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(TAK, CHIANG MAI, CHIANG RAI) – RAPID ASSESSMENT

JAN 2025

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บทสรุปผู้บริหาร

รายงานการศึกษานี้เป็นการประเมินสถานการณ์เกี่ยวกับเด็กอพยพโยกย้ายถิ่นฐานที่เดินทางเข้ามายังประเทศไทยจากประเทศเมียนมาร์ ซึ่งเป็นเด็กที่เดินทางโดยลำพัง และเด็กที่แยกจากครอบครัว (พ่อ แม่) (Unaccompanied and Separated Children from Myanmar :UASC-M) เข้ามาในจังหวัดตาก เชียงใหม่ และเชียงราย โดยจะตรวจสอบถึงสาเหตุของการแยกจากครอบครัว การเข้าถึงบริการขั้นพื้นฐาน การศึกษา และการคุ้มครองเด็กในสถานรองรับ (รูปแบบต่างๆ -หอพักในศูนย์การเรียน วัด การอยู่เป็นกลุ่มในบ้าน) และพัฒนาข้อเสนอแนะที่สามารถดำเนินการในการปรับปรุงนโยบายและบริการต่างๆ เพื่อรองรับและเท่าทันต่อสถานการณ์ที่เกิดขึ้น

ข้อค้นพบที่สำคัญ

1) ขนาด

จำนวน UASC-M เฉลี่ยต่อสถานรองรับและอัตราการเพิ่มขึ้นตั้งแต่ปี 2019: จำนวน UASC-M ในสถานรองรับต่าง ๆ เพิ่มขึ้นตั้งแต่ปี 2562 การศึกษานี้ใช้จำนวนเฉลี่ยของเด็ก UASC-M เนื่องจากสถานรองรับบางแห่งไม่ได้ทำการบันทึกจำนวนเด็กในแต่ละปี ในปี 2562 มีเด็ก UASC-M ต่อสถานรองรับประมาณ 27 คน และในปี 2567 ที่จำนวนมากกว่า 37 คน ซึ่งเพิ่มขึ้น 38% แต่ถือว่าเพิ่มขึ้นเป็นสองเท่าต่อค่าเฉลี่ยในปี 2563 ซึ่งมีเด็ก UASC-M อยู่ที่เพียง 18 คนต่อสถานรองรับ (การลดลงของเด็กในปี 2563 นั้นมาจากเหตุ COVID-19) การเพิ่มขึ้นปีต่อปีในช่วงปี 2563-2567 อยู่ที่ 22.1% ในช่วงปี 2563-2564, 26.5% ในช่วงปี 2564-2565, 18.7% ในช่วงปี 2565-2566 และ 11.7% ในช่วงปี 2566-2567 โดยอัตราการเพิ่มขึ้นสูงสุดเกิดขึ้นในช่วงปี 2564-2565 ซึ่งเป็นช่วงเริ่มต้นของการรัฐประหาร

อุบัติการณ์ของ UASC-M ในตากและหอพักของศูนย์การเรียนรู้เด็กต่างชาติ: จากการศึกษานี้ พบว่าในหอพักของศูนย์การเรียนรู้เด็กต่างชาติมีเด็ก UASC-M เฉลี่ยต่อสถานรองรับที่ 95.5 คน ซึ่งสูงกว่าค่าเฉลี่ยโดยรวมของสถานรองรับในรูปแบบต่าง ๆ ที่มีเด็กเฉลี่ยอยู่ที่ 37.3 คน จากการศึกษาใน 3 จังหวัด เด็ก UASC-M ในศูนย์การเรียนรู้ จังหวัดตากมีสัดส่วนถึง 62% ของเด็ก UASC-M ทั้งหมด ที่ทำการศึกษา แม้จะสามารถเข้าถึงเพียง 24% ส่งผลให้จังหวัดตากมีสัดส่วนเด็ก UASC-M 73% จากทั้งหมดในสามจังหวัด แม้ว่าจะแสดงให้เห็นถึงอุบัติการณ์ของ UASC-M ในตากเมื่อเทียบกับจังหวัดอื่นๆ แต่คณะวิจัยเชื่อว่าหากมีวัดในเชียงใหม่และเชียงรายเข้าร่วมการศึกษานี้มากขึ้น (ดูข้อจำกัดในส่วนที่ 2.6) การกระจายตัวอาจจะสมดุลมากขึ้น

การกระจายตามอายุและเพศ: การศึกษาพบว่ามีเด็ก UASC-M ที่มีอายุต่ำกว่า 6 ปีเพียง 14 คนโดยรวมคิดเป็น 0.4% ของเด็ก UASC-M ทั้งหมดจากการศึกษานี้ 42.3% มีอายุระหว่าง 6-14 ปี, 40% อายุระหว่าง 15-18 ปี, 15% อายุ 18 ปีขึ้นไป (2.3% ไม่เปิดเผยหรือมีการรายงานที่คลาดเคลื่อน) เมื่อพิจารณาจาก 55% ของเด็ก UASC-M ที่มีอายุ 15 ปีขึ้นไป จะเห็นชัดว่า การกระจายตามอายุนั้นค่อนไปทางวัยรุ่นตอนปลาย การกระจายตามเพศคือชาย 53.1% และหญิง 44.6% แต่สำหรับเด็ก UASC-M ที่ไม่ได้อาศัยอยู่ในวัด พบว่ามีชาย 48.6% และหญิง 51.4% อย่างไรก็ตามหากสามารถเข้าถึงวัดเพิ่มเติมในอนาคตเด็กUASC-M ทั้งหมดในสถานรองรับอาจประกอบด้วยชายมากกว่าหญิง

2) รูปแบบและแรงผลักดันของการแยกจากครอบครัว (พ่อ แม่)

เหตุผลในการแยกจากพ่อแม่: สถานรองรับเด็กต่างๆ ในการศึกษานี้ถูกขอให้ระบุเหตุผลสามอันดับแรกที่เด็ก UASC-M เข้ามาอยู่ในความดูแล โดยรวมแล้ว เหตุผลหลักสามประการที่เด็กจากเมียนมาร์อาศัยอยู่ในสถานรองรับเด็ก คือ การแสวงหาโอกาสทางการศึกษา (74.7%) ความยากจน (53.5%) และความปลอดภัย (49.5%) คำตอบที่พบบ่อยที่สุดถัดมาคือการเป็นเด็กกำพร้า โดยมีเพียง 19.2% ซึ่งน่าจะสูงกว่าความเป็นจริงของการเป็นเด็กกำพร้าของ UASC-M ในสถานรองรับ (ดูเพิ่มเติมในส่วนที่ 3.1.1) การศึกษา ความยากจน และความปลอดภัย ยังคงเป็นสามคำตอบอันดับต้นๆ เมื่อวิเคราะห์ข้อมูลของแต่ละจังหวัด แม้ว่าลำดับและเปอร์เซ็นต์ของสถานรองรับเด็กจะแตกต่างกันก็ตาม การแยกจากครอบครัวนั้นไม่ค่อยมีเหตุผลเฉพาะเจาะจงเพียงเหตุผลเดียว อย่างไรก็ตาม การแยกดังกล่าวมีปัจจัยและข้อควรพิจารณาหลายประการ แต่ความสัมพันธ์ระหว่างการศึกษา ความยากจน และความปลอดภัยนั้นมีอย่างชัดเจน

นอกจากนี้ จากการสัมภาษณ์ ยังพบว่าการแยกจากกันนั้นเป็นการตัดสินใจของพวกเขาเอง (พ่อแม่ ลูก ญาติ ฯลฯ) ไม่ใช่เหตุการณ์ที่เกิดขึ้นกับพวกเขา การตัดสินใจอาจได้รับอิทธิพลอย่างมากจากปัจจัยที่อยู่นอกเหนือการควบคุมของครอบครัว แต่ก็ต้องตัดสินใจในบางจุด สิ่งนี้ยังแสดงให้เห็นได้จากเหตุผลเพียงเล็กน้อยที่สถานรองรับให้มา ซึ่งเป็นผลมาจากการที่พวกเขาไม่ได้เลือก เช่น การเป็นเด็กกำพร้า พฤติกรรมผิดกฎหมาย การพรากกันท่ามกลางความขัดแย้ง ฯลฯ UASC-M ถือเป็นกลุ่มอพยพโยกย้านถิ่นฐานที่เปราะบางที่สุดกลุ่มหนึ่ง แต่สำหรับเด็กที่อยู่ในสถานรองรับต่างๆ ในประเทศไทย ผู้ปกครองดูเหมือนจะมองว่าเป็นทางเลือกที่แย่น้อยที่สุด และในหลายโอกาสอาจดีที่สุด

ต้นทางการเดินทาง: เด็ก UASC-M ในการศึกษานี้มาจาก 14 รัฐของเมียนมาร์ แต่ตัวเลขนี้แตกต่างกันอย่างมากสำหรับแต่ละจังหวัด จังหวัดเชียงใหม่และเชียงรายสถานรองรับเด็กรายงานว่ามีเด็กจากรัฐฉาน 74% และประมาณ 21% ไม่แน่ใจว่าเด็กมาจากที่ใดในส่วนจังหวัดตากสถานรองรับอย่างน้อย 2 แห่งรายงานว่าเด็กมากจากทุกรัฐ อย่างไรก็ตามสองรัฐที่พบบ่อยที่สุด ได้แก่ รัฐกะเหรี่ยง (92% ของสถานรองรับ) และรัฐบาโก (47% ของสถานรองรับ) การศึกษานี้ไม่ได้ถามถึงต้นทางของเด็ก UASC-M แต่ละคน จึงไม่สามารถรายงานในระดับอัตราส่วนของรัฐต้นทางของเด็กได้

ที่อยู่ของผู้ปกครอง: สถานรองรับเด็กรายงานว่าผู้ปกครองส่วนใหญ่ (60.5%) ของ UASC-M อาศัยอยู่ในเมียนมาร์ 31.5% อาศัยอยู่ในประเทศไทย โดย 21.1% อาศัยอยู่ในจังหวัดเดียวกับสถานรองรับ และ 10.4% อยู่ในจังหวัดอื่น สถานรองรับรายงานเพียงว่าไม่แน่ใจเกี่ยวกับที่อยู่ของผู้ปกครอง 2.9% อัตราส่วนเหล่านี้แตกต่างกันอย่างมีนัยสำคัญขึ้นอยู่กับจังหวัดที่ทำการศึกษา ในจังหวัดเชียงใหม่และเชียงรายมีผู้ปกครอง 55.3% อาศัยอยู่ในจังหวัดเดียวกับสถานรองรับ และเพียง 36% อาศัยอยู่ในเมียนมาร์ ตากมีผู้ปกครองเกือบ 70% อาศัยอยู่ในเมียนมาร์ โดยเพียง 8.6% อยู่ในจังหวัดเดียวกับสถานรองรับ และ 13.5% อยู่ในจังหวัดอื่น

การเยี่ยมเยียนและการสื่อสารกับผู้ปกครอง: การศึกษานี้แสดงให้เห็นว่าแม้ว่าเด็กจะถูกแยกจากพ่อแม่ แต่เด็กส่วนใหญ่มีการติดต่อกับพวกเขาเป็นประจำ ซึ่งไม่ได้หมายความว่าเด็กไม่ได้ถูกแยกจากและเผชิญกับความเสี่ยงในการปกป้องที่เพิ่มขึ้น แต่แสดงให้เห็นลักษณะสำคัญของการแยกจากกันสำหรับ UASC-M ในประเทศไทย สถานดูแลเด็ก 73.8% อนุญาตให้ UASC กลับบ้าน (ที่พ่อแม่หรือญาติอาศัยอยู่) อย่างน้อยทุกช่วงปิดเทอมหรือบ่อยกว่านั้น ซึ่งไม่ใช่ตัวแทนของเปอร์เซ็นต์ที่แน่นอนของ UASC-M ที่กลับบ้าน แต่เด็กส่วนใหญ่กลับบ้านตามความถี่ที่สถานรองรับอนุญาต อย่างไรก็ตามควรมีการศึกษาลักษณะและวิธีการเยี่ยมครอบครัวเพิ่มเติม นอกจากนี้พบว่า UASC-M 58.5% พูดคุยกับผู้ปกครองสัปดาห์ละครั้งและ 20.2% พูดคุยเดือนละครั้ง ซึ่งบ่อยกว่าสถานรองรับเองที่รายงานว่ามีเพียง 24.2% เท่านั้นที่สื่อสารกับผู้ปกครองสัปดาห์ละครั้งและ 29.3% พูดคุยกับเดือนละครั้ง

3) การศึกษาและเอกสารสถานะบุคคล

หลักสูตรการศึกษา: หลักสูตรที่เด็ก UASC-M เรียนแตกต่างกันอย่างมากในแต่ละจังหวัด โดยรวมแล้ว 32.5% เรียนหลักสูตรของประเทศไทย 17.1% เรียนหลักสูตรของเมียนมาร์ และ 50.4% เรียนหลักสูตร ‘อื่นๆ’ (ไม่ใช่หลักสูตรไทย/ไม่ใช่ของเมียนมาร์หรือหลักสูตรที่ผสมผสานกัน) ในจังหวัดเชียงใหม่และเชียงราย 100% ของ UASC-M เรียนหลักสูตรของประเทศไทย ในจังหวัดตาก มีเพียง 7.7% เท่านั้นที่เรียนหลักสูตรของประเทศไทย โดย 23.4% เป็นหลักสูตรของเมียนมาร์เท่านั้น และ 68.9% เรียนหลักสูตรอื่นๆ (ดูหมวด ‘อื่นๆ’ ในหัวข้อ 5.3.1)

37.5% ของหอพักในศูนย์การเรียนรู้เด็กต่างชาติรายงานใช้หลักสูตรของเมียนมาร์เท่านั้น ส่วนอีก 62.5% ตอบว่าใช้หลักสูตร ‘อื่น ๆ’ โรงเรียนประจำทั้งหมดตอบว่าใช้หลักสูตรของไทยเท่านั้น สุดท้าย สถานรองรับเด็กเอกชน 16.3% ตอบว่าใช้หลักสูตรของเมียนมาร์เท่านั้นหรือ ‘อื่น ๆ’ โดยอีก 83.7% ตอบว่าใช้หลักสูตรของไทยเท่านั้น

เอกสารสถานะบุคคล: เนื่องจากนโยบายการศึกษาสำหรับเด็กทุกคนในปี 2542 และมติคณะรัฐมนตรีปี 2548 เรื่องการศึกษาสำหรับบุคคลที่ไม่ได้สถานะทางทะเบียน เด็กทุกคนจะต้องได้รับการศึกษา 15 ปีโดยไม่คำนึงถึงสถานะทางทะเบียนใด ๆ สำนักงานคณะกรรมการการศึกษาขั้นพื้นฐาน (สพฐ.) มีหน้าที่รับผิดชอบในการบริหาร "รหัส G" สำหรับเด็กเหล่านี้เมื่อลงทะเบียนเรียนเพื่อยืนยันการเข้าเรียนในโรงเรียนของรัฐหรือสถาบันการศึกษาที่ขึ้นทะเบียน (โรงเรียนเอกชน ศูนย์การเรียนรู้) อย่างถูกกฎหมาย อย่างไรก็ตาม สำหรับ UASC-M ในสถานรองรับที่ทำ การศึกษานี้แสดงให้เห็นถึงช่องว่างในการบริหารรหัส G และความจำเป็นในการหาแนวทางที่มีประสิทธิภาพหรือทางเลือกอื่นเพื่อพัฒนาสถานะบุคคลของเด็กเหล่านี้ เนื่องจากรหัส G มีผลเฉพาะในขณะที่ลงทะเบียนเรียนเท่านั้น ในเชียงใหม่และเชียงรายมีเพียง 43.5% ของ UASC-M เท่านั้นที่มีรหัส G หรือบัตร 0 ของไทย แม้จะเข้าเรียนอยู่ในโรงเรียนของรัฐ หรือสถาบันการศึกษาที่ขึ้นทะเบียนแล้วก็ตาม น่าเสียดายที่อุปสรรคต่อการบริหารรหัส G และการขึ้นทะเบียนประวัติเพื่อได้มาซึ่งบัตร 0 นั้นอยู่นอกขอบเขตของการศึกษานี้ จึงอาจจำเป็นต้องมีการสำรวจเพิ่มเติม มีเพียง 10.5% เท่านั้นที่มีบัตร 0 ของไทย ในจังหวัดตาก เนื่องจากมีความท้าทายในการจดทะเบียนของศูนย์การเรียนรู้เด็กต่างชาติทำให้มีเพียง 8.2% เท่านั้นที่มีรหัส G หรือบัตรไทย 0 ดังนั้นจึงควรให้ความสำคัญกับเส้นทางการจดทะเบียนของศูนย์การเรียนรู้เด็กต่างชาติในจ.ตาก เนื่องจากวิธีหลักที่ UASC-M สามารถพัฒนาสถานะบุคคลได้นั้นขึ้นอยู่กับการเข้าสู่สถาบันการศึกษาที่ถูกต้องตามกฎหมาย

เมื่อออกจากสถานรองรับ: ในเชียงใหม่และเชียงราย มีสถานรองรับ 77.5% ที่มีเด็ก UASC-M ออกจากการดูแลอย่างน้อยในหนึ่งปีที่ผ่านมา โดยส่วนใหญ่ยังคงอาศัยอยู่ในประเทศไทย มีสถานรองรับ 10% ที่ระบุว่าเด็กกลับไปอยู่ในเมียนมาร์ สำหรับเด็กที่ออกจากสถานรองรับเป็นเวลากว่า 5 ปีแล้ว สถานรองรับ 65% ระบุว่าส่วนใหญ่อาศัยอยู่ในประเทศไทย และ 10% อาศัยอยู่ในเมียนมาร์ ในจังหวัดตาก สถานดูแล 86.5% รายงานว่า UASC-M ส่วนใหญ่อาศัยอยู่ในประเทศไทย และ 10.8% อาศัยอยู่ในเมียนมาร์หนึ่งปีหลังจากออกจากการดูแล แต่ถ้าออกจากสถานรองรับเป็นเวลา 5 ปีแล้ว 75.7% และ 7.1% ยังอยู่ในประเทศไทย การเปลี่ยนแปลงนี้เกิดจากเปอร์เซ็นต์ที่สูงขึ้นที่รายงานว่า "ไม่แน่ใจ" นอกจากนี้ในทั้งสามจังหวัด พบว่าเด็กจะออกไปทำงานหลังจากออกจากสถานรองรับ (ดูส่วนที่ 4.3.3 และส่วนที่ 5.3.3) ผลการค้นพบนี้เมื่อรวมกับผลการค้นพบในเอกสารอื่น ๆ บ่งชี้ว่าเด็ก UASC-M ส่วนใหญ่ถูกผลักดันเข้าสู่ตลาดแรงงานนอกระบบหลังจากออกจากสถานรองรับ ดังนั้น การศึกษานี้จึงสงสัยว่าโอกาสทางการศึกษาที่เป็นเหตุต่อการแยกจากผู้ปกครองนั้นจะนำไปสู่ผลลัพธ์ที่ต้องการซึ่งเป็นแรงจูงใจให้เกิดการแยกจากดังกล่าวหรือไม่

4) การคุ้มครองเด็กและนโยบายการคุ้มครองเด็ก

การรายงาน : ผู้ตอบแบบสอบถามน้อยกว่าร้อยละ 10 ระบุว่าจะรายงานกรณีการล่วงละเมิดเด็กต่อหน่วยงานคุ้มครองเด็กอย่างเป็นทางการ (สำนักงานพัฒนาสังคมและความมั่นคงของมนุษย์จังหวัด (PSDHS) หรือสายด่วน 1300) ทำให้เห็นว่าการบังคับใช้พระราชบัญญัติคุ้มครองเด็ก พ.ศ. 2546 ในกรณีการล่วงละเมิดของ UASC-M เป็นไปได้ยากมาก อย่างไรก็ตามการรวมตัวกันเป็นเครือข่ายคุ้มครองเด็กที่ไม่เป็นทางการในจังหวัดตากทำให้การเปิดเผยและการรายงานการล่วงละเมิดเป็นไปได้มากขึ้น ในขณะที่สถานรองรับแต่ละแห่งในจังหวัดเชียงใหม่และเชียงรายไม่ได้มีการเชื่อม / ทำงานร่วมกันทำให้การเปิดเผยและการรายงานการล่วงละเมิดเป็นไปได้น้อยลงมาก

ความเชื่อมร้อยระหว่างเครือข่ายคุ้มครองเด็กอย่างเป็นทางการและไม่เป็นทางการ: ความแข็งแกร่งของเครือข่ายคุ้มครองเด็กอย่างไม่เป็นทางการในจังหวัดตากทำให้พันธมิตรหลายรายสามารถสนับสนุนการเพิ่มศักยภาพและมาตรการป้องกันในสถานรองรับโดยเฉพาะหอพักในศูนย์การเรียนรู้เด็กต่างชาติ อย่างไรก็ตาม ความเชื่อมร้อยระหว่างเครือข่ายที่ไม่เป็นทางการนี้กับบริการคุ้มครองเด็กอย่างเป็นทางการยังคงมีข้อท้าทายอย่างมาก ผู้นำภาคส่วนที่ไม่เป็นทางการ "ยอมแพ้" ในการพยายามรายงานกรณีคุ้มครองเด็กไปยังพัฒนาสังคมและความมั่นคงของมนุษย์ (พมจ) จังหวัดตาก และบ้านพักเด็กและครอบครัว (บพด) จ.ตาก ในขณะที่พมจ.และบพด.ตากอาจขาดทรัพยากรที่จำเป็นในการตอบสนอง อย่างไรก็ตาม การสร้างสะพานเชื่อมระหว่างสองหน่วยนี้จะง่ายกว่าการแก้ไขปัญหาในจังหวัดเชียงใหม่และเชียงราย ซึ่งสถานรองรับต่างๆไม่มีตัวแทนร่วมกันและส่วนใหญ่ทำงานแบบแยกส่วน จำนวนสถานรองรับเอกชนและวัดที่มีเด็กอาศัยอยู่นี้มีความแตกต่างกันอย่างมากในแต่ละจังหวัด แต่การกระจายทรัพยากรที่มีให้กับพมจ และบ้านพักเด็กไม่ได้สะท้อนให้เห็นเรื่องนี้

นโยบายคุ้มครองเด็ก: ศูนย์การเรียนรู้เด็กต่างชาติเกือบทั้งหมดมีนโยบายคุ้มครองเด็กในขณะที่วัดเกือบทั้งหมดไม่มี สถานรองรับเอกชนและโรงเรียนประจำประมาณ 50% มีนโยบายคุ้มครองเด็ก สถานรองรับที่มีนโยบายคุ้มครองเด็กมักจะมีผู้เชี่ยวชาญจากภายนอกเข้ามาเกี่ยวข้องหากมีกรณีการล่วงละเมิดเด็ก

วัด : ขนาดตัวอย่างของวัดในการสำรวจครั้งนี้มีขนาดเล็กมาก จำนวนวัดทั้งหมดในตาก เชียงใหม่ และเชียงรายคือ 2,855 วัด หากประมาณการจำนวนสามเณร UASC-M ในวัด 2,855 วัด โดยอาศัยการเฉลี่ยในกลุ่มตัวอย่างเณร UASC-M ที่เราเข้าถึงในการศึกษานี้ อาจมีสามเณร UASC-M 3,978 รูปที่อยู่ในวัดในสามจังหวัดนี้ จำนวนนี้ไม่รวมเด็กวัดที่ไม่ได้บวชเณร ซึ่งน่าจะมีจำนวนเพิ่มขึ้นอีกมาก วัดดูเหมือนจะดำเนินการนอกกรอบกฎหมายและการกำกับดูแลของรัฐ ที่เกี่ยวข้องกับการคุ้มครองและปกป้องเด็กตามที่อธิบายไว้ในพระราชบัญญัติคุ้มครองเด็ก แม้ว่ากฎหมายอาจบ่งชี้ว่าเด็กในวัดอยู่ภายใต้เขตอำนาจของรัฐ แต่ทัศนคติทางวัฒนธรรมดูเหมือนจะชี้ให้เห็นเป็นอย่างอื่น

ตัวบ่งชี้ความเสี่ยงอื่นๆ : ศูนย์การเรียนรู้เด็กต่างชาติแห่งใหม่กำลังเปิดให้บริการในตากเพื่อตอบสนองต่อความต้องการที่เพิ่มขึ้น หากสถานศึกษาเหล่านั้นไม่ได้รับอนุญาตให้จดแจ้งกับทางศูนย์ประสานงานการจัดการศึกษาเด็กต่างด้าว (MECC) จะทำให้เครือข่ายองค์กรสนับสนุนไม่สามารถทำงานร่วมกับพวกเขาได้ และจะทำให้เด็ก ๆ ในสถานที่เหล่านี้มีความเสี่ยงสูงขึ้น เจ้าหน้าที่จำนวนน้อยต้องดูแลเด็ก ๆ จำนวนมากในหอพักของศูนย์การเรียนรู้ฯ บางแห่งในตาก ทำให้เกิดความกังวลเกี่ยวกับคุณภาพการดูแลที่เด็ก ๆ แต่ละคนได้รับ ทรัพยากรอื่น ๆ เช่น แหล่งน้ำมีจำกัดอย่างมากในศูนย์การเรียนรู้ฯบางแห่ง จากการศึกษาครั้งนี้พบสิ่งที่คาดไม่ถึงคือ สมาร์ทโฟนและโซเชียลมีเดียมีประโยชน์ในการขจัดความโดดเดี่ยวและลดความเสี่ยงสำหรับ UASC-M ในจังหวัดตาก มีกลุ่มโซเชียลมีเดียจำนวนมากที่แบ่งปันข้อมูลและคำแนะนำในภาษาต่าง ๆ ที่พูดในเมียนมาร์ นับเป็นความช่วยเหลือที่สำคัญสำหรับวัยรุ่นและเยาวชนที่พยายามหาหนทางในประเทศไทย โดยเฉพาะอย่างยิ่งสำหรับเยาวชนที่อาศัยอยู่แบบอิสระ

ข้อเสนอแนะ

จากการศึกษาครั้งนี้ มีข้อเสนอแนะกว้าง ๆ สามประการ ได้แก่ 1. ความจำเป็นในการศึกษาประเด็นที่เกี่ยวข้องเพิ่มเติม 2. การพัฒนาปฏิสัมพันธ์และการสนับสนุนระหว่างกลไกการคุ้มครองเด็กที่เป็นทางการและไม่เป็นทางการ และ 3. กำหนดแนวทางเพื่อปรับปรุงสภาพแวดล้อมการคุ้มครองเด็ก UASC-M ด้านล่างนี้คือข้อเสนอแนะเชิงโปรแกรมเพื่อให้บรรลุแต่ละข้อ โดยระบุทั้งข้อเสนอแนะในระดับนโยบายและระดับปฏิบัติการ

5) ระดับรัฐบาล/นโยบาย

UASC-M โดยรวม

- ดำเนินการทบทวนโดยกระทรวงพัฒนาสังคมและความมั่นคงของมนุษย์, UNICEF และ/หรือหน่วยงานอิสระอื่นๆ เพื่อบ่งชี้ / กำหนดขอบเขตความรับผิดรับชอบและหน้าที่ดูแลสำหรับสถานรองรับแต่ละประเภทที่ UASC-M อาศัยอยู่ตามพระราชบัญญัติคุ้มครองเด็ก พ.ศ. 2546 ซึ่งรวมถึงแต่ไม่จำกัดเพียงวัด สถานรองรับเอกชน โรงเรียนประจำ หอพักของศูนย์การเรียนรู้เด็กต่างชาติ สถานสงเคราะห์คนไร้ที่พึ่ง และสถานดูแลที่พักอาศัยส่วนตัวอื่นๆ
- ศึกษาอุปสรรคต่อการบริหารจัดการ G-code และการขึ้นทะเบียนประวัติเพื่อเข้าถึงบัตร 0 ตัวอย่างเช่น การประเมินผลในเชิงบวกสถานรองรับที่มีจำนวนเด็ก UASC ที่มี G-code และ/หรือบัตร 0 สถานรองรัลเหล่านั้นสามารถสนับสนุนกระบวนการพัฒนาสถานะบุคคลนี้ได้อย่างไร และสามารถเป็นแบบอย่างได้หรือไม่
- ระดมเงินทุนจากภาคเอกชนและ/หรือรัฐบาลเพื่อจัดสรรทรัพยากรเพิ่มเติมให้กับพมจ / บพด เพื่อบริหารจัดการสถานรองรับเอกชน (และวัด) โดยใช้รูปแบบความร่วมมือระหว่างภาครัฐและภาคเอกชนที่ดำเนินการโดย MECC
- สนับสนุนสถานรองรับเอกชน วัด และโรงเรียนประจำเพื่อพัฒนาและดำเนินการตามนโยบายการปกป้องเด็ก
- การจดแจ้ง (พร้อมเอกสาร (พื้นฐาน)) ของเด็กทุกคนที่อยู่ในความดูแลของ พม (สถานรองรับเอกชน)., ศธ. (โรงเรียนประจำ) และสำนักงานพระพุทธศาสนาแห่งชาติ (สำหรับวัด)
- แก้ไขระเบียบของทางพม.ที่เกี่ยวกับการจดทะเบียนสถานรองรับเอกชน และจัดตั้งกลไกการติดตามและประกันคุณภาพทั้งในระดับการจดแจ้งและการจดทะเบียน

- พัฒนาแนวทางระดับชาติตามแนวทางของสหประชาชาติว่าด้วยการเลี้ยงดูทดแทน และกำหนดให้ชัดเจนถึงแนวทางและแนวปฏิบัติต่อเด็ก UASC-M ในประเทศไทย จากนั้นฝึกอบรมเจ้าหน้าที่ตำรวจ ตรวจคนเข้าเมือง พมจ บพดและภาคประชาสังคมที่เป็นตัวแทนของภาคส่วนที่ไม่เป็นทางการในการทำงานคุ้มครองเด็ก

UASC-M ในหอพักในศูนย์การเรียนรู้เด็กต่างชาติ

- รัฐบาลไทยแสดงให้เห็นถึงความสำคัญเชิงยุทธศาสตร์ของ MECC ในการคุ้มครองเด็กโดยการจัดสรรทรัพยากรเพื่อเสริมสร้างและขยายบทบาทของ MECC ซึ่งรวมถึงการรวบรวมข้อมูล การบริหารการศึกษา การประสานงาน และการปกป้องคุ้มครองเด็ก
- อนุญาตให้ศูนย์การเรียนรู้เด็กต่างชาติใหม่จดแจ้งกับ MECC เสริมสร้างการพัฒนาการรวบรวมข้อมูลและการติดตามศูนย์การเรียนรู้ฯ และเด็ก รวมถึงสามารถรายงานแยกเฉพาะสำหรับ UASC-M ได้
- MECC อำนวยความสะดวกและสนับสนุนความสามารถของศูนย์การเรียนรู้ในการขึ้นทะเบียนกับกระทรวงศึกษาธิการโดยมีกรอบเวลาและแผนที่ชัดเจน ซึ่งจะช่วยให้เด็ก ๆ สามารถเข้าถึงสถานะบุคคลตามกฎหมายในประเทศไทยได้ด้วย
- ในระหว่างดำเนินการขึ้นทะเบียนศูนย์การเรียนรู้ฯ ให้เด็กที่เรียนในศูนย์การเรียนดังกล่าวได้รับสิทธิในการอยู่ในประเทศไทยเป็นการชั่วคราว
- จัดตั้งกลไกการจดแจ้ง/ขึ้นทะเบียนสำหรับหอพักในศูนย์การเรียนรู้ฯ ไม่ว่าจะผ่าน MECC/ศธ หรือ พมจ เพื่อไม่ให้หอพักหลุดจากระบบภายใต้การลงทะเบียนของศูนย์การเรียนรู้ฯ ในฐานะสถาบันการศึกษา
- ยูนิเซฟและ กรมกิจการเด็กและเยาวชนควรสนับสนุนเพิ่มเติมให้องค์กรพัฒนาเอกชนที่ทำงานในชุมชนในการสร้างความเข้มแข็งของครอบครัวเพื่อให้ครอบครัวได้อยู่ร่วมกันเช่น การลงทะเบียนเรียน และการสนับสนุนค่าเดินทางไปโรงเรียน สำหรับหอพักและสถานรองรับเอกชนขนาดใหญ่ที่มีจำนวนเจ้าหน้าที่ที่น้อยควรได้รับการห้ามไม่ให้พยายามเพิ่มจำนวนเด็กที่อยู่ในความดูแลโดยหาเงินทุนเพื่อขยายอาคารแทนที่จะใช้ศักยภาพในการดูแลเด็กที่มีอยู่แล้วอย่างเพียงพอ

UASC-M ในจังหวัดตาก

- เพิ่มสัดส่วนพนักงานเจ้าหน้าที่และนักสังคมสงเคราะห์ที่มีใบอนุญาต ซึ่งควรมีทักษะภาษาไทยและพม่า เพื่อทำงานกับเครือข่ายคุ้มครองเด็กในจังหวัดตากที่ไม่เป็นทางการและภาคส่วนคุ้มครองเด็กที่เป็นทางการ
- จัดสรรเจ้าหน้าที่นักสังคมสงเคราะห์ พมจ / บพดประจำการในแม่สอดเพื่อเพิ่มประสิทธิภาพ ในการส่งต่อ และกลไกการตอบสนองในการคุ้มครองเด็กจากความรุนแรงทุกรูปแบบ
- สนับสนุนการพัฒนาครอบครัวอุปถัมภ์สำหรับเด็ก UASC-M

UASC-M ในวัด

- จัดทำข้อตกลงกับกระทรวงวัฒนธรรมในการดำเนินการบันทึกข้อมูลเด็กที่บวชและไม่ได้บวชทุกคนที่อาศัยอยู่ในวัด รวมถึงการระบุ UASC-M ให้มีการคุ้มครองเด็ก และกำหนดและดำเนินการตามนโยบายคุ้มครองเด็ก และมีกลไกการการติดตาม
- จัดทำแนวทางในการรับผิดรับชอบในการดูแลเณร และเด็กวัดภายในระบบวัดโดยผ่านคำสั่งระดับสูงของก.วัฒนธรรม และพมและยืนยันในหน้าที่ของ พม ในการบังคับใช้พระราชบัญญัติคุ้มครองเด็ก พ.ศ. 2546 และกฎกระทรวงที่เกี่ยวข้อง ซึ่งมีผลใช้บังคับกับเณรและเด็กในวัดเช่นเดียวกับเด็กอื่นๆ ในประเทศไทยอย่างเท่าเทียมกัน

6) ระดับหน่วยงานองค์กร / ปฏิบัติการ

UASC-M โดยรวม

- ดำเนินการศึกษาและวิเคราะห์เชิงลึกสำหรับเด็ก UASC-M ที่อาศัยอยู่กันอย่างอิสระในบ้านเช่า
- ดำเนินการวิเคราะห์ตลาดแรงงานสำหรับ UASC-M โดยสำรวจว่าพวกเขาประกอบอาชีพใดหลังจากออกจากสถานรองรับและความสัมพันธ์กับการศึกษาและการพัฒนาสถานะบุคคล

- ดำเนินการศึกษาวิเคราะห์ในลักษณะเดียวกันนี้ในจังหวัดชายแดนอื่นๆ รวมทั้งแม่ฮ่องสอน และระนอง
- สำรวจความแตกต่างด้านการเรียนรู้ภาษาไทยระหว่าง UASC-M ในจังหวัดตากและจังหวัดภาคเหนือ 2 จังหวัด เพื่อใช้เป็นข้อมูลในการดำเนินการด้านการพัฒนาภาษาในจังหวัดตาก
- การฝึกอบรมสำหรับผู้ปฏิบัติงานทั้งในภาคส่วนที่เป็นทางการและไม่เป็นทางการเพื่อให้เข้าใจถึงภาระผูกพันทางกฎหมายภายใต้มาตรา 29 แห่งพระราชบัญญัติคุ้มครองเด็ก
- พัฒนาการใช้โซเชียลมีเดียที่มีอยู่เพื่อเผยแพร่ข้อมูลและคำแนะนำที่เป็นประโยชน์สำหรับ UASC-M
- จัดให้มีผู้เชี่ยวชาญด้านการดูแลการบาดเจ็บทางจิตใจในเด็กมาทำการฝึกอบรมขั้นพื้นฐาน และแนะนำเทคนิคขั้นพื้นฐานเพื่อการช่วยเหลือเด็กได้อย่างมีประสิทธิภาพมากขึ้น

UASC-M ในเชียงใหม่และเชียงราย

- ศึกษาความท้าทายในการพัฒนาสถานะทางกฎหมาย ประเมินการเข้าถึงรหัส G ที่จำกัดในเชียงใหม่และเชียงราย แม้จะเข้าเรียนในโรงเรียนของรัฐหรือสถาบันการศึกษาที่จดทะเบียนแล้วก็ตาม สำรวจว่าเหตุใด UASC-M บางส่วนจึงไม่ได้รับเลย
- สร้างเครือข่ายและผู้แทนของภาคส่วนการคุ้มครองเด็กที่ไม่เป็นทางการ ในเชียงใหม่และเชียงราย ผ่านการประชุมเชิงปฏิบัติการและกิจกรรมที่จัดขึ้นโดยกรมกิจการเด็กและเยาวชนเพื่อเริ่มสร้างสะพานเชื่อมและปลูกฝังความไว้วางใจ ซึ่งอาจรวมถึงการเรียนรู้กับสมาชิกของเครือข่ายการคุ้มครองเด็กที่ไม่เป็นทางการในจังหวัดตาก

UASC-M ในตาก

- ดำเนินกิจกรรมเพื่อสร้างความสัมพันธ์ที่เข้มแข็งระหว่างบุคคล และระหว่างหน่วยงานผู้ปฏิบัติงานด้านการคุ้มครองเด็กที่เป็นทางการและไม่เป็นทางการในจังหวัดตาก
- ต่ออายุใบอนุญาตของพนักงานเจ้าหน้าที่ และนักสังคมสงเคราะห์ที่ใบอนุญาตหมดอายุ และสำรวจว่าพนักงานเจ้าหน้าที่ ที่ทำงานภายใต้องค์กรเอกชนสามารถมีส่วนร่วมในเครือข่ายคุ้มครองเด็กได้อย่างไร
- เสริมสร้างองค์กรชุมชนในการคุ้มครองเด็ก ให้เป็นผู้ช่วยพนักงานเจ้าหน้าที่และหรืออาสาสมัครพมต่างชาติ รวมถึงการพัฒนาหลักสูตรฝึกอบรม ขั้นตอนการปฏิบัติงาน และการประกันคุณภาพ
- จัดสรรงบประมาณให้กับองค์กรพัฒนาเอกชนในแม่สอด เพื่อจ้างนักสังคมสงเคราะห์ให้ทำงานเฉพาะด้านคุ้มครองเด็ก และเพื่อสร้างสะพานเชื่อมระหว่างภาคส่วนคุ้มครองเด็กที่ไม่เป็นทางการและเป็นทางการในจังหวัดตาก
- หาแนวทางสนับสนุนให้เด็กๆ ในจังหวัดตากได้มีโอกาสสอบเข้าการศึกษานอกระบบ (กศน.) มากขึ้น (400 คน ในปี 2567) และสนับสนุนให้เด็ก ๆ มีโอกาสสอบผ่านมากขึ้น (10% ในปี 2567) (พิจารณารับความช่วยเหลือจากนิสิตนักศึกษา เช่น ครูไทยอาสาสมัคร โครงการ Teach for Thailand โครงการ Buddy ของ One Sky)
- สนับสนุนโครงการพัฒนาทักษะภาษาไทย ซึ่งรวมถึงเด็กเล็กในจังหวัดตาก เพื่อให้เด็กเหล่านี้สามารถปรับตัวเข้ากับระบบการศึกษาของไทยได้ตั้งแต่ช่วงแรกๆ และนักเรียน GED

UASC-M ในหอพักในศูนย์การเรียนรู้เด็กต่างชาติ

- สนับสนุนองค์กรในพื้นที่ในการประเมินความปลอดภัยในหอพักในศูนย์การเรียนรู้ฯ จำนวน 8 แห่ง ซึ่งมีอัตราส่วนเด็กต่อเจ้าหน้าที่มากกว่า 25 คน ต่อพนักงาน 1 คน

UASC-M ในวัด

- ดำเนินการวิเคราะห์เชิงลึกเกี่ยวกับ UASC-M และการคุ้มครองและปกป้องเด็กในวัด โดยเน้นที่เชียงใหม่เป็นอันดับแรก

Executive Summary

This report summarises a research assessment on unaccompanied and separated children from Myanmar (UASC-M) in the Thai provinces of Tak, Chiang Mai, and Chiang Rai. It examines family separation, education, and protection in institutional care, aiming to provide actionable recommendations for policy and service improvements.

Key Findings

1) Scale

Average UASC-M per facility and rate of increase since 2019: The number of reported UASC-M in institutional care facilities has increased since 2019. This study uses the average number of reported UASC-M per reporting care facility instead of the total number of reported UASC-M by care facilities per year. This is because the percentage of care facilities that could report the number of UASC-M decreased for each previous year, given that some facilities do not keep records on the number of children year-to-year. In 2019, this was nearly 27 UASC-M per facility, and in 2024, it was just over 37—a 38% increase. This is double the average for 2020, just 18 UASC-M per facility, due to the COVID-19 decrease. Though there has been a continued increase in the number of UASC-M since 2020, the rate of increase has decreased year-on-year. The increase year on year from 2020-2024 was 22.1% from 2020-2021, 26.5% from 2021-2022, 18.7% from 2022-2023, and 11.7% from 2023-2024. The largest rate of increase was from 2021-2022 at the onset of the military coup.

Prevalence of UASC-M in Tak and MLC dormitories: From this study, dormitories of migrant learning centres had the most average UASC-M per care facility at 95.5, which is 256% higher than the overall average of included care facilities at 37.3. They also accounted for 62% of all UASC-M reported from this study, but only 24% of care facilities were included. This also resulted in Tak province representing 73% of all UASC-M reported in the three provinces. Though this demonstrates the prevalence of UASC-M in Tak as compared to other provinces, the research team believes that if more temples in Chiang Mai and Chiang Rai participated (see Section 2.6 Limitations), the distribution would be more balanced.

Age and gender distribution: There were only 14 reported UASC-M under 6 years old overall—0.4% of the total reported population. 42.3% were ages 6-14, 40% were 15-18, 15% were 18+ (2.3% were undisclosed or inconsistently reported). With 55% of reported UASC-M 15 years old and older, it is clear that age distribution skews towards later adolescence. Overall, the gender distribution is 53.1% male and 44.6% female, but for the non-temple population, it was 48.6% male and 51.4% female. Should more temples be included in future studies on UASC-M in Thailand, it is likely that the total population in care facilities would represent more males than females than the distribution in this study.

2) Patterns and Drivers of Family Separation

Reasons for Separation: Care facilities were asked to give the top three reasons UASC-M entered their care. Overall, the three primary reasons for children from Myanmar living in institutional care, and thus being unaccompanied, are seeking education opportunities (74.7%), poverty (53.5%), and safety (49.5%). The next most frequent response was orphanhood at just 19.2%, which is likely higher than the reality of orphanhood for UASC-M in care facilities (see Section 3.1.1.). Education, poverty, and safety remain the top three responses when analysing each provincial data individually, though the order and percentage of care facilities differ. The separation of a child from Myanmar from their family is rarely one specific reason. Still, it includes several factors and considerations, but the relationship between education, poverty, and safety was clear.

Also, from interviews, separation was conceptualized as a decision made by them (parents. children, relatives, etc.), not an event that happened to them. The decision may be heavily influenced by factors outside of the control of the family, but a choice was made at some point. This is also demonstrated in the low percentage of reasons given by care facilities that result from a non-choice such as orphanhood, criminal behaviour, separation in the midst of conflict, etc. UASC-M can be viewed as one of the most vulnerable groups of migrants, but for those in care facilities in Thailand, parents seem to view it as the least bad option.

Region of Origin: Children from all 14 regions of Myanmar were represented in the reported UASC-M population, but this differs significantly for each province. For Chiang Mai and Chiang Rai, 74% of care facilities reported having children from Shan State, with the next most common response being "unsure of where the child comes from" at 21%. In Tak, children from every region were reported by at least two (2) institutional care facilities. The two most common regions were Kayin state (92% of care facilities) and Bago Region (47% of care facilities). This study did not ask the region of origin for each UASC-M and cannot report on the ratios of regional identity.

Location of Parents: Care facilities reported that most parents (60.5%) of UASC-M there are living in Myanmar. 31.5% live in Thailand, with 21.1% being in the same province as the care facility and 10.4% being in a different province. Care facilities only reported that they were unsure of the location of 2.9% of parents. These ratios differ meaningfully depending on the province. Chiang Mai and Chiang Rai have 55.3% of parents living in the same province as the care facility and just 36% living in Myanmar. Tak has nearly 70% of parents living in Myanmar with just 8.6% in the same province as the care facility and 13.5% in a different province.

Visitation and Communication with Parents: This study demonstrates that though the children are separated from their parents, the majority have regular contact with them. This does not mean the children are not isolated and thus face increased protection risks, but it does demonstrate a key characteristic of separation for UASC-M in Thailand. 73.8% of care facilities let UASC go home (where parent(s) or relative(s) live) at least every school break if not more frequently. This isn't representative of the exact percentage of UASC-M that go home, but most children visit home at the frequency allowed by the care facility. The nature and means of home visitation should be explored further. Also, 58.5% of UASC-M were reported to talk with parents once a week and 20.2% once a month. This was more frequent than the care facilities themselves, reporting that just 24.2% communicate with parents once a week and 29.3% once a month.

3) Education and Documentation

Curriculum: The curriculum studied by UASC-M differs greatly by province. Overall, 32.5% study Thailand's education curriculum, 17.1% Myanmar's education curriculum, and 50.4% 'other' (either non-Thai/non-Myanmar or a mixture of different curriculums). In Chiang Mai and Chiang Rai, 100% of UASC-M were studying Thailand's education curriculum. In Tak, only 7.7% were studying Thailand's education curriculum only, with 23.4% being Myanmar's education curriculum only, and 68.9% other (see Section 5.3.1 for 'other' category).

As for care facility type, all but one temple was sending children to study Thai curriculum. 37.5% of MLCs responded Myanmar curriculum only, with the other 62.5% responding as 'other'. All residential schools responded with Thai curriculum only. Finally, 16.3% of private residential care facilities responded with either Myanmar curriculum only or 'other', with the other 83.7% responding Thai curriculum only.

Documentation: Because of the 1999 Education for All Policy and 2005 Cabinet Resolution on Education for Unregistered Persons, all children are mandated 15 years of education regardless of documentation status. The Office of Basic Education Commission (OBEC) is responsible for administering a "G-code" for these children upon enrolling to legally confirm their enrolment in public schools or registered education institutions (Private Schools, Learning Centres). However, for UASC-M in care facilities this study demonstrates a gap in G-code administration and the need for more efficient or alternative pathways to improve from the G-code as it is only valid while enrolled. In Chiang Mai and Chiang Rai only 43.5% of UASC-M have a G-code or Thai 0 card, yet all are studying Thai curriculum. Unfortunately, the barriers to G-code and 0 card administration were outside the scope of this project and should be explored further. Only 10.5% have the Thai 0 card. In Tak, due to MLC registration challenges, only 8.2% have a G-code or Thai 0 card. MLC registration pathways should be prioritized given that the primary means a UASC-M can attain a form of legal status is G-code through education institutions.

After Institutional Care: In Chiang Mai and Chiang Rai, 77.5% of care facilities that have had a UASC-M leave their care for at least one year, said most live in Thailand. This would also be 10% of such care facilities said most live in Myanmar. For five years after a UASC-M leaves their care, 65% still said most live in Thailand and 10% live in Myanmar. In Tak, 86.5% of such care facilities reported most UASC-M living in Thailand and 10.8% living in Myanmar one year after leaving care. For five years after these changes to 75.7% and 7.1% respectively. The change was due to a higher percentage reporting "unsure". Also, in all three provinces, most are working one year after leaving (see Section 4.3.3 and Section 5.3.3). This finding, in conjunction with the findings on documentation suggests most UASC-M are pushed into the informal labour market after care. As a result, this study is sceptical that the education opportunities influencing separation led to the desired results motivating that separation.

4) Child Protection and Safeguarding

Reporting: Less than 10% of respondents in this survey said they would report a case of child abuse to the formal child protection services (Provincial Social Development and Human Security Office (PSDHS) or 1300 hotline) making implementation of the 2003 Child Protection Act in cases of abuse of UASC-M extremely unlikely. The scale and influence of the informal child protection networks in Tak make disclosure and reporting of abuse more likely, whereas the isolation of individual facilities makes disclosure and reporting of abuse much less likely in Chiang Mai and Chiang Rai.

Interaction of formal and informal child protection networks: The strength of the informal child protection network in Tak enables multiple partners to support increased capacity and preventative measures in residential care facilities, especially Migrant Learning Centres. However, the interaction between this informal network and formal child protection services remains weak. Informal sector leaders "have given up" trying to report child protection cases to Tak PSDHS while the PSDHS may lack the resources they need to respond. However, building a bridge between these two islands will be easier than addressing the issue in Chiang Mai and Chiang Rai where very large numbers of private facilities and temples have no collective representation and work mostly in isolation. The number of private care facilities and temples with children living there varies hugely between different provinces but the distribution of the resources available to PSDHS doesn't reflect this.

Child safeguarding policies: Almost all Migrant Learning Centres have a child safeguarding policy while almost all temples do not. Around 50% of children's homes and private residential schools have a child safeguarding policy. Facilities with child safeguarding policies are more likely to involve professionals outside the facility if there is a child abuse case.

Temples: The sample size of temples in this survey was very small. The total number of temples in Tak, Chiang Mai and Chiang Rai is 2,855. If the percentage of novice monks that are UASC-M is the same in the wider population as in our sample, then there could be 3,978 UASC-M who are novices living in temples in these three provinces. This total does not include non-ordained children of whom there is likely to be a further significant number. Temples appear to operate outside of the legal framework and government oversight as it relates to child protection and safeguarding described in the Child Protection Act. While the law might suggest that children in temples are within government jurisdiction, cultural attitudes appear to suggest otherwise.

Other risk indicators: New education facilities are opening in Tak in response to the increased demand, if they are not permitted to enrol with MECC then this will limit the ability for the network of supportive organisations to engage with them and will leave children at these places at higher risk. Small numbers of staff are caring for very large numbers of children at some MLCs in Tak raising concern about the quality of care each child is receiving. Other resources such as availability of water are severely limited in some MLC's. An unexpected finding of this research was the value of smart phones and social media in breaking down isolation and reducing risk for UASC-M. In Tak there are extensive social media groups sharing information and advice in different languages spoken in Myanmar. This is a vital help for teenagers and youth trying to navigate their way in Thailand. This is especially true for youth in independent living arrangements.

Recommendations

There are three broad recommendations resulting from this study: 1. Further investigate relevant issues presented, 2. Develop the interaction and support between the informal and formal child protection mechanisms, and 3. Establish interventions to improve child protection environment for UASC-M. Below are the programmatic recommendations to achieve each, identifying those at both the government/policy level and organizational level.

5) Government/Policy Level

UASC-M overall

- Conduct a review, by MSDHS, UNICEF, and/or other independent parties, to clarify the lines of accountability and duty of care for each institutional care facility type where UASC-M live according to the Child Protection Act 2003. This includes but is not limited to, temples, children's homes, residential schools, dormitories of Migrant Learning Centers, independent living arrangements, and other private residential care settings.
- Investigate barriers to G-code administration and 0 card access. For example, evaluating positive deviants—those care facilities that demonstrate higher rates of UASC in their care with G-code and or 0 card, in what way were they able to support the process and can this be replicated?
- Find private and/or government funds to provide additional resources to provincial MSDHS offices to manage private care facilities (and temples) using the government/private sector partnership model demonstrated by MECC.
- Support private care facilities, temples and boarding schools to develop and implement child safeguarding policies.
- Enrolment (together with (basic) document) all children under MSDHS, MOE (for boarding schools) and National Buddhist Office (for temples)
- Amend MSDHS Regulation of private car facilities registration and set up a monitoring and quality assurance mechanism at both enrolment and registration level
- Develop a national protocol in line with the UN Guidelines for the Alternative Care of Children setting out how UASC-M should be treated in Thailand. Then train Police and provincial MSDHS staff in the protocol alongside civil society actors representing the informal sector in child protection work.

UASC-M in Migrant Learning Center dormitories

- Royal Thai Government demonstrate the strategic importance of MECC in child protection by committing resources to strengthen and expand MECC's role. This includes data collection, education administration, coordination, and child safeguarding.
- Allow new facilities to enroll with MECC, strengthening the development of data collection and monitoring of facilities and children. This should include being able to report separately on UASC-M.
- MECC facilitates and supports MLCs capacity to register with MOE with a concrete timeline and plan, which will also help children to access legal status in Thailand.

- During the period of processing the registration of MLCs, allow temporary stay in Thailand for those children enrolled in such MLCs
- Establish a separate enrollment/ registration mechanism for dormitories of MLCs either through MECC/ MOE or PSDHS so that dormitories are not lost under the registration of MLCs as education institutions.
- UNICEF and DCY should encourage additional support for NGO's working in the community to keep families together with efforts such as education registration and support for transport to school. Large dormitories and children's homes with low staffing ratios should be discouraged from trying to further increase the numbers of children in their care by seeking funds to expand their buildings rather than their capacity to provide adequate care for the children they already have.

UASC-M in Tak

- Employ a licensed competent official and licensed social worker, ideally with Thai and Burmese language skills to work with both the informal Tak child protection network and the formal child protection sector.
- Build a staffed Provincial Shelter for Children and Family office in Mae Sot to improve the efficiency of child abuse referrals and response mechanisms.
- Support the development foster care for younger UASC-M.

UASC-M in Temples

- Gain the agreement of the Ministry of Culture for a process to document all ordained and non-ordained children living at temples, including identification of UASC-M as well as establishing child protection and safeguarding policies, implementation, and regulatory mechanisms.
- Establish lines of accountability for childcare within the Monastic system through a high-level directive involving MSDHS and MOC, to confirm beyond doubt that the MSDHS duty of care and the implementation of the 2003 Child Protection Act and subsequent ministerial regulations apply equally to children in temples as to all other children in Thailand.

6) Organization Level

UASC-M overall

- Conduct an in-depth analysis for UASC-M in independent living arrangements.
- Conduct a labor market analysis for UASC-M exploring what they are doing after leaving care and its relationship to education and documentation.
- Conduct a similar analysis to other border provinces including Mae Hong Son and Ranong.
- Explore Thai language acquisition differences between UASC-M in Tak and the two Northern Provinces to inform language development interventions in Tak.
- Training for actors within both the formal and informal sectors to understand their legal obligations under article 29 of the Child Protection Act.
- Build on the existing use of online social media to disseminate useful information and advice for UASC-M.

- Bring international experts in trauma in children to conduct basic training and introduce basic techniques for more effective support of children.

UASC-M in Chiang Mai and Chiang Rai

- Investigate legal status development challenges and limited positive outcomes. Assess the limited G card access in Chiang Mai and Chiang Rai despite attending public schools or registered education institutions, explore why some UASC-M are getting 0 cards.
- Build a collective representation of the informal Child Protection sector in Chiang Mai and Chiang Rai through a series of workshops and events hosted by MSDHS to begin building bridges and nurturing trust. This can include a learning session with members of the Tak informal child protection networks.

UASC-M in Tak

- Conduct activities to build stronger interpersonal and interagency relationships between informal and formal child protection actors in Tak.
- Renew the license of those competent officials whose license expired and explore whether competent officials employed by local children's homes can play a role in the child protection network.
- Strengthen Child Protection CBOs (mostly in CP network) as assistants to competent officials and migrant social worker volunteers in the community. Including the development of Migrant assistant to competent officer and Migrant social workers volunteers training curriculum, operational procedures and quality assurance.
- Fund a Mae Sot-based NGO to employ a licensed competent official and licensed social worker to work solely on child protection cases and to build a bridge between the informal and formal child protection sectors in Tak.
- Find ways to support more children (including UASC-M) in Tak to be able to try for the Non-Formal Education (NFE) entrance exam (400 children in 2024) and support more children to be able to pass the exam (10% in 2024). (Consider help from university students as volunteer Thai teachers, Teach for Thailand, One Sky's Buddy program model).
- Support programs improving Thai language. This includes younger children in Tak so that they can integrate into the Thai education system at the earliest stages and students in GED programs.

UASC-M in Migrant Learning Center dormitories

- Support local organizations to assess safety at the eight MLC dorms with child to staff ratios of more than 25 children to 1 staff.

UASC-M in Temples

- Conduct an in-depth analysis of UASC-M and child protection and safeguarding in temples, prioritizing Chiang Mai.

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Definition of Terms

Unaccompanied and separated children (UASC): are children outside of their place of habitual residence who have been separated from both parents and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Unaccompanied children: Those in the above definition that are not living with relatives but some other adult and care setting, often institutional care or independent living.

Separated children: A child without parental care, separated by a previous legal or customary primary caregiver, but who may nevertheless be accompanied by another relative.

Orphans: children, both of whose parents are known to be dead

Independent living arrangement: a form of alternative care in which an unaccompanied child or a group of unaccompanied children live without being directly cared for by an adult.

Supervised independent living arrangement: Independent living arrangement, but receive regular supervision, guidance, mentoring, and monitoring from an assigned adult mentor.

Children in the context of migration (CCM): all children and adolescents migrating in countries of origin, transit and destination, regardless of their own or their parent's migration status, whether accompanied or unaccompanied.

Institutional care setting: care for children in a non-family-based group setting, with six or more children that stay overnight for non-recreational purposes, are cared for by staff, and have a regimented daily routine.

Migrant Learning Center (MLC): MLCs are education centres that teach a curriculum that intends to support students' reintegration back to Myanmar. In the context of Tak, only includes those 63 learning centres enrolled under MECC.

Migrant Education Coordination Center (MECC): A coordination centre under Tak Primary Educational Service Area Office 2 (PESAO2) that was established in 2006 to coordinate with migrant learning centres on issues such as education and health. Enrolment under MECC was voluntary and was closed 6 years ago.


STAFF

1 Context and Background

This report presents the findings from the brief research assessment on unaccompanied and separated children from Myanmar (UASC-M) in three border Thailand—Tak, Chiang Mai, and Chiang Rai. The assessment has explored the nature of family separation, education, and protection of UASC-M in different institutional care settings in order to provide actionable recommendations at the service and policy levels.

Thailand has pledged to improve its response to children in the context of regular and irregular cross-border movements. Unaccompanied and separated children (UASC) are among one of the most vulnerable groups of migrants. UASC tends to increase during conflict (IAWGUASC, 2017). Therefore, it has been reasonable to assume that the number of UASC migrating from Myanmar has increased since the military coup in February 2021. UASC are often documented as living in institutional care settings (ibid.). According to the CRC General Comment No. 6 on Unaccompanied and Separated Children, Article 12 (2005), the State is obligated to ensure the rights of every child within its border. For the Royal Thai government and other relevant agencies to respond appropriately, a study on UASC from Myanmar in Thailand is vital.

International conventions such as the UN Convention on the Rights of the Child (CRC), UN Guidelines for the Alternative Care of Children, the 1951 Convention Relating to the Status of Refugees (though Thailand has not ratified it), and others have set international standards for maintaining rights related to children in families, institutionalization, and migrant children. As such, this research uses a human rights framework for analysis, exploring the relationship between UASC-M and the institutionalization of children.

Thailand has a large number of children institutionalized in different settings. In 2023, experts estimated that at least 120,000 children were living in institutional care settings in Thailand (Ladaphongphatthana, Lillicrap, Thanapanyaworakun, 2023). These settings include privately run children's homes, children residing in schools, temples, and juvenile detention centres. Other research on institutional care in Thailand suggests that improvements at the system level are necessary (UNICEF, 2015; Ladaphongphatthana et al., 2021). Thailand established the Child Protection Act in 2003 and the National Action Plan for the Alternative Care of Children 2022-2026, which sets standards and plans to improve policies and services for children at risk of and currently institutionalized (Department of Children and Youth, 2022). These are significant developments, but the current research demonstrates that more is to be done. This includes understanding UASC-M in this context.

Myanmar has had a tumultuous history of military rule since 1962 (Devi, 2014). This rule has been an influential push factor leading to the migration history of people from Myanmar coming into Thailand. According to the UN Network on Migration's Thailand Migration Report 2024, there are an estimated 5.34 million Non-Thai nationals living in Thailand and in 2023, 3.51 million being from Myanmar. 1.71 million of them were regular migrant workers while an estimated 1.8 million were in irregular situations (IOM, 2024). In this context, children can be separated from parents and relatives during and after migration. The reasons for separation and the impact it has on children are complex and varied, and many of these children eventually find themselves living in institutional care settings. The intersection of being a migrant, child, unaccompanied, and living in institutional care settings results in intersecting vulnerabilities that necessitate a specific response.

Given the migration history between Myanmar and Thailand, the current instability in Myanmar, and the prevalent use of institutions to care for children in Thailand, it is essential for a study analysing the impact and risks of this intersection. The study was conducted in partnership with One Sky Foundation.

2 Methodology

2.1. Working definition of UASC

This assessment utilizes the definition of UASC from the UN Guidelines for the Alternative Care of Children (UNGACC) in conjunction with the CRC General Comment No.6 (2005). According to the UNGACC (2010, paragraph 29 (c) (iv)), UASC are children "without parental care who are outside of their country of habitual residence or victims of an emergency situation". Unaccompanied children are further described as "not [being] cared for by another relative or an adult who by law or custom is responsible for doing so", while separated children "are separated from a previous legal or customary primary caregiver, but who may nevertheless be accompanied by another relative". The CRC General Comment No.6 further clarifies that a child is UASC if they "find themselves outside of their country of nationality, or, if stateless, outside their country of habitual residence" (2005).

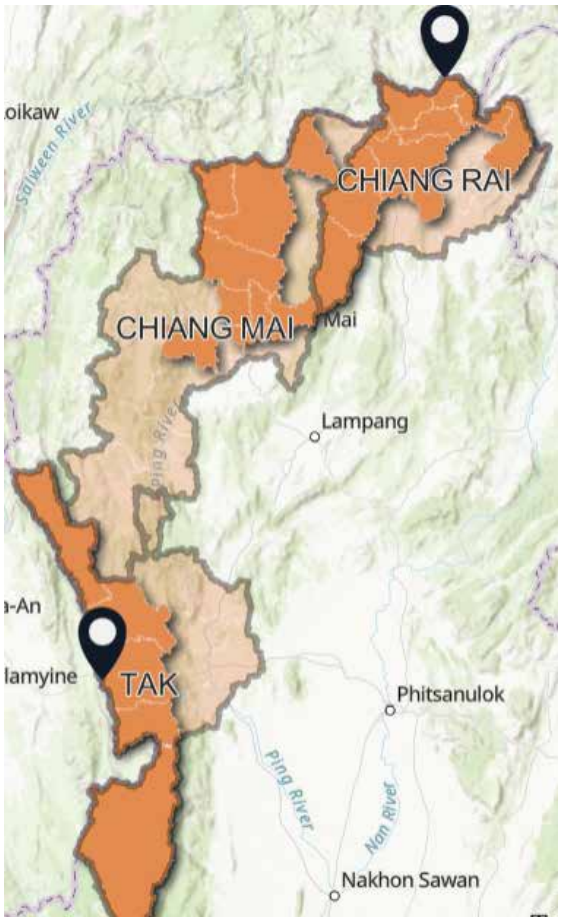
Given the nature of this brief research assessment, UASC being a hidden population, and the difficulty of including UASC in data collection (Save the Children, 2020), this research has focused primarily on institutional care settings as a means to include participants. Thus, the research has focused on unaccompanied children more than separated children according to the above definitions. Also, this project has operationalized the UNGACC definition to be those that were born in Myanmar, not children born of migrant parents in Thailand.

2.2. Objectives

This research used a mixed-methods approach to achieve the following research objectives:

1. Quantify UASC from Myanmar in Tak, Chiang Mai, and Chiang Rai provinces.
    a. Determine a minimum estimate of the current number of UASC from Myanmar in different institutional care settings.
    b. Identify the change in the number of UASC from Myanmar in different institutional care settings over the last 6 years.
2. Identify the patterns and drivers separating children from their parents.
3. Assess the protection risks facing UASC in different institutional care settings.
4. Assess the education system's capacity to integrate UASC from Myanmar after they leave the institutional care setting.

2.3. Research area and timeframe



This study focused on three Thai provinces along the Thailand-Myanmar border—Tak, Chiang Mai, and Chiang Rai. Each was chosen due to their unique geography, context of migration, and prevalence of institutional care facilities. Tak and Chiang Rai have two permanent border crossings (in Mae Sot and Mae Sai respectively), while Chiang Mai has no permanent one. Tak province, specifically the five districts bordering Myanmar, is currently a destination for regular and irregular cross-border movements due to its proximity to Myawaddy and migrant learning centres (MLC). Chiang Rai has the largest number of identified private residential care facilities in Thailand (ACT, 2022; ACT, 2023), borders Shan state, and connected to Thachilek through Mae Sai district. Chiang Mai has the second largest number of identified private residential care facilities, the largest number of novice monks, existence of "novice learning centres" (NLC), and yet no clear connection to a town on the Myanmar side due to a mountain range along its border. Though each province has a mixture of institutional care facilities with UASC-M, they have one that is more prominent than the other provinces. Tak is the only province in this study with MLCs, Chiang Rai has the most private residential care facilities with UASC-M, Chiang Mai seems to have more children in Temples than the other provinces. This has allowed for both a provincial level of analysis overall, but also an analysis on the relationship between each province and the institutional care setting type with UASC-M. Data collection occurred from September to October 2024 with analysis in November 2024.

2.4. Data collection

2.4.1. Selection of participants

Data was collected from 2 main participant groups—institutional care setting operators and key informants.

For this research, we defined an institutional care setting as one in which children are cared for in a non-family-based group setting, with six or more children staying overnight for non-recreational purposes, cared for by staff, and having a regimented daily routine. The institutional care settings were MLC dormitories, temples, private residential care, and residential schools. Directors, managers, and primary caretakers of the institutional care settings were given a questionnaire for data collection.

The key informant groups were UASC-M (including independent living), parents of UASC-M, directors and managers of civil society organizations (CSO), and the Provincial Shelters for Children and Family in each province. Below is a summary of definitions for each participant group and data collection methods.

Table 1: Institutional Care Setting Category

Care Setting	Migrant Learning Centre (MLCs) Dormitories	Temples	Private Residential Care	Residential School
Operational Definition	MLCs are community-driven schools in Tak Province. They provide education for migrant children using a variety of curriculum. They are not registered under the Ministry of Education, but are enrolled under MECC. Most are under one of the 3 coordinating CSOs (HWF[1], BMTA[2], BMWEC[3]) while a few are independent. Some of these MLCs have children staying in school dormitories under the MLCs' jurisdiction.	An institutional care setting for children under monastic supervision. It is on temple grounds, but can include novices and non-novices. However, this project focused primarily on novices in temples.	Childcare institutions providing for children to stay overnight in any non-family-based group setting with six or more children. Non-recreational, paid staff to care for children, regimented daily routine. (not related to temples nor MLCs for the purpose of this project)	An institutional care setting that was connected to a formal Thai government school, thus not considered 'private' residential care
Data collection method	Collected data from institutional care operators through a questionnaire with open-ended questions at the end.			

1 Help Without Frontiers
2 Burmese Migrant Teachers' Association
3 Burmese Migrant Workers' Education Committee

Table 2: Key Informant Category Table

Key Informant Category	UASC from Myanmar	Parents/Relatives of UASC from Myanmar	CSO Directors and Managers	Government Authority (Provincial Shelter for Children and Family)
Operational Definition	Currently living away from parents and originating from Myanmar. Parents can live in any proximity to the child. They can visit their parents every weekend, on holidays, very infrequently or never. They can have any type of legal status. Interviews were only conducted with those 13 years old and older.	They have at least one child who was born in Myanmar and currently lives in an institutional care facility and away from home. Accessibility to parents in Myanmar was a challenge. Therefore, most interviews were with parents living in Thailand. However, a small number of relatives were included to gain insight from children whose parents are still in Myanmar.	Working in an NGO or CBO providing services to children migrating from Myanmar and/or institutional care settings.	The director of Provincial Shelter for Children and Family in each of the three provinces. It is department under the Ministry of Social Development and Human Security.
Data Collection Methods	1. Participatory activity-based interviews with children and parents/relatives for relevant institutional care settings.		2. Semi-structured interviews with CSO directors and government authorities.	

2.4.2. Questionnaires to institutional care facility operators

Table 3: Questionnaires given to institutional care facilities by type and province

	Tak	Chiang Mai	Chiang Rai	Total of Type
MLC Dormitories	24	0	0	24
Private Residential Care Facility	14	7	28	49
Temple	4	8	10	22
Residential School/School Dormitory	0	3	1	4
Provincial total	**42**	**18**	**39**	**99**

The questionnaire for institutional care facility operators was designed to collect data on UASC-M in institutional care. The questionnaire was the same for each care facility type to be able to analyse differences among them. There were 6 sections with 42 questions. The sections and mated research objectives are as follows:

Table 4: Questionnaire sections with matched research objectives

Questionnaire Section	Details and matched research objective
1. Basic information	This includes the name of the organization and care facility if different, address, which type of institutional care facility it is (MLC, temple-based, private residential care facility) when they started taking in children, child-care capacity, the highest number of children they have taken care of, and the number of staff.
2. Information on children from Myanmar in the care facility	This section is primarily about the situation of children from Myanmar in their care. It will be used to capture the change of children from Myanmar in their care over time to understand how the present situation compares to years past. This will provide context in interpreting the present estimate. It will also identify where these children may be coming from, why they are entering their care, how they came to be known by the child and family (at least in the perception of the institutional care operator), and how far the child is from the parents. Finally, it will understand how those caring for children from Myanmar perceive the future trajectory of the situation. Questions include what year they cared for the highest and lowest number of children from Myanmar, the number of them they have cared for in each of the last five years, reasons for them entering their care, which Myanmar states they come from, how the children come to know and/or stay at the care facility, if the facility cares for children with disabilities, where the parents of the children are currently located (same province, different Thai province, Myanmar), and perceptions on the number of children from Myanmar they will have to care for in the next two years

Questionnaire Section	Details and matched research objective
3. Education	This section will assess the education system available to UASC-M and its potential to support their integration into Thailand after graduating. This relates to indicators of access, language of instruction, and what options they pursue after graduation. Questions include which curriculum the child is learning in (Thai, Burmese, other), absence and drop-out rates, perceptions of their education's ability to prepare the student for life after, and what the children in their care do one year after graduating.
4. Administration	This section assesses the protection and case management standards and risks of the children under the care of this institution. It assesses basic case management such as reasons for rejecting children (gatekeeping), referring families to alternative services, discipline, capacity to respond to child abuse cases, and protective measures against such instances occurring. Questions include those related to their child safeguarding policy, background checks on staff, how children come to know and arrive at the institution, how they evaluate and respond to the needs of the child when they are referred, if and how they reject children to stay in their care, referring children and families to other services, who has the authority to make decisions about the children, sleeping arrangements if there is sex education, discipline techniques, bullying, reports and handling of abuse cases, annual budget, and how often they let children visit and/or communicate with their family
5. Semi-structured interview questions	The two open-ended questions are about the challenges the institutional care facility faces in caring for children from Myanmar and suggestions for the Thai government related to the support and care of these children. This creates space for the institutional care operator to share issues and challenges that were not given an opportunity through the questionnaire questions.
6. Chart information on Children	This section estimates the number of children in the institutional care setting and the total number of children from Myanmar from the total number. This is the primary way to capture the number of UASC-M in the institutional care settings, aggregated for age and gender, and if they stay overnight. There is also a question about how many children from Myanmar in their care have which types of documentation situations: no documentation, G, 0 card, and other registration categories.

2.4.3. Interviews to key informants

Table 5: Interviews given to key informants by type and province

Key Informant	Type	Tak	Chiang Mai	Chiang Rai	Type Total	KI Total
UASC from Myanmar	Novice	3	5	5	13	
	MLC dormitory	5	--	--	5	
	Private residential care	6	6	5	17	
	Independent Living	4	--	--	4	41
Parents/Relatives of UASC-M	Novice	5	5	4	14	
	MLC dormitory	4	--	--	4	
	Private residential care	6	5	4	15	
	Independent living	--	--	--	0	33
CSO	Interview	4	4	3	11	
	FGD	3 (11 participants)	--	--	11	22
Government	Provincial Shelter for Children and Families	1	1	1	3	3
Provincial total		**51**	**26**	**22**	**--**	**97**

There were 2 types of interview structure—participatory and semi-structured. The participatory interview was given to UASC-M and parents/relatives as to facilitate discussion on potential sensitive topics. These were activity-based, chosen to explore the questions without having to ask directly one-on-one but can be pursued while facilitating the activity. The semi-structured interviews and focus-group discussions were conducted with CSO directors and managers as well as the Director for Provincial Shelter for Children and Families in all three provinces. The question topics and activities were as follows:

Table 6: Participatory Interview Activities

Activity	Explanation
1. Character Drawing	The participant sketches a fictional character and choose an age, gender, etc., according to the researcher's request. The participant will then reflect on the questions, noting what they think and putting it around the character. Focusing on a fictional character can be an effective way to transition participants to sharing their own experiences.
2. River of Life	The participant draws a river, which is an analogy to represent one's journey, experiences, challenges, successes, etc. Discussing in an allegorical way can be helpful, making the participants more comfortable sharing than a direct questioning. It also gives them more control on what to share.
3. Paper Cutting and Ranking	It is used to ask questions that allow participants to rank certain topics such as reasons for living in an institution, positives about living where they are, things they want for their future, etc. It can be used to rank from highest to lowest or as buckets. Buckets mean that you have cups representing potential answers. The participant is given a select number of paper pieces (say 10), and they place them according to the importance of that topic. This can be used to measure how much a child wants to go to Myanmar vs. Thailand, their confidence in Burmese vs. Thai, how much they want to go to university vs. study a trade, etc.

Table 7: UASC-M Interview topics (13+ years old)

Question topics	Purpose and linked research objective*
1. How long have you lived here?	This topic was to understand where their migration and separation fit within the overall timeline and its relation to the current conflict in Myanmar. Whether the child has been in the institution for ten years or two years, their answers should be understood in that context. This connects to research objectives 1 and 2.
2. What do you like about living here?	This topic was to develop rapport between the child and interviewer. It also helps to listen to the child's feelings about their context, not assuming a negative experience. This informs Research Objective 3 but is also used to make the child feel comfortable.
3. What are some of the challenges you face and what would you change if you had the power?	It is open-ended rather than asking about protection or education directly to allow the child's experiences as they first come to think of them to be expressed without being led in a particular direction. This question explores Research Objectives 3-4 while also allowing the child to experience the interviewer listening to what they have to say.
4. What do you hope for in your future?	This topic informed the interviewer about where the child sees themself in the future. They could mention being in Myanmar or Thailand. Do they dream of jobs that require university degrees? How well does the education system available to them provide pathways to pursue these dreams? This question is to explore Research Objective 4.

Question topics	Purpose and linked research objective*
5. What is school like for you?	This topic is a grounded theory approach to exploring their education experience. It is not asking directly about language, attendance, etc., but rather allowing them to share. The themes that arise bring up important aspects of education the research team has not yet considered. This allows the children a real chance to inform the analysis. This topic connects to Research Objective 4.
6. How did you come to live here?	This topic looked to explore reasons and methods of separation. Themes arose about separation and the child's experience of it. This provided insight into how well the child understands those reasons and whether they are different from those expressed by the institutional care facilities, parents, CSOs, and government. This connects to Research Objective 2.
7. What was life like before you moved here?	This question helped to understand the relationship qualitatively between the experiences before migration and separation and the separation itself. An aspect of this question is exploring if there are similarities between life before migration and instances of separation. Do some prior experiences, such as place of origin, parents' vocation, etc., relate to the reason for separation? This is to answer Research Objective 2.

*The following questions and purposes were adaptable to the 4 interviews with children in independent living arrangements.

Table 8: Parent/Relative Interview topics

Question Topic	Purpose and linked research objective
Nature of separation-How has the family come to the decision to have their child live in an institutional care facility and what has the separation process been like?	This topic explored themes related to the reasons and process of separation. Parents provided insight into the reasons for placing their child in institutional care and its challenges. How aware are they of options, who are the decision-makers, what priorities do they consider in the decision-making process, and what is their relationship with their child now that they live away from them? This connects to Research Objective 2.
Future orientation-What is the families future plans? Do they plan to go back to Myanmar or stay in Thailand and why? What do they hope for their children and do they see their education options as effective to reach that?	This topic explored the relationship between education, potential opportunities for their children, and plans for the future. Institutionalization is often linked to perceptions of education as a pathway to better opportunities, and an expression of a family's agency to pursue them. This connects to Research Objective 4 on education and provide some thematic perspective of Research Objective 1 on the number of UASC-M in Thailand, particularly the perceived projection for the future.
Perceptions of care-What are their feelings and opinions on the quality of care their child receives?	This topic explored issues related to child protection and safeguarding. It is not the primary means of analysis but helps to capture parents' perception of such issues and how it may line up with the reality of the care their child is receiving. This topic connects to Research Objective 3.

Table 9: Semi-structured interviews with CSOs and Provincial Shelter for Children and Family

Question Topic	Purpose and linked research objective
Scale of UASC-M -How do they experience the scale of UASC in their work and do they perceive it as a population that will continue to increase?	This topic is meant to understand the scale of UASC-M r based on their experience working with migrant populations. It is not meant to quantify the actual scale, but capture if it is experienced as a large-scale issue and if they think it will continue to increase. This connects to Research Objective 1-
Nature of separation for UASC-M r-What are the reasons they see for children from Myanmar separating from their parents? What are the ways it occurs, and what the results? Has this changed since the coup	This topic is meant to explore the patterns and drivers of family separation for children from Myanmar in the participants respective contexts. This includes its relationship to migration and conflict in Myanmar. This topic connects to Research Objective 2.
Protection risks for UASC-M -What services are being provided these families and children and what are the gaps? What is the known/used reporting mechanisms and their effectiveness? How does their legal status impact protection risks?	This topic is meant to capture the issues related to child protection and safeguarding for these children. This includes the relationship between migration, documentation, care setting, and child protection mechanisms in their environment. The topic is also meant to highlight themes around the varying level of isolation for these children (discussed in child protection section of provincial analysis). This connects to Research Objective 3.
Education and future orientation-How influential is education on family separation and what are their expectations? What are the resulting pathways for children after education and the impact of legal status? What are the significant educational challenges? What are they doing after they leave education?	This topic is to explore education's relationship to migration and family separation for UASC-M. This includes expectations, curriculum options, pathways to and after education, care-setting influence, and the relationship to legal status. This connects to Research Objective 4.

2.5. Research Team

This project was implemented by One Sky Foundation training and managing five research teams. The first team was a member of the One Sky team to conduct questionnaires given to Chiang Mai private residential care because they had been giving training with them over the last year and had an established relationship with them. The second team was two field researchers conducting questionnaires for private residential care facilities in Chiang Rai and non-temple key informant interviews in Chiang Mai and Chiang Rai. This team had conducted surveys with One Sky Foundation on private residential care in Chiang Mai and Chiang Rai over the past 3 years, had an established relationship with many of the facilities, and understanding of the context and conducting research with institutional care settings.

The third team conducted questionnaires with MLC dormitories and private residential care and non-temple key informant interviews in Tak. This team included four members, a coordinator and three field researchers, all with experience conducting research and interviews in the area. The fourth team was led by INEB, The International Network of Engaged Buddhists, to conduct all questionnaires with abbots in temples and key informant interviews related to temples. They have experience doing child protection-related research in five countries, and because of their religious positioning, could build trust with temples to create opportunities for data collection. This team included five members, one coordinator and four field researchers.

The fifth team consisted of two members of the core research team with One Sky Foundation and conducted three topical focus group discussions (child protection, education, and UASC-M in independent living) with CSOs in Tak province, as well as four follow-up semi-structured interviews with CSOs in Tak. All members were trained in the questionnaire, interview process, and activities for each participant group as well as conducted pre-tests including debrief and research tool adjustment. Limitations

2.6. Limitations

Given the timeframe for data collection and the nature of conducting research with a vulnerable and often "hidden population" (Heckathorn, 1997), the team experienced a few limitations.

First was the lack of accessible information on children by some institutional care facility participants. Often, they do not keep accurate and up-to-date records on all the children in their care. This means that several follow-ups were required and data on the numbers of UASC-M was not always consistent. During the data cleaning process, the team ensured consistency, however it is worth noting that there is margin for error in the data on the numbers of UASC-M. This also includes confusion on the term UASC *from Myanmar.* The research tools do not use the term UASC-M, but instead "children from Myanmar staying overnight at your care facility". The field researchers were trained to explain that children from Myanmar meant those that were *born in Myanmar,* not those born in Thailand of migrant parents from Myanmar. This distinction is not always made in the care facilities, and some may have still confused the reported numbers after the field researchers clarified. This also reflects that they sometimes do not know where the children were born, reflecting the difficulty in having accurate information on this group of migrant children.

The second was finding voluntary participants among the institutional care facilities. This was predominately the case for private residential care facilities in Chiang Rai and temples in all three provinces. There was further distrust after the closing of 6 learning centres in Surat Thani in early September, 2024, with many institutional care facilities afraid that reporting their care of undocumented children from Myanmar would have negative consequences for themselves and the children in their care. This limited the sample of participants and should be considered when interpreting the analysis. It also demonstrates the lack of trust between UASC-M service providers and formal systems that was expressed throughout this project.

A third is "social desirability bias" of the participants. Several questions may have been answered in ways that do not reflect what is true, but what the participants perceived to be the right or desirable answer.

2.7. Research ethics

The research tools, information and consent forms for each participant group, and research methodology were sent to the Committee for Research Ethics (Social Sciences) (MUSSIRB), Mahidol University and were approved (Certificate of Approval No. 2024/078.0209). The research project was also approved by the Community Ethics Approval Board (CEAB) in Tak. CEAB is a community-led board of local actors that consider research conducted in their community, provide consul, and approve research process to ensure protection of local participants

Before each data collection event the participant would be informed of the research procedures and objectives, potential benefits, confidentiality, time for participation, ability to withdraw, and contact information of the Research Project Manager and MUSSIRB. The participant, and caretaker when applicable, were then requested to sign the consent and information forms before the interview or questionnaire began (though two consent forms were collected after the interview with the participants verbal consent).

In regards to child protection, those interviewing children (only 13+ years old) had prior experience interviewing children. Also, each team member was given training interacting with children, using participatory activities to give the child control of what they wanted and did not want to share, how to select an appropriate place for interviews, how to navigate signs of uncomfort, disclosures of abuse, and when to stop an interview. There was a Child Protection Officer assigned to the research project, to which all team members could contact if a concern arose**. This CPO would then coordinate the necessary response.

**This protocol was activated once, as a field researcher expressed concern about a child interview experience in an institutional care setting. The team at One Sky Foundation has informed UNICEF and is following up on the reported concern. One Sky Foundation (Chiangmai branch – child protection organization) will continue to monitor the situation of the care facility.

3 Overall Profile of UASC-M in Tak, Chiang Mai, and Chiang Rai

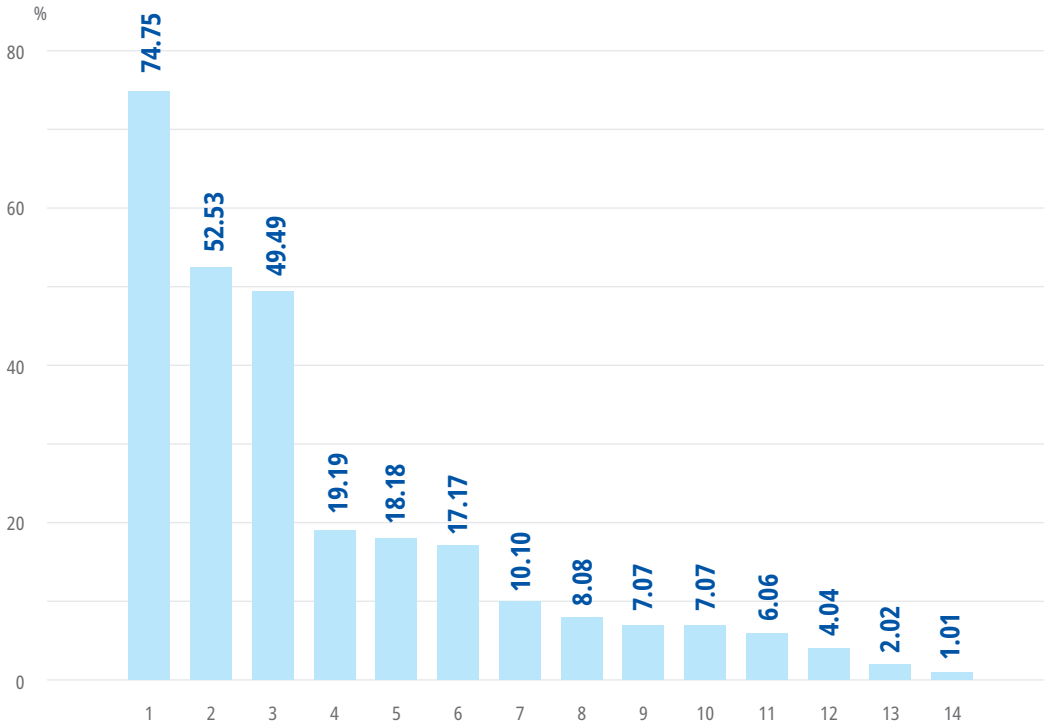
3.1. Introduction

The assessment is focused on only three of the ten Thai provinces bordering Myanmar. The Thailand-Myanmar border stretches out over 2,401 kilometres, of which includes Tak, Chiang Mai, and Chaing Rai (Ministry of Foreign Affairs, 2022). This covers much of the potential migration area for UASC-M, but not all. The total number of UASC-M in care facilities included in this study was 3,693. In these care facilities there were an additional 1,555 children not from Myanmar, with 16 coming from Laos, 3 from China, and 1,539 from Thailand. The overall number of UASC-M is likely more than 3,693 due to the incentive to under-report by care facilities, and the exclusion of children in kinship care.

3.1.1. The relationship between migration and family separation

Woven throughout this analysis is the relationship between migration and a child's separation from their family. Is the reason a family migrates the same reason that a child separates from that family? Do families migrate for one reason, but the separation occurs after? What about when a child migrates into Thailand but the family stays in Myanmar? How does the political crisis in Myanmar relate to both?

Figure 1: **Percentage of care facilities that gave reason as top 3 reasons for separation and entering care**



	Reasons for separation and entering care
1	**Educational opportunities**
2	**Poverty**
3	**Safety (in their environment, not within their family)**
4	Orphaned (both parents have passed away)
5	Other
6	Parents migrate for work
7	Conscription
8	At-risk of or has experienced physical abuse, exploitation, or trafficked
9	Lost or homeless
10	Parents lack the capacity to care for them
11	Lacks a caregiver or the caregiver has relinquished them
12	Parents have inappropriate behaviour and/or jobs
13	Sick or has disabilities
14	At-risk of or with criminal behaviour

Institutional care facility operators were asked to give their top three reasons children from Myanmar enter their facility. Figure 1 shows the percentage of care facilities that gave the reason as one of their top three (regardless of rank). Seeking education opportunities (74.75%), poverty (52.53%), and safety from their environment (49.49%) were the top three answers given.

First, this demonstrates how influential the desire for education is in the migration and separation of children from Myanmar. Second, it highlights the complexity of reasons for separation, as it is rarely just one. It shows a relationship between education, poverty, and safety. Third, it is consistent with the majority of literature on institutionalization arguing that a very small percentage of children in institutional care are true orphans. 19% said orphanhood was a top three reason; however, collectively, the 99 care facilities reported just 191 orphans—5% of the UASC-M total in included facilities. Fourth, parents needed to migrate for work and conscription were just 17% and 10% respectively. The first data point reflects the large percentage of parents staying in Myanmar and just 10.4% of UASC-M parents that live in another Thai province than the care facility. Therefore, it does not support that these facilities are primarily used as a place for parents to keep their children while they move to work. The second does not support that the conscription law[4] has led to more UASC-M in institutions. This could also be low because the law has not yet been enacted for a year, and because more are likely to be in independent living arrangements given that the age for conscription begins at 18. Finally, safety was only mentioned by 50% of facilities as a top 3 reason. Safety here means safety from the child's environment, not family. If the child was separated from their family before crossing into Thailand, it is likely due to violence from the conflict in their country could be related to the family's' fear of detention or deportation. Given the majority of parents still living in Myanmar (Figure 2), it reflects the former more than the later. The conflict makes it less safe for a family and child in Myanmar, which seems to be driver of separation. However, it may also shape an environment that is more likely to produce the other reasons. These reasons include decreased economic opportunities for parents, closed education facilities, etc. For example, only half of the included facilities gave safety as a reason. This could mean either those facilities do not see conflict as related to family separation, or that conflict is more likely to influence the reasons for separation rather than be the reason itself. For example, conflict has negatively impacted the education opportunities available, it is this subsequent desire to seek out education opportunities that leads to migration and/or separation. Therefore, care facilities may have answered education over conflict in that scenario.

> *"[In Myanmar], there is no future for children, they do not study, and the children are not able to improve their education."*
>
> CSO director, Chiang Mai

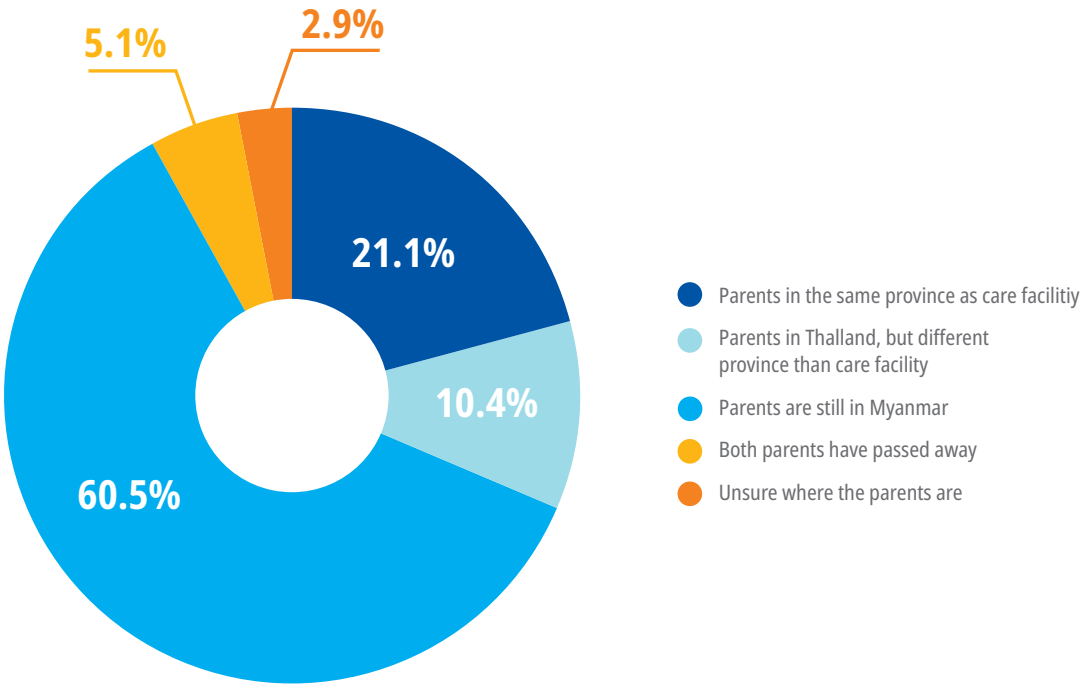
From the overall analysis we see that migration and separation may often be for the same reason. This means that the intention for the child to separate from the family at some point was part of the decision to migrate, if not the primary reason. One parent said,

4 On February 10, 2024 the military junta enacted the People's Service Military Law (originally drafted in 2010), requiring men age 18-35 and women 18-27 to serve in the military for two years.

> *If I didn't have children, I don't think I would be [in Thailand], because if I am on my own, I don't have to worry about anyone else regardless of what happens. Whether things [in Myanmar] are good or bad, I could survive more easily.*

60.5% of parents are still in Myanmar while 31.5% are in Thailand. 21.1% of the those in Thailand are in the same province. From interviews with these parents, the separation did not always occur because of the resulting challenges faced after migration to Thailand, but rather they are in Thailand to be closer to their children whom they chose to place in an institutional care facility for reasons of education, poverty, and safety. The difference between the two northern provinces and Tak is quite different and will be discussed below.

Figure 2: Location of parents of UASC-M (overall)



The perceived lack of opportunities for their children in Myanmar, and the perceived potential opportunities for them in Thailand can result in migration with the intention to place the child in institutional care. This would not be true of all families with children in institutional care, as some parents may send their child to a relative who subsequently sends them to a care facility without the parent having intended to do so from the beginning. Regardless, the intention of the parents is important when considering analysis and recommendations because it suggests migration for many families of UASC-M is not about short-term reprieve from conflict. It is a migration with long-term considerations such as education and connecting to the Thai labour market.

3.1.2. Methods of Family Separation

From the questionnaires and interviews with key informants, the process of family separation for UASC-M can be divided into three phases—the decision, the journey to Thailand, and entering the care facility. It is important to note that separation can occur in each of these phases. Knowing when and why it occurs in each phase helps clarify the relationship between migration and separation. This assessment has themes from interviews for the first two phases, and more quantitative data for the third phase.

3.1.2.1. The Decision

First, from this assessment, separation of UASC-M into care facilities in Thailand should be seen as an intentional decision in most cases. This is true for Chiang Mai, Chiang Rai, and Tak. The decision may be heavily influenced by factors outside of the control of the family, such as conflict discussed earlier, but a choice was made at some point. One parent in Chiang Rai said, "Firstly, I didn't really want to give [my child] because they are still a child. However, staying [in the children's home] is better because they can study and have more experiences than [in Myanmar]". This is also demonstrated in the low percentage of reasons given by care facilities that result from a non-choice such as orphanhood, criminal behaviour, separation in the midst of conflict, etc. UASC-M can be viewed as one of the most vulnerable groups of migrants, but for those in care facilities in Thailand, parents view it as the least bad option. A CSO director in Chiang Mai said, "Children should not separate from their parents unnecessarily, I understand that, but these children may die if they stay so they must go first. If the parents cannot come, then they send their child. There are some necessary reasons why they have to come".

Second, for decision-makers, parents were an obvious one, but there were a couple other actors as well. In our interviews with children, they often expressed some level of power in the decision to live in an institution. One child (17) in Chiang Rai said, "For the most part my parents make the decision, and I have followed them since I was a kid. However, as I have gotten older, I have more decisions about myself. For example, in coming [to the children's home] I think I wanted to come". Some expressed the lack of opportunity they saw in their community which led them to participate in the decision-making process. Relatives are also key actors, not only in decisions but in all three phases. The presence of a relative in Thailand was mentioned in most interviews with children and parents alike.

> *"As we know that my cousin is working here, my father asked if I want to study in Myanmar or in Thailand? I said I would like to study in Thailand where my cousin is. The educational opportunity is not stable in Myanmar. I requested to come and study here"*
>
> UASC-M in Tak

Lastly, the decision to send a child into an institution occurs at one of two points—while the family is still in Myanmar or after the family has migrated into Thailand. If a child was separated after migrating with their family into Thailand, it doesn't always mean that the environment in Thailand caused the decision, rather migration into Thailand can occur with the intention to separate. A CSO director in Chiang Rai said, "[Another group] might come with their parents but separate from them in Thailand. For example, some may send their child to ordain as a novice in a temple, or some will have them stay at a dormitory of a church while they go to work somewhere else".

The impact of migration into Thailand can influence the decision to separate, particularly when poverty occurs post-migration. The decision for a child to live separately from their parents can be made post-migration. However, this decision is also made pre-migration as well. Thus, the intention to separate can also be the cause of migration.

3.1.2.2. The Journey to Thailand

This assessment has not captured robust quantitative data on the migration journeys for children that become UASC-M in Thailand. However, interviewees shared about the people that would migrate with them. Some travel with parents into Thailand, while others do not. 68.6% percent of care facilities say that a mother and/or father brings the child to live there. This doesn't mean 68.6% of children come to care facilities with their parents, but that almost 7 in 10 facilities have parents bring children to them. Regardless, parents will have had to travel into Thailand to take their child to a facility. It is also possible that parents travel with their children but do not cross the border into Thailand with them.

> *"For these children, parents have not even seen [the care facility] ...maybe they give the child to someone they know, but as for how they will live, it is nearly impossible to control. So, for me, I think that the children are in a risky situation. Even if they migrate without their parents but with relatives or people they know, it is not their true caregiver."*
>
> CSO director Chiang Mai

Relatives seem to be the most common "middle-man" between the parents and the care facilities when the parents do not travel into Thailand. Teachers or care facility staff also journey with some children into the care facility. The influence of teachers was only expressed in Tak. A UASC from Dawie in Tak said "My teacher from my village took me here. There were a lot of people when we travelled here but some of them stopped the halfway in Mae La refugee camp".

3.1.2.3. Entering the Care Facility

The 68.6% of care facilities that said a mother or father brings the child to the care facility seems high given that only 31.5% of parents are in Thailand. This suggests that a significant portion of UASC-M are brought to the care facility by parents. It points to some parents crossing the border back to Myanmar after having given their child to a care facility. It does differ significantly among institutional care type however. 95% of temples and 79% of MLC dormitories responded this way, while only 51% of residential care facilities did. Relatives seemed more likely to bring these children into residential care facilities with 67% responding so. Also, 100% of temples and MLC dormitories said at least parents and/or relatives bring children to their care facilities with 83.7% of private residential care facilities responding so. 49% of care facilities said that community or religious leaders bring the children into the care facilities as well, pointing to the influence of religious networks cross-borders and importance of community-level connections on the Thai side. In our interviews, the influence of religious leaders was mentioned more than the community leaders.

This confirms the prevalence of informal referrals and acceptance of UASC-M into institutional care facilities. It also demonstrates that many children are not UASC before the transfer from parent/relative to care facility. This is unlike most of the UASC situations in the EU. These children are not being accepted into a government-regulated institutional care system for UASC because they arrived to the country without family, such as the

asylum process for UASC in the UK (Kent Refugee Action Network, 2024). This places much of the responsibility for gatekeeping (determining if it is necessary for a child to live in an institutional care facility) on the care facilities themselves, resulting in a conflict of interest. Potential over-acceptance can occur given that parents see it as a good option for their child due to the impact the conflict has had on education, poverty, and safety

3.2. Distribution of UASC-M in included institutional care facilities

The total number of children (Thai and non-Thai) given by the 99 care facilities was 5,248—about 53 children per facility. Of the 5,248 children, 3,693 were UASC-M—about 37 UASC-M per facility. 75.5% of the children in these care facilities were UASC-M, but this cannot be extrapolated to all care facilities in the provinces. This is because self-reporting UASC-M was part of the selection criteria and MLCs had a much higher percentage of UASC-M, skewing the average.

Tak had the most at 2,700, then Chiang Rai with 550, and Chiang Mai with 443 with 64, 14, 25 (rounded) average UASC-M respectively. MLC dormitories reported 2293 (nearly 96 avg.), private residential care 908 (nearly 19), temples 408 (nearly 19), and residential schools with 84 (21).

Table 10: Number of UASC-M by types of institutional care facilities

	Tak	Chiang Mai	Chiang Rai	Total of Type
MLC Dormitories	2293 (95.54)	--	--	2293 (95.54)
Private Residential Care Facility	358 (25.57)	148 (21.14)	402 (14.35)	908 (18.53)
Temple	49 (12.25)	242 (30.25)	117 (11.70)	408 (18.55)
Residential School/School Dormitory	--	53 (17.67)	31 (31)	84 (21)
Provincial total	**2700 (64.29)**	**443 (24.61)**	**550 (14.1)**	**3693 (37.30)**

MLC dormitories account for 62.1% of all UASC-M living in included facilities and this type was only in Tak. Tak accounts for 73.1% of all UASC-M living in included facilities. This demonstrates how prevalent UASC-M are in Tak and in MLC dormitories. However, this needs to be interpreted with a couple of considerations. First, it was significantly challenging to find temples willing to participate in this study. Chiang Mai has 1,485 temples with 3,876 novices, Chiang Rai has 1,086 with 753 novices, and Tak has 284 temples with 699 novices (National Statistics Office, 2024). Temple sampling was purposive snowball sampling, those that were referred to us or were willing to participate. It was difficult finding willing participants and is thus not based on something more statistically valid.

Second, the sample from MLCs and private residential care is more representative. The coordination difference between the types is worth mentioning here. The team learned UASC were more dispersed in Chiang Mai and Chiang Rai. Of 157 private residential care facilities in the 8 districts where data was collected in Chiang Rai, 35 reported having children from Myanmar, with 28 willing to participate. Of the 54 private residential care facilities in the 9 districts of Chiang Mai where data was collected, 9 reported having children from Myanmar, with 7 willing to participate. That is 22.3% in Chiang Rai and 16.6% in Chiang Mai, which is similar. Also, MECC

shared 31 MLCs with dormitories. Of the 31, 3 claimed to not have one, 2 denied to participate, and 2 could not be contacted. Thus, the assessment included 24 of the 26 confirmed MLCs with dormitories.

The research team believes there could many more UASC in temples than reported here (discussed in Child Protection analysis). Though the number of UASC is skewed towards Tak, the number of UASC-M amongst the three provinces could be more balanced. Therefore, the overall analysis is more representative of Tak and MLC dormitories. Therefore, the rest of this section is a brief overview of the profile of UASC-M in included facilities, while the majority of analysis is divided into a "North" section (Chiang Mai and Chaing Rai) and Tak province.

3.3. UASC-M since 2019

According to data collection, the number of UASC-M since 2019 has increased Figure 3 and 4 shows the total number and average of UASC-M that was given for each year by the institutional care facilities. However, some facilities were not able to give a number of UASC-M for every year. This reflects the gap in record-keeping on children moving in and moving out of care facilities (otherwise known as stock and flow). Figure 4 divides the total number (from the first chart) by the total number of facilities that provided a number for that year. This creates an average per reporting care facility.

Figure 3: **Average number of UASC per reporting care facility**

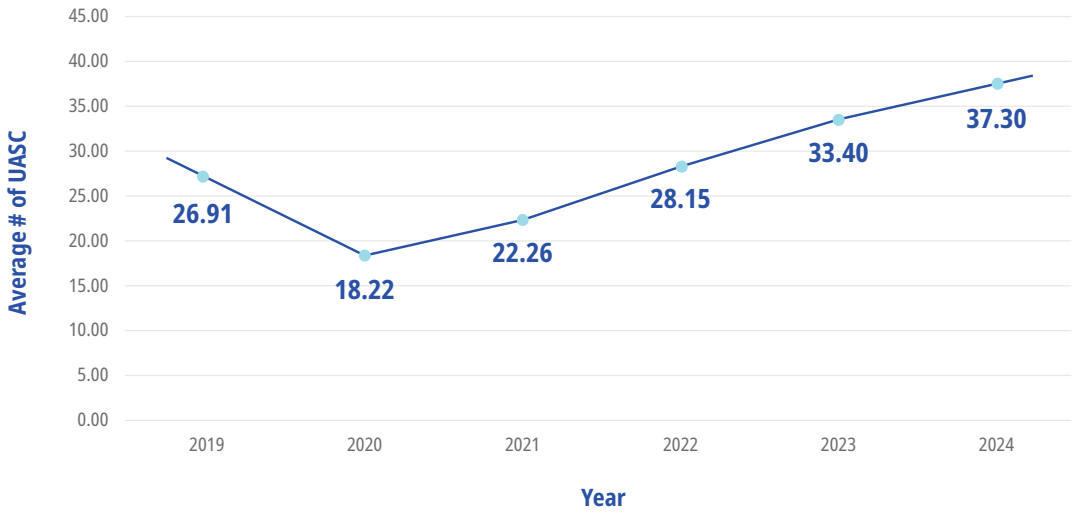
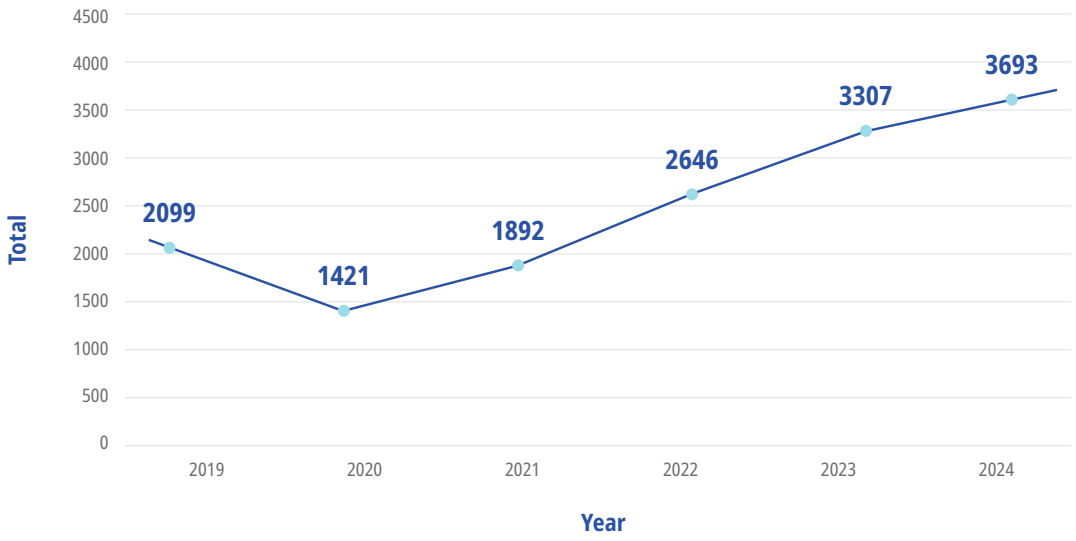


Figure 4: Total number of reported UASC-M per year



You can see the decrease from 2019 to 2020 due to COVID-19 and border lock down, and the steady increase since then. It is difficult to determine how much of the increase from 2020 to 2024 can be considered a COVID-19 "rebound" as educational facilities began opening up again and how much can be contributed to the military coup since February, 2021 or introduction of conscription law in early 2024. The decrease from 26.91 to 18.22 (32.2% decrease) reflects the influence education access has on institutionalization of these children as schools closed and went back to live with families and relatives. This suggests that many children had others, most likely parents and relatives, to live with.

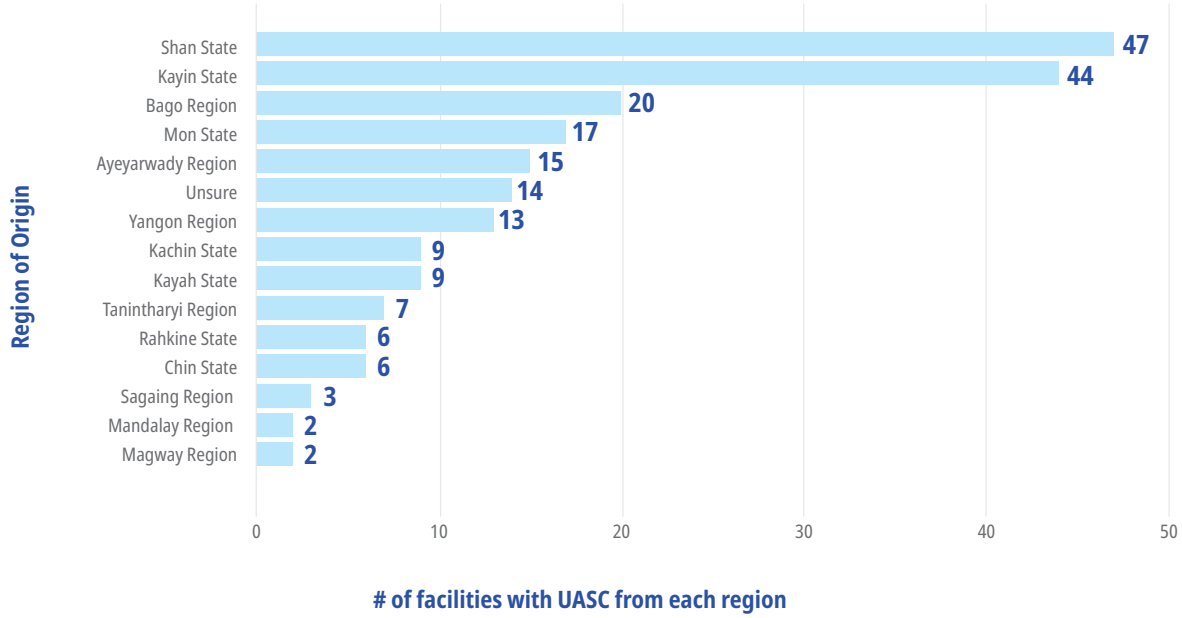
It is still clear that the conflict in Myanmar has correlated with the increase in UASC-M. By 2022, the average number of UASC-M in reporting facilities was more than 2019 pre-COVID. Currently, the average of 37.30 UASC-M per care facility is now 38.6% larger than 2019, 104.7% larger than 2020, and has increased 67.5% since the coup in 2021. The increase year on year from 2020-2024 was 22.1% from 2020-2021, 26.5% from 2021-2022, 18.7% from 2022-2023, and 11.7% from 2023-2024. There is an increase year on year, but the rate of increase has decreased over the last three years. There are a few potential reasons for this and one potential reason for separation that it challenges.

It could be that those that were going to migrate and separate from families did so earlier in the coup, resulting in a lower number of potential children separating from parents. It's possible that the dramatic increase since 2020 is straining the capacity of current facilities, resulting in less open spots. 77% of facilities said that they deny children, and some have an established quota that they cannot go over once it is reached. There are several programs run by CBOs helping families which may be a preventative measure. It also questions the influence of that the People's Military Service law, enacted on February 10, 2024, has on family separation for children in facilities. It is likely more influential for UASC-M in independent living. Quantifying the number of UASC-M in independent living over time was outside the scope of this brief assessment and would be a useful topic for further research.

3.4. Where they from: Place of origin

In interviews with CSOs in all three provinces it became clear that a unique characteristic of the current migration from Myanmar into Thailand is the diversity of migrants' place of origin. In the past, migrants in Thailand's border provinces were predominantly from the bordering states in Myanmar. Though this is still largely true, particularly for the northern provinces, more diversity is represented in the place of origin of UASC-M. Figure 5 below shows the number of facilities that reported having UASC-M from each of the regions. This does not show the proportion of children that come from each region as the facilities often do not know exactly how many children come from which regions.

Figure 5: Regions of origin



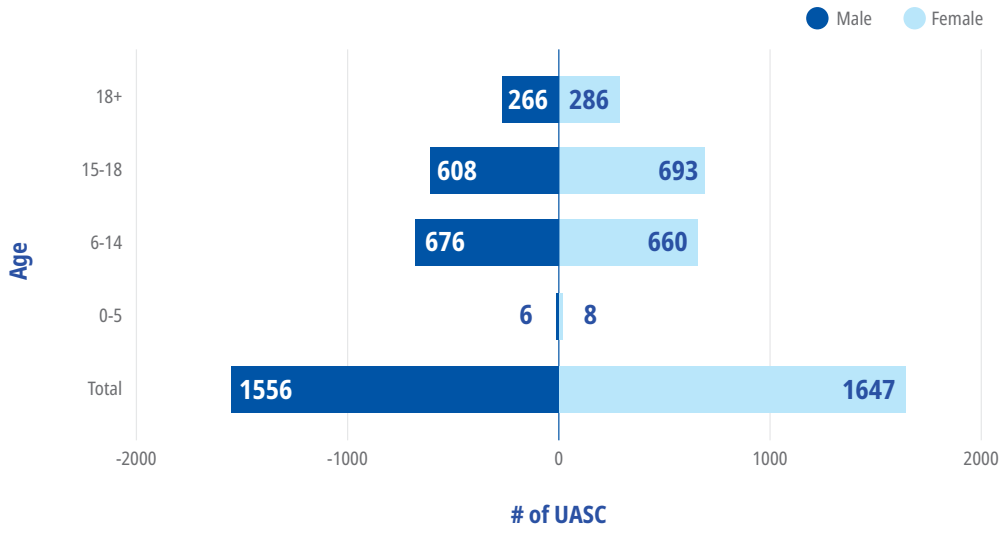
Shan State and Kayin State are the predominant regions of origin for UASC-M, reflecting the overall migrant population. However, each region and state in Myanmar is represented in the data. This includes 20 care facilities with children from Bago Region, which does not share any border with Thailand, 9 from Kachin State, Myanmar's northern most region, and 6 from both Rahkine and Chin State, Myanmar's western most regions. This reflects the distance that some children travel before ending up in an institutional care facility in Thailand, as well as the reach of religious, familial, communal and ethnic networks. For example, one UASC-M in Tak said, "I am from Dawie," (1,800 km from Mae Sot), "My teacher from my village took me [to Mae Sot]. There were a lot of people when we travel to here".

The analysis between the North and Tak will reveal that Shan State represents most of the UASC-M in the North, while Tak is much more diverse.

3.5. Age and Gender Distribution*

The overall age and gender distribution of UASC-M in included facilities demonstrates a few points. First, it is important to analysis the temple data separately from the other facility types, as well as together. Overall, there were 315 or 19.1% more boys than girls. However, here were 408 UASC-M in temples, all male novices. When looking at the non-temple facilities there are 91 or 5.5% more girls than boys.

Figure 6: Age and gender distribution of UASC-M (non-temple)

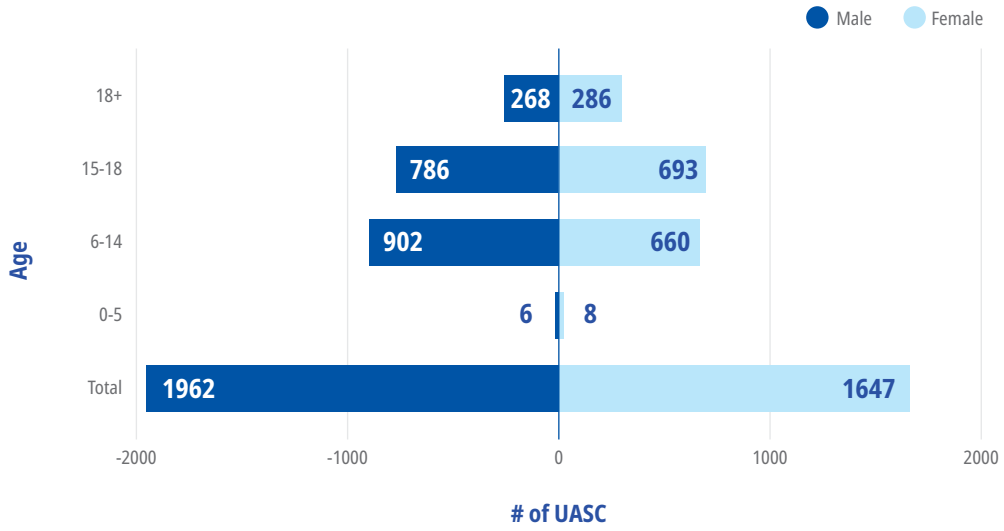


*There were 73 UASC-M whose gender and age distribution were undisclosed by 2 facilities and 11 UACS-M from 2 care facilities that gave inconsistent distributions and were unable to clear them up.

As discussed above, this assessment suggests that there could be many more UASC-M from Myanmar in temples than were reported. If that is the case, then it is interesting that there are not more girls reported in the non-temple facilities. This suggests that there are less girls from Myanmar that separate from their families and live in Thailand. However, we cannot determine why that is the case from the assessment.

Also worth noting is the age distribution overall. The assessment chose the age categories as 0-5, 6-14, 15-18, and 18+. There is robust literature demonstrating that children institutionalized at younger face more significant negative outcomes (Dozier, et al., 2012). 6-14 years old demonstrates ages that children would most likely be institutionalized due to issues related to education, while 15-18 and 18+ was chosen to explore higher levels of secondary education and potential impact of conscription.

Figure 7: **Age and gender distribution of UASC-M (overall)**



There were very few UASC-M 0-5 years old. This is good news for the most vulnerable age demographic, but also suggests several things about the nature of separation that will be explored further in the North and Tak-specific analysis. First, before looking at reported reasons for separation, it suggests that education opportunities are influential because most are of school age. Second, given that 60% of parents are still in Myanmar (discussed later), they are less willing to travel with or send their child off with a relative or teacher when they are younger. Also, there were 0 reported children under 6 in temples.

There are 1,562 UASC-M aged 6-14 but 1,479 ages 15-18. It is expected that there would be more children ages 6-14 than 15-18 because the age range is larger, but only 100 more suggests the average of a UASC-M is closer to 18 years old than 6 years old. The assessment did not record the exact number of children for each age as it would be time consuming and unreliable given the lack of accurate record keeping in facilities and difficulties determining the exact age of migrant children. It is also worth noting that 554 (15%) UASC-M reported in this assessment were 18+ years old. This means many children are staying in institutional care facilities beyond traditional education age. A portion of this group would have entered grade levels lower for their age, but is also impacted by the lack of documentation, protection, work, and seeking a safe place to stay after education.

3.6. Comparison to national statistics on institutional care and global comparison

It was estimated in 2023 that there were at least 120,000 children in Thailand in institutional care (Ladaphongphatthana, Lillicrap, Thanapanyaworakun, 2023). This includes private children's homes, facilities for children with special needs, detention centres, temples, residential schools, and government boarding houses. The average from several studies is around 50 children per facility, consistent with 53.01 from this assessment. This assessment also adds to the understanding of the relationship between cross-border migration and institutionalization which has yet to be explored in depth in Thailand. It suggests that no small percentage of the 120,000 includes UASC-M. The age and distribution of this assessment is also consistent with other studies in Thailand (Ladaphongphatthana, 2021; ACT, 2022; ACT 2023).

4 UASC-M in The North: Chiang Mai and Chiang Rai

In the following two Sections is an analysis of the northern most provinces, Chiang Mai and Chiang Rai, and one focusing on Tak separately. Tak is warranted a separate analysis because of the percentage of UASC-M in Tak, its diversity of place of origin, and presence of MLC dormitories. Chiang Mai and Chiang Rai will be analysed together. However, they will be explored separately when it is relevant.

4.1. Geographical context

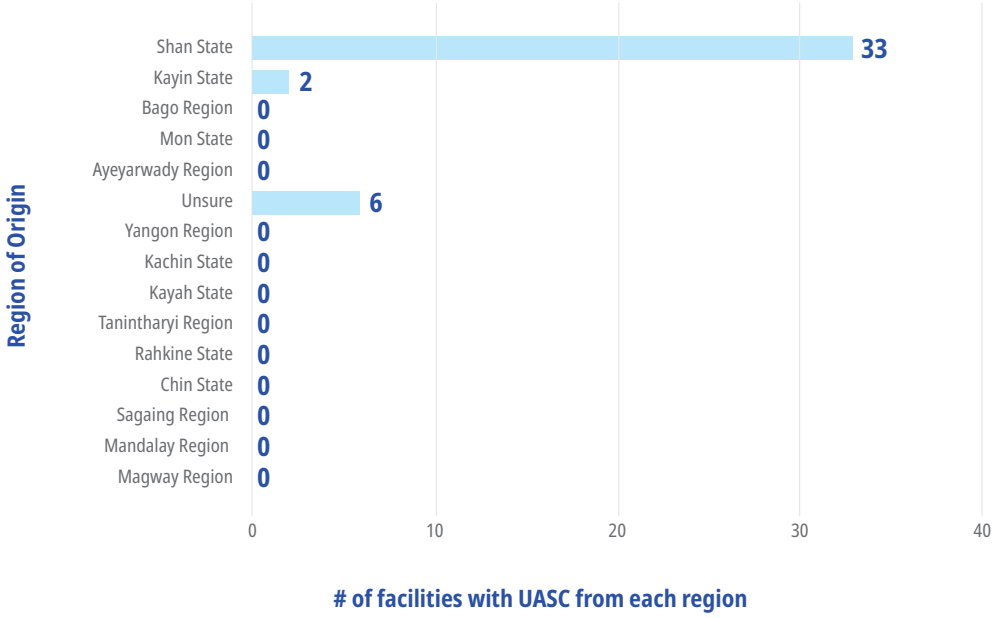
Chiang Mai is Thailand's 2nd largest province at 20,107 square kilometres with Chiang Rai just over half that size at 11,678 square kilometres. They are both mountainous provinces, but distinct from Tak in that there is not a mountain range that separates the central district (Mueang) from the Thailand-Myanmar border. The Thailand-Myanmar border along Chiang Mai and Chiang Rai is mountainous, with few convenient locations to migrate into Thailand. Chiang Rai has a permanent border crossing at the border between Mae Sai district in Thailand and Tachilek in Myanmar, with an established history of migration from Myanmar into Thailand. Chiang Mai does not have such a crossing point, with Ponparkyin the closest Myanmar town to the Chiang Mai border into Baan Nong Khiao. Also, the size of the towns on both sides of the border may reflect their usage as pathways for migration. Ponparkyin Sub-Township had a population of 43,819 in 2014 and Tachilek had 148,021 (Ministry of Labour, 2017a, 2017b).

From this, three points reflected in the data can be made. First, though migrants do cross the border into Chiang Mai, more cross into Chiang Rai. Tachilek to Mae Sai is a more convenient and established crossing point. There were 402 UASC-M in private residential care in Chiang Rai with only 148 in Chiang Mai. The average

per facility is higher in Chiang Mai because one of the 7 facilities reported having 70 UASC-M. From this we see a slightly higher rate of private residential care facilities receiving UASC-M in Chaing Rai than Chiang Mai, and a larger UASC-M population overall.

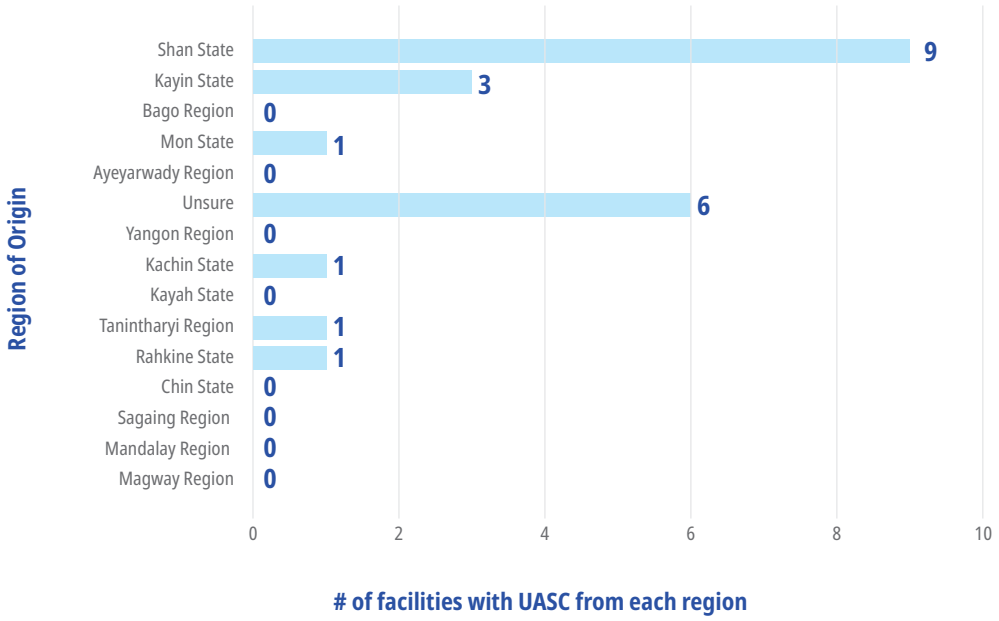
Second, the presence of UASC-M seems to be more disbursed in the two northern provinces in comparison to Tak. Tak has a mountain range that separates the five border districts from the rest of Tak, and Thailand as a result. As can be seen in the topographical map, Chiang Rai is relatively flat moving south from Mae Sai. Chaing Mai is more mountainous, but there are not clear geographical barriers as in Tak. This was also reflected in the coordination for data collection. The assessment was to take place in 10 districts, 5 in both provinces. However, it was discovered that district location had less importance for the concentration of UASC-M. Mae Sai district in Chiang Rai represented the most private residential care facilities with UASC-M, as to be expected, but there were still 10 other districts found to have facilities with UASC-M (including temples). Chiang Dao was the most representative in Chiang Mai, but there were still 9 other districts with UASC-M.

Figure 8: Region of origin for UASC-M (Chiang Rai)



Finally, the proximity to Shan State and distance from other regions continues to reflect the majority of migrants in these two provinces coming from there. As can be seen below the majority of care facilities in both provinces responded that UASC-M under their care are from Shan state, or unsure. Tak Province, particularly Mae Sot, seems to be the more common destination for UASC-M from all other regions outside of Shan state.

Figure 9: Region of origin for UASC-M (Chiang Mai)

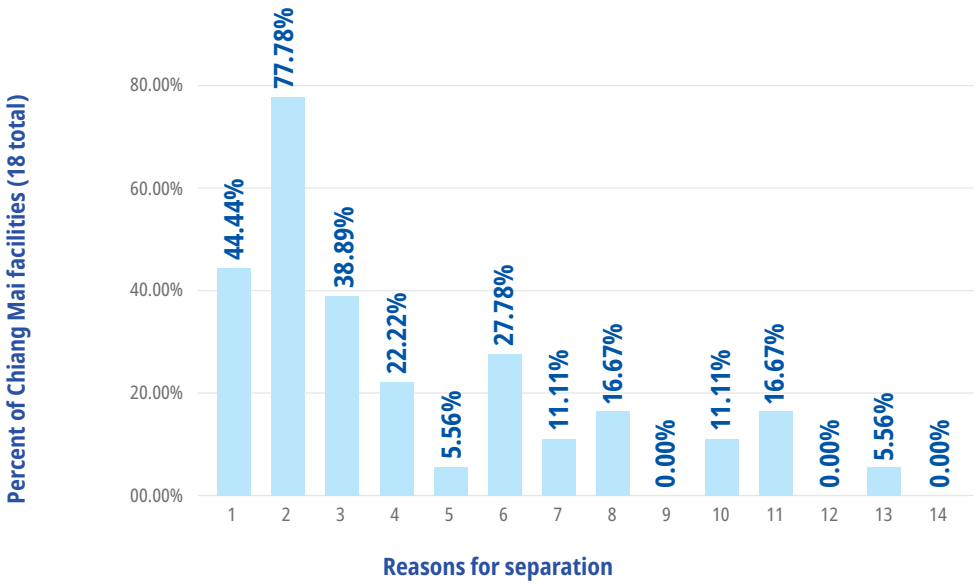


4.2. Complexities of Migration and Family Separation

4.2.1. Reasons for Family Separation

When analysing the reasons for separation provincially we see that Chiang Rai reflects the overall picture, while Chiang Mai differs in a few answers. First, education seems to be less of a reason in Chiang Mai with 44.44% reporting it among top three reasons for UASC-M entering their facility. Safety is also mentioned less than the overall at just 38.89% of facilities. Less answers in these two categories seems to be made up in the poverty answer. 77.78% answered poverty as a top three reason, while it was just 52.53% of the overall. Another difference worth noting in Chiang Mai is that 27.76% percent said the parents migrating for work was a top three reason while it was just 17% of the overall.

Figure 10: Percentage of facilities in Chiangmai giving answer of top 3 reasons for UASC-M entering care[5]

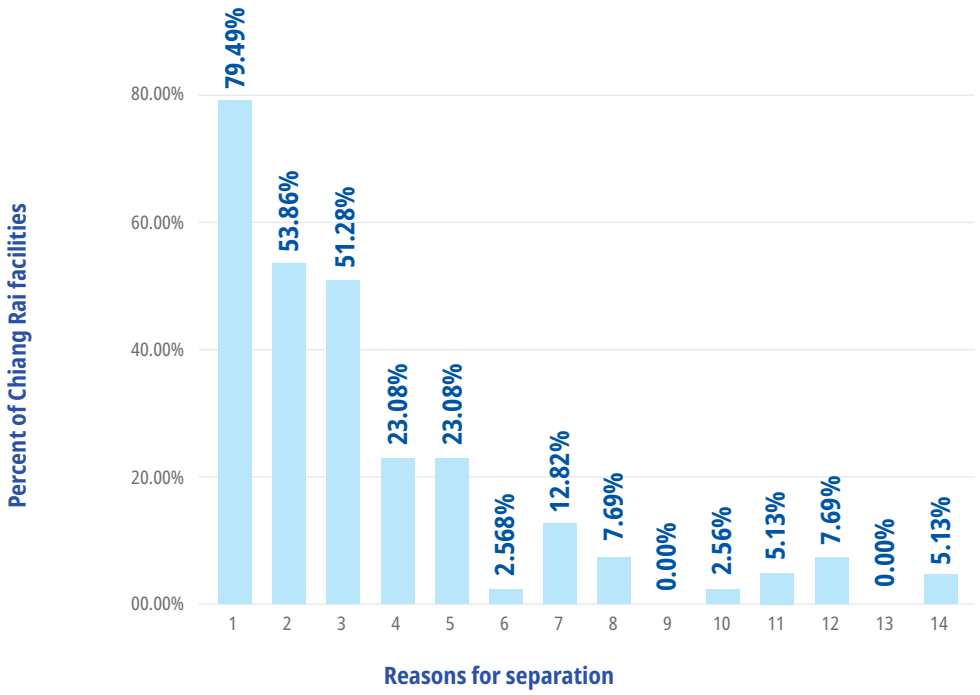


For Chiang Rai, education was given as a top three reason by nearly 80% of facilities, demonstrating that for UASC-M in Chiang Rai (mostly Shan) family separation is linked directly with the pursuit of education. Similar to the overall picture, about 50% of care facilities answered poverty and safety as a reason. Only 1 of the 39 facilities said parents migrating to work was a top three reason.

Orphanhood was mentioned by 22% and 23% of care facilities in Chiang Mai and Chaing Rai respectively, yet the facilities only reported 32 true orphans from Myanmar which is just 3.6% of the total reported UASC-M in included care facilities in both provinces. This could mean that orphanhood is perceived by institutional care facility operators as more influential than it is, or an attempt to portray their facilities as caring for more orphans than they are. Regardless, for UASC-M in the North, orphanhood is not a significant driver of separation into institutional care facilities. Rather, it is more about the relationship between education, poverty, and safety.

5 Reasons are as follows—1. Educational opportunities; 2. Poverty; 3. Safety (in their environment, not within their family); 4. Orphaned (both parents have passed away); 5. Other; 6. Parents migrate for work; 7. Conscription; 8. At-risk of or has experienced physical abuse, exploitation, or trafficked; 9. Lost or homeless; 10. Parents lack the capacity to care for them; 11. Lacks a caregiver or the caregiver has relinquished them; 12. Parents have inappropriate behaviour and/or jobs; 13. Sick or has disabilities; 14. At-risk of or with criminal behaviour

Figure 11: Percentage of the facilities in Chiang Rai giving answer of top 3 reasons UASC-M entering care[6]



4.2.2. Conflict and the relationship between education opportunities, poverty, and safety

70.2% of care facilities in these two provinces reported some combination of two answers from poverty, education, and safety in their top 3. Separation, as is migration, is complex and rarely a result of one factor. Through interviews this seemed especially so in a conflict situation. The conflict negatively impacts both education access, and education quality. Education access can be further limited by the way the conflict may impact a family's economic situation. Given the percentage of UASC-M that existed before the coup, it is likely that these reasons existed before than as well. But it is clear that the conflict has exacerbated such factors. It is also worth noting that education and safety can be both a push and pull factor at the same time. The lack of education opportunity in Myanmar (push) combined with the perceived education opportunity in Thailand (pull), and the lack of other options, is likely why education was answered so consistently. The same can

Figure 12: Relationship between education, poverty, and safety

6 Reasons are as follows—1. Educational opportunities; 2. Poverty; 3. Safety (in their environment, not within their family); 4. Orphaned (both parents have passed away); 5. Other; 6. Parents migrate for work; 7. Conscription; 8. At-risk of or has experienced physical abuse, exploitation, or trafficked; 9. Lost or homeless; 10. Parents lack the capacity to care for them; 11. Lacks a caregiver or the caregiver has relinquished them; 12. Parents have inappropriate behaviour and/or jobs; 13. Sick or has disabilities; 14. At-risk of or with criminal behaviour

be said of safety, though some parent interviewees reported migration to Thailand to seek safety, but placed their child in an institutional care facility to ensure their safety on the Thai side, as one reason. Table 11 below summarizes the differences in push-pull factors depending on where the parents are based on key informant interviews.

Table 11: Push-pull factors, by location of the parents (as expressed in interviews)

	In Myanmar	In Thailand
Poverty	• Economic collapse. • Lack of jobs. • Increasing cost of living.	• Household income levels very low compared to minimum wage. • Many people looking for work and anecdotal evidence from interviews of daily wages for illegal workers being pushed as low as 100 baht per day • Rent increasing (Tak). • Having to pay police (Tak).
Education	• Schools closing, less education is available in some areas. • Disruption to regular schooling. • Lack of higher education opportunities along with the risk of conscription.	• Desire for Thai language due to its ability to connect to future opportunities (especially in Tak). • Schools and MLCs are full. • Cost of travelling to school, uniforms and lunch (post-primary and some MLCs).
Safety	• Traveling to and from school is not safe. • Airplanes and drones flying overhead and fear of bombing. • Forced conscription into the army.	• Increasing drug and alcohol use in disadvantaged communities. • Absent parents because of long working hours. • Overcrowded accommodation often with multiple relatives. • Fear of arrest and exploitation.

> *"[Parents] assess their capacity and see that they can't care for their child, so a good path is to at least take them to live somewhere else until the danger on their lives has passed"*
>
> Institutional care facility operator, Chiang Rai

4.2.3. Conscription

As can be seen in Chiang Mai and Chiang Rai, conscription does not seem to be a significant push factor for UASC-M entering institutional care facilities, though it is still a factor to a degree. 11% and 12% of facilities gave it as a top 3 reason for children entering their care. Care facilities in the North reported that of the 97 children and youth from Myanmar ages 15-24 that have entered their care since January of 2024, 49 were there with fleeing conscription as a reason. That would be 50.5%, but 5% of all UASC-M in included care facilities in the North. For the North, conscription seems to be a reason for those over 15 years old in the last year. The lower percentage may reflect that it has only been enacted since February, 2024 and it may not include those that stay in care facilities in order to not go back to Myanmar because of the law.

> *"Interviewer: Why did you come to Thailand?*
>
> *Parent (Chiang Mai): Because it is chaotic [in Myanmar]. Soldiers capture males all to be soldiers... [my child] didn't want to be a soldier so we escaped into Thailand."*

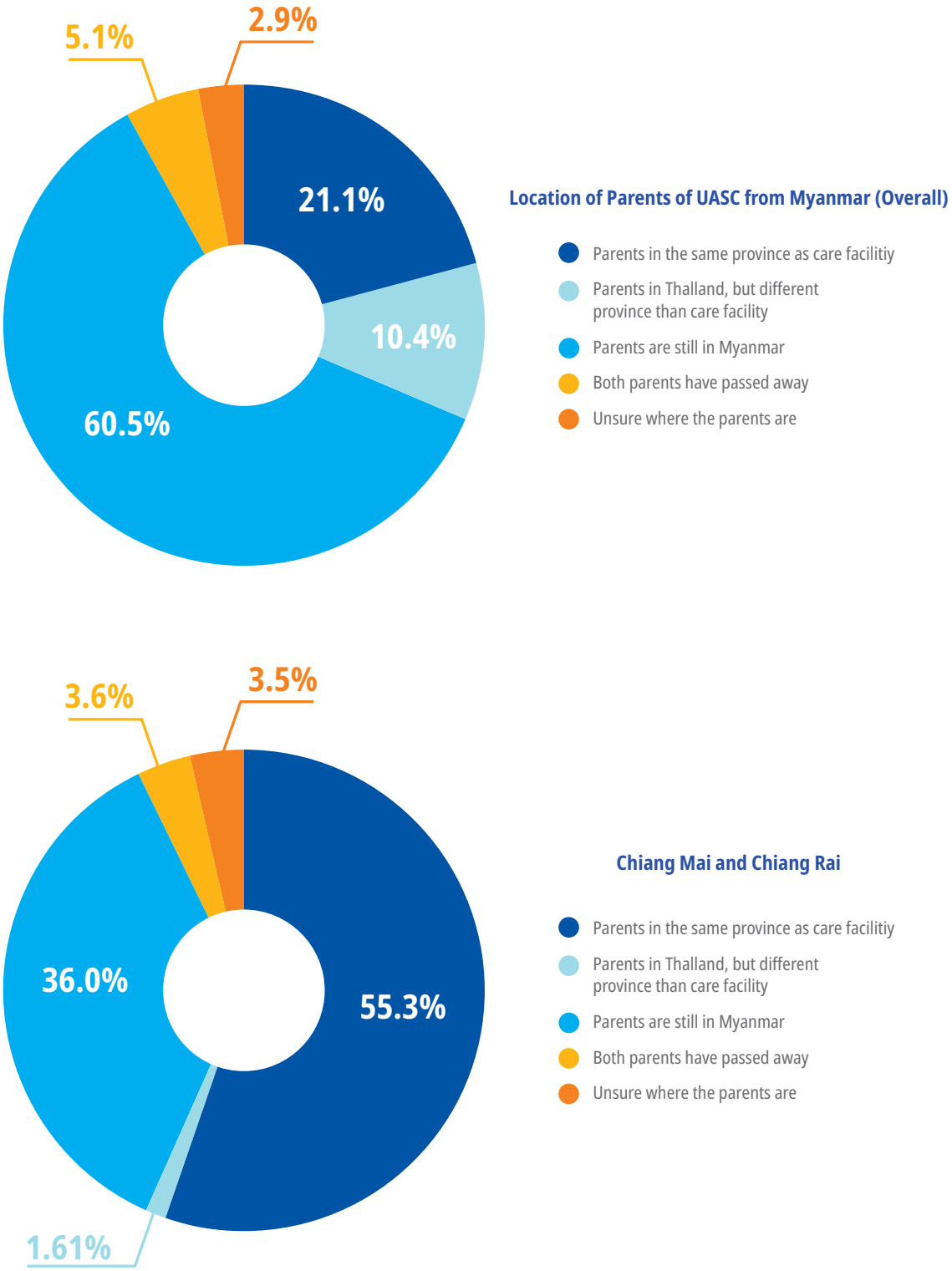
More will be said on Tak, but the percentage is much lower. Just 10.6% compared to 50.5% in the North and 1.7% of all UASC-M in included care facilities in Tak.

4.2.4. Relationship to Family After Separation

The relationship that UASC-M have with their parents after family separation is unique to each region. The primary difference is the proportion of parents in the same Thai province as the care facility and those in Myanmar. The percentage of UASC-M in Northern provinces with parents in the same province is 55.3% in comparison to 21.1% of the overall. This is more than those who are in Myanmar at 36%. Another large difference is the percentage of parents in Thailand but a different province. The two provinces have just 1.6% of UASC-M with parents in Thailand but another province, compared to 10.4% of the overall.

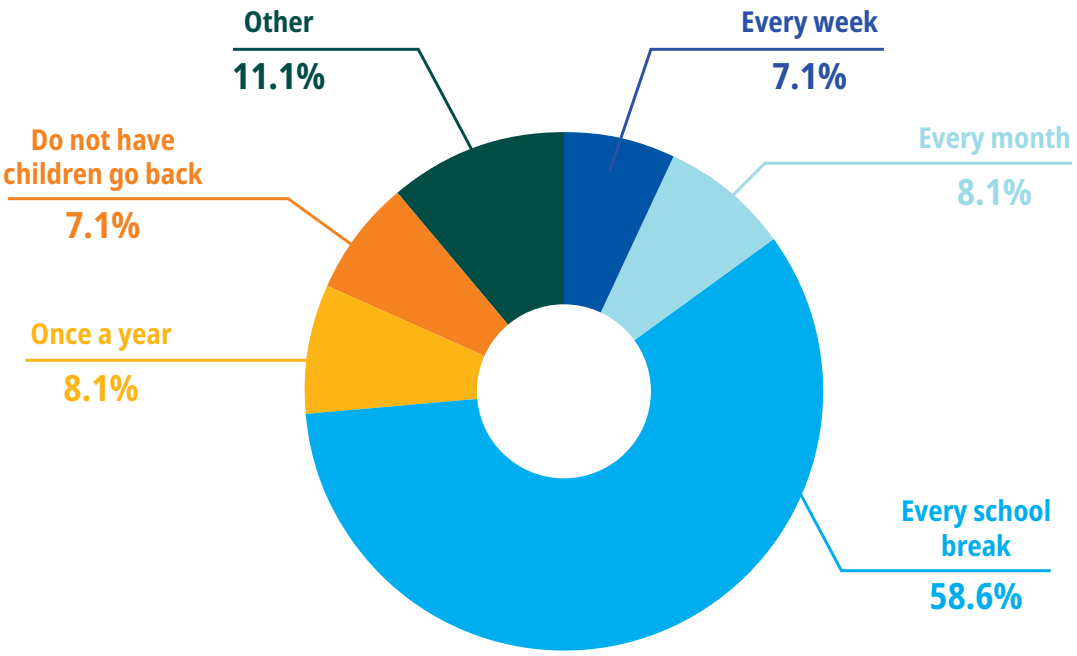
First, this demonstrates that in the North, children from Myanmar being separated from parents is rarely due to them migrating to another province to work, such as Bangkok. This is consistent with just 2.6% of Chiang Rai facilities giving it as a reason. Nearly 28% of Chiang Mai facilities did, and though the number of reported UASC-M in Chiang Mai was less, this number seems high. The 28% may reflect that most parents who migrate for work, and place their children in institutional care facilities, do so within the same province. Also, although 55.3% are living in the same Thai province the difference between Chiang Mai and Chiang Rai is large. In Chiang Mai, it is 77% of parents, while 37.8% do in Chiang Rai.

Figure 13: Location of parents of UASC-M (overall, Chiang Mai, and Chiang Rai)



The overall higher proportion of parents staying in the same province could be for a few reasons. First, given that UASC-M in these two provinces is predominately Shan, there are likely strong Shan support networks cross-border. These networks would make it easier to find a place to live and work. It may also reflect a parent's decision to send their child to a care facility post-migration into Thailand, rather than separation as the primary driver. Another consideration should be temples, due to sampling challenges, the assessment only suggests that there is a connection between children staying in temples and parents living in the same Thai province as the temple.

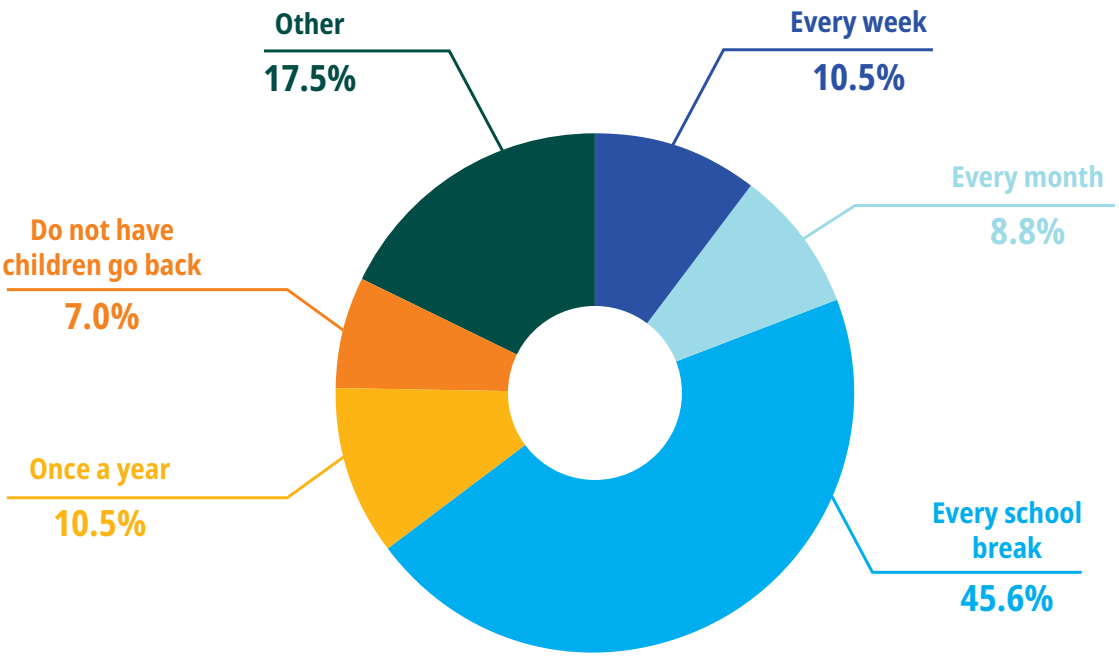
Figure 14: How often care facilities let the children visit home—where parents are relative live? (Overall)



How often institutional care facilities in the North let the children go home is similar to the overall picture. This distribution cannot claim to be representative of the percentage of UASC-M that go home each frequency, but how often they let children go home. From the field researchers experience, most children go home at the frequency that the care facility allows them to.

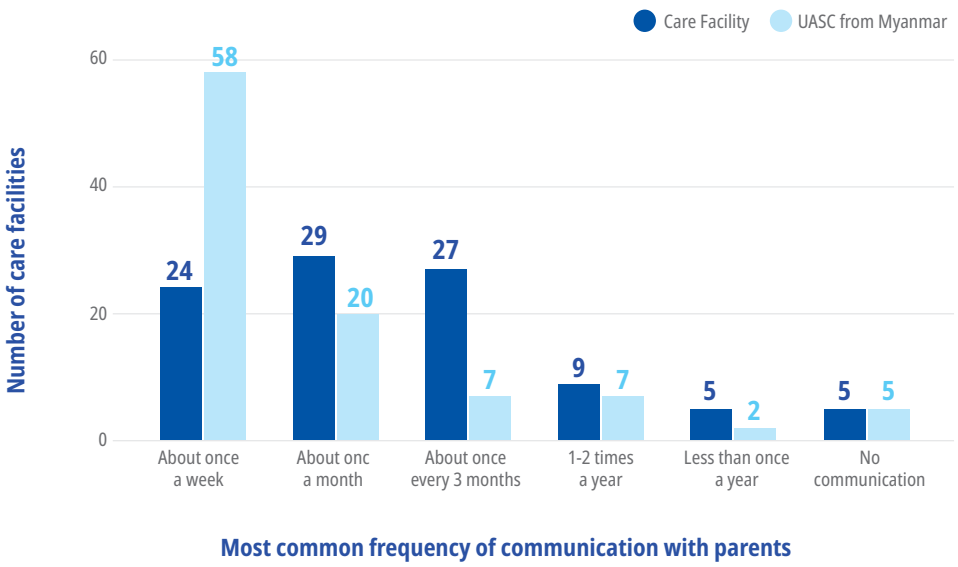
First, there is a higher percentage of 'other' answers, which were mostly responding with "when it is necessary" and it was vague how often 'necessary' would occur. Second, the majority, 45.6%, let their children go home during school breaks only. Just 1 in 5 facilities would let their children go home at least once a month. This seems low given the percentage of parents that are still in the same province as the facility. However, it is common for facilities to not allow their children to go home "too often" because the child may not want to come back, or have difficulties adjusting back to the facilities structured routine and rules. Yet, there was still 7% that said they do not have children go home. This means that to some degree, most UASC-M visit home at least once within a year. This further establishes the difference in family relationship that UASC-M from Myanmar in Thailand have when compared to the more researched UASC-M seeking asylum in the EU or UK.

Figure 15: How often care facilities let the children visit home—where parents are relative live? (Chiang Mai and Chiang Rai)



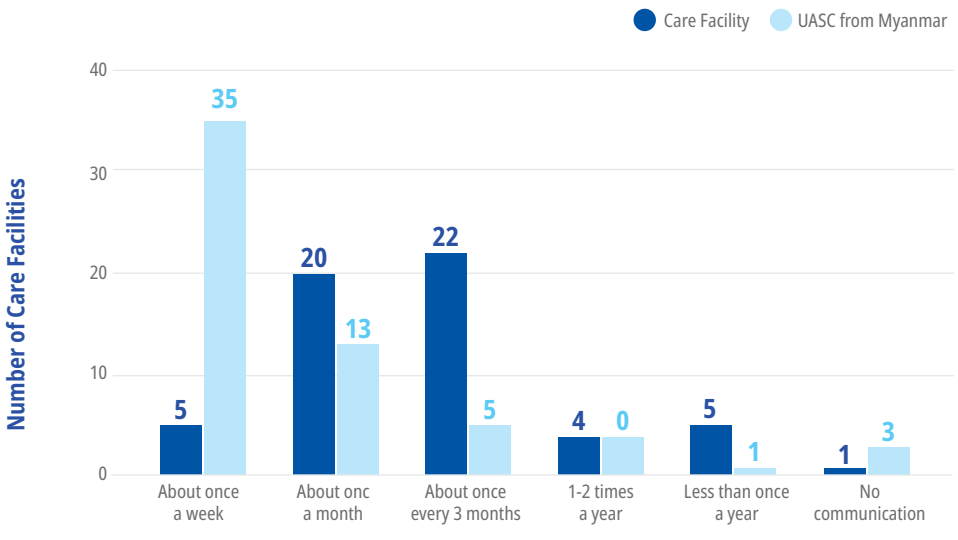
Finally, for trends of communication with parents, children communicate with their parents more frequently than the care facility, and at least once a month. 84% of care facilities reported that the children communicate with their parents at least once a month or more, while only 44% do so themselves. There could be some over-reporting about children's communication, wanting to be seen as allowing children to communicate more frequently than they do, but this is still a stark contrast. However, this may not be communication that is happening whenever the child wants. Most facilities have a structured phone-use time and cannot use phones outside of that. The rules around UASC-M phone access and usage, which is an important consideration for child protection, was outside the scope of this assessment. Though, 50% of facilities in the North stated taking away phones as a disciplinary action, which may be a concern if that is their primary means of communicating with their parents.

Figure 16: Most common frequency of communication with parents (overall)



Most UASC-M are not completely separated from their parents, either by distance or by means of communication. They are separated, in that they are removed from the care of their parents, in a potentially isolating environment which raises protection concerns. But the strings of connections that UASC-M have with parents in the North—distance, visitation, and communication—should be considered when discussing interventions and policies impacting UASC-M in Northern Thailand.

Figure 17: Most common frequency of communication with parents (Chiang Mai and Chiang Rai)



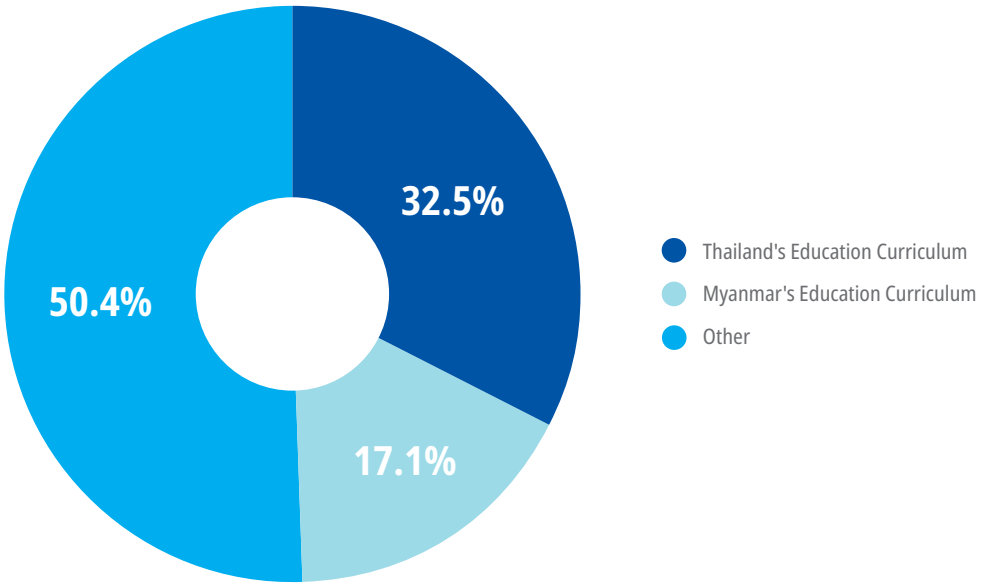
4.3. Education

To understand the situation of UASC-M it is essential to look at education because it is a primary reason for separating and being in institutional care facilities. This assessment is not an attempt to comprehensively evaluate the quality of education, such as educational achievement, quality of instruction, resourcing and materials, etc. Nor is it an analysis of Migrant Learning Centres, Thai formal government schools, or novice learning centres specifically. There has been much research done on this already (Lowe, Win, Tyrosvoutis, 2022; UNICEF, 2019; UNICEF, 2023a). Instead, this focuses on UASC-M, what they are studying, and what they are doing after education. The primary question driving the education portion of this analysis is this: If education is a primary driver of family separation, is it leading to the desired outcomes that motivate that separation? The education landscape is very different between the two northern provinces and Tak, so we will discuss the North below.

4.3.1. Curriculum

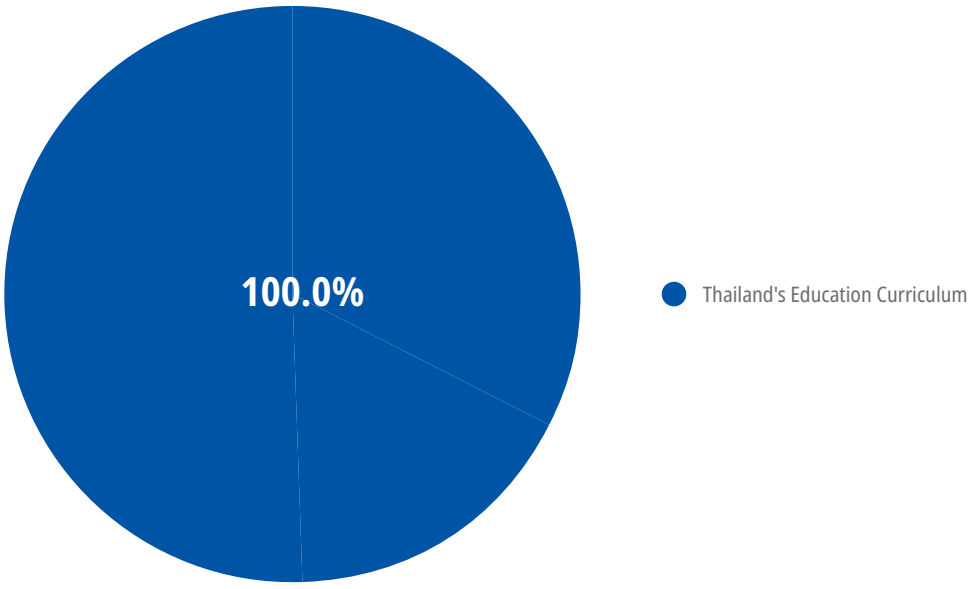
First the curriculum landscape looks very different for UASC-M in the North compared to Tak. Overall, 32.5% of UASC-M were studying Thailand's education curriculum in a public school and registered education institutions. 67.1% were in some form of curriculum in an unregistered education institution, 17.1% being Myanmar curriculum-only and 50.4% being "other". The other category includes some combination of 11 different curriculums, which will be discussed in the Tak section. However, for the North, 100% of UASC-M in the included care facilities were studying Thailand's education curriculum in public schools and registered education institutions.

Figure 18: Curriculum studied by UASC-M (Overall)



There are a couple caveats to better understand this 100% number. First, there are children that who reportedly dropped out of school in the last year that would not be counted in this 100%. That is 9.8% of the total UASC-M in reported care facilities. 66 (68%) UASC-M dropped out to either help their family make income, housework, or childcare. 21 (21.6%) dropped out because they followed their parents who migrated, meaning they may have entered some form of education after but we do not know. The other 10 (10.3%) were due to running away, getting married, or kicked out. It is not confirmed that these children left the care facility, but it is likely due to the reasons they dropped out. Second, the education setting for temples is unique and often mixed with some form of Buddhist education curriculum. This includes Phra Pariyat dhamma schools[7], Temple charity schools[8], and the new novice learning centres administered by Bodhiyalaya Foundation in Chiang Mai and Lampun[9].

Figure 19: Curriculum studied by UASC-M (Chiang Mai and Chiang Rai)



Another noteworthy difference for the UASC-M education landscape in the North is the region of origin for most of the UASC-M—Shan State. As mentioned above most of the UASC-M in Chiang Mai and Chiang Rai are from Shan state. The Thai language derives from the Tai-Kadai language family. Of the three primary language families in Myanmar—Mon-Khmer, Tibeto-Burman, and Tai—Shan is the only one in the Tai family and thus closely related to Thai (Kittisara, 2018; Britannica, 2019) (cite). Difficulties learning Thai were a common theme in our interviews in Tak, but much less so in the other two provinces. It is possible that the linguistic similarity makes it easier for Shan UASC-M to integrate into the Thai education system, in comparison to those in Tak.

7 This school is for novices from Grade 7, and it is managed by temples managed by the Office of General Buddhist Education. It teaches Buddhist studies alongside the Ministry of Education's basic education curriculum. All students stay on temple grounds (whether the same as the school or another) under monastic supervision.

8 Private schools under Section 15 (1) and (3) of the Private School Act, B.E. 2525, where the temple is the license holder.

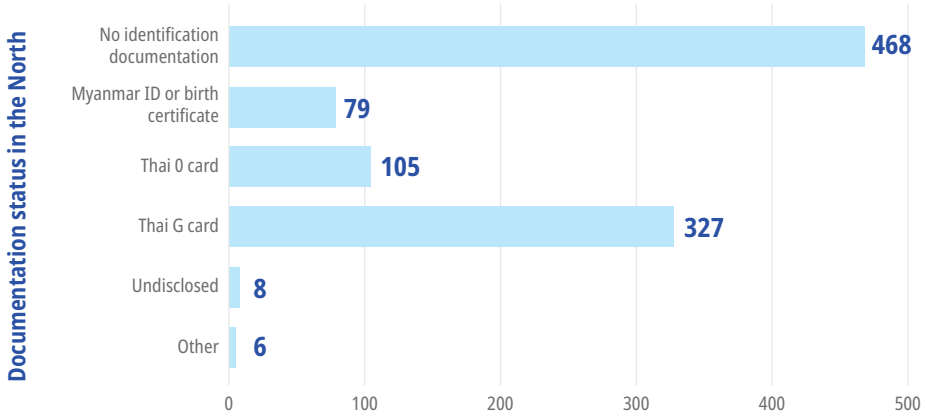
9 The Bodhiyalaya Foundation established the NLCs to support the education of novice monks with documentation issues. It includes children from Myanmar and Thailand. The NLC teaches only primary school grades. Children studying at NLCs stay in several different temples.

4.3.2. Documentation and Education

Thailand's 1999 Education for All Policy and 2005 Cabinet Resolution on Education for Unregistered Persons mandates 15 years of free education for all children, regardless of nationality and documentation status. The Office of Basic Education Commission (OBEC) is to subsidise schools according to the number of non-Thai students, regardless of documentation status (UNICEF, 2023a). When a migrant child enrols in a registered Thai school, they are to be issued a G-code card[10] that formalizes their right under EFA to study in Thailand. The G-code card is also viewed as a first step in improving a child's legal status in Thailand. However, there are challenges in developing a child's legal status regardless of if they were born in Thailand or not. The challenges are even more difficult for UASC-M. This can be due to a lack of documentation, inconsistent documentation, differences in registration offices, and lack of awareness of the legal status process. Finally, a G card is no longer valid when the child is no longer in education. A child graduating or leaving education without having improved the G card to some other legal status then becomes undocumented, facing challenges when moving into the labour market.

When looking at the documentation status of UASC-M in Chiang Mai and Chaing Rai, we see 47% are undocumented, 8% have only Myanmar ID and/or birth certificate, 33% have a G card, 10.5% a 0 card[11], 1% were undisclosed, and less than 1% had other forms of documentation. Only 28 children were reported to have missed more than a month of school in the last 12 months. This means this number closely reflects the documentation status of UASC-M enrolled in registered schools from included care facilities.

Figure 20: UASC-M documentation status in the North



10 G-code is a student code established by the Ministry of Education as a pathway for those without documentation to study in public schools and registered education institutions in Thailand. It only allows a child to study legally, but excludes legal access to other rights such as travel and health care. Once a child leaves school, the G-card is no longer valid. See also https://gcode.moe.go.th/genpin/manual_GCodeV4.pdf

11 0 card is one type of identity documentation given to a stateless person by the Ministry of Interior in Thailand. The others, 6 and 7 card, are given to select ethnic minority groups that have resided in Thailand. Migrant workers, dependants of migrant workers, and refugees would not be considered stateless and qualify for a 0 or00 card under the law. In order for a child to develop from a G card to a 0 card, several challenges persist in the administration of G card and 0 card (UNICEF, 2023b)

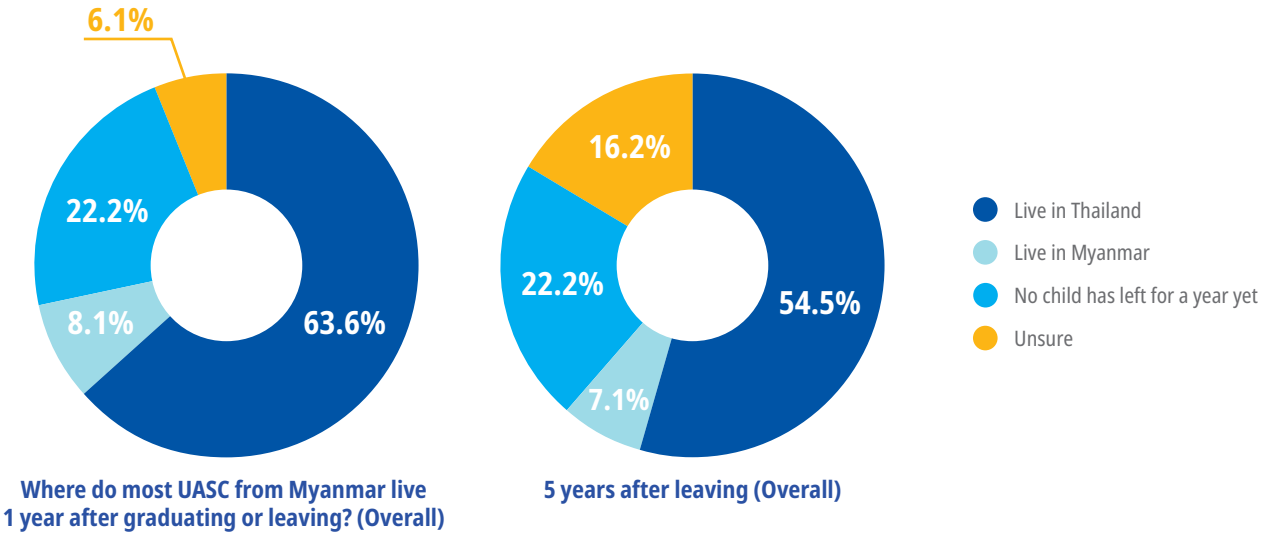
Even though every child attending a registered Thai school should be administered a G-card, at least 55% were reported to not have one. It would be expected that some portion of the children would not have a G card if they were newly enrolled, but that would not account for the entire 55%. Yet they are still attending Thai school. This presents a few risks. The child in education without a G card has no recognized way to prove that they are in education and thus under the EFA policy. Also, without a G-card it would be less likely for a child to develop their legal status in time for when they are out of education. It also begs the question, if the G card is used as a means of formalizing that a child is in education, but over half of UASC-M that should have it in Chiang Mai and Chiang Rai do not, then what is the G card providing in reality?

The reasons why there is such a high percentage in registered Thai schools without a G card was beyond the scope of this assessment, but would be important to explore further to ensure the protection of these children under Thailand's EFA policy. According to the CRC General Comment No. 6, Article 31 (2005), there should be an initial assessment of UASC which include and identification process, registration, identification of protection needs, and personal identity documentation. Currently, the G-card is the primary means for such identification. However, there isn't a means to identify a child as UASC through the G-card even if they were to be issued one.

If UASC-M were going back to Myanmar after education then the gap in G-card issuance would be less concerning. However, that is not the case.

4.3.3. After Education

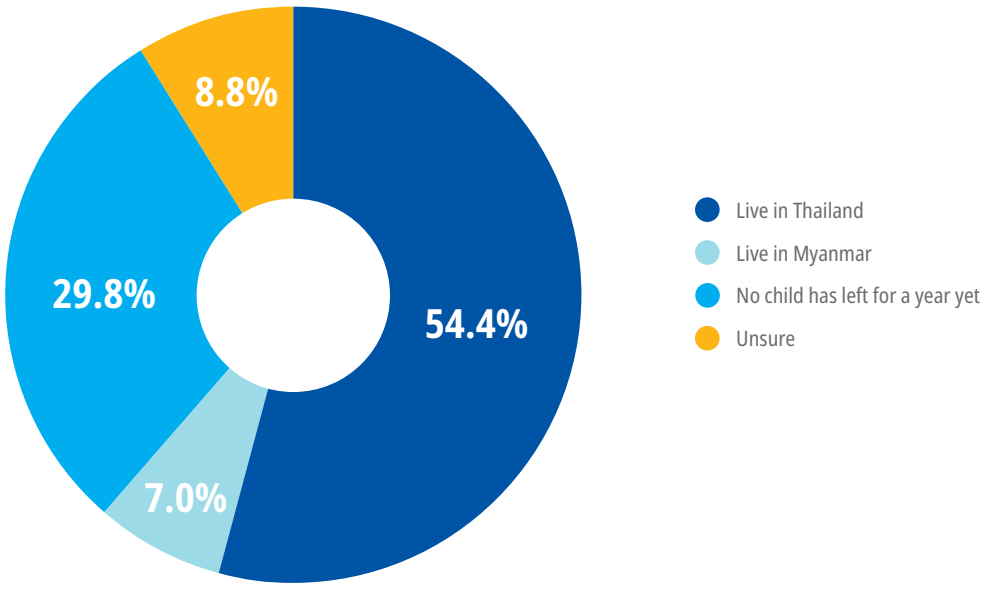
Figure 21: Location of UASC-M one year and five years after graduation or leaving institutions—1 year and 5 years after leaving. (Overall)



Stepping Stones, a report by the Inclusive Education Foundation published in 2022, reported that in October of 2021 that 27% of parents of students in Migrant Learning Centres in Tak expected to stay in Thailand for more than 10 years, with 64% being unsure. This was a decrease from 43% expecting to stay for more than 10 years in 2019. This inspired the assessment to look at where UASC-M were living after leaving care, from the care facilities perspective. For all three provinces the percentage that reported most living in Thailand 1 year and 5 years after leaving care was significantly more than those that reported living in Myanmar. Chiang Mai and Chiang Rai are about 10% less than the overall for both time periods. Interestingly, nearly 30% stated that they haven't had a child from Myanmar leave for a year yet, pointing the number of facilities that have newly begun receiving children from Myanmar. The change from 1 year to 5 years was about a 10% decrease (6 care facilities), but these were replaced by answering in the unsure category. The striking difference is that for both the overall answers and the North specific, the care facilities that answer Thailand are nearly 8 times that of those that answered Myanmar.

This suggests that, at least in the last 5 years, there are more UASC-M staying in Thailand than going back to Myanmar after care. For the North, this would make sense given that many of them have studied in Thai formal education, but the lack of legal status development presents protection risks in the informal labour market.

Figure 22: Location of UASC-M one year and five years after graduation or leaving institutions—1 year after leaving. (Chiang Mai and Chiang Rai)



What UASC-M are doing after leaving the care facility in the North has a few key differences to the overall picture. First, of the 7 care facilities that said most of them go on to university, 6 are from Chiang Mai and Chiang Rai. This could possibly be over-reported as a care facility may want to be seen as sending children to university, but the difference is large. Also, there are more facilities that said none had left for a year yet, meaning that at least from the included sample more facilities were newly receiving children. This assessment was not able to include many of the new informal and independent facilities that CSOs mentioned in Tak, which would likely balance this out. 55% of the facilities that said UASC-M had left for at least a year said they were in some type of work, living with family and without family evenly.

Figure 23: Location of UASC-M one year and five years after graduation or leaving institutions—5 years after leaving. (Chiang Mai and Chiang Rai)

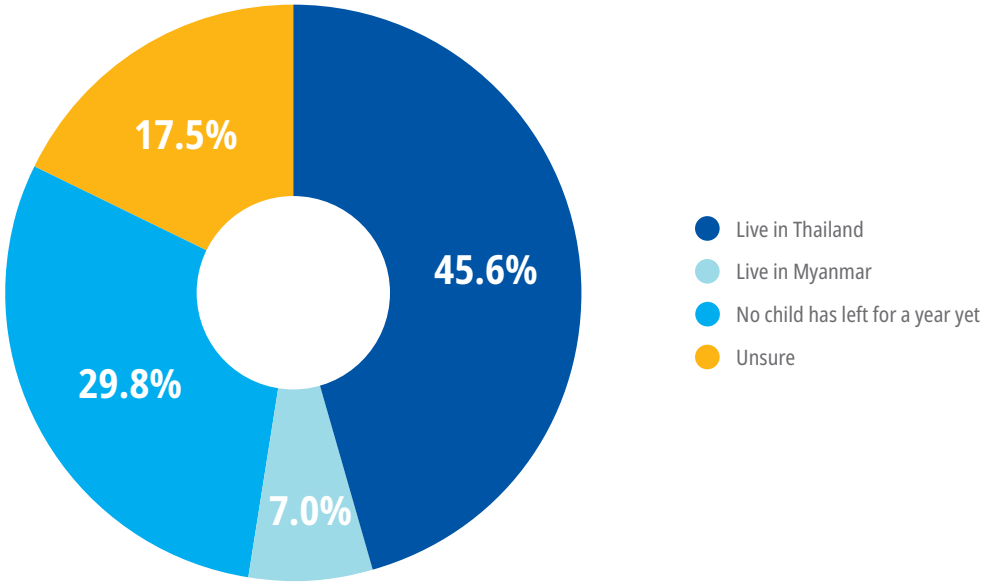
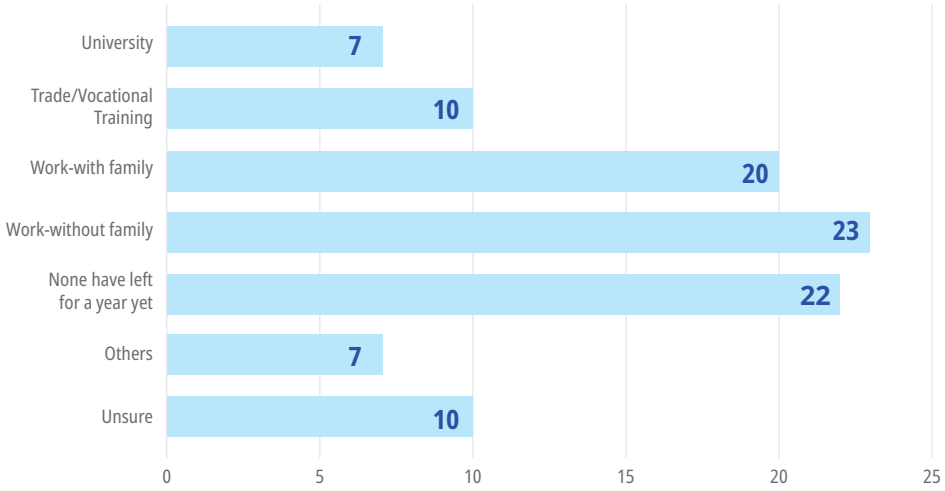
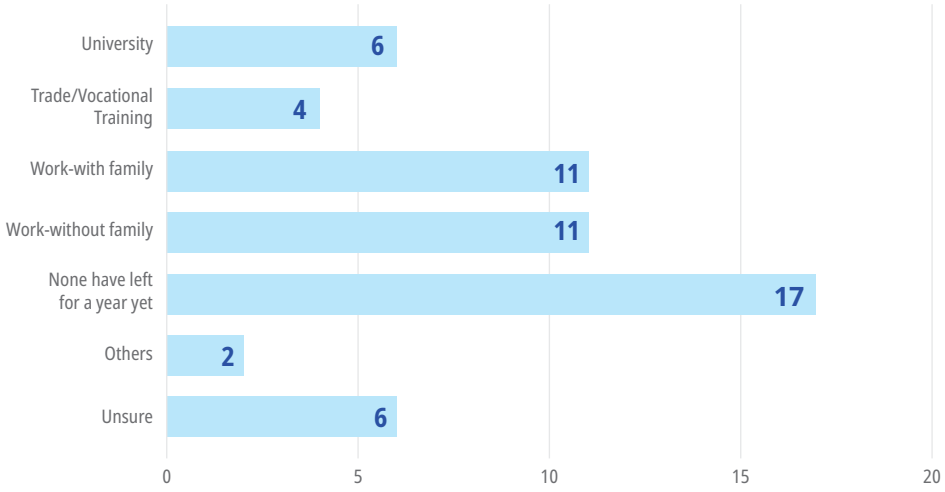


Figure 24: What are most UASC-M doing one year after leaving care (Overall)



If most UASC-M that are studying in public schools and registered education institution are unable to gain a G-card or develop from a G-card to an improved form of legal status, and most are staying in Thailand for work, they will be pushed into the informal labour market.

Figure 25: **What are most UASC-M doing one year after leaving care (Chiang Mai and Chiang Rai)**



The experience of entering such a labour market is beyond the scope of this assessment. However, there would be risks for youth, who experienced the trauma of migration, family separation, challenges of being in an institution, unable to improve their legal status, and many of whom seem to be working while not living with their family. UASC-M are at risk of entering informal markets that could be exploitative. Migration and separation for UASC-M into these care facilities is often due to the hope of better opportunities that education in Thailand may provide. Unfortunately, the reality may not match that hope.

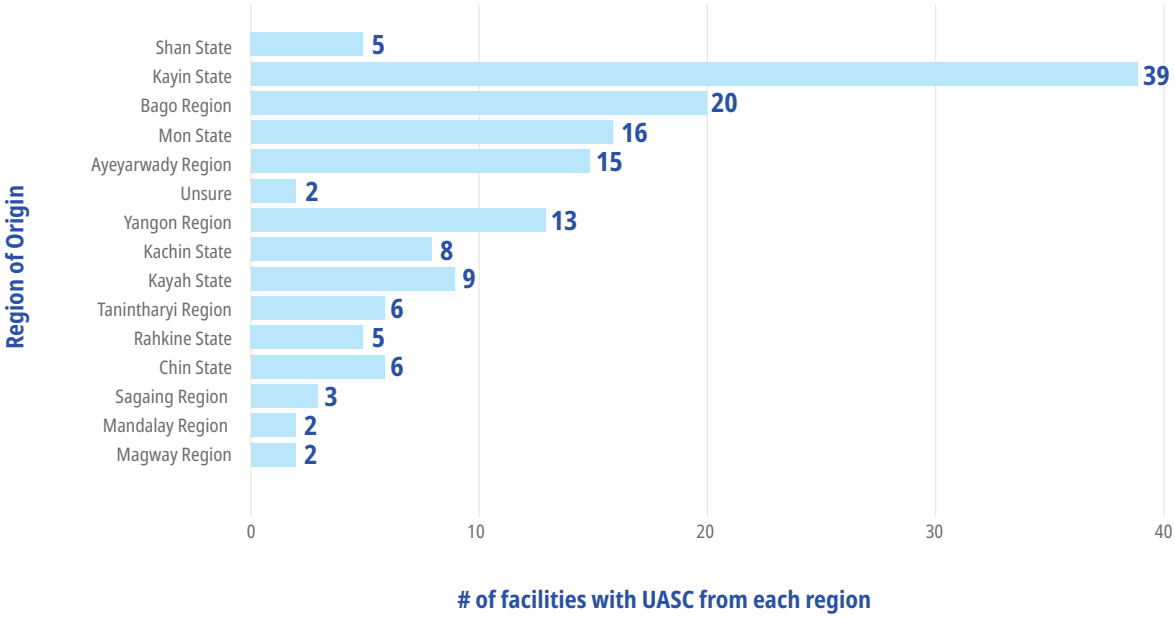
5 UASC-M in Tak

5.1. Geographical context

Tak has a few geographic differences compared to Chiang Mai and Chiang Rai that impact the situation for UASC-M. First, Tak province shares its border with Myanmar's Kayin state. It is not surprising to see that 93% of facilities reported having children from Kayin State in their care. Similar to the North, where most facilities have children from the bordering Shan State. Second, there is no mountain range once one has crossed into Myawaddy District of Kayin state, making the five (5) border districts more accessible. This differs to Chiang Mai and Chiang Rai whose border with Myanmar is more mountainous. There is also a permanent border crossing between Myawaddy and Mae Sot. Several crossing points along the Moei river near the north of the provincial border are also used. Finally, there is a mountain range on the Thailand side that separates the five (5) border districts from the rest of Thailand, including Muang Tak which is the location of the Royal Thai Government's provincial office.

The geographical context creates a few key differences for UASC-M in Tak compared to Chiang Mai and Chiang Rai. First, fewer care facilities reported having children from Shan state—just 12%. Given the linguistic similarity between Shan and Thai as compared to the other languages in Myanmar, our interviews in Tak referenced language as a barrier in education more often.

Figure 26: Region of origin of UASC-M in Tak



Second, its proximity to Kayin State makes it the most represented region of origin for UASC-M in Tak. However, in contrast to the North, there is much more diversity in the region of origin for UASC-M. In nearly every interview with CSOs in Tak, Participants referenced how different the current migration context is because people are coming from everywhere in Myanmar now. All 14 administrative regions of Myanmar were represented in the UASC-M population of Tak. As mentioned before, this demonstrates how far some children are traveling to come to Thailand and eventually live in a care facility.

A stigma that arose during interviews is worth mentioning here. Related to this diversity is the time in which this diversity increased and the way it was framed. There was difference in the perceptions of many between the 'migrants' and 'new arrivals'. Migrants being pre-coup or pre-COVID, and new arrivals being post-coup or post-COVID. From the perspectives of the field researchers, new arrivals were stigmatized when mentioned. This stigma, in the minds of some participants, was connected to difficulty adapting, having respect for being in a foreign country, demanding parents, and disciplinary challenges for children. Given that the average number of UASC-M in care facilities has doubled since COVID-19, many UASC-M would be included in the 'new arrivals' category. It would be worth exploring this stigma and its impact on UASC-M beyond this assessment.

Third, the mountain barrier between Thailand, including Muang Tak, and the five border districts limits the mobility and disbursement of UASC-M as seen in Chiang Mai and Chiang Rai. The limited mobility, challenges in improving legal status, and increased influx does not only impact the ballooning of UASC-M today, but could saturate the labour market which they will attempt to compete in once leaving care. The mountain barrier also limits the interface between the formal and informal child protection mechanisms relevant to UASC-M. This shall be discussed in the child protection section below.

Fourth, though not geographic but important contextually, are the three "Temporary Shelters" which host 60% of the verified Myanmar refugee population since 2005. The Royal Thai Government does not permit new arrivals into these Shelters, though a small number of interviews with UASC-M and parents suggested family of current refugees move there. It is likely that their existence impacts the movement and decision-making around separation of UASC. However, the temporary shelters were outside the scope of this project.

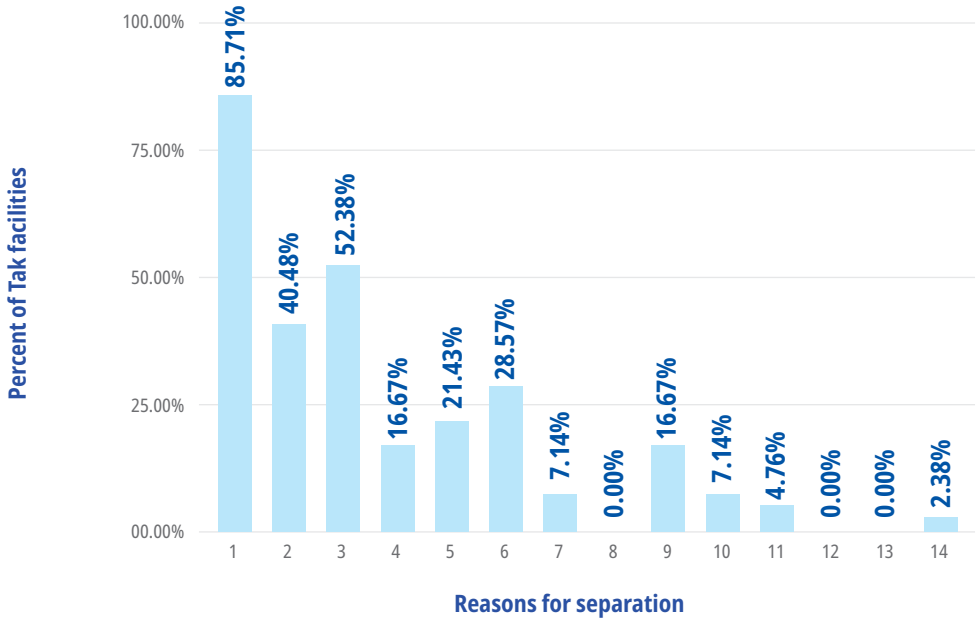
5.2. Complexities of Migration and Family Separation

5.2.1. Reasons for Family Separation

From the responses by care facilities about the top three reasons children from Myanmar enter their care, one thing stands out—86% (36 of 42) gave education as one of the top three. This is the most of any province. This is expected given that 24 of the 42 facilities included were Migrant Learning Centre dormitories, but 70% of the other facilities also gave it as a reason. This was confirmed throughout our interviews with parents and UASC-M as well.

> *"When the school nearby opened, many students came to study, and I thought of my daughter. I realized that it would be wonderful if she could study here and stay in the dormitory. I told my parents that I would come back to get her so she could study here. I borrowed some money, returned, and brought my daughter with me. She now lives in the school dormitory."*
>
> Parent in Tak

Figure 27: Percentage of Tak facilities that gave answers as top three reasons for UASC-M entering care[12]



12 Reasons are as follows—1. Educational opportunities; 2. Poverty; 3. Safety (in their environment, not within their family); 4. Orphaned (both parents have passed away); 5. Other; 6. Parents migrate for work; 7. Conscription; 8. At-risk of or has experienced physical abuse, exploitation, or trafficked; 9. Lost or homeless; 10. Parents lack the capacity to care for them; 11. Lacks a caregiver or the caregiver has relinquished them; 12. Parents have inappropriate behaviour and/or jobs; 13. Sick or has disabilities; 14. At-risk of or with criminal behaviour

The top three most common responses were the same as the other two provinces, education, poverty, and safety. Poverty was slightly less representative in Tak at 40%. However, poverty is a cross-cutting answer and could be related to other reasons such as education, parents migrating for work, and others.

Nearly 29% of care facilities in Tak gave parents migrating for work as a top 3 reason for UASC-M entering their care. This is the highest proportion of the three provinces. However, it is unclear where they are migrating to work. We see 13.5% of UASC-M in Tak have parents in Thailand but another province, which is likely due to migrant work. Still, this is not a primary driver of separation for children. Similar to Chiang Mai and Chiang Rai it is education, poverty, safety, and its relationship with conflict.

5.2.2. Conflict and the relationship between education opportunities, poverty, and safety

73.8% of care facilities in Tak gave some combination of 2 of the 3 top reasons—education, poverty, and safety. Similar to the North, this demonstrates the relationship between the three. From interviews, one is rarely mentioned in isolation but it is some interaction between the two or three.

> *"[The children's] parents stay in remote areas and are not educated. But they really want their children to be educated. And, it's not safe to study [in Myanmar]."*
>
> MLC dormitory staff/teacher

In a 2022 report in Tak by IOM, over 1 in 4 households faced challenges in sending children to school. Most of these were because school was too far away, expensive, and documentation issues (IOM Thailand, 2022). A children's home or MLC dormitory solves these barriers to education access, albeit by way of family separation.

> *"For their education and safety... With the amount I am earning right now, I also cannot afford to send them to special tutoring classes in my community. When they live in the boarding home, if they don't understand their lessons, they can ask their teachers or their senior students. I also feel safer about their well-being."*
>
> Parent in Tak

Due to separation, UASC-M can be isolated from external mechanisms of protection such as connection to family and the community. However, parents see the dormitories as a least bad option, if not a good option, given the context. This is similar to Chiang Mai and Chiang Rai as well. The increased influx of migrants into the 5 border districts, along with the inability to travel legally, less jobs seem available. This puts further stress on the caretaking responsibilities of families. Some are not only caring for their own children but those of their siblings as well.

> *It is not our country and place. Therefore, I do not have much work to do. I need to depend on this current job. Now, I have 3 nephews who are staying with me. They moved here when the situation was escalating. They could not stay in dormitory. I have to take care of them.*
>
> Parent in Tak

With the continuing conflict in Myanmar, 65% of care facilities in Tak see the number of UASC-M increasing in the next two years. As the conflict persists, continuing to instigate the primary drivers of separation, families will continue to feel pressure from the resulting environment to send children into institutional care facilities. During interviews the research team heard of many newly opened, unregistered institutional care facilities. This included children's homes, dormitories, and MLC dormitories. Most of these were not included in the assessment because they are challenging to find in a short timeframe. However, it will be paramount to explore these facilities further given the situation.

5.2.3. Conscription

Interestingly, conscription was only mentioned by 7% of care facilities. It may be that they considered it when they answered safety, but it is still lower than expected. Of the 434 children 15 years and older that moved to a new care facility since January of 2024 in Tak, only 10.5% were reported to have come with conscription as a reason. This could be due to a hesitancy to report the true number of children coming because of conscription, as it is a sensitive question. Some of those 434 would also be children who previously lived in an MLC dormitory or private residential care, and transferred for a General Education Department (GED) program [13]. Yet the number remains lower than expectations. Conscription was featured more in the interviews, especially those with UASC-M in independent living.

> *If I do not send them [to the MLC dormitory], they will not have the opportunity to study. And, they will have to serve in the army.*
>
> Parent in Tak

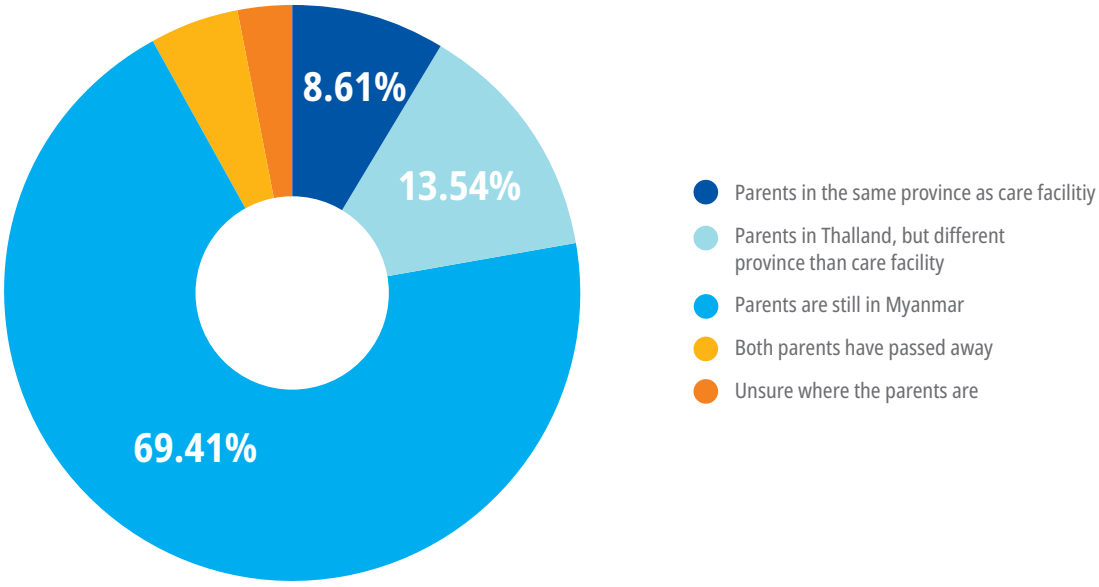
> *I lived in Yangon and worked in a hospital as a nurse. I was doing well at that time. But after the situation got worse, I had to move here. It was not safe anymore and I was fleeing from conscription law. I had a lot of worries. I have never travelled this far and stayed away from my family. Now, I am here alone.*
>
> Independent UASC-M in Tak

13 General Education Development (GED) programs are primarily English programs teaching a variety of subjects and include a test providing certification. Some programs are international, and prospective students see them as a chance to study abroad, though the number that do this is small.

5.2.4. Relationship to Family After Separation

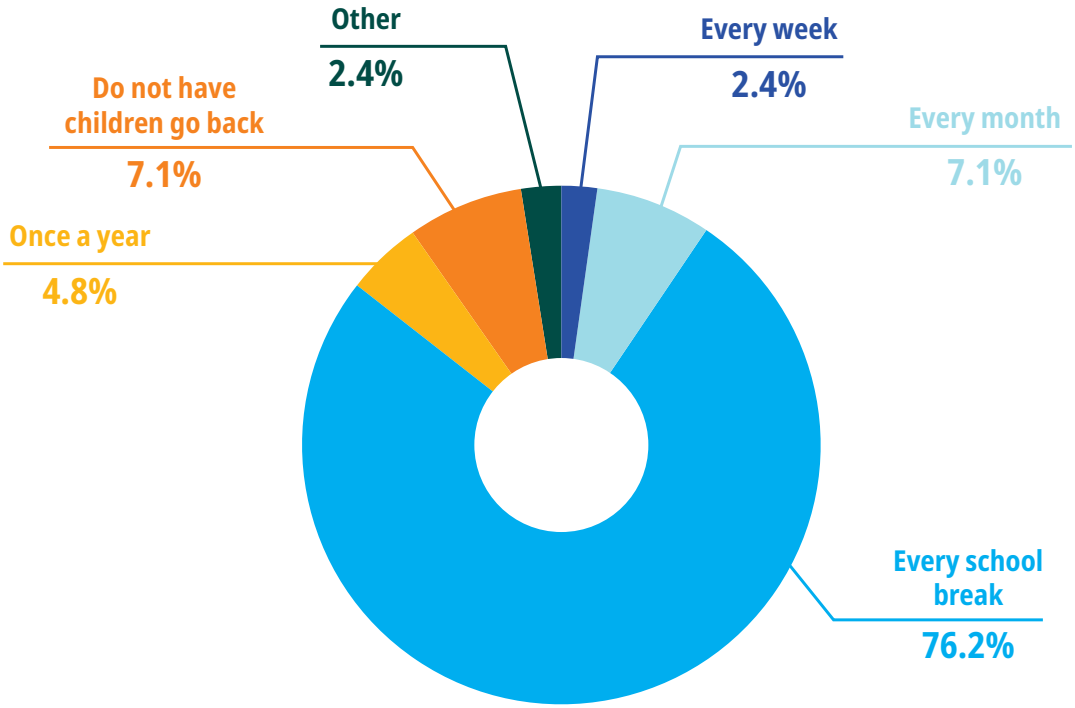
The location of the parents of UASC-M from Myanmar in Tak is quite different than Chiang Mai and Chiang Rai. Only 8.6% are in Tak province, compared to 55% in the North. Tak province care facilities also reported that nearly 70% of the UASC-M have parents living in Myanmar, compared to 36% in the North. 8.6% may seem quite low. However, when looking at the visitation and communication data, it is likely that many are not that far from the border. It also demonstrates that the migration often occurs with separation as an intention in order to seek education opportunities.

Figure 28: Location of parents of UASC-M



Similar to Chiang Mai and Chiang Rai, only a small percentage of UASC-M in institutional care facilities are orphans. The facilities reported 5.7%, which is higher than the 3.6% in the North, but still low. We see a similar trend to the North in that 16% of care facilities gave it as a top three reason children come to their care. This could be due to them considering single orphans, but field researchers were not to mark this answer if that was the case. It is more likely due to either the perception of caring for more orphans, or presenting as if they do. 4 care facilities that reported having now orphans also gave orphanhood as one of their top three reason for UASC-M entering their care.

Figure 29: Frequency of home visits allowed

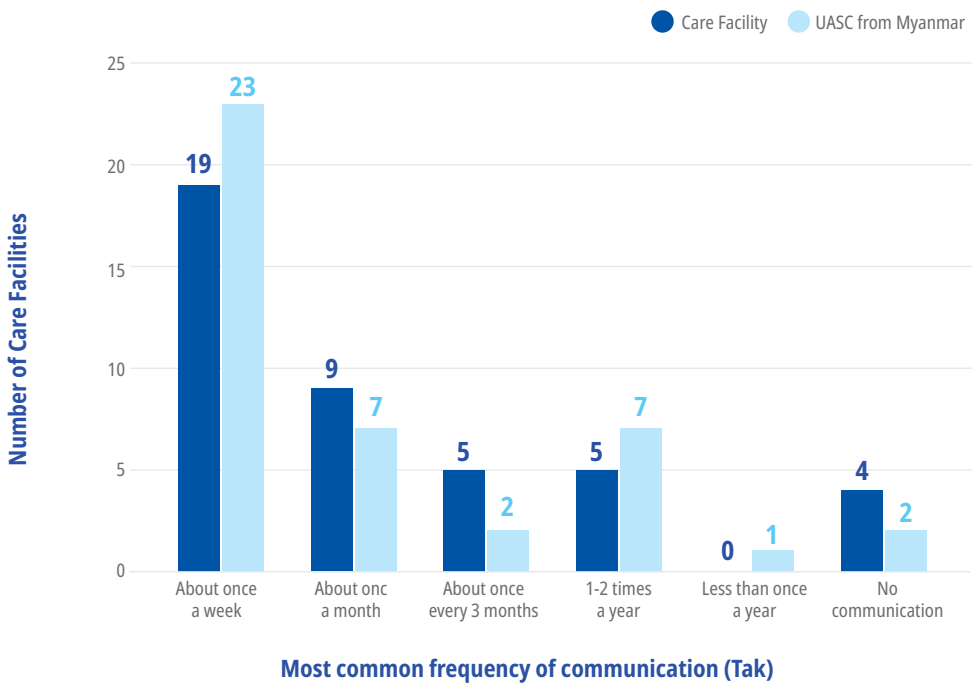


Institutional care facilities in Tak province let their children visit during school breaks more and weekly less than the overall picture. That is 76.2% and 2.4%, respectively. Again, this may not be representative of visitation patterns of UASC-M but of how often care facilities would allow a child to visit home. During interviews many did mention that they would visit their child frequently. However, most of our parent interviews were with parents who were more accessible and currently in Thailand.

> *"For the boarding home, it costs 3,000 THB for this year. For the whole year, I do not have to buy anything for them, as the boarding home supports them, including washing powder. Only sometimes, when it is not enough for them, I will buy extra...I visit once a week and bring what they want."*
>
> Parent in Tak

There were parents who expressed care facilities would not allow the child to visit home more frequently than each school term. But it was not always seen as a negative. A parent said, "The boarding home allows them to visit me only during school breaks because children don't like to return to the boarding home if they visit home often. That is also a good rule. I also don't have to worry about picking them up and dropping them off". However, policies restricting a child's ability to visit their parents further isolates the child. In this case, understanding communication patterns, not just visitation is important.

Figure 30: Most common frequency of communication with parents (Tak)



The communication pattern of UASC-M in Tak is similar to the overall pattern. 71.4% of facilities said that the most children talk with their parents at least once a month, with 54.8% reporting every week. The striking difference is how often care facilities communicate with parents compared to Chiang Mai and Chaing Rai. 2 out of 3 facilities said that they communicate with parents at least once a month and 45% do so about once a week. This is much different to the 8.8% of those in Chiang Mai and Chiang Rai collectively.

This is good news as connection to parents by both the children and the care facility reduces the risk of isolating the child and maintains some type of relationship with the parent, albeit not better than if the child was in their full-time care. This difference is also interesting considering that a much higher percentage of parents are in Myanmar than in Chiang Mai and Chiang Rai.

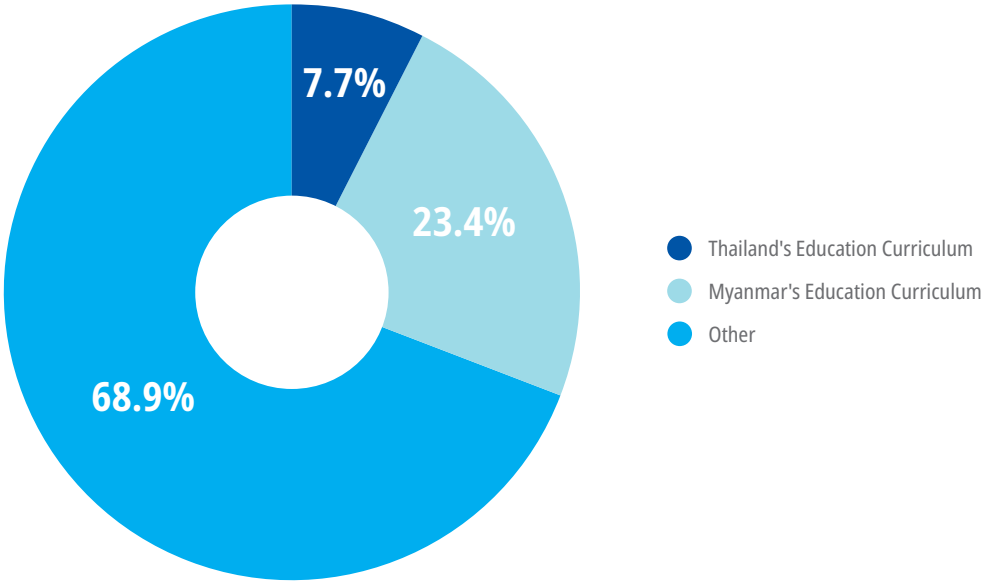
5.3. Education

The education landscape in Tak has been well documented by local organizations, international NGOs, and academic institutions. This assessment was not to assess education quality, but what UASC-M are studying, what they doing after, and how might education be acting as a support and/or barrier to the perceived opportunities driving separation.

5.3.1. Curriculum

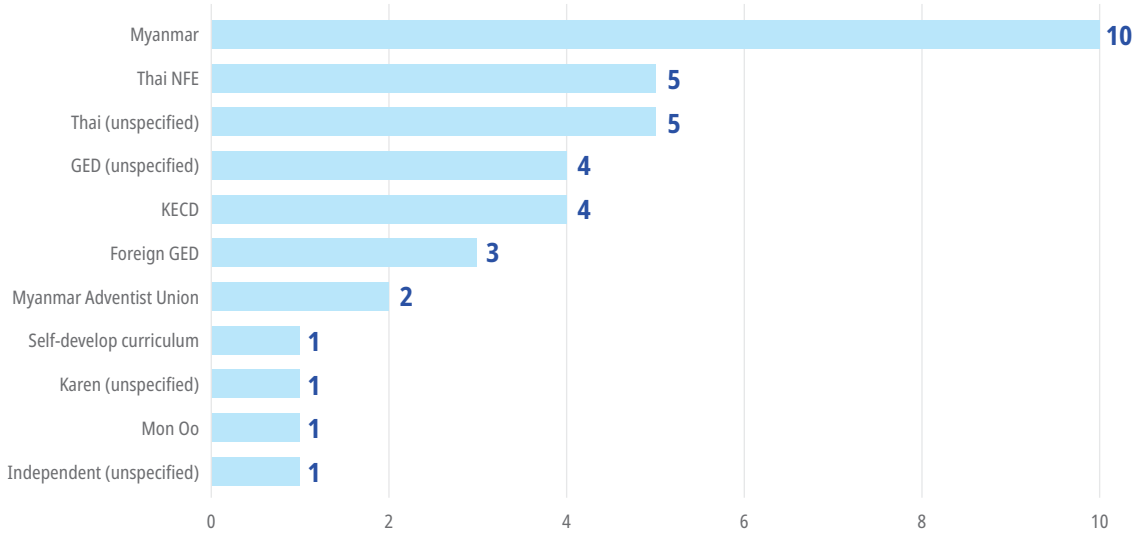
The curriculum options being studied by UASC-M in Tak is much more complex and diverse than in Chiang Mai and Chiang Rai. For example, the only non-Thai registered curriculum being studies by UASC-M in this assessment was in Tak. This is due to the Migrant Learning Centres, to which UASC-M in MLC dormitories and those in private residential care go to study. Only 7.7% go to care facilities that send children to study Thai curriculum only. Most are either studying Myanmar's education curriculum only, 23.4%, or at facilities have children study several different types and combinations of curriculum.

Figure 31: Curriculum studied by UASC-M in Tak



Below is the number of care facilities that have UASC-M study some other form of curriculum besides Thailand or Myanmar only. The 10 facilities that reported studying Myanmar curriculum also combine some other form of curriculum. This includes Thai NFE and a variety of GED programs. This assessment did not look at how many children study which specific curriculum or curriculum mix, but may be worth exploring further.

Figure 32: Other curriculum studied by UASC-M in Tak



There are two key considerations for UASC-M accessing opportunities post-education—Thai language acquisition, and going on to Thai NFE or GED program. This was not an in-depth labour market analysis comparing which options have led to which job opportunities. However, there were clear themes that arose from the interviews. First, Thai language is a significant challenge for all migrant children, including UASC-M. Without Thai language they will not be able to get into Thai NFE and job opportunities will be limited. Options to develop Thai are limited and every MLC wants more Thai teachers. There are programs such as Inclusive Education Foundations Thai-Accelerator program which has seen success in developing youths' Thai and passing the Thai NFE entrance exam. Yet the demand for Thai development option is large. This was quite different to the challenges for UASC-M in Chiang Mai and Chiang Rai as language was rarely mentioned.

> *"I think they need to know Thai language to access job opportunities. They just arrived this year and they do not know anything yet. I still need to try harder."*
>
> Parent in Tak

The assessment did not capture the number of UASC-M that are studying Thai NFE compared to GED. Passing the Thai NFE curriculum would likely provide the best labour outcomes for the majority of UASC-M because the language it requires and the certificate it provides. However, from interviews it is clear that very few migrant children pass the entrance exam. GED is more accessible and attractive to many migrant children. This is because GED is often in English and with it comes instruction on a variety of desirable subjects such as computer technology. It also comes with the potential to join other programs abroad, though the number of children that are able to do this is quite small.

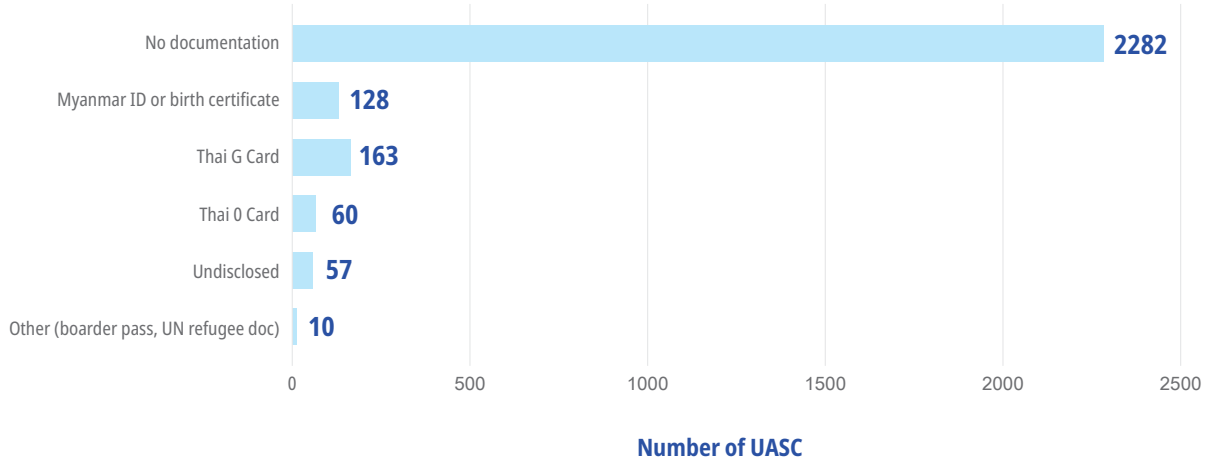
> *After we finished General Education Development program in my school, we can join another program to go to Finland.*
>
> Child in Tak

Though Thai NFE and GED are desirable options with the potential to connect to positive labour outcomes, many migrant children are leaving education, graduating from neither, and entering the labour market. For UASC-M specifically, most of them would be doing so without proper documents and the protection it would provide.

5.3.2. Documentation and education

The documentation status of UASC-M in Tak is quite different compared to the North, and this difference is directly linked to the education landscape. 89% of UASC-M in Tak do not have any form of recognized Thai identification, 84% with no documentation. That compares to about 9% that have a G or 0 card. The 55% of UASC-M with no Thai documentation in the North is concerning, but 89% in Tak even more so. This reflects that the primary means a child born in Myanmar has to improve documentation status in Thailand is through formalized education.

Figure 33: UASC-M documentation status in Tak

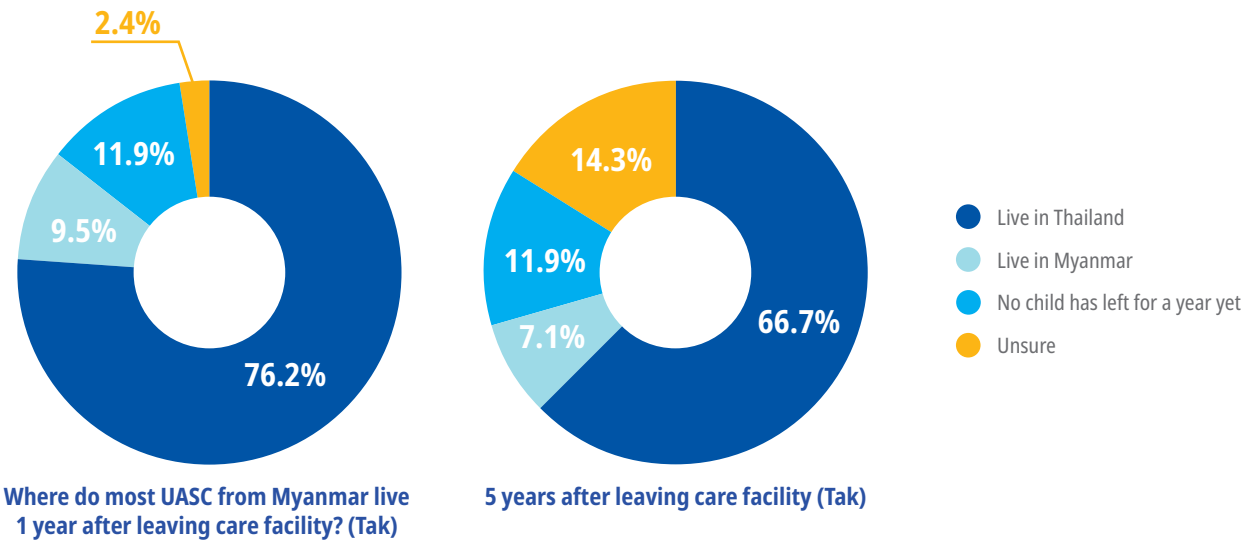


Most education options available to UASC-M covered in this study in Tak are not legally registered with the Thai government (UNICEF, 2023a). Migrant Learning Centres (MLCs) 'enrol' under the Migrant Education Coordination Centre (MECC) under Tak Primary Educational Service Area Office 2 (Tak PESAO 2). However, MECC is a para-governmental organization—a coordination body anchored in Tak PESAO 2 but supported through donor funds. mostly funded by private donors, no regulation authorities over MLCs. They are essential for the educational and protection work for MLCs. Yet, MECC cannot administer G-cards like schools in the North, nor does 'enrol' under them provide a legal right to operate. 63% of UASC-M in Thailand in this study, and 85% in Tak, are living in Migrant Learning Centre dormitories. It is no surprise then that there are so many without Thai legal status—because there is little option for them to do so. If EFA remains the primary means for migrant children to obtain legal status, through a G card, and the development of legal status from G card to a 0 card remains limited, then the increasing number of UASC-M in Thailand will remain undocumented and unprotected—now and when entering the labour market.

5.3.3. After Education

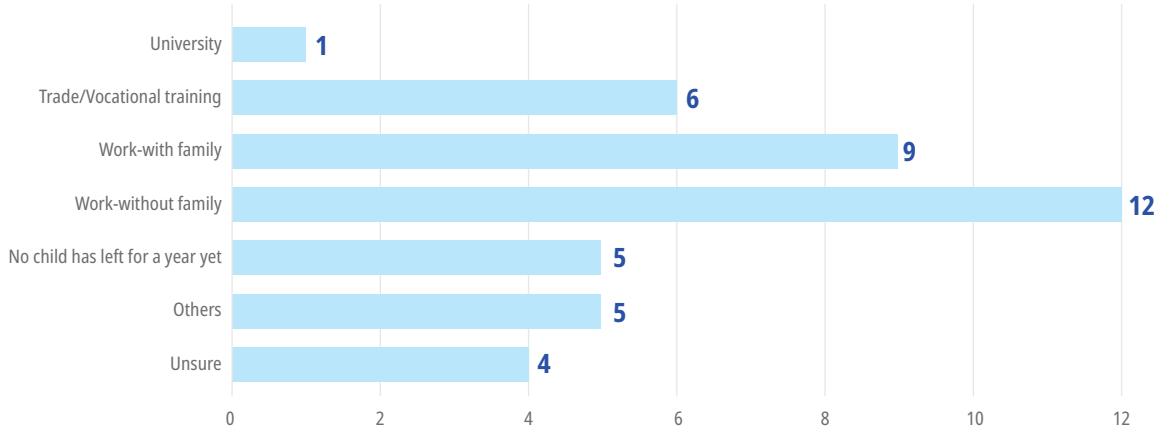
As in the North, lack of documentation post-education may be less concerning if UASC-M were going back to Myanmar after leaving care. Yet this is not what is happening in Tak and more so than the North. 76.2% of care facilities reported that most of their children from Myanmar are living in Thailand one year after leaving care, and 66.7% five years after. We do not know the number of UASC-M from each care facility that stays in Thailand vs. Going back to Myanmar as it would require a significant number of resources and time to track former UASC-M and where they are. But if the number of current UASC-M was counted for the facilities in Tak that answered most are living in Thailand one year after, it would represent 4 of every 5 UASC-M in Tak. This is not representative of the exact number, but we clearly see a trend that most are staying in Thailand.

Figure 34: Where do most UASC-M live one year and five years after leaving care.



Most seem to be going into work of some kind, not further training or education. 17% of care facilities reported that most of their UASC-M are going on to training or education one year after leaving. Only one reported university compared to 6 in the North. 50% reported they are going on to work, either with or without family. Of the 5 'others' answers, four were volunteering or internships, with one being vocational training and working part-time.

Figure 35: Occupation and location of UASC-M after one year of graduating or leaving care



Exactly what UASC-M are doing after leaving care, which type of trainings or jobs, was beyond the scope of this assessment and should be explored further to understand the relationship between family separation, education, legal status, and labour market outcomes. Still, the conclusion is similar to the concerns in the North and arguably more so. There is less disbursement of migrants in general, but UASC-M more specifically, in Tak. Most are in two of the five border districts—Mae Sot and Phop Phra. The perception is that the number of UASC-M will continue to grow over the next two year, and eventually they will need to go somewhere when leaving care. At the moment, the assessment suggests that most are staying in Thailand even if they would prefer to go back to Myanmar. Without proper documentation, Thai language proficiency, and the right to travel beyond the mountain, they will continue to stay within those border districts. Though this is not a labour analysis, it does suggest that there may be a higher supply of workers with limited jobs for undocumented migrants in such a concentrated area. This would push UASC-M into informal jobs at-risk of further exploitation.

6 UASC-M, Child Protection and Safeguarding

The following section considers the context from the above discussion and data related to child protection to do a comparative analysis of the child protection strengths and concerns for UASC-M in the three provinces. It also considers current relevant international human and child rights instruments, including the CRC[14] General Comment 6 on the treatment of UASC (2005), General Comment 14 on the best interest of the child (2013), Joint General Comment No.3 of CMW[15] and CRC on the rights of children in the context of international migration (2017).

In this section we use the terms Child Safeguarding and Child Safeguarding Policy. In Thailand the expansion of Child Protection into a Child Safeguarding approach is in its early stages in most organisations. In Thai language (and most likely Burmese language) the same translation is used for either Child Protection Policy or Child Safeguarding Policy further confirming that there is some way to go in the adoption of a Safeguarding approach. Some questions used with residential care facilities did explore areas such as sleeping arrangements for children giving an indication of safeguarding practice, but readers of this report should not take the response "has a child safeguarding policy" to mean that a facility has a comprehensive safeguarding approach. Having a policy and not having a policy is clear and quantifiable. For those that have a policy there will be a spectrum from traditional child protection policy towards comprehensive safeguarding policy. Where individual facilities sit on this spectrum was only partially measured in this research.

14 Committee on the Rights of the Child
15 Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families

6.1. Implementation of the 2003 Child Protection ACT

The interaction between the formal and informal sectors is key to understanding the child protection environment UASC-M find themselves in. The formal sector in the Thai context operates at the provincial and sub-district levels. The provincial level includes competent officials and licensed social workers from the Provincial Shelter for Children and Family and Provincial Social Development and Human Security (PSDHS). They operate under the authority of the provincial child protection committee which is chaired by the governor. Police response and medical evidence gathering and treatment are available at the provincial, district and sub-district levels. There are specially trained staff in the One Stop Crisis Centre (OSCC) at government hospitals under the Ministry of Public Health.

The informal sector includes NGO's and CBO's working at the local level and community leaders and volunteers. It also includes care facilities, whether registered or unregistered.

Figure 36: Formal and informal sectors in the implementation of the Thailand 2003 Child Protection Act

For marginalized and hidden groups of children such as UASC-M the combined and coordinated efforts of the informal sector and formal sector are needed if children are going to be protected by the law.

The response of the formal sector should be consistent across all the provinces in Thailand; however, some provinces face additional challenges including:

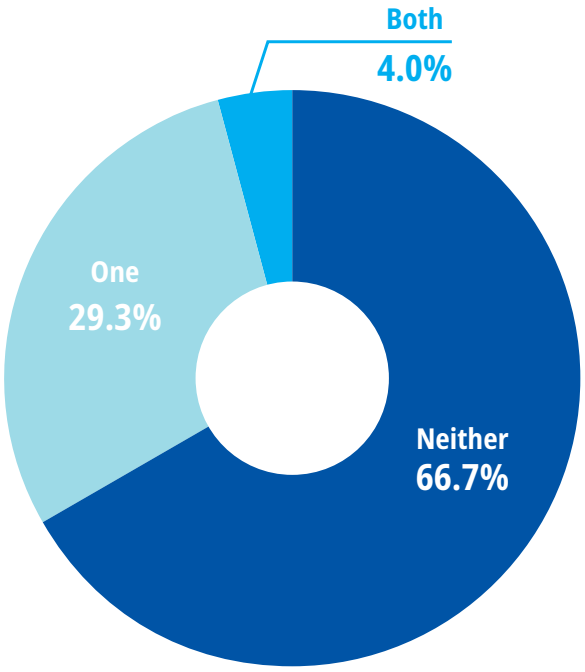
- Very large geographic areas and challenging topography can make it physically challenging to reach some children.
- Diverse populations and languages, especially in border areas, can make it socially challenging to reach some children.

At the moment many informal sector actors involved in the care of UASC-M do not or would not follow article 29 of the child protection act. Equally the response of formal services when cases are reported is not in line with the act. Many actors may still be unaware of their obligations under the act, this is especially true in temple settings. Training will remove the excuse that "I didn't know" and will help develop a consistent response.

If there is a case of abuse (physical or sexual) of a child from Myanmar in this care facility, how would this care facility proceed?

This was an open-ended question, and respondents could give as many answers as they wanted to. The highest number of actions described by a respondent was four.

Figure 37: Mentioned reporting to the police or 1300 call centre of MSDHS



Less than 10% of the 99 respondents said they would report a child abuse case to the 1300 hotline or the provincial office of the MSDHS. Calling the police was a more popular response with 24 of 99 saying they would do this.

Of 24 MLCs, one said they would report to the 1300 hotline, and none said they would report to the police. However, 15 said they would report to private organisations. This is 63% of MLCs compared to 22% of children's homes and zero temples or residential schools. It seems fair to assume that this means reporting to the (CSOs) child protection network in Tak and that this is the plan set out in their child safeguarding policies. During a focus group discussion members of the network shared with us that cases brought to them are reported to the provincial office of the MSDHS as appropriate.

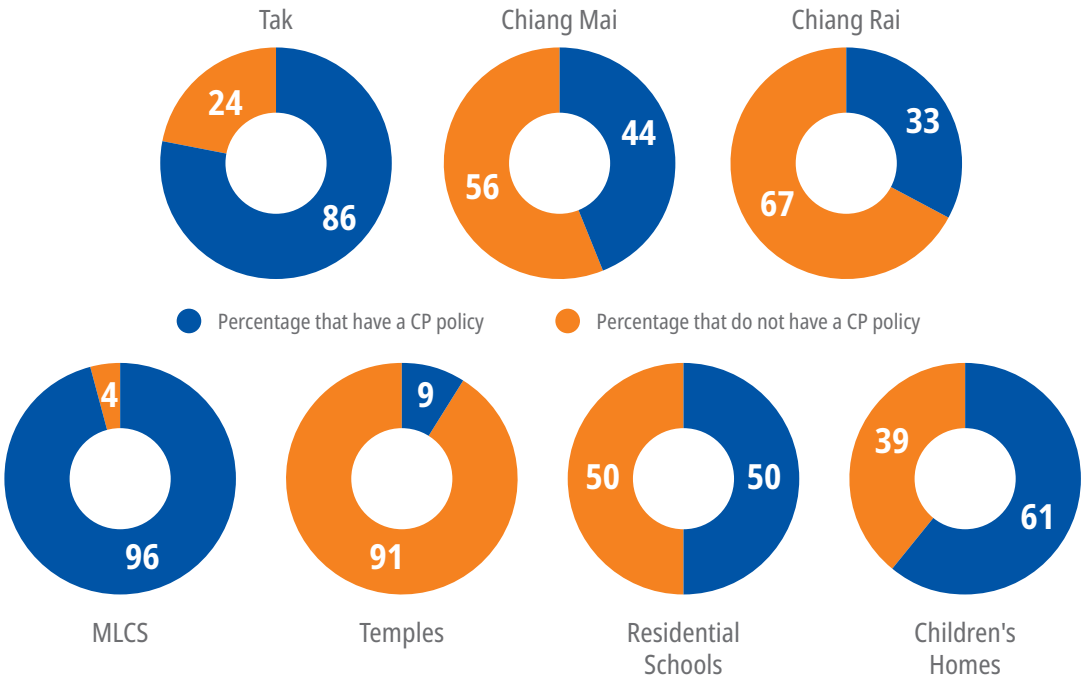
6 MLCs responded that they would deal with a case internally but gave no other response. This might be disappointing for those who have supported them to develop child safeguarding policies, however it does mean that most MLCs are aware of and willing to follow their child safeguarding policies and this is a significant strength compared to other types of facilities in other provinces.

A range of child protection-focused questions revealed stark differences between different types of care facilities and between different provinces.

Table 12: Number and percentage of care facilities answering affirmatively to each child protection question, by province and by types of care facilities

		total care facilities	have a CP policy		would report to police		Would report to 1300/ MSDHS		Report to private org		Deal with a CP case internally		Don't know/ other	
		no.	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
Province	Tak	42	36	86	8	19	4	10	19	45	13	31	15	36
	Chiang Mai	18	8	44	6	33	1	6	1	6	14	78	8	44
	Chiang Rai	39	13	33	14	36	4	10	6	15	11	28	20	51
Type	MLCS	24	23	96	0	0	1	4	15	63	8	33	9	38
	Temples	22	2	9	3	14	0	0	0	0	10	45	14	64
	Residential Schools	4	2	9	3	14	0	0	0	0	1	25	3	75
	Children's homes	49	30	61	24	49	8	16	11	22	19	39	11	22

Figure 38: Percentage of care facilities having child safeguarding policy by province and types of care facilities

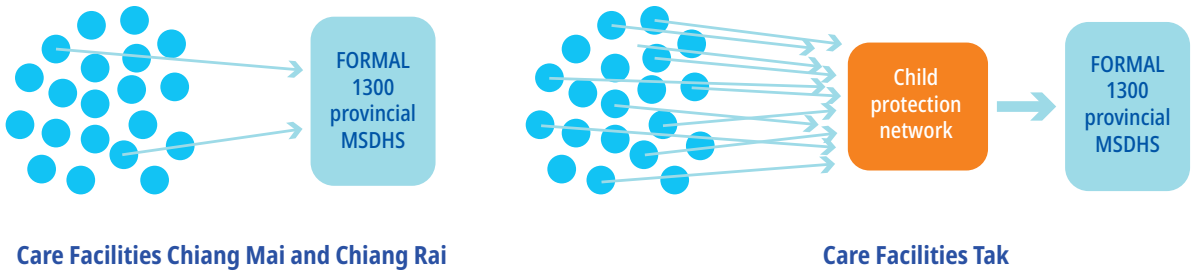


In Tak, the strength of the NGO & CBO (community-based organization) networks and the role of MECC are revealed here, highlighting their ability to connect care facilities together and increase standards such as having child safeguarding policies. The effect of this proactive environment also appears to influence private children's homes to reach a higher standard than similar facilities in other provinces.

All MLCs in Tak that are enrolled with MECC had a child safeguarding policy. The one that didn't have a policy was independent of MECC. The absence of such effective coordination and networks in other provinces means that left to their own devices, most care facilities (that have UASC-M) in those provinces have not developed a child safeguarding policy.

It is concerning that only two out of 22 temples where UASC-M are living, have a child safeguarding policy. Both of these were in Tak. This is a small sample considering the very large number of temples but it suggests that the care of children in temples in Thailand appears is insulated from the influence of government departments, NGOs and donors who might otherwise be encouraging the development of child safeguarding policies.

Figure 39: Interface between care facilities with the formal mechanism of MSDHS



6.2. Child Safeguarding Policies

While having a child safeguarding policy is a vital first step, the impact for children relies on the quality of the policy and how well it is implemented.

Of all the respondents who said they had a child safeguarding policy, 40% answered this question by saying they would deal with a child protection case internally. This was almost the same response rate as those who didn't have a child safeguarding policy. This raises questions about the quality of the child safeguarding policies and whether the respondent knew what the policy says.

MLC's under MECC in Tak province have a child protection focal person who attends annual training. This may be why some facilities responded that they would deal internally with child protection cases. Incidents such as bullying between children might be deemed not serious enough to report to the child protection network. However, it is very difficult to establish a clear level of seriousness that would warrant reporting and it might be useful to collect data on all the incidents and situations that are dealt with by child protection focal points on a regular basis so that the child protection network leaders have a more detailed overview of the challenges faced by children and staff in the MLCs.

Based on the number of facilities with child safeguarding policies and on their readiness to report to the child protection network it is clear that MLCs enrolled with MECC in Tak have benefited from a coordinated approach to raise standards of safeguarding.

If we remove all MLCs from consideration, then 8 out of 75 respondents said they would notify 1300/provincial MSDHS office if they had a child abuse case.

- None of the 22 Temples in this survey said they would report to 1300/MSDHS.
- In Chiang Mai one out of 18 facilities said they would report to 1300/MSDHS.
- In Chiang Rai four out of 39 facilities said they would report to 1300/MSDHS.

6.3. Threats to the strength of the informal child protection sector in Tak

Civil society is responding to the needs of a growing number of children from Myanmar in Tak and this means new education facilities are opening. However, the enrolment of new established MLCs has been frozen since 2022 The benefits of the networking and coordination between organisations in Tak are clear and new organisations must be brought into the fold. Failure to do this will weaken the protection mechanisms and will force more organisations to work under the radar. Coordinating organisations will find themselves working separately with enrolled organisations and non-enrolled organisations, which is in no one's interest.

MECC relies on private funding for it's vital but limited role, yet its' value in providing just enough legality for multiple agencies to work openly in support of the MLCs cannot be underestimated (UNICEF, 2023a). This goes far beyond only the education remit of the MLCs but also enables health, child protection and capacity building to be coordinated across 63 MLCs catering to over 18,000 children.

Additional financial and technical support to MECC would further increase their impact. For example, 21 MLCs enrolled with MECC have dormitories. MECC tracks only the number of children in these dormitories but not the individual children. A very minor adjustment to the student registration form would enable MECC to track the children in the dormitories by separating them in their database from the generic MLC students who do not stay in the dorms. This would enable monitoring of over 2000 UASC-M. MECC does a great job of collecting data, but perhaps improvements made to the use of that data could help understand more precisely the child protection and safeguarding situation and needs of the children in MLCs.

6.4. Strengthening the Interface between informal and formal child protection sectors

Despite the clear strengths of the informal sector in Tak in both the child protection focal group and interview with long term NGO leaders, it was apparent that there is a lot of frustration within the child protection network about the lack of response from the provincial MSDHS department when cases are reported to them.

> *"I tried for years to get them (1300) to help with our child protection cases but they never came. I have given up now, I just want to focus my time and energy on prevention work."*
>
> NGO leader in Mae Sot.

Section 29. 2003 Child Protection ACT

Upon finding a child in circumstances which warrant welfare assistance or safety protection as stipulated under Chapters 3 and 4, a person shall provide basic assistance and notify a competent official, administrative official or police officer or person having the duty to protect a child's safety according to Section 24 without delay.

A physician, nurse, psychologist or public health official admitting a child for treatment; teacher, instructor or employer having the duty to take care of a child who is his or her student or employee, shall report immediately to a competent official or person having duty to protect a child's safety according to Section 24, or administrative official or police officer if it is apparent or suspected that the child has been tortured or is sick due to unlawful care. Persons notifying or reporting in good faith under this Section shall receive appropriate protection and shall not be held liable for any civil, criminal or administrative action arising therefrom.

In Tak there is a coordinated and collective approach by the informal sector to the formal sector while in Chiang Mai and Chiang Rai this is absent and individual organisations and facilities operate mostly in isolation. However, in all three provinces the interface between the informal and formal sectors is very weak and this means that implementation of the 2003 Child Protection ACT for UASC-M is unlikely.

The manual of protocols and procedures protecting and responding to children at risk of abuse, neglect, exploitation and violence produced by the Department of Children and Youth says that:

Child protection case management operations are not only for children of Thai nationality but for children on any grounds of status, regardless of the availability of their civil registration documents or their nationalities.

After receiving a notification or report of a case, it is essential to reach the child right away.

Although this is not currently happening in Tak, the extent and cohesiveness of the informal sector means that an overall child protection system capable of implementing the 2003 child protection act is not such a distant goal as in Chiang Mai and Chiang Rai.

The child protection jigsaw in Tak is advanced but the key piece linking the informal sector to the formal is missing. Previously there was an additional MSDHS social worker based in Mae Sot which helped, but this project did not continue once UNICEF support ended. Rotation of PSDHS competent officials to other provinces has also reduced the capacity. The competent official based in Provincial Shelter for Children and Family has not renewed their license.

In the Tak focal group discussion, we put forward a scenario where a child was being abused in a residential setting, the evidence was clear, and the child needed to be removed. When asked how quickly the formal response mechanism could remove the child the answer was "4 or 5 weeks or perhaps another way would be found to bring the child out".

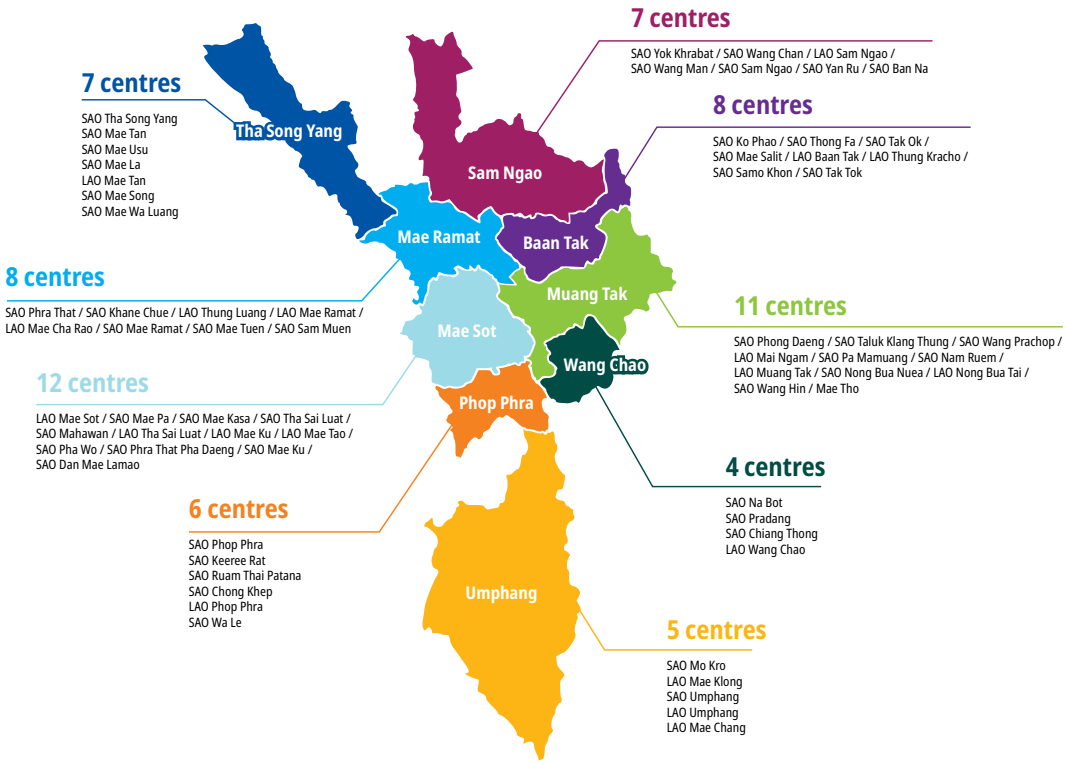
PSDHS Tak confirmed as of December 2024, four licensed competent officials in the province. One at Provincial Shelter for Children and Family and the other three in NGOs. One is employed by COERR with a focus on working with the current influx in three Temporary Shelters. The other two work for well-funded private children's homes located in Mae Sot and Tha Song Yang. None of the competent officials from NGOs were mentioned by the child protection network and they didn't feature in the flow chart they produced during the focal group discussion. Competent officials are few in number in Thailand and stronger collaboration between the private organisations with such valuable resources and the child protection network should be encouraged.

6.5. Relationship and Trust Building

Alongside the law and child safeguarding policies, strong interpersonal and interagency relationships are essential in effective child protection work. There is a lot of room for improvement in this area. From the available data it seems this Sangkhlaburi district now responds to more child protection cases than all five of the border districts in Tak combined, this success is based on localizing the response at the existing sub-district and district level and on investing in the relationships between those involved.

There are 68 Sub-District Child Protection Centers in Tak province; 12 in Maesot, 6 in Pobphra, 8 in Maeramad, 7 in Tha Songyang and 5 in Umphang. There is a need to explore the capacity of each and identify the possible engagement or involvement of Child Protection CBOs and CP network with this current mechanism. As well as strengthening the capacity and capability of this sub-district CP mechanism.

Figure 40: Sub-district level community child protection centres, Tak Province



Ref: DCY administrative data, September 2024

For Chiang Mai and Chiang Rai there is no collective representation of the informal sector and a series of workshops and events hosted by MSDHS might be a better way to begin building bridges and nurturing trust.

6.6. Temples

The greatest challenge in this research was gaining access to temples to conduct interviews. The sample size of temples was very small compared to the total number of temples, especially in Chiang Mai. (Chiang Mai sample, eight out of 1485 temples, Chiang Rai 10 out of 1021 temples and Tak four out of 106 temples) (National Statistical Office, 2024).

In the temples that did agree to take part we found a high percentage of the children there were UASC-M. The table below sets out the possible numbers of UASC-M based on available data. This only includes novices and does not include non-ordained children living at temples. There are temples in Chiang Mai and Chiang Rai with very large numbers of non-ordained children. A survey at Wat Don Chan temple in 2023 (One Sky Foundation) found 143 UASC-M out of 608 non-ordained children interviewed.

There are strong indications that many UASC-M could be living in temples, especially in Chiang Mai. The lack of available data and the lack of cooperation make it very difficult to investigate this situation. The large number of temples also presents a challenge. In the time available for this research, we were not able to access data to identify how many of the total number of temples have children living at them.

Experienced UNICEF staff expressed that some temples might not be reporting non-Thai novices to the National Statistical Office (NSO). Further, the NSO data on novices in some provinces changes drastically from year to year raising further questions about the accuracy of the data.

We strongly recommend further investigation of the situation for UASC-M living in temples.

Table 13: Number of UASC-M by provinces and types of care facilities, with number of temples and novices

	Tak			Chiang Mai			Chiang Rai		
	Temple	MLC	Children's Home	Temple	Residential school	Children's Home	Temple	Residential school	Children's Home
Total Children	106	2529	577	315	81	450	130	39	1021
Total children UASCM	49	2293	358	242	53	148	117	31	402
% that are UASCM	46.2	90.7	62.0	76.8	65.4	32.9	90.0	79.5	39.4
How many temples*	284			1485			1086		
How many Novices*	699			3876			753		
Possible number VASCM	323			2977			678		

*Data from Statistical Yearbook of Thailand 2023

The total number of temples in Tak, Chiang Mai and Chiang Rai is 2,855. If the percentage of novice monks that are UASC-M is the same in the wider population as in our research sample then there could be 3,978 UASC-M who are novices living in temples in these three provinces. This total does not include non-ordained children of whom there is likely to be a further significant number. Additionally, this number could be larger still if some temples are not reporting non-Thai novices to the NSO.

6.6.1. Breaking down the isolation of Temples as childcare providers

Temples appear to operate outside of the legal framework and government oversight as it relates to child protection and safeguarding described in the Child Protection Act. While the law might suggest that children in temples are within government jurisdiction, cultural attitudes appear to suggest otherwise.

For UASC-M this creates a conflicted scenario. On the one hand, children without documents living under the care of temples might feel they are less likely to be arrested or detained and might have an easier route into Thailand and then into the Thai education system, based on the temple's connections. On the other hand, they are inaccessible to the formal mechanisms of the state that should ensure their safety and wellbeing creating a huge risk factor if those caring for them have any bad intent towards the children.

While the 2003 Child Protection Act mandates certain ministries (MSDHS, MOI, MOE) to develop ministerial regulations, the Ministry of Culture is not included, despite the numbers of children living in Alternative Care under their jurisdiction. Political will for such government oversight of the monastic system may be lacking but it is essential to ensure the wellbeing of these children. A first step could be to gain the agreement of the Ministry of Culture for a process to document all ordained and non-ordained children living at temples including both Thai and non-Thai children. This would reveal the full extent of the issue and the challenges of developing oversight and monitoring of childcare in a very large system of temples.[16]

MECC has nine staff. 63 MLCs are enrolled and over 18,000 children are registered (July 2024). By comparison there are almost 400 private children's homes operating in Chiang Mai and Chiang Rai provinces (One Sky 2023-24). The location and details of these children's homes have been provided to the provincial offices of MSDHS in each province in the last two years. The majority are unregistered and, therefore, not monitored by the provincial MSDHS office or any other state mechanism. Up to 20,000 children live in these institutions.

Although MECC monitors the education provision of the MLCs and not their accommodation provision it is still a model that could be used to manage and coordinate the private children's homes. The current registration requirements for private children's homes are outdated and largely ignored without consequence. The homes that are registered only provide the number of children in their care to the provincial office of MSDHS, but no individual details.

PSDHS offices need additional resources to manage private care facilities (and temples). Given adequate resources the provincial MSDHS office could play more of a coordinating role to raise the standards of care.

There is now accurate data available about the extent of private children's homes in each province and some data about the numbers of novice monks in each province. This shows that the numbers vary hugely between provinces with some having no private children's homes while others have almost 200. Similarly, the number of novices ranges from a few hundred to several thousand.

16 Researchers were informed that the transition from Novice to Monk cannot occur until 20 years of age (or later), for legal means establishing how many Novices are children would also be needed.

On this basis a province like Chiang Mai could make the case for very significant funding to begin to meet its obligations under the Child Protection Act to thousands of children living in up to 1,600 facilities.

Profiling the number of children (including UASC-M) in care facilities in each province could help the government to prioritize budget allocation to those facing the greatest challenges.

6.7. Risks faced by UASC-M in Thailand

As we have seen, on average, the province and the type of facility where the UASC-M are impacts the effectiveness of the response if they do experience abuse of any form. Here, we will consider the risks to UASC-M in Thailand and how they also vary between locations and different types of facilities.

Figure 41: Child external risk and vulnerability factors

Child Vulnerability Factors

- Parents nearby
- Parents in regular contact
- Have own phone
- Go home in holidays
- Family Poverty
- Documentation
- Language
- Age

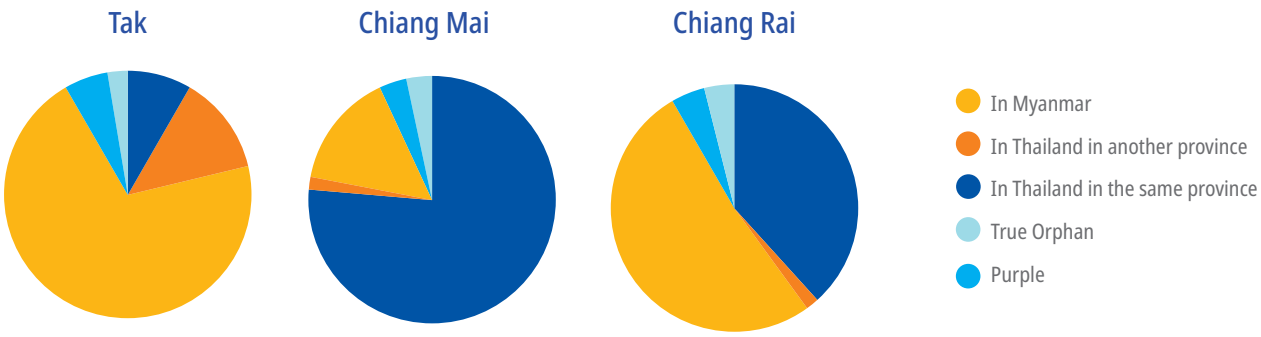
External Risk Factors

Where we stay	Staff, policy, food, safe environment, space.
Community	Contact with professional adults, lawful, outside monitoring.
Policy	Consistent, supportive, child rights focused (UN Guidelines)

6.7.1. Child Vulnerability Factors

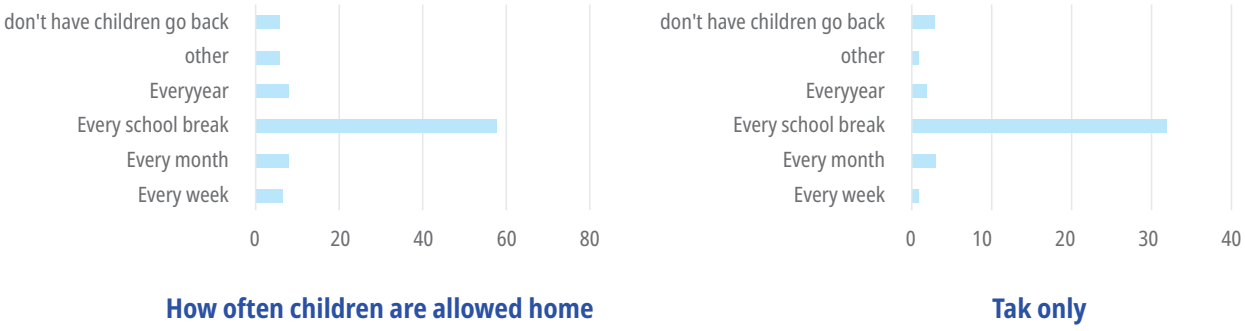
Care facilities estimated the whereabouts of parents of all the children in their care.

Figure 42: Location of parents of UASC-M[17]



This is where they are, but not how far away. Most care facilities in Tak are near the border. It might be easier for parents with no documentation to illegally cross the border to visit their children in Tak than it is for undocumented parents in Chiang Mai to travel through the province if their children are not living somewhere near them.

Figure 43: Frequency of home visits allowed[18]



How regular is contact between children and parents?

Five out of 99 facilities said that there is no contact between children and their parents. This included three children's homes in Chiang Rai, one children's home in Tak and one MLC. 67 UASC-M live in these facilities.

Most facilities believe that contact between children and parents is regular and frequent. 15 temples and 14 MLCs said they thought children would be talking with their parents once a week.

17 Also see Figures 13 and 27
18 Also see Figures 14, 15, and 28

Comments from care facility staff in focus group sessions and from interviews it seems that many children have their own phone. One staff described how children kept their phones at weekends but not during the week when studying. This might explain why the facilities in general seem confident that children are in regular contact with parents. No individual type of care facility stands out as having more or less contact between parents and children.

These findings are only based on estimations provided by care facility staff, but in general there are not intentional barriers to children and parents keeping in contact and for most children this contact appears to be regular and frequent. This might not be the case for younger children who do not have their own phones and is not the case for 67 children in five facilities that stated children do not have contact with parents.

The number of children and families in need of support is growing. Household income levels are well below the minimum wage (see poverty section). As a result, MLC dormitories are full and NGO's working to support families locally are also desperate for more funds. It is highly likely that if more dormitories or children's homes are built then they will soon be full. Equally, there are very good examples of community-based support projects for families, in particular helping with education registration and costs. These projects can be described as reducing the push factors for separation of children from their parents, at least for those families on the Thai side of the border that are within their reach.

6.7.1.1. Age

Table 14: UASC-M aged 0-5, by province and types of care facilities

	Children aged 0 to 5 years									
	Tak			Chiang Mai			Chiang Rai			Total
	Temple	MLC	Children's Home	Temple	Residential school	Children's Home	Temple	Residential school	Children's Home	
UASC	0	1	2	0	0	3	0	2	6	14
Non UASC (born in Thailand)	0	3	8	0	0	38	0	0	7	56

For UASC-M identified in this research 14 out 3693 or 0.379% are in the 0 to 5 years age group. 11 of these 14 children are in children's homes.

There are 1,562 UASC-M aged 6-14 and 1,479 aged 15-18.

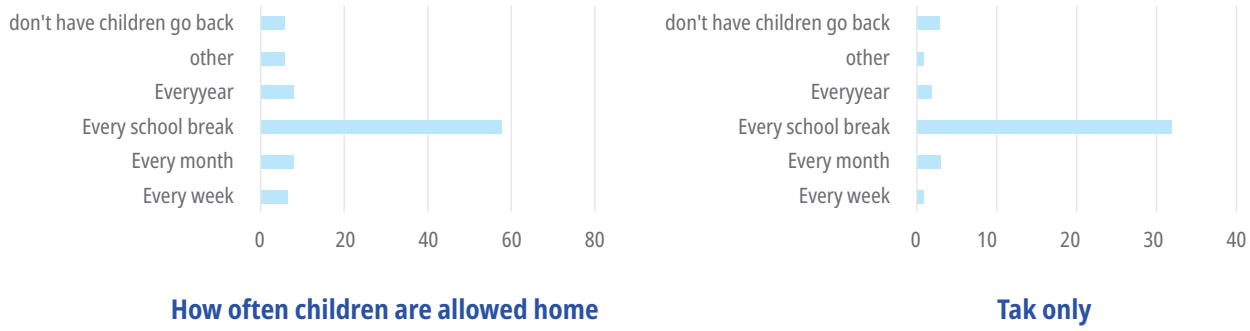
We didn't break down the 6 to 14 years old group for this research but there is clearly a big difference between a 6 and a 14-year old's ability to look after themselves. e. We have seen that MLCs have the lowest staffing ratios of all facilities and may worth to identify further how many young children are living in them.

6.7.1.2. Documentation

84.5% of UASC-M in Tak have no documentation compared to 47% in the North. 10.5% of UASC-M have a 0 card in the north compared to 2.2% in Tak. 6% have a G card in Tak compared to 33% in the North.

All UASC-M in the North are in the Thai education system but 547 of them don't have a G card yet which is concerning as it is 55%.

Figure 44 : UASC-M documentation status



There are questions about how valuable a G card is in providing UASC-M with rights and protection. However, a 0 (zero) card does provide additional protection, and it cannot be a coincidence that five times as many UASC-[19] M in the North have a G card compared to Tak and five times as many UASCM- have a 0 card. The G card being a steppingstone to eventually getting a zero card.

In Chiang Mai 10 out of 18 facilities have UASC-M who have a G card, in Chiang Rai 22 out of 28 facilities have UASC-M with G cards. This warrants further investigation to find out why at some facilities some children have G cards and some do not while at other facilities no UASC-M has a G card despite being eligible for one.

For zero cards, four facilities in Chiang Mai have UASC-M who have a zero card. All these facilities are temples. In Chiang Rai 16 facilities have UASC-M with zero cards and they are a mix of temples and children's homes. Although schools hold the primary role in assisting children transition from G to zero cards we assume that their commitment to doing so and the quality of the documentation they need to submit can be influenced by parents, guardians and other advocates concerned about the child. We can see that children in some facilities appear more likely than others to have a zero card and it is worth exploring to what extent those running these centres have been able to influence this and whether sharing their approach and experience can be beneficial in helping other places advocate for the children in their care.In Tak, one of the routes into Thai education and thus obtaining a G card is through Thai Non-Formal Education (NFE). In 2024, 400 children from MLCs took the entrance exam but only 10% passed. Finding ways to increase and improve Thai language teaching would help more children to pass this exam.

19 Under Article 38.2 of the Civil Registration Act (No. 2) B.E. 2551 (2008)

6.7.1.3. Language

The advantages for Shan speaking UASC-M in terms of entering the Thai education system have been covered already. As they become teenagers, speaking Thai, wearing a Thai school uniform and having a G card will make it less likely for UASCM to encounter problems with the police. They will also be better equipped to access help and support from Thai services, both formal and informal, if they have any problems.

In Tak, the primary non-Thai languages are Karen, Burmese and English. In some interviews and group discussions it was expressed that many of the longer-term organisations, services and help groups around Mae Tao used Karen language. It was suggested that it was easier to find help if you can speak Karen.

6.7.2. External Risk Factors - Where we stay

Table 15: Child to caretaker ratio, by province and types of care facilities

	Tak				Chiang Mai			Chiang Rai		
	Temple	MLC	Children's Home	take out life impact	Temple	Residential school	Children's Home	Temple	Residential school	Children's Home
total staff	19	144	144	66	132	48	107	62	14	159
staff with care giviing responsibilty	7	122	127	49	92	47	42	55	4	110
total children (including UASC)	106	2529	577	489	315	81	450	130	39	1021
ratio (number of children per 1 staff)	15.1	20.7	4.5	10.0	3.4	1.7	10.7	2.4	9.8	9.3

This question may well have been interpreted in different ways so that we cannot draw too many conclusions from it. For example, the range of answers for temples in different provinces from 2.4 children per care giver to 15 children per care giver. What does stand out clearly is the average of 20.7 children per care giver in MLC dormitories in Tak. This becomes more interesting when we look at the 30 facilities with the highest numbers of children to one care giver. Some of the ratios here are very high and raise concerns about the level of care, especially for younger children. We heard that some staff at MLCs are teaching in the daytime and caring for children at night, this must be exhausting. Further examination of the situation at these MLCs is recommended, perhaps led by the child protection network in Tak. The ratios of care givers at temples are surprising and it might be that all adults at the temple were counted as care givers. This question only asked for the number but did not consider the qualification or training of care givers. Exploring the ratio and suitability of care givers at temples is recommended.

This research did not make any inspection of the physical safety of each facility in terms of space, suitable building, fire safety and access to water and so on. A recent survey by UN agencies (IOM&UNICEF&UNESCO) has looked at some of these factors in Tak and should be reviewed alongside this research. Several children mentioned the challenges of lack of water in Tak MLCs. This created hygiene challenges and safety issues for students who had to wash outside, wherever they could find water.

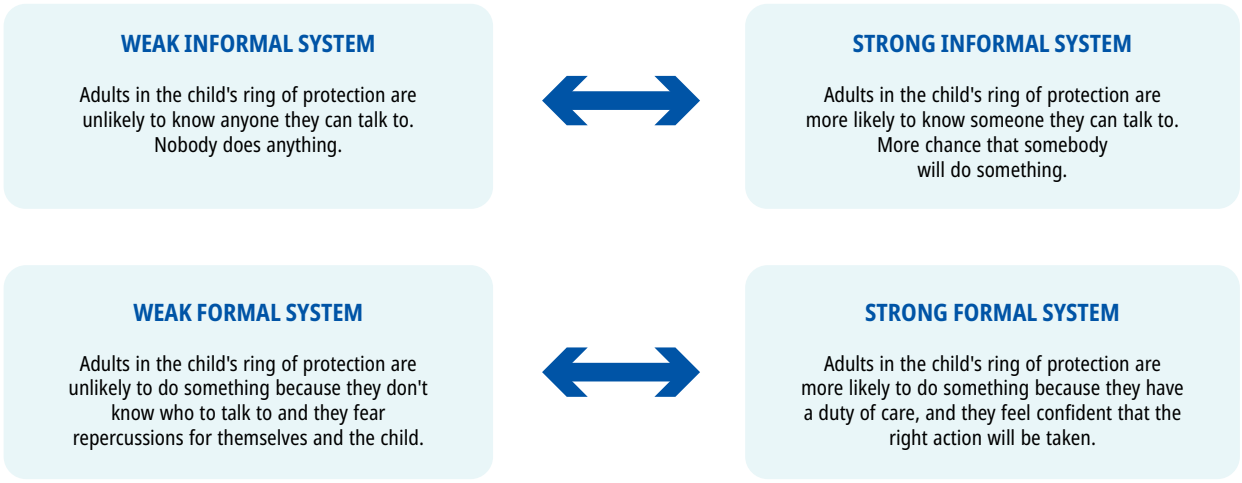
Table 16: Child to caretaker ratio in the 30 largest facilities

30 largest homes				
Care Givers	Children	Ratio	Province	Type
4	274	68.5	Tak	MLC
5	320	64	Tak	MLC
7	343	49	Tak	MLC
4	195	48.8	Tak	MLC
5	164	32.8	Tak	MLC
4	127	31.8	Tak	MLC
3	80	26.7	Tak	MLC
8	207	25.9	Tak	MLC
4	77	19.3	Chiang Rai	Children's Home
4	75	18.8	Chiang Mai	Children's Home
3	52	17.3	Tak	MLC
4	65	16.3	Chiang Rai	Children's Home
8	120	15.0	Chiang Rai	Children's Home
4	60	15.0	Chiang Rai	Children's Home
7	94	13.4	Tak	MLC
16	200	12.5	Chiang Mai	Children's Home
5	62	12.4	Chiang Rai	Children's Home
14	165	11.8	Chiang Rai	Children's Home
5	57	11.4	Tak	MLC
6	66	11.0	Chiang Mai	1) Temple
17	185	10.9	Tak	MLC
9	90	10.0	Tak	MLC
6	59	9.8	Chiang Mai	Children's Home
8	76	9.5	Tak	MLC
6	53	8.8	Chiang Rai	Children's Home
7	50	7.1	Chiang Mai	1) Temple
15	90	6.0	Tak	Children's Home
15	50	3.3	Tak	Children's Home
33	60	1.8	Chiang Mai	1) Temple
78	88	1.1	Tak	Children's Home

6.7.2.1. External Factors – Community

Looking at rings of protection around children we can consider the adults they have regular contact with and might have a trusting relationship with. The more of these adults and the more they are trusted, the more likely the child is to be able to ask for help when something is wrong. These adults could include teachers, friends' parents, sports coaches, scout leaders and so on. In countries with developed child protection systems any adults working with children professionally or voluntarily are likely to be aware of their duty of care and the need to do something if a child shares with them about abuse or the risk of abuse. Also, in countries with developed child protection systems these adults would probably be more confident about what will happen if they contact the police or social services.

Figure 45: Difference between weak and strong formal system



Current child protection investigations in Thailand (One Sky Foundation) are revealing that many adults, including professional childcare staff, know about children being abused but do not report it. This means that the value of the adults in a child's ring of protection is reduced in terms of their ability to protect the child.

The strength of the child protection network and its role in enrol of MLCs and children and raising standards of care in Tak means that it is probably quite difficult to keep a secret about child abuse, especially in Mae Sot. The isolation and absence of any monitoring or oversight of child care facilities in Chiang Mai and Chiang Rai means that it is probably quite easy to keep child abuse a secret, or at least limit the awareness to those who are unable to do anything about it.

However, there are some strengths in Chiang Mai and Chiang Rai. All UASC-M are in the Thai education system and presumably can speak Thai. More of them have G cards and zero cards. Large and well-funded children's homes and powerful temples can access resources and use their influence for the children in their care. This could help with school registration, protection from the police and completing the process for G cards and zero cards. All of these are positive aspects if those caring for the children have good intentions towards the children.

If they had bad intentions however, then all these aspects become negative. A constant ingredient in the abuse of children is a power imbalance and effective child protection systems focus on reducing these power imbalances. Children in care facilities in Chiang Mai and Chiang Rai are very isolated in the absence of effective formal or informal child protection networks and systems. While the advantages of being under the care of a powerful abbot or children's home director are clear, the risks to children if any of those with power wanted to abuse children, are very high.

6.7.2.2. External Factors – Policy

We heard consistently and from multiple sources during our time in Tak that those living in the area without documentation are required to pay between 350 to 500 baht per person per month to the police to avoid being arrested.

> I got arrested by the police last Saturday. They asked for money. I called my sister and talk to her about the situation but she was not able to help me because she is also staying illegally here. I had to pay 10,000 Baht to the police. I had to pay anyway whether I have money or not. Now, I feel like I don't want to go out anymore. I have to take risks to go to my class.

Could you not contact the agent who give you protection?

> I tried to call them many times but they do not accept my call. Then, the police took my phone away. The interpreter told me that I have to pay money and they even threaten me with handcuffs. I was worried that they will send me back to Myanmar. So, I started to negotiate with them. Then, I got my phone back and I tried to call my sister. I had to open the speaker when I talk on the phone and they look at my chatbox when I text in Facebook messenger. They released me after I transfer the money.

With no end in sight for the conflict in Myanmar and some predicting renewed fighting as the rainy season ends, in the absence of National Security Council's direction towards irregular migrants from Myanmar including children, the situation is left wide open for the powerful to exploit the weak. In such an environment of fear and powerlessness we can imagine that parents might more readily consider placing their children into care facilities in the hope the situation there will be more stable and safer than an unpredictable future in the wider community.

6.7.3. Protective Factors

6.7.3.1. Smart Phones and Social Media

An unexpected finding of this research was the value of smart phones and social media in breaking down isolation and reducing risk for UASC. In Tak there are extensive social media groups sharing information and advice in Burmese language and this is a vital help for teenagers and youth trying to navigate their way in Thailand. This is especially true for youth in independent living arrangements.

It is also clear that significant numbers of children in MLCs also have smart phones and access to the internet. This is one of the ways that children keep in regular contact with their parents.

This is an area that can be further developed to share useful information and also to provide reporting routes for children directly to the child protection network if they are experiencing abuse or know of other children experiencing abuse.

6.8. Trauma

In interviews and groups discussion some MLC staff in Tak described the increased levels of trauma they are seeing in some children. The expressed their sadness at their inability to support these children adequately due to the large numbers of children they look after and also because of a lack of skill and training in this area. Mae Tao clinic is influential enough to perhaps attract some skilled international volunteers who might begin to offer some basic training and coaching in basic techniques to help children deal with the trauma they are experiencing.

6.9. Government protocol for the protection of UASC based on UN Guidelines

Sections eight and nine of the UN Guidelines for the Alternative Care of Children offer helpful guidance for the care and safety of UASC. A national protocol should be urgently developed by the Thai government in line with the Guidelines and committed to the best interest of UASC. Police and provincial MSDHS staff should be trained in the protocol alongside civil society actors representing the informal sector in child protection work. This would lead to:

- A consistent national approach to the care and protection of UASC-M.
- Accountability at all levels.
- Trust building on the basis that if the protocol is followed all actions will be in the best interest of the UASC concerned.
- Effective advocacy by civil society when the formal response is not in line with the protocol.

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8 Annex

8.1. Ethical Approval

Certificate of MUSSIRB Approval

★★★★★★★★★★★★

Certificate of Approval No. 2024/078.0209

MUSSIRB No. 2024/067

Title of Project: THE CURRENT SITUATION OF UNACCOMPANIED AND SEPARATED CHILDREN FROM MYANMAR IN THAILAND BORDER PROVINCES

Principal Investigator: LECT. DR KANTHAMANEE LADAPHONGPHATTHANA Affiliation: FACULTY OF SOCIAL SCIENCES AND HUMANITIES, MAHIDOL UNIVERSITY

Approval includes:

1) Submission Form Version Date 2 September 2024
2) Protocol Version Date 2 September 2024
3) Participant Information Sheet Version Date 2 September 2024
4) Informed Consent Form Version Date 2 September 2024
5) Questionnaire Version Date 2 September 2024
6) Interview Guideline Version Date 2 September 2024

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.

Date of Approval: 2 September 2024

Date of Expiration: 1 September 2025

(Prof. Dr. Srisombat Chokprajakchat)
Chairman

(Prof. Pol. Capt. Dr. Sutham Cheurprakobkit)
Deputy Dean for Research and Academic Services,
Faculty of Social Sciences and Humanities

Office of The Committee for Research Ethics (Social Sciences), Faculty of Social Sciences and Humanities, Mahidol University
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8.2. Questionnaire to Institutional Care Facilities

Institutional Care Facility Code ☐☐☐/☐☐/☐☐

Study on the Current Situation of Unaccompanied and Separated Children (UASC) From Myanmar in Thailand Border Provinces

Date of Interview ...../...../2567
If a translator was used, record language.....

Note: Ask every question, and ensure confidentiality of the information provided by the participant

Section 1: Basic Information

1. **1. Name of the organization** (Thai).....
   English (if there is one).....
   Burmese (if there is one).....
   1.1 Name of the institutional care facility if it is not the same as the organization's name
   (please write the alliteration in English if the name is Karen or Burmese)
   (Thai) if there is one.....
   (Burmese) if there is one.....
   (Karen) if there is one.....
   (English) if there is one.....
2. **Address #**.....**Moo**.....
   Subdistrict.....
   District.....Province.....
   Phone #.....
3. **Type of organization/institutional care Facility**
   O 1) Temple ——→ *If answer 1* The temple
   O 1.1) Has novices
   O 1.2) Has non-novice children (under their responsibility)
   O 1.3) Has non-novice children (not under their responsibility)
   O 1.4) Sends children to a NLC #.....
   O 2) Migrant Learning Center ——→ *If answer 2* The MLC is
   O 2.1) Under MECC
   O 2.2) Non-MECC but affiliated with HWF, BMTA, or BMWEC
   O 2.3) Non-MECC and not affiliated with HWF, BMTA, BMWEC
   O 3) Residential school/school dormitory
   O 4) Residential care facility (orphanage, dormitory, children's home)
   O 5) Other type of institutional care facility (record).....
4. **When did your organization begin receiving children? (Year A.D.)**.....
5. **What is the highest number of children your facility could care for?** .....
6. **From when your facility began to now, which year did your organization have the most children staying overnight?**.....
   6.1. How many children stayed during this year? .....
7. **Currently, how many staff does your care facility have? (add full-time and part-time staff)**.....
   7.1. **How many of them are involved directly in caring for children? (care staff, house parents, etc.)**.....
   7.2 Has your care facility's total number of staff changed over the last 2 years?
   O 1) Increased O 2) Stayed the same O 3) Decreased

Section 2 Children from Myanmar

8. From when the care facility began, what year did it care for the most children from Myanmar? (AD).....

   8.1. How many children from Myanmar stayed at the care facility during this year? .....

9. Please record the 3 primary reasons that children from Myanmar are currently coming to live in this care facility

The interviewer should leave the question open-ended and record answers according to the choices, not read the choices out loud.

Reasons children come to live in your care facility	Commonality
O 1) Poverty	
O 2) Need for educational opportunities	
O 3) The child is orphaned (mother and/or father of the child has died)	
O 4) The child is sick or disabled	
O 5) The child has behavioural issues or at risk of juvenile detention	
O 6) Homeless or lost	
O 7) Caregivers of the child lack necessary parenting skills (imprisoned, disabled, sick, mental illness, unplanned pregnancy).	
O 8) Neglect, the child does not have a care giver	
O 9) The child has experience violence, exploitation, abuse, trafficking, or at risk of these.	
O 10) Caregivers with inappropriate behaviour and/or work	
O 11) Conscription	
O 12) Safety (the family is in an unsafe situation, i.e. risk of detention)	
O 13) Children's parents are migrant workers	
O 14) Others.....	

9.1 Currently, which of the 3 reasons (in question 9) are influenced (caused or increased) by migration due to the current situation in Myanmar?

O 1) Poverty
O 2) Need for educational opportunities
O 3) The child is orphaned (mother and/or father of the child has died)
O 4) The child is sick or disabled
O 5) The child has behavioural issues or at risk of juvenile detention
O 6) Homeless or lost
O 7) Caregivers of the child lack necessary parenting skills (imprisoned, disabled, sick, mental illness, unplanned pregnancy).
O 8) Neglect, the child does not have a care giver
O 9) The child has experience violence, exploitation, abuse, trafficking, or at risk of these.
O 10) Caregivers with inappropriate behaviour and/or work
O 11) Conscription
O 12) Safety (the family is in an unsafe situation, i.e. risk of detention)
O 13) Children's parents are migrant workers
O 14) Others.....

9.2 Do you think these reasons have become more common and/or worse given the increase in migration due to the current situation in Myanmar?

O 1) No O 2) Yes

10. What states do the children from Myanmar in this care facility come from? (*You can record more than one answer*)

O 1) Rakhine State O 2) Chin State O 3) Kachin State O 4) Kayin State

O 5) Kayah State O 6) Mon State O 7) Shan State

O 8) Sagaing Divison O 9) Mandalay Division O 10) Magway Division O 11) Bago Division

O 12) Ayeyarwady Division O 13) Yangon Division O 14) Tanintharyi Division O 98) Unsure

11. How do children from Myanmar come to live in this care facility? (*You can record more than one answer*)

O 1) Children come on their own to ask to live here

O 2) Father or mother brings the child to live here

O 3) Relatives bring the child to live here

O 4) Community and/or religious leaders refer or bring the child to live here

O 5) Staff from other organizations and foundations refer or bring the children to live here.

O 6) Government staff refer or bring the child to live here.

O 7) Staff from this care facility share about it in the community for others to know (leading to children being brought here)

O 8) Others.....

12. How often does this care facility communicate with the majority of parents of children from Myanmar?

O 1) About once a week

O 2) About once a month

O 3) About once a quarter (3 months)

O 4) About 1-2 times per year

O 5) Less than once a year

O 6) No means of communication

13. How often do the majority of children from Myanmar in this care facility communicate with their parents?

O 1) About once a week

O 2) About once a month

O 3) About once a quarter (3 months)

O 4) About 1-2 times per year

O 5) Less than once a year

O 6) No means of communication

14. How many children from Myanmar in this care facility have parents that cannot be contacted? .....

15. In your opinion, in this province over the next 2 years, how much do you think the number of children from Myanmar who are unaccompanied/separated from their parents will change?

O 1) Decreased to less than half the current number (<50%)

O 2) Decreased but not less than half the current number (50%-100%)

O 3) About the same (100%)

O 4) Increase but not by more than half the current number (100%-150%)

O 5) Increase by more than half but not double the current number (150%-200%)

O 6) Increase by double the current amount or more (>200%)

Section 3 Education

16. Which curriculum are the children from Myanmar in this care facility learning?

O 1) Thailand's education curriculum

O 2) Myanmar's education curriculum

O 3) Other curriculum (i.e. independent).....

17. *If answered 2) in Question 16* Has the school made any adjustments in its education system in response to the current political situation in Myanmar?

O 1) No O 2) Yes

17.1. *If answered 2) Yes* If the school has made adjustments, what are those? (Can answer more than one)

O 1) Teachers O 2) Education Curriculum O 3) Language of instruction O 4) Informing authorities of operation (MECC/Government) O 5) Others.....

18. *If answered 2) in Question 16* Does the school for the children from Myanmar in this care facility coordinate with Thailand's Non-Formal Education system (was Gor Sor Nor, but now Gor Sor Ror) ?

O) 1 Yes O) 2) No

18.1 *If you answered 2) No in Question 18*, does the school plan or desire to coordinate with Thailand's Non-Formal Education system?

O 1) Yes O 2) No O 3) Not sure

19. In this care facility, are there children from Myanmar who have been absent from school for at least 1 month in the past 12 months?

(If they have been in Thailand less than 12 months, then since they have been living in your care facility)

O 1) Yes O 2) No

19.1. *If you answered 1) Yes* How Many children?.....

19.2. What are the reasons for them being absent from school? *(You can respond with more than one answer)*

O 1) Health
O 2) Helping their family make income
O 3) Helping their familiy with housework/childcare
O 4) Running away from the care facility or school
O 5) Others.....

20. In this care facility, are there children from Myanmar who have dropped out of school in the last year?

(if they have been in Thailand less than 12 months, then since they have been living in your care facility)

O 1) Yes O 2) No

20.1. *If you answered 1) Yes* How Many children?.....

20.2. What are the reasons for them dropping out? *(You can respond with more than one answer)*

O 1) Health
O 2) Helping their family make income
O 3) Helping their family with housework/childcare
O 4) Running away from the care facility or school
O 5) Others.....

21. What is the highest level of education that most of the children from Myanmar in this care facility complete?

O 1) Grade 6
O 2) Secondary grade 3 (Grade 9)
O 3) Secondary grade 6 (Grade 12)
O 4) University
O 5) None have graduated yet.

22. Do you believe that the education available to the children from Myanmar in this care facility is enough to support them in successfully living their lives as adults?

O 0) Not enough O 1) Enough O 97) Does not answer O 98) Not sure

22.1 *(for those that answered 0) not enough in Question 22)* What is not enough about the education available?.....

23. Where do the children from Myanmar in this care facility live 1 year after they have graduated or left the facility?

O 1) Most live in Thailand

O 2) Most go back to Myanmar

O 3) Haven't had children leave or graduate yet

O 97) Does not answer O 98) Not sure

23.1 Where do the children from Myanmar in this care facility live 5 year after they have graduated or left the facility?

O 1) Most live in Thailand

O 2) Most go back to Myanmar

O 3) Haven't had children leave or graduate yet

O 97) Does not answer O 98) Not sure

24. What do most children do 1 year after graduating or leaving your care facility.

O 1) Study in University

O 2) Study in trade/vocational school

O 3) Work to earn money – living with family

O 4) Work to earn money- not living with family

O 5) Unemployed, not in education or learning a trade

O 6) Children have not yet left for this long

O 7) Other.....

O 97) Does not answer O 98) Not sure

24. 1 What do most children from Myanmar in this care facility do if they are living in Thailand 1 year after graduating or leaving this facility?

O 1) Study in University

O 2) Study in trade/vocational school

O 3) Work to earn money – living with family

O 4) Work to earn money- not living with family

O 5) Unemployed, not in education or learning a trade

O 6) Children have not yet left for this long

O 7) Other.....

O 97) Does not answer O 98) Not sure

24. 2 What do most children from Myanmar in this care facility do if they are living in Thailand 5 years after graduating or leaving this facility?

O 1) Study in University

O 2) Study in trade/vocational school

O 3) Work to earn money – living with family

O 4) Work to earn money- not living with family

O 5) Unemployed, not in education or learning a trade

O 6) Children have not yet left for this long

O 7) Other.....

O 97) Does not answer O 98) Not sure

24. 3 What do most children from Myanmar in this care facility do if they have gone back to Myanmar 1 year after graduating or leaving this facility?

O 1) Study in University

O 2) Study in trade/vocational school

O 3) Work to earn money – living with family

O 4) Work to earn money- not living with family

O 5) Unemployed, not in education or learning a trade

O 6) Children have not yet left for this long

O 7) Other.....

O 97) Does not answer O 98) Not sure

24. 4 What do most children from Myanmar in this care facility do if they are living in Myanmar 5 years after graduating or leaving this facility?

O 1) Study in University

O 2) Study in trade/vocational school

O 3) Work to earn money – living with family

O 4) Work to earn money- not living with family

O 5) Unemployed, not in education or learning a trade

O 6) Children have not yet left for this long

O 7) Other.....

O 97) Does not answer O 98) Not sure

Section 4 Administration of the care facility (for all children, not just those from Myanmar)

25. **Does this care facility have a child protection/safeguarding policy that is written out to inform the adults how to appropriately interact and protect the children?**

0) No O 1) Yes O 2) Unsure of what it is O 97) Does not answer O 98) Unsure

25.1 For those that answer 1) Yes in Question 25) **when was the last meeting/training this care facility had on the children protection policy?**

O 1) In the last 12 months O 2) In the last 3 years O 3) Not in the last 3 years O 98) Unsure

26. **Does this organization perform background checks, and in what forms?**

26.1. **Does this organization perform background checks for staff, and in what forms?** (Can answer more than one)	26.2. **Does this organization perform background checks for volunteers, and in what forms?** (Can answer more than one)
O 0) No Background Checks	O 0) No Background Checks
O 1) Criminal Record check (For Thais)	O 1) Criminal Record check (For Thais)
O 2) Criminal Record check (for non-Thais)	O 2) Criminal Record check (for non-Thais)
O 3) Contact References	O 3) Contact References
O 4) As for confirmation from former organizations	O 4) As for confirmation from former organizations
O 5) Others.....	O 5) Others.....

27. **How do <u>children from Thailand</u> come to live in this care facility?** *(You can record more than one answer)*

O 1) Children come on their own to ask to live here
O 2) Father or mother brings the child to live here
O 3) Relatives bring the child to live here
O 4) Community and/or religious leaders refer or bring the child to live here
O 5) Staff from other organizations and foundations refer or bring the children to live here.
O 6) Government staff refer or bring the child to live here.
O 7) Staff from this care facility share about it in the community for others to know (leading to children being brought here)
O 8) Others.....

28. **Has this care facility decided to reject a child who requested or was referred to live here?**

O 0) Never
O 1) Yes → (Can answer more than One)
- O 1.1) not enough space, money, staff/caregivers
- O 1.2) The child was too young
- O 1.3) The child had special needs which this care facility didn't have the capacity to care for
- O 1.4) The child had health and/or behavioral problems
- O 1.5) The child did not have legal identification
- O 1.6) The child still has other capable caregivers (mother, father, relatives, or someone the child knows
- O 1.7) Others.....

28.1. *If answered 1) Yes for Question 28)* **what services does the care facility provide recommendations for or refer the family/child to?** (Can answer more than one)

O 0) Have never recommended or referred families to other services
O 1) Have the child live with relatives
O 2) Services from other organizations or foundations
O 3) Contact government staff
O 4) Referred to a temple
O 5) Referred to another school dormitory
O 6) Referred to another children's home
O 7) Others.....

28.2 *If answered 1) Yes for Question 28* Does your organization contact these services for the family/child?

O 1) Yes O 2) No

29. Who has the final decision-making power on whether a child stays at the care facility or not?

O 1) Founder
O 2) Board
O 3) Manager/director of care facility
O 4) Care facility staff
O 5) Head teacher
O 6) Others.....
O 98) Unsure

30. Does this care facility separate sleeping arrangements by age (younger children sleep in a different room than older children)?

O 0) Do not separate O 1) Separate

31. When the child has inappropriate behaviour, what disciplinary actions are taken? (Can answer more than one)

O 0) Do not have
O 1) Scold, Use words
O 2) Separate them from activities, timeout
O 3) Remove privileges, can't join activities, play on the playground, decrease snack money, decrease tv or computer time.
O 4) More work, do things for the care facility
O 5) Physical punishment (hitting, pinching, etc.)
O 6) Kick them out
O 7) Take away their phones
O 8) Others.....

32. In the past 3 years has this facility received, been informed of, and/or reported a case of abuse (physical and/or sexual) of a child in this care facility?

O 0) Have never had a case O 1) Yes #..... O 97) Does not answerO 98) Unsure

33. If there is a case of abuse (physical or sexual) of a child from Myanmar in this care facility, how would this care facility proceed? (Can answer more than one)

The interviewer should leave the question open-ended and record answers according to the choices, not read the choices out loud.

O 1) Care facility manages it internally
O 2) Report to the police
O 3) Call 1300 or report to staff at provincial office for the Ministry of Social Development and Human Security
O 4) Send to a public hospital for a physical check
O 5) Send to a private hospital for a physical check
O 6) Report to private organizations (child protection network, foundations, etc.)
O 7) Others.....

34. Roughly, what is the yearly budget for this care facility in caring for the children?

(food, salary, education, health, administration fees, etc.)

O 1) Less than 100,000 baht (About 8,000 per month)

O 2) 100,001-500,000 baht (about 8,000-40,000 per month)

O 3) 500,001-750,000 baht (About 40,000-60,000 per month)

O 4) 750,001 – 1,000,000 baht (about 60,000 – 80,000 per month)

O 5) 1,000,001 – 2,000,000 baht (about 80,000 – 167,000 per month)

O 6) 2,000,001 – 3,000,000 baht (about 167,000 – 250,000 per month)

O 7) 3,000,001 – 5,000,000 baht (about 250,000 – 400,000 per month)

O 8) 5,000,001 – 10,000,000 baht (about 400,000 – 800,000 per month)

O 9) more than 10,000,000 baht (about 800,000 per month)

O 10) Does not answer

35. How often does this care facility let children visit their home (where their parents or relatives live)?

O 0) Children do not go back

O 1) Every Week

O 2) Every Month

O 3) Every school break

O 4) Every year

O 5) Others.....

Section 5 Open-ended questions

36. What challenges in caring for children from Myanmar has this care facility experienced?

.....

.....

37. Do you have any suggestions for the Thai government and other policy decisionmakers on how to better care for the best interests of children from Myanmar not living with their parents?

.....

.....

Section 6.1 Information on Children (On the day of the quesitonnaire)

38. The number of children from Myanmar that have been in the care of this facility in the past 6 years.

	2562 (2019)	2563 (2020)	2564 (2021)	2565 (2022)	2566 (2023)	2567 (2024) ปีนี้	ปีนี้
# of children from Myanmar	.....	.....	.....	.....	.....	.....	

39. Since January of this year, how many new children has the care facility received from Myanmar for each age group?

	0-5 years old	6-14 years old	15-24 years old
# of children from Myanmar	.....	.....	.....

40.1 In your opinion, how many of the children aged 15-24 who came to this care facility since January were separated from their families with fleeing from conscription as one of the reasons? .....

40. From what you know, where are the parents of the children from Myanmar in this care facility living?

If they can't think of the exact number, have them give a general percentage

	Parents whom are living in the same province as the care facility	Parents whom are living in Thailand but in a different province than this care facility?	Parents whom are living in Myanmar?	Parents whom have passed away	Unsure of where the parents are
# of children from Myanmar	.....	.....	.....	.....	.....
(For the researcher) Write in general percentage if they can't think of exact number	.....%	.....%	.....%	.....%	.....%

Section 6.2 Information of children (if they can't provide this during the interview, collect after)

41. Currently how many children does your facility care for? (both those from Thailand and from Myanmar)? ____

Children from Thailand	Type/Age	Total	Under 5 years old		6-14 years old		15-18 years old		Older than 18 years old.	
			Male	Female	Male	Female	Male	Female	Male	Female
	Staying Overnight									

Children from Myanmar	Type/Age	Total	Under 5 years old		6-14 years old		15-18 years old		Older than 18 years old.	
			Male	Female	Male	Female	Male	Female	Male	Female
	Staying overnight									

42. What identification do the children from Myanmar in this care facility have? (this research project will not reveal any names or personally identifiable information, including the name of this care facility)

1) No identification documents (stateless) #.....
2) Thai card G #.....
3) Thai card #0 #.....
4) Children with other forms of documentation Types:..... #.....

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