Practices of institutional care in Thailand in comparison to the United Nations Guidelines for the Alternative Care of Children
การดำเนินการของสถานสงเคราะห์เด็กในประเทศไทย เทียบกับแนวปฏิบัติด้านการเลี้ยงดูทดแทนสำหรับเด็ก แห่งสหประชาชาติ

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Abstract

This qualitative research studied the comparison between the practices of registered private institutional care facilities in Thailand and the United Nations Guidelines for the Alternative Care of Children. Six orphanages in Chiangmai province were selected through quota sampling. Six managers and twelve parents who sent or received their children back from the respective orphanages were selected as key informants for semi-structured in-depth interviews. The study found both the practices aligned and contradicted the guidelines. However, neither the aligned or contrary practices intentionally had the guidelines as thei base. The orphanages with social workers had distinctly better practices aligned to the guidelines in the four areas covered by this study; gatekeeping, individual care plan, family reintegration, and family strengthening. Based on the findings, recommendations are made for the Thai government and individual private orphanages in Thailand to close the gap between current practice and the intention exhibited in the Guidelines for the Alternative Care of Children.

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บทคัดย่อ

งานวิจัยเชิงคุณภาพนี้มีวัตถุประสงค์ในการศึกษาเปรียบเทียบการดำเนินการของสถานรองรับเด็กเอกชนที่ได้รับใบอนุญาตกับแนวปฏิบัติด้านการเลี้ยงดูทดแทนสำหรับเด็กแห่งสหประชาชาติ โดยได้คัดเลือกกลุ่มตัวอย่างด้วยการสุ่มแบบกำหนดโควต้า (Quota Sampling) คณะผู้วิจัยได้เก็บข้อมูลด้วยการสัมภาษณ์แบบกึ่งโครงสร้าง (Semi-Structured interviews) จากผู้ดำเนินการสถานสงเคราะห์เด็กจำนวน 6 แห่ง และผู้ปกครองที่ส่งบุตรหลานเข้าสู่สถานสงเคราะห์ หรือรับบุตรหลานจากสถานสงเคราะห์เหล่านี้กลับมาอาศัยอยู่ด้วยกันจำนวน 12 คน ผลการศึกษาพบว่าสถานสงเคราะห์เด็กเอกชนมีการดำเนินการทั้งที่สอดคล้องและขัดแย้งกับแนวปฏิบัติด้านการเลี้ยงดูทดแทนสำหรับเด็กแห่งสหประชาชาติ อย่างไรก็ดี พบว่าสถานสงเคราะห์ที่มีนักสังคมสงเคราะห์มีการดำเนินการที่สอดคล้องกับแนวปฏิบัติ ฯ ใน 4 ด้านกรอบของการศึกษานี้ ได้แก่ การคัดกรองป้องกันการเลี้ยงดูทดแทนโดยไม่จำเป็น (gatekeeping), แผนการเลี้ยงดูเด็กเป็นรายบุคคล (individual care plan), การคืนเด็กสู่ครอบครัว (family reintegration), และ การเสริมสร้างความเข้มแข็งของครอบครัว (family strengthening) การศึกษานี้เสนอให้รัฐบาลและสถานสงเคราะห์เด็กเอกชนลดช่องว่างระหว่างการดำเนินการของสถานรองรับและแนวปฏิบัติด้านการเลี้ยงดูทดแทนสำหรับเด็กแห่งสหประชาชาติ

คำสำคัญ: การเลี้ยงดูทดแทน/ การเลี้ยงดูเด็กในรูปแบบสถาบัน/ แนวปฏิบัติด้านการเลี้ยงดูทดแทนสำหรับเด็ก/ สถานสงเคราะห์เด็ก

Introduction

"Home life...is the great molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons." (Children's Bureau, 1967) This conclusion from the White House Conference on Dependent Children in 1909 emphasises the importance of family in children's upbringing and insists that children, even those who needed to be removed from their own homes, "should be cared for in families whenever practicable" (Children's Bureau, 1967) But why?

Every child needs at least a reliable, responsive caretaker for a healthy brain and psychological development, particularly in the first few years of life when the brain architecture is built. (Center on the Developing Child, 2021) Unresponsive care with chronic under-stimulation or severe neglect (in a family setting) often leads to developmental delays or other adverse impacts. Worse, severe neglect or the lack of individualised adult responsiveness in an institutional environment like an orphanage can lead to severe cognitive, physical, and psychosocial development impairments. (National Scientific Council on the Developing Child, 2012)

While orphanages are helpful in housing many children, especially in emergencies, prolonged institutionalised care in a normal situation is of great concern. The most worrying aspect of residential care is the child to caretaker ratio. The more children a caretaker has to care for, the less likely they would receive adequate individualised care needed for their development. Therefore, in poorly resourced childcare institutions, it is highly probable that severe neglect accounts for adverse outcomes on the children's physical health, cognitive development, attachment, and mental health. (Carr et al., 2020) The average number of children in a private orphanage in Thailand is 58. (CRC Coalition Thailand, 2016) Still, having only one or two direct caretakers in an orphanage is not unusual. The ratio of 19 children aged six and above to 1 direct caretaker is allowed for public residential care but is considered the lowest quality possible. (Department of Children and Youth, 2017)

The possible lack of responsive relationships is not the only limitation of orphanages. Strict daily routines and isolation from the community (Cantwell, 2018) may lead to a lack of individual care and the lack of skills needed to live independently in society. For this reason, those leaving care feel unprepared and call for better preparation before and quality access to mental health services after leaving care. Also, they insist on extending the age of leaving care from 18 to 25 years old as a "soft landing from planet youth care on planet earth." (International Care Leavers Convention, 2020)

Despite these limitations, many children are still living in institutional care. It is estimated that 5.4 million children live in care institutions worldwide, and around 80% have a living parent. They are not orphans. (Lumos, 2022) In Thailand, a study of children in private orphanages also found a similar finding; 90% of children indicated that they still have at least a living parent. (Alternative Care Thailand, 2014) But why they are living away from their family?

Children in Thailand are placed in public institutional care (orphanages) mainly because of poverty. (Department of Children and Youth, 2020?) Although international guidelines emphasise that poverty alone is not a justified reason for family separation. Instead, it should signal the need to provide appropriate support to the family. (United Nations, 2009, paragraph 15)

Mindful of the best interest of children and possible conflict of interests, the decisions of removing or reintegrating the child should be based on the assessment of "suitably qualified and trained professionals...in full consultation with all concerned." (United Nations, 2009, paragraph 39-40) If a careful assessment yields "a reasonable grounds to believe that the well-being of the child is at risk" (United Nations, 2009, paragraph 39) because the family is unable or unwilling to provide adequate care, the state as a duty bearer has to protect the child rights and ensure appropriate alternative care. (United Nations, 2009, paragraph 5)

The most desirable form of care is the one that would disrupt or traumatise the children of family separation the least, like that provided by the close relatives.

Kinship care is family-based care within the child's extended family or with close friends of the family known to the child. (United Nations, 2009, paragraph 29 (c) (i)) In Thailand, around 23% of children live in kinship care (National Statistical Office & Unicef, 2020), making it the country's most common form of alternative care. Longitudinal research in two provinces with high outmigration rates indicates that 86 per cent of children whose parents are absent have their grandmothers as primary caretakers. (Institute for Population and Social Research & Unicef, 2016, p. 17)

Still, Thailand relies heavily on large residential care or orphanages to provide alternative care. Within all 77 provinces, there are 30 public residential care and at least 500 private orphanages; more than 50% operate outside the Thai legal framework. (Alternative Care Thailand, 2022) About 63% of these unregistered orphanages are located in Northern Thailand, particular in Chiangmai, Chiangrai, and Tak provinces. (CRC Coalition Thailand, 2016)

For children living in these institutions and other forms of alternative care, the state and other stakeholders must ensure that the services fulfil the children's best interests. A UN resolution adopted by the General Assembly in 2009 provided guidelines, particularly for the purpose. The UN Guidelines for the Alternative Care of Children seek to "support efforts to keep children in, or return them to, the care of their family or, failing this, to find another appropriate and permanent solution." (United Nations, 2009, paragraph 2(a))

The guidelines are translated into two fundamental principles; necessity and suitability. Decisions should be made for each case if a child must have alternative care. If necessary, suitable types of care should be considered, and they should only be temporary. For residential care like orphanages, they should be "small and be organised...in a setting as close as possible to a family". Their objective should be "to provide temporary care and to contribute actively to the child's family reintegration or...secure his/her stable care in an alternative family setting." (United Nations, 2009, paragraph 123)

This qualitative study aims to compare the practices of private institutional care facilities in Thailand with the Alternative Care Guidelines and identify the aligned and contradicting practices for further improvement. There are four areas to see if the current approaches align with the guidelines' intention; gatekeeping, family strengthening, individual care plan, and family reintegration. Gatekeeping is preventing unnecessary alternative care, which must be implemented alongside family strengthening schemes - the attempts to support vulnerable families so they can raise their children. While gatekeeping should last from before a child enters care to while in it, family strengthening must be applied throughout. Even when a child is in care, the family should be strengthened to receive them back and care for them adequately. Individual care plans work together with family reintegration. Planning for care and permanency should be made available " from the earliest possible time, ideally before the child enters care" (United Nations, 2009, paragraph 61), clearly stating the placement goals. (United Nations, 2009, paragraph 63) This has to be accompanied by regular reviews to see if the "original causes of removal" of a child from their family care have been resolved and if the child can be reintegrated back with his/her family, whenever possible and in the best interests of the child. (United Nations, 2009, paragraph 14) This research uses the four areas of alternative care work as a framework. The findings were analysed, and recommendations were made to improve care practices, ensuring children's best interest is observed.

Materials and methods

Research framework

This research was designed to compare the practices of private residential care and the guidelines in three stages; when a child is at risk of living without parental care, when a child is in alternative care, and when a child leaves alternative care. Four areas of alternative care work reflected in the guidelines were highlighted: family strengthening, gatekeeping, individual care plan, and

family reintegration. Each area covers different stages of children entering, living, and leaving alternative care, as illustrated in the diagram.

Family strengthening

Gatekeeping

Individual care plan

Family reintegration

When a child is at risk of living without parental care

When a child is in alternative care

When a child leaves alternative care
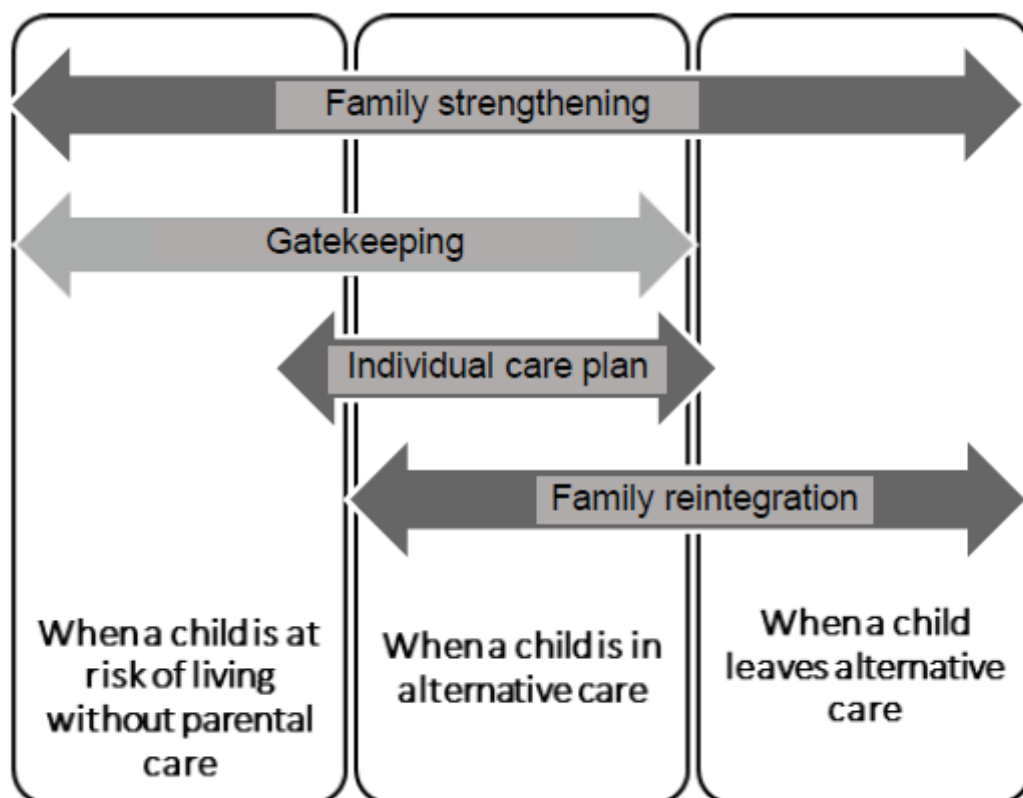
Diagram 1: Research framework

Research area

To comparatively study institutional care practices and the *UN Guidelines for the Alternative Care of Children*, this research chose to study the registered private orphanages. It is assumed that with registration, the orphanages are subjected to a minimum standard of care and should have a better quality of care than those operating illegally.

This research identified Chiangmai province as a research area for three reasons. Firstly, Chiangmai is among the top three provinces with the highest

number of private residential care in Thailand (CRC Coalition Thailand, 2016) and has its own private orphanage association. Secondly, the Chiangmai provincial office of the Ministry of Social Development and Human Security is active in supervising registered private children's homes, indicating a more adhering practice to the government standard. Lastly, Chiangmai is the only province in Thailand with a subcommittee on standard inspection and capacity development of residential care, implying a higher standard of alternative care provided.

Key informant selection

This research aims to understand the process of decision making at the stage where children were separated from their families, when they were in care, and when they returned to their family or community. Thus, two main groups of key informants are the orphanage operators and the parents.

The quota sampling method was applied for the selection of orphanages. First, all registered private children's homes in Chiangmai province were updated. To ensure that the institutional care providers have had experience in accepting, caring for, and dismissing a child, only orphanages with more than five years of experience were selected. The list was then sorted into districts.

From the top three districts with the highest number of registered institutional care, all selected orphanages were categorised into large and small orphanages. These break characteristics are applied to see any difference in orphanages of different sizes. Three large orphanages (with more than 30 children) and three small orphanages (with less than 30 children) were randomly selected from the list. The managers of these six selected orphanages were contacted as key informants. It is worth noting here that a large orphanage initially chosen refused to participate; another one of the same categories was randomly selected in its place.

Additionally, the managers were asked to identify and give contacts of the parents who were the latest to send their children into care and those who were the latest to receive their children back. Each orphanage manager provided

contacts of two parents, totalling 12 parents as key informants. It is worth noting that orphanage managers may have some bias in selecting parents. For example, it is perceived that every parent interviewed had a good relationship with the orphanage or at least the managers. Also, in some cases, the qualified parents (the latest who sent or received the child back from a respective orphanage) were out of contact. So others with the same characteristics were contacted instead. In sum, this research interviewed 18 key informants; 6 orphanage managers and 12 parents.

Data collection and analysis

This qualitative research collected data using semi-structured in-depth interviews. The interview guide was structured in three sections; the acceptance of a child into care, the care practice while the child is under care, and the process to end care and the follow up. The interview guide was designed having the Guidelines for the Alternative Care of Children as a foundation.

Before every interview, key informants were informed of the research and privacy information. The consents were sought. Interviews with the orphanage managers lasted approximately 1-1.5 hours, while parents' interviews lasted about 45 minutes. The interviews were conducted in 2018. Every interview was recorded and transcribed. The research team coded the transcription to analyse the patterns, focusing on four areas of alternative care work; gatekeeping, family strengthening, individual care plan, and family reintegration. The analysis was made from this primary data and a secondary one.

Result

The research results are categorised into three sections; when children are at risk or already living without adequate parental care, while children are in residential care, and once the care is suspended. Follow up after children left care was also discussed.

1.Gatekeeping and admitting children into residential care
1.1 Initial contact for sending children to orphanages

This research found four ways the children and their families contacted orphanages; the parents contacted the orphanage themselves, and the children were referred by the government staff, other private organisations, and a third person. First, parents contact care facilities staff to have their children accepted into care. Orphanages are known in the local area and the home town of children already in those care facilities. Word of mouth and seeing children in residential care returning and visiting their families during school breaks increase the possibility for parents to send their children to the orphanages. Second, government staff referred children to orphanages. This research found both formal and informal references. Formal references mean cases referred by relevant government units like hospitals and local governments; some involve the multi-disciplinary team in decision making. Informal references, however, mean individual government staff like police or teachers referring a child to an orphanage in their personal capacity. Third, children were referred by other private children's homes. This research found two examples of such cases. And lastly, children were sent to orphanages via a third person. This research found that the third persons were often affiliated with a religious network, particularly Christians. Children were sent to institutional care by priests, nuns, pastors, and believers. This finding was in accordance with a previous study which shows that over 60 per cent of unregistered private residential care are faith-based organisations. (CRC Coalition Thailand, 2016) In Chiangmai, 70 per cent of registered orphanages are associated with Christianity. In fact, one of the orphanage managers stated that "we will accept the children who have been referred to by Christians or Christian organisations only". (orphanage manager number 4)

1.2 Factors for sending children to orphanages

Poverty is still a primary reason families send their children to orphanages. In one case, a grandmother took care of her grandson with an irregular daily income of two dollars. Even with her government elderly allowance of 30 dollars

a month, it is insufficient. (parent number 10) Apart from poverty, this research also finds other four joint reasons pressuring the family to send their children to orphanages. These are neglect due to divorce, incapability to care for children due to sickness, addiction, imprisonment, lack of stable living and accommodation, and abuse or high risk of abuse.

While families have internal struggles to induce them to send their children to orphanages, institutional care facilities also have' pulling factors' to draw children into their care. Most notably, orphanages give children access to better quality education. Additionally, with the challenges of commuting to schools from some rural areas of Chiangmai and neighbouring provinces, orphanages or similar boarding houses are motivating alternatives to living at home. Even a parent who had been in institutional care and understood its disadvantages decided to send her children to an orphanage solely for educational purposes. (parent number 9)

1.3 The admission to residential care

This research found two main inclusion criteria for admitting children into residential care; children without anyone caring for them and destitute children, especially those lacking educational opportunities. Three orphanage managers specified that they aim to help children who do not have anyone to care for them. This implies long term or permanent institutionalisation. The perception that "here will be their home and family forever" (orphanage manager number 6) diminishes the possibility of looking for other family-based opportunities.

Orphanages also accept children for educational purposes, particularly those whose parents cannot provide a good education or when the daily commute to school is challenging. Education is a strong drive behind admission to residential care. Most orphanages in this research receive a new cohort of children at the beginning of the school year. An orphanage manager explained that "We have to send the children to school. If it is in the middle of the semester, the school will not accept the application. So, we could not accept any either." (orphanage manager number 5)

For the exclusion criterion, orphanages do not see themselves helping children with behavioural problems. Therefore, when considering receiving a child into their care, the decision is made with consideration to the potential problems the child could cause. (orphanage manager number 2) Another exclusion criterion found in an orphanage is gender preference. In an orphanage, girls are preferred "because it is harder than taking care of the boys." (orphanage manager number 4) It is also worth noting that no children with disabilities were in any participating orphanages.

The orphanage manager is the main one to decide if a child will be accepted into care or not. In two orphanages participating in this research, the main funders also have an input in the decision making. Except for two orphanages with social workers as managers, the others decided to accept a child without a house visit or a meeting with the parents in some cases. In contrast, orphanages with social workers are active in gatekeeping and offer help to families at risk. Only orphanages with social workers provide or give information on services to strengthen families, such as scholarships and monthly support.

After a decision to receive a child into care is made, there is no adjustment period given to the children except in only one participating orphanage — the orphanage with a social worker set up a 2-week adjustment period for the child and his grandmother.

After a child is accepted into care, orphanages make a signed agreement with the parents or the authorities referring a child. This signed agreement serves as semi-legal protection for the orphanages and implies the more important roles of orphanages staff in the lives of the children than the roles of the parents.

> *We made an agreement that we have the right to take care of the child....(We would ask them if they have) Any concerns? Are they still willing to send the child here even when they know all this? Once they agree, a document is signed. They give us the right to contact the school or take the children to a doctor...The parents need to provide us with full authority. (Manager, Orphanage number5)*

Apart from the signed agreement, orphanage managers often state the terms on the responsibility of the parents informally. For example, an orphanage insisted that the parents have to pay the child a regular visit. However, the parental visit is limited in form and frequency by the orphanage manager. For example, there should be no visit at the beginning of the admission to help the children adjust to life at the orphanage better. (Manager, Orphanage number 4) Another example is that the visit should not involve a trip to go out for a family meal for fear that it will offend other institutional care children who do not have a parent. (Manager, Orphanage number1) Another orphanage indicated that the parents have to contribute to the living cost of the child. The said amount was about 10 dollars a month, "but those who do not have much would pay about 2 dollars a month or 3. This is alright. At least they have not totally forsaken their child." (Manager, Orphanage number 2)

What seems to be commonly understood by the parents and orphanage managers is the length of time the children will be staying in the institutional care. It is normal to hear from the parents that the orphanage will take care of their children until the age of 18. It is the age of legal maturity and of the graduation with high school diploma or the equivalent.

> *I used to discuss (with the orphanage) about this. But I know I cannot get my child back. He has to reach 18 years old... it's up to him whether he'd like to be back with me (his mother) or remain in the orphanage. (Parent number2B)*
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> *They said they would take good care of him. That's all. He will go to school until the age of 18. Then, he can come back home. They were afraid I would abduct the child back. (Parent number7)*

2. Individualised care for children in residential care

2.1 Collecting children's information and setting house rules

All participating orphanages have personal folders to contain information about each child. The main form used to gather information is given by the provincial office of Social Development and Human Security. The form is

comprehensive and rarely was completed. The section which received the most update is the section on home and parental visits. Given a small number of staff and the workload of the staff and manager, the paperwork has not been given a high priority. When relevant, the updates on matters around the facility are provided mainly for the funders, in most cases international.

Regarding the rules within institutional care, each orphanage has its own rules that do not depend on government guidance or suggestion. It is found that with many children under care, the rules are set mainly to help care for a large group of children. Therefore, many rules set in the orphanages are not conducive to the needs or rights of an individual child. For example, children are not permitted to have a meal with their parents outside the orphanage. (Manager, Orphanage number1) Children are not allowed to speak the local dialect, only central Thai. (Manager, Orphanage number2)

2.2 Relationships between the child, the family, and the orphanage

The relationship between the children and the caretakers at orphanages imitates a family relationship. An orphanage employs a couple to take care of the children. They often are called father and mother by the children. However, all the managers who were key informants recognised that an orphanage could not replace a family.

> *We take care of them like a family. I try to be a father to them. They call us father and mother. But it is only the imitation of family. We can not replace their real family. I used to think we could. Though the theory says we could not, I did not believe it. We did try. But it was not ok. We are not the same flesh and blood. No matter how hard we try. There is still a wall between us. (Manager, Orphanage number5)*

> *There is still a gap. Do they trust me fully? Do they regard me as a mother? I am only a big sister taking care of them. That is what they feel. They do not think that this is their family. (Manager, Orphanage number3)*

Still, the orphanage caretaker is more influential in the lives of the children than the parents. There are two areas where the influence of the caretaker is prominent; education and religion. The children chose a school or applied for an education program as the caretakers guided them. An orphanage manager insisted that the children have a bachelor's degree, while another orphanage manager supported the children in her respective orphanage to pursue a diploma in a vocational school. Eventually, the children choose accordingly.

Regarding religious preferences, researchers found daily spiritual practices in orphanages. Since all six orphanages of this research are affiliated with Christianity, daily religious routines found include morning devotion and prayers before meals. There is also an orphanage that persuades children to become religious personnel. (Manager, Orphanage number 2)

The relationship between the children and their families are maintained by two primary forms of contact; phone calls or online communications and visits. With phone calls, it is reported that the rings have to be made through the phones of the caretakers. For visits, two orphanages discourage parents from visiting their children at the beginning of their time in the orphanages. But later, visits are allowed more often but are still subject to the supervision and rules of each orphanage. The school holidays are when the children have an opportunity to visit their families. The orphanages allow such visits twice a year to reduce the workload of the orphanage staff. "So the staff can take some rest after taking care of the children for the whole semester." (Manager, Orphanage number 2) In effect, it also reduces the monthly operating cost of the orphanages.

Interestingly, a group of parents abstained from visiting the children or trying to visit them less frequent. The reasons given are the fear that the children would not want to remain in the orphanage or the oversensitivity to the feeling of the caretakers. The parents were concerned that the caretaker may not feel comfortable with their frequent parental visits. This concept of being considerate or *Krengjai* is powerful in Thai culture. One is not comfortable doing something for fear that others may be offended by it.

Mostly they would allow a monthly visit. I took that. But the child did not want to stay. He wanted to be back with me (his aunt). So I decided not to visit him. We talked on the phone. If I had visited, he would not have been able to remain in the orphanage. (Parent number 6)

For me, I did not forsake my child. I often visited him. But I also feel kreng-jai (too considerate of the feeling of) the manager. I do not think the manager wanted us to contact the children too often,...for fear that the children may be emotionally attached to us. Though I want to, I will not go too often. (Parent number 2)

This relationship pattern between the parents and the orphanage caretakers stems from a strong sense of dependency. Even when the parents do not have enough opportunity to exercise their rights as parents, they are more concerned about the feeling of the orphanage staff than their own.

Of course, I am worried about him (the child). If I call, I am afraid that (the staff) will tell me off for calling him too often. They may get annoyed. But in fact, they have not said anything. (Parent number 8)

I visit there very rarely. Only when I really miss my grandchild. I do not want to bother them (the staff). (Parent number 10)

This research also found a minor tension between the parents and the staff for children's love, respect, and obedience. The tension reinforces the parents to avoid participating in the children's lives, even if they want to. The manager of orphanage number 5 indicated that if a child listens to the parents and goes against the rules and discipline of the orphanage staff, it will not be good. While parent number 11 said she made a call to ask about the welfare of the children but realised that the orphanage staff did not want her to call regularly. She thought it was because the staff feared the child would miss her too much.

2.3 Long-term individual care plan

The researchers have not found an individual case report. The personal folder of each child contains only essential basic information about the child

but lacks updates. Since there are no regular updates on the child, there is no periodic review to consider the necessity for the child to be in institutional care. It can be explained that paperwork is not a high priority work for the staff of private orphanages. Yet, in practice, a social worker working in an orphanage (Orphanage number 3) had reviewed the causes of family separation and attempted to reunite the children to their families despite not having updated the children's folder.

3. Individualised treatment to suspend care, family reintegration, and aftercare service

3.1 Challenges for family reintegration

There are two main challenges for family reintegration in the practice of private children 's homes. First, there is a lack of regular review of the child and family situation, partly because admission to an orphanage is understood by both the parents and the orphanage staff to be a long-term arrangement. In the case of parent number 12, her daughter has been in an orphanage since she was very young up until the age of 23. Another reason is the better opportunity for good education. Parent number 2A was considering taking a child back. But when she thought about the educational opportunity the orphanage could provide, she decided for her child to remain in institutional care instead.

The second challenge is the unrealistic expectation of the orphanage staff toward the parent's capability to raise their children. The average living standard of the family may not be up to the expectation of individual staff, especially in orphanages with foreign funding and involvement. However, for the family, the willingness to take a child back accounts more than the financial capacity.

> *It does not cost much. I think it is manageable. It only will cost a few thousand Baht a month. He (the child) only needs 30 Baht per day. (Approximately one US dollar) 20 Baht for Thai school and 10 Baht for Chinese school. (Parent number 3)*

Third, the children do not have much opportunity to learn local knowledge, culture, and skills. Reunifying a child back to their family may not be desirable.

The child may face a challenge in adjusting to the home culture. The differences are more notable in the orphanage funded or run by foreigners.

3.2 Causes for family reintegration

Positive causes for family reintegration are the intention for family reunification initiated by orphanage managers or the parents. However, the final decision still rests more upon the preference or opinions of the orphanage managers, except for the orphanages with social workers at work. In these orphanages, it is found that more professional evaluation was conducted before the family reintegration.

It is noted that in this research, there are two cases where parents initiated the family reintegration. In both cases, parents have maintained a solid relationship with the children while in institutional care. However, the initiations were not without criticism. Parents stating the desire to take the children back often faced a mild comment that they only want the children back to help around the house. (Managers, Orphanage number 4, number 2) This claim is confirmed in the case of parent number 9, who said that "the child can now be back with me because he is old enough. So, he can help taking care of the younger sibling. He now has another sibling." (Parent number 9)

The negative cause of family reintegration is when the child has a behavioural problem. The behavioural issues range from stealing, being disobedient to destroying properties. Warnings are given. However, the child was sent home almost immediately when they repeated negative behaviour, often three times. Therefore, there was no preparation for the child or the family in such cases. Nevertheless, the most common cause of family reintegration is ageing out or graduating with a secondary or high school diploma. According to Thai laws, the definition of a child is a person below the age of eighteen. The orphanage thus sets the age of eighteen as the oldest age for a person under their care. However, in at least two cases in this research, young adults still live in institutional care.

3.3 Family reintegration process and follow up

Usually, children are sent back to their families without preparation, particularly when they display behavioural problems. However, this research also

found cases where the decision on family reunification is carefully thought through. The deciding time is prolonged to allow preparation for both the children and the family. For example, the orphanage manager of orphanage number 1 evaluated the family and spent 18 months settling on family reintegration. Once a decision has been made to reintegrate the child back, the manager of orphanage number 1 arranged a tryout period for the child to be at home during public holidays. Parent number 7 told us that she had her child back home for eight days to see if a family reintegration would be possible and sustainable. However, in this care, the actual family reunification happened at the end of the academic year.

This research found no structured follow-up program with the care leavers. Once the child is back with their family, the orphanage staff does not actively conduct a follow-up. This also depends upon the accessibility to the child and the family. It is reported that orphanage staff follow up with the care leavers passively, such as through social media. There is no follow-up for all cases reported in this research left because of behavioural problems.

The main challenges obstructing the following up with the care leavers are financial and personnel limitations. Nevertheless, once again, the work of social workers proves helpful. The researchers found attempts of the social workers to monitor family reintegration, though not for every case.

Discussion

This research studied the comparison between the practices of registered private institutional care facilities and the Guidelines for the Alternative Care of Children. The study shows that registered private children's homes have practices that align with and contradict the guidelines. However, because the guidelines were not widely recognised among practitioners in Thailand yet, aligning and contradicting practices were so by chance except in orphanages where social workers are at work.

1. Practices that are aligned with the Guidelines for the Alternative Care of Children

This research found practices aligned with the Guidelines for the Alternative Care of Children, mainly in orphanages with social workers at work. From the beginning, when children are at risk of having inadequate parental care, social workers act as gatekeepers preventing unnecessary alternative care. In the case of orphanage number 1, a social worker insists on not accepting a child simply because of poverty. This is aligned with paragraph 15 in the guidelines; "financial and material poverty...should never be the only justification for the removal of a child from parental care." (United Nations, 2009)

When the children are in care, only orphanages with social workers at work review the causes of family separation, which lead to attempts to reintegrate the children back into their own families. In orphanage number 3, a social worker initiated the family reintegration process despite not updating the children's folders. In orphanage number 1, once deciding on family reintegration, a social worker allowed 18 months to prepare the child and the family to be ready for reunification. These practices aligned with the Guidelines for the Alternative Care of Children in two main areas; "decisions on removal or reintegration...should be made by suitably qualified and trained professionals" (United Nations, 2009, paragraph 40), and "the reintegration of the child in his/her family should be designed as a gradual and supervised process." (United Nations, 2009, paragraph 52) However, since the private orphanages are deciding on their own, the decisions were not made "on behalf of or authorised by a competent authority, in full consultation with all concerned." (United Nations, 2009, paragraph 40) Additionally, the reintegration process of cases found in this research is not "accompanied by follow-up and support measures" as requested in the guidelines. (United Nations, 2009, paragraph 52) Therefore, the practices of orphanages still have room for improvement to be more aligned with the Guidelines for the Alternative Care of Children.

This research also found another aligned practice to the guidelines, widely practised in orphanages with and without social workers at work. During school

holidays, orphanage staff will allow and support children to visit their families. This tradition "facilitates contact and potential reintegration" (United Nations, 2009, paragraph 11) by maintaining the relationship between the children and their families of origin. However, that was not the primary intention of orphanage operators. In reality, parents were discouraged from visiting their children at the beginning of their time in two orphanages and not permitted to have a meal with their children outside of orphanage premises in the case of orphanage number 1. But all orphanage operators encourage children to visit their families during school breaks, twice a year, mainly to reduce staff workload. "So the staff can take some rest after taking care of the children for the whole semester." (Manager, Orphanage number 2) In addition, it also reduces the monthly operating cost of the orphanages during the school holidays.

In sum, orphanages with social workers at work have practices that align with the Guidelines for the Alternative Care of Children, though there is room for improvement. However, for other orphanages, there is aligning practice, but the motivation behind it was not following the intention of the guidelines. The alignment was not made on purpose but rather by chance.

2. Practices that are not in line with the Guidelines for the Alternative Care of Children

Even with the best intention, private institutional care practices are often against the Guidelines for the Alternative Care of Children. This study finds patterns that contradict the international guidelines in four areas; gatekeeping, individual care plans, family reintegration, and family strengthening.

There is a profound lack of an effective gatekeeping mechanism. Instead of focusing on helping "children who are deprived of parental care or who are at risk of being so" (United Nations, 2009, paragraph 1), orphanages in this research give more attention to providing educational opportunities to disadvantaged children. This practice is exhibited in how orphanages operate. Their admission criteria, timeframe for family visits, or possibility for family reunification are all

decided on the need for education. For orphanage number 5, the operator only accepts new children before the school year starts because that is only when the schools will take an application.

The lack of access to quality education may have been solved with different solutions. To remove a child from a family to only give them a good education does not seem to be a solution aptly fit for the issue at hand. For example, in the case of parent number 4, grandparents sent the child to institutional care because they could not send and pick up the child from school daily due to their physical constraints. In such a case, assistance on transportation to school would still allow the child to live with his grandparents and still have education without unnecessary alternative care.

With this distorted aim of institutional care, children are being separated from family unnecessarily and for too long. Orphanage manager number 6 insisted that once a child is accepted into care, "here will be their home and family forever." (orphanage manager number 6) This indicates that a child will live in an orphanage until they age out, often at the age of 18, which is the same time as they would graduate with a certificate or diploma. Even the parents understand that residential care is long term. Parent number 2B stated that "I know I cannot get my child back. He has to reach 18 years old." (Parent number2B) This contradicts paragraph 123, which insists that the objective of residential care "should generally be to provide temporary care and to contribute actively to the child's family reintegration…" (United Nations, 2009, paragraph 123).

There is also an apparent lack of active individual care plans contributing to family reintegration. Though each child has a personal folder to collect essential documents such as house registration and grade reports, a plan to reunify the child has not been incorporated into the care plan. This directly disaffirms the intention of the guidelines, which encourage the state to ensure that there will be a "thorough review" of child and family situations at least every three months. (United Nations, 2009, paragraph 67)

> *(The) removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration. Removal decisions should be regularly reviewed and the child's return to parental care, once the original causes of removal have been resolved or have disappeared, should be in the best interests of the child. (United Nations, 2009, paragraph 14)*

Regarding family strengthening, this research found social assistance offered by social workers in the orphanages and from one local authority. However, there is no report of other forms of family strengthening such as "parenting courses and sessions, the promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income generation". (United Nations, 2009, paragraph 34a) Institutional care facilities, in this case, see themselves as helping children but do not expand the scope of their work to assist the family as a whole. Thus, in many cases, there is not enough "effort to prevent the separation of children from their parents or primary caregivers". (United Nations, 2009, paragraph 155)

The practices of private orphanages contradicting the intention of the Guidelines for the Alternative Care of Children illustrate that the importance of family has not been valued. Government staff, caregivers, and the parents in this research prioritise education and convenience over family. Hence, the current practices do not reaffirm the commitment "to support efforts to keep children in, or return them to, the care of their family or, failing this, to find another appropriate and permanent solution, including adoption and kafala of Islamic law" (United Nations, 2009, paragraph 2a)

Another practice that may directly contradict the guidelines is religious observance. Though randomly selected, all orphanages in this research are faith-based organisations affiliated with Christianity. The issue of spiritual practice and proselytisation is highlighted. This study found different levels of religious

practice ranging from providing Christian education and counselling, observing daily and weekly rituals, and encouraging a child to become a religious leader. (In this case, the child is already a Christian) (Manager, Orphanage number 2) In this regard, more attention is needed for the care not to be instrumentalised in furthering the religious goals of the providers. (United Nations, 2009, paragraph 20)

Implications for policy and practice

1. Awareness-raising on alternative care for stakeholders

The practices of private institutional care do not align or contradict the guidelines on purpose because the Guidelines for the Alternative Care of Children are not yet widely known. Therefore, raising awareness of the alternative care guideline itself and the importance of family towards the development of the children should be prioritised. While funders and donors should be aware of other more appropriate means to help children, caretakers should have a more active approach to preventing unnecessary family separation. Also, in this research, the religious network is influential in the operation of private institutional care. Thus, it is suggested that the networks be further explored as a channel for information dissemination and awareness-raising among private institutional care facilities in Thailand.

2. Capacity building for institutional care personnel

There are two levels of personnel working in private orphanages; professionals such as social workers and caretakers. The professionals required by-laws are nurses, psychologists, and social workers, depending on the specific requirements for each type of institution. To build their capacity, stakeholders must engage with respective professional councils and higher education institutions. Such engagement aims to equip social workers and other professionals on the mechanisms reflecting the alternative care guidelines.

In practice, not all registered private orphanages have professionals working in them. What they have are the caretakers. They also have to learn and ac-

quire skills in the four primary mechanisms of alternative care. In reality, where orphanages cannot afford to employ a professional, the caretakers need to step in to provide appropriate individualised care for children. The Chiangmai Provincial Office of Social Development and Human Security realise the lack of professional personnel in institutional care. It is reported that the office provides training to build the capacity of caretakers in private orphanages. This can serve as a model for other provinces to improve the care and practice of institutional care facilities.

3. Local mechanisms for family strengthening and gatekeeping

The case of parent number 8 is the only case in this research with a robust gatekeeping mechanism conducted by the social worker at the orphanage and a family strengthening service provided by the local government authority. It is inevitable to establish effective family strengthening and gatekeeping mechanisms locally to have more of such a case. Families may face difficulty accessing centralised family support services, particularly at the provincial ministerial office. But having services available in the community will increase the accessibility of the family for services that will help them raise their child.

4. Highlighting the state's responsibility for alternative care

Because the Guidelines for the Alternative Care of Children regard the state as the leading actor in implementing the guidelines, many responsibilities of the signatory state are stated. Overall, the state is responsible "for protecting the rights...and ensuring appropriate alternative care" for the child whose family "is unable, even with appropriate support, to provide adequate care" for him or her. (United Nations, 2009, paragraph 5)

This research has identified three recommendations for Thailand as a signatory state to fulfil its responsibility regarding institutional care. Firstly, more active legal instruments, regulations, and policies to decrease the number of children in institutional care must be implemented. (United Nations, 2009, paragraph 23) Secondly, firm measures should be applied to provide family strengthening services at the local level and increase family-based alternative care options. These will reduce the number of children admitted to orphanages unneces-

sarily and increase the number of children cared for in a family environment. Without enough family-based options, the deinstitutionalisation strategy will not be successful, for there are no other more suitable options for children without parental care but orphanages. Family-based care is of higher need for young children. According to the guidelines, "alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings." (United Nations, 2009, paragraph 22)

Lastly, the government has to engage civil society organisations, including faith-based organisations, to improve the alternative care system since caring for children without parental care is beyond the scope of the state to undertake alone. In fact, family-based alternative care options such as foster care originated in the non-governmental sector and are being strengthened by key private stakeholders' roles. Engaging civil society organisations will not only help the state to implement the guidelines better but will also increase the social service coverage for children without parental care, particularly at the local level.

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