Transforming OVC Residential Care in the Face of Thailand's Complex Socio-Cultural Obstacles: Chiang Mai as a Pilot Project Implementation Lab

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ABSTRACT

Thailand's 'deinstitutionalization' or "transforming residential care" process has derived from the growing global movement and advocacy networks for a shift toward family-based care. Yet, the complex and socio-culturally unique obstacles that are embedded within the existing residential care landscape of Thailand has delayed the transformation. This article employs Causal Layered Analysis to deconstruct the narratives of ten respondents from the two strands of family-based care and residential care, as well as the pilot project implementation lab in Chiang Mai. Starting at the litany level with non-governmental organizations' observable actions in persuading policy change. The article then delves into deeper level on the structural system challenge that traditional institutional mindsets and policies present. It then discusses the rank culture and the lack of awareness about family-based care. Last, the findings revealed the false cost, ethnic acceptance anxiety, proverbial wisdom against raising children who are not related by blood, and cultural acceptance of violence. Thus, the importance of adequate management and assistance for all alternative caregivers' mental well-being, as well as the significant risk of intergenerational trauma among orphans and vulnerable children, were highlighted in this article. Ultimately, Thailand demonstrates advantageous social imitation behavior for recruiting foster families, which necessitates the repurposing of residential care staff, increased publicizing efforts, and budget reallocation, as well as tackling from the upstream by keeping and strengthening families.

Keywords: Orphans and vulnerable children, Transforming residential care, Socio-cultural obstacles, Family-based care, Social imitation behavior

INTRODUCTION

Since the 74th United Nations General Assembly (UNGA) on the Resolution on the Rights of the Child (United Nations, 2019) which builds on the 64th UNGA on the Guideline for Alternative Care (United Nations, 2009) in the avoidance of residential care use, all 193 UN member states, including Thailand, and 253 UN institutions, agencies, and networks have agreed to pursue the global reduction of residential care for children in accordance with the 44th UNGA on the Convention on the Rights of the Child (CRC) (United Nations, 1989). Many Non-Governmental Organizations (NGOs) have used the term 'deinstitutionalization' (Eurochild, 2012) to describe the process of repurposing personnel and facilities in "Orphans and Vulnerable Children (OVC)" (Skinner et al., 2006) care. It is also described as a process of restructuring the child care system, dissolving residential care facilities, identifying and establishing new or alternative placement for children in residency and vulnerable families in family-based care, as well as community-based prevention interventions (UNICEF, 2020). Ironically, it is frequently interpreted as the elimination of residential care, which could lead to fear and resistance from residential care during the transition phase. As a result, this article proposes and employs the term "transforming residential care" in place of 'deinstitutionalization' (Eurochild, 2012).

However, the necessities for a shift from OVC residential care to family-based care remains, as 80 years of research has demonstrated the negative effects of children separated from their families and placed in orphanages or other residential care facilities. The findings indicate how institutional care often provides minimal physical resources, unfavorable and unstable staffing patterns, and social-emotionally inadequate caregiver-children-child interactions (Van Izjendoorn et al., 2011). Furthermore, it reflects the negative effects of institutionalization on children's physical growth, cognitive function, neurodevelopment, and social-psychological health, as well as child psychiatry and developmental delays (Barens, 2015), the risk of harm, trauma, violence and abuse (Johnson et al., 2006; Sherr et al., 2017), lower level of Intelligence Quotient (IQ) (Van Ijzendoorn, 2008), attachment disorder among institutionalized and post-institutionalized children (Van den Dries, 2009). Additionally, children who leave residential care have a more difficult time transitioning to adulthood with many falling into poverty or criminal career or prostitution and needing to place their own children in residential care due to inadequate of support networks and ability to care for them (Holm-Hansen et al., 2003). As a result, 'deinstitutionalization' (Eurochild, 2012) or "transforming residential care" can be viewed as a multi-stakeholder policy challenge with a complex and culturally unique obstacles and contributing elements affecting children, as well as a proclivity to become a "wicked problem" (Rogers and Karunan, 2020). This means it defies full comprehension and characterization of its nature and consequences, is resistant to a definite solution, is prone to becoming severe, involves a number of stakeholders with typically opposing values and interests, and defies full comprehension and characterization of its nature and consequences (Danken et al., 2016).

In Thailand, existing governmental and private residential care facilities are still present and are providing services, despite the family-based care spearheading advocacy networks of Thai government and NGOs at the national level called the

Convention on the Rights of the Child Coalition Thailand (CRCCT) with its sub-group of Alternative Care (CRCCT AC) and provincial level in Chiang Mai, the Strong Families Alliance Thailand (SFAT). This means that, while Thailand is at the forefront of a growing global movement toward family-based care for OVC and has NGOs providing transnational experience, resources, and knowledge, the transformation will not be smooth sailing, as each country including Thailand faces of socio-cultural constraints. According to Rogers and Karunan (2021), there was a clear study deficit in the context of Thailand, as no studies had delved at the historical context, purpose, or culture of Thailand's residential care setting. Understanding these gaps will aid in determining the procedures required to transit residential care to family-based care in Thailand's socio-culturally complex and dynamic setting. Because there is no one-size-fits-all approach, the delicate change necessitates extensive planning and support for families, relatives, communities, and, most importantly, children.

CAUSAL LAYERED ANALYSIS

This article applied a critical thinking method known as Causal Layered Analysis (CLA) by Inayatallah (2004) to explain "Why Thailand's OVC Residential Care Has Not Transformed to Family-based Care?" through the lens of respondents in family-based care and residential care, with Chiang Mai as a pilot project implementation lab of Thailand.

This critical thinking method undermines established paradigms of thinking and operations by deconstructing respondents' narratives, driving forces, worldviews, embedded unconscious beliefs, and diverse perspectives concerning a phenomenon and reconstructing a collective understanding of possible future solutions (Inayatallah, 2014). The majority of scholars use it as a study framework or an interactive workshop within a participatory setting, such as exploring genetic engineering discourses in agriculture and food (Fricker, 2002), uncovering causes of aboriginal deaths in detention (Wildman, 2002), unpacking the futures of poverty (Milojevic, 2001) and using it in multinational organization's workshops (Inayatallah, 2009). In 1993, when the subject of Bangkok's traffic problem was explored by UNESCO World Future Studies Federation workshop, CLA was conducted in Thailand and clearly depicts the four levels of the iceberg (Inayatullah, 1998). At the tip of the iceberg or litany level, which represents quantitative trends, issues, and behaviors of observable actors, the problem was identified as Bangkok's traffic and accompanying pollutants. The lower layer is made up of systems and structures, with the problem seeming to be a lack of roadways and the solution should be to create additional roads. Another layer reveals a viewpoint that argues that the issue isn't only a shortage of roads, but rather Thailand's industrial growth paradigm. Finally, myths were debunked with "Big City Outlook," an unconscious attitude that the city is better and rural people are idiots (Inayatullah, 1998). Through colonialism, the beliefs were passed down and Thailand's wealth and population expansion were concentrated in the city of Bangkok, causing traffic congestion and neglecting the surrounding regions and its traditions. As a result, new leadership, metaphors, decentralization, and a revaluation of agriculture and local farmers were required.

Thailand's complex and sociocultural diverse obstacles to the transformation of residential care to family-based care must be deconstructed layer by layer using the critical thinking method of Causal Layered Analysis (CLA) (Inayatallah, 2004). As a result, this article is structured as follows. First, it emphasized the importance of OVC alternative care transformation, leading to a problematization of the obstacles in Thailand's unique socio-cultural context. Second, it defines the context in which this essay will be written, as well as examples of how scholars have employed CLA. Third, it discusses over the evolution of OVC, historical background and policy of alternative care, China's model achievements, and where Thailand is now. Fourth, using the CLA, it analyzes and discuss the findings from ten respondents from both residential and family-based care, as well as the pilot project implementation lab in Chiang Mai. Finally, this article summarizes the findings and urges NGOs and the government to conduct additional research on intergenerational trauma, domestic violence, positive parenting through positive social imitation behavior incentives and improving caregivers' mental health.

This article does not intend to demonize residential care or idealize family-based care; nonetheless, because neglect, violence, abuse, and other issues can occur in families as well. However, family-based care that is well-implemented is preferable than residential care that is well-implemented.

EVOLUTION OF THAILAND'S OVC ALTERNATIVE CARE

According to UNICEF (2010), 17.8 million children worldwide have lost both parents and 153 million children have lost either one parent, with at least 2.7 million children living in residential care (Petrowski et al., 2017). Despite the importance of addressing vulnerable conditions, most governments, NGOs, and the public sector continue to use the term "orphan" to refer to vulnerable children, even though over 80% of children in residential care have a living parent and live in institutions or "orphanages" that claim to support orphans (Csáky, C., 2009). In Thailand, Saini and Vichit-Vadakan (2015) estimated that there are more than 1 million children living in vulnerable condition with approximately 50,000 children residing in government residential care while excluding the unknown number of children living in private registered and unregistered residential care. The country also demonstrates the phenomenon of “paper orphans” (Van Doore, 2016) and the “orphan myth” (Alternative Care Thailand and One Sky Foundation, 2014) exceptionally well. The terms “orphanage,” “children’s institution,” “residential institution,” and “boarding school” are also used interchangeably to refer to residential care.

However, this article uses the term “Orphans and Vulnerable Children (OVC)” (Skinner et al., 2006) to refer to a phenomenon where large number of children living in vulnerable conditions, whether real orphans or not as majority of these children are relinquished into residential care by their parents due to socioeconomic circumstances. This includes poverty, parental migration for employment, death of a parent, chronic illness of a parent or caregiver, disability and HIV, severe chronic illness, culture, politics, and/or societal problems such as war, conflict, disaster, displacement/migration, lack of access to resources, inadequate clothes or shelter, overcrowding, deficient caregivers, and direct experience of physical or sexual violence (Saini and Vichit-Vadakan, 2015; Kamolsirisakul, 2012; Williamson and Greenberg, 2010; Skinner et al., 2006) as well as the funding flows and commercial

factors which should not be overlooked in the establishment and continuation of institutionalization (Rotabi et al., 2016).

Thailand's residential care history began in 1890, when Her Royal Highness Princess Saisawali Phirom established the first nursery as Thailand's first state welfare center (Somdej Phraya Damrong Rachanupap, 1929). The Department of Public Welfare established the first Home for Boys in 1941, then renamed the Pak Kred Home for Boys before being renamed the Chartsongkraw School in 1948. (Bailey, 2012). The school provided food, clothing, lodging, and medical care to orphans and impoverished infants. After that, the name was changed to Rajvithi Home for Girls, and it is still in use today. Adoption was not made legal until 1935, or 87 years ago, and foster care program that was launched by the Holt Sahathai Foundation was not established until 1976, or 46 years ago (Bailey, 2012).

Thailand has chosen foster care as a prioritized means of providing a safe, nurturing family environment for orphans and vulnerable children for the past 46 years on a voluntary basis (Bailey, 2012). However, according to CRCCT AC, around 5,500 foster care homes are "kinship" families and only 400 are formally supported foster families with a monthly payment of 2,000 Thai Baht (62 USD) and required supplies for a child. Similarly, the funding allotment of 120 million baht was limited to 5,000 children dispersed throughout seven centers overseen by the Department of Social Development and Welfare (Child Adoption Centre, 2015). There is also a lack of monitoring as a result of the dispersal of the law, policy guidelines, and overlapping registrations with both the Ministry of Social Development and Human Security (MSDHS) and the Ministry of Interior (MOI).

Therefore, alternative care for both orphans and vulnerable children encompasses kinship care, foster care, adoption, and residential care. However, family-based care characteristics such as kinship care or informal placement with relatives, as well as foster care or formal placement with non-relatives, are usually designed to be temporary or for a short period of time until the child's family is ready for reunification or the child needs to be adopted. Furthermore, according to the Convention on the Rights of the Child (United Nations, 1989), residential care, or formal placement with paid personnel but without a family setting, is considered to be a last alternative for short-term care. However, Thailand's existing legal framework, as evidenced by the Article 33 (Thailand's Child Protection Act, 2003), allows for long-term institutionalization of children up to 24 years of age, undermining efforts to prioritize family-based care.

Thailand's desired achievements are based on a model developed by Family-based Care NGOs (FCN) 1 during the course of their 20 years in China. FCN 1 began training in a Shanghai orphanage in 2002, resulting in the placement of 500 children in foster care. Since the Chinese government lacked funds at the time, FCN 1 aided the foster care program by offering an allowance to the foster family. China changed its legislation in 2014, stating that "family placement is a positive alternative to residential care." The government gradually took over, and the program is currently wholly funded by the government, with no financial support from FCN 1. Some orphanages have evolved into community centers that provide services such as physiotherapists, teachers, and counselors. According to the most recent statistics from respondent, there are about 400,000 children in China's foster care. As a result of these achievements, FCN 1 believes that for Thailand, "the best way to make

change is to work with the government" as well. This is because NGOs would have a difficult time creating a national impact, whereas the government can modify the system through laws and policies.

As a result, working with the government is thought to be the most sustainable and have the greatest influence. FCN 1 Thailand's Country Manager further believes that "when people in Asia look at the things that happen in the West, it seems faraway and unrelatable, but when they saw change in another Asian Country, it seems possible". According to FCN 4, when the global trend toward foster care began to shift in 1986, Thailand's Director-General of the Department of Public Welfare went to observe the OVC care work in other countries and noticed the paradigm shift to foster care. As a result, when he returned to Thailand and began implementing the foster care program in Thai government residential care facilities, FCN 4 stepped in to collaborate, particularly in Chiang Mai's Government Residential Care (GRC) 4.

The CRCCT AC and the government, on the other hand, have sought to build a Nationwide Alternative Care Action Plan draft and a Nationwide Campaign leading to alternative care reformation in Thailand with a 20-year aim or Long-Term Strategic Plan at the policy table within 6-7 years of progression. According to FCN 3, a crucial member of the CRCCT AC, the 20-year plan aims to transition children out of residential care and into small group homes. In 2018, the CRCCT AC collaborated with the government on the "Better Care Network," a tracking tool created by a global network for alternative care that includes 600 questions for the government to answer about their alternative care system. Despite the fact that orphanages and residential care facilities do not appear to be closing down in public view, the government is in the process of establishing a foster care program, which will begin in its 29 homes. As FCN 3 affirms, "the government institutions are running the foster program to learn and plan what can be done for private residential care. Promising practice, the government have to correct their own problem first before forcing the private residents to do the same." As a result, FCNs expresses their diverse methods in Thailand within four key categories: political will, capacity building, technical support, and advocacy networking. On the other hand, Residential Care NGOs (RCN) present a distinct channel of approach mainly within four areas: education, training, facilities and essential living needs.

Despite the growing global movement and incentives through research, evidence, recommendations, subsidies, or grants targeted at raising awareness of the risk and harm of residential care, as well as the seemingly successful model of China's foster care system, adapting to Thailand's context and hoping for the same result is challenging. It would require years to transform a national alternative care system and once change happens, maintaining the positive direction of change in policy and behavior can be complex and it necessitates a dynamic learning process since every case is unique.

METHODOLOGY

The data for this article was acquired through in-depth semi-structured interviews conducted both face-to-face and online in January to April of 2020, using a snowball technique that develops from the researcher's connections and

involvement in the OVC field, and the respondents were categorized as follows. Five respondents from family-based care NGOs are designated as FCN 1, FCN 2, FCN 3, FCN 4, and FCN 5 while the four respondents from residential care are separated as RCN 1, RCN 2 and RCN 3 for NGOs and GRC 1 for the government residential care. A multinational organization, or MO 1, was also included as a respondent from the global level in the field of OVC alternative care. The respondents were chosen based on their position as a manager or direct work in the field of alternative care through the institute, which has been operating in Thailand for more than 5 years. This is to obtain a full grasp and insights regarding their particular alternative care channel, as well as their worldviews.

Due to distance, scheduling conflicts, and the Covid-19 outbreak, this article was unable to interview more residential care NGOs, government officials, and other stakeholders. However, it was able to select ten respondents involved in the provision of alternative care, whether a family-based care or a residential care, particularly members of the Convention on the Rights of the Child Coalition Thailand, Alternative Care working group (CRCCT AC) and the network in Chiang Mai, the Strong Families Alliance Thailand (SFAT), as Chiang Mai presents a strategic pilot project implementation lab for Thailand's transition process. Chiang Mai is uniquely positioned as a pilot project implementation lab by NGOs, although it is often informally referred to as “study hub”. Furthermore, statistics has shown that Northern Thailand accounts for 63 percent of residential care, particularly in Chiang Mai and Chiang Rai (One Sky Foundation and Alternative Care Thailand, 2017). As a result, Chiang Mai has been chosen as a model for other provinces in the reform of OVC care and displays a decentralized provincial bureaucratic system despite the assumption of a unilinear state structure of policy execution.

The author recognizes that its role as a "educated outsider" is to only observe, collect, and analyze data which bears limitations as well as potential bias due to the author's existing connections and relationships with various NGOs. However, the author's twelve years of personal experience growing up in a residential care or orphanage in Thailand and as a Chinese immigrant descendant has provided an insightful and engaging advantage of the alternative care system, as well as gaining the trust to share from respondents with diverse approaches and values. Furthermore, despite firsthand experience with abandonment, attachment disorder, violence, and the loss of the ability to speak Chinese as a mother tongue, among other things, the author has gained a multicultural understanding and strong command of English-Thai language from volunteers and an elementary homeschooling system, which later benefits in the engagement with respondents in this article. Ironically, the author only recently discovered that her father abandoned her when she was three years old and died when she was fourteen, and that her grandmother, a Chinese immigrant, had also placed her mother in an orphanage for six years. Therefore, in order to reform this OVC alternative care system, I, as an author, a researcher, and a policy analyst, believe in sharing with authenticity and empathy for the betterment of lives, regardless of people's complexity, diversity, imperfection, and brokenness.

This article attempts to deconstruct the respondents' narratives regarding OVC care into four layers of analysis using the critical thinking method of Causal Layered Analysis (Inayatallah, 2004). Starting at the first "litany" level by concentrating on the

two strains of observable NGOs' actions. Second, at the structural system level, the challenges within the function of the Thai government and NGOs were discussed. Third, at the world views and ways of knowing level, Thailand's rank culture, unawareness, and social imitation behavior were revealed. Finally, the myths level reveals faulty cost assumptions, unconscious proverbial wisdom against caring for a child who is not related by blood, and a culture of acceptance for a child's living situation, particularly in the face of violence. Following the deconstruction, this paper reconstructs and highlights key findings, as well as making recommendations for OVC alternative care transformation.

RESULTS

OBSERVABLE NGOS' ACTIONS

"The best way to make change is to work with the government," stated FCN 1 Thailand's Country Manager. As a result, in collaboration with the government, CRCCT AC acts on implementation by drafting manuals and national standards of alternative care and foster care service leading to foster care ministerial regulation amendment as well as support of the "deinstitutionalization" (Eurochild, 2012), preferably referred to as "transforming residential care", a process for care reform with the pilot project implementation lab in Chiang Mai and SFAT. Therefore, the observable NGOs' actions are demonstrated through transnational advocacy network which implements 4 methods of influence; information politics, symbolic politics, leverage politics and accountability politics (Keck and Sikkink, 2002).

In information politics, the network employs testimonials as well as technical and statistical data to put pressure on the government over the sensitivity of an issue (Keck and Sikkink, 2002). In the case of OVC, the network gathered accounts of children who have been harmed or are vulnerable in residential care and require family-based care as testimonials, and then presents them to the government while maintaining OVC anonymity. Many organizations utilized UNICEF's estimation that 1 million vulnerable children living in Thailand for technical and statistical information, which is compiled from a variety of sources, including the government's Department of Statistics, and then triangulates the data. MO 1 also conducts its own research using the Multiple Indicator Cluster Survey (MICS), a global survey that launched about 20 years ago and is now used as the most comprehensive indicator of children's rights and well-being in Thailand.

In symbolic politics, the network creates persuasion by framing the issue and offering persuasive explanations through major symbolic events in order to raise awareness and enlarge the constituency (Keck and Sikkink, 2002). In persuading efforts, the network highlights the importance of transitioning from residential care to family-based care, highlighting the 2019 UNGA Resolution, the 2009 UNGA Guidelines for Alternative Care for Children, and the 1989 United Nations Convention on the Rights of the Child. Furthermore, following the Tsunami in 2011, the first discussion about "Foster Care" in Thailand took place, leading to the inaugural "Asia Family Placement Conference" in Chiang Mai. More recently, in November 2021, Thailand's National Alternative Care Virtual Conference, co-hosted by the Ministry of Social Development and Human Security, CRCCT AC, and

UNICEF, was conducted with the theme "All Children Belong in Safe and Nurturing Families" or "Family's Hug" to commemorate World Children's Day.

In leverage politics, weaker members seek the assistance of powerful actors inside the network to convince and pressurize influential institutions that can affect policy change (Keck and Sikkink, 2002). MO 1 regularly testifies on behalf of family-based care NGOs in the case of OVC. Which MO 1 also conducts its own research, situation analysis, evaluations, and technical assistance, bringing in consultants or experiences from other countries to demonstrate to the government what other governments have done in similar circumstances. When a method has been demonstrated to be effective in another Asian or Southeast Asian country, the model is adopted by other governments, including Thailand. For example, FCN 1 organized conferences in China, and some Thailand senior government officials attended; as a result, Thailand established a foster care task force, spearheading a change in guidelines and policies. Furthermore, CRCCT AC and SFAT network conducted a simulation of a seminar toward family-based solutions and training in Chiang Mai as a pilot project implementation lab for Children and Families Shelter and Chiang Mai Provincial Social Development and Human Security Office to train other government officials involved in government residential care.

In terms of accountability politics, the network aimed to persuade powerful actors or the government to implement policies or values that they had formally endorsed, ensuring that actions and statements were in sync (Keck and Sikkink, 2002). Thailand has endorsed the 2019 United Nations General Assembly Resolution, the 2009 United Nations General Assembly Guidelines on Alternative Care for Children, and the 1989 United Nations Convention on the Rights of the Child, however the implementation of the resolutions is still pending. The Better Care Network's Manual for the Measurement of Indicators for Children in Formal Care is used by the family-based care NGOs network to generate a monitoring guide with 600 questions for the government to respond toward their alternative care system (Better Care Network and UNICEF, 2009). However, the vast majority of NGOs who support family-based care or, more recently, foster care, particularly those inside the network, do not interact directly with the children or operate the programs themselves.

On the other hand, under MOU, residential care NGOs operates school, children's home or orphanage, religious school, or other types of facilities based on the age of the children. Such MOU must be in compliance with the Education Department's requirement that residential care facilities provide a Thai curriculum as part of the Thai culture. Some NGOs providing residential care have attempted to operate on a family model, a huge family unit, or in a group home with a family-like setting, but as the Children and Youth Manager of RCN 2 expressed, “Although this model is better than regular institutions, but is it the best? What can we do?” Despite intending to establish a foster care system, they were advised that the government is not yet ready for them. Once the government's family-based system is in place and functioning properly, the private sector can become engaged.

Furthermore, in April 2019, Chiang Mai created a pilot project implementation that incorporated content from FCN 1's training for FCN 5 in order to enhance public awareness and recruit foster care families, particularly within churches. Following the launch of the initiative, 90 percent of responses were positive, with

only 10% disapproving due to a misunderstanding between them and the government. There could have been some earlier failed experiences related to the nature of foster care. After a year of publicity, about 20 families expressed interest, with four families applied and reviewed by the government, which may have been delayed by the Covid-19 outbreak.

STRUCTURAL SYSTEM CHALLENGE

The traditional institutional mentality was evident in the fragmentation of the current legislative and regulatory framework governing child protection exemplifies the structural system challenge. As a result, there is an insufficiently integrated multi-sectoral approach and continuum of care, as well as a lack of access to efficient data bases, a delayed budget allocation procedure, and a widespread lack of accountability. "The biggest challenge for us and other stakeholders working with the government for OVC to be able to shift the institutional mindset. The shift means that there would have to be a change in policies, change in strategies and change in where the money is going. A shift from welfare and charity to rights, a framework and support for OVC's rights is important," was stated by MO 1 Former Chief of Adolescent Development.

Thailand's first and foremost Alternative Care Policy for Children was drafted to be in line with the vision of the National Child Protection Strategy (2017-2021) that seeks to make "all children have good well-being and safe in families, communities, and societies that protects and care for them". However, Thailand's existing legal framework allows for long-term institutionalization of children up to 24 years of age as evidenced by the Article 33 (Thailand's Child Protection Act, 2003). This reinforces the existing socio-cultural perceptions of residential care, increasing the risk of long-term institutionalization and allowing those unknown number of children to continue residing in those unregistered facilities. In certain cases, children are placed in foster care, their paperwork 'disappear,' and they are not placed for adoption. Alternatively, if the parent refuses to allow the child to be placed for adoption while rejecting or unwilling to take back the child, the child may be kept in foster care for an extended period of time, missing out on the opportunity to be adopted.

Complaints confirm analysis by Saini and Vichit-Vadakan (2015), stating that because government officials constantly change positions, established policies or task force operations are delayed or canceled, and must be reintroduced with a new group whose aims may differ. As a result, there may be no such thing as a work continuity. Furthermore, in order for the government to make a decision, there is a lengthy time of evidence and document collection, as well as a separate budget procedure between the Thai government and NGOs, resulting in overlapped or delayed plans. The budget for foster care families is described as insufficient because living expenses are higher than 15 years ago when the monthly stipend was 1,500 Thai Baht. Funds for foster care families are provided through government residential care facilities at 2,000 Thai Baht per month, in addition to necessary supplies for the child. GRC 1 added that "the current law for budget of government institution/orphanage are not able to be withdrawn into the community, but it is the same child who used to live in the orphanage and is now living in the community, therefore the budget for food allowance should follow the child as well."

Furthermore, in the Chiang Mai study cite, GRC 1, as a former social worker, indicated that there were only three social workers in foster care for around 75 cases in Chiang Mai and the northern parts of Thailand. This implies that if the foster care system were to expand in order to establish more foster care families, a foster care social work force would be required.

RANK CULTURE, UNAWARENESS AND SOCIAL IMITATION BEHAVIOR

The Director of FCN 4's Foster Care Program confirms that "in the past 40 years of work, the measures of helping OVC continuingly changing and the mindset and attitude of the institutional care is gradually changing as well. There is hope for Thailand in shifting to family-based care" Many international NGOs referred to this process as "deinstitutionalization" for the repurposing of staff and facilities in OVC care, but it was frequently interpreted as "elimination" of residential care, which is a "big scary word," according to the Founder of FCN 3. As a result, it is preferable to term it "transforming residential care," which sounds nicer while retaining the characteristics of this procedure. However, RCN 2 stated that due to the country's "rank culture," such reform has yet to include residential care in speaking up at the policymaking table.

Furthermore, Thailand's society accepts the practice of placing a child in a residential care as a normal part of a child's existence and children in institutions are still considered as a charity place for donations, merit, and so forth. Thai people are described as kind-hearted and enjoy listening to radios from local universities and, in the case of Chiang Mai, temples while working because it keeps them up to date on what is lacking and what is being done, what the children have received while providing an understanding of the foster care program. NGOs campaigning for family-based care, on the other hand, are concerned about whether the parent genuinely comprehended the ramifications or impact of placing a child in an institution, as community knowledge were also demonstrated to be insufficient, as most people are unaware of family-based care or alternative care.

Additionally, with FCN 5 and GRC 1 publicizing and boosting awareness, social imitation behavior has been observed. Families who witness other families leaving their children in orphanages or residential care and having them cared for would imitate that practice, even if many could afford to care for their own children. The burdens and duties of child care are removed. Families then return to take up their child when he or she is almost ready to graduate. However, imitative behavior can occur in family-based care as well. For example, in the case of Chiang Mai, the FCN 5 project began by developing a preliminary relationship with community leaders or church leaders through informal coffee introductions before making about three appointments to publicize to the rest of the community members, as developing trust and building relationships is essential in Thai culture in persuading people's mindsets. According to the Former Social Worker of GRC 1, another example in Mae Rim has a community that was opposed to fostering a child, especially one with HIV, but after the staff did an ongoing training and providence of understanding while reinforcing the fact that families could choose to take care of children with or without HIV but families could not choose the appearance of the child. Those who were first opposed, soon came to apply for the foster care program.

FALSE COST, ETHNIC ACCEPTANCE ANXIETY, PROVERBIAL WISDOM AND CULTURAL ACCEPTANCE OF VIOLENCE

Alternative care, such as small-scale provision and family-based care services, was believed to be more expensive or lavish than residential care, and thus unaffordable for the government; as a result, demand for residential care grew. However, according to Carter (2005), institutionalization programs are primarily based on misconceptions and false economics. Which respondents within CRCCT AC affirms that while the transition process may increase costs in the short term when both systems are operational, family-based care is more cost effective in the long run. Although Thailand's child welfare practitioners and policymakers believe that residential care is a valuable service that provides shelter and safety for children who would otherwise be living on the streets, it was also debated whether residential care was a necessary service for children in need or if it was a magnet that encouraged parents to abandon care and responsibilities of their children (Rogers and Karunan, 2020).

Furthermore, RCN 1 prompted concerns and anxiety about ethnicity complexity, identity sensitivity, and social acceptance, particularly among hill tribe children. “We have to remember that hill tribe and Thai are very different. There are more opportunities for Thai children to get alternative care possibly foster care and adoption, but not necessary for the hill tribe children… If they are put into the system, are they able to be Thai and have all the rights? Then maybe it’s possible, but if the children are not recognized as Thai, what do we do with them? What is the alternative for children who are hill tribe?” RCN 1 goes on to explain that when hill tribe children are denied entry into a residential care, their parents tend to take them to different residential care for different siblings, which could be illegal or unregistered. According to One Sky Foundation and Alternative Care Thailand (2017), between 2016 and 2017, a total of 240 unregistered private residential care facilities operated in Thailand without a required license, with the majority supported by western donors and religious in character.

Various unflattering Thai proverbs about foster care and adoption, as well as negative spiritual beliefs about raising a child who is not related by blood, are displayed within Thai social cultural setting (Quinley, 2018). A proverbial wisdom popularly known among Thais is "Taking other people's children is like eating other people's spit," which means taking other people's children to raise is imprudent because a child is an obligation without hope of compensation, according to the Royal Institute Dictionary (2011). RCN 2's Children and Youth Ministry Manager noted several negative comments from adults on why children are not raised in families, such as "why would you take someone else's trash?" or "If you encounter a stray dog, you don't take it home; instead, you feed it." Such mindsets could potentially influence the child to believe he is a trash, which leads to him living life wrongly with hardly any self-worth and not contributing to society. Furthermore, GRC 1 provided another example, stating that "children living in orphanages are similar to "buzzer pressing" children. They would get up, eat, shower, and so on when the buzzer rang." Such behavior, or any harmful behavior, might potentially continue into the children's adulthood and be transmitted down to their children.

However, as described by FCN 3 and (Rogers and Karunan, 2020), outsiders are not to get involved in other people's family businesses and must accept the

child's living situations. The problems of violence and abuse that occur will not be able to change since society tolerates and the cultural system accepts some form of violence or misconduct towards children. Making a meritocracy or a donation was thus easier than nurturing someone else's child. Thailand, on the other hand, has created fears among foster families because the program requires families or mothers to treat and love the children as if they were their own, but they must return the child once permanent adoptive families have been found or they can now return to their original biological families. As a result, children exhibit emotional and behavioral challenges (Saini and Vichit-Vadakan, 2015) and many foster families expressed grief and fear, as GRC 1 herself experienced as a foster mother.

DISCUSSION

This article findings through the critical thinking method of Causal Layered Analysis (CLA) by Inayatallah (2004), has contributed to the research gap of Thailand's residential care historical context, purpose, and culture which provides deeper understanding of the complex socio-cultural obstacles that are hindering the transformation of OVC residential care to family-based care. Thus, debunks assumption that the transition will be smooth sailing with growing global movement and endorsement to the resolutions as well as the NGOs transnational advocacy network's four methods of influence (Keck and Sikkink, 2002).

Through the lens of respondents in family-based care and residential care with Chiang Mai as a pilot project implementation lab of Thailand, the observable NGOs' actions have demonstrated the efforts to create policy change at the national level while attempting to impact the local community level with advocacy and recruitment. However, policy change still does not guarantee the behavioral change of the people especially their awareness of such movement in policy when the social work force and publicizing efforts are minimal. Although some private sector expresses a willingness to prepare family-based care, they request only within the NGOs. For example, in the case of RCN 2, "the families that the children would be placed with would be the people we have vetted and trained. If the foster care program is internal, we can put them into a Christian family. A layer of safety although Christian population is very small." Furthermore, within one-year efforts by a pilot project in Chiang Mai, only four families finally came through to apply as foster families while many unknown children are entering the unmonitored and unregistered residential care each day. Which FCN 2 suggested that the reasons for both registered and unregistered residential care were due to a lack of experience and awareness of such registration, as well as limited budgets that prevented small NGOs from affording specialists such as social workers, nurses, enough staff, or the maintenance of physical conditions.

The structural system challenge for OVC care transformation is centered in the traditional institutional mentality. Only when the shift of policies, workforce, and budget is directed toward the rights of a child and the best interest of a child, the efficient transformation will arrive. Whether Thailand's Child Protection Act (2003) or Thailand's first and foremost Alternative Care Policy for Children that was drafted to be in line with the vision of the National Child Protection Strategy (2017-2021), there were no laws or policies on the requirement for guardians or caregivers

in receiving mental health check, treatments or psychological well-being training. As facilities and personnel are transformed toward family-based care, the short-term parallel system of residential care and family-based care will continue; thus, the existing residential care staff are most important in remaining mentally healthy with a proper understanding of impacts and harms of institutionalization and ability to assist children with variety of challenging vulnerabilities and behaviors.

Furthermore, the attempt to address the proverbial wisdom and cultural acceptance of violence may begin with proper management and assistance for all alternative caregivers in their mental wellbeing. Caregivers who are "closest" in proximity yet often overlooked stakeholder of OVC care reform, must be regulated and supported in their mental health, psychological well-being and evaluated in their public service motivation. According to a respondent and Rogers and Karunan (2020), outsiders are not to get involved in other people's family businesses and must accept the child's living situations. The problems of violence and abuse that occur within residential care and family-based care may not have been addressed or alerted since society tolerates and the cultural system accepts some form of violence or misconduct towards children. This could potentially lead to OVC, who are already with certain vulnerabilities and challenging behaviors, being at risk of harm, abuse, trauma, violence or neglect.

Scholars and policymakers must also be on the high alert for intergenerational trauma among OVC as it was demonstrated through a study on the Indian residential school system in Canada (McQuaid et al., 2017), which drastically separated children from their family, native culture, and exposed them to physical and sexual abuse. As a result, it has been connected to an increase in the prevalence of post-traumatic stress disorder, alcoholism, substance abuse, suicide, and intergenerational trauma among Indigenous communities today. This was developed on the basis of the "biopsychosocial" model (Sigal et al., 1988), which demonstrated negative psychological repercussions on children of parents who experienced extreme, prolonged stress, and such effects may continue in the third generation as a result of Nazi persecution, demonstrating how biological, psychological, and socio-environmental factors are interconnected.

Development of relationships and trust from private residential care are crucial as they may fear closure due to the movement of "deinstitutionalization." As a result, providing a win-win solution for those private NGOs that provide residential care to be monitored while also receiving support in the form of training, specialists, social workers, funds, and other resources will assist the government in updating statistics on unknown children and facilities. Allocating funds from international donors and the government to at-risk families and kinship families while increasing financial support for foster families should be considered, but with caution, as caring for a child should always be done with love and care rather than being a career or a source of income. This will boost residential care's cooperation in moving children to family-based care and repurposing facilities for community benefit. This could also be furthered with residential care staff assisting in keeping families together, strengthening families through the reallocation of funds and providing case-by-case alternative solutions through the network of family-based care. Residential care NGOs and government facilities must take gate keeping seriously while preparing existing children in coping with adulthood successfully even with the lack of ethnic

acceptance. Such repurpose of workforce could potentially provide a culturally appropriate OVC care for Thailand, with a focus on family-based and community-based care.

CONCLUSION

Broadly translated, the findings of this article indicated that despite global movement, Thailand's "transforming residential care" presents a complex and socio-culturally unique obstacles with more than 130 years of institutional mindset and structural neglect through policies, system and discourses as well as the embedded unconscious negative beliefs in receiving non-blood related child and cultural acceptance of a child's living condition. However, Chiang Mai as a pilot project implementation lab for NGOs and the government has demonstrated behavioral change from social imitation behavior and awareness of foster care.

Although it is still considered as a “band-aid” solution, CRCCT AC and SFAT and the government should increase positive model and social workforce for a well-implemented foster care as well as reforming a holistic alternative care system that includes private residential care at the policy table to provide preventive and solution measures together. Most importantly, the social work force and multi-stakeholders must work toward the up-stream of the OVC phenomenon by keeping families together, strengthening families, providing case-by-case alternative solutions, and gate keeping of residential care while preparing existing children in residential care in coping with adulthood successfully.

This article, however, does not advocate for the closure of private NGOs that provide residential care, whether registered or unregistered. Rather, it supports the development of relationships and trust with private NGOs, as closure could harm children who have nowhere else to go because current family-based care is not yet well-implemented. Finally, because each region has its own socio-cultural background, a continual collection of data and details on the underlying cause and reasons for placing children in residential care is critical. As time passes, new generations may have different perspectives on OVC care, necessitating further investigation in order to improve families and keep them together through positive parenting values.

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