Improving the alternative care system in Thailand : Research to develop the National Alternative Care Action Plan

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Abstracts

This qualitative research aimed to develop the alternative care action plan for Thailand. The method used in this study included the analysis of documents related to the alternative care situations in Thailand and the interviews where the key informants were specifically selected so that the collected data could be used to develop the alternative care action plan. The study found that Thailand had seven areas of strengths and challenges related to the alternative care i. e. laws and policies related to the gatekeeping and family strengthening, collaborative structured and mechanisms, alternative care service providing capacity, and attitudes, social norms, and culture related to the alternative care. For the Alternative Care Action Plan, Phase 1 (2022- 2026), the important goals are as follows: The children and families at risk, who are unable to raise children properly, should be able to access the sufficient and a variety of family strengthening services. There should be the screening process to prevent the unnecessary alternative care. Such process must be systematic and cover all formal forms of alternative care. All environments of formal alternative care in Thailand should be standardized and aim to provide the best interests for the children, etc. The objectives of the alternative care action plan are: 1) To be the policy framework and direction for alternative care development whereas the Department of Children and Youth should be the leader of such changes; 2) To be the guidelines for all sectors in the implementation of the alternative care; and 3) To establish the mechanism supervising the alternative care for the best interests of children. This plan consists of 5 strategies and 37 measures. To evaluate this action plan, the Department of Children and Youth may discuss and define more specific indicators both at the aggregate and individual levels. Overall, this action plan should be evaluated in the third year of operation (evaluation in the middle of the plan) and in the fifth year at the end of the plan, respectively.

Keywords : Alternative care; residential care; family strengthening

Introduction

It is estimated that around 23% of children in Thailand live without both of their parents. (National Statistical Office & Unicef, 2020) That is approximately 3 million children. In the area with high outmigration, the primary caretakers are grandparents. (Institute for Population and Social Research & Unicef, 2016) There are also children living in different residential care settings. Government has 30 children's homes and 77 provincial shelters. However, the exact number of private institutional care or the number of children living in them is unknown. In 2016, a survey was conducted to enumerate private children's homes and found at least 214 private institutional care in Thailand, with an average number of 58 children per facility. (CRC Coalition Thailand, 2016) In 2022, the number of private institutions found to be active is

around 700, with 57% operating without being granted a license. (Alternative Care Thailand, 2022) However, orphanages and shelters are not the only residential care setting. In Thailand, residential care includes boarding houses, school dormitories, group homes, and religious places caring for children.

This is in sharp contrast to the number of foster care, a family-based alternative care option for people not biologically related to the children to care for them temporarily with supervision from the authority. Thailand has a very minimal number of foster care of around 400. (Department of Children and Youth, 2020) The government also provide monthly financial assistance of THB 2,000 (Approximately USD 60) to approximately 5,000 kinship families. (Department of Children and Youth, 2020) who care for biologically related or those with a previous relationship with children without parental care, such as neighbours or family friends.

Without family-based options available, Thailand's alternative care still relies heavily on residential care. At the onset, having the private sector contributes to caring for children without adequate parental care is an advantage. Many children can access education because they are in alternative care, and there are children's homes founded mainly to provide access to education. (CRC Coalition Thailand, 2018) However, the main concern is the limitations of institutional care in giving sufficient individual care they need. Many institutional care providers' great heart and dedication are restricted by the high child to caretaker ratio. With an average number of 58 children per facility (CRC Coalition Thailand, 2016), it is not unusual to have two adult caretakers, often a couple, paid to care for them. Also, research in Thailand and another on a global level resonates that most children in residential care still have at least one living parent or someone to care for them. (Alternative Care Thailand, 2014; Lumos, 2015) This indicates a demand for a mechanism to discern the family's needs and provide support to reduce the possibility of the family relinquishing the child unnecessarily.

According to the United Nations Guidelines for the Alternative Care of Children, the importance of family as a "natural environment for the growth, well-being and protection of children" is emphasised. (United Nations, 2009, paragraph 3) Therefore, the state as duty bearer should "ensure that families have access to forms of support in the caregiving role". Also, "efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members" (United Nations, 2009, paragraph 3), when it is safe and in the child best interest.

Since there has never been any alternative care action plan in Thailand, the analysis of alternative care situations and alternative care action plans are therefore presented in this research article to provide benefits and also drive the alternative care in various dimensions such as family empowerment, operator potential enhancement, child development in goalkeepers, and more systematic working coordination among related parties.

Research Methods

Concerning the intention of the Guidelines for the Alternative Care of Children, this qualitative research identified five key themes as a research framework; family support and strengthening, gatekeeping, quality of care, deinstitutionalisation, and enabling environment.

Primary and secondary data were collected. The imperative secondary sources consulted are the Thai alternative care situational analysis report and relevant legal international and national legal documents, including the national strategy, its model schemes, and related plans.

The plans include the second National Child and Youth Development Plan (2017-2021) and the National Child Protection Strategy (2017-2021).

For primary data, key informants were selected with the purposive sampling method. There are five groups of key informants. The first three groups are selected based on the location known to have good practices in each category. There are key informants reflecting on family support services at a community level (Nakornsrithammarat Province), key informants on family-based alternative care and gatekeeping (Khonkaen Province), and key informants on child and family welfare management (Chiangmai Province). Other two groups of key informants are experts on alternative care and practitioners or scholars working on related issues; for example, an informant from the Ministry of Education, Department of Local Administration, and Department of Children and Youth. The list of key informants was sent to the Alternative Care System Development Working Group for consultation.

This research employs semi-structured in-depth interviews. The key interview guide has seven sections; current situation and challenges of alternative care seen from the key informant's work, approach to addressing the challenges, the mechanisms and resources used particularly on family and community strengthening, strengths and concerns in working on alternative care, attitudes, norms and values on alternative care, foreseeing desirable alternative care scenario, and recommendations.

After the interview guides were amended, prospect key informants were contacted. The authorised request letters were sent to the key informants and the research information document. Due to the pandemic, the interviews were conducted online via an online meeting application at the time the key informants chose. At each interview appointment, key informants were informed again of the research information and privacy measures. Permissions to record the interview for validity purposes were sought before each interview began. On average, interviews lasted 60-90 minutes. There was no financial incentive for any key informants.

In analysing data, the successive approximation technique was used. The content was analysed thematically, and key concepts were identified and applied in the roadmap. The key themes were also used and discussed at the National Alternative Care Conference in November 2021. The National Alternative Care Action Plan draft was presented to the Alternative Care System Development Working Group a few times for comments and suggestions. The final first draft was presented in March 2022.

This qualitative research was approved by the Human Research Ethics Committee of Thammasat University (Social Sciences) on 23rd August 2021, with an approval certificate number 079/2564. It was conducted in 2021.

Research Results

The study results were presented in the 2 following topics:

1. Analysis of alternative care situations in Thailand

2. National Alternative Care Action Plan (Phase 1) B.E. 2565-2569 (2022-2026)

The study results of the study are as follows:

1. Analysis of alternative care situations in Thailand

The result was presented in 7 themes; laws and policies related to gatekeeping and family strengthening, structure and collaborative mechanism, supervised and supported quality services, alternative care service providing capacity, budget, monitoring and evaluation, and attitude, social norms, and culture. In each theme, strengths and challenges are discussed in

contribution to the recommendation in the action plan. Because the action plan or this roadmap is drafted for the Department of Children and Youth to see how to advance further in improving care services, the results focus more on the strengths and challenges of the government, particularly the Department of Children and Youth. However, it is very well recognised that improving alternative care systems requires interdepartmental and interministerial collaborations, and the recommendations were made in light of it.

1.1 Laws and policies related to gatekeeping and family strengthening

One of the strengths Thailand has is in the legal and policy documents. The Child Protection Acts emphasises the importance of family and requires that children be raised as per the minimum standard. (Child Protection Act B.E. 2546, 2003) As of 2022, the Act is being improved and will prioritise local child protection mechanisms and family-based alternative care. The National Child Protection Strategy is also being amended with more highlights on family strengthening. Also, due to COVID-19, the Ministry of Social Development and Human Security has mobilised a post-pandemic family development policy targeting vulnerable people by integrating services from 12 ministries comprehensively to allow better access to the services.

However, the key challenge is updating the legal documents and policy to promptly respond to children's needs. For example, a ministerial regulation on kinship and foster care services does not allow the private sector to outsource the family-based alternative care services and help cascade the services to vulnerable families yet. This limits the country's service provision capacity. Additionally, there has not yet been a policy on the prohibition of new orphanages, resulting in new institutional care being initiated even recently during the pandemic.

1.2 Structure and collaborative mechanism

Thailand has child protection mechanisms as per the Child Protection Acts. At least there is a multidisciplinary team in every province who can help process alternative care cases as the responsible authority is improving the working system to be more compatible with the Act. Another strength is the increasing collaboration between the central government units on children and youth and the local administrative body. This aligns with the policy to transfer more authority on child and family welfare to the local administrations because they are the closest agencies to the family and community. They can respond to local needs and emergencies and provide help when needed.

Yet, the crucial challenge is the lack of a central coordinating unit, particularly within the responsible department. A unit to coordinate relevant work on alternative care will be an asset in advocating and mobilising stakeholders towards a care reform. Additionally, it is expected that the Department of Children and Youth will shift its role from direct service providers to supervising service provision of other authorised bodies such as the local administration offices or non-governmental actors. One of the challenges in the approach is the capacity of the staff. A knowledge and skill enhancement scheme is crucial for the department to fulfil the supervising role in the future.

1.3 Supervised and supported quality services

The Department of Children and Youth has 107 residential care units, which can be diversified to suit the different needs of children. Also, the government plans to engage the private children's homes with positive approaches informed by the studies on alternative care in a few provinces with a high number of residential care. The strategies prioritise family and the need for all private facilities to notify the authority or register for an orphanage license and

invite them for capacity enhancement programs to improve their practice, directly benefiting the children currently under their care. These are the strength the country has in its alternative care system.

Another advancement in alternative care in Thailand is foster care service management. Realising the limitations of orphanages in providing adequate individual care, the government has trained, equipped, and encouraged the staff in public residential care to increase more family-based care options. In addition, the government has tried to equip the children in residential care to have more life skills in preparation for their lives outside the institutions.

Yet, the gate to residential care is still wide open. There are no effective and robust gatekeeping mechanisms available. Staff awareness and capacity to prevent unnecessary family separation are still limited. There is an apparent lack of permanency planning, promoting the maintenance of family relationships while the child is in care, and the sensitivity to the cultural diversity in light of planning for reunification.

1.4 Alternative care service providing capacity

There is a performance standard for child protection officers and social workers working on protecting children. The standard evaluation manual is also available. However, the main challenge is the insufficient number of officials, and those working specifically on children and families are even less. This problem leads to work overload, resulting in the need to retain and encourage staff as well as promote self-care among them.

The lack of enough social service workforce is a significant limitation to care reform. To prevent necessary family separation, identify support suitable for family needs, develop and review individual care plans for each child aiming for permanency planning, work with the family and the child in question to prepare them for family and community reintegration all require knowledgeable and skilful social service workforce. The current number of human resources available will not be sufficient to undergo an extensive scale care reform.

In terms of knowledge and skills, it is found to have minimal content on alternative care featured in higher education social work programs. This indicates the need to raise awareness and enhance practitioners' understanding and capacity, especially on family strengthening, gatekeeping, individual care plans, and reintegration.

1.5 Budget

The Department of Children and Youth and Unicef have done a costing study for the operation of the Child Protection Act. This is to prepare for transferring authority to the local administration offices and is considered an advantage. Another strength that key informants have mentioned is the financial assistance available for supporting families designated in other laws and mechanisms, allowing practitioners to have more options in promoting family care.

However, there has not yet been a campaign targeting funders to change their approach to supporting right-based services. This is a case for donors of both public and private residential care. Another two gaps identified are the Child Protection Fund, which may not conveniently facilitate the support for children with special needs, and the lack of costing study to promote foster care.

1.6 Monitoring and evaluation

With the effects of COVID-19, the Thai government has used evidence to inform its policy on poverty reduction. One of the databases often mentioned is the Thai People Map and Analytics Platform (TPMap) (NECTEC NSTDA, 2018), which details the multiple vulnerabilities of Thais categorised by households. In monitoring the children and family services, databases such as this and others are available for the stakeholders to utilise. When the Ministry of Social Development and Human Security surveyed vulnerable families, secondary data from other sources like this were used.

The Department of Children and Youth also developed the Child Protection Information System (CPIS) as a platform to report cases and provide services comprehensively. Among a few benefits of the CPIS are functions to register volunteers online, to register for foster care, a database of child protection interpreters, and a private residential care database. Furthermore, there are studies and research to inform alternative care policy. Apart from the alternative care situational analysis, there are three more alternative care studies in Tak, Kanchanaburi, and Chiangmai Province. These studies contribute to developing tools and mechanisms in monitoring and evaluation, particularly of private residential care in the Thai context.

However, two crucial challenges in monitoring and evaluation are identified. First, there is no active mechanism to follow up on both the evidence (i.e. updating the database) and the child care service and practice. Second, the voices of children or care leavers are not prominent in the policymaking process. This may be due to the cultural bias of this hierarchical society where the voices and representatives of the inferior are not of great concern.

1.7 Attitude, social norms, and culture related to alternative care

Thailand has strength in the generosity of the people. 96% of Thai households spent for charity, with an average of THB 6,200 per annum. (Siam Commercial Bank, 2562) However, the general attitudes and norms still value orphanages. For this reason, financial support for orphans and vulnerable children often goes to institutional care or orphanages.

Interestingly, a few key informants mentioned a perception of many that children's homes are like correctional facilities for children with behavioural problems. This indicates the negative notion of orphanages in the perception of the public. Yet, institutional care is the main option of services for children without adequate parental care known to them.

While familiar with institutional care, the Thai culture still has a socio-cultural bias against caring for biologically unrelated children. A Thai saying says do not "raise the other's child or munch on other's snack." Though a few foster care recruitment successes in Thailand are strong evidence that this bias is not always the case, this cultural perception does affect an effort to promote foster care in Thailand.

2. National Alternative Care Action Plan, Phase 1 B.E. 2565-2569 (2022-2026)

National Alternative Care Action Plan is in light of five guiding principles; 1) "the family being the fundamental group of society and the natural environment for the growth, well-being and protection of children" (United Nations, 2009, paragraph 3) 2) "Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care" (United Nations, 2009, paragraph 5), prioritising family-based care 3) considering the child's best interest in deciding on care

approach 4) respecting the rights to be heard of the children and 5) having a child-centred approach.

At this first stage of the National Alternative Care Action Plan, five goals and overall indicators of each goal for the first five years are specified.

Goals	Overall indicators (1st stage)
1. At-risk children and families can access family strengthening services which are diverse and sufficient.	- At-risk children and families access welfare which addresses the needs of the family.
2. A systematic gatekeeping process is in place for all formal alternative care.	- The child and family assessment tool is improved to facilitate decision-making based on the children's best interests, discerning the necessity and the suitability more accurately. - Shift mindset and enhance the capacity of practitioners to provide more preventative measures, supporting families as an early intervention when the risk level is still low.
3. Every form of formal alternative care has a standard and is provided for the children's best interest.	- The alternative care standard is drafted (for both family-based and institutional care) in light of the children's best interest, necessity, and suitability principles. The standard is to be applied to all forms of formal alternative care provided by the government and private sector, with close and effective monitoring.
4. More family-based alternative care options are available, and less reliance on institutional care	- There is a process of communication and raising awareness of the children's best interests among the stakeholders and the public to promote the importance of having children live in a family environment.
5. A coordinating unit is assigned to encourage collaboration on alternative care within the government and between public and private sectors.	- The Department of Children and Youth has expertise and capacity in working on alternative care. The department will be ready to mobilise the welfare system for children at risk of living without a parent, working with other government agencies and the private sector and being a model in child and family welfare service provision.

It is noted that the Department of Children and Youth, as the primary agency responsible for child protection, is the main coordinator mobilising the care reform to ensure children's best interests. But they are not the only implementing agency. This National Alternative Care Action Plan was designed for other relevant stakeholders to contribute. This reflects clearly on the component of the Alternative Care System Development Working Group, which includes representatives from other agencies apart from the department. The members of this working group include representatives from the Department of Women's Affairs and Family Development, the Department of Social Development and Welfare, the Department of Empowerment of Persons with Disabilities, the Ministry of Education, the Ministry of Public Health, and several national and international non-governmental organisations. When 37 measures were designed for the five strategies in this action plan, the responsible agencies were much more than the Department of Children and Youth. This is to avoid a bottleneck problem in the implementation and increase the awareness and engagement of alternative care across stakeholders. The five strategies of the National Alternative Care Action Plan are detailed below.

1) Strengthening family and community to care for children appropriately

Family strengthening and robust gatekeeping mechanisms are the main instruments preventing unnecessary family separation. It is the "efforts…to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members." (United Nations, 2009, paragraph 3) Therefore, alternative care work involves these preventative measures to promote family strengthening.

There are three specific objectives of this first strategy to be achieved in the first stage of the action plan. First, every province is to have a database of welfare services for children and families available at the local level. The services include those provided by the government, the private sector, or the local community. Second, to raise public awareness of the importance of family and the effects of institutionalisation. This is to touch upon the issue of deinstitutionalisation while trying to change norms and values, promoting the need for children to be raised in a safe and nurturing family. Third, raising awareness of the stakeholders, including the Department of Children and Youth staff as well as donors, to promote family-based over institutional care. Examples of ways to support families rather than institutions will be identified and promoted to the stakeholders and public.

Intriguingly, a measure proposed in this strategy is to promote supporting family-based alternative care rather than institutional care by applying the concept of merit-making in Buddhism. In predominantly Buddhist Thailand, orphanages are known to be a place to make merit. Helping vulnerable children is a charitable act that also benefits the givers in a celestial realm. Therefore, in raising public awareness, the limitations of orphanages can be translated as a bane, while supporting families to raise their own children when it is safe and in the child's best interest is a boon.

2) Integrating mechanisms and resources to enable children to be in safe and nurturing families

This strategy focuses on redesigning mechanisms and reallocating resources to promote more family-based care for children in need of alternative care. Regarding the mechanisms, the policy focus is shifted to the local level, where vulnerable children and families can better access the services due to the closer proximity. In this first stage of the action plan, the objective is for 30% of the local administrative offices to have a local child protection mechanism to provide services for at-risk children and families.

There are two of the many ways to engage the local administrative offices. First, to raise awareness of the high-ranked leaders of the local administration, believing that they can and should be motivated to decide on local policies benefitting vulnerable families and children without adequate parental care. Second, to mobilise for family strengthening and child protection issues to be featured in the Local Performance Assessment (LPA), in the welfare and social work section. The key informant insists on utilising the performance assessment since it commands the attention of the local administrative offices better than other mechanisms and will make the efforts more sustainable at a local level.

This strategy also addresses resource reallocation. Measures proposed are, for example, adjusting the quota of kinship support as per the needs of the children or the number of vulnerable children in each province, reallocating the public budget from institutional care to family-based care, and creating a network of government certified foster care to provide a platform for mutual support and beyond. In the first stage, the objective is to have at least 350 more foster families available. Given the socio-cultural bias against fostering children, this small number of around five foster families per province is a good start.

To increase the number of foster families, this research found a good practice of first persuading village leaders to foster a child in his/her home. At least four key research informants indicated that Thais are generous and would like to help the children. Once a village leader has started to foster, others will follow. This seems to be a way to gradually overcome the previous socio-cultural norms against caring for biologically unrelated children. However, the second strategy also mentions the need to improve the foster family selection process to be more convenient for most people. Currently, prospective foster parents are to pay for required mental health assessments by themselves. To have more foster families, there has to be more support available.

In Thailand, there are also children with special needs needing alternative care, preferably family-based options. The second strategy of the action plan also proposes foster care recruitment and training to care for children with special needs. Since foster families for children, in general, are already few and challenging to find, ones that are ready to care for children with special needs will need more support in doing so. The proposed measure is to consider additional support for these specialised foster families.

3) Developing care standards, tools and building the capacity of alternative care practitioners

This strategy lists the basic standards and guidelines to promote alternative care to be more aligned with the international standards. First, it calls for the standard covering all forms of alternative care, not just institutions that Thailand currently relies heavily upon. Care environments which are not prevalent but should also be addressed in this alternative care standard are group homes, unsupervised independent living, and respite care.

Within the government children's homes, an individual care plan prioritising family should be in place. This measure aims to develop the standards and tools for the care plan and identify support systems for care leavers when they reintegrate back into the family or community settings. Third, guidelines or models on listening to the voice of children to decide on their best interest has to be settled despite cultural challenges.

With the standards and guidelines, practitioners need to be able to maximise them for the benefit of the children. 70% of policymakers and government practitioners have to be trained on family strengthening and gatekeeping. Instead of praising institutional care against its limitations, there should be a celebration of best practices within the Department of Children

and Youth reflecting the value of having children raised in safe and nurturing families. Case studies like these will send a strong message to stakeholders about the government's policy stance on child protection and alternative care in particular. This link to another measure on the alternative care providers database. For the private sector, a survey of all facilities is needed, including those function as institutional care but may not be categorised as one in the current definitions of alternative care used. The survey has to consider not only the data on the care facilities and providers but also primary data on children under their care. Every care institution should be on the government database, so standard improvement schemes like a plan to decrease or minimise the effects of institutionalisation on children, another objective of this strategy, can be implemented more widely. The plan is to provide a trauma recovery scheme and enhance the careleavers' skills appropriate for living in society.

4) Support and monitor formal alternative care

From the evidence, Thailand has around 700 orphanages. (Alternative Care Thailand, 2022) Although they are often clustered together geographically, the number is more than sufficient for the needs of residential care options, which is expected to be much fewer than what is available now. Therefore, this strategy has the objective of launching a deinstitutionalisation policy. At least, there should not be a new orphanage, both public or private. Institutionalised children are to have their cases reviewed periodically. 20% of them should eventually be reintegrated into the community, with preparation and follow up process to ensure sustainable reintegration. The strategy also calls for at least one public orphanage to implement a deinstitutionalisation pilot project to change the care environment from institutions to family-based care. These are challenging objectives. The measures and projects to fulfil these objectives include raising awareness and engaging all types of residential care (link this with the database development), increasing the social service workforce (including parasocial workers), and mapping the financial and other tangible resources to plan for a transformation.

Effective monitoring is needed because Thailand relies heavily on residential care and private children's homes run primarily on their own standards (Unicef, 2015). Two approaches to monitor the sector more closely are first promoting and encouraging self notification and registration for an orphanage license. There is a debate on whether the Child Protection Act should be implemented vigorously on the punishment of those operating orphanages without a permit. However, this study founds that a more positive and friendly approach would be more culturally sensitive and therefore more effective. Private residential care operators and staff should be invited to participate in the training and skill enhancement activities. After all, they are currently caring for vulnerable children. The training programs will benefit the overall quality of care, benefiting institutionalised children under their supervision. Yet, the laws have to be implemented firmly. Self notification of residential care operators to the authority is a must for all types of residential care, without which the monitoring of formal alternative care in Thailand will not be possible.

5) Database development and research for evidence to inform policy

Thailand has a database of private children's homes, but that is not all forms of alternative care. First, the country must reconsider and redefine alternative care as per its context. Charity boarding schools, religious places, boarding houses, group homes, and other facilities functioning as institutional care have to be identified as such. With contextualised definitions, a database of each form of institutional care can then be developed. But the

database alone will be obsolete lest mechanisms for verifying data and monitoring each type of institutional care are also identified.

More family strengthening services have to be provided at the local level to promote family strengthening as a preventive measure over a responsive measure of alternative care service provision. Therefore, research on vulnerable children and families in each area is needed to inform the welfare service plan at a local level. Another study which will fill the gap in evidence to inform alternative care policy in Thailand is the costing study of improving the alternative care system or care reform.

The National Alternative Care Action Plan will be implemented over five years. Each of the 37 measures is labelled with a government sub-unit that will implement programs to achieve the objectives. It is expected that the action plan will be integrated into the Department of Children and Youth's working plan and considered in the draft of the second Child Protection Strategy.
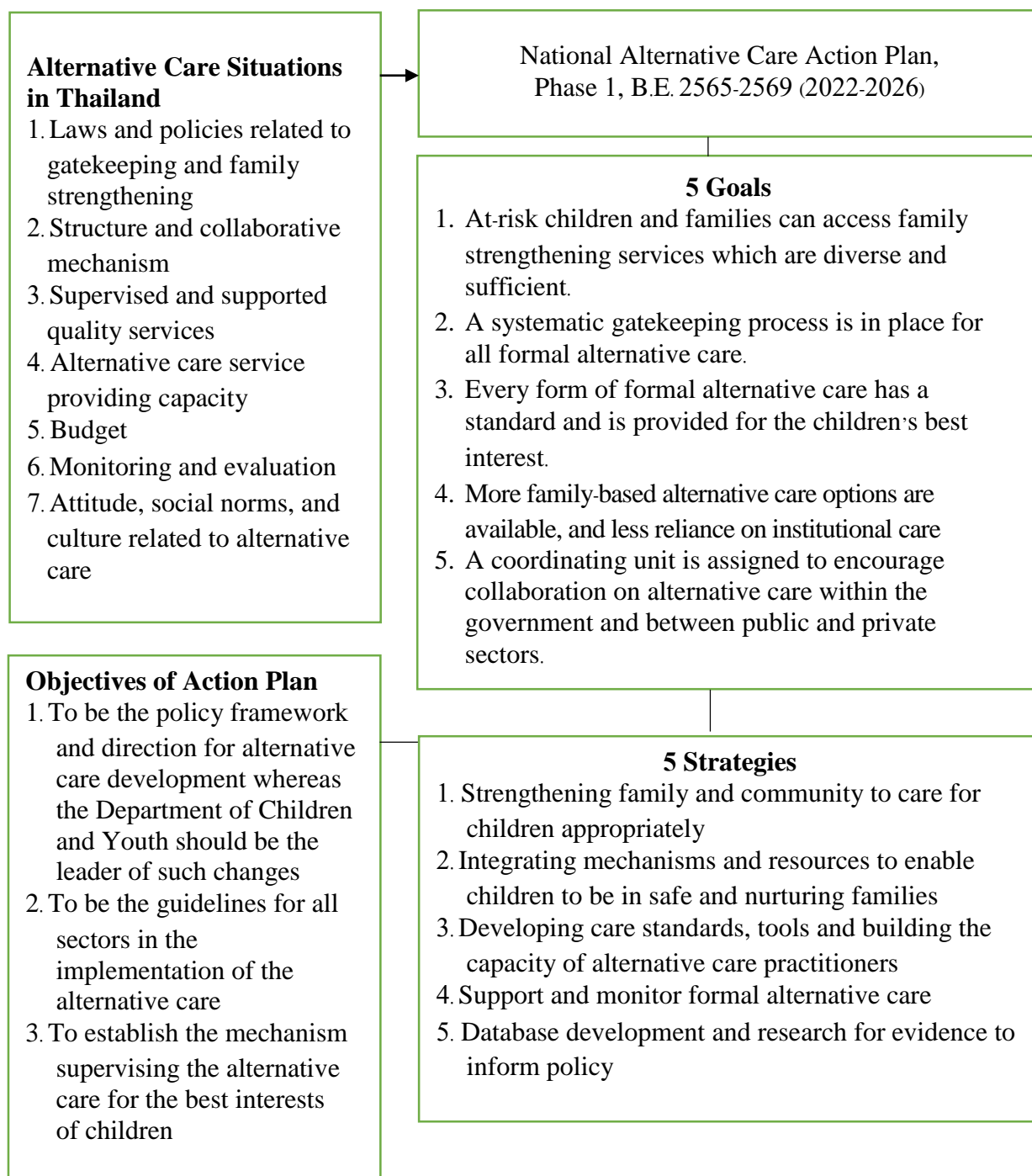
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This alternative care action plan will be combined together with the draft of child protection strategy (2nd edition) and the governmental action plan of the Department of Children and Youth. Having been deployed and operated for a while, this action plan can be evaluated by the evaluation process of the draft of child protection strategy and the governmental action plan of the Department of Children and Youth. Nevertheless, The Department of Children and Youth may discuss and define more specific indicators both at the aggregate and individual levels. Overall, this action plan should be evaluated in the third year of operation (evaluation in the middle of the plan) and in the fifth year at the end of the plan, respectively.

In regard with the details related to the evaluation of each strategy, the quantitative index and implementation duration shall be mainly determined the Department of Children and Youth through the national administrative mechanism i.e. the National Child Protection Commission and its sub-committee on child protection system development. The alternative care working group shall be responsible for driving the operation, supervising, following up, evaluating, suggesting, and improving the relevant laws or measures. Such working group shall also coordinate with the public, private, and civil society sectors, local government organizations, academic institutions, and children and youth networks so that the goals can be achieved.

The study results on the development of National Alternative Care Action Plan, Phase 1, B.E. 2565-2569 (2022-2026) can be summarized as the diagram as follows:

Diagram 1 shows the study results on the development of National Alternative Care Action Plan, Phase 1, B.E. 2565-2569 (2022-2026).

Alternative Care Situations in Thailand

1. Laws and policies related to gatekeeping and family strengthening
2. Structure and collaborative mechanism
3. Supervised and supported quality services
4. Alternative care service providing capacity
5. Budget
6. Monitoring and evaluation
7. Attitude, social norms, and culture related to alternative care

National Alternative Care Action Plan, Phase 1, B.E. 2565-2569 (2022-2026)

5 Goals

1. At-risk children and families can access family strengthening services which are diverse and sufficient.
2. A systematic gatekeeping process is in place for all formal alternative care.
3. Every form of formal alternative care has a standard and is provided for the children's best interest.
4. More family-based alternative care options are available, and less reliance on institutional care
5. A coordinating unit is assigned to encourage collaboration on alternative care within the government and between public and private sectors.

Objectives of Action Plan

1. To be the policy framework and direction for alternative care development whereas the Department of Children and Youth should be the leader of such changes
2. To be the guidelines for all sectors in the implementation of the alternative care
3. To establish the mechanism supervising the alternative care for the best interests of children

5 Strategies

1. Strengthening family and community to care for children appropriately
2. Integrating mechanisms and resources to enable children to be in safe and nurturing families
3. Developing care standards, tools and building the capacity of alternative care practitioners
4. Support and monitor formal alternative care
5. Database development and research for evidence to inform policy

Discussion

The goals of the alternative care action plan included: 1) The children and families at risk, who are unable to raise children properly, should be able to access the sufficient and a variety of family strengthening services; 2) There should be the screening process to prevent the unnecessary alternative care. Such process must be systematic and cover all formal forms of alternative care; and 3) All environments of formal alternative care in Thailand should be standardized and aim to provide the best interests for the children, etc. These goals are in line with the key measures preventing the entry into the alternative care system such as the family support program. Alternatively, upon entering the institutional care system, there should be the individual planning process to provide the family preparedness so that the children can be properly returned to their families (Rehabilitation and reintegration program) (Unicef, 2009). Furthermore, when considered from the goals of the alternative care action plan, it is found that there are more family-based alternative care choices and reduced dependency on institutions. The research report of Bombach, Gabriel and Stohlec (2018) suggested that there should be the appropriate preparedness for the infrastructures in terms of human capital, information system, support processes and mechanisms. If this matter is not appropriately handled, the negative consequences will be resulted such as the violation against children's rights, the children negligence, etc.

The Alternative Care Action Plan, Phase 1, has paid importance to the community involvement in monitoring and taking care of children, who are risky to leave their families, as shown in Indicator 4 (Strategy 3). The policymakers and practitioners in the Department of Children and Youth understand and realize the importance of families and the need that all children should grow up in a warm and safe family environment. There are the examples of projects such as the promotion of development in terms of innovation and role model agencies bringing the better changes to the family-based child welfare. This shall be the model gatekeeping owning the child care experience in terms of the empirical knowledge (explicit knowledge) and knowledge from experience (tacit knowledge). In addition, the role model institutions for child raising should analyze their readiness, attitudes of people in the community, social context, and beliefs on alternative care to achieve the linking of institutional knowledge and community knowledge on child caring (Assim, 2013).

However, a study by N. Petrowskietal et al. (2017) found that the number of children raised in the extended families began to decline and replaced by the raising in the single families instead. The monofamily relationship system is a piecemeal relationship. In other words, it is an interpersonal relationship, not a kinship relationship. Such piecemeal relationship is hence a challenge of alternative care where the community is encouraged to take care of children as children are also the community members.

The empirical data on children entering the alternative care are important. For this matter, N. Petrowskietal et al. (2017) suggested that one of the pieces of important affecting the administrative system is the voices of children who are separated from their families including the factors causing such family separation. This factor should be comprehensively considered not only from the social structure, economy, politics but also the potential of the operators monitoring and preventing the children from entering the alternative care. The guidelines of individual case management and relevant service systems, etc. should be also regarded. Such information will make the provision of services consistent with the situation and also satisfy the needs of children and families. These suggestions are in line with Strategy 3, on the development of standards and tools and capacity enhancement of alternative care

practitioners for the best interests of children. The relevant indicators include the guidelines for listening to children's voices, allowing children and families to participate in making decisions on children raising. One example of the projects is the preparation of form for listening the opinions and needs of children in the child care program, etc.

Conclusion

The major principle of the National Alternative Care Action Plan, Phase 1, B.E. 2565-2569 (2022-2026) is to encourage the children to be raised in the family-based environment. To achieve all the 5 goals of the National Alternative Care Action Plan, the Department of Children and Youth shall be the main leader in driving the plan and coordinating with the various relevant parties. In this regard, the National Alternative Care Action Plan shall rely on the participation of all sectors including the central, provincial, and local ones in evaluating, analyzing and exchanging ideas on the child protection system related to the alternative care so that the strategies and indicators of participative development as the social actors, agencies, practitioners, families, communities and children can be obtained. The outcomes upon implementing the National Alternative Care Action Plan are that the risky children and families should be able to access the sufficient and a variety of family strengthening services. There should be the screening process to prevent the unnecessary alternative care. Such process must be systematic and cover all formal forms of alternative care. All environments of formal alternative care in Thailand should be standardized and aim to provide the best interests for the children. There should be also the main bodies to to coordinate, supervise, follow up, and evaluate the performance of alternative care.

Suggestions and Recommendations

1. The Department of Children and Youth should establish the regulatory system and closely monitor the implementation of the National Alternative Care Action Plan. Concerning the evaluation of each phase of the National Alternative Care Action Plan, apart from the evaluation of indicators, the attitudes, knowledge and understanding of the executives and practitioners involved with the alternative care should be also assessed.

2. As the social changes affect a variety of personal status, the meaning of family is changed accordingly such as living alone, parents LGBTQ groups, etc. So, the Department of Children and Youth should review the regulations related to alternative care so that people can participate more in taking care of children.

3. To adjust the National Alternative Care Action Plan to be more in line with the target groups, in the next phase of research, the opinions of children having experienced various forms of alternative care should be deliberately listended to.

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