Sharing Their Narratives

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

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Message: Dean, Faculty of Social Administration, Thammasat University

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

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

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

This report is both timely and relevant today as the problems and challenges related to children in institutions has become a global issue, including in Thailand and in the countries of Southeast Asia. It was for this reason that the CRC Committee decided to hold its recent Day of General Discussion in September 2021 on the topic of alternative care. Here in Thailand, the Department of Children and Youth (DCY) of the Ministry of Social Development and Human Security (DSDHS) of the Royal Thai Government has also recently taken major steps for policy and practice reform in collaboration with Civil Society Organisations (CSOS) to develop a more child-centred and sustainable care system.

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

Professor Rapeepan Kumhom
Dean Faculty of Social Administration, Thammasat University, Bangkok, Thailand.
23rd December 2021

Foreword: Dr Rogers and Dr Karunan

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

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

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

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

Dr Justin Rogers, Visiting Researcher at The Centre for the Analysis of Social Policy, The University of Bath and Lecturer in Social Work, Faculty of Wellbeing, Education and Language Studies, The Open University, United Kingdom.

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

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

Acknowledgements

First and foremost, we must acknowledge with gratitude the children, and their families that generously gave their time to participate in this study. They openly shared what were sometimes difficult personal stories and in doing so, they demonstrated great strength and resilience. The research team is in awe of all of them and inspired by what they are achieving, whilst growing up in the challenging circumstances of a childhood away from their parents and family in alternative care.

This research project would not have been possible without the support of the key stakeholders in alternative care in Thailand. We are grateful for the support of friends and colleagues in the Department of Children and Youth, Ministry of Social Development and Human Security, Royal Thai Government, who supported us with providing access to their government-run children's homes in various parts of the country and demonstrated an openness about their care provisions and a commitment to help improving services. We also like to thank JoJo's Sanctuary, SOS Children's Villages, Help without Frontiers, and the Human Help Network Foundation, for their valuable input and support. We are grateful for the support of members of the group "Alternative Care Thailand" who are tireless advocates for children's care reform in the country, and who also played a key role in supporting us and connecting us with providers across the NGO sector.

We are thankful to the Project Advisory Board members who met with us periodically during the study and acted as key advisors as the research progressed:

- Mr. Sanphasit Koompraphant – former member of the UN-CRC Committee and Advisor, Thai Human Rights Commission;
- Dr Mark Capaldi – Lecturer, Human Rights and Peace Studies, Mahidol University;
- Dr Puchong Senauch, Associate Dean, Research and Academic Affairs. Director, Social Policy and Development, Faculty of Social Administration, Thammasat University
- Dr (Ms) Prapaporn Tivayanond – Director, School of Global Studies, Thammasat University;

- Ms. Vuthaya Charoenpol – Advocacy, Campaigns and Communications and Media Manager, Save the Children International;
- Ms. Chitrapon Vanaspong – Child Rights/Child Protection Consultant;
- Mr. Gary Risser – Child Protection Specialist, UNICEF Thailand;
- Ms. Beena Kuttiparambi, HIV/AIDS and Adolescent Development Specialist, UNICEF Thailand; and
- Khun Thienthong Prasarnpanich, Department of Children and Youth, Ministry of Social Development and Human Security, Royal Thai Government.

We would like to thank Mr. Robert Whitelaw for his hard work and assistance to conduct the literature review for this study. The talented Mr. John Khai, from "Kick Start Art" in Mae Sot was instrumental in designing and delivering the art workshops with the children and young people. Finally, we wish to acknowledge the great support from faculty and staff colleagues at The University of Bath in the U.K.; the Faculty of Social Administration and the Thammasat University Center of Excellence in Social Work and Social Policy in Thailand; and to The Martin James Foundation in the U.K. for providing funding for this research project.

Dr Justin Rogers, The Open University, United Kingdom

Dr Victor Karunan, Thammasat University, Thailand

Dr Pryn Ketnim, and Ms. Aphisara Saeli, Independent Researchers - Thailand

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

Summary Report

This summary report provides an overview of the key findings and recommendation the project sharing their narratives. There is a full report that includes a more in-depth literature review and more detailed accounts from the participants about their experiences of alternative care. In this report we have chosen a limited number of salient quotes and artworks that encapsulate themes that were expressed by other participants. If after reading this summary you would like to read more the full report is available at www.sharingtheirnarratives.com.

The central aim of this project was to explore the experiences and perspectives of the children and young people living in alternative care in Thailand. There are an estimated 55,000 children (Saini & Vichit-Vadakan 2015) in Thailand growing up away from their families in care. This is thought to be an underestimation, as provision such as kinship care are missing from the data. For some children, they are placed due to safeguarding concerns, whilst others are in care for social reasons such as poverty or access to an education (Mahidi & Brubeck 2018). This research project involved 3 distinct field work phases. In field work phase 1, we explored the children and young people's experiences of alternative care and we utilised creative methods to achieve this. The research team engaged with 160 children in total through a combination of arts-based methods and semi-structured interviews. The children were living in 13 different settings in the North, North East, South, and Central areas of Thailand. The settings ranged from Government residential care settings, NGO residential care settings, Children's Villages, Buddhist Temples, Migrant Learning Centres, and Foster Care Homes.

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

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

What we learned from the children

Across most settings, **children felt cared for** and often showed great respect towards their caregivers. They described the ways their caregivers have supported them to achieve their goals. For example, the following quotation highlights the bond this child had with their house mother who she described as being the most supportive person to her.

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

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

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

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

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

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

> ***INT:*** *What do you get to do here in your daily life? Can you tell me what do you do? What time do you get up and so on?*
>
> ***Child:*** *I wake up at 4.30 and call the rest of the kids to chant. In the morning, we do walk meditation. In the evening, we chant.*
>
> ***INT:*** *I see. After that?*
>
> ***Child:*** *when I go back, I take a shower…I watch the kids do their chores first then shower. Soon after, it's dinner time so I call the kids to come eat.*
>
> ***INT:*** *You call the kids to eat then after that, what do you do?*
>
> ***Child:*** *I held activities for the kids… Sometimes I teach manners, chanting etc.*

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

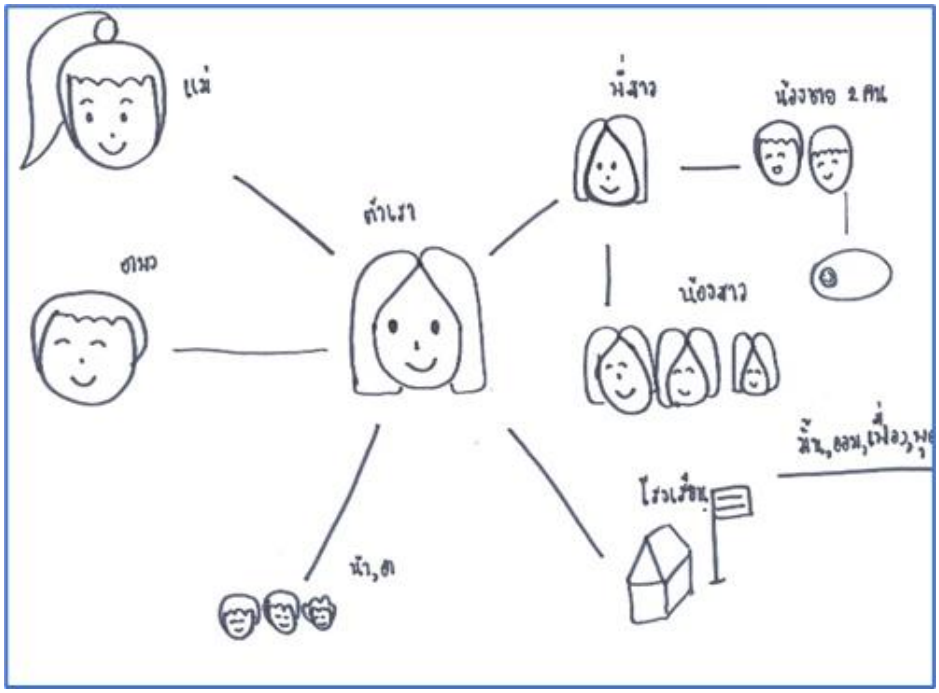
> ***INT****: Have you ever been punished because you did something wrong?*
>
> ***Child:*** *Sometimes.*
>
> ***INT*** *What did you do?*
>
> ***Child:*** *I didn't listen to my mom.*
>
> ***INT*** *…And how do they punish you?*
>
> ***Child:*** *Sometimes they make me scrub the pipes… for the worst behaviour I will be hit.*
>
> ***INT:*** *How have you been hit...*
>
> ***Child:*** *Yes, using a stick.*

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

> ***INT:*** *If you could develop this place, what would you want to do?*
>
> ***Child:*** *As I see, the children here always bully others and the stronger child often takes advantage of the weaker kid. I want to manage this relationship. I want everyone talk with reason.*
>
> ***INT:*** *Have you ever been bullied from other children?*
>
> ***Child:*** *I have never been physically bullied but had bad talk from the children who have lived here before me. They try to show their power.*
>
> ***INT:*** *What did you do in that situation?*
>
> ***Child:*** *I was not OK. I cried alone and very quietly until the housekeeper asked me. Then she talked about my case in the house meeting. Then after the meeting, those girls spoke to me even worse. Even though they are younger than me, but they stayed here before me. They said bad things to me always. I have never faced this situation before. At that time, it was difficult for me to adapt myself in this place.*

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

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



Across the settings, **caregivers recognised children's achievements** with praise and rewards, and many children felt valued. Caregivers also supported their interests. For example, this child spoke of the praise and warmth she received from her house mother.

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

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

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

What we learned from the parents and guardians

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

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

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

> ***INT:*** *How long will the home for boys take care of your son?*
> ***Father:*** *They will take care of him and support him until he will be 18 years old and achieves his degree. So, he could have a job and take care of his father that is the information they gave me when I signed the permission to let my son go to stay there. I thought it was great for my son, so I signed.*

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

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

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

> ***INT:*** *So, you contacted the home for boys yourself?*
>
> ***Mother:*** *Yes, I contacted home for boys by myself and told them about my situation. At first, they recommended solutions, like to give me some money, which is the same money they give to the foster family but just giving it to me to take care of my own son. However, my problem is not about the money, it's about the fact that there is no one to take care of the kids. If they give me money (it's not enough to not work), so the kids still must stay at home together, with no caretaker (while I work). So, they decided to accept both to the home for boys because if they only took one then the other one would be at home alone…*

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

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

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

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

Mother: *Yes, they took his blankets and when he asked for it back, they didn't give him. But know the bullies grew up and already left so there is no one to bully him now. When I used to visit him, he had bruises all over his body, but the older kids have all left.*

INT: *Oh, he was abused too?*

Mother: *Yes, but they left already.*

INT: *Did you inform the staff that he was abused?*

Mother: *No, I was afraid to get in trouble with the officer. However, I did speak to the bully and I said that did you know he had ADHD? If you don't like him, just go away from him and don't talk to him.*

INT: *Did he listen to you?*

Mother: *They listened but still bullied him until they left the centre. Now it is better for him since no one bullies him anymore.*

INT: *If you could turn back time, would you still send him to this centre?*

Mother: *Truthfully, I don't want him to stay there because I love him, and I have never hit him.*

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

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

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

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

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

P5: *555 direct experience.*

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

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

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

What we learned from the public

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

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

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

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

P1: *When it's a foundation or orphanage, it's very hard to take care of every child and provide warmth at the same time. For example, during the day that I take care of 3 children... Sometimes I am also angry, even as a real mother I had fluctuation of emotions very easily, what about for someone who takes care of 10 children? What if the 10 children acted out at the same time? To control the emotions is very hard so hitting is something I could understand but I must admit that if they are hitting do they have a reason and is it in accordance with the children's behaviour?. What level of behaviour are they exhibiting? The level of behaviour also depends on how they are cared for. If the child is well taken care of and looked after, they wouldn't behave in a way that is bad and where they deserve to be hit. But if they lack good care or being looked after, it will develop into even more extreme behaviour. Up to a point where, they need to get hit in order for them to stop because they wouldn't listen. I think the issue is like the snake that eats its own tail.*

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

P3: *… There are aunties next door who are very … let's say…too concerned for us, in this Thai culture. (Some Ps laughed)*

P1: *…They worry too much about us (laughs). Why is this aunty poking her nose in? Hahaha.*

P3: *I have, I have thought like this, personally I have. Those who are in Europe, when they do this (foster/adopt), their hearts are good, very good. I am so afraid that I could not reach that point due to the pressure around me.*

P2: *They might not have aunties next door like us … Angelina Jolie has her home isolated outside of the community.*

(Some Ps laughed)

P2: *Because she has no aunties next door. (Laughs)*

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

P3: *Those who would go in to help or care for them, have they been doing things that are aligned with the children's needs or desires, more than just going in to treat them with ice-cream or going in to do something like that. It would be...they should be a source of support they can receive, so that when problems occur, they still have this… person, no matter what... As PR mentioned, we might be supporters for them during the time that they need. If there's something like this, it would probably help them if we were to make it happen.*

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

Recommendations for Policy and Practice

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

The findings and analysis presented in this research report are based on our experience of engaging with children and parents with direct experience of care and wider members of the community. We hope the participants narratives and the recommendations can inform and provide guidance for the future national policies and strategy developments of the Royal Thai Government agencies, civil society, national and international child rights organisations and development partners. Going forward, we feel there is a need to urgently reform the childcare systems and enhance the capacity of the social service workforce in Thailand. This should include, the development of *National Minimum Standards for differing Alternative Care settings and Practice Protocols* that support managers and caregivers to ensure they are able to best meet the needs of children and their families.

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

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

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

Sharing Their Narratives

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