

‘Doing family’ in adversity: Findings from a qualitative study exploring family practices in alternative care settings in Thailand .

Abstract

This paper presents findings from a qualitative study that explored children’s and families’ experiences of alternative care in Thailand. The study used arts-based methods to engage 160 children living in a range of care settings. This included government and NGO run residential care settings (RCS), children’s villages, Buddhist temples, migrant learning centres and foster care homes. Interviews were also conducted with twenty parents/guardians who had placed their children in care. Findings show that despite the alternative care system presenting significant challenges, the participants revealed how they strived to preserve their family connections, and how they are ‘doing family’ in adversity.

Introduction

Across the globe there are children and young people who are growing up apart from their parents, living in arrangements commonly known in practice and policy contexts as alternative care. Some children are placed in alternative care due to child protection concerns, whilst others are separated from their parents due to drivers caused by poverty, for example, to have their fundamental needs met, e.g. food, shelter and healthcare, for others they are in care to gain access to education.

For the vast majority, alternative care can mean a family-based arrangement, such as a childhood in their extended kinship group, often with the support and love of grandparents. For some, this can mean a “substitute family”, for example with foster carers or adopters who have no pre-existing kinship connection to the children. Family-based care often enables children to maintain contact with their parents and friends, which promotes a sense of belonging to family and community (Rogers 2015). However, across the globe, it is estimated that 5.4 million children (Boyce et al. 2020) in alternative care arrangements are placed outside of family-based care, in residential care settings (RCS), which are group care arrangements that are often known as children’s homes, orphanages, residential/boarding schools, or government centres. Some small scale residential homes are looking after 5-10 children and are embedded in local communities (Csaky 2009). However, many RCS are

institutional forms of care, which can be characterised by large numbers of children (over 20 in one home) being cared for by relatively low numbers of caregivers (Bakermans-Kranenburg et al., 2008). This staff-to-child ratio often impacts the staff's ability to care for and nurture the children. This is often compounded by the staff members being on shift patterns that result in inconsistent care, where children can experience an estimated 50–100 caregivers in the space of a year (van Ijzendoorn et al. 2011).

Quiroga and Hamilton-Giachritsis (2016) conducted a systematic review of the literature on attachment in care and concluded that alternative care has a negative impact on attachment, with institutional care having a greater effect. Other studies have reported lower IQ scores and impaired physical growth in institutionalised children compared to those in foster care (Van Ijzendoorn et al. 2007; 2008), leading Van Ijzendoorn to argue that institutional care can be considered a form of child maltreatment, specifically structural neglect. These findings were reinforced by the Lancet Commission in 2020, which conducted a systematic literature review, and unequivocally concluded that institutionalised children in alternative care experience impairment in their physical, social, cognitive, and emotional development (Boyce et al. 2020).

It is important to acknowledge that the quality of practice across the differing kinds of care provision varies. There are areas that require improvement across, kinship care, institutions, residential homes and foster carers. For example, in the United Kingdom context, issues of placement instability and outcomes for children leaving foster care and residential care continue to cause concern (MacAlister 2022).

When exploring the effects that living in alternative care has on children, perhaps the least well-documented and understood aspects are the perceptions and experiences of those at the centre of the phenomena, the children and young people who are growing up in these settings (Roche 2019; Rogers et al. 2021). Accordingly, a key objective of this research was to directly engage with children and young people living in care to contribute to a deeper understanding of alternative care and its impact on the lives of children.

The development of the child rights agenda, and the recognition of children's agency through the sociology of childhood, have emphasised the scientific value of learning directly from children (Prout & James . However, Williams and Rogers (2016 p735) caution against

privileging children's voices, highlighting that, *'there is a growing recognition in the literature that children's experiences and insights are essential but insufficient by themselves for illuminating a more complete picture about the situation facing young people in a given context'*. Therefore, to provide a more comprehensive view of the experiences of alternative care, this study also interviewed parents and guardians who had placed their children in care.

Residential care settings often fail to promote children's contact with family, which disrupts familial bonds and social capital (Rogers et al. 2021). This is often compounded by many RCS who promote themselves as caring for orphans, in a context where it is estimated that 4 out of 5 children in alternative care are not orphans and have a living parent (Csaky 2009). This is referred to as the *'orphan myth'*, where the conceptualisation of the 'orphan' and the 'orphanage' is being used by care providers to secure funding from donors (OneSky 2019). Increased awareness of the orphan myth has meant many countries are now reforming their care systems and achieving deinstitutionalisation, in part through family-strengthening programmes that prevent separation where possible and reunify children in care back with their families.

With this increasing policy and practice interest in supporting and strengthening families, this paper is of importance because it explores family practices in alternative care and focuses on how children and their parents maintain connections in the context of a care system that often disrupts their family bonds. To explore this, we use the concept of *"Doing Family"*, which derives from Morgan's theorisation of family practices (Morgan, 1996). Morgan's work is underpinned by a social constructivist lens that challenged notions of a 'traditional nuclear family' being something that exists as a fixed structure with set roles that are centred around a physical space like a house. Instead, Morgan (2013) acknowledges that families are diverse and fluid, and family members actively construct their roles and relationships through communication and interactions. This concept recognises that families are not static structures but rather are dynamic entities that are shaped by the ongoing interactions and practices of their members. Morgan explains that different families may have different practices and priorities, depending on factors like culture, gender, and socioeconomic status.

Research Design

Case Study: Thailand

This study focuses on the provision of alternative care in Thailand, a country that presents an interesting and significant case study for investigating child welfare. Thailand, as a middle-income nation, has achieved remarkable strides in improving child rights and well-being, being the first Asian country in the region to ratify the United Nations Convention on the Rights of the Child (UNCRC 1998). Infant mortality rates have decreased, and access to education has increased. Nevertheless, progress in care reform has been limited, and the estimated 120,000 children in care are primarily placed in institutional settings (Ladaphongphattha, K. et al. 2023). This runs contrary to the United Nations Guidelines on Alternative Care (2009), which promotes family support to lessen the necessity of care, as well as encourages states to abolish institutional care and shift to more suitable family-based provision. There are promising developments for care reform in Thailand with Alternative Care Thailand, an active network of NGOs, who have been working with UNICEF and the Royal Thai Government to develop and implement a National Action Plan for Alternative Care (Department for Children and Youth 2021). The action plan aims to improve residential care, and through the development of family-based care and family-strengthening programmes lessen the need for residential care placements.

Methodology

This study employed a qualitative methodology to explore children's and families' experiences of alternative care and to gather their perceptions and views. The research team consisted of an academic from a UK-based university and two Thai academics, as well as a researcher with care experience. This cross-cultural team ensured that the study considered cultural nuances and minimised the risk of uncritically applying knowledge from one international context to another (Thoburn, 2007). The inclusion of a person with lived experience of alternative care on the team was invaluable and their insight helped to further minimise assumptions being made.

The sample was accessed across 13 different care settings in Thailand, including government residential care settings, NGO residential care settings, children's villages, Buddhist temples, migrant learning centres, and foster care homes. In total, we involved 160 children, 148 children took part in art activities, and we undertook in-depth semi-structured

interviews with 59 children. 31 girls and 28 boys were interviewed. The sample included children between the ages of 12 and 18. This range was chosen as it is an interesting and important age group to study. In Thailand, children start secondary education at the age of 12 and can remain in school until 18. Therefore, this sampling choice reflects that age range, and it also provides some context in which to understand their experiences in relation to their peers who are not in alternative care. A limitation of the sampling was that care providers selected the groups of children who had access to the research team. Despite this limitation, the study made significant strides in gaining direct access to children in the range of Thai alternative care settings, who are typically challenging to reach due to gatekeepers' reluctance to allow researchers access.

Semi-structured interviews were also conducted with 20 parents/guardians who had placed their children in alternative care. The Covid-19 pandemic necessitated that some of the interviews with parents/guardians were conducted via phone, which had the potential to limit rapport building, however, it did enable the researchers to reach parents in rural locations without the travel time. We were also able to meet them at a time that was most convenient for them, which we feel assisted us with our ability to reach the sample size of 20. The interviews ranged from 30 minutes to 1 hour.

To encourage active participation from the children and young people, we used arts-based research methods. We wanted to ensure that the activities were enjoyable for the children while also providing us with valuable data about their experiences in care. Drawing and talking methods were used both in group settings and in semi-structured individual interviews. We piloted our methods at three sites in Mae Sot to develop the timing and assess the data generated by each method. Although these were pilot sites, we still used the data we collected in the final analysis. The research team spent a day and a half, and sometimes two full days, in most settings. Art activities were conducted on the first day, followed by individual interviews with those who expressed interest on the second day.

The art based methods were facilitated alongside local artists. There were individual draw and talk activities with the researcher as well as a large group exercise we called '*The Tree of Hope*' activity. The children drew individual leaves of the tree that represented each child's hopes for the future and then pasted the leaves to make up the tree. This method prompted many discussions around the group that the researcher and artist recorded in

field notes, often the children expressed their hopes to return to their local communities and reunify with their family. This is explored further in the findings section. The photographs below provide an insight into the process of the individual and group activity and show the '*Tree of Hope*'.

Figure 1: A boy drawing his leaves of future hopes



Figure 2: Girls painting the outline of the tree of hopes



Figure 3: Girls attaching their leaves of hopes to the tree

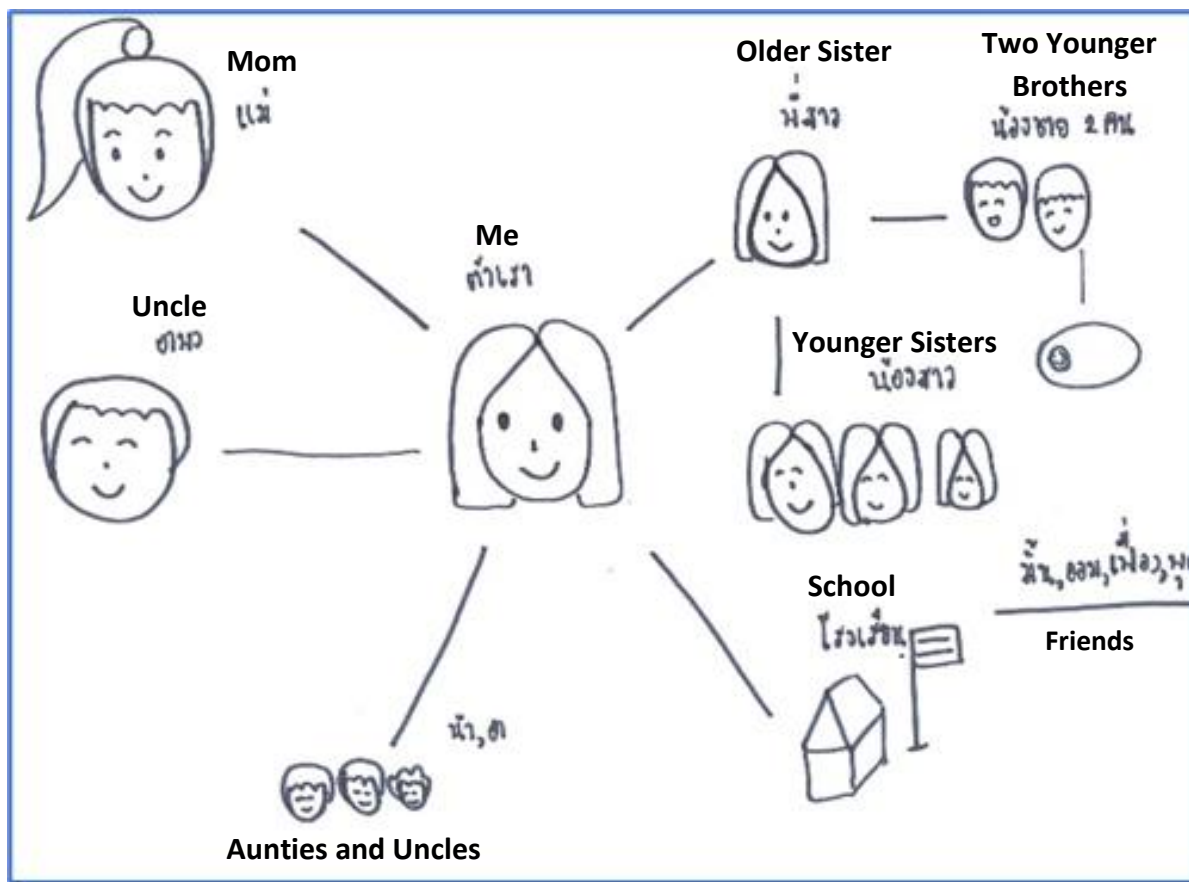


Figure 4: Finished Tree of Hopes from a residential home in Pattaya



During the individual interviews, eco-maps were used as a method to explore the children's social networks and relationships, and also provided insights into how they interact with their local communities. Previous research has also utilised eco-maps in exploring children's experiences of alternative care (Rogers 2017). The eco-map exercise was conducted one-to-one with the researcher. Participants were asked to draw themselves in the middle of the page and then identify people, places, and things that were important to them. The maps themselves provided data, but the recorded discussions about the things they placed on their maps provided more in-depth data. This arts-based method helped minimise power relations between adults and children, allowing for more relaxed communication through the paper and the activity, rather than the potentially intense exchange in a formal one-to-one interview.

Figure 5: Example of an eco-map drawn by one of the child participants



The researchers obtained ethical approval for the study from their respective universities in both the UK and Thailand. Information sheets in Thai were provided to the children, parents, and care providers, explaining the project's scope and plans for disseminating findings. Written consent was obtained from all participants, and there was no financial incentive for participation. After the interviews, the children received a small gift such as pens and a pencil case as a thank you.

The complete audio recordings of the interviews with the children and the focus groups with the parents were transcribed in their entirety. To identify the emerging concepts, perspectives, and ideas, a framework of thematic analysis was employed. Thematic analysis is considered an accessible and flexible approach to analysing qualitative data (Braun and Clarke 2006). To ensure a deliberate and rigorous process, the six-stage framework proposed by Braun and Clarke (2006, p.77) was utilised in this study. This framework aided in the organisation and coding of the transcripts and facilitated an inductive analysis, where themes emerged directly from the data. The transcripts were carefully read line by line, and codes were assigned to segments of text. From this initial

coding, preliminary themes were developed. These themes were further refined and reviewed until key themes were identified and established. This paper focuses on a key theme that emerged from the analysis that we framed as *'doing family'*. The findings that follow, draw on excerpts from the transcripts, to explore how participants engage in family practices within the often constrained context of the Thai alternative care system.

Findings

The findings are presented across two sections; the first explores the ways children are *'doing family'*; and the second shows how the parents and carers are *'doing family'*.

The ways children are *'doing family'*

The section of the findings presents three key areas where the children were actively engaging in family practices. This includes the ways they developed family-like relationships with their substitute carers and in particular with their *'house mothers'*. The participants' sibling-like relationships with their peers in care are discussed. This section also presents findings showing the ways children maintain connections with their birth families and express hopes for reunification.

Doing family with the substitute family

The participants in the homes that adopted a children's villages model described very close relationships with their carers whom they referred to as family. children refer to the main carers in the village houses as their *'Mother/Mum'*, and any backup carers they refer to as their *'Aunt'*, they also described the wider care staff as their family. The quotation from the girl below, who was living in a children's village, highlights the bond she had with her house mother. She was quick to place her down first on her eco-map..

Child: *"First person is the mother; she always supports by listening and sorting out any issues. For example, the university and dormitory papers or when I have to see the doctor, my mother informs the office and prepares all the documents for me.... Mother has never interrupted my study, like forcing me to study in a way she likes. She gives me the freedom to choose by myself. She always supports me to do my best in what I choose".*

The children in the villages often spoke of wanting to return after they leave care, to help their house mothers. For example, one girl was asked where she wanted to live after leaving the village and explained, *"I want to be near Bangkok, not too far from home. I want to come back to visit my mum and my sisters... I do not want to take a bus 7-8-hour on the road to be back... I want to come back to help my mum from time to time."*

This display of family towards her house mother fits with the cultural practice of filial piety, which refers to the virtue of respect and obedience towards one's parents and elders. It is a core principle in Buddhist traditions and exists in many East Asian cultures, reinforcing moral obligations for children to show gratitude, obedience, and care towards their parents and elders. The girl's wish to also want to visit her sisters in the future highlights another way the children were 'doing family' in the care settings, and that was by developing 'family-like' relationships with their peers in care and referring to them as their siblings. This peer support also enabled the children to navigate the stigma of being in care and cope with the shared experiences of bullying outside of the care setting. This quotation from a girl in a children's village encapsulates this experience of bullying.

Child: *"The community inside here is nice, we have everything, if we need anything we just ask. But in the community outside the village, we do not know whether the people are sincere with us, or feel okay with us, because we are children in alternative care. Some people do not accept us... Some people that know we are from alternative care, that our parents left us, are mean to us, and look down on us... I got bullied by my friends at school before. They teased me about my parents...I did not like it at all. I felt hurt. That it is not my fault, I cannot choose to be born in this situation. So why do I get bullied?"*

It is important to highlight that in some settings older children had significant caring responsibilities for younger children, specifically those in Temples and Children's Villages. Although these responsibilities may help their development as caring and responsible people, it is important to recognise they are children who have the adverse childhood experience of separation from their birth families, and they are in need of care themselves. The demands of caring for often large numbers of younger children impact their childhood,

reducing opportunities to play and spend time with friends. For example, this 17-year-old girl in a Buddhist temple in Chiang Mai explained her daily routine of caring for 65 children in her dorm with 9 of her older peers.

Child: *"I wake up at 4.30 am and call the rest of the kids to chant. In the morning, we do walk meditation. In the evening, we chant...I go back, I take a shower...I watch the kids do their chores first then shower. Soon after, it's dinner time so I call the kids to come eat... At weekends I hold activities for the kids... Sometimes I teach manners, chanting.*

INT: *What about on school days?*

Child: *The kids go to school...we have them line up at the field first. Gather them and check whether everyone is there, if so, we allow them to leave. ...then when school is finished, I watch the kids doing their chores and then at 4.30 pm we have dinner... we go back to take a shower... because at 6, we chant...do our homework for a while before sleeping".*

Doing family with their birth families

Alongside the evidence showing how the children had a close relationship with their carers and peers, the children across the range of settings were still keen to explain to researchers how important members of their birth family were to them. For example, during the eco-map exercise, many prioritised their birth family members when we asked them who were the people they spoke to if they had a problem.

Child: *... I keep it to myself. If sometimes I cannot hold on, I will consult my grandmother... I called her on the telephone of the social department, but not often.*

Int.: *Can you ask to call your grandma anytime?*

Child: *No, only if it has been a long time, then I can ask, just so I can release my feelings of missing them".*

This limited and sporadic contact with family was evident in most of the children's narratives. This was less impaired for the older children who often described how their contact happened through phones and social media. However, for many, this was still quite

limited, as their families did not have access to a phone. Whilst completing the eco map, one girl discussed her limited contact with her family.

Child: *I want to contact both of them (grandmother and mother), but they do not have a telephone. I can talk to them sometimes when I contact my older sister”.*

One child described a similar scenario and how they could maintain some contact but only when they had access to the computer in the school. Often their access to tech was used as a privilege by the care staff, given if they were upset and missing family. However, this could be taken away if they were sanctioned for perceived bad behaviour.

Int.: *“How do you talk to each other?*

Child: *Facebook, Line,... I used to have a phone before, but not anymore. When I go to school, the teacher will sometimes let me use the computer so I can talk to them from time to time.*

Int.: *So, can you have your personal mobile?*

Child: *Yes, when I am 18 years old”.*

A 12-year-old girl in a Migrant Learning Centre (MLC) explained her contact with family and it represents the experiences of most children who were placed in centres with education provided. She explained she was 5 years old when she was sent by her parents to the MLC and had spent 7 years boarding there in the dorms, she visited home 5-6 times per year. Her house is about 25 Km from school over the border in Myanmar. This girl was grateful for her education, but this clearly came at a significant emotional cost, which was evident when she became tearful when discussing her visits to family back in the village.

Child: *“I go back around five or six times per year, if the school holiday is long, I go back to the family. It’s not so far, it’s around twenty-five kilometers from here”.*

Despite this disrupted and often limited contact, the children’s narratives suggested a strong connection with their families, and many hoped to return to them in the future. Maintaining these hopes presented as a way for the children to be ‘doing family’ whilst they were living apart. These hopes for reunification were repeated by many of the participants

in the art workshops we facilitated. Alongside the tree of hopes activity, the children also created individual drawings representing their future homes. A participant in an NGO home in Chiang Mai drew the house she wanted to buy in Bangkok for her parents. This child had limited contact with their parents and when she was asked about what she wanted to do in the future she replied, *“When I grow up, I want to have a beautiful house for my mum and dad to live in Bangkok.”*

Figure 6: House in Bangkok



Houses that were drawn often represented a place to live with their own families, their future partners, and children. However, the pictures also represented places for their parents and siblings to reside or visit too. For example, one boy living in an NGO home in Chiang Mai drew a well-designed room, where he thought through the things he wanted in the house in Cha-am, from the clock to the refrigerator! He also described how he wanted this house to be near the sea with his own family and for his parents to visit.

Child: *“I hope to have the floor like this at the lowest level... there will be a refrigerator, clock, utensils, and a cupboard for clothes. I hope to have my own family to live together. After having my own family, whenever I’m free I will bring my parents to tour around. I can live anywhere but the best place to live is Cha-am because it’s near the sea. I’ve been there before so I like it... I’m not sure when I will go (to Cha-am) but I’m thinking ahead”.*

Figure 7: House in Cha-am



Often the reason the children wanted to reunify with their parents or grandparents was so that they could take care of them. These accounts were similar to the displays of filial piety that the participants in the children's village settings expressed about their 'house mothers'. This sense of caring for relatives was particularly evident from the girls in the sample.

Child: *"I want to graduate and work to make money, then go back home to take care of my family...My grandmother, mother, and sister".*

The quotation above from a girl in a government home encapsulates the hope, which was expressed by many. She wanted to succeed in her education, secure a job and then return to her family to take care of them, and in particular the women in her family.

The ways parents/carers are 'doing family'

This section presents findings that show how parents/carers often endeavoured against adversity to maintain contact with their children. Participants explained that the

ability to maintain contact was a key factor when they chose a care setting for their child. However, findings show that the promise of maintaining contact was in reality more challenging to achieve. This section also includes findings that highlight the ways parents still maintain a duty of care and protection for their children even though they are living apart. This also includes the ways they are preparing for reunification when their children leave alternative care.

Choice of care provider and maintaining contact

For most of the parents/carers interviewed, maintaining contact with their children was a key issue from the start of their family's involvement with alternative care. For example, the excerpts from the transcripts below show contact was a driver in their choice of care provider. Many had chosen the care setting with the explicit aim of being able to stay in touch with their children. This mother in Nong Khai explained that they chose the government home over an NGO as they wanted to maintain contact.

Int.: *"So, it's the private foundation then, they won't let you visit?"*

Mother: *Yes... from what I know they won't let you visit.*

Int.: *Do they let the kids come back home when school closes or do they keep them for the whole education period?*

Mother: *I think they will let the kids go back, but just do not allow parents to visit, so I didn't investigate the details about that foundation when I knew they wouldn't let me visit my son on weekends".*

A father in Pattaya, also described how he was faced with the option of permanently relinquishing his child to a foundation where international adoption was the goal for the children. He explained...

Father: *"I went to a foundation first. But they said I needed to give my son up to the centre and let them take care of him, for a chance that a foreigner might be interested in adopting him so they could send him to learn in another country. It would be like giving my son up to them. But I could not do it, because my problems were just that I had no time and no one to help take care of him. I did not want to give him away... They recommended me to go to this childcare centre, they told me that at this centre I did not have to give my son over... I could remain in contact".*

Barriers to maintaining contact

In the interviews with parents, we also explored the contact arrangements and the time they spent with their children. Data suggests many parents were actively dissuaded from visiting by the care staff and were often told that visiting unsettled the children and made them miss their family more.

Mother: *"I did not visit her for many months, the staff there were afraid that the children would want to come home... They say that if I would visit then I should call beforehand and schedule on weekends because they don't want to disturb their education".*

One of the parents explained that they were told not to visit the children's home because it would not only unsettle his child but the other children that lived there who didn't have parents visiting them.

Father: *"I told him to stay there, and I would visit him every week. After a while, the centre told me to visit once a month because most of the children who lived there either did not have parents or they were in jail. When I first sent him there, only 40 kids lived there. But now I believe there are over 80 kids...the kids might be jealous and think why has this kid got parents who visit him often?"*

One of the participants explained to us that she had been told not to visit her children in an NGO-run children's home unannounced, in case donors were present. It seems the home was framed as an orphanage to donors for fundraising purposes and having parents show up impromptu could undermine that false narrative. This practice directly impacts a child's relationship with their parent and exposes the exploitative reality of the 'orphan myth', which can be perpetuated for the care settings' financial needs over children's needs.

Int.: *"Did you visit him often?"*

Mother: *4-5 times a year. I have to inform the foundation that I am going to visit first, if not they will not let me in... the foundation told their sponsor that the kids*

don't have parents, and if we go there without telling them first, they will have difficulty with their sponsors.

Int.: *Children with parents do not meet their criteria?*

Mother: *Yes. So, I must inform them if I want to visit the kids.*

Int.: *To make sure that you will not meet the sponsor?*

Mother: *Yes."*

The same mother went on to explain that despite this narrative of orphanhood she was in daily contact with her son thanks to his access to a mobile phone.

Int.: *"How often did you call him now that he has a cell phone?*

Mother: *Almost every day. He calls me after dinner around 6 or 7 p.m. If I call when he is not available, he will tell me to call back later".*

Some parents lived a distance from the care setting where their child was placed, and this was a significant barrier for many of them to visit regularly. This meant they faced the challenge of having to find money to visit but also the time it took on public transport to get to the children's home. For example, this father explained how he travels overnight from his hometown in Chiang Mai to Nong Khai where his son is placed in a government children's home.

Father: *"Even though I can take him out to sleep somewhere outside the centre I can't afford the expense of it. So, I normally catch the bus from Chiang Mai at night which arrives at Udon at 5 am and then I connect another bus from Udon to Nongkhai, Baht 55. Then I get off the bus at the Nong Song Hong intersection and hire a local tuk-tuk for Baht 20 to the centre or walk there. I play with my son until 4 - 4.30 pm. And I go back to Udon and take the night bus to Chiang Mai, same route... I can save both money and time and meet my goal".*

Covid-19 and the challenges of maintaining contact

For some parents, the impact of covid-19 presented another challenge in relation to contact. Family members were stopped from visiting the care settings altogether and for others, the restrictions of PPE and social distancing meant family time had changed. Despite

these challenges and the disrupted contacts, the accounts of the parents and the responses of their children show displays of family and warmth, and care for each other.

Mother: *"Yes, he still misses me. He can't even hug me because of Covid. They told him to wear a mask and sit 1-2 m. apart.... He said that there are a lot of covid cases there and he is worried for me. I also have to wear a mask in my hometown. He also told me that if I visit him, just go straight, and not travel around because there are high infection rates around the centre".*

Another parent also spoke about Covid restricting physical contact and how she was maintaining a connection to her children through phone calls. She also spoke of how the children were upset with Covid restrictions and not being able to leave the home.

Mother: *I called them every two days, I miss them a lot. I cannot go there with this Covid situation... I call the social worker during the daytime. If I call during the nighttime, I have to call the house mother... They said they are sick of Covid19, as they cannot go anywhere".*

Care, protection and reunification

The parents/carers shared narratives that showed how they felt a strong duty of care and the need to protect their child, despite living apart. In the interviews with parents, we explored the circumstances and decision-making around their child's entry into care. In their accounts, these decisions were often informed by a need to protect their child. Most every decision was underpinned by the belief they were doing it for the child to have a better quality of life. For example, this aunt, who placed her niece in an NGO residential home to protect her from an abusive father, explained how although she did feel concerned that she was abandoning her niece into care, she was satisfied and thankful for the care her niece was receiving.

Aunt: *"I am glad that she's in good care at the center. I really have to admit that they take good care of her. The children experience every activity and lessons which is very good. Their food and livelihood are very good as well. So, I am very glad to have placed her there, although I had thought whether it was like I was abandoning her.*

On the other hand, I thought, if she was with her parents, would she ever get these kinds of opportunities to study? Would she be able to have these kinds of food and livelihood?”.

However, there were also several parents/guardians that expressed concerns about the care setting. For example, some had concerns about their children not settling into the homes and how they were emotional and missing their families.

Mother: *“Yes, at first, he was happy because he had a lot of friends, a few months later when I visited, he cried about wanting to come home...I couldn’t take him back because I was still working”.*

Several participants were even more critical about the level of care their child received at the children’s homes, and for some, this meant they made the decision to bring their children back home.

Mother: *“I look at many aspects of the centre itself and I would like the staff there to take care of the children as if they were their own children. They should not look at the kids as if they were abandoned children. The clothes of the children are dirty, and the food is not good for children. If the parents had the ability to take care of them, they wouldn’t send them there. I just want them to take better care of the children... I understand that there are a lot of children, but I don’t think they take care of them very thoroughly. I saw how the teachers acted and talked to the children, I could not accept it, so I brought all the children back”.*

Some parents had also removed their children from the homes because they had concerns about the level of care, specifically about bullying amongst the children.

Mother: *“I saw all the kids punching each other, the older kids were bullying my son. I understand that there are a lot of kids, but no one was watching them. If the kid has serious injuries, who would be responsible? I was troubled really, to send them there, but I expected them to experience good things, but they had problems staying there, so I took them back... I pity all the children there. It is hard for children there to grow*

up and be good. The environment there was not supporting the kids to be good people. So, I decided to remove all of my children and take them out of the centre”.

Data also revealed that many parents/carers were making plans for their future reunification with their children once they finish their education. The following excerpts from the transcripts show how making these plans is an example of how they are ‘doing family’ in adversity whilst they are living separately from their children.

Mother: *“I said that after he finished his education, I will open a shop for him, I will save money for him. It isn’t hard to fix a motorcycle, just change some tires and stuff. Just keep doing it with patience and keep waiting for customers. Opening a shop should take about a hundred thousand baht or two, I can find it for him... I used to hope to rely on him in the future as I thought that he is a normal kid like others, but now I hope that he could just take care of himself.*

Int.: *Does his ADHD have less effect on him now, it doesn’t affect his life anymore?*

Mother: *No, only he cannot read and write. Sometimes his abilities are even better than a person without ADHD, his speaking and thinking. He is skillful, ...he cannot read and write, but he understands everything else. When my motorcycle was broken and it was making a lot of noise, he knew exactly what was wrong”.*

A father gave a similar explanation of how he was saving for his son’s higher education when he left the NGO children’s home.

Father: *After I had my second child, I started saving some money (for their education). In case they graduate (high school)... I want to be ready to support both of my sons to finish their education plans if they want”.*

Discussion

The findings from this study demonstrate that children in alternative care in Thailand are building family-like relationships with their carers and peers, which reflects their ways of “doing family.” For example, for some participants, their in-care peers provide valuable support in coping with the bullying they experience outside the care setting. Stigma, discrimination, and bullying are known challenges faced by care-experienced people

(Rogers, 2017). Goffman's (1963) seminal work on stigma shows that mutual support among stigmatised individuals can be beneficial. Managing a "*spoiled identity*" requires effort and forming an in-group with others facing stigma can lessen this burden (Goffman, 1963). Research in the UK also highlights the positive effects of peer support for care-experienced people (Rogers, 2017). Findings in this study, reflect the value of peer support in the Thai context, the children often described their 'in-care' peers as their brothers or sisters, which shows the bonds they have developed with them.

Some children in this study expressed their hope to return to their residential care settings and support their house mothers, demonstrating the strong bonds they have developed with their carers. Their narratives reflect a sense of filial piety and duty to their elders, as well as a desire to support both their substitute and birth families. "

The narratives expressed by parents/carers around their decision-making when placing their children in care offer further examples of how they were "doing family." They believed that their choice was in the '*best interest of their children*', providing them with education, more opportunities, and a better life. They also hoped to maintain contact and continue to "do family" despite living apart, with the choice of care provider reflecting this. However, data reveals that the parents and carers in this study experienced significant challenges and barriers to maintaining contact with their children. The distance and cost of traveling presented as a barrier and sometimes the providers dissuaded parents from visiting. It is important to acknowledge that in some cases circumstances of abuse and neglect mean contact is not appropriate even with close supervision. However, this would be a minority of cases particularly in the Thai alternative care context where the majority of children are placed due to drivers around poverty and access to education (Rogers & Karunan 2019).

Findings from the interviews with the children showed from their perspective how contact was often reliant on the availability of technology in the homes or the schools. It was also dependent on whether the staff deemed that it would cause upset to the child or if their behaviour warranted it. Furthermore, some of the parents/carers described how they were restricted in their contact by the care providers. One of the participants was told to keep away from the institution to avoid the donors. This was done to protect the orphan myth (Matthews 2020), which is perpetuated to help secure funding. These restrictive

practices highlight the need to build on the advocacy work of organisations like Lumos and Hope and Homes, who have been raising awareness of the harm the orphan myth causes children and families. Increasing awareness amongst care providers is needed too to highlight how these often false narratives about orphans, which might increase charitable giving, but they are exploitative and harmful and serve to disrupt and harm family contact.

Preventing contact undermines children's ability to maintain their familial relationships, which are a source of support and fundamental to their social capital throughout their life-course (Rogers 2015). The practices described by children and families in this study that restricts contact without merit can be emotionally harmful and runs contrary to their rights to a family life which is enshrined in the United Nations Convention on the Rights of a Child (UNCRC 1989), which Thailand has ratified.

The Action Plan for Alternative Care in Thailand (DCY 2021) includes a call for the development of individual care plans for all children in care. These findings show that there is a need in the care plans to include family contact arrangements for children. A plan for meaningful family time aligns with the rights to family life is important in all care setting, as established in the United Nations Convention on the Rights of the Child (UNCRC 1989). Such a plan would not only provide consistency for children but also strengthen their existing close bonds with their families, which they often expressed in this study, despite their often sporadic and restricted contact.

Conclusion

This study conducted in Thailand reveals that children in alternative care, along with their parents and caregivers, strive to maintain familial connections and 'do family' despite living apart. However, they can face significant barriers in their efforts to do so. In countries like Thailand that are initiating care reforms, there is an opportunity to build upon children's and families' existing practices and promote safe family time in a consistent manner. The Thai Action Plan for Alternative Care is a positive step towards this goal, with its emphasis on care planning. However, it is important to ensure that contact arrangements are a critical aspect of the process and that they are based on an individual assessment of the child's social and familial relationships. Strengthening children's opportunities to 'do family' whilst they are in alternative care can create opportunities for reunification. Furthermore, family

contact can better prepare young people for leaving care by building their family and social networks, which are critical in their transition to adulthood.

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