

Children's experiences of alternative care in mainland Southeast Asia – A scoping review of literature

Justin Rogers^{a,*}, Robert Whitelaw^b, Victor Karunan^c, Pryn Ketnim^d

^a Chief Executive Officer, The Martin James Foundation, Visiting Fellow, The Centre for the Analysis of Social Policy, The University of Bath, United Kingdom

^b Independent Researcher, United Kingdom

^c Professor in Social Policy and Development, Thammasat University, Thailand

^d Independent Researcher, Thailand

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ABSTRACT

The potential harm caused by Residential Care Settings (RCSs) on children's development is well documented. However, there appears to be a paucity of published research on RCSs across mainland Southeast Asia. This scoping review focuses on available research articles that directly, or indirectly, engage with children to explore their experiences of living in RCSs in the region. A comprehensive search of four digital academic libraries was conducted, and 23 articles were included in the review. Most of the studies identified were on residential care settings in Thailand, Cambodia, and Malaysia, with no studies identified from Myanmar or Vietnam.

The review found that the 23 available studies had used a variety of qualitative research methods to document children's experiences of care. However, findings reveal that adult research informants were often used to report their perceptions of the children's experiences. As a result, in some countries like Thailand, there is currently an absence of studies that have engaged directly with children.

The review highlights clear research gaps, for example, no studies were found that explored the historical context, purpose, or culture of the residential care settings. Accordingly, this review argues that it is important for further research to address these gaps, as this missing empirical evidence could contribute to improving alternative care for children and potentially support the growing movement towards family-based care in the region.

1. Introduction

The United Nations Guidelines for the Alternative Care of Children (UN, 2009) is a resolution which passed with the intention of providing guidance and encouragement to states to implement quality alternative care services. Article 20 of the UN Convention on the Rights of the Child forms the primary basis for this resolution, requiring that states must provide protection and assistance to children who have been “temporarily or permanently deprived of his or her family environment” (UN, 1989). In addition to supporting quality alternative care provision, the United Nations Guidelines for the Alternative Care of Children also has a significant focus on supporting at-risk families, preventing family separation, and promoting family reunification.

Though the UN Guidelines for the Alternative Care of Children provides practical definitions and approaches to improving alternative

care provision, the planning and implementation of reformatory programmes are often limited by the lack of available data and contextual understanding. Globally, residential care settings operate under a variety of forms of registration and government oversight, and as such it is particularly difficult to estimate how many children are living in residential care. In 2017, this number was estimated to be at least 2.7 million children (Petrowski, Cappa & Gross, 2017), though other reports suggest that the number might be closer to 8 million (UNICEF, 2006).

When exploring the effects that living in residential care settings has on children, perhaps the least well documented and understood aspects are the perceptions and lived experiences of those at the centre of the phenomena, the children and young people who are growing up in these settings. Roche (2019) highlighted the paucity of research that includes children and young people's experiences of alternative care across the global south, when he undertook a review of peer reviewed research and

* Corresponding author at: Visiting Fellow, The Centre for the Analysis of Social Policy, Department of Social and Policy Sciences, The University of Bath, Bath, BA2 7AY, United Kingdom.

E-mail address: j.m.rogers@bath.ac.uk (J. Rogers).

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found a total of just twenty-four studies. This scoping review focusing on Southeast Asia aims to provide context for a wider study by the authors, that is documenting the lived experiences of children, parents and communities involved in alternative care provision in Thailand.

1.1. Residential care settings in Southeast Asia

The alternative care system across mainland Southeast Asian countries is predominantly provided in residential - often large scale institutional - settings (Petrowski, Cappa & Gross 2017; Flaghothier 2016). These settings tend to have insufficient case management in place for the children in their care and are used as the default option for many (Noble 2004). Foster care, kinship care, and specialist care for children with complex needs is still limited to few examples of good practice (Carpenter 2015; Qonitah 2016), and family support is often difficult to access even though poverty and family breakdown are primary drivers into care (Rogers & Karunan, 2020). Accordingly, it has been argued that there is a need for a more clearly articulated multi-sectoral strategy to reforming alternative care (Cantwell & Gillioz 2018).

Gaps in these services are addressed in part by community-based organisations, NGOs, and practice & advocacy networks such as Alternative Care Thailand and Childsafe Alliance in Cambodia are working hard for reforming systems with a call for family strengthening and family based care. Across the region RCS are provided by a mix of state run institutions and NGO's institutions run by both local and international organisations such as SOS children's villages. These NGO's providers can often be faith-based organisations run by foreign Christian missionaries. Whilst local religious organisations also provide care, for example, through temples in countries with Buddhist traditions (Quinley 2018), or mosques (Mohammadzadehet al. 2017a) in countries with Islamic traditions.

Though resource libraries such as the Better Care Network (BCN) have made great progress in documenting child welfare reform and the global movement towards developing quality alternative care provision, there is still a significant lack of literature, including reports from NGO's and Governments, available which looks at the alternative care system in Southeast Asian countries. For example, at the time of writing, in Thailand only two published documents were found on BCN which focused on Alternative Care: a country-wide review of alternative care undertaken by UNICEF (2015); and a country case-study produced by Madihi & Brubeck (2018) on behalf of The Martin James Foundation. These are valuable resources, however, they demonstrate a lack of literature to children in alternative care in one of the fastest developing countries in the region, this paucity of literature on the topic is replicated across the region.

1.2. The impact of residential care settings

The detrimental effects of separating a child from their primary caregiver and placing them in an institutional setting have been well understood and documented for more than seventy years. A criticism of institutional forms of care such as orphanages and residential schools is that they are often typified by large numbers of children being cared for by relatively low numbers of care givers (Bakermans-Kranenburg et al., 2008). This staff to child ratio often results in poor care and nurture that impacts a child's physical, emotional, and behavioural development. The nature of multiple staff members on shift patterns also results in inconsistent care where children can experience an estimated 50–100 caregivers in a space of year (van Ijzendoorn 2011). Bowlby's (1952) seminal work in this field underpins modern understandings of attachment and the effects of institutionalisation. Research undertaken by Bowlby (1988, pp. 137–157) was instrumental in the closure of large scale residential care facilities in the UK, Europe, and the USA in the late 20th century, alongside the shift in focus to family based care such as kinship care and foster care.

There has been substantial research into the effects of family

separation and institutionalisation on children, with a significant increase in research output in the last fifteen years. Individual research projects and meta-analyses have studied the development of hundreds of thousands of children across the world (van Ijzendoorn, et al., 2007). These findings have given decades of practical evidence to support Bowlby's understandings (Bakermans-Kranenburg et al., 2012). Key research findings conclude that children who are institutionalised experience profound damage to their physical, cognitive, and emotional development, much of which is permanent (Nelson, et al., 2007).

In addition to the significant developmental damage done by residential institutional care, there are significant negative social effects that affect children who grow up in a residential care setting (Sherr, et al., 2017). Children who leave institutional care significantly struggle to cope in adulthood (Holm-Hansen, et al., 2003, pp. 82–83), with many falling into poverty and making the decision to place their own children into institutional care, due to a lack of support networks and ability to care for them. Accordingly, van Ijzendoorn et al. (2011) who undertook a systematic review of the outcomes of children in institutional care refers to this kind of care provision as a form of structural neglect.

In considering the existing research evidence, it is important to understand the social and political context from which the data was gathered. A significant majority of contemporary data was gathered from institutional care settings in Eastern Europe and East Africa. Though there are similarities between these contexts and institutional care in Southeast Asia, it would be unwise to directly apply these research results, without a consideration of – and adaptation to – the Southeast Asian context. Although there are social, cultural, political, and economic differences within Southeast Asian countries, there are also similarities and if the context is considered and drawn into any analysis there are lessons to learn. We acknowledge that there are variations in care provision across the region for example there are large scale Buddhist Temples providing orphanage care in northern Thailand some with over 500 children (UNICEF, 2015) and there are also orphanages in Cambodia with operating models that rely on the questionable practice of recruiting overseas volunteers for staffing and funding (Knaus, 2017). Yet despite the differences amongst these neighbouring countries there are also many similarities, for example, there is a predominant use of institutional care over family-based provision and the level of regulation from the state is low with many unregistered providers. The search used in this review focuses on countries on the mainland of Southeast Asia to ensure a degree of heterogeneity. This led to the exclusion of Singapore and this choice was made because it is a country with a considerably higher GDP and a significantly different political economy to others in the region. The search also excludes Indonesia and the Philippines as they also have very distinct child welfare systems and social, political and cultural differences to the countries included in the mainland region.

1.3. Justification and analytical framework

Considering the wide range of alternative care settings in place across Southeast Asia, from government-run large-scale residential care homes and NGO residential schools, to informal kinship care, an appreciation of how care is experienced and perceived by the children it affects is vital in informing relevant and quality practice. As discussed by Roche (2019), the fact that children hold differing views and conceptualisations of their experiences can help in developing understandings about the societal problems they face (Corsaro, 2011; Jernbro et al., 2010; Moore et al., 2008). Considering these subjective conceptualisations of experiences when developing policies and practices that will directly affect children can lead to more appropriate policies, particularly when children are given opportunities to influence policy development directly (Jernbro et al., 2010). As Roche goes on to discuss, including children in research gives them the chance to raise issues that are important to them, which allows them to influence change in their lives and society (Moore et al., 2008). The insights that

children can give into their own subjective experiences of care can be vital in affecting policy and practice decisions going forward, concerning alternative care provision.

This review focuses on research which directly or indirectly engages with children's subjective experiences of living in residential care settings in mainland Southeast Asia. Qualitative research pieces were chosen as they allow children to provide insights into their experiences, and to give nuanced accounts. Certain quantitative research pieces were found while undertaking this systematic review, though these primarily focused on the medical outcomes of children living in residential care settings and did not engage with their experiences or perceptions of care, and so were not included. This review considered the findings of each paper, first by assessing the methods, ethics, locations and terminology used by each research team, and then by comparing and contrasting different research pieces to understand patterns in approach or understanding, and particularly considering where there might be gaps in existing research to inform future research agendas.

2. Method

This scoping review draws upon the work of Roche (2019), by taking a similar approach to journal searching and paper selection, though focusing solely on residential care settings in mainland Southeast Asia. The methods of this review follow the process undertaken by Roche (2019), which was in turn informed by Arksey and O'Malley (2005, p. 22), which involves the stages of: formulating the research question; identifying relevant studies; selecting relevant studies; charting the collected data; and collating, summarising and reporting the results.

The research question used to inform this review is: *To what extent, and in what ways, have the lived experiences of children in residential care settings in mainland Southeast Asia been documented in peer reviewed research?* As the scoping review progressed, this research question was broadened to include and consider the experiences and views of those who are linked to children in residential care settings, such as parents, volunteers, and host communities. This was decided as, even though children might not be consulted directly, how children are portrayed and discussed in these studies can still give insights into the extent and methods that have been used to explore children's lived experiences. Though these studies do not directly engage with children's experiences of alternative care, in the context of limited research, papers which view children as passive objects also give key insights into study methods.

2.1. Search strategy

The first task undertaken for this search strategy was to develop sets of key words to be used in searching digital academic libraries. For the purposes of this literature search, we have defined residential care settings broadly to include institutional care, orphanage care, foster care and care provided by temples. These have been chosen as they are generally recognised to be the main forms of residential care provision in Southeast Asia (Madihi & Brubeck, 2018). Temples and residential schools are including as they often provide services in the region due to a lack of state child welfare provision including both family support and alternative care. Explicit terminology used by collected papers is discussed in Section 3.3.

Three sets of search terms were developed by the authors, these were: terminology pertaining to different types of residential care settings, to ensure papers were considered even if their terminology varied; country names and variations of the six mainland Southeast Asian countries; and search modifiers signifying a focus on children, or a focus on perceptions and experiences. Search terms were also split into separate modifiers due to limitations of maximum search lengths with some libraries' search functions. The search terms were combined into 12 unique searches for each journal. Search terms are given in Table 1.

Four digital academic libraries were searched in November and December of 2019: JSTOR, Web of Science, SCOPUS, and Science Direct.

Table 1
Search terms used.

RCS Terminology	Country	Modifiers
("temple care" OR "residential care" OR "institutional care" OR "residential institution" OR orphanage* OR "foster care")	Thailand Cambodia (Myanmar OR Burma) (Lao OR Laos) (Vietnam OR "Viet Nam") Malaysia	(perception OR experience* OR opinion* OR "child's voice" OR attitudes) (child* OR "young people" OR orphan*)

These libraries were chosen both because of their scale as the largest databases covering disciplines such as social work, anthropology, social policy and sociology, and high likelihood of containing relevant journal articles. Each library was searched with each of the 12 unique search combinations, which resulted in the collection of many duplicate articles that were then filtered out.

2.2. Paper screening and selection

As the search strategy utilised relatively broad search terms, the initial screening of papers occurred within the search results of the digital library itself. A total of 2412 papers were initially screened by considering whether the title met certain inclusion criteria. Papers had to focus on children in, or affected by, residential care in mainland Southeast Asia, and have been published in English between 2009 and 2019. This timeframe was chosen to ensure that the findings are relevant and representative of current practice in Southeast Asia, particularly considering the rate of change in policy and understanding of institutional care and voluntourism. As discussed previously, papers were included for review that did not directly consider children and instead looked at host communities and volunteers, as these provided key insights to how children's experiences were framed by others. 2379 papers were discarded in this initial screening (mostly duplicates), and 33 were retained. These papers were then read in full, at which point a further 10 papers were discarded as they did not meet the above criteria. The search strategy is represented in the Prisma diagram below (Fig. 1).

2.3. Papers included

In total, 23 papers were analysed in this review, shown below in Table 2. A data extraction table was utilised to record and consider important characteristics of each paper such as the research design, findings, terminologies used, and ethical considerations. This scoping review does consider each paper's approach to ethics, though does not assess the quality of research methods used, as the aim is to explore the range of approaches used to consider children's experiences of care, regardless of research quality and rigour.

In the "Residential Care Setting" column of the data extraction table (Table 2), the information included is taken directly from the authors' accounts in each paper. This is done to highlight the variety and inconsistency present in how residential care settings are referred to in the available literature. Key findings have been included in Table 2 to give a brief overview of each papers' research focus, though these have not been expanded on or compared, as the focus of this scoping review is on the research methods applied.

3. Findings

3.1. Summary of studies

3.1.1. Participants

Table 2 details the number of participants in each study. Participants are not solely children living in residential care: some studies include parents (McAndrew and Malley-Keighran, 2017); host community

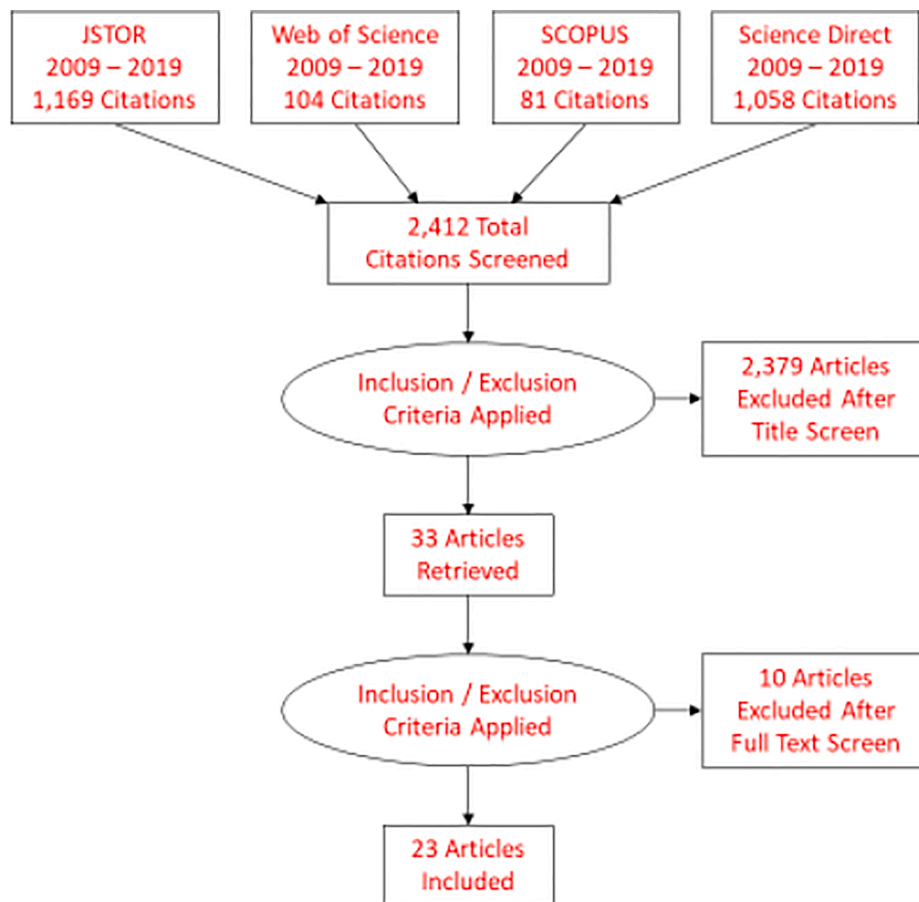


Fig. 1. PRISMA Diagram.

members (Proyrunroj, 2015); volunteers (Proyrunroj, 2017) or caregivers working in a residential care setting (Proeschold-Bell, et al., 2019; Ruiz-Casares and Phommavong, 2016). The sample sizes from these studies ranged from 12 to 2013, with studies with fewer participants tending to use more qualitative and participatory methods (see Emond, 2009; 2010; Tan, 2015).

3.1.2. Methods utilised

The studies used a variety of qualitative research methods to achieve their objectives, though one study (Chaibal, et al., 2016) used quantitative observational assessment to compare gross motor skills between children. The most used (13) qualitative research method was semi-structured interviews, either directly with children, or with caregivers, volunteers, or members of the host community. Three studies gathered data through group interviews and focus groups, two through informal conversations or unstructured interviews, and nine studies utilised self-completed questionnaires and surveys to gather data. Ten studies undertook qualitative observation of children in residential care settings, with five of these studies being considered “ethnographic fieldwork”, where the researcher spent extended time either living or working at the residential care setting. Half of all papers reviewed (12) utilised mixed qualitative methods to gather a range of data and triangulate results.

Notable unique research methods were: the use of photo-elicitation and community mapping to understand the children’s perceptions and experiences of their own communities and routines (Ruiz-Casares, 2016); the use of flashcards to discuss a child’s personal history, their hopes and fears, and their understanding about caring for others (Emond, 2009; 2010); life history interviews to discuss key moments throughout the child’s life (Scarvelis, et al., 2017); creating a “day in the life” video of the child, alongside the use of photo-elicitation where

children were given disposable cameras to document their life and their community (Ungar, et al., 2011).

3.1.3. Ethical arrangements

Key ethical concepts and arrangements such as informed consent from both caregivers and informants, anonymisation of data and quotes, and independent reviews by ethics boards were discussed in detail by some studies (Emond, 2009; 2010; Mohammadzadeh, et al., 2017a; Ruiz-Casares and Phommavong, 2016; Ruiz-Casares and Phommavong, 2016; Huynh, et al., 2019). Fifteen of the studies obtained independent ethical approval, one study did not obtain independent approval but utilised informed consent forms (Ungar, et al., 2011). The majority of studies (14) which obtained ethical approval did so from university ethics committees. Three of these studies (Huynh, et al., 2019; Mohammadzadeh, et al., 2017a; Proeschold-Bell, et al., 2019) obtained ethical approval from government bodies based in the country of study, alongside university approval. Manaboriboon, et al. (2016) obtained ethical approval from government bodies and hospital ethics boards, though not from university ethics committees.

Seven studies had no discussion on ethics. Three of these studies did not interact directly with children (Proyrunroj, 2015; 2017; McAndrew and Malley-Keighran, 2017), and so did not particularly complex ethical considerations. The remaining studies either interacted with children through questionnaires (Yakoh, et al., 2015), or spent extended periods of time working in residential care settings where they interacted directly with children (Carpenter, 2014; Conran, 2011; Tan, 2015). This is of notable concern, given the risks and complexity in research involving children in residential care settings, particularly when the investigator is interacting and working with the children on a regular basis.

Table 2
Papers Analysed.

Author	Year	Title	Journal	Location	Residential Care Setting	Participants	Research Methods	Key Findings
Chaibal, et al.	2016	Early developmental milestones and age of independent walking in orphans compared with typical home-raised infants	Early Human Development	Thailand	Khon Kaen Province Orphanage	Control: 59 infants Orphan: 62 infants	Participant observation to assess against the Alberta Infant Motor Scale	Orphans have delays in early gross motor development and walk independently at an older age
Conran	2011	They really love me!: Intimacy in Volunteer Tourism	Annals of Tourism Research	Thailand	3 NGOs, all provide volunteer opportunities at RCSs	75 (25 host community members, 40 volunteers, 10 NGO staff)	Semi-structured Interviews	Intimacy overwhelmingly mediates the voluntourism experience for most participants
Manaboriboon, et al.	2016	Psychosocial needs of perinatally HIV-infected youths in Thailand: lessons learnt from instructive counselling	AIDS Care	Thailand	Dhamaraksa Orphanage, Lopburi Province	All children: 150, ages 11–18. Of those from the orphanage: 28	Interactive and Survey Assessment	Common psychosocial needs among HIV-infected youths were issues about life skills, communication skills, knowledge on self-care, ARV use and self-value
McAndrew and Malley-Keighran	2017	‘She didn’t have a word of English; we didn’t have a word of Vietnamese’: Exploring parent experiences of communication with toddlers who were adopted internationally	Journal of Communication Disorders	Ireland (Thai Adoptee)	Internationally adopted, post orphanages.	Parents of 12 children (1 Thai)	Semi-structured Interviews with Thematic Analysis	There is a need for SLP input in pre-adoption services with these families, including knowing what questions to ask about the child’s early development.
Proyrungroj	2017	Orphan Volunteer Tourism in Thailand: Volunteer Tourists’ Motivations and On-Site Experiences	Journal of Hospitality & Tourism Research	Thailand	Home and Life Orphanage, Phang Nga Province	24 volunteer tourists, ages 18–43	Mixed Qualitative Methods and Thematic Analysis	Volunteer tourists’ motivations and on-site experiences are multidimensional.
Proyrungroj	2015	The attitudes of Thai hosts towards western volunteer tourists	European Journal of Tourism Research	Thailand	Home and Life Orphanage, Phang Nga Province	20 host community members, ages 23–77	Mixed Qualitative Methods and Thematic Analysis	Thai hosts portrayed positive attitudes towards volunteer tourists, based upon conduct and perceived benefits gained
Scarvelis, et al.	2017	From institutional care to life in an Australian family: The experiences of intercountry adoptees	International Social Work	Thailand	Internationally adopted, post Rangsit Children’s Home.	12 adoptees, 9 men 3 women, ages 20 s-30 s	Life History Interviews	Each phase of adoption can be challenging for adoptees and families, and support may be required long after adoptees become adults.
Ungar, et al.	2011	Adolescents’ Precocious and Developmentally Appropriate Contributions to Their Families’ Well-Being and Resilience in Five Countries	Family Relations	Thailand	“Adverse circumstances” - N/A	16 children in 5 countries, 2 of which in Thailand: 1 boy 1 girl, ages 14–15.	Mixed Qualitative Methods and Manual Thematic Analysis	Contribution of children to family wellbeing varied across cultural contexts, which affected familial hierarchies.
Yakoh, et al.	2015	Parenting Styles and Adversity Quotient of Youth at Pattani Foster Home	Procedia – Social and Behavioural Sciences	Thailand	Pattani Foster Home (Described as “foster care”, in practice residential care)	116 girls, ages 8–22	Questionnaire	“Providing authoritative parenting style and increasing adversity quotient to youth at Pattani foster home was recommended for foster home agents.”
Carpenter	2014	Using Orphanage Spaces to Combat Envy and Stigma	Children, Youth, and Environments	Cambodia	32 Orphanages	Not explicitly stated, visited 32 residential care settings	Participant Observation	How RCSs are viewed by local communities is important. Envy and stigma might be caused by quality facilities.
Carpenter	2015	Continuity, Complexity and Reciprocity in a Cambodian Orphanage	Children and Society	Cambodia	Anonymous Orphanage	Not explicitly stated, assumed 40 (all)	Participant Observation	More of an exploratory piece with a view to generate questions for future research.

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Table 2 (continued)

Author	Year	Title	Journal	Location	Residential Care Setting	Participants	Research Methods	Key Findings
Emond	2009	I am all about the future world: Cambodian children's views on their status as orphans	Children and Society	Cambodia	Anonymous Orphanage	19 interviewed, ages 4–18	Observation and Interviews with Thematic Analysis	The children's views fell into the themes of becoming, luck, and powerlessness.
Emond	2010	Caring as a Moral, Practical and Powerful Endeavour: Peer Care in a Cambodian Orphanage	British Journal of Social Work	Cambodia	Anonymous Orphanage	19 interviewed, ages 4–18	Participant Observation and Interviews with Thematic Analysis	Peer-to-peer care practices were manifest, and were understood by children to contribute to their power and status
Huynh, et al.	2019	Factors affecting the psychosocial well-being of orphan and separated children in five low- and middle-income countries: Which is more important, quality of care or care setting?	PLoS ONE	Cambodia	Multiple Institutions, Not disaggregated	2,013 (923 institution- and 1,090 community-based), across 6 sites	Observational Assessment	The important factor in child well-being is quality of care rather than setting of care
Proeschold-Bell, et al.	2019	Caring and thriving: An international qualitative study of caregivers of orphaned and vulnerable children and strategies to sustain positive mental health	Children and Youth Services Review	Cambodia	28 Residential Care Institutions (3 in Cambodia)	18 caregivers from 3 RCSs in Cambodia. All female.	Mixed Qualitative Data Collection with Thematic Analysis	Under real-world conditions, small daily activities appeared to help sustain positive mental health.
Ruiz-Casares and Phommavong	2016	Determinants and Consequences of Children Living Outside of Parental Care in Lao People's Democratic Republic: Views and Experiences of Adults and Young People in Family and Residential Care	Global Social Welfare	Laos	Various family-based and residential care settings	Senior Institution Staff – 26 Adult Caregivers – 192 Children – 294, ages 7–17	Participant Interviews with Thematic Analysis	A strong evidence base is needed to inform the development of a national alternative care strategy, policy, plan of action, and standards of care and to monitor their implementation. Informal kinship care was a common care response, and recruitment of children to join boarding schools and orphanages occurred in many communities. Children were not always consulted in care decisions.
Ruiz-Casares	2016	Growing healthy children and communities: Children's insights in Lao People's Democratic Republic	Global Public Health	Laos	Various family-based and residential care settings	103 children, ages 7–11	Mixed and interactive qualitative data collection with Thematic Analysis	Visual images are useful as a diagnostic and an education tool. Images serve to elicit young children's views of their environment.
Mohammadzadeh, et al.	2017	Emotional Health and Self-esteem Among Adolescents in Malaysian Orphanages	Community Mental Health	Malaysia	6 private orphanages	287 children, ages 12–18	Self-reported questionnaire	Mental health problems are common amongst adolescents in the Malaysian orphanages assessed.
Mohammadzadeh, et al.	2017	The effects of a life skills-based intervention on emotional health, self-esteem, and coping mechanisms in Malaysian institutionalised adolescents: Protocol of a multi-centre randomized controlled trial	International Journal of Educational Research	Malaysia	8 private orphanages	271 children, ages 12–18	Randomised Control Trial with Statistical Analysis	Discussion of the methodology and protocol of a trial to determine the effects of a life skills intervention.

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Table 2 (continued)

Author	Year	Title	Journal	Location	Residential Care Setting	Participants	Research Methods	Key Findings
Mohammadzadeh, et al.	2018	Emotional health and coping mechanisms among adolescents in Malaysian residential foster care homes: A comparative study with adolescents living with families	Asian Journal of Psychiatry	Malaysia	3 private orphanages	164 (from 3 private orphanages) and 201 (from 4 secondary schools), ages 13–17	Self-Reported Questionnaire	High prevalence of stress, anxiety and depression, and negative coping mechanisms among orphanage participants.
Mohammadzadeh, et al.	2018	Stress and coping mechanisms among adolescents living in orphanages: An experience from Klang Valley, Malaysia	Asia-Pacific Psychiatry	Malaysia	9 private orphanages	307 children, ages 13–18	Self-Reported Questionnaire	High prevalence of stress and a negative coping pattern among participants.
Musa, et al.	2019	Family values and psychological distress among adolescents. Is there any association? A comparison study in Malaysia.	Mediterranean Journal of Clinical Psychology	Malaysia	Male boarding school	150 children, ages 13–17. 35 of which from boarding school	Self-Reported Questionnaire	Family dynamic has a strong effect on behavioural and psychological aspects of adolescents
Tan	2015	What do they do at home? The literacies of children living in residential care in Malaysia	Literacy	Malaysia	Small orphanage	15 children, ages 2–17	Ethnographic Fieldwork with Thematic Analysis	Activities included adult mediation of literacy activities. Books played a key role. Literacy activities helped socialise children into society.

There exists a notable inconsistency from whom consent is obtained for the research in each study. Of the 18 studies which explicitly received informed consent, 10 stated that consent was received from both the child and the caregiver, 4 stated that consent was received from only the caregiver, and 4 stated that consent was received from only the child.

3.1.4. Locations

The most common location of the residential care settings in these studies is Thailand (7), though it is notable that three of these studies focus on drivers and opinions on the voluntourism sector, which, though linked to residential care, do not undertake research directly with children. A further two studies (McAndrew and Malley-Keighran, 2017; Scarvelis, et al., 2017) focus on the experience of Thai adoptees (amongst other nationalities) to Ireland and Australia, respectively. Other studies were based in Cambodia (6), Malaysia (6) and Laos (2). One study (McAndrew and Malley-Keighran, 2017) included four Vietnamese adoptees to Ireland, though no studies were found during this systematic review which focused on children currently resident in Myanmar or Vietnam.

3.2. Approaches to exploring lived experiences of alternative care

The majority of the 23 papers identified and reviewed did not focus on the lived experiences of children in alternative care placements. Instead, most papers considered topics such as physical development, the experiences of staff and community members, and the techniques children use to manage stress. Nine of the papers reviewed utilised a variety of approaches to explore children's perceptions and experiences of care, and focused only on Cambodia, Laos and Malaysia. No papers were identified which focused on exploring the lived experiences of children in residential care placements in Thailand.

3.2.1. Cambodia

Emond (2009; 2010) used a combination of participant observation,

semi-structured interviews, and flashcard prompts to explore the lived experiences of 19 children living in a large (110 children in total) Cambodian orphanage. Emond's research focused on identifying the children's perspectives on being regarded as "orphans" (2009) and the effects that peer-to-peer care had on resilience and learning (2010). Methods used in these research pieces appear to be the most engaging and child-centred of all papers reviewed. Emond centres interviews around pictographic flashcards on topics such as personal history and current worries. Children were able to select the order of the discussion and were given the ability to reject topics of conversation they did not feel comfortable in engaging in. In addition to this approach, Emond (2009) also asked the children to give advice to an "imaginary new resident", allowing them to demonstrate how they perceive and interact with other children.

3.2.2. Laos

Both papers identified which focus on Laos explore the perspectives of children in residential care. Ruiz-Casares and Phommavong (2016) conducted interviews with community leaders, child protection professionals, parents, carers, and children in two provinces in Laos (Luangprabang and Xayaboury). A cross section of children were chosen from a range of alternative care provisions – orphanages, boarding schools, monasteries, and kinship care. This wide range of informants and settings enabled Ruiz-Casares and Phommavong (2016) to map the determinants of child-parent separation, the perceived impact of alternative care on child wellbeing, and the approach to alternative care across urban and rural Laos. In a second study, Ruiz-Casares (2016) then goes on to utilise photo-elicitation (the use of photographs to elicit the interviewee's subjective explanations) and community mapping (a group activity where children map and discuss different parts of their community) to explore the children's lived experiences and perceptions. Ruiz-Casares (2016) discusses these methods in depth, discusses the benefits and pitfalls of the approaches, and encourages other researchers to apply these activities in future projects.

3.2.3. Malaysia

Mohammadzadeh, et al. (2017a; 2017b; 2018a; 2018b) explore the emotional health, wellbeing and self-esteem of adolescents living in Malaysian orphanages. These studies use the Brief COPE Scale (2017b; 2018a; 2018b), the Depression, Anxiety and Stress Scale-21 (2017a; 2017b; 2018a; 2018b), and the Rosenberg Self-Esteem Scale (2017a; 2017b) to attempt to quantify these aspects. All studies by Mohammadzadeh, et al. utilised self-rated questionnaires with statistical analysis of the resultant data. Musa, et al. (2019) also use the Depression, Anxiety and Stress Scale and the Asian Family Characteristics Scale assess the family values and emotional wellbeing of children in Malaysian boarding schools. In significant contrast to other Malaysian research pieces, Tan (2015) takes a more ethnographic approach to explore the literacy practices in a Malaysian residential care home. This study uses a combination of long-term (6 months) participatory observation, semi-structured interviews, with a view to build trust with the interviewees and collect a cross-section of data from children, visitors, carers, and supervisors. Documents such as brochures, photographs, and the children's schoolwork were also analysed to give a richer understanding.

3.2.4. Notably few authors

Though nine papers were identified that directly explore the lived experiences and perceptions of children living in residential care, many of these papers were authored by the same academics. Three countries were the focus of multiple research projects and journal articles written by the same authors. These countries are Cambodia, Laos, and Malaysia, with respective authors Emond (2009; 2010), Ruiz-Casares (2016; 2016 with Phommavong as co-author), and Mohammadzadeh, et al. (2017a; 2017b; 2018a; 2018b). In the cases of Cambodia and Laos, no other research pieces or authors were identified which directly explored children's perceptions and lived experiences of care in either of these countries.

3.3. Descriptions of care settings

3.3.1. Terminology used

This systematic review did not find as much of a variation in residential care setting terminology as Roche (2019). It is likely that this is caused by the geographic focus on mainland Southeast Asia, rather than Roche's focus on the global South as a whole. The majority of studies (16) used the term "orphanage" to refer to the residential care setting being researched, though no study discussed if the children in their care were orphaned, or whether they were resident for other reasons. It is likely that a significant majority of the children in these "orphanages" are not orphans, as a primary driver in similar contexts is abandonment due to poverty (UNICEF, 2015, p.8).

Other terms used by studies are "boarding school" (Musa, et al., 2019; Ruiz-Casares, 2016; Ruiz-Casares and Phommavong, 2016), "children's home" (Scarvelis, et al., 2017), "foster home" (Yakoh, et al., 2015), and "residential homes" (Mohammadzadeh, et al., 2018). One study focused specifically on residential care settings in a "monastery" (Ruiz-Casares and Phommavong, 2016). Four studies explicitly referred to the residential care settings studied as "institutions" (Huynh, et al., 2019; McAndrew and Malley-Keighran, 2017; Proeschold-Bell, et al., 2019; Ruiz-Casares and Phommavong, 2016).

3.3.2. Discussions on the care setting

Most papers reviewed either give cursory information about the context and setting of the residential care or avoid discussing the topic entirely. The few papers that do discuss the stated purpose of the residential care setting are largely vague or historical. Proyrungroj (2015; 2017) discusses that the residential care settings studied originally took in children after the 2004 Indian Ocean tsunami, though there is no examination of cause since then.

Tan (2015) gives perhaps the most comprehensive description of the

residential care setting and its practices, detailing the history and founding purpose of the home, descriptions of the operations and facility itself, and a brief discussion of the children currently in their care. This relatively in-depth exploration of life in the residential care setting was used to both give ample background and context, but also to frame the research into literacy practices in the home. Emond (2009) and Carpenter (2015) both give some discussion about the context of their respective residential care settings, though the other research papers reviewed does not explore these areas.

3.4. Differing approaches to disaggregation of data

Studies have shown that there exist correlations between the form of alternative care a child receives and their cognitive development (Nelson, 2007; Van Ijzendoorn, et al., 2008), physical development (Van Ijzendoorn, et al., 2007) and experiences of violence (Sherr, et al., 2017). In addition to this, the scoping review undertaken by Roche (2019) notes that models, experiences, and perspectives of residential care homes are "diverse and highly contextual". It follows that, when considering the cognitive or physical development, experiences, or perspectives of children in care, a consideration of context is required, which would likely lead to a necessary disaggregation of results.

3.4.1. Comparative studies

Three of the papers analysed were comparative studies which relied on the disaggregation of data between children in care and children living with their families to draw conclusions. Chaibal, et al. (2016) compare the early motor development of 62 children raised in an orphanage with 59 children raised by their parents. Mohammadzadeh, et al. (2018a) compare the emotional health and coping mechanisms of 164 adolescents living in private orphanages with 201 adolescents living with their parents. Musa, et al. (2019) compare the emotional health and "family values" of 35 boarding school students with 115 students who live with their parents. These studies used children who had not experienced care as a control group for comparison, and so necessarily disaggregated data.

Carpenter (2014) examines two factors which may limit the integration of Cambodian orphanages into local communities – envy and stigma. The study involved observations at 32 orphanages in Siem Reap Province, and compares the institutions' locations, facilities, and approach to external visitors and the community. The study gives general findings and comparisons from across the range of orphanages, rather than comparing or disaggregating by metrics such as size, quality of care or approach to care.

3.4.2. Multi-regional studies

Two papers explored the welfare or mental health of caregivers across several countries, and disaggregated data to compare and contrast methods and mechanisms in different contexts. Proeschold-Bell, et al. (2019) considers the approaches taken by caregivers to sustain positive mental health in five regions (Cambodia; Ethiopia; Kenya; Hyderabad, India and Nagaland, India). Ungar, et al. (2011) explores the contributions made by youths to family well-being in five countries (Thailand; Canada; China; India and South Africa). Both studies disaggregate data into country of focus, while Ungar, et al. (2011) detail each case study's familial situation and history. Though Proeschold-Bell, et al. (2019) discuss the background that "differences in child outcomes [are] found between settings", the paper does not disaggregate or consider the type or quality of care received at the five residential institution in any of the five regions, and instead focuses on the caregivers.

Huynh, et al. (2019) compare the psychosocial well-being of children in different care settings. In doing so, the study disaggregates data based on whether the child is in community-based care or residential care and compares levels of food security, quality of shelter, quality of caregiving and access to healthcare services. Data is collected across five different countries – Cambodia, India, Kenya, Tanzania and Ethiopia – and does

not discuss the effect that differing contexts or cultures might have on the data collected, and instead treats residential care across different contexts as interchangeable.

McAndrew and Malley-Keighran (2017) explore parents' experiences of communicating with children who have been adopted internationally. The parents of 12 children are included in this study, with the children having been adopted from Thailand, Vietnam, Russia, and Bulgaria. The focus of the study is solely on the experiences of the parents, and no consideration is given to the quality or approach to care each child received prior to adoption, though this potentially effected the child's development and ability to communicate. Children are instead treated interchangeably as "international adoptees", without analysis of each child's history or context.

3.4.3. No disaggregation of data by care setting

Mohammadzadeh, et al. (2018b) explore the coping mechanisms utilised by adolescents living in Malaysian orphanages. The study includes 308 adolescents living in 9 orphanages randomly selection from a potential 50 private orphanages in a particular area of Malaysia (Klang Valley). The context and background of each orphanage is not documented or considered, and as such the data is not disaggregated by type or quality of care received. Though the quality and approach to care within private residential institutions can vary drastically, even within a small geographic region, the study treats each orphanage as interchangeable.

Manaboriboon, et al. (2016) seek to identify the psychosocial needs of perinatally HIV-infected youths in Thailand. The study assesses 150 youths through individual counselling sessions and questionnaires – 122 youths were receiving care at one of two Bangkok hospitals, and 28 were at an orphanage in Lopburi province. Though many of the psychosocial issues assessed (good self-care, communication skills, risk-taking behaviour) have been correlated to growing up in residential care (Holm-Hansen, et al., 2003, pp. 82-83), the data is not disaggregated into care situation. Instead, issues around psychosocial needs are instead presented as being only correlated to age or method of counselling.

3.5. Discussing children as passive objects

Though the papers selected for review document or explore children's experience of residential care in some way, a significant number treat the children as passive objects rather than engaging with their subjective experiences. Carpenter (2015) specifically discusses approaches to involve children in research, noting that, "while a consensus has emerged recognising the value of participatory methods involving children as research partners rather than as objects of scrutiny (Kesby, 2007; McNamee and Seymour, 2012), there is far less consensus on what characterises an authentically participatory research method (Lund, 2007)" (p. 86), going on to state that, "participant-observation methods may not allow for full expression of children's voices". Though the potential flaws in participant-observation methods are noted, this is the approach ultimately chosen by Carpenter (2015), as a method of generating research questions for future study.

Chaibal, et al. (2016) naturally treat the children as passive objects of research due to the nature of their research aims. In this study, participant observation is used to compare the early gross motor movement of infants raised in orphanages with those raised in families. Children were monitored to assess key motor developmental milestones such as crawling, sitting and standing, as well as noting the age of walking. In this research scenario, the children are too young to effectively engage in participatory research (4 – 8 months old), and participatory methods would have negligible benefit to achieving these research aims.

In exploring the experiences of parents of toddlers who were adopted internationally, McAndrew and Malley-Keighran (2017) explicitly discuss their decision to not focus on the adopted children, stating that "The study is unique in that it has explored issues which current international adoption literature has failed to investigate sufficiently. It

focused on issues from the perspective of the parents, rather than focusing on analysing the children's speech and language development" (p. 101).

Multiple pieces of research were reviewed that explored the subjective experiences and perceptions of adults involved in residential care, such as volunteers, community members and NGO staff. Though many of these research pieces involved ethnographic fieldwork, participant observation and interview, children are discussed as passive objects and rarely given agency. Conran (2011) gathers data from 75 volunteers, NGO coordinators and host community members over nine months, with an aim to explore voluntourism motivations and the effect that intimacy has on volunteer experience. Throughout this research, children are regarded passively as the objects of intimacy. Proyrungroj takes a similar approach and examines the experiences and motivations of local residents (2015) and international volunteers (2017) involved in residential care placements. The effects that interacting with children have on volunteers is discussed, but children are still regarded as passive objects.

3.6. Use of retrospective discussions

Certain papers do discuss the lived experiences of care, though these seem primarily to be a historical, retrospective interview with those who are now adults, rather than working directly with children currently living in residential care homes. Scarvelis, et al. (2017) explore the experiences of 30 children (now adults) who were adopted by Australian families from Rangsit Children's Home in Thailand in the late 1980 s and early 1990 s. Life history interviews were conducted to discuss subjective experiences, though this primarily focused on life growing up in Australia. Retrospective experiences of living in residential care varied, from being physically abused and happy to leave the orphanage, to not wanting to leave or not understanding what was happening (p. 427). As participants were asked to discuss memories from roughly thirty years prior, it is arguable that this should be considered more of a retrospective account, rather than their actual subjective experience at the time.

McAndrew and Malley-Keighran (2017) interview twelve parents to discuss the experiences in communicating with children adopted internationally (one of whom was born in Thailand). There is some retrospective discussion concerning preparing the child for adoption, managing the transition between countries, and reflecting on history, though the focus is primarily on the current situation.

4. Discussion

The initial research question used to guide this systematic review was: "To what extent, and in what ways, have the lived experiences of children in residential care settings in mainland Southeast Asia been documented?" This scope was then broadened as the review progressed, to include and consider the experiences and views of those who are linked to children in residential care settings, such as parents, volunteers, and host communities. The focus of this review therefore differs from that of Roche (2019), who sought to compare the specific findings of studies, whereas this review examines the methods and extent that lived experiences have been documented.

Focusing on qualitative studies, this review identified a variety of research methods used, with notable unique methods being the use of photo-elicitation and community mapping, the use of flashcards to discuss a child's personal history, life history interviews to discuss key moments, and creating a "day in the life" video of each child. While most studies utilised some form of participatory research methods, many of those treated children as passive objects of study, rather than engaging with their subjective experiences. Multiple pieces of research reviewed explored the perceptions and experiences of caregivers, parents, and staff, with no direct or indirect research input from the children in the residential care setting itself. It is likely that this was due to ease of access to adult research participants, though could imply an underlying

bias caused by greater respect for the views and experiences of adults involved in residential care, over the children affected.

No studies were found during this systematic review which focused on children currently resident in Myanmar or Vietnam. This systematic review did not collect enough data to hypothesise with any confidence why certain countries were favoured, though it is possibly related to the ease of access for researchers, recent political history, and reliance on residential care settings for each country. Though certain countries initially seem to have a significant research focus, many have few authors publishing multiple papers on residential care settings in their country, such as Malaysia (Mohammadzadeh, et al. 2017a; 2017b; 2018a; 2018b) and Laos (Ruiz-Casares, 2016; 2016 with Phommavong). In addition to this, though the majority of research reviewed focused on Thailand or Thai children, none of these studies directly explored children's perceptions and lived experiences of care, and instead focused on topics such as the drivers for voluntourism and the opinions of host families.

There was a notable lack of discussion or exploration of the history, context or purpose of the residential care setting itself, with most studies providing either a cursory overview, or omitting this information altogether. This seemed to lead to a lack of disaggregation of data in several studies, where quality of care was not considered as a contributing factor, nor was form or context of residential care setting. This could be a cause for concern, considering the significant historical data linking the quality and form of alternative care a child receives with their cognitive (Nelson, 2007; Van Ijzendoorn, et al., 2008), physical (Van Ijzendoorn, et al., 2007) and social (Holm-Hansen, et al., 2003, pp. 82-83) development.

4.1. Research gaps

This review analysed the approaches previously used to understand the experiences of children in residential care settings, as well as the geographical landscape of research, and in doing so highlights areas for future research. A notable research gap was the seeming lack of any studies into children currently in residential care settings in Myanmar or Vietnam. Research exploring the current situation, context, and cultural variation in residential care settings in these countries, and across Southeast Asia, could assist in future policy and practice decisions concerning national and regional approaches to alternative care provision. A further geographic research gap was the lack of any research identified which directly explored children's perceptions of care in Thailand.

A significant research gap was any discussion on the history, evolution, or culture of residential care settings in Southeast Asia. Though touched upon to varying degrees by a variety of authors and studies, a specific exploration into the historical evolution of residential care, with a consideration of the drivers of growth and changing perceptions, might help to frame current studies, advocacy initiatives, and reforms in policy and practice. Without this history established, these studies and initiatives are only able to consider residential care settings in their current form, rather than as the most recent iteration of an ongoing evolution of practice, effected by changing culture and context.

This article echoes the following research gaps identified by Roche (2019). The lack of detail about the research participants, in particular the characteristics of children and their reasons for entering residential care, possibly caused studies to not consider vital links between development outcomes and personal life histories. This article also identified a noteworthy lack of insight into the ethical arrangements of several studies reviewed. Finally, this article reiterates Roche's comment that there is still a significant gap in research considering residential care settings in Southeast Asia (and in the global South generally), particularly in any comparison to similar settings in the global North (Roche, 2019).

5. Limitations

This review has mapped the evidence base of peer reviewed research relating to children in, or affected by, residential care homes in mainland Southeast Asia. As with the review by Roche (2019), the limitations of this review are mostly methodological. Evidence from grey literature, such as reports produced by NGOs, national governments, or intergovernmental organisations, are not included in this systematic review due to a lack of reliable published data. Though grey literature on the subject might be of high quality, it has not been peer reviewed, and it would be difficult to thoroughly search and review available sources. There does however exist a growing focus on residential care settings by the international development and aid community, and so a review of available grey literature would likely give illuminating additional data and insight. This review makes a scholarly contribution by providing a rigorous replicable exploration of available papers, however, due to the limited available evidence it covers a broad range of care provision across some differences in social, culture and political economies within the bounds of journal article this presents challenges to present the nuance and complexity relating to the topic. As a result, the paper offers an introductory overview to alternative care in the region rather than a systematic review. Despite these limitations the findings of this review provide suggested areas for future research, as well as areas of consideration when designing similar research reviews in future.

6. Conclusions

This literature review has highlighted a number of areas critical to our understanding of alternative care in Southeast Asia that are under-researched and missing from existing studies in some countries in the region. The main gaps can be summarised as follows:

- (a) Most studies have neglected to directly engage with children and young people living in institutions. We therefore know very little about the lived experiences of children and young people in such settings, and particularly their subjective social and emotional wellbeing and aspirations for the future.
- (b) Although many studies have used some form of participatory approaches and methods, they tended to treat the children as passive objects of study to gather information, rather than engage them as active thinking and living human beings with their own subjective experiences and perceptions
- (c) Most studies also ignored the historical, social and cultural context of child-care institutions and explored their intended theory of change and approaches to development outcomes for the children in care
- (d) Many studies also lacked disaggregated data on the quality of care provided, the bottlenecks and challenges faced and risk mitigation approaches and strategies.
- (e) Ethical considerations and outcomes were also not explained in 8 of the 23 studies.

Addressing these gaps in our knowledge and understanding of alternative care is therefore an urgent need in order to better inform current national policies and strategies of governments, civil society and international agencies. Furthermore, this will also be needed in order to develop new policy approaches that would be required to streamline the current institutional context of alternative care as well as to develop new practical protocols and guidelines to support managers and care-givers in children's institutions.

The normative framework for policies and strategies on alternative care are guided by the provisions in the UN Convention on the Rights of the Child which "provides support for a well-prepared and planned process of developing alternatives to institutionalization for as many children as possible, a process that is itself fully respectful of children's rights and best interests". The Convention clearly implies that the institutionalisation of

children should be considered only as a “last resort” when all other forms (family, kinship and community care) are either not available or possible in the given situation. Unfortunately, however, the reality is that for most government and private organisations dealing with children institutionalisation seems to be the preferred option.

Finally, this literature review has also shown that the root causes and contributing factors to children ending up in institutions are complex and culturally-specific to the context. A study by Innocenti Research Centre of UNICEF in 2003 in Europe and Latin America concluded that “complex and often interlinked factors – such as poverty, family breakdown, disability, ethnicity, inflexible child welfare systems and the lack of alternatives to residential care – require holistic responses that identify families at risk, address their needs and prevent the removal of their children”. There is therefore the urgent need for studies and research on alternative care and children in institutions need to be robustly multi-disciplinary and multi-sectoral in order to tackle the complexity of the phenomena in family and community settings that are marked by social and cultural diversity and differentiation in our societies.

CRedit authorship contribution statement

Justin Rogers: conceptualization, Methodology, Writing. **Robert Whitelaw:** Searching databases, writing- original draft preparation. **Victor Karunan:** Writing revision. **Pryn Ketnim:** Reviewing.

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