NO CHILD LEFT BEHIND:
NO LESS THAN 120,000 CHILDREN IN INSTITUTIONAL CARE IN THAILAND
Executive Summary

Institutional care is care provided for children in any non-family-based group setting, such as orphanages and other residential care facilities. Although institutional care may be appropriate in emergencies, it is often overly misused as services for vulnerable and abandoned children globally, affecting their emotional, cognitive and mental development. Children in institutions often suffer from developmental delays, deficiencies and attachment disorders and are at risk. In Thailand, at least 120,000 children are in various institutional care settings, mostly due to poverty and limited access to education, with 90% having at least one living parent. The country relies heavily on institutional care, with over 50% of private orphanages unregistered and outside of any regulations.

In Thailand, the Department of Children and Youth under the Ministry of Social Development and Human Security is responsible for child protection, including 32 public residential care facilities and 77 provincial shelters caring for around 20,800 children. Private orphanages, which are largely unregistered and clustered into some geographical regions, house around an average of 58,000 children.

There are 43,030 children residing in schools, dormitories, and boarding houses. Also, there are at least 33,510 long-term novices in Buddhist temples. Not to mention the number of children residing in other large residential care settings, such as in boarding houses, dormitories, and other faith-affiliated settings, they need individualised care and protection as any other living without at least one of their parents caring for them.

For children’s best interest, all forms of large residential care should be recognised and a shared plan for care reform established. Collaboration between government agencies is crucial to ensure that children without parental care live in safe and nurturing settings. Attention must be given to children with special needs, and evidence-based studies should inform policies on adjusting care provision based on the needs of the children and families. Private facilities can be monitored and engaged in transitioning towards more family-strengthening services. The Thai government’s National Plan of Action on Alternative Care is praised for its commitment to relying less on institutional care, and its implementation is currently underway.

Thailand was one of the first countries to sign the United Nations Guidelines on the Alternative Care of Children in 2009. The 2022 National Action Plan for Alternative Care is a solid first step towards achieving the vision of child care services set out in the guidelines.
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What is Institutional Care

Definitions of institutional care

Institutional care is care provided for children in any non-family-based group setting. (United Nations, 2010) This often large residential care is characterised by the high children to caretaker ratio (a large group of children being cared for by a few adults), regimented daily routine, provision of primarily basic physical needs, often isolation from the surrounding communities (Cantwell, 2018), and a lack of nurturing and stimulating environment. (United Nations Children’s Fund, 2021)

Institutional or large residential care may be appropriate for housing a large group of children losing parental care within a short period, such as in disasters and emergencies. Children should be provided for while parents are located so they can reintegrate together where possible. Unfortunately, that is not how institutions are generally being used. Institutional care, such as orphanages and other similar settings, is “the most common societal intervention” for vulnerable and abandoned children throughout the world. (Zeanah & Humphreys, 2020) It is estimated that 5.37 million children live in institutions in 136 countries globally. (Desmond et al, 2020)
The last resort for children without parental care

Developmental delay

Although each child is affected by prolonged institutionalisation differently, and some have shown resilience, institutionalised children often suffer from developmental delays and deficiencies (van IJzendoorn et al., 2011), particularly children who have been in institutional care from a young age. (Berens & Nelson, 2015; Dozier et al., 2012; Save the Children & Better Care Network, 2009; Unicef, 2013)

Children’s emotional and cognitive development is benefitted from responsive and dependable interaction with adults. But in institutions where a large group of children are cared for by a few caregivers, each child’s needs are not promptly met. Young children are often left in cots, fed and cleaned, but rarely stimulated. A scientific study shows that children placed in institutional care shortly after birth and severely neglected display “dramatically decreased brain activity” compared to children who have never lived in large residential care. (Center on the Developing Child, 2007)
Prolonged placement in institutional care also affects children’s mental health and increases the risk for attachment disorder, which caused by disturbances in relationships between children and primary caretakers. (Guyon-Harris et al., 2019) The longer the children being institutionalised associates strongly with the symptoms of mental health conditions they may have. The conditions include “inattention and overactivity, autism spectrum disorders and disinhibited social engagement – an attachment disorder.” (United Nations Children’s Fund, 2021)

When a child cannot form a “lasting psychological connectedness” or healthy attachment with other human beings, (Bowlby cited in Faith to Action Initiative, 2014), it can result in negative psychological effects including “recurrent problems in interpersonal relationship, a higher rate of personality disorders, and severe parenting difficulties later in life”. (Ford and Kroll, 1995, p.5 cited in McCall, 1999) In institutional care, an insufficient number of staff, a high turnover rate, and orphanage tourism undermine healthy connectedness much needed for every child.

In addition, there are reports of child abuse in institutional care, including those with disabilities. (United Nations Children’s Fund, 2021) Although children are at risk in all care environments, including a family of origin and other family-based care settings, with power disparity, large-scale residential care has a high risk of abuse cases. Institutionalisation typically in low and middle-income countries may also involve orphanage trafficking and could be both a driver and a destination (Lumos, 2021) for recruiting and/or transferring children for exploitation, profit, or adoption. (Nhep & van Doore, 2023)

For these reasons, there are calls to end the institutional care of children (The Commonwealth, 2023). Though it may be a great challenge, at least no child under three years should be in institutional care without a primary caregiver. (Gudbrandsson, 2007; Unicef, 2013) And the institutional care experienced should be prepared with skills they may lack due to prolonged institutionalisation before they leave care.

Large institutions are not appropriate for children’s development. But where there is residential care, the facilities should be “small and be organised around the rights and needs of the child, in a setting as close as possible to a family or small group situation”. They should aim for family reintegration where it is safe and possible. (United Nations, 2010, paragraph 123)
The overview of institutional care in Thailand

The United Nations Guidelines for Alternative Care of Children stipulate that systems for caring for children who lack parental care or are at risk of being without it should abide by the necessity and suitability principles. However, over 80% of globally institutionalised children still have living parents. (Lumos, 2022) In Thailand, this percentage is even higher, with 90% of children in one area having at least one living parent. (Alternative Care Thailand, 2014) Poverty and limited access to education are the most prevalent reasons for children being placed in institutional care in the country. (Department of Children and Youth et al., 2021) This report establishes that more than 120,000 children are in various institutional care settings in Thailand in 2022.

Thailand heavily relies on institutional care, with approximately 58,000 children in almost 700 private orphanages, over 50% unregistered and operating outside the country’s legal framework. (Alternative Care Thailand, 2023) Additionally, the government operates many large-scale care institutions under the purview of three different ministries. This includes institutional care provided in faith-based settings, which fall primarily under the oversight of the Ministry of Culture.

To ensure that no child is overlooked, all residential facilities that provide care for vulnerable children by paid staff or volunteers for an extended period should be accounted for, and the rationale and practices endorsed in the UN Guidelines for Alternative Care of Children should be applied.

Thailand approved a national alternative care action plan in 2022. The plan requires the country to develop and advocate for a policy to reduce reliance on institutional care while increasing participation from all stakeholders in prioritising family-based care. (Department of Children and Youth, 2023)
Children growing up in orphanages

Government-run welfare institutions

In Thailand, the Department of Children and Youth under the Ministry of Social Development and Human Security is the principal agency responsible for child protection. Within it are 32 public residential care facilities, including 22 public orphanages or children’s welfare centres that care for 4,171 children. (Department of Children and Youth, 2021a) Other facilities include welfare protection centers, development and rehabilitation centers, and boarding schools. Despite a policy to promote more family and community-based care, the Department of Children and Youth established at least two new institutional facilities in 2022 to care for vulnerable children living in poverty and neglected orphans who are attentive to education. (Royal Thai Government, 2022)

Furthermore, the ministry also has 77 provincial shelters that cater to children and families for a maximum of 90 days. These shelters are intended to provide a temporary residence for children and families while their situation is assessed to determine suitable welfare protection guidelines.

In the fiscal year 2021, the shelters assisted 16,630 child beneficiaries, but the total number of beneficiaries, including adults, was 35,955, with the Northeastern region having the highest number of beneficiaries. (Department of Children and Youth, 2021b) It is interesting to note that only 443 orphans were among the beneficiaries, with 22,046 beneficiaries requiring assistance due to poverty. (Department of Children and Youth, 2022)
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Private children’s homes: uneven spread of almost 700 facilities, mostly unregistered.

In Thailand, private orphanages or children’s homes are required by law to register if they care for six or more children. (“Child Protection Act B.E. 2546,” 2003) However, many private orphanages have not obtained a license from the government, despite caring for an average of 58 children each. (CRC Coalition Thailand, 2016) A database created by Alternative Care Thailand (ACT), a group of NGOs advocating for child care reform, reveals that there are 679 private institutional care facilities in Thailand, with 289 registered and 390 unregistered institutions. (Alternative Care Thailand, 2023) While the actual number of private residential care facilities is unknown, an estimation technique suggests that there could be between 39,382 and 77,000 (Average: 58,261) children living in private children’s homes in Thailand. In comparison, England and Wales has a similar child population to Thailand and has 2,462 homes that are highly regulated and each care for an average of 3.93 children. (Ofsted, 2022) Foster care in the UK averages at around 70,000 placements. However, there are currently only around 300 formal foster families in Thailand, highlighting the hesitant progress towards the vision of the UN Guidelines.

Although there are almost 700 private care facilities for children in Thailand, they are not evenly spread out as per the number or the needs of children. 47.7% of all private orphanages are clustered in just two Northern provinces, Chiangmai and Chiangrai.

Furthermore, if we calculate the number of private facilities in the top ten provinces, they account for more than 70% of all private care facilities in Thailand. This is a sharp contrast to the Northeast region of Thailand, which accounts for 33.47% of the Thai population but has only 9.09% of the private children’s homes identified.

When comparing the amount of this private provision to the child population (National Statistical Office of Thailand, 2020a), it is found that while the Northern province of Chiangmai has an average of 55.25 children’s homes per 100,000 children, the average in the Northeast provinces is only 1.40 facilities per 100,000 children. Six out of twenty provinces in the Northeast have no private children’s home.
The uneven distribution of private children’s homes in Thailand suggests that the number of children needing help, is not the sole factor that determines their location. Factors such as proximity to the Myanmar border and the presence of foreign tourists appear to influence the density of these facilities. In border provinces like Tak and Kanchanaburi, the districts located at the border are hotspots for private institutional care due to extreme poverty and lack of access to government welfare schemes among the migrant communities.

Additionally, 64% of unregistered private institutional care in Thailand is Christian-based (CRC Coalition Thailand, 2016), even though Christians comprise only about one per cent of the country’s population. The provinces with the most churches in Thailand are Chiangrai and Chiangmai, which also have the highest number of private orphanages.

What is concerning is that the private institutional care sector is largely unregistered and, therefore, not sufficiently monitored. This means that the operators of the 390 unregistered private institutions (Alternative Care Thailand, 2023) have the primary say in determining the system and standard of care without any state oversight (Unicef, 2015), which could cause unintentional harm to the children.
Largescale residential care goes beyond orphanages and children’s homes. In Thailand, there are boarding schools that offer overnight care for special needs children and those who are neglected or living in poverty. These institutions function like children’s homes but with a focus on education. The Special Education Bureau of the Ministry of Education oversees 48 special needs schools, 52 charity boarding schools, and regular dormitories that provide such care.

Currently, 12,517 students are enrolled in 48 special needs schools located in 38 provinces. (Office of the Basic Education Commission, 2021b) However, that is only a fraction of children with disabilities that are in need. For instance, the total number of blind people in Thailand is 186,701, but the two available schools can only accommodate 210 blind children. (Department of Empowerment of Persons with Disabilities, 2022)

In terms of Charity Boarding Schools, though they are labelled as schools, they are essentially providing institutional care. The Ministry of Education identifies ten categories of service beneficiaries; forced child labourers, street children, child prostitutes, abandoned or orphaned children, abused children, impoverished children, ethnic minorities, children with drug addiction, children affected by HIV/AIDS or chronic diseases, children from juvenile correction centres, and children from child and youth protection centres. (Office of the Basic Education Commission, 2021a) In 2022, the number of students boarding in these charity schools was 30,513. (Special Education Bureau, 2022) 78.86% of the children residing there are due to extreme poverty (Office of the Basic Education Commission, 2021b), indicating their parents’ inability to provide for them adequately.

The 43,030 students from 48 special needs schools and 52 charity boarding schools mentioned above are not all of the children in institutional care in educational settings. There are other (charity) boarding schools, dormitories, and boarding houses nationwide which function primarily as institutional care. The number of students there is still unknown but expected to be of large volume.
Children living in religious settings

Children may also be sent to faith-based institutions in the absence of or with only a few childcare options. (United Nations Children’s Fund, 2021)

Christian-based institutional care

In the case of Thailand, Christian-based organisations operate at least 64% of unregistered private orphanages in Thailand. (CRC Coalition Thailand, 2016) The percentage is even higher in areas where private children’s homes are clustered. (CRC Coalition Thailand, 2018; Department of Children and Youth et al., 2021) The proportion of Christian operators providing institutional care to children in Thailand is interesting because Christians are only about one per cent of the country’s population. In practice, it is common to find religious practices such as prayers and devotions in their daily routine. Proselytisation and changing children’s names to Christian or Western names are also found in a few care institutions. (CRC Coalition Thailand, 2018)
Buddhist-based institutional care

For Buddhist institutions, Thailand has a tradition of educating boys in temples. Nowadays, though the practice is less prevalent because of modern schools, novices and boys can still be found in temples across the country. Thailand has over 42,000 temples. (National Statistical Office of Thailand, 2020b) The number of monks and novices residing in these temples varies. Some novices are enrobed only for a day, while others stay longer to become monks or to access free education. The number of long-term novices in 2020 was 33,510 (National Statistical Office of Thailand, 2020b), but it used to be around 64,000 between 2005-2018. (Thai PBS, 2019) In addition to novices are temple boys -- Non-ordained boys, and in some cases girls, living in temple compounds. The total number of non-ordained children living in Buddhist temples in Thailand remains unknown. However, it is worth noting that some Buddhist temples in Thailand also run orphanages, with the largest known to house almost 2,000 children.

Islamic-based institutional care

There is also Islamic-based alternative care, but it is not well-documented. Thai Islamic populations are dense in the Southern provinces. Interestingly, childcare institutions in the area can be categorised into at least six groups; Islamic Private Schools, which were about 2,834 in 2019 (Office of the Private Education Commission, 2020), Pondok, Hafiz, Tadika, charity boarding schools, and orphanages. Not all institutions have children living overnight without at least one of their parents, but it can indicate a high possibility of children being encouraged to live out of the home to pursue religiosity. Suppose these children in faith-affiliated institutions, ordained or not, live there for a time with other people that are not their parents. In that case, they are considered to reside in residential care and should be accounted for and protected by minimum childcare standards.
Apart from children residing in welfare, educational, and religious institutions, children also live in 99 facilities under the Ministry of Justice. Twenty-one training centres, 41 detention centres, and 37 reception centres. (Department of Juvenile Observation and Protection, 2022a, 2022b, 2022c) Although children under a court order are not typically considered to be in alternative care, some children in these facilities may not be there by court order; thus, they can also regarded as alternative care placements.

To determine how many children in the Ministry of Justice’s care are in alternative care, there needs to be a collaboration between juvenile justice and child welfare agencies. Achieving the best outcomes for children who come into contact with the juvenile justice system is a complex issue that requires the support of the welfare system. In some cases, detention of children can occur due to mental illness or learning difficulties, and it is unclear how these children are cared for in Thailand. Earlier interventions by the welfare system could potentially prevent children from entering the juvenile justice system.
RECOMMENDATIONS

What should be done for the best interest of children

For the child’s best interest, to have all children accounted for and better protected, all forms of largescale residential care should be recognised as such, regardless of the labels used. Stakeholders need to agree on a definition of Alternative Care and Institutional Care to establish a shared plan and goal for care reform.

The majority of children living in residential alternative care are under the care of government agencies of different ministries, active interministerial collaboration is needed to ensure that all children without parental care live in a safe and nurturing family or settings as close to one as possible. For many institutions, having a written child protection policy is the first step of collaboration which will benefit the children under their care directly. Particular attention is paid to collaborative efforts with the Ministry of Education and the Ministry of Culture.

More attention should be given to children’s needs and those children with special needs. The evidence-based study on children’s needs would inform national and local policies on adjusting care provision as per the needs of the children and family rather than the convenience of the operators. A survey or documentation of children with special needs would point to the services needed so no children are left behind.

Lastly, the private providers of alternative care need to be independently monitored and held to account, leading to less institutional care and more family-strengthening services. The Thai government is praised for their National Plan of Action on Alternative Care with a commitment to rely less on institutional care. The implementation of the plan is underway and being closely followed.
Cited work


Department of Children and Youth. (2021a). BICON: Lessons for a Reformed Care System in Asia.


Department of Juvenile Observation and Protection. (2022b). chaṃnūn dēk lāe yaowachon nāi rāk rāp [Number of children and youth in Juvenile Reception Centres].


Office of the Basic Education Commission. (2021a). 'ēkkasān prakān rap nāriān sō rōngriān kānsūksā songkhro pīkānsūksā sōngphahnārīhokipsī [Document on student admission to Suksasongkroh School, Academic year B.E.2564]. https://special.obec.go.th/hv3/doc/%E0%B9%80%E0%B8%AD%E0%B8%81%E0%B8%AA%E0%B8%B2%E0%B8%A3%E0%B8%81%E0%B8%A3%E0%B8%B1%E0%B8%99%E0%B8%B1%E0%B8%81%E0%B8%B5%E0%B8%A2%E0%B8%99%E0%B8%B9%E0%B8%B1%E0%B8%85.pdf


Thai PBS. (2019). chanmūn phra phiksu – sāmmanēn sipsī pī yōnlāng [Number of monks and novices in the past 14 years]. https://news.thaipbs.or.th/infographic/227


Cited work (cont.)
Research team

1. Kanthamanee Ladaphongphettha, PhD
   Religion and Development Program
   Faculty of Social Sciences and Humanities, Mahidol University

2. Andy Lillicrap
   Alternative Care Thailand

3. Wiwat Thanapanyaworakun
   Alternative Care Thailand

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