

Study on the Experience
of Alternative Care
Leavers in Chiang Mai
& Chiang Rai, Thailand

World Childhood Foundation
Eriks Development Partner

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Foreword

More than 80 years of research, practical experience and testimonies from children and parents clearly show that residential care in orphanages is a damaging, unnecessary and ineffective solution for vulnerable children, families and their communities. As outlined in the Convention on the Rights of the Child and further defined in the UN Guidelines on Alternative Care, we know that access to safe, trusted and loving caregivers is one of the most important protective factors for children in difficult circumstances. We also know that this cannot be achieved in an institution characterized by a lack of individual support, inconsistent caregiving by paid staff and rigid routines.

We are now at a point when an increasing number of governments are moving away from the outdated care model in institutions. This is not without challenges, but we are proud to be part of a global shift focused on deinstitutionalization and the need for more proactive and professional support to families, for example expressed in the 2019 Resolution on the Rights of the Child adopted by the United Nations General Assembly. With partners, we are working to also make this shift possible in Thailand.

A missing piece in this global movement is the voices of children with care experiences; their voices, opinions and how they perceive their own time in alternative care. We know that children in care are seldom asked about what they want, including what type of support and care they need and hope for. But this is also often true when we discuss options to residential care on a systemic level. This is obvious in low- and middle-income countries such as Thailand where we know too little about how children and their families see residential care, its role and how they perceive advantages and risks.

This report was commissioned with that background and is part of our partnership with Eriks Development Partner. It was developed with the support of the Swedish Postcode Lottery under an initiative aimed to reduce the dependence on residential care, support practical alternatives to institutional care and raise awareness among Swedish donors to residential care abroad. An overall goal has been to elevate the voices of children with care experience to ensure that they are heard. This report is one contribution to a deeper understanding of motivations, family relations, difficult choices and how children with care experience understand and interpret their own stories in a country currently trying to change the way children are cared for outside of their own families. We firmly believe that these stories should be the center of efforts to reform care systems both in Thailand and beyond.

Paula Guillet de Monthoux
Secretary General World Childhood Foundation



Acknowledgements

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We would like to sincerely thank the many individuals and organizations who provided generous contributions and guidance to make this study possible. We are grateful to the Study Reference Group members below for their offering support, sharing their time and expertise, and providing invaluable suggestions and recommendations.

- Andy Lillicrap – One Sky Foundation
- Dr. Kanthamane Ladaphongphatthana – Faculty of Social Sciences & Humanities, Mahidol University
- Jane Arnott – Care for Children
- Jonathan Fletcher – Step Ahead Medical Advisor

Dr. Kanthamane Ladaphongphatthana, Andy Lillicrap and Rebecca Nhep (Senior Technical Advisor, Better Care Network) also kindly provided

detailed constructive feedback on report drafts. This was very helpful in navigating the complex and powerful study findings to draw clear and appropriate conclusions, while respecting and maintaining the voices of care leavers. Members of Alternative Care Thailand also provided valuable input and support to the study and we sincerely hope that the findings will contribute to the excellent and important work ACT does.

We express our deepest gratitude to the children, young people and adults whose lives and experiences were the subject of this study and honestly shared their perspectives and recommendations.

We are grateful to World Childhood Foundation for supporting this important study and their commitment to ensuring that the voices of children and young people are heard in discussions and decisions about their lives. Joel Borgström, Senior Program Advisor Child Protection, provided invaluable support and encouragement to the study team throughout the process.

Finally, to all who have expressed interest and supported efforts to work together to improve services and outcomes for children placed in alternative residential care, our deepest appreciation and thanks. We sincerely hope that this study and its findings will contribute to improving the lives and experience of children in Thailand and globally.

Terminology & Definitions¹

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

Biological Parents: A father and/or mother connected to their child by direct genetic relationship.

Child: According to the UNCRC, a child is defined as every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier. In Thailand, this does not include those who have attained majority through marriage.² For this study, all persons below the age of 18 are considered children.

Foster Care: Family-based care provided by a person/s who take on and care for a child as their own offspring;³ situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family, that has been selected, qualified, approved and supervised for providing such care.⁴

Kinship Care: Family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature.^{5,6}

Reintegration into family-based care/settings: This can include returning the child to his/her biological parents, integrating the child into foster or kinship care systems, or adoption.

Residential Care: Care provided in any non-family based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other forms of short and long term residential care facilities, including group homes.⁷

Welfare Centre: A place providing housing for children in need of assistance with six children or more.⁸

The focus of this study is on private ‘Welfare Centers for Children’ that provide alternative living arrangements and accommodation for over six children in need of assistance. This specific type of setting is referred to as ‘private residential care for children’ in this report.

¹ Source: Saini, Fabio, & Dr. Nuntavarn Vichit-Vadakan. (2015) Review of Alternative Care in Thailand. Ministry of Social Development and Human Security, and UNICEF, Bangkok, Thailand.

² Child Protection Act, 2003 (2003). Kingdom of Thailand.

³ Ibid.

⁴ UN (2009). Guidelines for the Alternative Care of Children. United Nations, Geneva.

⁵ Ibid.

⁶ Subcommittee for Alternative Care Strategy, (2011). The National Strategy on Alternative Family-based Care: Draft. Thailand.

⁷ UN (2009). Guidelines for the Alternative Care of Children. United Nations, Geneva.

⁸ Child Protection Act, 2003 (2003). Kingdom of Thailand.

Executive Summary

Introduction

The purpose of this study is to explore how growing up in private residential care in Chiang Mai and Chiang Rai provinces of Thailand has affected children's well-being over time. The research provided an important opportunity for young people to describe and analyze their experience, as well as make their own conclusions and recommendations. Understanding the life paths of these young people after leaving care offers important insights for developing strategies, policies and services to improve outcomes for other children facing similar experiences. The study was commissioned as part of the project "Out of the Ashes into the Fire", implemented by the World Childhood Foundation and Eriks development partner, with an overall goal to prevent the unnecessary separation of children from their families and contribute to an overall reduction of the use and demand for residential care.

Study Objectives

- To contribute to understanding of how placement in private residential care in Thailand affects children's wellbeing and experience of violence in the long term after leaving care.
- To better understand the effects of residential care and how this is related to child growth and development, as well as experiences of violence and exploitation.
- To understand the types of relationships that children form in care in Thailand with caregivers, other adults and peers and how these relationships impact their wellbeing
- To collect information on the wellbeing of children and youth after they leave private residential care and identify any visible trends or patterns
- To reaffirm the rights of all children to free expression and to have their views taken into account by elevating their experiences and voices.

Study Scope

The study scope was defined by three primary factors: time frame of interest, type of residential care to be included in the study and the target location:

- **Target Group:** youth who have left residential care in the last 5-10 years and were residents for at least one year.
- **Type of residential care:** private institutions which either have a religious affiliation and/or regularly receive volunteers, including both unregistered and registered residential care facilities with limited government control / supervision.
- **Location:** NGO / FBO privately run and funded residential care facilities based in Chiang Mai and Chiang Rai provinces, where previous research indicates that the majority of these facilities are located.⁹

The study employed a mixed methods approach which included both quantitative and qualitative components. This study does not intend to be representative of the overall care leavers population in Thailand who have experience living in private residential care, but rather aimed to establish a more in depth understanding of the experiences, perceptions and impact of growing up in private residential care on their lives. Interviews were conducted with 22 care leavers, 22 service providers, 8 parents, 4 government representatives, and an online survey with 75 care leavers. The findings were validated with stakeholder members of the Reference Group and presented to a group of care leavers in Chiang Mai.

⁹ Mahidol University, ACT, Safe Child Thailand and UNICEF, (2023) No Child Left Behind, Bangkok.

Key Findings

The study reveals that private residential care is increasingly used in Chiang Mai and Chiang Rai, Thailand, not just for orphans or children in crisis but also by families seeking educational and social advantages. Contrary to oversimplified notions of “good” or “bad” experiences, care leavers reject such labels, emphasizing the complexity of their situations. Their perspectives are vital for comprehending their time in care and the role of residential care in Thailand today.

Respondents also highlight the severe challenges and negative consequences of residential care, affecting relationships, cultural identity, and fundamental rights. These challenges include separation from biological families, cultural isolation, and, in some cases, neglect and violence. These complex dynamics are explored in depth in this study.

Study participants were asked to describe their experiences in residential care and the impact of this experience on their lives. The responses were multifaceted. While most care leavers acknowledged the material benefits and opportunities from being in care, they also consistently expressed the challenges and emotional distress caused by separation from their families and placement in residential care. These contrasting perspectives are explored further in the following sections, highlighting opportunities and challenges identified by care leavers, parents, and service providers. It is crucial to note that many benefits mentioned by care leavers could potentially be achieved without separating children from their families.





Opportunities

The most frequently mentioned opportunities offered by private residential care described by care leavers in Chiang Mai and Chiang Rai include:

- Access to Education:
- Stability and Security
- Development of Life Skills & Responsibility
- Access to Healthcare and Nutrition
- Social and Community Integration
- Future Planning and Transition Support



Challenges

Care leavers interviewed also identified the many challenges that they faced while residing in and as a result of their experience in residential care, including:

- Inadequate Caregiver-to-Child Ratio
- Neglect of Mental Health & Psychosocial Support
- Lack of Knowledge & Attention from Care Providers
- Loss of Connection with Biological Family, Community & Culture
- Excessive Rules & Restricted Freedom
- Lack of independence & capacity for self-care
- Fear of Caregivers / Staff
- Violence / Abuse
- Inconsistent Staffing and Bullying
- Lack of Religious Freedom

Overall, how do you feel living in alternative care has affected your current life?

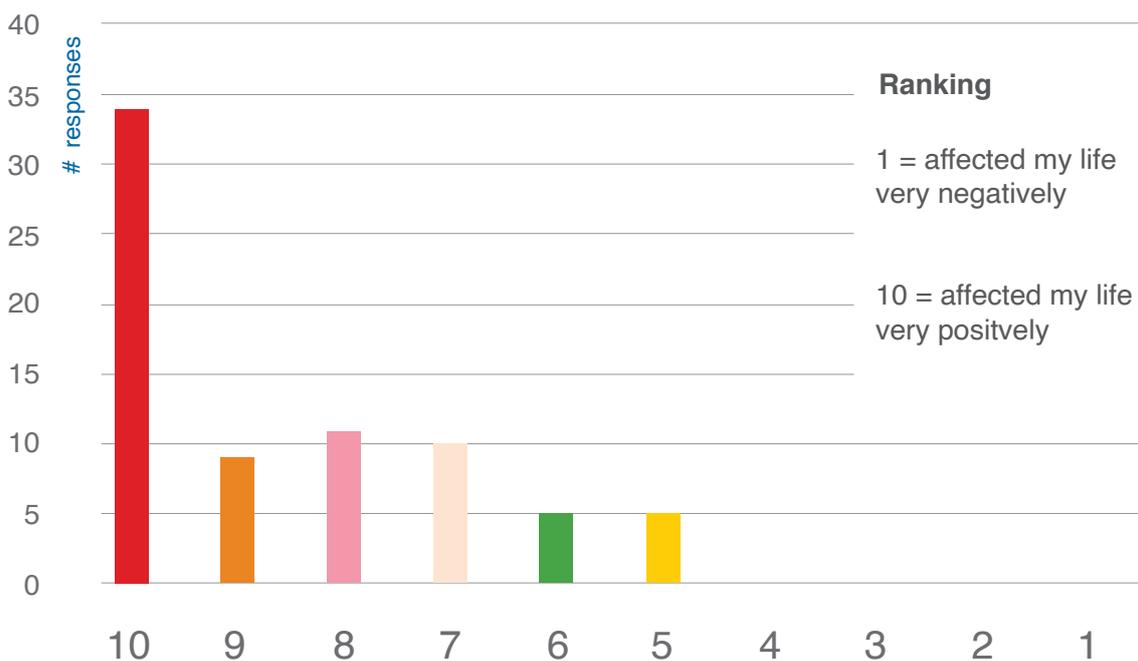


Figure 3: Care Leaver Survey Findings

Overall Assessment of the Impact of Care

Despite the serious challenges described above, the majority of respondents said that being placed in residential care had a positive impact on their lives. Positive statements could be attributed to the lack of other support options at the time when they were placed into care. It may also be helpful to analyze this finding in the context of Maslow’s hierarchy of needs, which provides a framework to understand why some care leavers may perceive being placed in orphanages as the best option for their lives, despite the emotional and psychological challenges associated with separation from their biological family and disconnection from their traditional culture, language, and community.

Would you place your own child in alternative care?

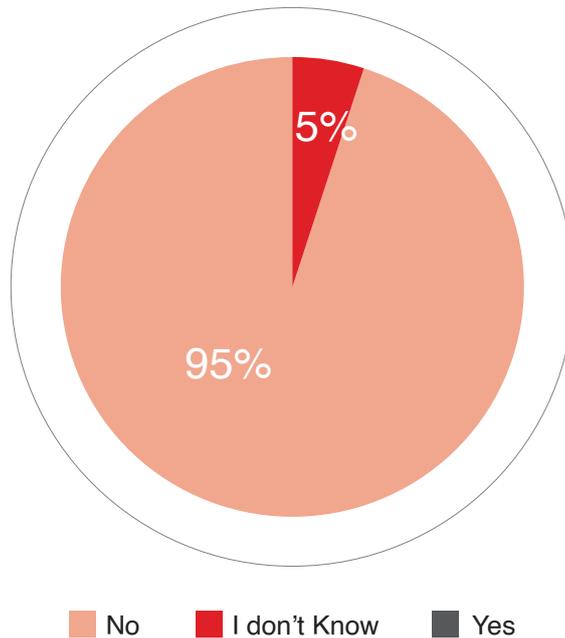


Figure 3: Care Leaver Survey Findings

Despite their perception of the impact of residential care on their own lives, the majority of care-leaver respondents also stated that they would not choose to place their own children in care. Explanations given for this focused on the determination of care leavers to be well equipped to care for their own children so that they would not have to make the same difficult choices faced by their parents and families. Care leavers consistently said they would prefer to raise their children themselves to be able to give them the emotional care and support they need, as well as education and socioeconomic opportunities. This important finding underscores the intrinsic value of family and close relationships that cannot be replaced in residential care.

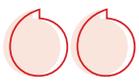
Push / Pull Factors

Care leavers, parents and service providers interviewed for this study identified the different push and pull factors that they felt influenced the placement of children into residential care, as presented in Table 1.

| Table 1: Push & Pull Factors | |
|---|--|
| Push | Pull |
| Poverty | Educational opportunities |
| Drug / alcohol addiction in village | Socioeconomic opportunities |
| Teenage pregnancy | Care provided for children (basic needs met) |
| Family expenses / limited resources to raise children | Structure, discipline, positive environment |
| Lack of education opportunities in village, high school dropout rates | Learn independence & values |

Relationship with Biological Family

The majority of care leaver survey respondents (76%) maintained contact with their biological family while in care, indicating the ongoing significance of these relationships throughout their care experience. Very few of the young people interviewed for this study were full orphans, although one respondent mentioned loss of connection with their extended family after the death of both parents. The long distance of many homes from the location where children’s families live was identified as a major factor hindering the maintenance of relationships.



There are many foreigners (volunteers) coming into the house. They help teach English. When they come, we bond. When they left, I cried.

- Private residential care leaver respondent

Private Residential Care Staff Capacity

Many caregivers and staff in private residential care homes in Chiang Mai and Chiang Rai do not have formal qualifications or training for their role prior to commencing work in a residential care facility. Another challenge identified by care providers is the difficulty of working and staying onsite 24 hours with very few days off, negatively impacting their work capacity.

Reintegration support when leaving private residential care

46% of survey respondents said that they found the transition process out of residential care challenging and difficult to adapt to. 80% of respondents stated that that received support transitioning out of the residential care home from the staff. However, it appears that children who leave care by their own choice, often lack such assistance all together.

Volunteers

93% of care leaver survey respondents stated that the residential care facility where they lived had volunteers and visitors. The majority of care leaver respondents felt that this was a positive aspect of residential care and there was not a great deal of concern or awareness of the potential risks involved. However, one respondent noted that “when the child is closely connected with the visitor, saying farewell can feel like being abandoned again.”



Conclusion & Recommendations

This study on private residential care in Chiang Mai and Chiang Rai, Thailand from the perspective of care leavers and their families shows how children, parents, service providers and Government officials often struggle to reconcile contradictory choices and priorities. The findings of this study and voices of care leavers clearly demonstrate that while young people and families recognize the educational, social and other opportunities being placed in private residential care has provided access to, they also express the immense personal challenges and negative impact this experience has had on their lives. The findings underscore the

reality that the experience of residential care can impact different children in different ways. It is also evident that many of the perceived benefits from being placed in residential care could be achieved without separating children from their families.

An overview of the overall study findings and recommendations are presented below. Direct recommendations provided by a group of care leavers during a workshop held in Chiang Mai to review the study findings are presented in the main report body.

A. Care-leavers recognize and appreciate the opportunities they have been able to access through alternative care - but explain that they have experienced immense sadness and trauma due to the loss of connection with their biological families and culture.

Recommendation: Explore and identify ways for children in Northern Thailand, especially those living in remote and rural areas, to access educational and socioeconomic opportunities without having to leave their families or be placed in private residential care. If children do have to travel to another location to attend school or be placed in private residential care, this should not be located a long distance away. Freedom of religion and respect for all cultural backgrounds should be ensured for children living in private residential care.

B. The majority of study respondents, including Government and alternative care service providers, agree that children should grow up with their parents in families - but access to family support and / or viable alternatives for children when families cannot care for them remain limited and the foster / kinship care system is not yet fully functional.

Recommendation: Every effort should be made to implement the five key components of the National Action Plan of Alternative Care Phase 1. Residential care institutions that are in operation must be registered, monitored and regulated by the Thai Government to ensure that these are adhering to minimum standards and children are being placed as a temporary measure of last resort.

C. Parents want to keep their children with them at home - but worry about their children's futures and outcomes if they remain in the village due to lack of opportunity and social risks and dynamics including high rates of drug abuse and early pregnancy.

Recommendation: Design strategies to address the push factors identified by parents and care leavers in relation to the perceived risks and threats to children in villages. Additional, in-depth data is therefore needed on the village level context to better understand the current issues faced and actual risks to children in order to design effective policies and ensure that children are not placed in residential care unnecessarily.

D. Maintaining relationships with families is a protective / positive factor for children living in care - but can be challenging for children whose parents who are not involved in their lives at all during the time they are placed in care.

Recommendation: Every effort should be made to ensure that children are able to live and grow up in the care of their own parents and families. It is critical to ascertain whether children genuinely need to be placed in residential and if there are absolutely no options to live with a family or community member. This requires the Government to have full oversight of private sector residential care homes.

E. Government officials try to ensure that alternative care institutions comply with official regulations - but say that the requirements are too difficult for smaller homes to comply with and therefore try to be 'flexible' within the existing regulatory and legal framework.

Recommendation: Government requirements for alternative care institutions should be reviewed and consistently implemented. Clear guidance should be provided to all alternative care stakeholders on the type of registration required to provide care and services for children and the corresponding compliance requirements.

F. Volunteers and visitors bring potential opportunities and excitement for children - as well as potential risks and sadness.

Recommendation: Alternative care volunteer programs should be reassessed to prioritize and ensure the safety of children. Volunteers should be limited to qualified professionals who have been carefully vetted by stringent background checks.

Direct Recommendations from Care Leavers

- “Cases of children entering alternative care facilities should be studied on a case-by-case basis.”
- “I want to see all children being taken care of properly and thoroughly through the cooperation of all parties.”
- “Information from research and evaluations should be constantly updated and shared with stakeholders, including care leavers and young people.”

Types of support that could have prevented placement into residential care:

- Financial assistance for families
- Access to reliable childcare services and other forms of family support at the village level
- Educational opportunities in rural / remote areas
- Parental support and capacity-building initiatives



Introduction & Background

Introduction

The purpose of this study is to examine how growing up in private residential care in Chiang Mai and Chiang Rai provinces of Thailand has affected children's well-being over time. The research provided an important opportunity for young people to describe and analyze their experience, as well as make their own conclusions and recommendations. The study found that it was effective to do this from a longitudinal perspective of 5-10 years after leaving care, rather than asking children currently in or who have recently left care to try to process the meaning and impact of this on their lives. Understanding the life paths of these young people after leaving care – the relationships they established, challenges faced and how they dealt with these – offers important insights for developing strategies, policies and services to improve outcomes for other children facing similar experiences. Strategies to strengthen families and relationships between families and children in alternative care will also be explored, as well as factors contributing to successful reintegration and long-term wellbeing of care-leavers.

As described in the study TOR, this study was commissioned as part of the project “Out of the Ashes into the Fire”, implemented by the World Childhood Foundation and Eriks development partner, with an overall goal to prevent the unnecessary separation of children from their families and contribute to an overall reduction of the use and demand for residential care. A parallel study was conducted with care leavers in Tanzania and the joint findings will be shared at an international launch organized by the World Childhood Foundation and Eriks development partner. A key objective is to strengthen the participation of children and young people both in the development of options to residential care but also more broadly by documenting children's experiences, thoughts and reflections related to alternative care.



Background

A recent study in Thailand found that at least 120,000 children are in various institutional care settings in Thailand, mostly due to poverty and limited access to education, with 90% having at least one living parent.¹⁰ Many residential care institutions are operated by faith-based organizations run by foreign Christian missionaries and links to tourism and volunteers.¹¹ This study will explore these issues in more depth and try to understand their impact on children's lives from their own perspective.

Beyond the numbers of children in institutional care, there is a need for greater understanding of how being placed in residential care and separated from their family affects children and their life trajectory, ideally in their own voices. This information will help strengthen and nuance arguments for alternatives to residential care in various settings. Evidence shows that children in residential care institutions face increased risks of violence, abuse, exploitation and neglect. They often have previous experience of abuse and neglect and lack a close and nurturing stable caregiver, making them vulnerable for further abuse.¹²

Caregiver and other individuals including peers, can be crucial for recovery and mental health. But children who have been in care can have difficulty establishing relationships due to not having healthy role models. However, children also often appear to establish meaningful and valuable relationships

in care that should not be completely devalued or assumed to be unimportant. In some care settings, children are encouraged and supported to maintain relationships with their biological parents and relatives. In other settings, these relationships are actively obstructed and undermined. Understanding these relationships and their impact on child wellbeing may offer insights into how to support children who are placed in care more effectively.

This understanding is critical because the information currently available clearly shows that children's experience of care and their lives after leaving care are complex and cannot be easily simplified into 'good' or 'bad' experiences or outcomes. Children and youth often describe their experience of care as having both positive and negative aspects.¹³ It can be difficult for them to identify whether the good outweighs the bad or vice versa, as it is also impossible to accurately predict what their lives would have been like if they had not placed in care to provide a comparison. In countries where there are very few options to residential care, it is also difficult for children with care experience to grasp how family support services to avoid placement into care and/or family-based care forms would have affected their lives. However, it is clear that experience of all forms of alternative care affect young people in different ways throughout their lives.

Study Objectives

- To contribute to understanding of how placement in private residential care in Thailand affects children's wellbeing and experience of violence in the long term after leaving care.
- To better understand the effects of residential care and how this is related to child growth and development, as well as experiences of violence and exploitation.
- To understand the types of relationships that children form in care in Thailand with caregivers, other adults and peers and how these relationships impact their wellbeing
- To collect information on the wellbeing of children and youth after they leave private residential care and identify any visible trends or patterns
- To reaffirm the rights of all children to free expression and to have their views taken into account by elevating their experiences and voices.

¹⁰ Mahidol University, ACT, Safe Child Thailand and UNICEF, (2023) No Child Left Behind, Bangkok; Alternative Care Thailand. (2014). Exploring the "Orphan Myth" in Thailand. In Alternative Care Thailand (Ed.): Alternative Care Thailand.

¹¹ CRC Coalition Thailand. (2016). Report of Online Survey to Assess the extent of unregistered Children's Homes in Thailand. Bangkok: CRC Coalition Thailand.

¹² Pinheiro (2006), Brodie, J. & Pierce, J. (2017) and Sherr, L., Roberts, J. K., & Gandhi, N (2017).

¹³ Source: Informal interviews with care-leaver conducted by research team member prior to the present study.

Study Limitations

Sample Size

This study does not intend to be representative of the overall care leavers population in Thailand who have experience living in private residential care, but rather aims to establish a more in depth understanding of the experiences, perceptions and impact of growing up in private residential care on their lives. The study involved 22 in-depth interviews with care leavers, 22 service providers, 8 parents, 4 government representatives, and an online survey with 75 care leavers. While the total sample size of this in-depth qualitative study was relatively small, the data collected exhibited a high level of consistency, which enhances the reliability of the findings. Additionally, the information gathered aligned with the outcomes of previous informal interviews conducted by a member of the research team. The findings were validated with stakeholders involved in alternative care in Thailand, who are members of the study Reference Group, as well as presented to a group of care leavers in Chiang Mai for analysis and input. Both groups corroborated the findings and confirmed these were in line with their expert understanding, as well as provided recommendations to be included.

Focus on Successful Care Leavers

Due to the nature of the study methodology and limited timeframe for identifying respondents, the study is more likely to include care leavers who could be considered 'success stories'. It is crucial to acknowledge that these young people still faced numerous challenges and experienced significant pain. It is also important to recognize that the depicted reality is likely to be even more arduous than portrayed in this study and that many care leavers adjust the way they understand their own experience over time. Young people who have been

in conflict with the law, faced health challenges, addictions, and other difficult circumstances are less likely to volunteer to be included in the interviews and surveys. Individuals facing more challenging life circumstances may have less time or inclination to share their experience. However, their views are highly relevant and an important part of understanding the full picture of alternative care in Thailand. It is recommended that, if possible, a dedicated study be conducted with this target group in the future to document their valuable perspectives.

As the target group for this study are young people who were sent to alternative care directly from a village setting, these care leavers may have experienced less initial trauma than if they were placed in alternative care as a result of a crisis or emergency situation. Some care leavers were also placed in care at an older age and therefore may have had a better understanding of the reasons they were placed in care. This may also be less traumatic and emotionally difficult than situations when children are abruptly removed from their family and these children may have a greater capacity to appreciate the benefits of this experience, which is reflected in the findings. However the experience of ethnic minority children from rural areas in Northern Thailand being sent to live in alternative care presented in this study is an extremely common scenario that has important implications for their lives, families and communities. Finally, it is important to note that due to the retrospective nature of the study, care leavers may gloss over or not explicitly focus on violence, harm and other rights violations that they experienced.

Ethical Framework & Clearance

Child Frontiers has developed ethical protocols for conducting meaningful participatory research with children and youth, as well as safeguarding processes and protocols for disclosure of abuse and exploitation during research. All team members are required to sign a Code of Conduct and obliged to abide by the highest ethical standards. For more details, please refer to Annexes I-III.

An application for ethical approval for the study was submitted to The Committee for Research Ethics (Social Science) at the office of MUSSIRB, Office of Faculty of Social Sciences and Humanities, Mahidol University on October 17, 2022 and approval was received on December 20, 2022 (see Annex VII for certificate).



Methodology & Analytical Framework

The study scope was defined by three primary factors: time frame of interest, type of residential care to be included in the study and the target location:

- **Target Group:** youths who have left residential care in the last 5-10 years and were residents for at least one year.¹⁴
- **Type of residential care:** private institutions which either have a religious affiliation and/or regularly receive volunteers, including both unregistered and registered¹⁵ residential care facilities with limited government control / supervision.
- **Location:** NGO / FBO privately run and funded residential care facilities based in Chiang Mai and Chiang Rai provinces, where previous

research indicates that the majority of these facilities are located.¹⁶

The study employed a mixed methods approach which included both quantitative and qualitative components. Data collection tools included:

- Literature review of key documents, including analysis of a series of initial interviews with care leavers conducted prior to the study by a team member
- Key informant interviews with care leavers, families of care leavers, residential home staff and managers, as well as government officials
- Online survey for care leavers with quantitative and qualitative components

¹⁴ACT members recommended increasing the timeframe to include young adults who have been living independently for longer, as it was noted that their lives can take time to stabilize and can be especially volatile for the initial years after leaving care.

¹⁵ACT members recommended including both registered and unregistered institutions, as they explained that there was not a great deal of difference between these.

¹⁶Mahidol University, ACT, Safe Child Thailand and UNICEF, (2003) No Child Left Behind, Bangkok.

Table 1: Study Steps

| | |
|--------------------------------------|---|
| 1 | Inception meetings |
| 2 | Literature review |
| 3 | Presentation of study proposal to ACT team |
| 4 | Development of methodology & tools |
| Inception Report | |
| 5 | Ethical clearance process |
| 6 | Reference Group Meeting I |
| 7 | Researcher training |
| 8 | Data collection planning |
| 9 | Data collection |
| 10 | Data processing and analysis |
| 11 | RG Meeting II: Presentation & validation of findings |
| Initial Findings Presentation | |
| 12 | Drafting of study report & recommendations |
| 13 | Illustrative personal cases / narratives of care leavers |
| 14 | Finalization of report & illustrative personal cases |
| 15 | International launch of findings from Thailand, Tanzania and Sweden |
| Final Report | |

An analytical framework was developed for the study and elaborated through discussion with members of the Alternative Care Thailand (ACT) collective (Annex IV). A Reference Group was established and reviewed the methodology, tools and analytical framework, as well as the preliminary findings for input and recommendations. The Reference Group included experts involved in and with experience of the provision of alternative care in Thailand, including representatives from Alternative Care Thailand (ACT).

For the field data collection, interviews were scheduled with study respondents and facilitated by the Thai and international research team members. This included interviews with residential care leavers their parents and other family members; residential care service providers; and local authorities.

Information about the study objectives and process was developed into a graphic in Thai and shared with potential respondents via care leaver networks, contacts and residential care providers. Care leaver respondents voluntarily contacted the research team, who scheduled in-person interviews held in Chiang Mai and Chiang

Rai. Residential care service provider and local authority respondents were identified based on an existing contact list.

The online survey tool was developed and a link to the tool was shared with respondents through the ACT and reference group member networks, as well with the care leavers network to invite care leavers who fit the study criteria to volunteer to contribute to the study. A total of 75 survey responses were received. The data obtained from the survey allowed the team to triangulate and cross check the data collected from the in-depth interviews with a wider sample of care leaver responders.

The research team recruited for this study consisted of two experienced Thai researchers, supported by an international expert fluent in Thai with extensive knowledge of the child protection context in Thailand. One of the lead researchers is a former care leaver herself and was able to objectively apply this valuable experience to the data analysis and development of findings and recommendations. This experience was also valuable for establishing rapport with care leavers during interviews.

At the completion of the data collection, the study team cleaned and analyzed the collected data to present to the expert reference group for review and input. This was done by identifying and extracting key themes and consistent findings, as well as any conflicting information. These raw consolidated findings were discussed in detail with the Thai research team and presented to the reference group during an online session and in person to a group of care leavers for verification and in-depth analysis. This was an opportunity for the expert reference group members to review, engage with and cross-check the findings, as well as provide recommendations and suggestions for next steps. The findings were also presented to a group of care leavers in Chiang Mai for review, validation and to make their own recommendations, which are included in this report.¹⁷

| Table 2: Respondent Groups | |
|--|-----------------------|
| Category | Number of respondents |
| Key Informant Interviews | |
| Care Leavers | 22 |
| Parents / family members of care leavers | 8 |
| Residential Care Service Providers | 22 |
| Government Service Providers | 4 |
| Online Survey | |
| Care Leavers | 75 |
| Total: | 121 |



¹⁷ See Box 3, page 42.



Key Findings

Overview

The overall study finding is that many children are being placed in private residential care arrangements in Chiang Mai and Chiang Rai, Thailand as a means to access educational and social mobility opportunities.¹⁸ Despite the popular belief that only orphans without parents are placed in residential care, the study confirms well-established evidence that private residential care placement is not limited to orphans or children in urgent need of alternative care, but often includes families and children who seek these arrangements to provide advantages they would not otherwise have access to. These findings are corroborated by recent studies on alternative care in Thailand, which found that 97% of children living in private care homes in Chiang Mai have at least one living parent.¹⁹ Due to its historical evolution, the proliferation of private residential care facilities in Northern Thailand – largely supported by foreign Christian organizations – are being used to address poverty and education needs rather than a direct service for children in need of alternative living arrangements. In other locations in Thailand where private residential care is less common, some with higher rates of poverty than Chiang Mai and Chiang Rai, these needs are being met in different ways.²⁰

Another critical and related finding is that the impact of being placed in private residential care on children is multifaceted. According to the care leavers interviewed for this study, it is not possible to state definitively whether their residential care experience was “good” or “bad” and young people tend to reject this type of simplistic classification. Although the views of care leavers and the complexity of the challenges they face therefore present certain contradictions, their experiences are essential to fully understand how young people themselves make sense of their time in care but also in terms of the role residential care plays in Thailand today. These views should therefore not be overlooked.

Terminology: Care Leavers / Private Residential Care

Child protection stakeholders raised concerns regarding the use of the terms “care leaver” and “residential care home,” as these terms may create a misleading perception of these environments as positive or nurturing for children. It has been established through evidence globally that the removal of children from their biological families and their placement in alternative care settings can have severe adverse effects on their overall well-being and healthy development. For the purpose of this report, these terms are retained for shared understanding, as these are the most widely used terms globally.

However, it is essential to acknowledge and address this concern by engaging in further discussions with stakeholders and care leavers themselves to seek their recommendations regarding appropriate terminology. As mentioned in Annex IV, it is also important to note that the terminology used to refer to residential care institutions in the Thai language also remains unclear and problematic.

¹⁸ The concept of social mobility in this context relates to the potential for individuals, including children from impoverished backgrounds who are placed in residential care to improve their socioeconomic status, opportunities and life prospects.

¹⁹ Alternative Care Thailand, Department of Children and Youth, & World Childhood Foundation. (2023). Chiangmai residential care survey and database development.

²⁰ Ibid; Rogers, J., Whitelaw, R., Karunan, V. & Ketnim, P., (2022) Sharing their Narratives. Thammasat University.

In the northern Thailand context, private residential care appears to be used on a large scale for educational and social mobility, rather than providing alternative living arrangements for children who do not have other options. The study found social mobility, or transition in socio-economic status, either compared to one's parents (inter-generational mobility) or within an individual's lifetime (intra-generational mobility), to be a key driver behind residential care placement. Care leavers, parents and service providers explained that private residential care is often perceived as offering economic opportunities and a different quality of life than is typically available within the village setting. This includes attending school beyond primary level, skill development or seeking employment outside the village environment. Care leavers generally associated residential care with the prospect of a brighter future and improved socioeconomic status.

Respondents also highlighted the significant challenges and negative impact being placed in residential care has had on their lives. These challenges were often very serious, affecting their ability to form relationships, creating irreparable rifts in relationships with their biological families and a sense of disconnection with their cultural identity.

It is clear from the study findings that children placed in residential care experienced significant and serious violations of their fundamental rights, and in including separation and isolation from their biological families and culture and in some cases neglect and violence. These dynamics are also explored in detail below.

Given these challenges and the harmful impact of residential care placement on children's wellbeing evidenced in many global studies,²¹ it seems critical for the Thai Government and relevant stakeholders to expand access to support services so that children, youth and families in Thailand are not forced to make these difficult choices and sacrifices to access educational and social opportunities. The study also clearly shows that to genuinely understand the dynamics of private residential care in Northern Thailand and identify effective and appropriate ways forward in addressing this issue, it is necessary to explore a range of strategies for promoting the wellbeing and positive development of children, including different forms of family support and engaging with vulnerable children and families to identify the types of help and services that would be most effective.



²¹ Csáky, Corinna. (2009) Keeping Children Out of Harmful Institutions Why we should be investing in family-based care. Save the Children.

Box 1: Interconnected Child Rights: Upholding All Rights Equally

It is imperative to approach the care and support of children from a holistic perspective that takes into account their fundamental human rights. The Convention on the Rights of the Child (CRC) states that children are entitled to a range of rights, including but not limited to, the right to survival, development, protection, and participation. It is crucial to recognize the interconnected nature of these rights and to uphold them equally.

The right of a child to grow up within their family is enshrined in Article 9 of the CRC, which emphasizes that children should not be separated from their parents unless it is necessary for their best interests. This right acknowledges the critical role of the family in providing love, care, and support to children, as well as the significance of maintaining familial bonds and cultural connections. Placing children in private residential care facilities can disrupt this fundamental right by separating them from their families and preventing them from experiencing the emotional and social benefits that come from being part of a family unit.

The CRC also emphasizes the importance of preserving a child's cultural and ethnic identity. Children have the right to be raised in an environment that respects, values, and fosters their cultural heritage. Interviews with care leavers clearly indicated that placement in residential alternative care settings potentially leads to the erosion of a child's sense of identity and belonging within their ethnic culture and heritage.

Simultaneously, the CRC guarantees children's rights to education and economic opportunities. Article 28 emphasizes the right to education, which includes access to quality primary education and the progressive introduction of secondary and higher education. This right recognizes education as a fundamental tool for the development and empowerment, enabling children to reach their full potential and participate fully in society. Article 27 highlights the right to a standard of living adequate for the child's physical, mental, spiritual, moral, and social development. This includes access to basic needs, such as food, shelter, healthcare, and social security, to support their overall growth and well-being.

The CRC recognizes that no human right outweighs another and underscores the importance of upholding and promoting all rights of the child on an equal basis. Often, there is a temptation to address one specific right, such as the right to education or socioeconomic mobility, without due consideration for the potential violation of other rights, including the right to grow up in a family or the preservation of a child's cultural and ethnic identity. A preferable approach is to strengthen community-based services that provide support to families, enabling children to access these education and other services while safeguarding their rights to grow up in a family and preserve their cultural identity.

A. Care Leaver Respondent Information

The majority of study respondents reported being in private residential care more than five years, with a substantial number having spent ten or more years in care. It was found that the period between the ages of 10 and 18 was particularly prevalent for being in care (Figure 1). The majority of care leavers in this study were sent to residential care directly from a village setting. 53% of survey respondents entered residential care between the ages of 10-18 years old. It is important to note that the age of placement in care is an important factor for consideration, as older children who move away from home to attend high school, for example, may have already established relatively secure attachment with their parents and families, and can understand this experience as a rite of passage or normal transition, especially if many of their peers have the same experience. This was highlighted by the study reference group which also emphasized that children placed in private residential care at a much younger age or under more traumatic circumstances may have a very different experience and outcomes.

Care Leaver Ages Residing in Alternative Residential Care

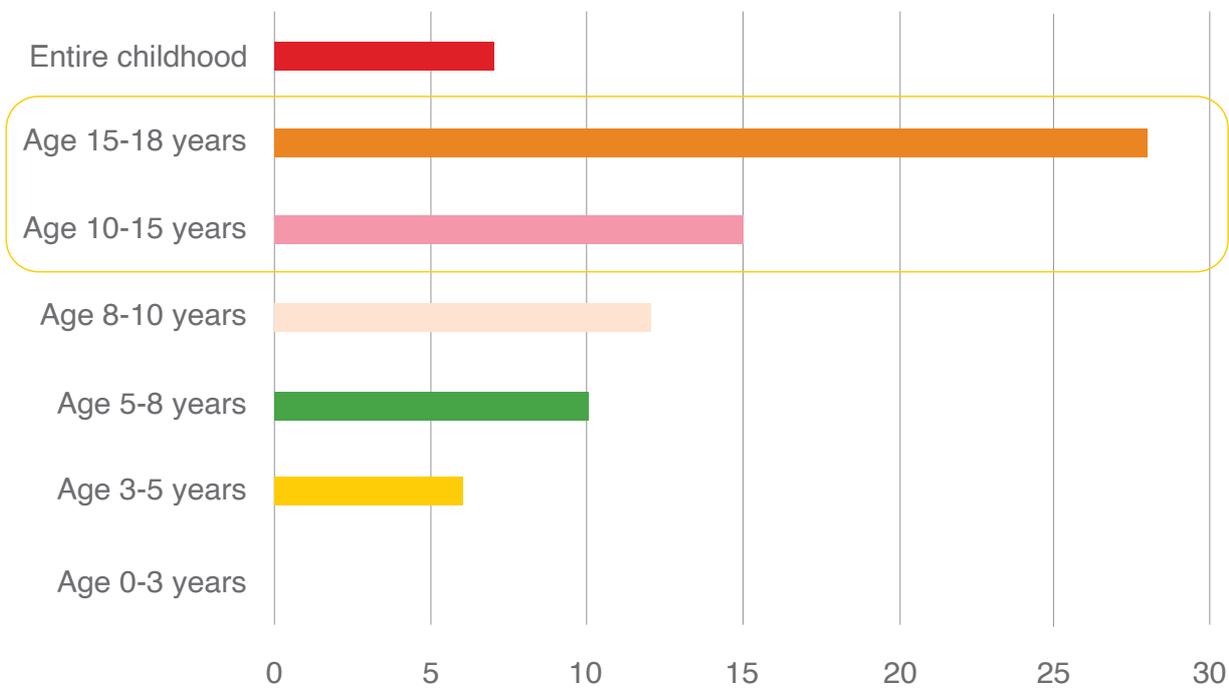


Figure 1: Care Leaver Survey Findings

The majority of respondents (75%) lived in a single residential home, while a few were placed in 1-3 different locations. Reference group members noted that some children may not have been aware of initially being placed in multiple locations – especially if they were very young at the time or unable to differentiate between an initial intake facility and subsequent locations where they may have been transferred to. As many respondents in this study were placed in private residential care directly from their family and village setting, it is likely that these children may have been placed in one or a small number of facilities for the duration of their time in private residential care.

Did you live in more than one alternative residential care institution?

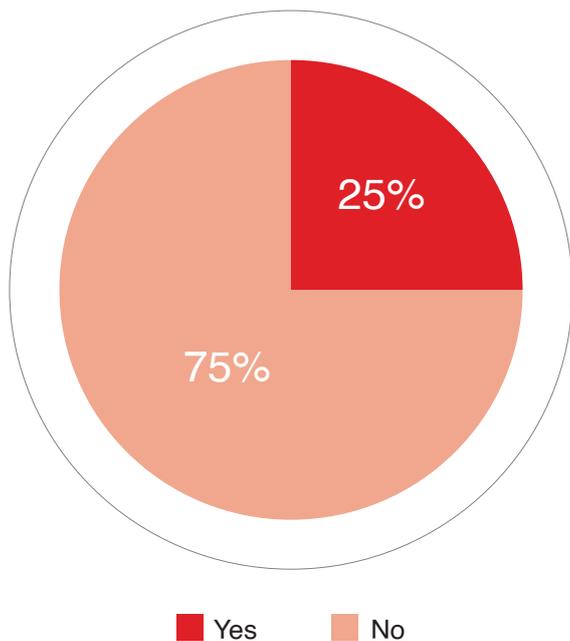
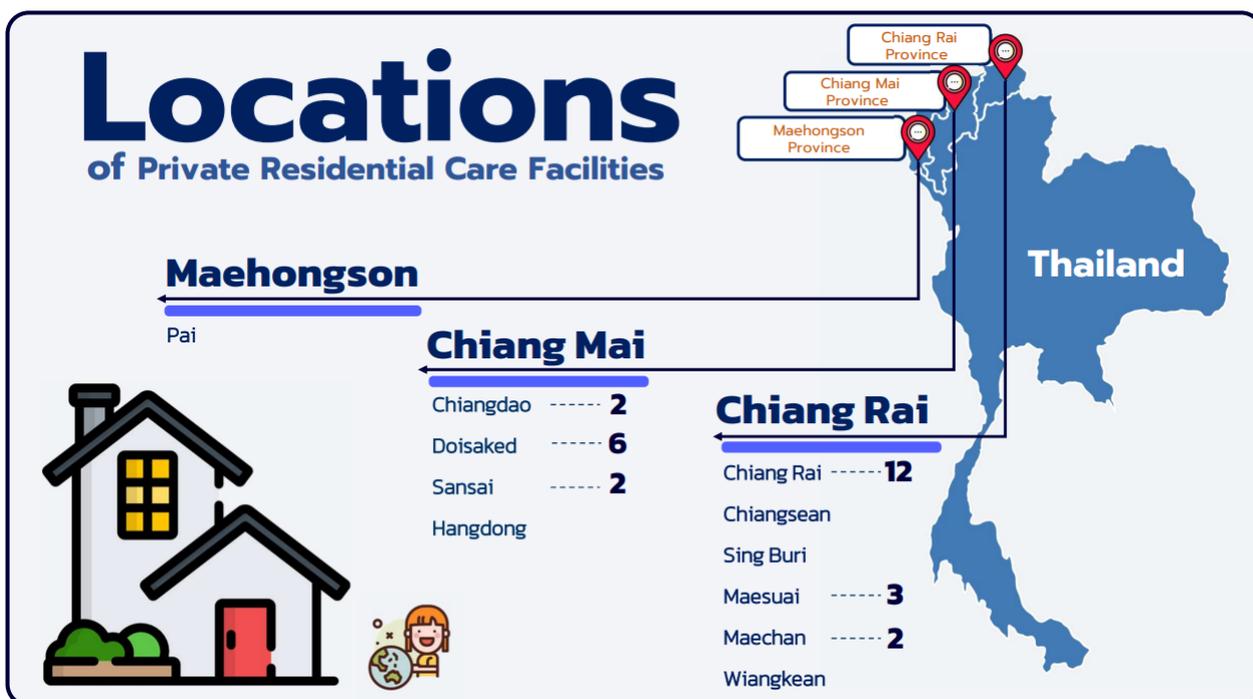


Figure 2: Care Leaver Survey Findings

Figure 2: Locations of Private Residential Care Facilities where Study Respondents Lived



Care leavers reported a wide range of current employment. Some young people went on to work in institutional care settings themselves. Others went on to work in different INGOs, foundations and companies. Some care leavers became social workers and psychologist / counselors themselves or entered medical school. Other occupations include teachers, market and farm labor, restaurant industry as well as working as an assistant pastor, accountant and information management consultant. Not all care leavers interviewed were employed or employed full-time. Some were unemployed and others are working in the informal or daily labor sector.

- Current employment**
- INGO / Foundation staff
 - Market labourer
 - Company employee
 - Farmer
 - Nanny
 - Café server
 - Resort owner
 - Cook
 - Assistant pastor
 - AC caregiver / staff
 - Teacher
 - Teacher assistant
 - Accountant
 - Information management consultant
 - Psychologist / Counsellor
 - Social worker
 - Medical student

B. Experience in Private Residential Care

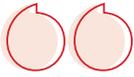
Study respondents were asked to describe their experience in residential care and explain in detail how they felt that this impacted their lives and personal development. As noted above, this is a complex question with multi-dimensional responses. While on one level, the majority of care leavers interviewed clearly stated that they appreciate the material benefits and opportunities that they received as a result of being in care, they also consistently described the significant challenges and emotional pain that they experienced as a result of being separated from their families and placed in residential care arrangements. These contrasting viewpoints should be viewed in parallel and are explored in detail below in a series of opportunities and challenges identified by care-leavers, parents and service providers. It is important to recognize that many of the perceived benefits many interviewed care leavers emphasize could be met in ways that would not require children to be separated from their families. Examples of this include early identification and support for families at risk of relinquishing their child, poverty reduction efforts, improved access to education and family-based residential care options such as kinship and foster care.

Opportunities

Opportunities that residential care leavers identified as a result of being placed in residential care are presented below. In some cases, the research team encountered conflicting information – specific points that some care leavers identified as positive areas were considered challenges by others. Examples include developing personal independence or receiving future planning and transition support when leaving care. This highlights the reality that the experience of residential care can impact different children in different ways and there may be no single narrative that applies to all children placed in residential care. Instead, it is important to understand the perceived advantages of residential care described by care leavers to understand how challenges met by families can be addressed in ways that do not require family separation, as well explore how these are linked to the many challenges encountered. The most frequently mentioned opportunities offered by private residential care described by care leavers in Chiang Mai and Chiang Rai include:



Access to Education: Private residential care arrangements provided care leavers with opportunities to pursue education that were not available where their family homes were located. This includes access to formal schooling, vocational training, and skill development programs, enabling them to acquire knowledge and enhance their future prospects.



The dormitory gives you the opportunity to study close to the study site, gaining self-care skills enhancement. But there are strict rules. There was also only one caregiver who was single and male, which made girls feel uncomfortable and the caregivers use excessively harsh punishment methods.

- Private Residential Care Leaver

Stability and Security: Care leavers explained that in some cases, residential care provided them with a stable and secure living environment, offering protection from the challenges of poverty and unstable family dynamics, including violence, abuse and neglect.

Development of Life Skills & Responsibility: Respondents noted that being placed in residential care forced them to develop skills needed for independent living, equipping them with tools for increased self-sufficiency. However, this may have come at the cost of significant trauma and while some children may have been forced to learn survival skills, this is not the same as what is usually understood as 'life skills' training. The research team also noted contradictory statements from respondents in this regard, as other care leavers said that living in residential care made them highly dependent on their care providers and unable to function well or independently in the outside world (see below). Service providers tended to be more positive about the development of life skills and responsibility than care leavers, many of whom felt that being placed in residential care increased their dependence and reduced their capacity to function independently in the outside world.

Access to Healthcare and Nutrition: In most residential care settings, children had access to healthcare services and nutrition, which may have been lacking in their previous circumstances due to

poverty and limited health facilities in rural areas.

Social and Community Integration: Some care leavers indicated that during their time in residential care they developed social connections, relationships with peers and caregivers and built a personal community and made contacts beyond the village setting. While respondents may perceive this as positive, bonds formed in trauma situations may not always be healthy.

Future Planning and Transition Support: Some residential care facilities recognized the importance of assisting care leavers in transitioning to adulthood and independent living. They provided guidance in areas such as career planning, higher education opportunities, vocational training, job placement, and housing support. Some residential homes reportedly continue to support children after they leave care by providing allowances for food, accommodation, school fee or other expenses. However, most homes clearly state they will only provide support for children until they reach a certain level of education. It is important to note that other care leavers noted that they did not receive reintegration or future planning support, especially those that departed abruptly or on less positive terms with their care providers.

Challenges

Care leavers interviewed also identified the many challenges that they faced while residing in and as a result of their experience in residential care, including:

Inadequate Caregiver-to-Child Ratio: Many respondents cited examples of homes with only one caregiver, particularly instances when care givers were single males responsible for caring for girls, as creating discomfort and raising concerns about inappropriate situations. The absence of sufficient caregivers to cater to the needs of numerous children resulted in limited personal attention and a sense of having to fend for themselves. This is problematic on many levels, as children require individualized care and guidance, but also because insufficient staff tends to represent significant safeguarding concerns.

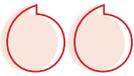
This is reportedly compounded by frequent turnover of staff in some facilities, creating a sense of instability and requiring constant readjustment by children to new caregivers and personalities which tends to affect attachment patterns. Furthermore, instances of bullying among peers within the residential care setting were reported and potentially exacerbated by the common situation of older children being given responsibility to care for younger children in the home in lieu of adult supervision.

Neglect of Mental Health & Psychosocial Support: While some care facilities reportedly offered support to prepare children for societal reintegration after departing residential care, some care leavers felt that insufficient attention was given to their mental and emotional needs, leaving them with insufficient support and skills in these crucial areas. The absence of activities aimed at fostering relationships and social bonds among the children in some locations further limited opportunities for interpersonal connections and supportive interactions. The majority of children in residential care did not receive services and support, including individual counseling, therapy, guidance, nurturing, tools for coping with past experiences and developing resilience for the future.

Lack of Knowledge & Attention from Care Providers: Linked to the point above on neglect of mental health and psychosocial support services, care providers and staff were reported to have limited knowledge of all the children under their care, in many cases resulting in limited to no personalized attention and support. Furthermore, in some facilities, caregivers reportedly showed little concern for the emotional and mental well-being of the children. Some caregivers were also described as having insufficient experience and knowledge in understanding the needs of the children. Some caregivers relied on personal experience from previously being in care themselves.

When asked if specialized services were provided to children with specific challenges or needs, a caregiver in a residential home replied that, “We give services to all children equally.” When the researcher probed to ask whether children who are double orphans, come from violent homes, were abandoned or have other challenges might need different services than children who have not experienced these types of trauma, the care provider responded, “No, they do not.”

Loss of Connection with Biological Family, Community & Culture: Many care leavers identified the loss of or negative impacts of placement in residential care on their relationship with their parents and biological families, as well as their home community and traditional culture as a major challenge and source of emotional pain. This point is explored in depth in Section C: Relationships below – key contributing factors included distance from home making it difficult to return frequently, disassociation from their family culture and dynamics, dissolution of personal relationships and loss of ability to communicate in depth about their thoughts and emotions in their ethnic language after moving into residential care where the primary language was Thai or English.



I really wanted to take care of my child. When I put my child in the children's house, my child was still small. It's very difficult to get over it. I can't eat, I can't sleep at all. If the child stays with us, we know what they eat. I have to come to my senses and realize that in the future my child will not come back to live with us again.

- Parent of child placed in residential care

Excessive Rules & Restricted Freedom: Several care leavers described the imposition of strict regulations in the care facility where they were housed, including obligatory prayers before meals, required adherence to a strict daily schedule, and excessively strict rules about behavior during mealtimes. Many children in residential care experienced limitations on their freedom and said that they were rarely able to participate in outdoor activities or leave the care facility premises apart from short outings in small groups or to purchase snacks/goods nearby. This contributed to their sense of disconnection from the outside world and lack of confidence in independently engaging with people or activities outside the residential care location.

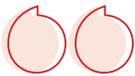
Lack of Independence & Capacity for Self-care: In contrast to the statement in the opportunities section above regarding residential care places resulting in increased independence, other care leavers explained that they had limited self-sufficiency skills and lack of confidence to care for themselves as a result of living in residential care, as this fostered dependency and did not equip them with independent living skills. This is linked to the point above on excessive rules and limitations to personal freedom, especially for teenage and older youth.



Although we start preparing our children to live in society themselves from when they initially are in our care, this may still not guarantee they will be able to manage reintegration successfully. They will need to face the unknown themselves, with support from us and their families, and find their way through. I hope the things we teach and instill in them will act as a vaccine to protect them from going into a wrong life path.

- Private Residential Care Giver

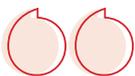
Fear of Caregivers / Staff: Care leavers stated that some children experienced fear and hesitancy in approaching caregivers and staff members, indicating a perceived lack of approachability and a disconnect between the children and the adults responsible for their care. As a result, these children did not receive adequate attention and support.



Residential care staff do not care about the children in the house, especially the mental state of the children. This makes us not dare to approach the staff.

- Private residential care leaver respondent

Violence / Abuse / Safeguarding: In some locations, caregivers were reported to employ excessively harsh disciplinary measures, including bodily harm and physical punishment. While parents identified discipline and a strict structure of residential care facilities as a positive factor, in some cases this appears to be taken too far, with children experiencing harmful punishments and disciplinary measures. Lack of staff training, oversight and effective safeguarding also create conditions for potential abuse and harm, especially when staff are under stress or do not have sufficient knowledge of appropriate behavior management and discipline strategies.



There are a lot of children who receive inadequate care. Sometimes there is excessive physical harm. Residential care officers do not know all the children. Children have to cook and eat by themselves, and older children have to care for younger ones.

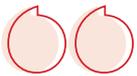
- Private residential care leaver respondent

Evidence has shown that child protection and abuse of children are commonly found in residential homes in Thailand and globally.²² This was also found in the present study. Care leavers described experiencing excessive physical punishment and harm, in addition to general neglect. They explained that staff in some residential care homes do not know children individually and children may be left to cook and care for themselves or be supported by older children. Other respondents explained that staff used abusive and inappropriate language with children and did not have an understanding of children's rights, resulting in physical abuse. In many locations, there was a level of fear or intimidation, causing children to be reluctant to go to staff for help.

²² Paulo Sérgio Pinheiro, (2006) 'World Report on Violence against Children', United Nations Secretary General's Study on Violence against Children, Geneva.

Inconsistent Staffing and Bullying: Frequent turnover of staff in some facilities created a sense of instability and required constant readjustment by the children to new caregivers and personalities affecting attachment patterns. Furthermore, instances of bullying among peers within the residential care setting were reported and, in some cases, was exacerbated by a situation where older children were given the responsibility to care for younger children in the home and inadequate numbers of adult caregivers. Care leavers also reported frequently experiencing loss or theft of their personal belongings, leading to a sense of insecurity and vulnerability.

Lack of Religious Freedom: Some Christian and foreign missionary-funded residential care institutions state that they respect other religions and cultures, but children are often expected to attend church, read the Bible, pray and participate in Christian activities and as a result may feel pressured to convert from their traditional beliefs. While some care leavers said they developed a sense of gratitude and appreciation for Christian teachings while in residential care, they also recognized that as younger children they were compelled to participate in religious activities, even if this did not align with their traditional beliefs or those of their biological families. In some cases, this contributed to their sense of separation and isolation from their family and traditional culture.



There are strict rules, including praying before eating and eating as quietly as possible. We can't choose our food and leave the premises. Showers must be showered together.

- Private residential care leaver respondent

In summary, the care leavers interviewed for this study faced various challenges ranging from restrictions on freedom and strict rules to insufficient caregiver support, inadequate attention to emotional well-being, and the absence of appropriate psychological care. These challenges seem to be consistent across the different homes that the respondents had experience from and were confirmed by the study reference group as generally universal to most residential care settings regardless of level of standard and access to resources. These factors can have a serious and long-lasting impact on the well-being of children and their psychological and emotional development, especially for children who have already experienced different forms of trauma or upheaval in their lives. The many challenges and shortcomings identified by care leavers underscore the reality that despite the possible benefits children may access by being placed in residential care, in the majority of cases, this is not a sufficiently nurturing and supportive environment that promotes the holistic development and well-being of children.

Box 2: Residential Care and Maslow's Hierarchy of Needs

Maslow's hierarchy of needs categorizes human needs into a hierarchical structure. The hierarchy consists of five levels, arranged from the most basic physiological needs to higher-level psychological needs. These levels include physiological needs, safety needs, love and belongingness needs, esteem needs, and self-actualization needs. Each level is inter-related, building upon the foundation of the previous one. In the context of healthy child development, all levels are necessary because they contribute to the overall well-being and growth of a child.

Physiological Needs: Residential care facilities can offer children access to basic necessities including food, shelter, and healthcare, which may have been lacking in their home settings. If the residential care facility is safe for children, meeting these fundamental needs may provide a sense of security and stability, enabling children to escape from poverty and improve their immediate well-being. When young people state that overall being placed in residential care had a positive impact on their life, they are likely focusing on their basic needs for food, shelter, healthcare, as well as safety.

Safety Needs: Residential care can provide a safe and structured environment for children, which they and their families perceive as shielding them from potential dangers they may be exposed to in the village setting (see push factors above). In situations where parents are busy working or caring for other children and do not have time or capacity to provide sufficient care or oversight for children, residential care may be seen as an option to ensure children's safety.

Need for love and belonging: Many children experience significant emotional and psychological pain from being separated from their biological family and their traditional community when placed in residential care. As opposed to consistent relationships with safe and caring adults in a community setting, institutions tend to be characterized by depersonalization and a lack of individual support or personal treatment (Hope and Homes 2023: Families not institutions). The presence of caretakers and fellow children can create a sense of belonging, companionship and support. However, there are critical differences between an actual family and paid staff who return to their homes at the end of their shift. Care leavers also indicated many serious challenges in relation to meeting their need for love and belonging while in residential care, however if forced to choose, they may prioritize other basic needs over this important aspect of their life.

Need for esteem: Residential care facilities can provide opportunities to access education, develop skills, and pursue personal growth. By acquiring knowledge and skills, children gain a sense of accomplishment and self-esteem. While this may be beneficial, care leavers explained that it comes at the significant cost of the emotional pain of separation and cultural disconnection.

"I have everything and I have nothing."

- Residential Care Leaver

The highest level in Maslow's Hierarchy is self-actualization. The study findings indicate that children are placed in care to access opportunities that were previously unavailable to them and children may view being placed in residential care as an opportunity to fulfill higher socio-economic aspirations. As noted elsewhere, children should not have to be separated from their biological family and experience disconnection from their traditional culture, language, and community to achieve these goals.

Source: Maslow, Abraham H. (1943). "A theory of human motivation". *Psychological Review*. 50 (4): 370–396.

Overall Assessment of the Impact of Care

Despite the many serious challenges described above, the majority of respondents expressed that being placed in residential care had a positive impact on their lives. It is clear, however, that this needs to be unpacked and understood using different perspectives, not least based on the many contradicting statements in the care leaver interviews. One factor to consider is the influence of the Christian religious context in of many of the residential homes where children lived, which emphasized the importance of gratitude and appreciation for the opportunities provided. Positive statements could also be attributed to the lack of other support options at the time when they were placed into care which makes it hard to fully grasp how other care options would have affected their lives. It may also be helpful to analyze this finding in the context of Maslow’s hierarchy of needs, which provides a framework to understand why some care leavers may perceive being placed in orphanages as the best option for their lives, despite the emotional and psychological challenges associated with separation from their biological family and disconnection from their traditional culture, language, and community (Box 1).

Overall, how do you feel living in alternative care has affected your current life?

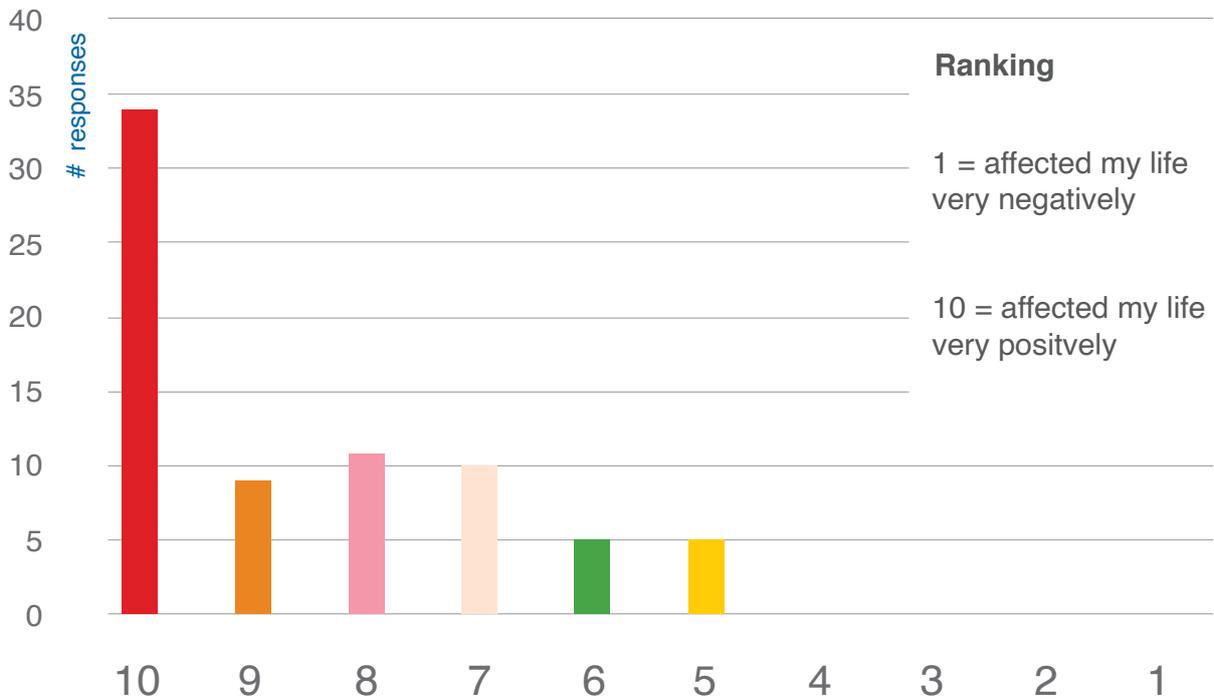


Figure 4: Care Leaver Survey Findings

Despite their perception of the impact of residential care on their own lives, the majority of care-leaver respondents stated that they would not choose to place their own children in care. Explanations given for this focused on the determination of care leavers to be well equipped to care for their own children so that they would not have to make the same difficult choices faced by their parents and families. Care leavers consistently said they would prefer to raise their children themselves to be able to give them the emotional care and support they need, as well as education and socioeconomic opportunities. While care leavers recognized the benefits they received, as shown in Figure 1, they were decidedly not willing to make the same tradeoffs or force their own children to face the challenges they experienced (Figure 4). This important finding underscores the intrinsic value of family and close relationships that cannot be replaced in residential care.

Would you place your own child in alternative care?

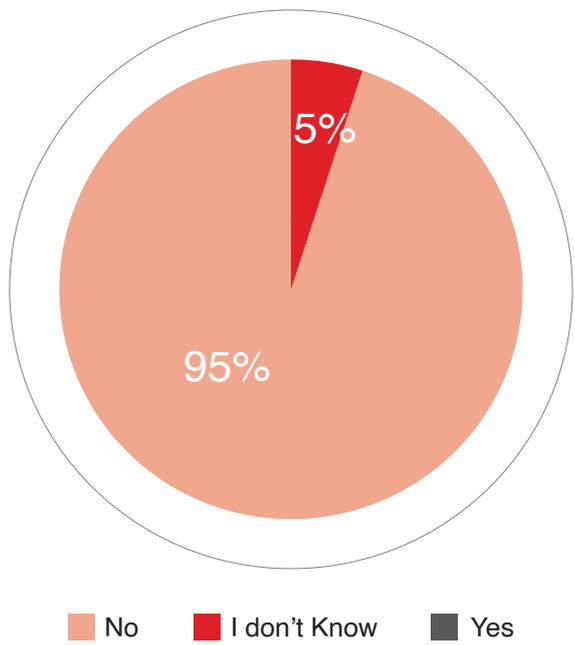


Figure 5: Care Leaver Survey Findings

Push / Pull Factors

Care leavers, parents and service providers interviewed for this study identified the different push and pull factors that they felt influenced the placement of children into residential care. As noted above, the leading pull factors include access to education, poverty and the provision of basic needs, as well as the perception that residential care facilities provide safety and a structured environment for children to grow up.

Other children were placed in residential care due to specific family situations, including families with large numbers of children whom they could not care for, broken families, children from early or unwanted pregnancies, as well as child protection concerns. Parents facing challenges such as addiction, incarceration, or other difficult circumstances may also place their children in residential care. Significant push factors described by parents and care leavers were the high rates of drug and alcohol abuse by teenagers in the village setting, as well as teenage pregnancy and early marriage.

| Table 2: Push & Pull Factors | |
|---|--|
| Push | Pull |
| Poverty | Educational opportunities |
| Drug / alcohol addiction in village | Socioeconomic opportunities |
| Teenage pregnancy | Care provided for children (basic needs met) |
| Family expenses / limited resources to raise children | Structure, discipline, positive environment |
| Lack of education opportunities in village, high school dropout rates | Learn independence & values |

C. Relationships

Relationship with Biological Family

The majority of care leaver survey respondents (76%) maintained contact with their biological family while in care, indicating the ongoing significance of these relationships throughout their care experience. Very few of the young people interviewed for this study were full orphans, although one respondent mentioned loss of connection with their extended family after the death of both parents.

Maintaining relationships with biological families poses various challenges for children in residential care, as reported by care leavers. Recent studies have found that some residential homes directly obstruct and prevent contact between children in their care and biological families.²³ Other challenges include language barriers, where communication becomes difficult when care leavers can no longer communicate or have in-depth conversations about their personal feelings or emotions in the language spoken by their family members. Some care leavers faced an absence of family support and felt indifference from other family members after being placed in residential care. Additional difficulties related to returning home were attributed to crowded households and interpersonal conflicts.

The long distance of many homes from the location where children’s families live was identified as a major factor hindering the maintenance of relationships. Limited transportation options to traverse the long distance from the residential care facility to their home village made it difficult and costly for care leavers to visit their families. Similarly, many families had challenges visiting children frequently due to limited resources and responsibility to look after other children at home. Other care leavers, however, stated that they returned home frequently on holidays, during semester breaks and other occasions.

When reconnecting with their families, some care leavers said that initiating meaningful conversations could be challenging and felt there were limited family activities to foster a deeper connection. Strained family relationships and the dispersion of family members to different locations further contributed to the challenges faced by care leavers in maintaining relationships. Moreover, the absence of personal phones or communication devices in the past (5-10 years ago) hindered their ability to establish regular contact with their parents. These challenges highlight the complexities involved in sustaining these critical relationships and highlight the importance of providing support and helping children and families to proactively address and overcome these obstacles to facilitate positive and meaningful connections. Recent studies have also found that some residential homes directly or indirectly limit and sometimes prohibit contact with biological parents in order to avoid emotional reactions of loss and grief.²⁴

Did you maintain a relationship with your biological family while in private residential care?

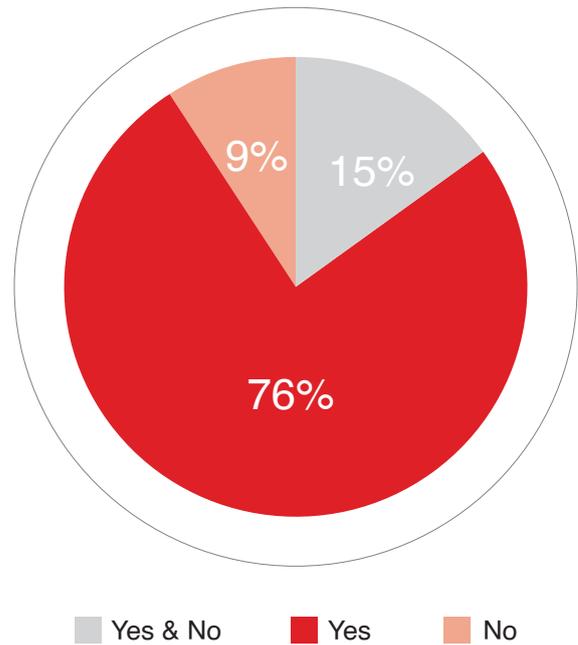
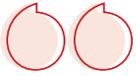


Figure 6: Care Leaver Survey Findings

²³ Rogers, J., Whitelaw, R., Karunan, V. & Ketnim, P., (2022) Sharing their Narratives. Thammasat University.

²⁴ Ibid.



I did not contact my child because I can't speak Thai and there was no money to travel to visit them. Thinking of my child, I can't do anything. Children and families have to organise transportation to go home during the semester break themselves. The staff did not help child return home.

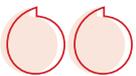
- Parent of child placed in residential care

that they are still loved by their biological parents and are still an important part of their parents' lives.

It is important to clearly understand children's views and inclination to engage with their families, as well as identify the underlying reasons behind such preferences. Where challenges exist, these could be addressed through family counselling, support and other proactive strategies but should not be overlooked or dismissed, especially when there are child protection concerns. Opportunities for maintaining family relationships will inevitably vary depending on the unique dynamics of the family and the individual child. However, the findings clearly show that these fundamental relationships are significantly and, in some cases, irreparably strained by placement of children in residential care.

Some care leavers expressed a lack of desire to maintain connections with their biological families during their time in care. This was attributed to deficiencies in parental skills or issues related to domestic violence within the family. Other care leavers said their parents sometimes gave false promises that they would pick them up in a few months or visit soon, that were never fulfilled. Some children felt they were abandoned by their parents – for example, in the case of broken families when a parent moved on to a new family, placing their children from previous marriage in residential care.

In this regard, some care providers shared a view that it is important for parents to be honest with their children in an appropriate way, taking into consideration their age and capacity to understand mature or complicated issues, while also finding ways to maintain relationships with their children. They explained that this would help children to feel



At least parents can protect our children from substance abuse and the risk of premature pregnancy (by placing them in residential care). These are problems faced by many children who remain in the village

- Parent of child placed in residential care

Maintaining relationships with biological families while in care

Care leavers, families and service providers also described a wide range of strategies employed to maintain close relationships between families and children while in residential care. Children with transportation support and arrangements for parental pick up have opportunities to return to their homes during semester breaks and holidays. Parents also visit their children at school and in some cases were provided with a designated telephone number to contact their children. In other care facilities a public telephone was available for children to use to communicate with their families. Even in residential care homes where personal mobile devices were not allowed, a significant number of children secretly possessed phones, allowing them to maintain contact with their families. Several care facilities organized regular meetings with children’s parents to discuss their child’s progress and any challenges faced. Some care leavers said that their mothers sent home-cooked food for their children residing in the facility, maintaining a sense of warmth, love and family closeness.

Children’s relationships in private residential care

An addition to collecting information on care leavers’ relationships with their biological families, the study also explored the other types of relationships children formed while in care. Global

studies have shown that relationships with peers and others can be very beneficial and supportive for children facing the emotional and psychological challenges of being separated from their families. In the absence of relationships with their biological families, a significant number of care-leavers reported developing other positive relationships during their time in care.

As seen in Figure 7, when asked to describe their relationships in residential care (with whom, how long, etc.), the most frequently mentioned relationship was with friends or peers, followed by relationships with caregivers and residential care staff. Respondents explained that the friendships that they formed in care were very important from a wellbeing and emotional support perspective. 58% of care leavers interviewed stated that they maintained relationships that began while in residential care after departing to live in another location.

Given the study findings on the insufficient number of adult caregivers and that in some homes, staff and care givers did not have time or interest to establish personal connections with children, friendships with peers may take on added importance. This is also of concern given the finding that bullying among peers was also an issue, which could leave a child that is relying on these relationships as a primary source of emotional support and stability in an extremely vulnerable situation.

Children’s Relationships in Residential Care

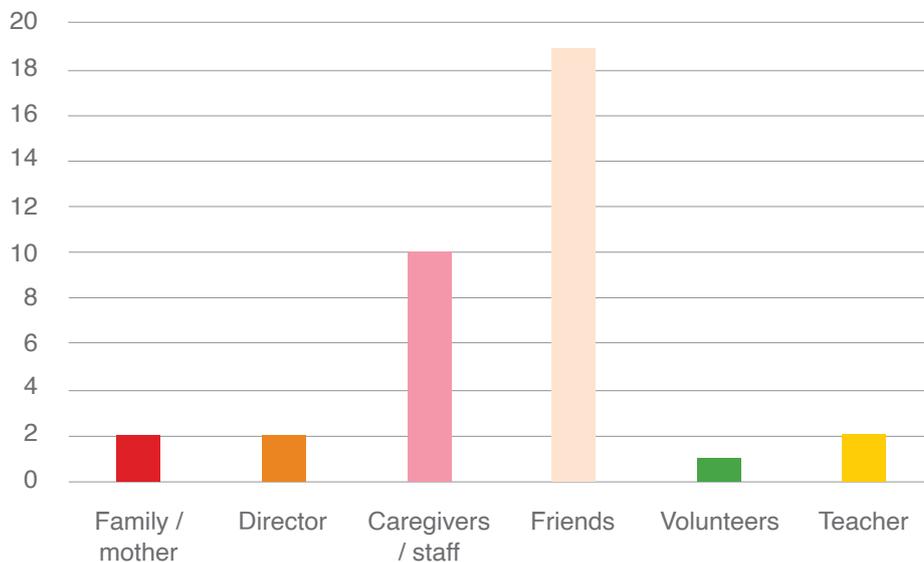
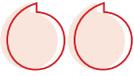


Figure 7: Care Leaver Survey Findings

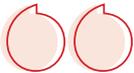


We are together with friends all the time (in residential care), enjoy talking all the time. We share experiences together unlike with school friends, because we live together. If you have a problem or feel uneasy, you will tell your friends. Friends take care of me when I'm sick.

- Private residential care leaver respondent

D. Religion

Many private residential care homes in Chiang Mai and Chiang Rai provinces have been established and run by Christian missionary groups. A recent report by Alternative Care Thailand found that 89% of private children's homes surveyed in Chiang Mai identified as Christian.²⁵ The current study explored the role of religion in the lives of children in an effort to understand this dimension of their experience. Care leavers interviewed explained that children in care facilities are usually compelled to engage in Christian practices, including prayer, Bible reading, attending church, and participating in Christian-oriented activities.



Children do not need to be Christian to be able to live here. Some of children here, at the beginning, respect/worship the ghosts based on their ethnicity as per their families' beliefs. Some children who are not from ethnic groups are Buddhist but do not regularly go to the temple. When they live at the Foundation, they are required to study the Bible and go to a church every day. I myself as a staff is also a Buddhist, also take children to attend church every Sunday. It is up to children whether they want to remain with their original beliefs or to convert to Christianity.

- Private residential care staff member

²⁵ Mahidol University, ACT, Safe Child Thailand and UNICEF, (2023) No Child Left Behind, Bangkok.

Adult study respondents and staff stated that Bible teachings can serve as a means to impart life skills, ethical behavior, and guidance to children. This approach was seen by some care providers from religious backgrounds as a strategy to discipline and influence the behavior of children given the limited ability to offer individualized instruction and guidance. Respondents stated that children are not necessarily coerced to convert to Christianity and most care facilities did not enforce religious conversion as a prerequisite for receiving support. However, there may be significant social and peer pressure to do so, and children often adopt the practices and lifestyles of those around them.

E. Private Residential Care Staff Capacity

Many caregivers and staff in private residential care homes in Chiang Mai and Chiang Rai do not appear to have formal qualifications or training for their role prior to commencing work in a residential care facility. In some cases, caregivers receive training after they have started working in the children's home. Registered child welfare homes may send staff to participate in training sessions organized by

MSDHS twice a year. Staff in unregistered homes may receive training from their partners or participate in in-house training. In Chiang Mai and Chiang Rai, ECPAT Foundation has provided training to around 12 private registered residential care homes as a pilot project on child safe organizations and child participation under a Memorandum of Understanding (MOU) with the provincial level MSDHS offices.²⁶ The trained private registered residential care homes are expected to update/revise their organizational child protection policies or finalize a policy if this not yet in place. However, this training was limited to homes MSDHS was aware are in operation, which is a small minority, and was not implemented systematically across the country. Even in Chiang Mai and Chiang Rai, it should be noted that the capacity building effort was project-based rather than systematic, and homes located in rural areas may have limited information and knowledge about these initiatives. Another challenge identified by care providers is the difficulty of working and staying onsite 24 hours with very few days off, which also negatively impacts their work capacity.

A private residential care service provider in Chiang Rai highlighted the need for access to a child psychologist and counselors to design programs and support children with specific needs, including learning and other disabilities. They also emphasized the importance of having qualified social workers in care institutions, in addition to caregivers. The MSDHS regulation on *Operational Methods of Shelter, Welfare Centre, Welfare Protection Centre, and Development and Rehabilitation Centre – (2004)*²⁷ specifies requirements for residential care staff. These include: childcare officers are required to complete compulsory education (junior high school level) or equivalent and possess suitable knowledge and abilities for their duties. Childcare officers are responsible for caring for children, promoting their growth and development in various aspects, documenting their progress, behavior, and development, and fulfilling other assigned duties from the Guardian (referring to the Head of the care facility). The regulation also stipulates that residential care homes must have psychologists or social workers as part of their staff. Recruiting and retaining qualified staff is a known challenge in Thai private residential care homes.

²⁶ This initiative included the development of monitoring tools, support for the formulation of child protection policies, in-house trainings for staff, and the establishment of a working group focused on child protection.

²⁷ Ministry of Social Development and Human Security, (2004), Regulations Concerning the Operation of Shelters, Welfare Facilities, and Rehabilitation and Recovery Centers, B.E. 2547, Bangkok.

It is generally known among private residential care facilities that most residential care institutions in Chiang Mai and Chiang Rai do not currently meet these criteria. Study respondents explained that low salary for these positions makes it challenging to attract qualified staff who meet the government requirements. A government officer interviewed proposed creating a two-tier system with separate requirements for homes of different sizes, as smaller homes may struggle to meet the existing criteria. Many child-care homes disregard the requirements and operate without registration, leading to a lack of oversight. In a recent study of Chiang Mai province, 66 percent of identified residential homes were unregistered.²⁸ Respondents explained that the government currently exhibits flexibility with enforcing these regulations. This is linked to the findings presented in Annex IV (Government regulations & oversight). The following questions for consideration arise from these observations:

- Are the current government criteria for care homes realistic?
- Can these criteria ever be achievable?
- If homes are unable to meet these criteria, should they be allowed to accept children and continue operating?
- How can the Thai government enforce existing rules including the mandatory registration of residential care homes which would enable structured monitoring and inspections?

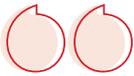
It is also important to note that the MSDHS regulation *Operational Methods of Shelter, Welfare Centre, Welfare Protection Centre, and Development and Rehabilitation Centre – (2004)* criteria predate the UN Guidelines and therefore do little to create a systemic approach based on necessity and suitability. Private residential care staff respondents also expressed uncertainty about the role of the MSDHS and questioned whether the primary purpose of MSDHS is to regulate care homes and ensure compliance with requirements or to provide support and help institutions build capacity to meet these standards.

F. Volunteers

A common feature of private care homes in Chiang Mai and Chiang Rai provinces is the presence of temporary volunteers, often from foreign countries affiliated with religious organizations, including churches. 93% of care leaver survey respondents stated that the residential care facility where they lived had volunteers and visitors. The majority of care leaver respondents felt that this was a positive aspect of residential care and there was not a great deal of concern or awareness of the potential risks involved. Care leavers said they enjoyed interacting with volunteers and having opportunities to practice English and play games together. However, one respondent noted that “when the child is closely connected with the visitor, saying farewell can feel like being abandoned again.” As mentioned in the results section above, the study also found that very few care leavers identify volunteers as an important and close relationships established during their time in care. Responsibility for ensuring the safety of children was generally attributed to the care home staff who coordinate and oversee the volunteers, including the head office, pastors and supporters or funders who introduce the volunteers to the children’s homes.

One issue raised by respondents pertains to potential cultural differences, particularly within Western culture, where physical contact between genders, including hugging and touching, may be more prevalent than in Thailand. Respondents explained that interactions with volunteers or visitors could pose challenges, leading to discomfort and misunderstandings when foreign volunteers were overly physical with children, especially across genders. It is crucial to establish clear rules and provide briefing or training regarding appropriate physical contact with children to address this issue. It did not appear from the study findings that such measures were consistently in place or implemented.

²⁸ Mahidol University, ACT, Safe Child Thailand and UNICEF, (2023) No Child Left Behind, Bangkok.



There are many foreigners (volunteers) coming into the house. They help teach English. When they come, we bond. When they left, I cried.

- Private residential care leaver respondent

Care leavers recounted positive experiences in relation to volunteers including the excitement of practicing languages, such as English and Chinese, with native speakers. Children in care can also become very attached to volunteers and get upset when they leave, as highlighted in the quote above. With hindsight, care leaver respondents recognized the need to protect children in care from potential

risks associated with volunteer involvement, which they were not fully aware of or concerned about during their time in care. There was also limited knowledge among care providers regarding the importance of child protection policies, which should be in place and periodically reviewed by any organization working with children.

G. Support provided when leaving private residential care

The research team asked care leavers and care providers to describe the support and services available to young individuals transitioning out of residential care and preparing for reintegration into society. 46% of survey respondents said that they found the transition process out of residential care challenging and difficult to adapt to. 80% of respondents stated that they received support transitioning out of the residential care home from the staff. However, it appears that children who

leave care by their own choice, often lack such assistance all together. This is particularly true for young people who depart from care abruptly due to disagreements or other personal reasons. The role of parents in the process of children leaving residential care is also an important factor. Some parents have very little involvement in their child's reintegration and may not know how to support this process, which can create challenges.



70% of children are able to lead their lives on a good path. They have a job, good social skills, and positive relationships with their families. As for those who are dropouts due to disobedience or misbehavior – for example, run away from school, too attached to their friends, drinking alcohol, and so on – they tend to have a rocky life-path. They don't find jobs, wander around, have no direction in life. We have made a lot of effort with this group of children to bring them back to a good path before they drop out, but it is also up to children themselves.

- Private residential care provider

For those who do receive support, this typically includes assistance in securing independent housing, employment opportunities, or access to higher education. Service providers explained that the aim of this support is to facilitate a successful transition into independent living and help these individuals establish a foundation for their future.

The quote above describes the perspective of a care provider on young people who fail to thrive after exiting from residential care. Expert reference group members for this study indicated that the number of young people who are able to 'lead their lives on a good path' after this experience may be much lower, with many falling off the radar and into lives of great hardship and pain. While this may be attributed to their apparent choices, the challenges they face may also be linked to deep-seated and unresolved trauma experienced during their time in residential care and disconnection from their families and homes. For example, some children

may try to understand why they were placed in private residential care, which can be very traumatic when they cannot find an answer or resolution.

Difficulties adjusting to life outside the institution is a well-known challenge internationally and some care leavers interviewed in this study noted that after leaving the residential care setting, they felt unable to fit in with their original culture. This may be due to language or cultural barriers but was also attributed to the lack of independence and skill development during their time in care. Many do not return to their home village where employment opportunities are limited but stay outside to work or pursue further education. The research team noted that the study did not encounter a significant amount of information about children who returned to their villages or their relationships to their ethnic communities later in life, which merits further investigation.



Conclusion & Recommendations

Box 3: Direct Recommendations from Care Leavers

- “Cases of children entering alternative care facilities should be studied on a case-by-case basis. A plan for each child should be developed based on their individual situation and the reason that made them enter alternative care.”
- “I want to see all children being taken care of properly and thoroughly through the cooperation of all parties.”
- “Information from research and evaluations should be constantly updated and shared with stakeholders, including care leavers and young people.” (Note: this could be done through the care leavers group being established with the support of a lead study researcher)

When asked specifically about the types of support that could have prevented their placement into residential care, care leavers emphasized several crucial factors and the importance of comprehensive assistance for families facing challenges. These include:

- **Financial assistance should be extended to families** to alleviate economic burdens that contribute to placement decisions. Examples include when financial assistance becomes important to prevent family separation and placement of children into residential care also include sudden shocks, for example if a parent falls ill or has an accident.
- **Ensure access to reliable childcare services and other forms of family support at the village level** emerged as another essential requirement.
- **Better educational opportunities in rural / remote areas**, underscoring the significance of accessible and quality education as a preventive measure for care placement.
- **The need for parental support and capacity-building initiatives** to empower and equip parents with the necessary skills and resources to overcome personal difficulties and maintain family cohesion. At present, support for families at the local level is very limited, although pilot programs are underway in several locations across the country to begin to design and develop these types of services, such as the *Parenting for Lifelong Health Program* in Isan which should be analysed and if proven effective, replicated.

Who should these recommendations be directed to?

- Children’s Homes, Foundations and Children’s Home staff
- “I want all this information to be presented to Government agencies and relevant organizations. I would like for stakeholders to really discuss and understand:

Why is it necessary for children to stay in a shelter?”

This study on private residential care in Chiang Mai and Chiang Rai, Thailand from the perspective of care leavers and their families shows how children, parents, service providers and Government officials often struggle to reconcile contradictory choices and priorities. The findings of this study and voices of care leavers clearly demonstrate that while young people and families recognize the educational, social and other opportunities being placed in private residential care has provided access to, they also express the immense personal challenges and negative impact this experience has had on their lives. The findings underscore the reality that the experience of residential care can impact different children in different ways. It is also evident that many of the perceived benefits from being placed in residential care could be achieved

without separating children from their families.

Efforts to improve outcomes for children placed in private residential care in Northern Thailand must recognize and reflect this complexity to genuinely respond to the needs and wishes of children and families. In this final section, an overview of the overall study findings are presented, along with corresponding recommendations for each. Where appropriate, recommendations are linked to the Thailand National Action Plan of Alternative Care Phase 1 (2022-2026). Direct recommendations provided by a group of care leavers during a workshop held in Chiang Mai to review the study findings, are presented in Box 2 above.

A. Care-leavers recognize and appreciate the opportunities they have been able to access through alternative care - but explain that they have experienced immense sadness and trauma due to the loss of connection with their biological families and culture. Many care leavers interviewed clearly described the difficult and emotionally painful decisions and sacrifices that they and their families have made to access educational and social opportunities by placing children in private residential care far from their families.

Recommendation: Explore and identify ways for children in Northern Thailand, especially those living in remote and rural areas, to access educational and socioeconomic opportunities without having to leave their families or be placed in private residential care. As outlined in the National Action Plan of Alternative Care Phase 1, vulnerable children and families should have access to adequate and diverse family-strengthening services and support and a clear and effective process should be put in place to systematically filter and prevent unnecessary alternative care placement. This may involve working with families and parents, as well as addressing geographical challenges of accessing educational opportunities for children from remote areas.

If children do have to travel to another location to attend school or be placed in private residential care, standards should be put in place to serve their best interest, including strategies (such as alternative care facilities/day-care facilities located in communities) to ensure that they are able to maintain close communication and relationships with their families, as this is critical for their positive emotional and psychological wellbeing. If children move away from home to attend school, this should not be located a long distance away. Children should be able attend the nearest high school and not be forced to move hundreds of kilometers away from their family, as the added negative impact of this distance and strain placed on maintaining family relationships is clear from the study findings.

Ultimately, this comes down to allocation of resources – rather than investing in private residential care, these funds should be targeted to improving services, access to education and support for families at the local level, eliminating the need for children to leave their families and communities.

Recommendation: Freedom of religion and respect for all cultural backgrounds should be ensured for children living in private residential care. Traditional leaders and cultural figures could be invited to speak and engage with children and opportunities created for children in care to learn about their ethnic heritage and engage with community members who are able to share traditional practices, offer native language instruction and encourage children to maintain connection with their traditional culture, if they wish to do so.

Recommendation: For those children who do enter residential care institutions, comprehensive mental health, life skills development and reintegration support services should be available and provided by qualified professionals based on their individual needs throughout the time that they are in residential care.

B. The majority of study respondents, including Government and alternative care service providers, agree that children should grow up with their parents in families - but access to family support and / or viable alternatives for children when families cannot care for them remain limited and the foster / kinship care system is not yet fully functional. Caregivers explained that while children should remain with their parents, extended families and communities whenever possible, in some rare or serious cases, alternative options are needed to ensure children's wellbeing. Examples cited included parental abandonment, drug abuse or when a parent passes away and children from previous marriage are no longer welcome or cared for within the family.

Recommendation: Every effort should be made to implement the five key components of the National Action Plan of Alternative Care Phase 1, which include: 1) family support and strengthening to prevent unnecessary separation, 2) gatekeeping processes and mechanisms to prevent unnecessary separation of children from the family, 3) ensuring quality of various childcare services 4) deinstitutionalization to reduce dependence on institutions which should be a last resort in child care and 5) providing enabling environment in accordance with relevant conventions and laws.

Additional information is needed to understand in more detail the circumstances around how care leavers enter care – for example, who brought them to the residential care institution and how? This will enable stakeholders to determine whether the children who are genuinely in need of residential care are also entering the alternative care system. Residential care institutions that are in operation must be registered, monitored and regulated by the Thai Government to ensure that these are adhering to minimum standards and children are being placed as a temporary measure of last resort.

C. Parents want to keep their children with them at home - but worry about their children's futures and outcomes if they remain in the village due to lack of opportunity and social risks and dynamics including high rates of drug abuse and early pregnancy. Parents are concerned that they cannot adequately monitor and control children's behavior in the village, so they believe that their children will be more protected in the confines of a children's home with enforced rules and clear monitoring and supervision.

Recommendation: Design strategies to address the push factors identified by parents and care leavers in relation to the perceived risks and threats to children in villages, including drug addiction, teenage pregnancy, early marriage, social media / internet addiction and other social challenges. These issues should be addressed to protect all children and allow them to grow and thrive in their home environment, so that parents do not feel forced to protect children by sending children away. This includes ensuring that vulnerable children and families have access to adequate and diverse family-strengthening, protection and other support services to be able to effectively deal with the challenges they face.

While respondents clearly expressed about challenges at the village level, little data is available on these phenomena. Many children grow up in villages and do not experience these challenges. Additional, in-depth data is therefore needed on the village level context to better understand the current issues faced and actual risks to children in order to design effective policies and ensure that children are not placed in residential care unnecessarily.

D. Maintaining relationships with families is a protective / positive factor for children living in care - but can be challenging for children whose parents who are not involved in their lives at all during the time they are placed in care. Study respondents and Thai alternative care experts explained that some children are left in a situation of indefinite limbo and are unable to be placed in any permanent, stable living situation when their parents and families do not visit or remain in contact with them in any way for many years. These children may be forced to remain in alternative care indefinitely if these parents and families do not relinquish their rights and allow children to be placed in other permanent living arrangements.

Recommendation: Every effort should be made to ensure that children are able to live and grow up in the care of their own parents and families. If for any reason a child is permanently abandoned by their parents and extended families, it is critical to first ascertain whether this is genuinely the case and confirm to every possible extent that there are absolutely no options for children to be returned to live with a family or community member. This recommendation is presented in two parts:

- As clearly stated in the National Action Plan of Alternative Care Phase 1, a process should be put in place to systematically filter and prevent unnecessary alternative care placement. This should apply to all forms of formal alternative care. Government and service provider staff should be trained in the process for making this determination and have a clear understand of why this is important.
- If, based on the process above, it is determined that there is absolutely no possibility for children to return to live with their parents, opportunities to live with relatives or other community members should be explored, followed by efforts to find alternative permanent living arrangements within a family environment. Family-based care options should be prioritized and reliance on institutional care decreased and eventually phased out to the greatest extent possible.

It is important to note that this requires the Government to have full oversight of private sector residential care homes and that consequences for non-compliance of regulations are clearly understood and genuinely enforced.

E. Government officials try to ensure that alternative care institutions comply with official regulations - but say that the requirements are too difficult for smaller homes to comply with and therefore try to be 'flexible' within the existing regulatory and legal framework. The study found that Thai Government requirements for alternative care institutions are not being consistently implemented or enforced. There is lack of clarity around the type of registration required and it appears that some alternative care institutions choose to register as a Foundation with the Ministry of Interior but not as a care provider with the Ministry for social development and human security to avoid the additional inspection requirements that this entails. Requirements, which include ensuring that professional psychologists and social workers are involved in the care for children, are reportedly not feasible for smaller institutions with limited staff and resources and are overlooked.

Recommendation: Government requirements for alternative care institutions should be reviewed and consistently implemented. Clear guidance should be provided to all alternative care stakeholders on the type of registration required to provide care and services for children and the corresponding compliance requirements. As noted in the National Action Plan of Alternative Care, state and private agencies should be equipped to ensure effective implementation of the alternative care system. This includes comprehensively and systematically coordinate alternative care provision both at the local level working directly with vulnerable children and families, ensuring that private residential care homes are registered and regularly inspected as well as at the national level to ensure that Thailand's alternative care system upholds international standards and the best interest of the child.

F. Volunteers and visitors bring potential opportunities and excitement for children - as well as potential risks and sadness. Most respondents felt that volunteers made a positive contribution to the alternative care environment and enjoyed interacting with volunteers while they were in care. In terms of forming quality relationships, there is some contradiction, however, with very few care leavers saying that volunteers became important relationships during their time in care. On reflection, however, they also noted that at the time they were not aware of the potential risks involved to children and recognized that in some cases it could be traumatic for children in care to establish attachment with temporary volunteers and visitors. Volunteers often spend a limited time in alternative care settings, creating bonds with children who are then left behind,

Many alternative care settings where volunteers spent time with children do not appear to implement background security checks or are unaware of whether security checks were conducted by their head-offices or pastors or of processes to ensure that volunteers do not pose a potential threat to children.

As noted by UNICEF, without stringent background checks of volunteers and orphanage staff, children growing up in orphanages are also targets for sexual exploitation and abuse.²⁹

Recommendation: Alternative care volunteer programs should be reassessed to prioritize and ensure the safety of children. Volunteers should be limited to qualified professionals who have been carefully vetted by stringent background checks. If other types of volunteer programs and activities are organized, participants and any potential risk to children should be carefully assessed to ensure safety and that the best interest of the children involved is prioritized over that of the donor or adult volunteers.

²⁹ UNICEF Regional Office for South Asia. "Volunteering in Orphanages" | UNICEF ROSA - Regional Office for South Asia. What we do – Child Protection. www.unicef.org/rosa/what-we-do/child-protection/volunteering-orphanages.

Annex I: Ethical Principles

Child Frontiers has developed ethical protocols for conducting meaningful participatory research with children and youth and is familiar with ethical clearance processes. Child Frontiers has its own safeguarding processes, and protocols for disclosure of abuse and exploitation during research processes. All team members were required to sign a Code of Conduct and are obliged to abide by the highest ethical standards. The data gathered remained confidential and responses were kept anonymous.

Ethical Protocols

Consent

All those participating in the interviews must give consent. This must be informed, and as part of this the participants should be made aware of the reasons for the interview, that their participation is voluntary and that they are free to not answer/suspend the interview at any time.

Verbal consent must be obtained before the interview is conducted, and this must be recorded as given on any notes/records of the interview. Therefore, before every interview is conducted a standard script should be read out which sets out the parameters and limitations of the interview and which seeks consent to participate. This script is included at the beginning of each tool.

Confidentiality

For reporting purposes, the names of the respondents who agree to participate will not be mentioned on any reports or notes. In general, and unless there is a safeguarding concern, personal information about the respondents should not be shared with the study team or others implementing

the study unless the respondent gives specific agreement (for example if they want a referral or ask for information to be passed on). Details of what is discussed in interviews should be anonymized so that it is not possible to attribute any participants comments to a particular respondent.

Safeguarding

All interviews take place under the framework of Child Frontiers' Child Protection policies and procedures. Interviewers should ensure they are familiar with the requirements of these, and also know how to report a concern. This will also be discussed in detail during the researcher training.

In the event that a disclosure is made during an interview, or anything is said that gives rise to concern about the safety and wellbeing of the respondent or any other person, then the interview should be suspended. It should be explained to the respondent the need to seek support and to advise on what steps will be taken under the study safeguarding and protection procedures. The only exception where respondent should not be informed of a referral regarding safeguarding/protection is where to do so would likely place the person concerned at greater risk.

Annex II: Ethical protocol regarding disclosure of abuse As per the policies of Child Frontiers Ltd.

Our belief

We believe that every child has a right to protection from abuse, violence, neglect and exploitation, and that child protection is everyone's responsibility.

Our commitment

We are committed to protecting children from abuse, violence, neglect and exploitation and to taking necessary remedial action when such situations arise. In doing so, our guiding principle will always be 'the best interests of the child'.

We will address all reports and concerns of actual or alleged abuse or exploitation fairly, irrespective of who the referrer is, who the allegation is about or the nature of the concern.

No retaliation or punitive action will be taken against anyone who, in good faith, raises a child protection concern.

Our approach

Child Frontiers' child protection policies and procedures are based upon:

- Shared understanding of what constitutes child abuse, violence, neglect and exploitation;
- Trained and supported personnel who are equipped to recognize situations of abuse, violence, neglect and exploitation. They know what action is expected of them in terms of reporting and ensuring the safety of children in danger;
- Clear lines of communication, authority and decision making so that Child Frontiers

personnel have well defined mechanisms for handing child protection concerns, and for receiving technical and other support in managing cases;

- Promoting an organizational culture and environment that encourages child protection concerns to be openly raised and explored;
- Equity and fairness, ensuring that all concerns are treated with importance and respect. This includes keeping sensitive personal information confidential, sharing it only on a 'need to know' basis;
- Working in partnership with other organizations which are better equipped and able to undertake investigations together with agencies and organizations that provide appropriate care and support to children, and with children and their families.

Our personnel selection and management

- Child Frontiers will only engage personnel who are professionally qualified and skilled to work with / on behalf of children. In the case where teams are recruited for the purpose of research, the child protection policy and procedures will be explained during the comprehensive training process.
- It is a condition of Child Frontiers that all personnel must accept, and be prepared to work in accordance with, the child protection policy and procedures of Child Frontiers.

Procedures for supporting interview respondents

During the data collection, every precaution will be taken to ensure that interview respondents clearly understand how they will be involved, fully agree to this and are supported throughout. Through the consent process, the interviewer will confirm that respondents are comfortable with the interview and feel well prepared and sufficient informed to participate. The researcher will also clearly explain that if at any time they feel upset or triggered by the discussion, they are free to stop and either pause or discontinue the interview.

The national team member leading interviews with care leaver respondents has a degree in counselling and has prepared grounding and other techniques

to immediately support respondents if they become upset in any way during the discussion. She will also follow up with respondents after the interview and provide referral to other services, including mental health and counselling hotlines, if needed.

While it is unlikely that this will occur, as the questions will be presented in a way that deliberately minimises the possibility of an emotional response, talking about sometimes difficult personal experiences can always be challenging, so the study team will be well prepared in case the need for these protocols arises.



Annex III: Child Protection Policy & Procedures

Our belief

We believe that every child has a right to protection from abuse and exploitation, and that child protection is everyone's responsibility.

Our commitment

We are committed to protecting children from abuse and exploitation and to taking necessary remedial action when such situations arise. In doing so, our guiding principle will always be 'the best interests of the child'.

We will address all reports and concerns of actual or alleged abuse or exploitation fairly, irrespective of who the referrer is, who the allegation is about or the nature of the concern.

No retaliation or punitive action will be taken against anyone who, in good faith, raises a child protection concern.

Our approach

Child Frontiers' child protection policies and procedures are based upon:

- **Shared understanding** of what constitutes child abuse and exploitation;
- **Trained and supported personnel** who are equipped to recognise situations of abuse and exploitation. They know what action is expected of them in terms of reporting and ensuring the safety of children at risk;
- **Clear lines of communication, authority and decision making** so that Child Frontiers personnel have well defined mechanisms for handling child protection concerns, and for receiving technical and other support in managing cases;

- **Monitoring and critically assessing** company procedures, policies and working practices to consider how they can be aligned to new and evolving child protection standards;
- **Promoting an organisational culture and environment** that encourages child protection concerns to be openly raised and explored;
- **Equity and fairness**, ensuring that all concerns are treated with importance and respect. This includes keeping sensitive personal information confidential, sharing it only on a 'need to know' basis;
- **Working in partnership** with other organisations which are better equipped and able to undertake investigations (such as legal counsel and police) together with agencies and organisations that provide appropriate care and support to children, and with children and their families.

Our Definitions

In line with the United Nations Convention on the Rights of the Child (1989), Child Frontiers defines a child as being anyone under the age of 18 years old, irrespective of the age of consent or majority in national law or local custom.

For the purposes of Child Frontiers' child protection policies and procedures, we use the term 'personnel' or 'personnel member' in the broadest sense to include all those working with, or on behalf of, Child Frontiers whether in a paid or unpaid capacity. This includes employees, associates and collaborators.

Child Frontiers recognises that abuse and exploitation takes different forms, and that there are many manifestations of abuse and exploitation. In line with conventional international practice, we categorise abuse and exploitation within four broad types, although it should be noted that one type of abuse rarely occurs in isolation:

Physical abuse: The physical mistreatment, harm and injury of children. This may include hitting, shaking, throwing, burning or scalding, drowning or suffocating children.

Sexual abuse: Involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening or gives consent. The activities may involve physical contact, including penetrative (e.g., rape) or non-penetrative acts. Sexual abuse may also include non-contact activities such as: encouraging children to look at, or be involved in, the production of pornographic materials; watching sexual activities; and encouraging children to behave in sexually inappropriate ways.

Emotional abuse: Sometimes also called 'psychological abuse', this is the persistent emotional ill-treatment of a child such as to cause severe effects on the child's emotional development. For example, it may involve conveying to children that they are worthless and unloved, inadequate, or valued only so far as they meet the needs of another person. It may also involve age or developmentally inappropriate expectations being imposed in children. It can also involve causing children to feel frightened or in danger. Some level of emotional abuse is involved in all types of mistreatment of a child, though it may occur in isolation. It can be either a deliberate act, or the failure to act.

Neglect: The deliberate and persistent inattention or omission on the part of the caregiver to meet the child's basic physical and / psychological needs, in the context of resources reasonably available to the family, and causes, or has a high probability of causing, harm to the child's health or physical, mental, spiritual, moral, or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible.

In addition to the four main categories of abuse above, we recognize that:

Exploitation is a particular manifestation of the abuse of children. The distinguishing feature of exploitation is that the abuser normally gains some benefit, often though not exclusively financial, either for him / herself or for a third party. Examples of exploitation may include, but are not limited to,

child labour and the commercial sexual exploitation of children. In cases of exploitation, the consent of the child, deemed or otherwise, is irrelevant.

Child Frontiers acknowledges that **discrimination** is often a key causal factor of child abuse and exploitation. We define discrimination as 'biased or prejudiced in favour of, or against, a child or group of children'.

Our Practice

Child Frontiers' policies and procedures reflect that, in general, the company does not provide direct services for children and young people. Given that Child Frontiers normally works as a specialist consultancy for other organisations, our personnel will work within the framework of their child protection policies and procedures. However, where we believe that an organisation's child protection policies and procedures do not adequately protect children, we reserve the right to operate outside of those procedures to ensure that children are protected. In such cases we will always inform the organisation about our concerns and intended actions.

Child Frontiers accepts that there are many ways of living. We do not make judgements based on issues such as gender, ability, ethnicity, race, sexual orientation, religion, and lifestyle choice. We value diversity, and acknowledge without judgement that there are different ways of caring for and raising children. However, we also recognise that respect for culture can never be used to justify child abuse.

Our Procedures

Any exceptions to the procedures highlighted below, or where there is any ambiguity or omission this should be discussed with the directors of Child Frontiers.

The policies and procedures shall apply equally to all personnel carrying out work on behalf of Child Frontiers, irrespective of location or activity.

Personnel selection and management

- Child Frontiers will only engage personnel who are professionally qualified and skilled to work with / on behalf of children.
- It is a condition of Child Frontiers that all personnel must accept, and be prepared to work in accordance with, the child protection policy and procedures of Child Frontiers.
- All Child Frontiers personnel must be able to provide references from previous employers / educational institutions. Recommendations from personal friends or members of family are not acceptable. In addition, personnel must be willing to undergo a police check for criminal convictions, recognising that this procedure may not be possible or feasible in all circumstances. However, all personnel will be required to declare any previous criminal convictions relating to offences against children.
- Personnel are not permitted to act in ways which could be deemed coercive or exploitative, especially to encourage children to take part in activities that are illegal, unsafe or abusive;
- Personnel may not invite a child participant to their room or to stay overnight at their home unsupervised, or sleep in the same room or bed as a child.
- Personnel are not permitted to work alone (i.e. unsupervised) with an individual child unless specific permission is given to do this by one of the directors of Child Frontiers. If one of the directors needs to work alone with a child as part of their work with Child Frontiers, then permission must be sought from the other director.

In all their professional interactions, especially when working directly with children, their families and communities, Child Frontiers personnel are expected to work in a courteous and respectful manner, ensuring that no interaction exposes a child to harm. However, there are some specific actions and behaviours that are unreservedly prohibited, most especially in relation to children and young people.

- Personnel are expressly prohibited from having a sexual relationship with someone under the age of 18 years old, irrespective of the local age of majority;
- Personnel are prohibited from engaging children in exploitative circumstances, such as employing child domestic workers;
- Personnel are prohibited from hitting or physically harming any child;
- Personnel are prohibited from acting in ways that are intended to shame, humiliate, belittle or degrade children;
- Personnel are not permitted to use language or offer advice which is inappropriate, offensive or abusive;

Any behaviour which conflicts with the provisions of the child protection policy will be the cause for investigation and possible suspension / termination of work with Child Frontiers. If, as a consequence, action is taken against personnel, a written record of this will be made and will be disclosed by Child Frontiers if a future reference is sought.

Child Frontiers will cooperate fully with any investigation by the responsible authority (such as the police) in connection with any allegation of abuse or criminal offence in relation to a child made against personnel.

Use of media

In all representations, and in the use of media (including photographs), children should be treated with respect, and their privacy and dignity preserved. Informed consent must always be sought and children must understand that their participation is not mandatory and that they can withdraw consent at any time.

Reporting of concerns / referral of cases

- Personnel have the responsibility to report any concerns about the safety and wellbeing of any child or the worrying behaviour of any adult, irrespective of how they know the people involved.

- Such reports should be made via the appropriate channels as identified by the organisation that Child Frontiers is working for, as dictated by that organisation's child protection policies and procedures. In addition, a report should also be made to the directors of Child Frontiers.
- All reports regarding the safety and wellbeing of a child must be made in a timely manner, not more than 24 hours after the concern was raised.
- In cases where the partner agency of Child Frontiers does not have appropriate child protection mechanisms, or where these are not implemented, Child Frontiers may take necessary action to ensure the safety of the child. This may include the involvement of police and other protection agencies. In such cases, the directors of Child Frontiers will be responsible for making decisions regarding the referral of the case, and in liaising with the organisation concerned.
- Where reports of individual cases are made directly to Child Frontiers, and where it is not related to any current activity (for example by an unsolicited email), the directors of Child Frontiers, using their professional judgement, shall make a decision as to the best course of action necessary in order to protect the child.
- Where it is necessary to make a referral or a report to another organisation, permission will be sought from the source of the information before passing on their contact details (unless they themselves are the perpetrator), unless it is a life threatening situation, and not to pass on such details would be detrimental to the wellbeing of a child. In such cases the referrer will be informed that their details have been disclosed, together with the name of the agency / organisation to which the information was passed.
- A written record will be maintained of any reports and referrals made. All records related to child protection referrals and concerns will be stored

in a central location, with access strictly limited to the directors of Child Frontiers. Information will only be shared on a 'need to know' basis (e.g., if a criminal investigation is launched) and with the knowledge of those concerned.

- In the absence of the person who has authority to make decisions, and if a child is in a life threatening situation, personnel have the authority to make any decisions necessary in order to protect the child from the immediate danger. Any decisions made and actions taken must be documented and reported to the directors of Child Frontiers as soon as possible.

Complaints procedure

In implementing our child protection policies and procedures, Child Frontiers will try to ensure that people are dealt with fairly and with respect, and that matters are handled efficiently and appropriately. However, we accept that at times this may not be the case, and an individual may not be satisfied with the way a case has been dealt with, the actions that have been taken or how they have been treated. It is our experience that such problems are sometimes the result of a misunderstanding and can often be resolved.

Where the person making a complaint is not Child Frontiers personnel, and is from another organisation, is a member of the public, or is a child or their family member:

- in the first instance they should raise their complaint with the Child Frontiers personnel concerned, but
- if they do not feel able to discuss the issue, or the matter is not resolved to their satisfaction, then this should be brought to the attention of one of the directors of Child Frontiers.

Where the complaint is made by Child Frontiers personnel, the matter should be raised directly with one of the directors.

Signature

I, _____ hereby acknowledge that I have read and understand the Child Frontiers child protection policy and procedures. I agree, as part of my association with Child Frontiers, to be bound by the provisions outlined in this policy.

Signature Date:

Annex IV: Study Analytical Framework

The analytical framework for the study was developed based on the questions outlined in the terms of reference, which were further elaborated by Child Frontiers and through discussion with members of Alternative Care Thailand.

Table 3: Analytical Framework

1. What are the current experiences of children and young people leaving care institution (and their families)?
 - What opportunities and challenges have they faced?
2. What types of relationships did children and young people experience while in care?
 - o With caregivers / other adults
 - o With peers, older and younger children in care
 - o With parents and biological family
 - How did these relationships impact their lives?
 - Were these relationships maintained after leaving care?
 - o Why or why not?
 - o What effects did this have on their lives?
3. What is the wellbeing of children and youth after they leave private residential care in Thailand?
 - Are there any visible trends or patterns?
 - How are the lives of these children and youth comparable in reference to a baseline of wellbeing for children in Thailand (as possible)
 - How has the COVID-19 pandemic impacted children and youth leaving private residential care in Thailand?
4. What are the key aspects and factors for successful reintegration and aftercare?
 - What support should be provided to ensure that children and young people are successfully integrated into families and communities? This will cover preparation for leaving care, support reuniting children with families, and support after care.
 - Are there any examples of promising practices in Thailand for supporting reintegration and aftercare?
5. What is the regulatory and policy framework for private residential care and care leaving?
6. What role can and should care leavers play in care reform?
7. What recommendations do care leavers and alternative care stakeholders have for improving the lives and short / medium / longer-term outcomes for children and youth who experience private residential care?

Annex V: Study Findings on Government Regulations & Protocol

The study scope focused on unregistered private residential care homes located in Chiang Mai and Chiang Rai provinces. Interview questions for staff explored the reasons why homes are unregistered or registered only as Foundations, rather than obtaining official authorization as welfare institutions providing child care services.

Respondents noted two types of registration, each serving different purposes. Registering as a Foundation is associated with oversight under the Ministry of Interior (MOI), whereas registering as a Welfare Centre is linked to inspection under the Ministry of Social Development and Human Security (MSDHS). An application for registration as a welfare center can be submitted as a juristic person or as a non-juristic person, such as an individual and does not require prior registration as a Foundation under MOI.

Interviews with government officials and residential care staff indicated that many private care facilities choose not to register as a welfare institution. Instead, they only register formally as Foundation, as this is considered to be a less challenging process. This misunderstanding of the regulations and decision to remain unregistered as a welfare institution under the Foundation category may also be influenced by the interchangeable usage of the terms “Foundation” and “children’s home” (Thai: มูลนิธิ) in Thai.

Respondents indicated that the management of some residential care homes believe being registered as a Foundation is more appealing to potential donors than being identified as a welfare center. Being registered as a Foundation also offers legal status to apply for a tax exemption

for Thai citizens who make donations. There may also be limited awareness that it is technically possible to register as a residential care institution independently, separate from the Foundation they are associated with.

A government officer interviewed expressed a desire for individuals setting up homes to familiarize themselves with the regulations before establishing a care facility. He explained when homes are already established and subsequently seek registration, already having admitted children, this creates challenges if registration is not granted. It was noted, however, that the registration process requires a home to already be providing care for children, leading to a problematic and contradictory situation with unclear responsibilities for registration and inspections. Consequently, numerous homes operate without registration or government oversight. In other cases, residential care homes may deliberately disregard existing laws and regulations, as they may be aware that these will not be enforced.

As noted in the report, Government officials interviewed explained that they use significant flexibility with enforcing regulations on private residential care homes and prefer to have a dialogue with non-registered facilities and bring them on board so that they can work towards respecting the requirements, rather than to take the role of policing or strict enforcement. Since the government has the ultimate responsibility for child wellbeing in Thailand, this is a deeply problematic position to maintain and potentially poses significant risks to the well-being of children.



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Annex VII: Ethical Clearance Certificate



Certificate of MUSSIRB Approval

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| Certificate of Approval No. | 2022/183.2012 |
| MUSSIRB No. | 2022/183 (B1) |
| Title of Project: | A STUDY ON THE EXPERIENCE OF ALTERNATIVE CARE LEAVERS IN CHIANG MAI AND CHIANG RAI PROVINCES, THAILAND |
| Principal Investigator: | MS. VIMALA A. CRISPIN |
| Co-Investigator: | MS. KRITSANA PIMONSAENGSURIYA MS. YA SAE-WAR DR. KANTHAMANEE LADAPHONGPHATTHANA |
| Name of Institution: | CHILD FRONTIERS |
| Approval includes: | 1) MUSSIRB Submission Form version received date 19 December 2022 2) Participant Information Sheet version date 15 November 2022 3) Informed Consent Form version date 15 November 2022 |

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

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|---------------------|------------------|
| Date of Approval: | 20 December 2022 |
| Date of Expiration: | 19 December 2023 |



(Assoc. Prof. Pichet Kalamkasait)
Chairman



(Pol. Capt. Dr. Sutham Cheurprakobkit)
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ERIKS

DEVELOPMENT PARTNER

Written by:



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