CHAPTER I
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Introduction

“Thai children are the nation’s heart”
— Thai saying

The Concept of Child Welfare

Children and youth are a valuable resource and are the nation’s hope and future because they will take part in the nation’s development. It is also the responsibility of the State to protect the children and youth, who cannot be taken care of by their families. When children do not have anyone to care for them properly, it is the state’s obligation to provide them with assistance. The Thai government has policies to provide for disadvantaged children. Institutionalization is one of the most viable forms of assistance in addition to other forms of child welfare services provided by the government. Since placing them in an institution is one of the alternative care options, it is necessary to understand institutional care arrangements for children.

The terms, ‘institutional care’, and ‘institution’ have been described by various sources.

The United Nations defines institutional care for children as

The care in residential groups, under public or voluntary auspices and under the guidance of staff especially employed or assigned for this purpose, of children who for a variety of reasons must live apart from their own families. It is distinguished from the boarding out of children in families, commonly known as foster-home placement; from adoption, in which, through an established process, children become permanent members of the adoptive parents; and from other forms of group care away from home in which children regularly return to their own homes for a part of each day (United Nations 1956: 1).

In Thailand, under the Revolutionary Party Announcement No. 294 dated November 27, B.E. 2515 (1972), the Revolutionary Party considered that there were a large number of children who were orphaned or had no guardian, children who misbehaved and children who were in an environment that was detrimental to their physical, mental and moral well-being. If proper welfare and protection were not provided for them, they would be a threat to society and the country. The Revolutionary Party realised that apart from the government’s responsibility for child welfare services, the parents should be encouraged to teach and care for their children. In the Announcement, the Revolution-
ary Party defined ‘an institution’ as “a place which provides residential care for children who should be assisted, and the number of children in care must exceed seven” (Child and Youth Welfare Division 1972: 2).

Institutions vary widely in size, nature and purpose of function. They differ in the services they offer according to the needs, age, sex, race, ethnic background, religion and geographical boundaries of a child. They also differ in the period of care provided. Some institutions provide children shelter for a comparatively short period during emergencies. In some institutions, children stay for a period ranging from a few months to many years to be equipped for social reintegration as independent and responsible adults. The basic objective of institutionalization is to provide an alternate residential arrangement for children who cannot stay with the family, and who cannot be part of alternate care arrangements such as foster care or adoption. At the same time, it cannot be a permanent arrangement for any child. Reintegrating children into mainstream society can only happen if there is a systematic plan for their rehabilitation in terms of formal or vocational education, arrangements for stay and a supporting social network.

**Nature of the Study and Broad Objective**

This research study explores the current status of institutional care for children in the Bangkok Metropolitan Region, Thailand with specific focus on the process of rehabilitation. The research also examines the standards of care, the goals of each institution, the role of rehabilitation staff and management, plans for each youth and his or her aspiration after discharge. The process of rehabilitation in a Home for Girls is compared with that in three Homes for Boys. The situation and achievement of the discharged youth are also explored. Mixed methods research is used in this study. The researcher hopes that this study will provide a strategy for the effective rehabilitation of institutionalized children in Thailand.

This chapter begins by looking at the research problem against the historical background of institutionalization with specific reference to Thailand and how the concept of child welfare evolved.

**Institutionalization – A Historical Background**

*History of Institutional Care for Children.* Institutionalization has been in existence since the fourth century AD. There were a large number of abandoned children because either parents were unable to provide proper care or the communities were unable to find proper resources to provide protection for the children to be with their families. Child welfare assistance in the form of child rearing in institutions was established to
provide them assistance to survive and enhance their future, to substitute the role or responsibility of their parents who could not play their proper role (Tewintarapakti 2000: 39).

Institutionalization called ‘xenodochieon’ was initially set up in England by the Council of Nicaea. Later, a number of institutions for abandoned children were established in different countries particularly during the era of Industrial Revolution in Europe when people faced problems like impoverishment, health problems, and homelessness (Tewintarapakti 2000: 39). The institutions were established in the form of almshouses. All who faced social problems such as abandoned children, beggars, physically and mentally handicapped children, who were unable to live in the community, lived in the same almshouse. The children’s group was the most affected with regard to quality of life.

Institutionalization was adopted by religious organisations and private sectors. Since the severity of social problems increased, the assistance provided by the private sector was insufficient. In England, the government, therefore, began taking responsibility. In 1601, the government promulgated the ‘Elizabethan Poor Law’ which was the initial law of social work provision for child welfare protection. Later, in the nineteenth century, people realised that group care could affect the children’s mental condition and development negatively, cause growth problems and impede child development. The government enacted a law to prohibit children aged three to sixteen staying in almshouses. An institution especially established for these children was called an orphanage (Tewintarapakti 2000: 40).

In the United States of America, the government and private organisations intervened to provide assistance to some groups of people. The constant skirmishes between the whites and Native American Indians resulted in a number of whites being killed. Many children were orphaned. Religious organisations came forward to render assistance for the establishment of almshouses for these orphaned children. In 1790, a private organisation set up the Charleston Orphan House in South Carolina. The concept of establishment of institutions for children was based on the assistance provided for the victims within the community; however, the victims were not categorised separately as children or adults or handicapped. In the wake of more complicated problems, the government took responsibility by separating the children from other victims and set up child care institutions. Later, its model was developed into institutionalization for children. It was a prototype of a Home for children and a Home for different types of people that other countries established in order to solve the problems of children and people who were abandoned or were unable to live with their families (Tewintarapakti 2000: 40-41).
Institutions for Children in Other Countries

There are different types of institutions for children established in different countries dealing with problem situations and the needs of various target groups. The allocated budget, location and management capability have to be taken into consideration. These institutions are classified as follows (Tewintarapakti 2000:42).

1. **Residential Nursery or Babies’ Homes**: Generally, this type of institution admits babies aged between 0-5 years. The babies are divided into two types: babies whose residence in the home or nursery is a long-term stay, and babies whose residence in the home or nursery is a short-term stay. It aims at giving the babies an opportunity to have a family life by finding a way to give them proper care and a family environment in the form of a foster family or an adoptive family.

2. **Reception Centre or Reception Home**: It is the first institution where the children may stay temporarily when they are unable to live with their own family. A reception home identifies the children, studies their problems and gives them treatment. Children who need long-term care are placed in an institution. After this stage, a suitable set of guidelines are considered for these children as they reintegrate into their family.

3. **Family Group Home**: It is in the form of ‘a house’ admitting not more than twelve children irrespective of their sex or age. A house staff functions as a housefather or a housemother taking care of the children and builds a family-like atmosphere. Children living in the same house contribute by doing domestic chores, cooking and spending daily life together. This type of housing provision is the best type of institutional provision because the children are taken care of in small groups and trained in life skills. The children are also encouraged to study outside the institution. Some institutions may admit the elderly and older adults who are the children’s parents in order to create an atmosphere that is similar to a family environment full of affection and warmth.

4. **Group Cottage Home**: It consists of many small houses. There are ten to twenty children per house. The children are under the care of a housemother and a housefather. The Group Cottage Home is used in place of a boarding school. The children need to learn life skills and take on the responsibility of cooking and doing domestic chores. They rarely have an opportunity to learn family life skills. It is different from a family group home in terms of type of housing, number of children living in a house, and family atmosphere.
5. **Large Home**: A large group of children live together in a large building. Male and female children are separated. They share different kinds of implements, materials and tools. There are housefathers, housemothers and caretakers living in the building. They also share a dining hall and other services. Their daily chores and activities need to be organised and scheduled. There is no family atmosphere. The children have no opportunity to learn life skills and family responsibilities.

6. **Hostel**: This hostel is for the male and female children discharged from the institutions. Most of them are above eighteen years. They have no suitable place to live in society outside the institution after being discharged.

**Child Welfare and Child Development**

Child Welfare was among the first social services to be initiated in Thailand (Panitpan 1979). It has its roots in the religious philosophy of helping orphans and destitutes. Formerly, needy families, who were unable to look after their sons, sent them to a temple (‘wat’ in Thai) to become disciples of Buddhist monks. They stayed in *wats* to serve the monks and, in return, were given food, shelter, clothing and education. The monks acted as guardians to these boys. The *wats* were Homes or Welfare Centres for destitute boys, which played a vital role in the field of child welfare and education. In short, the first basic service of social welfare for poor boys was established through religious influence.

In her book in Thai on theories and social work practice, Yupa Wongchai (1997) points out that before 1932 (B.E.2475), King Rama IV made revolutionary administrative reforms in fields such as education, public health and social work. One of the royal families of Thailand, Pravimadatherkromprasuthinard, built an orphanage in 1890 to care for abandoned infants, girls and children from poor families. After the establishment of the orphanage in 1890, the Benjamaramchoothid School was built in the same place by the Association of Siam Ladies and it was transferred to the Bangkok Metropolitan jurisdiction in 1938 (Wongchai 1977: 38). The Thai Red Cross (formerly called Sapa-Una-Lom-Daeng), which first operated to take care of wounded soldiers was established by Queen Sripatchrintra in 1894. The Local Administration Act 1914 (B.E. 2457) was promulgated, which specified that the governmental sector was assigned to look after people’s well-being and provide assistance in employment. The criteria of the practice towards juvenile delinquents were described in the Penal Code.

Between 1932 and 1957, the political system of Thailand changed from absolute monarchy to constitutional monarchy. The country made progress in the economic, social and political fields. The People’s Party’s announcement that “the state shall pro-
mote the public health activities including maternity and child welfare” set the tone (Wongchai 1991:37). The state established public welfare institutions such as the Home for Physical Handicapped Persons in Prapadaeng and Home for the Elderly in 1932.

The orphanage built by one of the royal families of Thailand was the first private agency to aid destitute girls in Thailand because girls could not go to wats, while boys could. After nineteen years, and in memory of King Rama V, this orphanage school ‘Home for Girls’, was managed by the famous Lady Talub, the wife of a nobleman, till 1948. The management of this home was transferred to the Department of Public Welfare in 1948 and given the name, Chartsongkraw School. This school provided food, lodging, clothing and medical care to orphans and poor infants. Later, its name was changed to Rajvithi Home for Girls, and has been providing care and protection for girls between five and eighteen years of age as well as for boys in the five to seven age group.

In 1941, the Department of Public Welfare set up the first ‘Home for Boys’, or ‘Public Welfare School’, later called ‘Pak Kret Home for Boys’, which cared for orphans, abandoned and neglected boys in the age group, seven to eighteen. In 1952, a Nursery Home was set up to take care and protect babies less than three years of age (Panitpan 1979).

The Department of Public Welfare in Thailand was established in 1941 and its name was changed to the Department of Social Development and Welfare in 2002 under a new Ministry, the Ministry of Social Development and Human Security that aimed to provide solutions to problems, welfare protection and client rehabilitation and development.

The Department of Social Development and Welfare is the key governmental organisation responsible for providing children and youth with welfare services based on international standards in the form of remedies, prevention, rehabilitation and development. It focuses on the participation of children and youth, families, communities and networks in compliance with the four core principles of the Convention on the Rights of the Child (CRC), which are based on non-discrimination, devotion to the best interests of the child, the right to life, survival and development and respect for the views of the child. The Convention set standards in health care, education, legal, civil and social services to protect children’s rights (http://www.unicef.org/crc/). Moreover, the Convention on the Rights of the Child, adopted by the United Nations General Assembly in 1989 and ratified by almost all nations, established the international standard for the rights of children. The Thai Government signed the CRC on 12th February 1992. Among other provisions, the Convention states that families should be the primary caretakers of children and that the best interests of the child should be the primary con-
sideration. The state is obligated to help families to care for their children, but when a child must be temporarily or permanently deprived of his or her family environment, alternative forms of care, including foster placement and adoption, should be available. Residential institutions should be used only, “if necessary … for the care of children” (UNICEF 1991:54, Article 19.3 cited in Tobis D. 2000: 39). This Convention was based on the new social conceptual framework stating that children are no longer considered an asset to their parents but the nation’s resource, and as such, society and the government need provide them with assistance so that they will be the nation’s productive resource and future. In addition, the children are also the world’s resource affecting the future of world society. As a result, all countries must collaborate in the care and protection of children and intervene where necessary in the form of a global instrument such as the Convention on the Rights of the Child.

For Thailand, there are two main laws governing children and child welfare institutions, the Constitution of the Kingdom of Thailand B.E. 2550 (2007) and the 2003 Child Protection Act. Part 9 of the Constitution of the Kingdom of Thailand B.E. 2550 (2007) prescribes in Sections 51 and 52 the rights to public health services and welfare to be provided by the State.

The 2003 Child Protection Act stipulated the characteristics of vulnerable children warranting welfare assistance in Section 32. As per this Act, such children can be classified into eight types, - street children or orphans, abandoned or lost children, children whose guardians are unable to care for them for whatever reasons (for example, being imprisoned, detained, disabled, chronically ill, impoverished, divorced, deserted, mentally ill or neurotic), children whose guardians have inappropriate behaviour or occupations, which might affect the physical or mental development of the children under their guardianship, children who have been unlawfully brought up, exploited, abused, or subjected to other conditions which are likely to cause them to behave in an immoral manner or suffer physical or mental harm, disabled children, children in difficult circumstances and children in situations warranting welfare assistance as stipulated in the ministerial regulations. These regulations are listed below:

1. The government shall be empowered to intervene in the authority of a child’s guardian to provide welfare assistance.

2. In the case of a competent official or person having the duty to protect a child’s welfare according to Section 24 having been notified by persons according to Section 29 or having found a child warranting welfare assistance according to Section 32, he or she shall consider the most appropriate ways and means of providing assistance as follows:
2.1. To provide assistance and welfare to the child and his or her family

2.2. To submit the child into the care of an appropriate person who consents to provide care for the child for a period as deemed appropriate but not exceeding one month

2.3. To facilitate the adoption of the child by a third person in accordance with the law on child adoption

2.4. To send the child to be cared for by an appropriate foster family or nursery, a remand home, a welfare centre or a development and rehabilitation centre with the consent of the child’s guardian. In cases where the guardian of the child refuses to give consent without appropriate reason or is unable to give consent, the Permanent Secretary of the Provincial Governor, as the case may be, shall be empowered to send the child for welfare assistance in the mentioned places (Child Protection Act B.E.2546 (2003) : 11).

Reasons for Institutionalization of Children

Home is the only place where the needs of a growing child can be met most effectively. The child’s well-being depends on the physical care and the love and affection given by his or her parents and other members of the family. While the importance of the home and the family for the growth and development of the child is accepted all the world over, at times, institutionalization cannot be avoided due to difficulties in the family situation, problems that the child’s parent/parents face and lack of suitable resources in the community. These factors prevent the child from receiving the care or treatment that he/she requires and as a result, the child may experience emotional disturbances and maladjustment. Thus, institutionalization remains a useful alternative. Placement in welfare institutions is made available in accordance with the needs, age, sex and social environment of children.

Process of Admission to Institutions

Placement in welfare institutions is made available in accordance with need, age, sex and social environment of children in the following groups:

1. Children who are orphaned and/or abandoned, children who are vagrants, children whose parents are chronically ill, hospitalized with contagious diseases

2. Children whose parents are confined in prisons or welfare institutions

3. Children whose behaviour problems cannot be properly handled by their parents alone
4. Children who are handicapped and need special services

5. Children of poverty stricken families whose parents cannot afford opportunities for education and proper development.

Application for admission to child welfare institutions under the supervision of the Department of Social Development and Welfare may be made either through Provincial Social Development and Welfare Offices or the relevant authority or to the Department directly.

**Services Provided by the Institutions**

Institutions, however, cannot be the long-term residence for any child. The child needs to be reintegrated into his/her family or can stay independently after the age of eighteen. To prepare for social reintegration of children, the Homes for children are required to provide the welfare services as specified in the Ministry of Social Development and Human Security regulations and standards of care. The Ministry of Social Development and Human Security provides social welfare services in various forms throughout regional areas such as Reception Homes for Children, Children’s Homes, Children Protection Homes, Homes for Children Rehabilitation and Development and Homes for Children Assistance and Vocational Training. Apart from provision of the basic need of food, clothing and shelter, the children residing in these homes are provided with services to take care of the four requisites for living, education, vocational training, recreation and other activities for proper child development. Job placement service is also included for children who are mature. At present, there are thirty-three residential care institutions for different target groups of children (Department of Social Development and Welfare 2007: 79-81).

The Homes for Children provide the following services for children and youth (Department of Social Development and Welfare, 2006):

1. **Child Care:** The children are cared for with regard to their basic rights, social status and four basic needs. The caregivers give them affection and warmth and advice like biological parents.

2. **Health and Medical Care:** Nurses are arranged to look after children who are ill, to provide them health care services, to arrange for them to receive necessary medical examination and immunization and medical care in keeping with their rights.

3. **Education:** Children who are in the school going age attend school and educational institutes in the community starting from kindergarten up to the uni-
versity level. The officials function as coordinators monitoring, counselling and solving problems relating to all children’s studies regularly and continuously. Tuition, library and computer services are also provided.

4. **Vocational Training**: The Homes for Children provide vocational training courses inside the institutions. Children who are unable to study general education will be sent to attend vocational training at the Provincial Skill Development Centre for their careers.

5. **Social Work and Psychological Services**: Social workers or psychologists make reports of all residents’ behaviour, trace their relatives, contact their parents and find foster families for some needy children. Prevention, tackling problems and development of children is done as per social work and psychology methods, for example, case work, group work, case conference and counselling in order to give them affection and warmth, mental rehabilitation and improve their behaviour in relationship with others in society.

6. **Recreational Activities**: Clubs’ activities such as music, sports, arts and projects are conducted both within and without the institutions to enhance the mental, emotional, social and intellectual development of children.

7. **Job Placement Service**: Provision of job placement for children who have graduated in accordance with individual capacity and aptitude.

8. **Follow-up and Assessment**: Follow-up of children who were discharged from the institutions by post, telephone or home visit to assess whether they have adjusted well, the problems they face and so on.

**Role of Staff**

According to The Regulation of Ministry of Social Development and Human Security on Implementation of Reception Homes, Welfare Institutions, Welfare Protection Centers and Development and Rehabilitation Center B.E. 2547, child welfare institutions shall have the following practitioners:

Child welfare institutions that receive children aged six years and above, shall have

i) **Social Worker** who is responsible for child nurture and development as specified in No 11(1) and No 11 (2) for

- Gathering facts from interviews, observation, documents and evidence related to being abused, children’s profiles, individual, social and family environment related to children.
- Assessment of children and family need.
• Coordinating or attending meetings with agencies or other professions both inside and outside the welfare institutions for joint fact finding, assessment, and rehabilitation, referring responsibility with information, sending children back to society, investigating and follow-up.

• Providing welfare assistance to the family to enable them to foster their children based on minimum standard.

• Coordinating with an agency providing a lawyer to undertake legal proceedings for children in terms of prevention, protection and for taking action against wrongdoers.

• Conducting activities to build social skills both individual and group for providing primary rehabilitation to the children under care.

• Recording and summarizing the outcomes of activities conducted with the children and their families.

• Seeking an appropriate place or person to provide assistance after the children are discharged from wardship.

• Other duties as assigned by the superintendent.

ii) **Psychologist** who is responsible for

• Gathering facts through observation, interviews, records of related professions including the record written by the institutions’ official, summary of the outcomes of activities conducted with the children and family and referring to related persons.

• Assessing the child’s psychological state and providing primary assistance.

• Sending the child for a mental health examination and to have psychological test and IQ test together with psychiatry for psychological assessment, personality, behaviour and development of intelligence, emotional and social behavior and to inform the family, which has to be aware their needs.

• Providing guidance and services, conducting activities for individuals and groups to rehabilitate the children during the primary crisis period, maintain summarized records and refer to related persons.

• Other duties as assigned by the superintendent.
iii) **Nurse** is responsible for

- Documenting health history, clients’ health examination, treatment and health care.
- Maintaining children’s hygiene, dental health, and medical care as prescribed by a medical doctor.
- Giving vaccination to the client, preventing contagious disease.
- Coordinating with a hospital with regard to the client’s medical care including general examination and medical treatment, health care as prescribed by a medical doctor and professional nurse.

iv) **Teacher** is responsible for

- General education /vocational education to teach the children residing in the homes according to the Ministry of Education’s curriculum.
- Managing learning-teaching system in accordance with the students as well as being responsible for vocational training.
- Monitoring learning-teaching in line with the curriculum, producing learning materials, providing equipment for vocational training, providing advice to vocational training teachers and selecting learning groups.

**The Process of Rehabilitation of Children in Institutions**


To prepare for the social reintegration of children, the Homes provide the following (Department of Public Welfare. 1997: 4-6)

1. Provision of welfare assistance in terms of four factors of basic human requirements:
   1.1 **Food**: Healthy kinds of food are provided for the children’s physical needs.
1.2 **Clothing**: Child welfare institutions provide enough good quality clothing for the children to use each day, such as school uniform, sports uniform, pyjamas, sweater, blanket and so on.

1.3 **Accommodation**: Child welfare institutions arrange accommodation for the children in the form of housing.

1.4 **Medication**: Child welfare institutions prepare sets of basic medicine sufficient for the children. A Medical Center is available to provide primary health care service for children. In case of severe sickness, children will be referred to hospitals for medical treatment.

2. **Education Services**

2.1 **Compulsory Education**: Child welfare institutions provide schooling on the premises and follow the Ministry of Education’s curriculum. Children who have performed meritoriously and are intelligent will be able to opt for higher education.

2.2 **Vocational Education**: Child welfare institutions provide the children vocational training so that the children can learn career orientated skills. The curriculum also consists of short-term, medium and long-term courses.

3. **Social Work and Psychological Services**

3.1 **Case recording for new residents**: in addition, social workers or psychologists will compile reports on the behaviour of all residents, trace their relatives, contact their parents and find foster families for some needy children.

3.2 **Prevention, tackling problems for children according to social work and psychology methods**: for example, case work, group work, case conference and counselling.

3.3 **Follow-up and assessment**: Social workers will follow-up residents and those who were discharged.

4. **Job Placement Service**

Provision of job placement for those who have graduated with either formal or vocational education in accordance with their individual capacity and aptitude.
5. Recreational Activities

5.1 Promotion of children’s participation in activities in their leisure time, for example, club activity, music, Thai classical dance and music, sports, chorus, painting and cooking.

5.2 Provision of study tours in order to enhance their knowledge, experience and also help them to adjust with others.

5.3 Promotion of serving public, for example, visiting residents in institutions, for example, older persons, babies, people with disabilities, the destitute and patients in hospitals.

5.4 Moral education

5.5 Activities in special events, for example, Songkran Festival, VisakhaBucha Day, New Year’s Day, Children’s Day and Sports Day.

The social workers working with the Provincial Social Development and Welfare Offices are responsible for follow up of the discharged youths to learn where or with whom they are living and what they are doing/where they are working by sending them postcards or letters. However, response from these youth was limited. Some of them did not respond to the letters or postcards. Many of them were living in provincial areas. The Homes for Children requested the Provincial Social Development and Welfare Offices to undertake home visits. There has been no follow up in a number of cases, owing to an overload of cases with the Provincial Social Development and Welfare Offices.

**The Standard of Care in the Homes for Children**

In the past, there were no standard guidelines for services to be provided for children living in institutions. Management of the homes for children provided a service model derived from lessons learned within the organization. The personnel’s performance skills, procedures and models were derived from experience and knowledge transferred from the old generation personnel to the new generation personnel with no knowledge exchange at the macro level. Each home for children provided services to the target group according to its capability, aiming at the maximum benefit of the target group. Some concepts or some procedures may not conform to best practice. The Department of Social Development and Welfare, which is the key governmental organization supervising the Homes for Children, noticed a significant number of problems. Therefore, it established the criteria, procedures and evaluation measures to ensure that homes for children, especially the ones providing services to children aged over six, had standard implementation models that were in line with academic principles and international standards.
The agencies at the office level under the Department of Social Development and Welfare were entrusted with the integration of models and procedures of social welfare service provision covering all target groups according to the four-year Action Plan (2009-2012). The Office of Women and Children Welfare Protection in cooperation with Mahidol University and Sukhothaithammathirat University have established standards for the promotion of welfare service for children according to the Child Protection Act 2003. It aims at building and developing the standards, measures and indicators of social welfare provision for children in homes according to the Child Protection Act 2003. The agencies providing social welfare services to children can use the standards as guidelines for self-evaluation and organizational development to achieve quality services. These standards are divided into five categories: (The Department of Social Development and Welfare, Mahidol University, Institute of Population and Social Research, Sukhothaithammathiraj University, 2003).

1. *The standard of organization/management:* It consists of a set of guidelines and policy of organization operation. It consists of 9 components, 45 indicators as organization lead standard. All personnel are required to be aware of a set of guidelines and policy of organizational operation.

2. *The standard of personnel:* This relates to the qualifications of personnel directly working in an organization. This consists of 9 components, 28 indicators as standard related to the qualification of personnel directly working in an organization.

3. *The standard of environment:* It is related to the environmental management suitable for service provision and personnel performance. It consists of 5 components, 37 indicators as standard related to the environmental management suitable for service provision and performance of personnel.

4. *The standard of activities and services for children:* This is related to the model of activities and services provided for children, which are very important for the development of a targeted group of children and youth. This consists of 7 components, 44 indicators as standard related to the model of activities and services provided for children. These activities and services are very important to the development of a targeted group of children and youth, who are to play a significant role in the development of society in the future.

5. *The standard of child development:* It consists of 2 components, 17 indicators as standard related to the results of implementation based on the four standards mentioned above.
The highest goal of the standards on the promotion of welfare service provision for children, according to the Child Protection Act 2003, is that all children under institutional care of the Department of Social Development and Welfare gain opportunity for self-development equally such that all children are well developed physically, intellectually, socially, mentally, emotionally and linguistically and more, they can adjust and live with others in society happily.

The ultimate benefit derived from these standards on the promotion of welfare service provision for children, according to the Child Protection Act 2003, can be seen in the enhancement of the capability of agencies to provide quality services. The standards mentioned can be applied as a set of guidelines for performance development in accordance with the formulated standards. They can also be used as a model of integrated development which includes all aspects of development such as personnel development, service system development and agencies’ management system. The standards are a part of performance confirmation that the Director of the Office of Women and Children Welfare Protection has given to the Director-General of the Department of Social Development and Welfare. The standards included in the strategy on performance confirmation are then used to formulate a strategy on the development of models and standard social welfare service procedures. Each standard is an indicator measuring change, specifying the status for achievement assessment, and evaluating the organization’s implementation progress. Thus, each standard is a control factor.

Programmes and Services for Alternative Care

Alternative care is extended to orphans and vulnerable children not in the custody of their biological parents. It includes adoption, living with foster families, guardianship, kinship care, residential care and other community-based agreements. In Thailand, alternative care choices are as follows:

Family and Community based Care

This type of care is provided in a family-like environment, that is, in a community setting. It includes adoption, guardianship, foster and kinship care. The following alternative care options are available for children in Thailand.

i)  **Adoption**: This type of care permanently places a child in a family who will take all responsibilities. The adopted child shall have the same status, rights, and privileges as any other child in the family. Thailand permits adoption of Thai children by foreign nationals through agencies as well as adoption to a
foreign country in accordance with the 1993 Hague Convention. The adoption procedures in Thailand try to ensure the best interests of the child.

ii) **Foster Care**: Foster care is a form of temporary placement during the period when parents are unable to care for the child. It is usually for a set period of time and does not involve the transfer of rights and responsibilities. According to the UN, there are many government services and NGOs that implement foster care and provide subsidies to foster families. Foster homes are seen as good substitutes for biological homes as they allow children to grow up in a family atmosphere. The governmental organization responsible for this service is the Department of Social Development and Welfare.

iii) **Kinship Care**: Kinship care requires full time nurturing and protection of a child by relatives, members of a tribe or clan, godparents, step-parents or any adult with kinship bond with the child. This type of care is widely practiced and is part of the local Thai culture. It is informal and unregulated; therefore, there is limited data on the situation of these children.

If the above mentioned existing child welfare services cannot serve the best interests of the child, institutional care is the last resort.

**Institutional Care**

This is a form of temporary care within groups of children without a primary care giver or parents. The purpose is to place children under 24-hour residential care.

The services provided in child welfare institutions include basic needs (shelter, food, clothing, and medication), general education, vocational training, moral training and development, recreational service, social work service and job placement service and a follow-up after discharge. The child’s family is also provided help in resuming care for the child. The child development services conduct programmes which aim to improve the children’s self-reliance and quality of life. Programmes are in place to stimulate the development of pre-school children, in the age group, 0–6. For older children, programmes offer general and vocational education, including higher education, by placing them in educational institutes in the community. There are also activities for special education and skills for those with learning disabilities.

Homes under the Department of Social Development and Welfare for children aged 6-18 are responsible for providing care and welfare protection for children facing all kinds of social problems according to the Child Protection Act 2003. Currently, there are seventeen homes for children throughout Thailand with about 3886 resident children. Homes for children provide a variety of services for the inmates such as food and shelter,
health care, counselling, education, sports and recreation. However, each home differs in its potential to provide services for children based on the following factors: environment, location, budget, personnel and the superintendent of each home for children. As a result, the quality of the services and the standard of service provision for children differ. Social workers are appointed in each home to take care of the following tasks:

- Gathering facts from interviews, observations, documents and evidence related to being abused, children’s profile, individual, social and family environment related to children
- Assessment of children and family need
- Coordinating/attending meetings with agencies or other professions both inside and outside the welfare institutions for joint fact finding, assessment and rehabilitation, referring responsibility with information, sending children to back to society, preventing and investigating other children relating to the child under care
- Providing welfare assistance to the family to enable them to foster their children based on minimum standard
- Coordinating with an agency providing a lawyer to conduct legal proceedings for the children in terms of prevention, protection and taking legal action against the wrongdoer
- Conducting activities to build social skills, both individual and group, for providing primary rehabilitation to the children under care
- Recording and summarizing the outcomes of activities conducted with the children and their families
- Seeking an appropriate place or person to provide assistance after the children are discharged from wardship.

Existing Research on the Care of Institutionalized Children

It has been observed that only a limited number of research studies related to children in institutions in Thailand are available. The researcher found that there were only two research studies conducted, one in 1991 and the other in 1999. The first research study titled, ‘Preparation for children in institutions before leaving for society outside: Case of Rajvithi Home for Girls’ conducted by Nipa Tumonsuthorn and Nongluk Empradit in 1991 revealed that the children were residing in the institution due to poverty, departure of parents and broken homes and it provided an insight into the running of the institution, its activities and the special services offered to the children.
The second research study titled, ‘Multidisciplinary team’s Preparation for children and Youths in institutions before leaving for society outside’ was conducted by Plongaon Bhumichai in 1999, which threw light on the facilities offered, including psychological services and skills training, besides sports and other activities organized by the multidisciplinary team working in the institution. These two studies were conducted more than a decade ago. There has been no study after the issuance of the Child Protection Act 2003 and Standards on the Promotion of Welfare Service Provision for Children in 2009.

**Delimitations and Limitations**

The proposed research differs from the earlier studies in its objectives, units of study and methodology. The researcher would like to look into the issue of how the organization and management of rehabilitation of children are carried out in the four homes for children in the Bangkok metropolitan region. The researcher believes that the findings can be useful for developing a model for an effective process of rehabilitation of institutionalized children in Thailand.

The study is planned with the broad objective of looking at the current status of institutional care for children with specific focus on the process of rehabilitation. The samples used in this study are small. The access to discharged youth was limited because most of the Homes did not have updated contact details of these youth. The researcher found that many of the discharged youth no longer stay at the address they had given to the Homes. In addition, some youth are still staying in the Homes after the age of eighteen because of further education.

**Layout of the Research**

The research study consists of five chapters. Chapter I presents an overview of the history of institutionalization of children in Thailand, followed by reasons for institutionalization, the type of homes established, the role of different staff and the specific standards that have been set. Chapter II comprises a review of literature that underlines the mixed methods research that the researcher has adopted and clarifies the concepts and theories that define institutionalization.

Chapter III deals with the methodology used in this research - the objectives, rationale and sampling procedures, and data collection techniques and also the conditions that have circumscribed my study. The core of my research is encapsulated in Chapter IV that presents the findings and analyzes them. Chapter V presents the concluding remarks with recommendations for the improvement of institutional care.

The chapter that follows presents the review of literature relating to institutional care.