whether caregivers had received training on key issues related to children and youth revealed that only a very small proportion reported meeting this criterion.

The Provincial Office of the Ministry of Social Development and Human Security can help enhance the capacity of caregivers within all types of institutional care facilities, ensuring they gain a thorough understanding of the fundamental principles of alternative care. This should begin with six topics on which they may not have received adequate training: child development relevant to caregiving, child psychology and positive discipline, the Child Protection Act, the Convention on the Rights of the Child, Guidelines of the Alternative Care of Children, and child protection processes.

Religious education institutions need training the most. The research uncovered that staff members of Pondok and Hafiz institutions have never received training on basic care-related topics, with the exception of one Hafiz institution which reported that at least one staff member had undergone training in child psychology or positive discipline.

6.1.5. Others

- **Family connection**

From the perspective of children who have previously resided in an institutional care facility, prolonged absence from home can lead to feelings of estrangement from relatives and neighbours, which may result in emotional distress as the distance between the children and their families increases. For instance, those lacking the

opportunity to communicate with their family may find it challenging to understand and witness each other's development in life.

A recommendation for administrators of institutional care facilities and caregivers of children in residential care is to facilitate at least two monthly home visits. Additionally, caregivers should encourage children to return home during significant festivals, allowing them to reconnect with relatives, nurture close relationships, and reinforce their sense of belonging within their immediate and extended families.

- **Gender education, gender justice and the care for girls**

Muslim communities in the Southern border provinces have strict values on separating men and women in public spaces, which is a cultural strength that promotes children to be safe from the risk of being sexually abused by people of the opposite sex to some extent. However, it is necessary to consider the challenges that may be found in organising education in an atmosphere of gender segregation. Therefore, proposals for gender education and gender justice must be developed alongside efforts to enhance the overall quality of education and promote social skills within Muslim communities.

Gender education and justice should be advocated in a manner that is consistent with cultural and religious values. Training on issues of gender sensitivity and the division of gender roles is anticipated to assist young people in understanding their own roles and responsibilities, as well as those of the opposite gender, from a balanced and equitable perspective.

6.2. Register traditional boarding Islamic institutions

- **Streamline the registration process of Pondok educational institutions and Hafiz institutions**

This research has identified challenges in the existing databases related to various types of institutions. Currently, a significant number of unregistered Pondok and Hafiz institutions exist. The Office of the Private Education Commission, through the Provincial Office of the Private Education Commission, should Implement the registration or enrolment of these facilities. Although these institutions may not meet or apply all criteria for proper registration, they should still be enrolled to facilitate appropriate supervision. In such cases, incentives and disincentives to register should be studied. Additionally, registration or enrolment will strengthen the role of monitoring and supervision irrespective of registration status.

- **Consider registering Hafiz institutions separately**

In terms of types of institutions, while government schools, private boarding houses, and private shelters are clearly defined based on their qualifications and service provision, there still exists an overlap between Pondok and Hafiz institutions. Currently, registered Hafiz institutions are included in the Pondok category, despite criticisms regarding technical disparities in curricular duration, approach for teacher preparation, or the average age of the babo.

Differences in child-rearing practices also exist between Pondok and Hafiz institutions. Hafiz institutions typically have stricter class schedules and impose more detailed regulations, such as dietary restrictions and limits on communication devices. Furthermore, the average age of teachers in Hafiz institutions tends to be lower, impacting their maturity level and leading to more significant teacher-student conflicts than Pondok institutions.

Therefore, it is proposed that a distinct database or classification should be established for the registration of Pondok and Hafiz institutions. Although collectively categorised under Pondok institutions, data collection should be segregated for effective monitoring and standards development.

6.3. Monitoring and regulating private institutional care

- **Develop the standard of care and supervision mechanism for private residential care facilities**

Similar to the situation in other regions of Thailand, no standard of alternative care is developed specifically for private care facilities. The current standard of residential care available is for government care facilities, which are not of the exact nature. Therefore, the care standard should be appropriately developed for private residential care facilities.

The standard of private care facilities should add other elements of care apart from the requirements for physical facilities as focused in the Ministerial Regulation on the Criteria, Procedures, and Conditions for Applying for a License to Establish Reception Centres, Shelters, Welfare Protection Facilities, and Development and Rehabilitation Centres, B.E. 2549 (2006) or the human resource requirements stated in the Regulation of the Ministry of Social Development and Human Security on the Operational Procedures of Reception Centres, Shelters, Welfare Protection Facilities, and Development and Rehabilitation Centres, B.E. 2547 (2004).

The standard of alternative care to be developed should entail critical elements implied in the UN Guidelines for the Alternative Care of Children. This included gatekeeping, family strengthening, individual care plans, and family reintegration. Also, the standard of care should be developed in line with the MSDHS alternative care policy and the National Alternative Care Action Plan to reduce the number of children in institutional care and increase other family-based alternative options.

This research, conducted in the context of Southern Border Provinces, highlights the need to address the caregiver recruitment and selection process and skills and capacity enhancement programs for caregivers in residential care. There are no specific criteria for selecting teachers who care for children in dormitories—those responsible for overseeing children after school, maintaining order at night, and supervising morning activities before school. These individuals play a crucial role in forming close relationships with the children, providing personal attention, warmth, and strengthening bonds. Interviews revealed that only 18.4 per cent of institutions conducted background checks on the criminal records of dormitory caregivers.

Regarding the supervision mechanism, the Provincial Office of the Ministry of Social Development and Human Security is currently the main agency supervising private institutions. It is recommended that the provincial office of MSDHS coordinate with local authorities, particularly district chiefs, in overseeing care institutions. In doing so, the standard and supervision mechanisms used for private orphanages can be broadened to cover all residential care settings with care elements such as boarding schools as well.

With the child protection mechanism at a district level, there is a potential to strengthen the mechanism and develop a process where children without parental care should be decided at the local level to see if alternative care is necessary and which care environment is most suitable for each case.

- **Review private orphanage registration requirements**

The orphanage registration requirements stated in the Ministerial Regulation on the Criteria, Procedures, and Conditions for Applying for a License to Establish Reception Centres, Shelters, Welfare Protection Facilities, and Development and Rehabilitation Centres, B.E. 2549 (2006) and the human resource requirements stated in the Regulation of the Ministry of Social Development and Human Security on the Operational Procedures of Reception Centres, Shelters, Welfare Protection Facilities, and Development and Rehabilitation Centres, B.E. 2547 (2004) seems outdated.

This research found that despite orphanage licensing renewal, required professional staff are not actively available for children in care. Also, many orphanages have facilities that exceed the regulation's minimum requirements. However, this does not dictate the quality of care; hence, there is a need to review the private orphanage registration requirements.

- **Implement comprehensive enrolment and supervision of all private residential care**

To enable adequate supervision of private residential care, the Provincial Office of the Ministry of Social Development and Human Security has to start with a database for all institutional care facilities within its province. This database should include registered and unregistered facilities to facilitate oversight and compliance with care standards.

6.4. Protecting children without adequate parental care

- **Enhance access to social services and expanding support for children and families**

The survey of social services for children and families in the Southern border provinces identified five types of services: 1) education, encompassing scholarships, religious education, and education for children with disabilities; 2) health, including mental health promotion and services provided by folk healers; 3) housing, occupation, and income, such as access to low-interest loans, housing repairs, and the provision of occupational equipment or livestock; 4) culturally appropriate services and assistance; and 5) other services, including immediate assistance, welfare funds for the disabled and elderly, support in the justice process, remedies for violence, and parenting education.

The survey revealed that most of these services are provided by the government, supplemented by contributions from religious institutions, schools (both public and private), foundations or associations, and local volunteer groups. This indicates the involvement of stakeholders across all sectors. Yet, the Provincial Office of the Ministry of Social Development and Human Security should ensure the expansion of social services for children and families.

- **Increase foster care**

One of the concerns identified in the research is that certain foster families choose not to disclose the truth about their children's backgrounds. There are apprehensions regarding the appropriate methods and timing for informing the child of their non-biological status, as well as fears that this revelation may upset the child and alter their feelings towards their caregivers. This underscores the necessity for providing guidance and essential knowledge that is beneficial for non-relative child fostering, taking into account the emotional vulnerabilities of the children and tailoring explanations to align with their developmental understanding at various ages. Additionally, this should encompass related knowledge to assist foster families—whether in a formal or informal caregiving capacity—in raising children to a high standard.

The Provincial Shelter for Children and Families should be the primary stakeholder in raising awareness of family-based alternative care. While conducting an outreach program, for example, on promoting a child protection scheme at sub-district levels; the Provincial Shelter for Children and Families should educate communities about the benefits of foster care and adoption, particularly within Islamic teachings. Collaborate with local religious leaders to dispel myths and address concerns surrounding non-biological family arrangements.

The Coordination Centre for Children and Women in the Southern Border Provinces (C.C.W.) is mandated to promote, drive, and monitor the implementation of measures that adhere to the Convention on the Rights of the Child. With knowledge and familiarity with local practices, C.C.W. can establish collaborative dialogues on alternative families, bringing religious leaders, community stakeholders, and child welfare experts to discuss the importance and benefits of foster care and adoption. The dialogue should aim to create informative resources that explain foster care and adoption within Islamic teachings and values, emphasising the importance of child welfare and community responsibility and highlighting success stories.

To increase the family-based care options for children without adequate parental care, C.C.W. can take the lead in addressing concerns and misconceptions or cultural barriers regarding foster care and adoption, with the advice from an advisory council comprising influential religious leaders to provide guidance and recommendations on policies and practices related to foster care and adoption.

7

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8 Appendix

8.1. Certificate of Ethical Approval

Certificate of MUSSIRB Approval

★★★★★★★★★★★★

Certificate of Approval No. 2023/142.2108
MUSSIRB No. 2023/144
Title of Project: SITUATION ANALYSIS OF ALTERNATIVE CARE PROVISION IN THE CONTEXT OF SOUTHERN BORDER PROVINCES OF THAILAND
Principal Investigator: LECT. DR. KANTHAMANEE LADAPHONGPHATTHANA Affiliation: FACULTY OF SOCIAL SCIENCES AND HUMANITIES, MAHIDOL UNIVERSITY

Approval includes:
1) Submission Form Version Date 21 August 2023
2) Protocol Version Date 21 August 2023
3) Participant Information Sheet Version Date 21 August 2023
4) Informed Consent Form Version Date 21 August 2023
5) Questionnaire Version Date 21 August 2023
6) Interview Guideline Version Date 21 August 2023
7) Focus Group Discussion Guideline Version Date 21 August 2023

The Committee for Research Ethics (Social Sciences) is in full compliance with International Guidelines of Human Research Protection such as Declaration of Helsinki, The Belmont Report, and CIOMS Guidelines.

Date of Approval: 21 August 2023
Date of Expiration: 20 August 2024

(Prof. Dr. Srisombat Chokprajakchat)
Chairman

(Prof. Pol. Capt. Dr. Sutham Cheurprakobkit)
Deputy Dean for Research and Academic Services,
Faculty of Social Sciences and Humanities

Office of The Committee for Research Ethics (Social Sciences), Faculty of Social Sciences and Humanities, Mahidol University
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Website: www.mussirb.com ; Email: mussirb310@gmail.com

8.2. Institutional care survey form

แบบสำรวจข้อมูลพื้นฐานสถานรองรับเด็ก โรงเรียนประจำ และศาสนสถาน

กรุณาเก็บข้อมูลรายประเภทของสถานรองรับ (1 แบบฟอร์มต่อ 1 ประเภทสถานรองรับ)

***สถานรองรับเด็ก** คือ สถานที่ให้การเลี้ยงดูกลุ่มเด็กอายุ 0-18 ปี รวมถึงโรงเรียนประจำและศาสนสถานที่มีเด็กในการเลี้ยงดู โดยมี**การพักค้าง** และมีผู้ให้การดูแลที่เป็นเจ้าหน้าที่ ครู หรืออาสาสมัคร*

(สำหรับอาสาสมัคร) วันที่สำรวจ..... ชื่อ-สกุล.....เก็บโดย ❍ 2) เจ้าหน้าที่ พมจ. ❍ 3) เจ้าหน้าที่เทศบาล ❍ 4) อื่นๆ ระบุ.....

จังหวัด..... อำเภอ..... ตำบล..... หมู่ที่/ชื่อชุมชน .....

1. **ชื่อสถานรองรับ(ที่มีเด็กพักค้าง)**.....
2. **ผู้บริหารสถานรองรับนี้ดำเนินการสถานรองรับประเภทอื่นๆในหมู่บ้านเดียวกันมากกว่า 1 แห่งหรือไม่?** O 1) ใช่ O 2) ไม่ใช่
3. **ประเภทสถานรองรับ(ที่มีเด็กพักค้าง)** *โปรด ✓ ในเครื่องหมาย O หน้าข้อความที่ตรงกับความเป็นจริง*
   - O 1) โรงเรียนเอกชนสอนศาสนาอิสลาม/โรงเรียนเอกชนแบบบูรณาการอิสลามศึกษา
   - O 2) สถาบันปอเนาะ
   - O 3) โรงเรียนฮาฟิซ/สถาบันศึกษาฮาฟิซ/ฮาฟิเซาะฮ์ (โรงเรียนสอนท่องจำอัลกุรอานชาย-หญิง)
   - O 4) โรงเรียนของรัฐ/โรงเรียนศึกษาสงเคราะห์/โรงเรียนราชประชานุเคราะห์/โรงเรียนโครงการประชารัฐ
   - O 5) โรงเรียนเอกชนอื่นๆ
   - O 6) สถานสงเคราะห์เด็กเอกชน/บ้านเด็กกำพร้าเอกชน/บ้านเด็กพิการเอกชน
   - O 7) ศาสนสถาน >> O 7.1) มัสยิด O 7.2) วัดหรือสถานปฏิบัติธรรม O 7.3) โบสถ์, คริสตจักร, วัดคริสต์
   - O 8) อื่นๆ (โปรดระบุ).....
4. **จำนวนเด็ก**

   4.1. มี**เด็กทั้งหมด**ในสถานรองรับ/โรงเรียน/ศาสนสถานแห่งนี้ **จำนวนรวม.....คน** *จำแนกเป็น*

   4.1.1. เด็กอายุ 0-6 ปี รวม.....คน *แบ่งเป็น* หญิง.....คน ชาย.....คน

   4.1.2. เด็กอายุ 7-12 ปี รวม.....คน *แบ่งเป็น* หญิง.....คน ชาย.....คน

   4.1.3. เด็กอายุ 13-18 ปี รวม.....คน *แบ่งเป็น* หญิง.....คน ชาย.....คน

   4.2. ในจำนวนนี้ มี**เด็กที่พักค้าง**ในสถานรองรับ/โรงเรียน/ศาสนสถานแห่งนี้ **จำนวน.....คน** *จำแนกเป็น*

   4.2.1. เด็กอายุ 0-6 ปี รวม.....คน *แบ่งเป็น* หญิง.....คน ชาย.....คน

   4.2.2. เด็กอายุ 7-12 ปี รวม.....คน *แบ่งเป็น* หญิง.....คน ชาย.....คน

   4.2.3. เด็กอายุ 13-18 ปี รวม.....คน *แบ่งเป็น* หญิง.....คน ชาย.....คน

   4.2.4. เด็กที่อายุน้อยที่สุดที่พักค้างในสถานรองรับ มีอายุ.....ปี

   4.3. ในสถานรองรับแห่งนี้ มี**เด็กพิการ จำนวนรวม.....คน** *แบ่งเป็น* หญิง.....คน ชาย.....คน

   4.3.1. ในจำนวนนี้มีเด็กพิการที่พักค้างในสถานรองรับแห่งนี้ จำนวน.....คน *แบ่งเป็น* หญิง.....คน ชาย.....คน

   4.4. ในสถานรองรับแห่งนี้ มี**เด็กที่ไม่มีสัญชาติไทย จำนวนรวม.....คน** *แบ่งเป็น* หญิง.....คน ชาย.....คน

   4.4.1. เป็นเด็กที่มีสัญชาติ O1) โรฮิงญา.....คน O2) เมียนมา.....คน O3) กัมพูชา.....คน O4) อื่นๆ.....คน O99) ไม่ทราบ

   4.4.2. เด็กที่ไม่มีสัญชาติไทย O1) แต่มีบัตรขึ้นต้นด้วยเลข 6,7,0 จำนวน.....คน O2) ไม่มีเอกสารใดๆจำนวน.....คน O99) ไม่ทราบ

   4.4.3. ในจำนวนนี้มี**เด็กที่ไม่มีสัญชาติไทย**ที่**พักค้าง**ในสถานรองรับแห่งนี้ จำนวน.....คน O99) ไม่ทราบ
5. **จำนวนบุคลากร** สถานรองรับแห่งนี้มี 5.1) บุคลากร (ผู้ปฏิบัติงานทั้งหมดในองค์กร) จำนวน.....คน

   5.2) บุคลากรที่ทำหน้าที่เป็นพี่เลี้ยงให้การดูแลเด็กโดยตรง จำนวน.....คน *แบ่งเป็น* หญิง.....คน ชาย.....คน

6. สาเหตุหลักของการรับเด็กเข้ามาอยู่ในการเลี้ยงดูแบบพักค้าง	*"จากจำนวนเด็ก 10 คน จะพบว่าเข้ามาเพราะสาเหตุนี้ประมาณกี่คน?" (กรุณาวงหมายเลข)*
1) ครอบครัวยากจน	0 1 2 3 4 5 6 7 8 9 10
2) เป็นเด็กกำพร้า (พ่อหรือแม่ หรือทั้งพ่อและแม่เสียชีวิต)	0 1 2 3 4 5 6 7 8 9 10
3) ไม่มีผู้ดูแล หรือผู้ดูแลไม่สามารถหรือไม่ต้องการเลี้ยงดูเด็ก	0 1 2 3 4 5 6 7 8 9 10
4) เด็ก/ครอบครัวต้องการให้เรียนศาสนา	0 1 2 3 4 5 6 7 8 9 10
5) เข้าถึงการศึกษา หรือมาอยู่ใกล้สถานศึกษามากขึ้น	0 1 2 3 4 5 6 7 8 9 10
6) ครอบครัว/ชุมชนไม่ปลอดภัย (ยาเสพติด/ความไม่สงบ)	0 1 2 3 4 5 6 7 8 9 10
7) มีปัญหาด้านพฤติกรรม เด็กจึงถูกส่งมายังสถานรองรับ	0 1 2 3 4 5 6 7 8 9 10
8) มีภาวะทุพพลภาพ (พิการ/เด็กพิเศษ)	0 1 2 3 4 5 6 7 8 9 10
9) อื่นๆ ระบุ...	0 1 2 3 4 5 6 7 8 9 10

8.3. Social service for children and families survey form

แบบสำรวจการจัดบริการทางสังคมสำหรับเด็กและครอบครัวที่ดำเนินการในหมู่บ้าน

กรุณาเก็บข้อมูลรายหมู่บ้าน (1 แบบฟอร์มต่อ 1 หมู่บ้าน)

***การบริการสังคม** หมายถึง บริการเพื่อเสริมสร้างชีวิต ความเป็นอยู่ และสวัสดิภาพของเด็กและครอบครัว และส่งเสริมความสัมพันธ์ในครอบครัว เพื่อบรรเทาความเดือดร้อน และลดความเสี่ยงหรือป้องกันไม่ให้ครอบครัวต้องส่งเด็กไปอยู่ในการเลี้ยงดูของสถานรองรับหรือผู้อื่นโดยไม่จำเป็น*

วัน-เวลาที่สำรวจ.....ชื่อ-สกุล ผู้เก็บข้อมูล.....เป็น O1) บัณฑิตอาสาฯ O2) เจ้าหน้าที่ พมจ. O3) อื่นๆ ระบุ .....

จังหวัด..... อำเภอ.....ตำบล..... หมู่ที่/ชื่อชุมชน.....

ในหมู่บ้านมีองค์กร/ตัวแทน/เจ้าหน้าที่/อาสาสมัครที่ให้บริการทางสังคมสำหรับเด็กและครอบครัวประเภทใดบ้าง?
กรุณาระบุชื่อ ที่อยู่ และเบอร์โทรติดต่อของผู้ให้บริการประเภทต่างๆ

	มีบริการนี้หรือไม่
1. **การศึกษา** 1.1. ให้ทุนการศึกษา/ค่าเล่าเรียน 1.2. รับเลี้ยงเด็กก่อนวัยเรียนแบบไป-กลับ (ระหว่างที่พ่อแม่ไปทำงาน) ที่เป็นของรัฐหรือเอกชน 1.2.1. รับเลี้ยงเด็กอายุ 0-3 ปี แบบไป-กลับ (ระหว่างที่พ่อแม่ไปทำงาน) ที่เป็นของรัฐหรือเอกชน 1.2.2. รับเลี้ยงเด็กอายุ 3 ปีขึ้นไป แบบไป-กลับ (ระหว่างที่พ่อแม่ไปทำงาน) ที่เป็นของรัฐหรือเอกชน 1.3. ให้การศึกษาแก่เด็กที่มีความต้องการพิเศษ/เด็กที่มีความบกพร่องทางการเรียนรู้ 1.4. จัดกิจกรรมสอนการบ้านตอนเย็น หรือจัดกิจกรรมพิเศษอื่นๆ เช่น การส่งเสริมทักษะชีวิตเป็นประจำ 1.5. จัดกิจกรรมให้การศึกษาทางศาสนา (ตาดีกา/กีรออะตี/มักตับ/ตะอ์วะฮ์สัญจร,ฯลฯ)	○ มี ○ ไม่มี เมื่อตอบว่า "มี" ให้ระบุรายละเอียดของบริการในหมวด A หากมีบริการดังกล่าวมากกว่า 1 แห่ง ให้ระบุรายละเอียดเพิ่มเติมในหมวด B และ C ตามลำดับ
2. **สุขภาพอนามัย** 2.1. ให้บริการด้านสาธารณสุข/ฉีดวัคซีน 2.2. ให้บริการโดยหมอพื้นบ้าน 2.3. จัดหาอุปกรณ์ทางแพทย์ หรืออุปกรณ์ดูแลผู้ป่วยให้ 2.4. จัดกิจกรรมส่งเสริมสุขภาวะทางจิต อารมณ์ และพฤติกรรมทางสังคม	*(ผู้จัดบริการกลุ่มที่ 1)* ***A1 ระบุชื่อหน่วยงานหรือกลุ่มผู้จัดบริการ** ***ค่าใช้จ่าย** ○ มีค่าใช้จ่าย (แบบธุรกิจเพื่อทำกำไร) ○ ไม่มีค่าใช้จ่าย (หรือจ่ายเพียงเล็กน้อย) ***A2 ประเภทของหน่วยงานที่เป็นผู้จัดบริการ** ○1.รัฐ ○2.ศาสนสถาน ○3.โรงเรียน ○4.มูลนิธิ/สมาคม ○5.กลุ่มอาสา/คนใจบุญ ○6.อื่นๆ ***A3 บ้านเลขที่** ***A4 เบอร์โทรศัพท์ติดต่อ**
3. **ที่อยู่อาศัย** 3.1. ช่วยสร้าง/ซ่อมแซมที่อยู่อาศัย 3.2. ให้วัสดุในการซ่อมแซมที่อยู่อาศัย 3.3. ให้เงินสนับสนุนด้านที่อยู่อาศัย	
4. **การทำงานและการเสริมสร้างศักยภาพทางเศรษฐกิจ** 4.1. ให้เงินกู้ยืมดอกเบี้ยต่ำ(ธนาคารชุมชน/กองทุนของหมู่บ้าน/สหกรณ์อิสลาม/กลุ่มออมทรัพย์) 4.2. อบรม/ฝึกอาชีพ/ส่งเสริมทักษะความสามารถในการทำงาน/ส่งเสริมความรู้ในเรื่องการเงินและการบริหารธุรกิจ 4.3. จัดหาอุปกรณ์ประกอบอาชีพ หรือแจกปศุสัตว์เพื่อการประกอบอาชีพ	
5. **การคุ้มครองทางสังคม** 5.1. ให้ทุนช่วยเหลือเด็กและครอบครัวยากจน 5.2. แจกจ่ายข้าวสารอาหารแห้ง อาหารกล่อง นม ขนมเด็ก 5.3. สนับสนุนด้านค่าใช้จ่ายอุปกรณ์การเรียน/แจกอุปกรณ์การเรียน/ชุดนักเรียน 5.4. ให้เงินสวัสดิการคนพิการ ผู้สูงอายุ 5.5. จัดซื้อชุดรายอ/แจกเนื้อกุรบ่าน 5.6. ให้ที่พักพิงสำหรับเด็กด้อยโอกาส 5.7. ให้การช่วยเหลือด้านกระบวนการยุติธรรม/เยียวยาจากความรุนแรงทุกประเภท เช่น ความรุนแรงในครอบครัว/สถานการณ์ความไม่สงบในชายแดนใต้	
6. **นันทนาการ** 6.1. มีพื้นที่ปลอดภัย/พื้นที่เล่นสำหรับเด็ก 6.2. มีการจัดงานประจำปี/ การแข่งขันกีฬาพื้นบ้าน (การละเล่น) 6.3. จัดค่ายอบรมเด็กช่วงปิดเทอม	*(ผู้จัดบริการกลุ่มที่ 2 ถ้ามี)* B1 B2 B3 B4
7. อาสาให้คำปรึกษาและเยียวยาสุขภาพจิตของผู้ได้รับผลกระทบจากเหตุการณ์ความไม่สงบ (มักเป็นผู้มีประสบการณ์ที่คล้ายคลึงกันมาก่อน)	*(ผู้จัดบริการกลุ่มที่ 3 ถ้ามี)* C1 C2 C3 C4
8. จัดอบรมให้ความรู้เรื่องการเลี้ยงดูเด็ก เช่น สิทธิเด็ก มาตรการคุ้มครองเด็ก ทักษะความเป็นพ่อแม่ (โรงเรียนพ่อแม่) ฯลฯ	
9. จัดกิจกรรมสร้างเสริมความสัมพันธ์ของคนในครอบครัวเป็นประจำ	
10. **คำถามเพิ่มเติม** 10.1. ให้บริการสุขภาพด้านอนามัยเจริญพันธุ์สำหรับวัยรุ่น เช่น การทำสุหนัต การคุมกำเนิด การใช้ถุงยางอนามัย การให้ความรู้เกี่ยวกับเลือดประจำเดือน การให้ความรู้เกี่ยวกับโรคติดเชื้อในระบบสืบพันธุ์ และอื่นๆ 10.2. ให้บริการส่งเสริมอนามัยแม่และเด็ก (รวมถึงการฝากครรภ์, การส่งเสริมสุขภาพแม่และเด็ก, การดูแลหลังคลอด) 10.3. ให้บริการแก่เด็กพิการ เช่น การบริการฟื้นฟูสมรรถภาพเด็กพิการ, การจัดการศึกษาพิเศษ, บริการส่งเสริมให้ครอบครัวมีทักษะและความพร้อมในการเลี้ยงดูเด็กพิการที่บ้าน *กรุณาระบุ*ประเภทบริการที่หน่วยงาน/องค์กรจัดให้เด็กพิการ 10.4. จัดการไกล่เกลี่ยกรณีเด็กและวัยรุ่นที่มีเพศสัมพันธ์ก่อนแต่งงานหรือตั้งครรภ์ 10.5. ให้บริการช่วยเหลือและให้คำแนะนำแก่เด็กและวัยรุ่นที่มีเพศสัมพันธ์ก่อนแต่งงานหรือตั้งครรภ์ 10.6. ส่งเสริมการขึ้นทะเบียนสถานะบุคคล (ส่งเสริมการแจ้งเกิด/ให้มีสูติบัตร/ให้มีเลข 13 หลัก) 10.7. ให้ความช่วยเหลือในกระบวนการหย่าร้างและการเรียกร้องสิทธิค่าเลี้ยงดูแก่ภรรยาหรือบุตร 10.8. ให้บริการชริบปลายอวัยวะเพศหญิง 10.9. ในหมู่บ้านมีครอบครัวที่รับเด็กเป็นบุตรบุญธรรม (คือ เลี้ยงดูเด็กที่ไม่ใช่ญาติเป็นการถาวรหรือระยะยาว) จำนวน....ครอบครัว	
11. อื่นๆ โปรดระบุบริการทางสังคมสำหรับเด็กและครอบครัวประเภทอื่นที่พบในหมู่บ้าน	

8.4. Institutional care questionnaire

แบบสัมภาษณ์สถานรองรับเด็กที่เลี้ยงดูกลุ่มเด็กอายุ 0-18 ปี ในพื้นที่ 5 จังหวัดชายแดนภาคใต้

__สถานรองรับเด็ก__ คือ สถานที่ให้การเลี้ยงดูกลุ่มเด็ก (เช่นจำนวน 6 คนขึ้นไป) รวมถึงสถานสงเคราะห์ โรงเรียนประจำ สถาบัน องค์กร มูลนิธิ และศาสนสถาน ที่มีเด็กในการเลี้ยงดู โดยมีการพักค้างและมีผู้ให้การดูแลที่เป็นเจ้าหน้าที่หรืออาสาสมัคร

คำชี้แจง: ถามทุกข้อและข้อมูลที่ได้รับจากผู้ตอบแบบสำรวจถือเป็น__ความลับ__ที่สุด

หากมีสถานรองรับหลายแห่งในพื้นที่เดียวกัน ให้แยกแบบสอบถามสำหรับแต่ละแห่ง เพื่อระบุประเภทสถานรองรับแยกกัน ทั้งนี้พิจารณาจากสังกัดหลักของเด็ก เพื่อไม่ให้มีการนับจำนวนเด็กซ้ำซ้อน

วันที่สำรวจ.....
เวลาเริ่มเก็บข้อมูล.....
รหัสผู้เก็บข้อมูล.....
รหัสจังหวัด.....
รหัสอำเภอ.....
รหัสตำบล.....

A: ส่วนที่ 1 ข้อมูลเกี่ยวกับสถานรองรับ

1. **ชื่อสถานรองรับ/สถานสงเคราะห์/โรงเรียนประจำ/สถาบัน/องค์กร/มูลนิธิ/ศาสนสถาน**
   .....

จดทะเบียนมีสังกัดหรือไม่ หน่วยงานหน่วยงานใด
❍1) สช. ❍2) พม.
โรงเรียนอยู่ในพื้นที่
❍1) เมือง ❍2) ชนบท

2. **ประเภทของสถานรองรับ *(A2)***
   - ❍ 1) โรงเรียนเอกชน ที่เปลี่ยนประเภทมาจากปอเนาะ — ปอเนาะเริ่มดำเนินการตั้งแต่ พ.ศ..... *(A2.1)* (เปลี่ยนประเภทมาเป็นโรงเรียนเอกชน) เริ่มดำเนินการตั้งแต่ พ.ศ..... *(A2.2)*
   - ❍ 2) โรงเรียนเอกชนสอนศาสนาอิสลาม — เริ่มดำเนินการตั้งแต่ พ.ศ..... *(A2.2)*
   - ❍ 3) สถาบันศึกษาปอเนาะ — เริ่มดำเนินการตั้งแต่ พ.ศ..... *(A2.2)*
   - ❍ 4) สถาบันศึกษาฮาฟิส (โรงเรียนสอนท่องจำอัลกุรอาน) — เริ่มดำเนินการตั้งแต่ พ.ศ..... *(A2.2)*
   - ❍ 5) โรงเรียนศึกษาสงเคราะห์/ราชประชานุเคราะห์/โรงเรียนในโครงการประชารัฐ — เริ่มดำเนินการตั้งแต่ พ.ศ..... *(A2.2)*
   - ❍ 6) สถานสงเคราะห์เด็กเอกชน/บ้านเด็กกำพร้าเอกชน/บ้านเด็กพิการเอกชน — เริ่มดำเนินการตั้งแต่ พ.ศ..... *(A2.2)*
   - ❍ 7) อื่นๆ โปรดระบุ..... — เริ่มดำเนินการตั้งแต่ พ.ศ..... *(A2.2)*
3. **สัดส่วนระหว่างเด็กไปกลับและเด็กพักค้าง** เด็กไป-กลับ ประมาณร้อยละ..... *(A3.1)*
   เด็กพักค้าง ประมาณร้อยละ..... *(A3.2)*
4. **เด็กส่วนมากมีภูมิลำเนาใน 5 จังหวัดชายแดนใต้หรือไม่?** ❍0) ไม่ใช่ ส่วนมากมาจาก..... ❍1) ใช่
5. **เรียงลำดับสาเหตุหลัก 3 ประการที่เด็กเข้ามาพักค้างที่นี่(จัดลำดับ)** (A5.1).....เพื่อให้เด็กได้เรียนรู้คำสอนทางศาสนา
   (A5.2).....เพื่อให้การดูแลเด็กที่ครอบครัวยากจน
   (A5.3).....เพื่อให้การดูแลเด็กที่ไม่มีผู้ดูแล
   (A5.4).....เพื่อให้การดูแลเด็กกำพร้า (❍ที่พ่อหรือแม่เสียชีวิต ❍ที่พ่อแม่หย่าร้างหรือแยกกันอยู่)
   (A5.5).....เพื่อให้การดูแลและอบรมเด็กที่มีปัญหาพฤติกรรม
   (A5.6).....อื่นๆ โปรดระบุ.....

B: ส่วนที่ 2 รูปแบบการเลี้ยงดูและผู้ดูแลเด็ก

6. **เด็กที่พักค้างที่นี่มีกิจวัตรประจำวันอย่างไรบ้าง และใครเป็นผู้ดูแลหลักในแต่ละกิจกรรม**

เวลา	กิจกรรม	ผู้ดูแลหลักในกิจกรรม	เวลา	กิจกรรม	ผู้ดูแลหลักในกิจกรรม
00.00 น.			12.00 น.		
01.00 น.			13.00 น.		
02.00 น.			14.00 น.		
03.00 น.			15.00 น.		
04.00 น.			16.00 น.		
05.00 น.			17.00 น.		
06.00 น.			18.00 น.		
07.00 น.			19.00 น.		
08.00 น.			20.00 น.		
09.00 น.			21.00 น.		
10.00 น.			22.00 น.		
11.00 น.			23.00 น.		

B6.1 เวลาตื่นนอน..... **B6.2** เวลาเข้านอน.....

B6.3 มีช่วงเวลาที่เปิดให้เด็กทำกิจกรรมอย่างเสรีหรือไม่ หากมี จัดเวลาเป็นวันใด และช่วงเวลาใด ❍0) ไม่มี ❍1) มี..... ❍97) ไม่ตอบ ❍98) ไม่ทราบ

7. **กิจกรรมทั้งหมดนี้มีเป้าหมายเพื่อบ่มเพาะ (ตัวบียะฮ์) เด็กให้มีคุณลักษณะเด่นอย่างไร**.....
   สรุปว่าที่นี่เน้นบ่มเพาะด้านใด *(ผู้สัมภาษณ์เลือกตอบเพียง 1 ข้อ)*
   - ❍1) ความรู้ เช่น อ่านกิตาบ รู้หลักคำสอน รู้พื้นฐานศาสนา
   - ❍2) ทักษะ เช่น ท่องจำอัลกุรอ่าน ปฏิบัติศาสนกิจถูกต้อง
   - ❍3) บุคลิกภาพแบบมุสลิม เช่น มีอัคลาก วะเราะอ์

8. **ท่านเห็นว่าเด็กพักค้างที่นี่ยังต้องได้รับการฝึกทักษะในเรื่องใดเพิ่มเติมบ้าง** *(ตอบได้มากกว่า 1 ข้อ)*

❍1) ทักษะอาชีพ หรือการหารายได้ ❍2) ภาวะผู้นำ ❍3) การบริหารการเงินส่วนบุคคลหรือระดับครอบครัว
❍4) ทักษะการเข้าสังคม ❍5) การดูแลสุขอนามัย ❍6) ทักษะภาษาและการสื่อสาร
❍7) ทักษะการทำอาหาร ❍8) อื่นๆ ระบุ..... ❍97) ไม่ตอบ ❍98) ไม่ทราบ

9. **สถานรองรับเด็กแห่งนี้มีรูปแบบการดูแลเด็กอย่างใดบ้าง** *(ตอบได้มากกว่า 1 ข้อ)*

❍1) ครูหอพัก ❍2) อุสเราะฮ์ (ครอบครัว) - มีอุซตาสดูแล ❍3) มีผู้อื่น เช่น รุ่นพี่ สภานักเรียน เป็นผู้ดูแล
❍4) มักตับ (หมู่บ้าน) ❍5) อุดูวะฮ์ (พี่น้อง) ❍6) อื่นๆ ระบุ.....

10. **ที่นี่รับผิดชอบเลี้ยงอาหารเด็กทุกมื้อหรือไม่?**

❍0) เลี้ยงอาหารทุกมื้อ ❍1) เลี้ยงอาหารบางมื้อ ได้แก่..... ❍2) ไม่ได้เลี้ยงอาหาร ให้เด็กรับผิดชอบหาอาหารเองทุกมื้อ ❍97) ไม่ตอบ ❍98) ไม่ทราบ

11. **โดยทั่วไป ที่นี่อนุญาตให้เด็กกลับไปพักค้างที่บ้านบ่อยแค่ไหน**

❍1) สัปดาห์ละ 1 ครั้ง ❍2) ประมาณเดือนละ 2 ครั้ง ❍3) ประมาณ 3 สัปดาห์ 1 ครั้ง
❍4) ประมาณเดือนละ 1 ครั้ง ❍5) เทอมละ 1 ครั้ง (ปีละ 2 ครั้ง) ❍6) ประมาณปีละ 1 ครั้ง ❍97) ไม่ตอบ ❍98) ไม่ทราบ

11.1. ในช่วงแรกที่เด็กเริ่มมาพักค้างที่นี่ มีเงื่อนไขการกลับบ้านที่แตกต่างจากด้านบนหรือไม่ โปรดระบุ.....

12. **ที่นี่อนุญาตให้พ่อแม่ ผู้ปกครอง หรือญาติมาพบเจอเด็กที่สถานรองรับหรือไม่** ❍0) ไม่อนุญาต ❍1) อนุญาต ❍97) ไม่ตอบ ❍98) ไม่ทราบ

12.1. ในกรณีที่อนุญาต มีเงื่อนไขสำคัญใดบ้างในการให้พ่อแม่ ผู้ปกครอง หรือญาติมาพบเจอเด็กที่สถานรองรับ (เงื่อนไขเวลา เงื่อนไขการเข้าพบ ฯลฯ)

.....

13. **ที่นี่อนุญาตให้แขกผู้มาเยือนหรือผู้บริจาคมาเยี่ยมเยียนหรือทำกิจกรรมกับเด็ก (ระยะเวลาไม่เกิน 3 วัน) หรือไม่**

❍0) ไม่อนุญาต ❍1) อนุญาต ในรอบ 12 เดือนที่ผ่านมามีจำนวนประมาณ.....คน ❍97) ไม่ตอบ ❍98) ไม่ทราบ

14. **ที่นี่มีอาสาสมัครช่วยปฏิบัติงานดูแลเด็กพักค้าง (ระยะเวลามากกว่า 3 วัน) โดยไม่ได้รับค่าตอบแทน หรือไม่**

❍0) ไม่มี ❍1) มี ในรอบ 12 เดือนที่ผ่านมามีจำนวนประมาณจำนวน.....คน ❍97) ไม่ตอบ ❍98) ไม่ทราบ

15. **ที่นี่มีเจ้าหน้าที่ดูแลเด็ก/ครูที่รับผิดชอบการดูแลเด็กพักค้าง ที่ได้รับค่าตอบแทน** จำนวน.....คน

15.1. แต่ละคืนมีผู้ดูแลที่นอนเฝ้าอยู่ในเรือนนอนเดียว (ชายคาเดียว) กับเด็ก ❍0) ไม่มี ❍1) มี ชาย.....คน หญิง.....คน ❍97) ไม่ตอบ ❍98) ไม่ทราบ

15.2. ที่นี่มีเจ้าหน้าที่ดูแลเด็กที่เป็นคนต่างชาติหรือไม่ ❍0) ไม่มี ❍1) มี ❍97) ไม่ตอบ ❍98) ไม่ทราบ

16. **ที่อื่นมักจะต้องเปลี่ยนผู้ดูแลเด็กพักค้างบ่อยๆ โดยเฉลี่ยที่นี่เปลี่ยนผู้ดูแลเด็กพักค้างบ่อยแค่ไหน?** ❍1) น้อยกว่า 1 ปี ❍2) ประมาณ 1-2 ปี ❍3) ประมาณ 3-4 ปี ❍4) มากกว่า 5 ปี

17. **เพื่อให้ผู้ดูแลลดอาการล้าและเครียดจากการทำงาน ที่นี่มีแนวทางส่งเสริมการดูแลตนเอง (self-care) ของผู้ดูแลเด็กอย่างไรบ้าง?**

❍0) ไม่มี ❍1) มี..... ❍97) ไม่ตอบ ❍98) ไม่ทราบ

18. **ที่นี่มีกิจกรรมใดบ้างที่ส่งเสริมสุขภาวะทางจิต/สุขภาพจิตให้เด็ก** ❍0) ไม่มี ❍1) มี..... ❍97) ไม่ตอบ ❍98) ไม่ทราบ

19. **ที่นี่เคยพบเด็กที่มีปัญหาทางสุขภาพจิตเช่น ซึมเศร้า หรือมีความเสี่ยงทำร้ายตนเอง หรือไม่** ❍0) ไม่มี ❍1) มี ❍97) ไม่ตอบ ❍98) ไม่ทราบ

19.1. เมื่อพบแล้วมีการดำเนินการอย่างไร กรุณาระบุ.....

19.2. ได้มีการปรึกษานักจิตวิทยาหรือจิตแพทย์หรือไม่? ❍0) ไม่มี เพราะ..... ❍1) มี ❍97) ไม่ตอบ ❍98) ไม่ทราบ

19.3. ที่นี่มีการทำงานร่วมกับนักวิชาชีพ (พยาบาล, นักสังคมสงเคราะห์, นักจิตวิทยา) เพื่อช่วยเหลือเด็กและครอบครัวหรือไม่

❍ 0) ไม่มี ❍ 1) มี (ระบุ)..... ❍ 97) ไม่ตอบ ❍ 98) ไม่ทราบ

19.4. ที่นี่มีเจ้าหน้าที่ต่อไปนี้หรือไม่

1) นักสังคมสงเคราะห์ที่ได้รับใบอนุญาต/จบการศึกษาระดับอุดมศึกษาด้านสังคมสงเคราะห์ ❍ 0) ไม่มี ❍ 1) มี ❍97) ไม่ตอบ ❍98) ไม่ทราบ
2) ผู้ปฏิบัติหน้าที่แทนนักสังคมสงเคราะห์ ที่ได้รับการอบรม ❍ 0) ไม่มี ❍ 1) มี ❍97) ไม่ตอบ ❍98) ไม่ทราบ
3) นักจิตวิทยาที่ได้รับใบอนุญาต หรือจบการศึกษาระดับอุดมศึกษาด้านจิตวิทยา ❍ 0) ไม่มี ❍ 1) มี ❍97) ไม่ตอบ ❍98) ไม่ทราบ
4) ผู้ปฏิบัติหน้าที่แทนนักจิตวิทยา ที่ได้รับการอบรม ❍ 0) ไม่มี ❍ 1) มี ❍97) ไม่ตอบ ❍98) ไม่ทราบ
5) พยาบาลวิชาชีพ ❍ 0) ไม่มี ❍ 1) มี ❍97) ไม่ตอบ ❍98) ไม่ทราบ
6) ผู้ปฏิบัติหน้าที่แทนพยาบาล ที่ได้รับการอบรมเบื้องต้นด้านการสาธารณสุข ❍ 0) ไม่มี ❍ 1) มี ❍97) ไม่ตอบ ❍98) ไม่ทราบ

20. **ผู้ดูแลเด็กของที่นี่เคยรับการอบรมในประเด็นด้านเด็กและเยาวชนใดบ้าง** *(ให้ถามทุกข้อ)*

หัวข้อ/เนื้อหาการอบรม	1) บุคลากรอย่างน้อย 1 คนเคยได้รับการอบรม	2) ไม่เคยได้รับการอบรม (แม้ว่าเคยได้ยิน)	3) เป็นหัวข้อที่เห็นว่าเจ้าหน้าที่ของที่นี่ควรได้รับการพัฒนาเพิ่มเติม
20.1) พัฒนาการเด็ก หรือการเลี้ยงดูเด็ก	❍	❍	❍
20.2) จิตวิทยาเด็ก หรือวินัยเชิงบวก	❍	❍	❍
20.3) พระราชบัญญัติคุ้มครองเด็ก	❍	❍	❍
20.4) อนุสัญญาว่าด้วยสิทธิเด็ก แห่งองค์การสหประชาชาติ	❍	❍	❍
20.5) แนวปฏิบัติด้านการเลี้ยงดูทดแทนสำหรับเด็ก	❍	❍	❍
20.6) กระบวนการคุ้มครองเด็ก	❍	❍	❍
20.7) อื่นๆ (ระบุ).....	❍	❍	❍

C: ส่วนที่ 3 นโยบายการคุ้มครองเด็ก

21. ที่นี่มีนโยบายคุ้มครองเด็กที่เป็นลายลักษณ์อักษร/มีระเบียบสำหรับบอกผู้ใหญ่ว่าต้องปฏิบัติอย่างไรกับเด็กหรือไม่

❍0) ไม่มี ❍ 1) มี ❍ 2) ไม่แน่ใจ เพราะไม่รู้ว่าคืออะไร ❍97) ไม่ตอบ ❍98) ไม่ทราบ

21.1 หากจะมีระเบียบเป็นลายลักษณ์อักษรสำหรับบอกผู้ใหญ่ที่เกี่ยวข้องกับที่นี่ทุกคนว่าต้องปฏิบัติอย่างไรกับเด็ก ควรต้องระบุว่าอะไรบ้าง

.....

22. ที่นี่มีการตรวจสอบประวัติเจ้าหน้าที่ก่อนรับเข้ามาทำงานโดยวิธีใดบ้าง *(ให้ผู้ตอบแบบสอบถามระบุการจัดการด้วยตนเอง ไม่ต้องอ่านให้ฟัง)*

❍0) ไม่มี ❍1) ตรวจสอบประวัติอาชญากรรม (สำหรับคนไทย) ❍2) ตรวจสอบประวัติอาชญากรรม (สำหรับคนต่างชาติ)

❍3) ติดต่อบุคคลอ้างอิง/ได้รับการแนะนำมา ❍4) ได้รับการรับรองมาจากองค์กรต้นทาง ❍5) อื่นๆ (ระบุ).....

23. ที่นี่อนุญาตให้เด็กใช้โทรศัพท์มือถือหรือไม่

❍0) ไม่อนุญาตเลย ❍2) อนุญาต โดยมีเงื่อนไข (ด้านเวลาใช้งาน อายุเด็ก ฯลฯ) คือ.....

24. ที่นี่มีเหตุทะเลาะวิวาท/ร้องเรียน/กลั่นแกล้งรังแกกันประมาณกี่ครั้งในแต่ละเดือน

❍1) 1-5 ครั้ง ❍2) 6-10 ครั้ง ❍3) มากกว่า 10 ครั้ง ❍97) ไม่ตอบ ❍98) ไม่ทราบ

25. เมื่อพบเด็กมีปัญหาพฤติกรรม ที่นี่จัดการอย่างไร *(ตอบได้มากกว่า 1 ข้อ และถามย้ำในกรณีที่เด็กกระทำผิดซ้ำๆ)*

❍0) ไม่มี

❍1) ว่ากล่าวสั่งสอน/ตักเตือนด้วยวาจา

❍2) แยกเด็กออกจากการทำกิจกรรมกลุ่ม/แยกออกจากกลุ่มเพื่อนชั่วคราว/เวลานอก (time out) ประมาณ 10 นาทีขึ้นไป

❍3) จำกัดสิทธิ์/งดไม่ให้ร่วมกิจกรรม/งดไม่ให้เล่นสนามเด็กเล่น/หักค่าขนม/งดไปเที่ยว/งดดูทีวีหรือเล่นคอมพิวเตอร์ (grounded)

❍4) ให้ทำงานเพิ่ม/บำเพ็ญประโยชน์ (เช่น ทำความสะอาด เก็บขยะ กวาดขยะ)

❍5) ลงโทษทางกาย เช่น ตี/ใช้กำลัง ฯลฯ

❍6) ให้ออก เมื่อกระทำผิดเกิน.....ครั้ง

❍7) อื่นๆ (ระบุ).....

25.8 ตัวอย่างการกระทำผิดร้ายแรงที่จะเชิญให้ออก

❍1) เสพ/ขายยาเสพติด ❍2) ปัญหาชู้สาว ❍3) สูบบุหรี่ ❍4) ทะเลาะวิวาท ❍5) อื่นๆ (ระบุ)..... ❍97) ไม่ตอบ ❍98) ไม่ทราบ

D: ส่วนที่ 4 การบริหารและงบประมาณในการดูแลเด็ก

26. ประมาณการรายจ่ายสำหรับการเลี้ยงดูเด็กพักค้าง/เด็กกินนอนประจำปีของปีที่ผ่านมา

(ค่าอาหาร, ค่าจ้าง (เงินเดือน), ค่าการศึกษา, ค่ารักษาพยาบาล และ ค่าบริหารจัดการอื่นๆ เป็นต้น)

❍1) น้อยกว่า 100,000 บาท ต่อปี (ประมาณเดือนละ 8,000 บาท)
❍2) 100,001 – 500,000 บาท ต่อปี (ประมาณเดือนละ 8,000 – 40,000 บาท)
❍3) 500,001 – 750,000 บาท ต่อปี (ประมาณเดือนละ 40,000 – 60,000 บาท)
❍4) 750,001 – 1,000,000 บาท ต่อปี (ประมาณเดือนละ 60,000 – 80,000 บาท)
❍5) 1,000,001 – 2,000,000 บาท ต่อปี (ประมาณเดือนละ 80,000 – 167,000 บาท)
❍6) 2,000,001 – 3,000,000 บาท ต่อปี (ประมาณเดือนละ 167,000 – 250,000 บาท)
❍7) 3,000,001 – 5,000,000 บาท ต่อปี (ประมาณเดือนละ 250,000 – 400,000 บาท)
❍8) 5,000,001 – 10,000,000 บาท ต่อปี (ประมาณเดือนละ 400,000 – 800,000 บาท)
❍9) มากกว่า 10,000,000 บาท ต่อปี (มากกว่าเดือนละ 800,000 บาท)

26.1 คำนวนค่าใช้จ่ายจากสถานรองรับจำนวนรวม.....ประเภทในพื้นที่เดียวกัน
(ระบุจำนวนประเภทสถานรองรับที่อยู่ในพื้นที่เดียวกัน)

รายการช่วยคำนวณรายจ่ายต่อเดือนสำหรับการดูแลเด็กพักค้าง
เป็นรายการช่วยตั้งคำถาม แต่ไม่จำเป็นต้องถามทุกข้อ

1. ค่าอาหาร (เฉพาะที่จัดให้เด็ก) .....บาท/เดือน
2. ค่าจ้าง (เงินเดือนผู้ดูแลเด็กพักค้าง) .....บาท/เดือน
3. ค่าน้ำ .....บาท/เดือน
4. ค่าไฟ .....บาท/เดือน
5. ค่าบำรุงรักษา/ซ่อมแซม .....บาท/เดือน
6. ค่าน้ำมัน/ค่าเดินทาง .....บาท/เดือน
7. ค่าใช้จ่ายอื่นๆ .....บาท/เดือน

27. เด็กต้องออกค่าบำรุงหอพักหรือไม่?
❍0) ไม่ต้อง เด็กไม่ต้องออกค่าใช้จ่ายใดๆ
❍1) ต้องให้ค่าใช้จ่าย จำนวน.....บาท /ต่อ ❍ เดือน ❍เทอม ❍ ปี *(กรอกค่าเฉลี่ยต่อเดือน)*
❍2) ไม่บังคับ แล้วแต่ศรัทธา

28. เด็กมีส่วนช่วยในการหาทุนเพื่อแบ่งเบาภาระค่าใช้จ่ายหรือเพิ่มรายได้อย่างไรบ้าง? *(ถ้ามี ตอบได้มากกว่า 1 ข้อ)*
❍ 0) ไม่มี ❍ 1) เขียนจดหมายโต้ตอบกับผู้อุปการะ
❍ 2) แสดงความสามารถในโอกาสต่างๆ เช่น ท่องจำหรืออ่านอัลกุรอ่าน
❍ 3) ทำผลิตภัณฑ์หรือมีส่วนเพื่อจำหน่าย ❍ 4) ทำเกษตร/เลี้ยงสัตว์เพื่อบริโภค
❍ 5) อื่นๆ (ระบุ).....

D28.6 ไม่ต้องถามผู้ให้สัมภาษณ์ แต่ตอบจากข้อมูลที่ได้
เจ้าของหรือผู้ดูแลโรงเรียน/สถานรองรับแห่งนี้มีธุรกิจส่วนตัวเพื่อสนับสนุนการดำเนินการเลี้ยงดูเด็กพักค้างหรือไม่?
❍0) ไม่มี ❍ 1) มี(ระบุ).....

29. ที่นี่ได้รับเงินสนับสนุนจากที่ใดบ้าง? *(ตอบได้มากกว่า 1 ข้อ)*
❍1) เงินอุดหนุนจากส่วนราชการ
❍2) ระดมทุนจากผู้บริจาครายย่อย (เช่น ศิษย์เก่า จัดงานประจำปี, กล่องรับบริจาค, ตัดบัญชีธนาคาร)
❍3) ผู้บริจาครายบุคคล
❍4) กองทุน/มูลนิธิ/องค์กร NGOs (ระบุ).....
❍5) องค์กรธุรกิจ (ระบุ).....
❍6) องค์กรศาสนา (ระบุ).....
❍7) วะกัฟ
❍8) อื่นๆ (ระบุ).....

30. ที่นี่ได้รับเงินสนับสนุนจากต่างประเทศด้วยหรือไม่? *(ถ้ามี ตอบได้มากกว่า 1 ข้อ)*

❍1) ระดมทุนจากผู้บริจาครายย่อยจากต่างประเทศ ❍2) ผู้บริจาครายบุคคล (เช่นชาวอาหรับ ชาวมาเลเซีย หรืออื่นๆ)

❍3) กองทุน/มูลนิธิ/องค์กร NGOs (ระบุ)..... ❍4) รัฐบาล/ สถานทูต (ระบุประเทศ).....

❍5) องค์กรธุรกิจ (ระบุ)..... ❍6) องค์กรศาสนา (ระบุ).....

❍7) วะกัฟ ❍8) อื่นๆ (ระบุ).....

30.9 ถ้ามีเงินสนับสนุนจากต่างประเทศ คิดเป็นประมาณร้อยละเท่าใดของรายรับทั้งหมด

เงินสนับสนุนจากต่างประเทศ คิดเป็นร้อยละ(D30.9.1)..... + เงินสนับสนุนจากภายในประเทศ คิดเป็นร้อยละ(D30.9.2)..... = 100

E: ส่วนที่ 5 ขั้นตอนการรับเด็ก และการดำเนินการหลังยุติการเลี้ยงดูเด็ก

31. ที่นี่เคยตัดสินใจไม่รับอุปการะเด็กที่มาขอพักค้าง/อยู่อาศัยด้วยหรือไม่

❍0) ไม่เคยไม่รับ (รับทุกกรณี) เนื่องจาก.....

❍1) เคยไม่รับ เพราะ → *(ตอบได้มากกว่า 1 ข้อ)*

- ❍ E31.1.1) ไม่มีที่ว่าง/ไม่มีงบประมาณ/ไม่มีบุคลากรเพียงพอ
- ❍ E31.1.2) เด็กอายุน้อยหรือมากเกินไป
- ❍ E31.1.3) เด็กมีความต้องการพิเศษ ซึ่งองค์กรไม่มีความเชี่ยวชาญในการเลี้ยง
- ❍ E31.1.4) เด็กมีปัญหาด้านสุขภาพ/พฤติกรรม
- ❍ E31.1.5) เด็กไม่มีสถานะทางกฎหมาย
- ❍ E31.1.6) เด็กยังมีผู้เลี้ยงดูอุปการะ (พ่อ แม่ ญาติพี่น้อง หรือคนที่เด็กรู้จัก)
- ❍ E31.1.7) ครอบครัวไม่ได้มีความจำเป็นมากพอที่ทำให้เด็กควรมาอยู่อาศัยที่นี่
- ❍ E31.1.8) อื่นๆ (ระบุ).....

32. ที่ผ่านมา ที่นี่มีการทำงานร่วมกับครอบครัว<u>เพื่อเตรียมความพร้อมให้ครอบครัว</u>รับเด็กที่จบออกจากสถานรองรับกลับไปดูแลต่อบ้างหรือไม่

❍0) ไม่มี

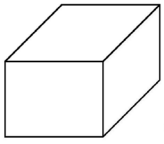
❍1) มี → *(ตอบได้มากกว่า 1 ข้อ)*

- ❍ E32.1.1) ส่งเสริมกิจกรรมทางเศรษฐกิจให้กับครอบครัว เช่น สร้างรายได้, ฝึก/ส่งเสริมอาชีพ ฯลฯ
- ❍ E32.1.2) ช่วยปรับปรุงที่อยู่อาศัย
- ❍ E32.1.3) ฟื้นฟูสุขภาพของผู้ที่จะเลี้ยงดูเด็กผู้นี้
- ❍ E32.1.4) ให้คำปรึกษาทางจิตวิทยาแก่ครอบครัว เช่น ให้กำลังใจ จัดการความขัดแย้ง ฯลฯ
- ❍ E32.1.5) ส่งเสริมทักษะการเลี้ยงดูบุตรหลาน
- ❍ E32.1.6) อื่นๆ (ระบุ).....

F: ส่วนที่ 6 ลักษณะทางกายภาพของเรือนนอนและระบบสาธารณูปโภค <u>*ไม่จำเป็นต้องเข้าเยี่ยม สามารถถามข้อมูลเพื่อตอบเองได้*</u>

33. พื้นที่อาคารเรือนนอน(คำนวนโดยผู้เก็บข้อมูล) พื้นที่และความจุอากาศเรือนนอนที่หนาแน่นที่สุดโดยประมาณ ต่อเด็กหนึ่งคน

ขนาดของเรือนนอนโดยประมาณ



ความสูง.....ม.

ความยาว/ลึก.....ม.

ความกว้าง.....ม.

33.1. พื้นที่ตารางเมตรต่อเด็กหนึ่งคน (ความกว้าง.....ม. x ความยาว.....ม.) จำนวนเด็ก.....คน = ...ตร.ม./คน

33.2. ความจุอากาศต่อเด็กหนึ่งคน (ความกว้าง.....ม. x ความยาว.....ม. x ความสูง.....ม.) / จำนวนเด็ก.....คน = ...ลบ.ม./คน

34. แหล่งน้ำเพื่อบริโภคและอุปโภค

34.1. น้ำดื่มมาจากแหล่งใดเป็นหลัก

❍1) ซื้อน้ำดื่ม ❍2) น้ำประปา ❍ 3) กรองน้ำดื่มเอง

❍4) น้ำฝน ❍5) น้ำบาดาล ❍ 6) น้ำบ่อ

❍7) แหล่งน้ำธรรมชาติผิวดิน (สระน้ำ, หนองน้ำ, ลำห้วยลำธาร, แม่น้ำ) ❍ 8) อื่นๆ ระบุ.....

34.2. น้ำใช้อุปโภค (เพื่อการประกอบอาหาร อาบน้ำ ล้างมือ ซักล้าง ฯลฯ) มาจากแหล่งใดเป็นหลัก

❍1) น้ำประปา ❍2) กรองน้ำใช้เอง ❍3) น้ำฝน

❍4) น้ำบาดาล ❍5) น้ำบ่อ ❍6) แหล่งน้ำธรรมชาติผิวดิน (สระน้ำ,หนองน้ำ,ลำห้วยลำธาร,แม่น้ำ)

❍7) อื่นๆ ระบุ.....

35. ท่านพบความท้าทายใหม่ๆใดบ้างในการเลี้ยงดูเด็กหอพักในปัจจุบันที่แตกต่างจาก 10 ปีที่แล้ว

.....

36. ตั้งแต่ที่เลี้ยงดูเด็กพักค้างมา ท่านภาคภูมิใจในเรื่องใดมากที่สุด (ให้ยกตัวอย่างเด็ก 1 คนที่ท่านภูมิใจที่สุดก็ได้)

.....

.....

G: ส่วนที่ 7 จำนวนเด็กในสถานรองรับ *ขอให้ผู้ให้ข้อมูลส่งผู้ที่เกี่ยวข้องกรอกข้อมูลระหว่างการสัมภาษณ์ หรือนำส่งทางอิเลกทรอนิกส์ภายหลัง*

37. ในที่นี่มีเด็กทั้งหมด.....คน

37.1. อายุและเพศของเด็ก

37.1.1. ที่นี่มีเด็กอายุ 0-6 ปี (เด็กเล็ก-ปฐมวัย) รวม.....คน >> แบ่งเป็นหญิง.....คน ชาย.....คน

37.1.2. ที่นี่มีเด็กอายุ 7-12 ปี (เด็กประถม) รวม.....คน >> แบ่งเป็นหญิง.....คน ชาย.....คน

37.1.3. ที่นี่มีเด็กอายุ 13-18 ปี (เด็กมัธยม) รวม.....คน >> แบ่งเป็นหญิง.....คน ชาย.....คน

37.2. จากจำนวนเด็กทั้งหมด (ที่ระบุไว้ในข้อ 37) มีเด็กที่เดินทางไป-กลับ รวม .....คน

37.2.1. มีเด็กไป-กลับที่ชำระค่าใช้จ่ายเอง .....คน

37.2.2. มีเด็กไป-กลับที่ได้รับทุนสนับสนุนค่าเล่าเรียน/ค่าใช้จ่าย (บางส่วนหรือทั้งหมด) .....คน

37.3. จากจำนวนเด็กทั้งหมด (ที่ระบุไว้ในข้อ 37) มีเด็กพักค้าง รวม .....คน

37.3.1. มีเด็กพักค้างที่ชำระค่าใช้จ่ายเอง .....คน

37.3.2. มีเด็กพักค้างที่ได้รับทุนสนับสนุนค่าเล่าเรียน/ค่าใช้จ่าย (บางส่วนหรือทั้งหมด) .....คน

38. ในที่นี่มีเด็กที่มีความต้องการพิเศษหรือไม่ ❍0) ไม่มี *ข้ามไปตอบข้อ 39* ❍1) มี

38.1. ในกรณีที่มี มีเด็กที่มีความต้องการพิเศษประเภท.....ไป-กลับ.....คน พักค้าง.....คน

39. ในที่นี่มีเด็กต่างชาติหรือไม่ ❍0) ไม่มี *ข้ามไปตอบข้อ 40* ❍1) มี

39.1. ในกรณีที่มี มีเด็กต่างชาติเดินทางไป-กลับ.....คน พักค้าง.....คน

39.2. ในที่นี่มีเด็กต่างชาติกลุ่มหรือสัญชาติใดบ้าง

❍1) โรฮิงยา/เมียนมา ❍2) อาหรับ ❍3) มาเลเซีย ❍ 4) อื่นๆ ระบุ.....

40. เด็กที่พักค้างอยู่ในที่นี่นับถือศาสนาใดบ้าง

40.1. นับถือศาสนาอิสลาม รวม.....คน

40.2. นับถือศาสนาพุทธ รวม.....คน

40.3. นับถือศาสนาคริสต์ รวม.....คน

40.4. นับถือศาสนาอื่นๆ ระบุ..... รวม.....คน

41. เด็กที่พักค้างอยู่ในที่นี่ใช้ภาษาใดเป็นหลักบ้าง

41.1. ใช้ภาษาไทยเป็นหลัก รวม.....คน

41.2. ใช้ภาษามลายูเป็นหลัก รวม.....คน

41.3. ใช้ภาษาอาหรับเป็นหลัก รวม.....คน

41.4. ใช้ภาษาอื่นๆเป็นหลัก ระบุ..... รวม.....คน

42. ที่นี่มีเจ้าหน้าที่ทั้งหมดจำนวน.....คน

43. ที่นี่มีเจ้าหน้าที่ที่ดูแลเด็กพักค้างจำนวน .....คน

ขอบพระคุณที่กรุณาให้ข้อมูล เมื่อได้ระบุข้อมูลเรียบร้อยแล้ว กรุณานำส่งหลังการสัมภาษณ์เก็บข้อมูลที่

ชื่อ.....โทร.....

o ทางไลน์ .....

o ทางอีเมล.....

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