

# Concept and Care Policy in Thailand to Analysis on Shifting Paradigm from Institutional Care System to Alternative Care System

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**Abstract:** Thailand has become a member of the Convention on the Rights of the Child-CRC, which is the United Nations' instrument on International Human Rights Based on human rights. It adheres to the principle of non-discrimination for the best interests of the child, and also supports and protects the rights of the child in four areas: the right to survival, the right to protection, the right to development and the right to participation. Child care in a form of family-based care is focusing on preventing children from being separated from their families. This concept is not prevalent for Thai government and private care institutions when compared to alternative care system in developed countries. Therefore, the main aim of this article is to analyze the reasons and factors leading to children being placed in the institutional care system as well as challenges that arise, and current measures taken. Besides, reviews of legal frameworks, policies, forms, mechanisms, and standards for alternative care in order to increase quality and efficiency of Thailand's alternative care system will be presented in the article. These will be beneficial to Thai government and non-government agencies involved in child and youth affairs to realize challenges of implementing alternative care in terms of both laws and policies. Moreover, the problem of insufficient resources for good management will be discussed. All of the suggestions proposed in this article can be used for further development of the alternative care system for the best interests of the children in Thailand.

**Keywords:** Institutional Care System, Concept, Alternative Care Policy

## INTRODUCTION

Children require not only physical care but also love, nurturing relationships, and long-term attachments for healthy development. Research on institutional care settings in the early 20th century, particularly the works of John Bowlby and attachment theory, led to policy changes in the United States and Europe postwar. However, evidence from around the world now indicates that orphanages have detrimental effects on children's development, particularly in terms of attachment, cultural transmission, and social integration. Orphanages often fail to provide consistent and individualized support to young children, hindering the formation of secure bonds with caregivers. These institutions typically have high staff-to-child ratios, frequent staff turnover, and limited opportunities for one-on-one interaction. Moreover, they often lack the family

and community structures necessary for healthy social development. As a result, children growing up in orphanages face challenges in establishing and maintaining relationships throughout their lives.

Studies have shown that children living in institutions experience developmental delays, with their development lagging behind by approximately one month for every three months spent in institutional care. Furthermore, institutionalized children are at risk of interaction disorders, developmental delays, and adverse effects on brain development. Research has consistently demonstrated that children under the age of three should not reside in orphanages unless they have at least one primary caregiver. Comparatively, the cost of institutional care is significantly higher than alternative forms of childcare. It involves expenses such as staff

salaries, facility maintenance, and provision of meals and services. In contrast, family-based care, foster care, or adoption are more cost-effective options. Studies have shown that the cost of raising a child in institutional care can support multiple children in a family or community-based setting. Investing in family and community-based care not only improves child development but also optimizes resource allocation.

Poverty is a major driver behind the reliance on institutional care. Research consistently reveals that poverty plays a significant role in children entering orphanages. Even when one or both parents are alive, poverty often prevents families from adequately caring for their children. Redirecting resources from institutional care to community organizations that address poverty-related issues would be a more efficient and effective approach. Despite the evidence against institutional care, many developing countries continue to support this outdated approach. While developed countries have moved away from institutional care, developing nations still rely on it. The reasons for this discrepancy, particularly in the context of Thailand, require further analysis.

In summary, children's development necessitates not only physical care but also love, nurturing relationships, and long-term attachments. Orphanages have been found to hinder child development, particularly in terms of attachment, cultural transmission, and social integration. Institutional care is costlier than family and community-based alternatives, and poverty is a significant underlying factor driving children into orphanages. Despite the evidence against institutional care, developing countries continue to rely on this outdated approach. Further examination is needed to understand the reasons for this persistence, particularly in the context of Thailand.

### **Problems of Raising Children in Institutional Care System in Thailand's Context**

In Thailand, the institutional care system for children faces several challenges in its implementation. Despite advancements in the management of alternative care systems over the past 15 years, there are still significant barriers due to fragmented legal frameworks and policies governing child protection. This fragmentation leads to a lack of effective coordination, confusion in roles and responsibilities, and a failure to prioritize family-based care. The current legal frameworks for alternative care in Thailand are not consistent with the United Nations' principles and allow children to remain in institutional care until the age of 24, which contradicts the best interests of the child. This legal and policy weakness perpetuates the belief that institutional care is the only option for vulnerable children, neglecting the importance of family-based care.

Childcare standards in Thailand's institutional care system often prioritize external structures such as buildings, food, clothing, and cleanliness, while the focus on returning children to their families receives insufficient attention. Efforts to reunite children with their families are hindered by the separation of multiple functions within the alternative care system, a lack of defined roles and mechanisms for coordination, and a lack of overall responsibility. The private sector, including registered and unregistered residential institutions, operates with their own standards and lacks adequate supervision and monitoring from the government. This lack of oversight allows private entities to establish more institutions without adhering to consistent guidelines.

The allocation of resources in Thailand's alternative care system is heavily skewed towards residential institutions, while limited resources are dedicated to preventing the separation of children from their families or promoting family-based care. The formal kinship care system also faces structural barriers, and budget limitations restrict the number of children who can receive support. Foster care is not widely accepted due to social prejudice and is implemented separately from the alternative care system, further hindering its integration. The limitations of the formal foster and kinship care system limit opportunities for children to be raised by informal kinship, despite it being a widely accepted practice in Thai society.

Thailand's alternative care system also lacks a comprehensive approach to addressing the social factors that drive children into institutional care, such as poverty, neglect, abuse, and elderly caregivers. The system primarily focuses on providing financial assistance and goods, rather than addressing the complex vulnerabilities faced by children and strengthening families and communities. This defensive approach and the separation of work operations result in a lack of information exchange among practitioners and impede appropriate individual childcare and case management. Furthermore, the alternative care system lacks qualified staff, particularly social workers, and available resources, further hindering the proper care and management of children.

To address these challenges, it is crucial to revise the policy framework surrounding the alternative care system in Thailand. Emphasis should be placed on the need for high-level specialists who can provide a universal operating concept on child development and child protection. The policy framework should prioritize the prevention of children entering alternative care and the reunification of children with their families. Additionally, resources should be allocated to promote family and community-based care, and training programs should be developed to provide specialized care for different groups of children. By addressing these issues, Thailand can create a more effective and child-centered alternative care system.

## Why is Institutional Care in Thailand Still Available?

In this article, the reasons why using institutional care will be divided into: why it still exists in Thailand today and why it is unable to overcome obstacles and develop itself into alternative care system. These will be analyzed and divided into the following points:

### 1. Problems That Support Family Separation and Entering Institutional Care

**1.1. Social vulnerability.** “Most of the children who come to this childcare institution have many problems, including poverty, improper care, abandonment that cause children to be at a very high risk.” In 2014, nearly 50,000 children were living in various forms of residential institutions. (Ministry of Social Development and Human Security, 2014) Most of the children, or approximately 67.4%, are in 51 welfare schools across Thailand, and many of which act as residential institutions, followed by government childcare institutions (14.7%), formal kinship care (10%), registered private childcare institutions (4.7%), unregistered private childcare institutions (1.8%), provincial shelter for children and families (0.9%) and foster care (0.5 %). Data shows that current alternative care in Thailand is not yet compliant with the UN

Guidelines and Moving Forward, suggesting that family-based care is a priority and emphasizing that residential institutions should be the last measure to be taken and should be used as temporary shelters while in need trying to manage the placement of a child into family-based care. There are a number of factors contributed to this situation. The current alternative care system tends to be in a defensive manner, focusing only on solving one or more of the reasons why children are separated from their families. This is consistent with the data collected by the Bureau of Woman and Child Welfare Protection, Ministry of Social Development and Human Security (2018). It was found that the main reasons for children being placed in the public childcare institutions include child abandonment and poverty, a relatively large proportion and approximately 2 times higher than other causes combined. Each of other causes has an average of 5%. As to analyses and interpretations, my understanding is that the need for children to be separated from their families in connection with the complex children’s vulnerability is where the alternative care system focuses solely on a defensive standpoint towards the problems presented at front, instead of focusing on complex causes on children being separated from their families and being placed in institutional care.

**Table 1**-Ranking of reasons why children are placed in the public childcare institutions in Thailand

A survey on the reasons why children are placed in the public childcare institutions: Main reasons for placement	Percentage
1 child abandonment	16.88
2 parents are poor	14.98
3 children who were raised inappropriately	7.36
4 parents are imprisoned	7.21
5 children have behavior problems	6.07
6 orphans	6.03
7 broken family	5.97
8 children born to mothers with unwanted pregnancy	5.79
9 children subjected to domestic violence	4.62
10 others	4.30
11 child maltreatment	4.27
12 street children	3.98
13 children infected with HIV	3.70
14 parents are sick / disabled	2.77
15 children are affected by AIDS	1.60
16 children brought in by court orders	1.00
17 children under the Human Trafficking Act	0.98
18 children being fostered	0.96
19 missing/lost children	0.77
20 children whose parents behave or work for an inappropriate occupation	0.41
21 unwanted children	0.35
Total	100.00

*Source: Bureau of Woman and Child Welfare Protection, Ministry of Social Development and Human Security, March 2018*

To develop better and appropriate policies and programs to prevent or reduce the risk of children being separated from their families and being placed into institutional care, it is important to understand the relationship between complex children's vulnerability and social problems that families, child caregivers and their communities are facing. The results of this study show that the risk of children being separated from their families is caused by many related factors. This was shown in the report conducted by the Bureau of Woman and Child Welfare Protection that identifies four main causes of family separation. The causes are related and overlapping that include: 1. Poverty 2. Inability of parents or caregivers to taking care of children (according to many reasons, especially in cases of children with special needs, children with multiple disabilities and children with HIV) 3. Child abandonment 4. Child neglect and child abuse, particularly in their family (this includes physical, psychological, or sexual abuse and child exploitation). Families and communities must face and deal with a variety of causes, not just one. This reality is reflected on the results of international research showing that a wide range of causes of social interactions affects the risk of children being separated from their families and being placed in institutional care. For example, research in Europe and Central Asia showed that "Although there are differences in different regions in the

countries across Europe and Central Asia, there are five main reasons why children are placed into institutional care. Many people think that children are placed in institutional care because they have no parents, they are orphans or they are with bad parents, or they are abused or abandoned. However, in fact, research from multiple sources, including Lumos Foundation research (2012) have found that main five reasons children needed to be in institutional care are: "poverty, disability, race, behavior problems, and child abuse and child neglect". When considering complex children's vulnerability, it is found that the primary cause of entering institutional care is being considered only on one issue, which obscures complexities and then cause children to be separated from their families and be placed into institutional care. For example, it was found that abandoned or neglected children are linked to people's perceptions that institutions will provide better care and better educational opportunities for children. On the other hand, as to social causes of family separation when connected to vulnerability of child caregivers (most of them are grandparents), it was found that caregivers could not take care of children because of poverty or old age. Caregivers of these vulnerable children often feel that a residential institution is the only option available since there is no social protection for caregivers and children as well as a lack of community and family-based care.

**Table 2.** Main reasons of children being placed into institutional care and related prevention organizations that should coordinate with each other. These are synthesized by the author.

The main reasons why children are placed into institutional care	Examples of responsible organizations that prevent family separation
Abandonment	Department of Children and Youth, Ministry of Social Development and Human Security, local government organizations, Ministry of Interior, Ministry of Education, National Child Protection Committee, civil society organizations
Poverty	Ministry of Social Development and Human Security, local government organizations, civil society organizations
Children who are raised improperly	Department of Children and Youth, Ministry of Social Development and Human Security, local government organizations, National Child Protection Committee, civil society organizations
Parents who are imprisoned	Ministry of Social Development and Human Security, Ministry of Justice, Ministry of Interior
Children with behavior problems	Ministry of Social Development and Human Security, Ministry of Public Health, civil society organizations

According to the data in Table 2, dealing with the causes of children being separated from their families and entering institutional care requires multisectoral collaboration in child protection. This demonstrates that necessities for child protection and alternative care must return to focus on reducing complex vulnerability to make residential care a last resort for

children in accordance with the United Nations guidelines. In the end, it means collaborative work among many sectors in terms of policies and practices for a reduction of inequality and migration. A useful example on "migration" illustrated in this regard was not listed in the database of Bureau of Women and Child Welfare Protection as the cause of children being

separated from their families. However, as to this study, migration is one of the reasons that children have to be separated from their families. This finding is consistent with the reports conducted by the International Organization for Migration and the Migration Policy Institute. They show that migration within the country makes about 20 percent of Thai children not able to live with their parents. This brings a concern about the well-being of left-behind children (IOM and MPI, 2011). In addition, the census on the immigration data reported was lower than reality because only migration of at least 6 months was recorded and no seasonal migration data was available, that appeared a lot in Thailand. Besides, 1 in 8 of the immigrants moved from other countries (UNICEF, 2018). Although immigrants alone may not cause children to be separated from their families, the pattern of migration is related to other causes of family separation which create vulnerabilities to children, and so leads to children being placed in institutional care for the long term. This is particularly in the situation that children are separated from their families because their parents have migrated for a long time and grandparents are expected to serve as children's caregivers for many years. Latest analyzes confirm that in the past 10-15 years, one-year immigration has decreased while immigration for five years and throughout lifetime are increased (UN Thematic Working Group on Migration in Thailand, 2018). The Multiple Indicator Cluster Survey in 2011 by the National Statistical Office of Thailand showed the sizes of migration and the impacts on children. It was found that nearly 24 percent of children under 18 did not live with their biological parents mainly due to migration within the country (UN Thematic Working Group on Migration in Thailand, 2018).

Studies have shown that the relationships between migration patterns and other socially vulnerable conditions may affect the roles of kinship care which is accepted in Thai culture. Migration patterns are related to social vulnerability such as caregivers' age, drug abuse and inaccessibility to reproductive health services. This vulnerability is increasing due to the work of government agencies being divided in operating alternative care which is part of social protection system. Coordination and information sharing among agencies is minimal. Financial support for poverty reduction is also limited and clear strategies for collaboration among various sectors on empowering children and their caregivers in the form of family-based care have not been yet defined. It is noteworthy that while Thailand was ranked among the top of middle-income countries and was ranked the 12th inequality in the world (Central Intelligence Agency, 2013), with more than 5 million people living below the poverty line, the links between poverty and other social causes result in increasing vulnerabilities to children. These were mentioned in other past studies, such as an analysis on situations of children and women in Thailand 2011 by UNICEF

(2011). The study found that despite the the poverty level continued to decline between 1992 and 2009, "most families in Thailand were still unable to enter family assistance services in order to help get through difficulties." UNICEF's research results also point at the needs to ungently strengthen preventive services on child protection and ensure provision of welfare services along with development of various services aiming at poor families, at-risk families, families with members who are infected with HIV or affected by AIDS and families with elderly caregivers.

## **1.2 Residential Institutions Is Often A Key Answer To Children**

It is known that institutional care is the only primary option that children have because, in Thailand, the government still lacks supports and services needed for families and communities as well as family and community's capability of caring for children. Such issue also affects the feelings of children as it may be risky for children to be viewed and grouped as having behavior problems from being separated from their families and entering institutional care. This reinforces the belief of parents, caregivers, and members of communities and even some providers that institutional care cannot be avoided for children. In some cases, some children need more individual care than living with others. However, often lack of qualified staff and resources to provide individual care results in children being placed in institutional care and being determined as having behavior problems. However, this lacks thorough analysis, diagnosis or examination on real causes. According to research data, it showed that the largest proportion of children with behavior problems were placed in public childcare institutions, and about 80 percent of special-needs children in provincial shelters for children and families were children with behavior problems or children who were maltreated, UNICEF (2011). Vulnerabilities of this group of children increases in residential care institutions due to the lack of qualified staff who can provide adequate and comprehensive care. In addition, the need of placing children into public childcare institutions in different regions is because there is space available to accommodate children. This makes the problem of separating children from their families and being placed in institutions is increasing more as children have to live in a remote area, away from people or networks that children are familiar with.

These findings confirm the research reviews that "Due to resource constraints at local levels as well as competencies of social work, it rarely happens that child protection services can really reach children. Additionally, it is also unclear about the system of monitoring operations by the committee to ensure that all children are served. Services usually depend on each director's capabilities and effectiveness of the existing

services” (UNICEF, 2011). Inconsistency between defined goals according to policies and actual practices evidently shows in the situation of provincial shelters for children and families. Limited availability of resources puts severe limitations in responding to the needs in terms of a number of people facing problems that can be assisted and how to assist. This is because these provincial shelters for children and families are required to provide assistance to a wide range of people facing a wide range of social problems. Moreover, the issue comes from cultural perspectives and a lack of specialized care at community levels, especially social workers who will work on returning these children to family-based care under kinship family or foster family.

### **1.3 Possible Problems in Managing the Public Residential Institutions**

Several challenges remain in operations of the public residential institutions to be in accordance with the guidelines set by the United Nations. Most of these challenges are directly related to the problems of the aforementioned system. Due to changes in children’s characteristics in alternative care system and different practices adopted by each residential institution, some institutions have developed their units to be an expert in a certain type of childcare such as special-needs children. Nonetheless, many residential institutions accept children from all regions. Therefore, those institutions have the problems of providing effective services on screening children to be in residential institutions, including supporting children to return to family-based care and provisions of adequate care. According to studies, they have shown that tendency of changes in various forms of institutional care in Thai government sector, either being supported unintentionally or unexpectedly can be a common cause of serious risk in family separation and entering institutional care. How the changes can be risky for children to be placed in institutional care are presented below:

- Residential institutions build their expertise through self-learning. They have been pushed to accept children with HIV, children with disabilities or children with special needs while they have limited capabilities to care for these children. When there is no training in these matters or trainings do not match with existing problems, so then institutions have to find the way to learn these things by themselves. This trend occurs with a defensive system which causes residential institutions to operate more like this. In practice, trends in institutional care on providing care will be focusing on tertiary prevention.

Residential institutions are being focused as tertiary prevention. Children are often in residential childcare institutions for a long time and family reunification may be affected. This creates the

risk that children will be separated from their families and being placed in institutional care for long period of time, especially for children with special needs and children affected by HIV.

- Limited resources are used for placing children into institutions rather than for strengthening and expanding good practices in helping children with the aims of strengthening children, families and caregivers for family-based care as well as reducing stigma and discrimination against children.

These worrisome situations arise even though the state-run residential childcare institutions are determined to do the best with their limited resources. However, it is only a temporary relief from systematic problems. Such an approach is not sufficient to solve long-term systemic problems and as that situation continues to exist, many children will be placed in institutional care for a long period of time on and on.

### **1.4 Childcare Challenges: Lack of Qualified Staff and Having Limited Resources**

In the context of changes in the situations of residential institutions run by the public sector, the situations of children in these institutions are complex and differ from place to place. Each residential institution uses different criteria on accepting children: gender, age, special needs, HIV infection, etc. These guidelines are based on the manageability of each institution. Childcare institutions often describe that they have been under pressure to agree to accept children that is beyond their capacity to care for, resulting in ability to care for children’s well-being due to limited staff and resources. In some cases, staff are required to supervise certain groups of children even though they have not been trained or educated before, especially in case of special-needs children and children affected by HIV. In Thailand, childcare institutions lack specialists such as social workers, nurses, psychologists and experts in child development and also there is not enough caregivers. These difficulties are identified with the findings that despite there are policies and regulations, these are not enough or they become obstacles in practice. In Thailand, child caregivers are trained to provide specific care for children with special needs at different levels of training. In most childcare institutions run by the public sector, there are conventional ways of caring for children regularly and continuously that lead to the problems with habituation. Regarding childcare institutions for “children with behavior problems”, they may not be able to provide individual childcare as well as for “special-needs children” and “children with behavior problems.” well enough. In addition, there is a problem of employee resignation, especially child caregivers, which leads to negative impacts on children’s well-being. This is due to the fact that caregivers receive a low salary when compared with massive workload required.

## 1.5 Ambiguity on Social and Emotional Competence in Children, and on Removal of Children from Institutional System

Resource arrangement in current alternative care systems is also reflected on insufficient understanding of expertise required for child development. Expertise is very important to make an individual development plan and to implement that plan. Most of children are in childcare institutions for many years, and so these institutions have encountered challenges on providing individual childcare, including holistic care according to ages. Difficulties of caring for children result in the needs for strict disciplines which vary in each institution. Older children are responsible for caring for smaller children and are also responsible for household chores such as cleaning, washing, etc. In Thailand, childcare institutions are constantly focusing on children's benefits of daily routine and household chores with responsibility and ability for children to take care of themselves. Children who used to live in childcare institutions recognize these benefits, but they felt uncomfortable by rules and regulations of the institutions and still felt that they were not properly being taken care of.

The studies found that due to impacts of policies and operational problems, it seems that child development on social and emotional competence is limited only to children's ability in taking care of themselves and knowing their responsibilities. Although these skills are important and necessary, they are just some of developmental skills that are not enough to develop children's abilities to make decisions and determination in conducting their own way of life. These abilities are essential for children to deal with and to solve problems when they have to leave residential institutions and continue their living. A focus on self-care and disciplines for children is a strategy to make others see that children are not a burden to their families if they can take care of themselves. However, these guidelines remain an issue that must be considered whether they are the best thing for children or not as they may mislead children's responsibility that, "in order to not be a burden or problem" is an important aspect of children to return to their family. In addition to not focusing on the development of children's social and emotional competence, it is found that staff lack the ability in having strategy for returning children to families and for the involvement of children in the process. This issue covers all children who have to spend long period of time in institutional care. This problem is about children's involvement. It has been found that most caregivers understand that children's involvement is simply informing children about the outcomes of their decision-making for children or convince children to

accept that decision (National Association of Social Workers Center for Workforce Studies, 2004).

## 2. Barriers to Supporting Formal Kinship Care

### 2.1 Issues in access to informal kinship care

The most common form of alternative care in Thailand, covers 90 percent of all alternative care, is "kinship care". The definition of this word used in this study is based on the Guidelines for the Alternative Care of Children by the United Nations, 2009 and a national strategy about family-based care in Thailand. It defines kinship care as "family care by children's kinship or by a close friend of a family known to children." (Subcommittee for Alternative Care Strategy, 2011)

The formal kinship care in Thailand is under the supervision of the Ministry of Social Development and Human Security, Department of Social Development and Welfare, which is managed by the Child Adoption Center in the fiscal year 2015 (October 2014 - September 2015). The Child Adoption Center receives a budget of 120 million baht and aims to support 5,000 children through registered kinship care (Child Adoption Center, 2015). This budget was allocated to 7 agencies within the Department of Social Development and Welfare: Provincial Social Development and Human Security Office, Provincial Shelter for Children and Families, Bureau of Woman and Child Welfare Protection, Social Development Center, Bureau of Community Welfare Protection, Foster Care Division and Family Love Bonding Project Coordination Division. The Child Adoption Center is responsible for fund allocations for formal kinship care to all relevant agencies and the Foster Care Division will report directly to the Child Adoption Center. The Foster Care Division is responsible for overseeing registered kinship care and overseeing operations of the party members according to the Department of Public Welfare Regarding Childcare in a Form of Foster Care B.E.2544 (2001) (Ministry of Social Development and Human Security, 2014).

In 2014, there were nearly 50,000 children in various forms of alternative care in Thailand, but only 5,000 were in formal kinship care systems. This figure is based on the budget ceiling set by the government on how many children can be supported into formal kinship care. Studies have shown that budget ceiling may create barriers on supporting and retaining kinship care as a top choice for childcare. These are analyzed as follows: 1. kinship care is a form of childcare by individuals who are not biological parents. Extended family or multi-aged family is a traditional form of helping each other by families in Thailand, where children will take care of their elderly parents, and at the same time parents will take care of their children. Many years ago, this pattern began to change into a "skipped

generation" family where grandparents will be responsible for caring for grandchildren and most of these children are at growing age. In 2014, 13.7 percent of the total number of families with elderly aged 60 years and over are "skipped generation" families as previously mentioned. This trend has been increased because changes in forms of migration. According to the studies, it was found that "skipped generation" families play an important role in provisions of kinship care for children. 2. The national survey conducted by the National Statistical Office in 2012 found that more than 3.4 million children did not live with any one of their biological parents. When considering children below the poverty line, it was found that there may be more than 400,000 children who might need help from the government. However, these children were out of the official system and there were restrictions on access to social protection (Ministry of Social Development and Human Security, 2014).

In addition to the issue of budget ceilings, assisting kinship families still has to face the following problems:

- Financial aid received is not sufficient to meet the needs of more than one child – A kinship family that qualifies for assistance is entitled to financial aids specified in the Notification of the Department of Social Development and Welfare regarding rates and criteria on child support payments for foster families and / or for consumer goods as needed, B.E. 2548 (2005). The regulations state that children receiving assistance must be between the ages of 0 and 18, and financial aids for a family cannot exceed 2,000 baht per month per child. In addition, children may be provided with supplies and school supplies worth not more than 500 baht per month as an additional allowance. As for a family caring for more than one child, a grant must not exceed 4,000 baht, and additional assistance in a form of consumer goods must not exceed 1,000 baht per month.
- Aid distribution causes a reduction of the amount of grants received-- Studies have shown that the amount of financial aid per family is reduced. It is taken as a strategy to increase the number of children who will receive assistance and kinship families. This strategy: "reduce the amount of grants or reduce to distribute" is used for reducing poverty. However, it is still an issue that needs to be considered whether it is suitable for long-term use or not. In principle, there are other examples of social protection such as assistance for people with disabilities, for people with HIV, for elderly people and scholarships for children facing

difficulties. However, several kinship families explained that the strategy: "reduce the amount of grants or reduce to distribute" can reduce a little bit of difficulties for kinship families (Bureau of Women and Child Welfare Protection, 2018) while families facing greater risks of family separation.

- Clarity in determining the amount of grants -- Although there is a policy to determine the amount of grants in aid, it is not clear what criteria the government uses to determine that amount, either a minimum amount of grants as appropriate for children's well-being, or whether the criteria for setting minimum amount of grants should be the same for special-needs children, or vulnerable children, or children in different development stages? The policy gap that does not provide guidance for practitioners in using the strategy: "reduce the amount of grants or reduce to distribute" makes the strategy unsustainable and may raise a question of equality. Limiting a number of kinship families by setting the ceiling for assistance reduces children's chances of living with kinship families and leads childcare institutions unquestioningly become the only place to support children. In addition, formal kinship families can receive grants in aid until children either graduate from school or turn 18 or are officially adopted, thus, this reduces chances of new children entering formal kinship care systems. Kinship care is a good alternative care option, but with the existing system available in a relatively limited number of cases, it reduces opportunities to support many more children in a form of family-based care.

## **2.2 Inadequate Social Protection to Support Formal Kinship Care**

Supporting resources such as grants and other material types of support (formula milk, food and other school supplies) are limited. Although these supporting resources are already included in alternative care system, giving grants to kinship families is limited and tends to be insufficient to meet the needs of many children and families. It often happens that resource and service management in supporting children and their families is often done by disqualified staff. This then weakens the coordination among central, provincial and local agencies and also practitioners in focusing on prevention of family separation and family-based care. The problems that arise from the gap between policies and operations have resulted in difficulties of coordinating among each other for child welfare protection. These issues affect access to support kinship care



and alternative care. In general, they are systematic barriers impairing opportunities to strengthen communities where children live.

### **2.3 Access to Support Formal Kinship Care: Complex Systems and Structural Barriers**

The government agencies that support formal kinship care should be the beneficiaries but still lack understanding and awareness of the rights received, even practitioners (such as social workers, community leaders) who can help people gain access to community services have little or no knowledge about family support system. The lack of knowledge and understanding about the rights of possible beneficiaries remains a problem for beneficiaries to understand. In addition, exchanges of information among the public sector, the private sector and related agencies are still inadequate, resulting in the problems of accessibility and management as well as following up the outcomes of supporting children from agencies that send children to live with kinship families. In addition, structural barriers affect the system designed from the beginning. As presented above, it affects all parties involved, from childcare providers, children to caregivers because it creates the context that obstructs the operations and leads the principles of the United Nations guidelines and the principle of best interests of the child that should cover all elements of good alternative care will actually take place.

### **2.4 Factors Affecting Structural Barriers on Following the Principles of the United Nations Guidelines Regarding a Good Kinship Care System**

Distribution of responsibilities among agencies in kinship care system may not be a hindrance to good practice, but it may result in a system that is more focused on achieving the goals of each organization rather than good practice. For example, when the Child Adoption Center distributes grants to support formal kinship care to various agencies where these agencies have assessed registered kinship families, it is not necessary to send this information back to the Child Adoption Center. Such documents are stored within the agencies. Much of this information is based on children's age and gender, with a personal note recorded by each staff member. Although most of the agencies have additional way of reporting within their own organizations, information is rarely available among them because there are no guidelines and mechanisms for operating that information. Therefore, it may be necessary to consider the impacts of responsibility distribution without adequate exchange of information. In addition, there is no standardized database and also monitoring and evaluation system to provide

support to children and caregivers in a formal kinship form of care to be able to work more effectively. This is in line with the UNICEF (2018) report in Thailand that proposed the data management on alternative care as well as formal kinship care system. That information is provided as follows:

- Important information about vulnerable families and children and also the situations that children are facing is not enough.
- Lack of information on caregivers who do not register as kinship families. This is very important because these families are likely to have difficulties caring for children in the future and are counted as a group of vulnerable families.
- The information collected by staff working at local level is not compiled in a shared database.
- Competency levels of staff. In particular, the local government staff who have access to available data are not competent enough i.e., when dealing with the systems such as CPMS: Child Protection Monitoring System, and ability to analyze existing data.

This data collection can lead to improvement in supporting children in formal kinship families but the data collection system is still fragmented, not systematic and difficult to access. It is also assumed that staff at all levels are able to analyze and use that information.

### **2.5 Challenges in Supervision of Formal Kinship Care System**

In principle, each family applying for a kinship family should have a case manager (Winton and Mara, 2001) who is a qualified social worker to supervise after approval. Social workers from agencies should visit children and their kinship families, "every two months during the first year". After that, it can be changed as appropriate for each child, and "visits should not be less than 3 times a year". The Child Adoption Center provides guidelines for social workers to evaluate child development of the children raised in kinship care according to age group (i.e., 0-1 years, 1-2 years, 2-3 years, 3-4 years, 4-5 years, 5-6 years, 6-7 years and 7-18 years). Assessment will be on children's living conditions, health, behavior, education, emotional stability of children as well as other opinions and attitudes. However, there are cases where agencies lack qualified social workers.

An overall assessment of family reunification, whether children are returned to their original family or kinship family or foster family, must be assessed on capabilities of continuously providing care and children's satisfaction as well. Even though all agencies apply the same assessment tool to

place children into family-based care and kinship care systems, there is no standardized process of implementing these tools in practice. Although most of them refer to the Child Protection Act, B.E. 2546 (2003), which is being used as guidelines to follow and the process is clearly explained in family assessment parts, there are still many Thai scholars who have pointed out that (Bureau of Social Development and Human Security Standards, 2006) the guidelines are unclear, including standardized processes for operating the existing guidelines, unclear systems, and process standardization. In addition, insufficient information about vulnerable children and lack of qualified staff can bring up obstacles towards child benefits that children should receive as specified according to the United Nations guidelines. These issues affect the abilities to deliver services in all areas, including assessment, follow-up and fact-checking about lacking of qualified staff.

### **3. Barriers to Promote Foster Care**

#### **3.1 Limited Examples of Best Practices for Foster Care**

Although the government programs operated by the Bureau of Women and Child Welfare Protection are carried out in close cooperation with a self-help settlement supervised by the Ministry of Interior, that helps in options, consultation, preparation and caring for the communities involved in, when compared with a number of children and alternative care institutions, there are few guidelines on promoting provisions of foster care.

There are programs undertaken in the provinces that have childcare institutions located in all regions and in the provinces with a total of 12 social development centers: Saraburi, Lopburi, Nakhon Sawan, Kamphaeng Phet, Songkhla, Nongbua Lamphu, Udon Thani, Khon Kaen, Chiang Mai, Nakhon Si Thammarat, Nong Khai and Chonburi. In addition, foster care programs are also partnered with the Child Adoption Center, where children in the program transit from foster families to be in adoptive families. These foster care programs under the Bureau of Women and Child Welfare Protection work as a temporary solution to the problem while children are waiting to return to their families or to be adopted or to be allowed to have a "time-out" from childcare institutions. Therefore, children can experience living within family context. The foster care programs under the Bureau of Women and Child Welfare Protection coordinates with state childcare institutions in placing children in foster care following the vision that this experience will lead to successfully return children to society. Foster families will receive monthly grants of 2,000 baht in addition to other amenities essential for children. Grants for foster families are

given through the state childcare institutions that are the ones making family assessment, observations and follow-ups on results.

As for the programs in cooperation with the public and private sectors, one of these examples can be seen from the collaboration between Viengping Children's Home and Sahathai Foundation. It is one of the best-performing examples of family-base care systems in Thailand. This project was originally set up as a short-term or temporary solution, but it is beneficial for children as it is highly effective in management aspects, including financial cost effectiveness. The trained staff of Viengping Children's Home will make a contract with each caregiver in a foster family. Each family will be paid 2,000 baht per month as well as all necessary amenities. This special program focuses on placing children in foster care. The foster care program by Rural Life Development Foundation in Buriram Province is another example of a good practice. The foundation was established in 2002 and received children from the public childcare institutions and placed them into adoptive families, in which the first group of the program was orphans. The foster care program serves as a link between childcare institutions and long-term finding adoptive families for children. In recent years, more and more temporary foster families have opted for permanent foster families. These families tend to continue raising children until they grow up. Childcare institutions in Buriram have focused on building foster family networks to share experiences and to support one another. Caregivers will receive 2,500 baht per month, plus additional expenses for children going to school. There are also other small foster care programs operated by NGOs as well as private childcare institutions. The objectives are different for each organization such as preventing children from entering institutional care and providing protection from harassment and preparing children for adoption. Among these organizations, the foster care program by the Center for the Protection of Children's Rights Foundation has focused on placing children who were maltreated or abused into foster families. The vast majority of foster parents are the staff of the Center for the Protection of Children's Rights Foundation. Therefore, they have the skills and ability to take good care of this type of children.

#### **3.2 Multi-Channel Distribution of Funds and Fragmentation in Management Leads to Weak Operations of Foster Care**

The Bureau of Women and Child Welfare Protection, a primary agency responsible for the governments foster care programs, a budget allocation to various childcare institutions.

These childcare institutions also receive less funds from the Child Adoption Center and from NGOs to support foster families. In practice, where there are funds from multiple sources and program management is not integrated, as a result, foster care operations are not strong enough to be considered as a critical component of the alternative care system. I have analyzed that support in such area lacks standardized operational processes and tools for assessment and follow-ups on relatives and foster families. Follow-up processes differ greatly between on-going programs and duration throughout programs. According to the studies by the UNICEF on family alternative care system in Thailand (2018), some organizations only make a one-time visit to a family after sending children back to the family. Some of them visit often and follow up for a long time. Such situations reflect what was discussed in the topic of formal kinship family. It is not clear how much money and supplies to support foster families should be in order to ensure children's well-being while living with that family and also to help strengthen the competence of caregivers in caring for children. Similar to kinship family, there is not enough support for foster families today. I see funding foster families as a wrong motive and families may use it for something else. Same as kinship care, it is found that challenges in the data linked and shared and coordination that cause families lose access to information and support still exist.

### **3.3 Limitations of Culture and Management in Supporting Foster Care for Children**

Although kinship care is widely accepted in Thailand, the same level of acceptance of foster care by Thai society has not yet been established in sending children to be under care of people who are not their relatives. Also, on top of that, the public do not understand or have not clearly seen benefits of family-based care, especially in terms of children's long-term development. As to natures of Thai people, they are not confident in taking care of non-family children. Another barrier is that it is difficult for them to get access to information and procedures of applying for being a foster family. Besides, it is not that easy to obtain necessary documents for an application from bureaucracy system, especially when preparing supporting documents or agreements from children's biological parents, and in this case, sometimes these hardships hinder foster families from getting full support. Because there are still some problems on management and database management towards effective alternative care, as a result, sometimes it takes a long time to get an application done successfully in order to become a foster family. This situation can destroy motivation

of a family to complete an application process of fostering a child.

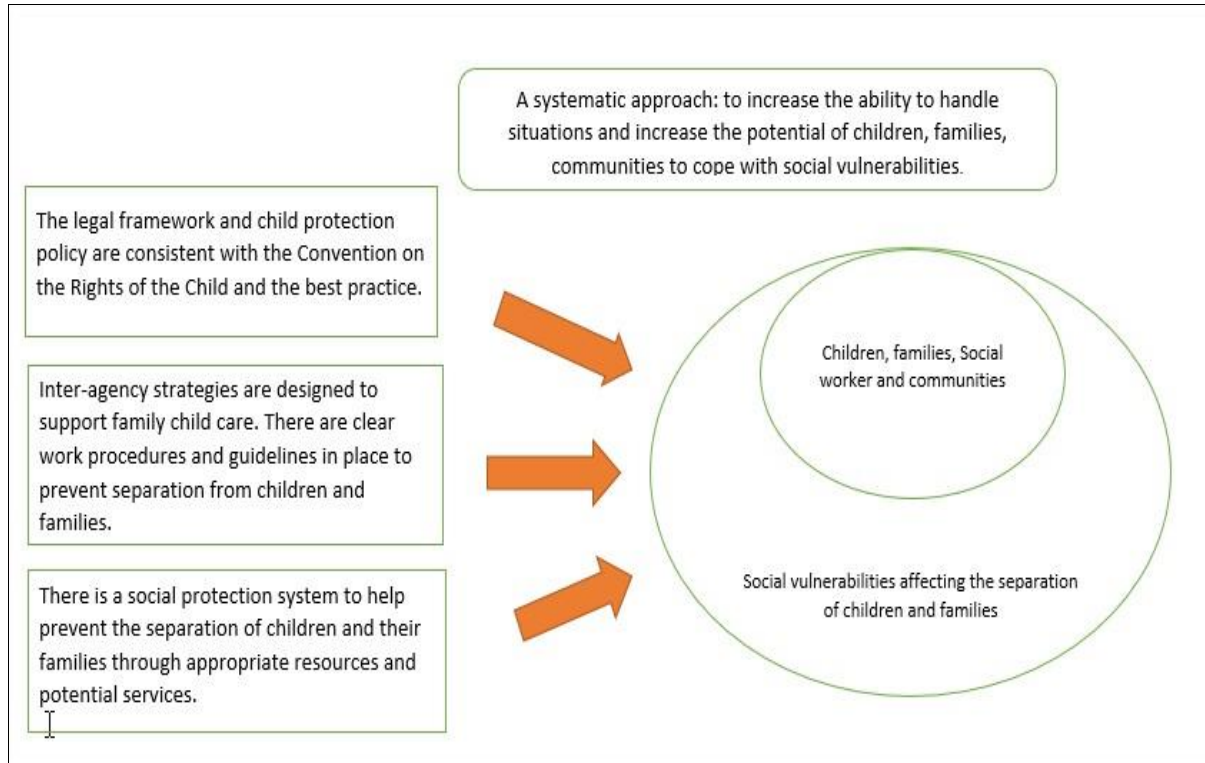
These administrative hurdles arise from a lack of qualified staff, making it difficult to meet the goals of supporting plans on family-based care, especially with children in residential institutions. Moreover, the lack of clarity, especially when decentralized authorities regarding the differences between the on-going public programs and the programs in collaboration of public-private partnerships will unintentionally affects children. Even though foster care will be a temporary measure between being in residential institutions and adoption, foster care can take longer for children to be officially adopted. For example, when children are placed in a foster family, their profiles will be forgotten and will not be carried on to adoption. In other cases, parents or caregivers refuse to take children back because they are unable to support and do not allow children to be adopted, causing children to stay in foster families for a long time and miss the opportunity to be adopted permanently. Such situations demonstrate that this program is also challenging to achieve its goals which is focused on the best interests of the child. This systemic barrier directly affects experiences of some children in a foster care program. Some children sometimes have emotional and behavioral problems. Fear of children leaving when they will be adopted is one of the reasons why families are reluctant to be foster families. In addition, as foster families are short-term measures, basic childcare provisions or more depends on grants and family situations. Sometimes, children are moved from one family to another, or back and forth between being with foster families and with childcare institutions. This affects child development and welfare. Although all are being well aware that it is imperative to understand cultural context, and I think there should be more standardized assessment and follow-up processes in line with the principles of the United Nations Guidelines and in the best interests of the child. It is necessary to be aware that, "foster care is complex and demands high expertise and should be given more attention." The current operational policies provide a pilot program that is not connected to alternative care system and employs only welfare support as an incentive while providing support is limited.

### **SUGGESTIONS**

Reviews of laws and policy frameworks. The weaknesses found in part of laws and policy frameworks must be addressed urgently to ensure that solutions in operational-level are not temporary. For this reason, it is suggested to focus on creating alternative care system that balances the prevention of family separation and meeting the needs of children who are

subject to alternative care. System improvement should be consistent with the principles of the United Nations Guidelines that aim to enhance strengths and abilities of children's family

and community to cope with social vulnerabilities that lead to separation.



**Overall Suggestions for Achieving Development Goals on Alternative Care System for Children are as Follows:**

- The public sector cooperation and supporting experts from both domestic and foreign NGOs should be established. Studies and serious practices should be created as well. For instance, a high-level academic team with key stakeholders to work together should be appointed. The studies found that mostly the government operates work by themselves and use top-down thinking system which lacks contribution from other sectors. A team work should come from various organizations such as the Ministry of Social Development and Human Security, Ministry of Public Health, Ministry of Education, Ministry of Interior, etc. as well as civil society organizations specializing in domestic and international alternative care such as UNICEF. This is to make sure that the principles are in line with the United Nations Guidelines, to have clarity on roles and responsibilities, and to ensure

effective coordination on implementation of the current policy frameworks.

**The Main Goals of this Academic Team Work in Studies are as Follows:**

- Creating frameworks on child protection laws and policies to be consistent with the Convention on the Rights of the Child and the United Nations Guidelines and fixing the current problems of separated frameworks.
- Developing a clear operational strategy for multi-sector co-operation in alternative care system under the same goal. That includes placing importance on family-based care, defining clear roles, duties and responsibilities, clear responsibility of each organization as well as guidelines for coordination, operational supervision, and determining the overall responsible persons.

- Ensuring that there is a child-sensitive social protection system that supports family-based care. This should be focused on strengthening through financial support, goods and provision of community services, and family and community networks.

### **Suggestions on Policies**

- As the Child Protection Act, B.E. 2546 (2003) has not been reviewed since its enforcement, and a number of good practices have been developed in recent years, so these should be reviewed to improve or amend legislations in part of encouraging children to be placed in institutional care for a long time as well as solutions on systematic problems. A review should have stakeholders at all levels (central, provincial and local sections) and civil society as a representative contributing to present true wishes and the needs of children, families and communities.
- Improve the Child Protection Act, B.E. 2546 (2003) to be in accordance with the Convention on the Rights of the Child and the United Nations Guidelines. Based on the United Nations Guidelines for the development of joint care practices of different sectors, this can be done by defining roles, duties and responsibilities, coordination mechanisms, and defining key responsible persons. Strategies must define steps and timelines to adjust directions of alternative care system to have a family-based care a primary form of childcare and a priority. However, there must be a concrete measure to deinstitutionalization for all children and in all forms. In order to ensure compliance with the Convention on the Rights of the Child, children's participation should be encouraged even more.
- Review registration processes and mechanisms of NGOs that provide alternative care services to support the private sector's integrated work into the country's alternative care system. Care standards and procedures should be improved and responsible persons should be also designated. In particular, it should determine which government agencies should be responsible for registration and coordination mechanisms, and which one should be responsible for overall when multiple agencies are involved.

### **Suggestions on Operations**

- Evaluate the effectiveness of the current foster care and kinship care programs and set minimum standards on providing grants and facilities to children in family-based care. Such criteria should be used to determine whether children with special needs require specific

care and support or not, and this should be adjusted according to the cost of living from time to time.

- Determine how to develop processes and conditions for adopting children into alternative care system (Gatekeeping) to be better in line with the United Nations Guidelines. Particularly, current alternative care practices should be improved and guidelines that can be used by both the public and private sectors should be developed for residential institutions that do not lead to institutional care. Duration of periodic operations should be also determined in order to manage assessment focusing on operations in locality.
- Establish training standards in policies, laws and welfare support systems for key personnel such as social workers, community leaders, and community volunteers, so that they can create networks and work closely with communities to provide access to services, and to strengthen prevention and solutions on child abuse or neglect.
- Increase a number of administrative, operational and alternative care personnel at all levels. Even though increasing a number of social workers and case managers in residential care unit of the Ministry of Social Development and Human Security, Shelter for Children and Families is importantly recognized, the importance of increasing local staff should also be taken to enable communities to participate in preventing family separation, supporting alternative care, and following up family reunification. Besides, solving the problems on cultural context over alternative care should be considered, especially those that hinder the operations of foster care. The traditional understanding and belief that institutions can better care for children and provide better education than family should be corrected.

### **CONCLUSION**

This study presents the constraints of management, supervision, and operations in all forms of alternative care. These are major challenges that bring in uncertainty whether children will benefit the most from care. The starting point of these problems is at policy frameworks, work concepts of the Thai government and related Thai government agencies that are still inconsistent with the Convention on the Rights of the Child. In addition, there are insufficient resources for operations. Most of the resources for alternative care are used for childcare institutions which are often a long-term care for children, and also an outdated concept for developed countries. According to this study, it was found that most of childcare institutions in the public and private sectors in Thailand tend to follow the concept of institutional care. The focus on this type of operations is more

weight of care in childcare institutions partly due to cultural context and way of thinking of developing countries. Therefore, childcare institutions are just one of few options for children in poor families, children whose parents have to migrate to the capital for work, children who have lost their parents, or their parents are so sick that they are unable to care for their children. However, as mentioned before, in Thailand, using alternative care like formal kinship care and foster care are not a top priority. Most of problem solving is in a defensive approach. It is then imperative to set a clear strategy on operations for other agencies involved besides the Ministry of Social Development and Human Security to participate in dealing with the problems that lead children to be separated from their families as well as placement of children into childcare institutions.

The issue of operating alternative care by the public and private sectors being separated has resulted in redundancies, incompatible operations, and importantly a lack of following up on children and giving children more likely to be at risk. To deal with this problem, it is suggested that the public and private sectors, civil society, domestic and international non-profit organizations become part of an efficient regulated system of the government. In addition, in order to maximize uses of limited resources, the public and private sectors should coordinate and work together systematically and have to deal with cultural barriers and social norms that encourage children to be in residential institutions. This can begin with reviewing and improving rules, frameworks, policies, including the current laws that favor caring for children in residential institutions to be with kinship care or foster care instead to ensure that children will receive the most appropriate care.

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