

Evaluation of the UNICEF Child Protection Monitoring and Response System (CPMRS) in Thailand

Volume III – Child
Protection System
Context
Final Report



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GLOSSARY and ABBREVIATIONS

CM	Case Manager
CO	Competent Official
CP	Child Protection
CPMRS	Child Protection Monitoring and Response System
CPMS	Child Protection Monitoring System
CPRS	Child Protection Response System
CRC	Convention on the Rights of the Child
FDC	Family Development Centre
GD	Group Discussion
GDP	Gross Domestic Product
INMU	Institute of Nutrition Mahidol University
MDT	Multi-Disciplinary Team
MoE	Ministry of Education
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoPH	Ministry of Public Health
MSDHS	Ministry of Social Development and Human Security
NCPC	National Child Protection Committee
NFDC	New Family Development Centre
NGO	Non-government organization
OPP	Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups
OSCC	One Stop Crisis Centre
OWAFD	Office of Women’s Affairs and Family Development
PCPC	Provincial Child Protection Committee
PSDHS	Provincial Social Development and Human Security Office
RTG	Royal Thai Government
SSI	Semi-Structured Interview
TAO	Tambon Administrative Organisation
TCO	Thailand Country Office
ToR	Terms of Reference
UNICEF	United Nations Children’s Fund

DEFINITIONS

Child: As according to the United Nations Convention on the Rights of the Child (1989), ‘child’ refers to anyone younger than 18 years.

Child protection: A broad term used to describe philosophies, policies, standards, guidelines and procedures to prevent, respond to and protect children from both intentional and unintentional harm. In the context of this research, it applies especially to the duty of individuals, families, communities, organizations and governments towards children in their care.¹

Child protection system: Refers to those structures which have been established specifically to or which are playing a role in the protection of children, with or without a legal mandate for their operations. This may include government, international organisations and local NGOs (including community and faith based organisations) involved in providing child protection services, where these are officially recognised or endorsed by and subject to supervision and regulation by the national government. It is also important to note that some groups, such as traditional and religious leaders, may also have clear roles within the formal system.²

Child Protection Monitoring and Response System: Project implemented by UNICEF Thailand and the Royal Thai Government (RTG) since 2006 in collaboration with other partners to develop a model for a comprehensive child protection monitoring and response system (CPMRS) in tsunami affected provinces, later expanded to other locations in Thailand.

Community: A group of interacting people who live in some proximity to one another. For the purposes of this paper, the term also refers to a social unit larger than the household that shares common values and interests.

Congruence: The concept is generally understood to be the quality or state of agreeing or coinciding. Systems are congruent if they are consistent and interact positively with one another. The evaluation reflected in this paper was designed in part to examine the extent to which the CPMRS is congruent with child caring and child protection realities in Thailand. It aims to investigate the nature and quality of the dynamic between the functions and services of the formal system on one hand and the endogenous community practices along with the needs and perspectives of children, families and communities on the other.

Family: The term ‘family’ is used as shorthand to refer to those within the caring circle of a child. Membership in this caring circle varies according to culture and circumstance. For example, in some societies, the care environment of a child is limited to the nuclear family or household. In others, children are cared for in broad webs of relatedness and connection, encompassing members of the extended

¹ For agency-specific definitions please see: UNICEF: www.unicef.org/protection/files/What_is_Child_Protection.pdf and Save the Children Alliance: www.savethechildren.net/alliance/what_we_do/child_protection/ [Accessed 13 Nov. 2012].

² It is expected that there will also be differences between how the ‘formal system’ is defined and how this actually works in practice.

family, close kin who are not co-resident and close, sometimes unrelated, individuals with whom they may or may not reside. Despite having their own caring circle, children are often members in the caring circles of other boys and girls, for example as sibling caregivers. Individuals from the community or service providers who are not providing daily emotional, physical and psychological care to children are not considered family under this definition.

Formal system: This term is used to refer to the social construct that supports and enables the development of programmes and services provided by organized bodies, such as governments, civil society organizations (including international and national non-government organizations, community-based organizations, faith-based organizations and others) and private sector actors.

Household: A group of people who typically live and eat together in one spatial unit and share domestic functions and activities.

Household head: The person who makes decisions affecting the entire household and is recognized by household members to have this role.

Prevention services: Services, programmes and accessible information designed to enhance the capacity of families and communities to keep children safe and cared for. It includes efforts aimed at promoting and supporting family welfare and reducing the probability of harm as well as early interventions to address existing family challenges and threats to children's well-being.

Response services: Child protection interventions respond to circumstances in which a child is at risk of harm or has been abused, exploited, neglected, abandoned or left without appropriate family care. These services seek to reduce the possibility of the recurrence of harm and to restore to the child a sense of well-being.

BACKGROUND

This volume has been developed to support the evaluation of the Child Protection Monitoring and Response System (CPMRS) in Thailand. The evaluation is being undertaken by the Royal Thai Government in collaboration with UNICEF to reflect upon the effectiveness and sustainability of the CPMRS after five years of implementation in selected provinces. This sub-component of the evaluation, led by Child Frontiers and supported by Universalis and Thammasat University, presents a descriptive picture of the overall environment and context in which the CPMRS has been developed, as well as an overview of the formal child protection system. This review of the formal infrastructure for child protection at the national level is important as background for analysis of the design and implementation of the CPMRS at the local level. Analysis is also provided of the functioning of the local level mechanisms from the perspective of communities and families.

It is important to note that this annex does not represent a comprehensive mapping of the child protection system in Thailand; such an endeavour would require a different methodological approach than that used for the CPMRS evaluation. The focus of this context assessment is on those aspects of the child protection system directly related to the CPMRS and analysis is based upon data collected through the evaluation process and materials provided by partners. A thorough mapping of child protection services provided by other government agencies related to justice, education or health, for example, was not conducted as part of this study and NGO actors and services are similarly not included. Detailed information about the evaluation methodology and limitations are provided in the proceeding evaluation report.

Part A opens with a brief analysis of the child protection situation in Thailand, followed by a review of the legal framework for the delivery of child protection services and key policies that underpin the approach to child protection in Thailand. A review of the structures in place for child and family welfare service delivery at the national, provincial and sub-district (TAO) levels is then presented, followed by a brief discussion of the function and availability of human resources and current financial priorities for child protection. Part B presents an analysis of the degree to which the CPMRS has been integrated into the national child protection system context, the alignment of the CPMRS with the Thai legal framework, as well as the overall coordination and functioning of services. Consolidated recommendations for the CPMRS and child protection system development in Thailand are presented in the evaluation report.

International Context: Strategic Approach to Child Protection

The primary objective of this volume is to provide a general picture of the child protection context in Thailand within which the CPMRS has been implemented. In addition to considering the CPMRS context at the national level, however, on-going global discussions about national child and family welfare systems by UN agencies and other international actors have also influenced the project design and the institutional context, particularly with regard to the key stakeholders involved. Global approaches to understanding and strengthening national child and family welfare systems have evolved significantly in

recent years. Within the sphere of international development, a move towards developing a more comprehensive approach to child welfare has been emerging.

A key feature of this shift in thinking is the increasing global recognition of the need for a more integrated and systems-based approach at the national level to prevent and protect children from all forms of violence, abuse, neglect and exploitation. Within the global debate, emphasis is increasingly moving towards a more holistic approach, encompassing proactive and preventive child and family welfare services rather than simply reactive interventions after violence or abuse has occurred. Exclusive focus on the child victim is gradually shifting towards interventions directed at the whole family, aiming to improve parents' capacities to provide appropriate care and protection or to provide alternative family-based care for children who cannot live with their own family.

Although a systems approach has long been a feature of countries with more developed social welfare provisions, as evidenced in Thailand, the traditional model of service provision in developing countries has generally been issue-based. In countries experiencing multiple and complex child protection challenges in a context of limited resources, 'one-off' issue-based approaches reduce potential for synergy between direct services provided and is rarely based on actual needs of individual children. The systems approach is grounded in research that suggests a comprehensive, tailored, well-organized set of measures to prevent and mitigate the incidence of child protection violations is a prerequisite for supporting social and economic development.³

In past years, international agencies and governments have developed a variety of frameworks for protecting children. Prior to 2000, however, the approach was predominately based upon issue-specific programming, addressing topics including commercial sexual exploitation, trafficking, street children, juvenile justice and children affected by armed conflict. In the past decade, there has been a shift in focus towards a broader approach to child protection that covers the range of abuse, exploitation, neglect and violence.

³ See Krueger & Delaney, 2008.

PART A: THE NATIONAL CHILD PROTECTION SYSTEM CONTEXT

I. Child Protection Situation in Thailand

Thailand has experienced rapid growth in recent decades, transitioning from a predominantly agricultural to a semi-industrialised economy. Average per capita income has almost tripled since the mid-1980s, with an approximate annual economic growth of 7 per cent. Poverty rates have dropped from 42% of the population below the poverty line in 1988 to 7.8% in 2010.^{4,5} A quarter of the population is employed in the informal sector, including transport, trade, construction, as well as services. Agriculture presently contributes less than 10 per cent of GDP but employs approximately two-fifths of the population.⁶ Combined with the informal sector, those with insecure livelihoods comprise over half of the total Thai population.

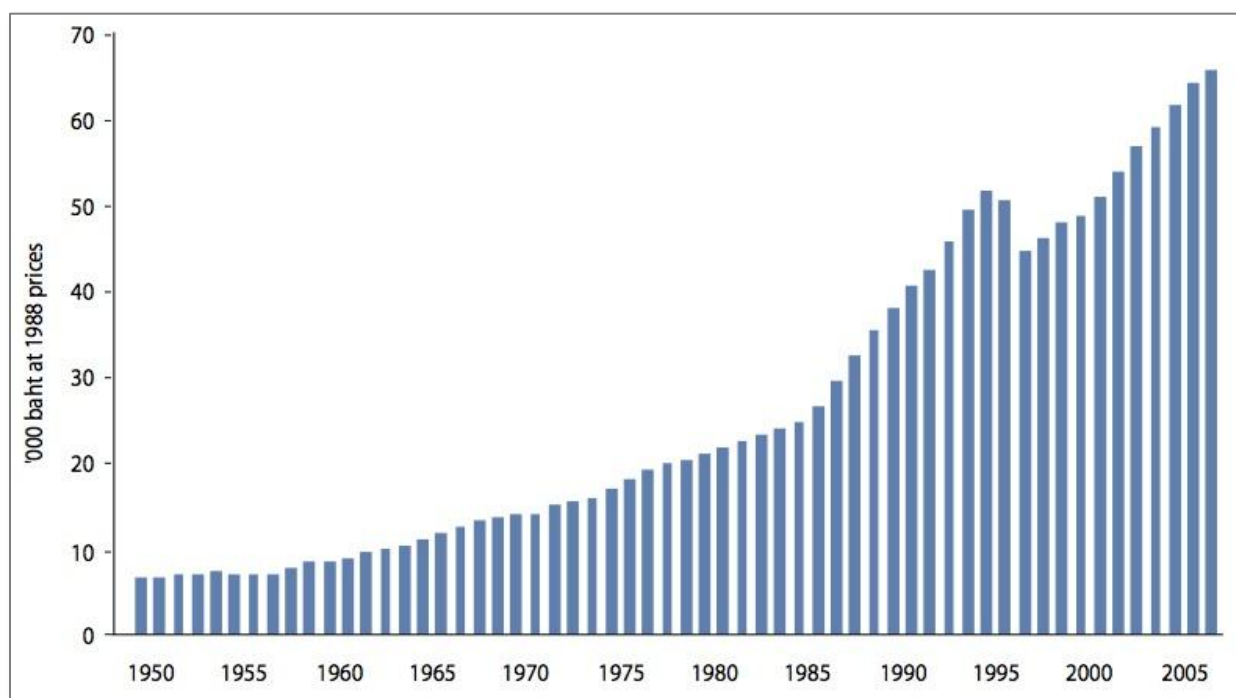


Figure 1: Real GDP per Head 1951 - 2005⁷

While GDP growth does not directly correlate with improvements in social welfare, secure employment and financial stability are conducive to family welfare and child wellbeing. Due in part to rapid economic growth, Thailand's track record on the achievement of the UN Millennium Development Goals has been positive. A number of key 2015 targets have been met including: halving the proportion of the population

⁴ National Statistics Office *Household Socioeconomic Survey*. Calculations by NESDB.

⁵ World Bank. Data Catalog: World Development Indicators, Thailand. <http://data.worldbank.org/country/thailand>. Accessed February 2013.

⁶ Phongpaichit, Pasuk. "Confronting Thailand's inequality through fiscal reform" Chulalongkorn University and Kyoto University. January 2012.

⁷ NESDB, quarterly GDP results

living in extreme poverty, as well as the proportion of the population suffering from hunger; ensuring children (boys and girls) are able to complete a full course of primary education; and elimination of gender disparity in education. The Government of Thailand's Universal Health Care Scheme and the National Health Security System (2001) have helped ensure access to basic health care for children. The incidence of HIV/AIDS has been reduced, as well as malaria and potentially tuberculosis. The proportion of the population without sustainable access to safe drinking water and basic sanitation has been halved and the under-five mortality rate has been significantly reduced, although challenges remain in remote areas.⁸ Progress on the more ambitious UN Millennium Goals Plus (MDG+) targets on child mortality and maternal health in remote areas has been less successful and may not be achieved within the set timeframe.

Similarly in education, the National Education Act 1999 and the Compulsory Education Act 2002 have increased school enrolment rates at all levels. Although efforts have been made to increase accessibility to education, secondary school dropout rates remain high and informal education costs remain a challenge for poor families.⁹ Educational standards, particularly in rural areas, remain low, with Thailand ranking below the OECD average at 50 (out of 65) in the PISA score ranking.¹⁰

Despite the decrease in overall poverty, income inequality represents a serious challenge facing Thailand. The country has experienced a steady rise in the Gini coefficient of the distribution of total income from 0.4 since measurement began around 1960 to over 0.5 in recent years, indicating that income inequality in Thailand has increased (0 represents perfect equity).¹¹ Socioeconomic imbalances exist between urban Bangkok and rural areas, particularly in the northeast, where many households remain poor and with a high number of dependents. Income inequality correlates closely with education and the impact of low education levels tends to be passed down through generations. The population in rural areas of Thailand has an average of 7 years of education, compared with 9 in urban locations.¹²

These socio-economic dynamics have significant implications for the welfare of families and children. Most importantly, these factors impact families' ability to provide for their children and have historically shaped rural to urban labour flows, with many parents compelled to work in urban areas leaving children in the care of grandparents and relatives. Young people also migrate to urban centres in search of employment at an early age and many rural households are subsidized by remittances from household members working elsewhere.¹³

In recent years, child protection efforts in Thailand have largely been focused on commercial sexual exploitation, trafficking and migration issues. Many children, however, experience abuse and violence in their communities and homes, inflicted by family members and others in their immediate environment. While actual rates of familial abuse and violence are difficult to measure, broad statistics on child abuse and violence against women and children in Thailand indicate significant challenges. According to data from the One-Stop Crisis Centres under the Ministry of Public Health, 15,882 persons sought help during

⁸ Office of the National Economic and Social Development Board. *Thailand Millennium Development Goals Report 2009*.

⁹ UNDP. Thailand Human Development Report 2009. Bangkok, Thailand.

¹⁰ <http://www.oecd.org/pisa/46643496.pdf>

¹¹ UNDP. Thailand Human Development Report 2009. Bangkok, Thailand.

¹² UNDP. Thailand Human Development Report 2009. Bangkok, Thailand.

¹³ NSO, *Household Socioeconomic Survey*, 2007 (T).

2006, or approximately 44 cases per day. In 2007 this number increased to 19,068 reported cases, or 56 cases per day, including 9,598 child victims of violence and abuse. Of these cases involving children, 7,772 victims (81 per cent) were girls, and 6,020 cases involved sexual abuse.¹⁴ Court records indicate that the number of reported cases of sexual abuse of children under the age of 15 increased by 40 per cent during 2002–2006, from approximately 6,000 to more than 10,000 cases.¹⁵ While this increase is partially explained by the establishment of the OSCCs, which facilitated reporting the number of cases indicates that children in Thailand are exposed to a significant level of violence and harm from relatives, friends, acquaintances, parents, teachers and others.¹⁶ Despite this evidence, however, there were repeated denials by local authorities during the research process of the existence of child protection issues.

YEAR	Number of Hospitals	Cases of Violence Against Women & Children
2007	297	19,067
2008	582	26,631
2009	602	23,499
2010		25,744

Table 1: Cases of Violence against Children and Women Reported to OSCCs (National)¹⁷

According to police data, the number of sexual offences against adults and children rose from 3,741 cases in 1997 to 5,269 in 2007.¹⁸ Less than half of these resulted in arrests. Over time, as the number of crimes has risen, the proportion of those resulting in arrest has shrunk. These statistics correlate with the findings of the community research which indicate reluctance by the police to deal with domestic violence or child protection issues because they continue to be perceived as internal family matters.

Compounding the problem, as in many countries, official figures significantly underestimate the true magnitude of physical and sexual violence against women and children. A 2006 survey found that one in five women in Thailand reportedly had a first sexual experience that was non-consensual.¹⁹ Cultural dynamics and barriers against disclosure reinforce reluctance to seek assistance for child victims of violence. A Thai proverb states, “Don’t take family matters outside; don’t bring outside matters into the family.”²⁰ As a result, children are often reluctant to seek help and family members may prefer to deal with violent behaviour internally. This was corroborated by findings in the four provinces where fieldwork was conducted.

Despite the evident challenges described above, child protection in Thailand has traditionally been viewed through a lens of protecting society from the negative behaviour of children, specifically today in terms of

¹⁴ Office of Women’s Affairs and Family Development, Ministry of Social Development and Human Security, 2007; Institute of Population and Social Research, Mahidol University and Thai Health Promotion Foundation, 2007.

¹⁵ [117 Gender Development: Similarities and Differences, op. cit.]

¹⁶ [Office of Women’s Affairs and Family Development, Ministry of Social Development and Human Security]

¹⁷ Bureau of Health System Development. Situation of Violence Against Women and Children. **29** January 2010

¹⁸ UNDP. Thailand Human Development Report 2009. Bangkok, Thailand.

¹⁹ Kritaya Archavanitkul, Churnrurtai Kanchanachitra, and Wassana Im-em. 2008. ‘First Sexual Experiences for Thais... Consensual or Forced? Who Were the Partners? Condom Use?’ in *Population and Society 2008: Sexual dimensions in Population and Society*, edited by Kritaya Archavanitkul and Kanchana Tangcholapit, Nakhon Pathom: Population and Society Press, 2008 (T).

²⁰ UNDP. Human Security Today and Tomorrow. , Thailand Development Report 2009.

juvenile offending, teenage pregnancy, drug use and motorcycle racing. There is significant confusion between protection and behaviour control of children, with child protection frequently understood as the latter. As noted in the local level analysis section of this report, when asked to identify the leading child protection challenges in their area, many officials highlighted these types of offending patterns. Abuse, neglect and exploitation of children appear to be significantly less visible and not of primary concern to officials and service providers. This perception has significant implications for the conceptualisation and development of the child protection system, the types of social welfare programmes implemented, as well as the attitudes of officials responsible for service provision.

Within this context, Thailand experienced its worst natural disaster in recent history in December 2004. The Indian Ocean tsunami took thousands of lives and as many as 1,480 children lost one or both parents. The local environment and economy was devastated and almost 5,000 homes were destroyed, significantly increasing the vulnerability of children.²¹ Response efforts in the wake of the tsunami highlighted many of the challenges facing the embryonic child protection system in Thailand and provided an opportunity for analysis of its strengths and weaknesses. Through dialogue and practical activities following the tsunami, consensus emerged among government, UN and NGO actors about the need to design and develop a more comprehensive child protection framework capable of identifying and responding to risks to all children rather than focusing on specific categories of children. As a result of the funds allocated for the tsunami response, there was an opportunity to consider a series of broader national child protection measures. The CPMRS model and pilot project were initiated in this context in an effort to support a new systems approach, one which focused more strategically on preventative services, thereby expanding the spectrum to include better provision for families and communities.

While government agencies are gradually beginning to recognise current challenges, fieldwork research reveals that the general level of awareness and recognition of child protection problems by officials legally mandated to respond to these remains limited and insufficient. Despite significant effort on the part of the government, international agencies and NGOs to improve the welfare of children, discussions with government officials, frontline workers and community members indicate that the overall child protection environment in Thailand is characterised by a combination of lack of knowledge about child protection issues and tolerance of physical, emotional and in some cases sexual abuse of children, as well as neglect. The following section will look at the policies and strategies that underpin the approach to child protection in Thailand and provide its rationale and legitimacy.

²¹ <http://www.un.or.th/tsunamiinthailand/Tsunami2004anditsimpact.html>

II. Legal and Policy Framework for the Delivery of Child Protection Services

Under the Convention on the Rights of the Child, ratified by the Royal Government of Thailand on 27th March, 1992, a national legal framework should be developed to guarantee children the right to protection from all forms of violence, abuse, neglect, and exploitation. This section will consider the progress made in Thailand to develop legal measures for the welfare and protection of vulnerable children, with a special emphasis on the Child Protection Act, 2003 (revised in 2007). While there are many different laws relating to children, the Child Protection Act governs the delivery of core response and services to children and families at the provincial and district levels and should, therefore, underpin the conceptualisation of the CPMRS. To that end, this section explores:

- The legal framework within which the CPMRS is located / operates; and
- The extent to which the CPMRS has been aligned to the legal framework, especially for the provision of welfare and protection services at the provincial level.

Overview of the Legal Framework

Over the past decade, the Royal Thai Government has made significant strides to develop a comprehensive framework for the welfare and protection of children. As described in Figure 1 below, Thailand is a signatory to the major international conventions for the promotion of child rights and for safeguarding children and young people against abuse and exploitation. In order to adapt these international laws to the Thai domestic context, the government has established a national framework – albeit in a somewhat ad hoc and inconsistent manner – to promote the welfare and protection of children and families. In the past, the legislative priority was the criminal (or penal) code which stipulates the penalties for specific crimes against children. However, in recent years, there has been more of an emphasis on establishing legislation that governs the delivery of welfare and protection services for children and, more broadly, women and families. While many of the procedures for the delivery of services remain quite vague, there is an acknowledgement of the specific needs of children in laws such as the Domestic Violence Act (2007) and the Anti-Trafficking Act (2008).

The predominant approach of the legislative framework is one of rescue and rehabilitation. While it is essential to have a comprehensive set of response procedures and services for child victims of abuse and exploitation, there tends to be an absence of accompanying preventative measures to mitigate underlying risk to children. As such, the laws focus on responding to individual children rather than ensuring the broader welfare needs of the families and communities in which they live. As will be seen in later chapters, this approach very much determines the inter-agency partnerships at the local level, the types of services that are provided for vulnerable children, and the roles and responsibilities of different actors to protect children.

Table 2: Key Child Rights, Welfare and Protection Laws

INTERNATIONAL LEGAL FRAMEWORK FOR CHILD RIGHTS, WELFARE AND PROTECTION		
The United Nations Convention on the Rights of the Child	Acceded 1991	Reservation to Article 7 (rights to birth registration, name and nationality) lifted in 2010. Reservation to Article 22 (rights of refugee children) remains.
The ILO Convention 182 on the Worst Forms of Child Labour	Ratified 2001	
The Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography	Ratified 2006	
The Optional Protocol on the Involvement of Children in Armed Conflict	Ratified 2006	
ILO Convention 138 on Minimum Age for Admission to Employment	Ratified 2004	
The Hague Convention on the Civil Aspects of International Child Abduction	Ratified 2002	
Optional Protocol to the Convention on the Rights of the Child on a communications procedure	Ratified 2012	
The Constitution of the Kingdom of Thailand	2007	Section 40 states that all children, young people, women and others (such as the elderly and disabled people) have the right to appropriate protection in judicial process and have the right to appropriate treatment in case relating to sexual offences. Section 52 states that children, young people, women and families have the right to be protected by the State against violence and unfair treatment and have the right to medical treatment or rehabilitation.

INTERNATIONAL LEGAL FRAMEWORK FOR CHILD RIGHTS, WELFARE AND PROTECTION		
The Prevention and Suppression of Prostitution Act	1996	Section 9 stipulates the penalty for engagement of a child under the age of 18 years in prostitution.
The Labour Protection Act	1998	Section 44 states that a child under the age of 15 may not be employed, while Section 45 states the administrative procedures for a child under the age of 18. Section 49 provides a list of hazardous work that children under the age of 18 may not be employed to conduct.
The Decentralization Act	1999	Section 16 of Chapter 2 mandates that TAO are responsible for provision of public services. Section 17 highlights the importance of social welfare and improving the quality of life of children, women, the elderly and disadvantaged persons.
The Criminal Code	Amended 2003	Section 277 states that sexual intercourse with a girl under the age of 15 – regardless of consent – will be punished by a prison term of between 4 and 20 years as well as a fine. The penalty is more severe if the girl is under the age of 13. Section 279 further stipulates a maximum penalty of ten years imprisonment for a person who commits indecent acts on a child. Section 306 stipulates the punishment for abandonment of a child under the age of 9 years. However, these more severe penalties do not seem to be aligned to the penalties stated in the Child Protection Act (Article 78) which provides that a person who commits acts against a child under Article 26 which amount to torture, exploitation, neglect, forced begging and labour (among others) ‘ <i>shall be liable to a term of imprisonment not exceeding three months or a fine not exceeding 30,000 Baht, or both</i> ’.
The Child Protection Act	2003	See below for analysis of the provisions of the Act.
The Protection of Domestic Violence Victims Act	2007	Article 3 states that domestic violence pertains to any physical or mental violence perpetrated by a family member to anyone else living in the same household. As defined elsewhere in the Act this includes children living in the household.

INTERNATIONAL LEGAL FRAMEWORK FOR CHILD RIGHTS, WELFARE AND PROTECTION		
The Children and Youth Development Act	2007	<p>Establishes a number of provisions to strengthen institutions for the development of children (under the age of 18) and youth (between the ages of 18 and 25). In particular, the Act focuses on ensuring the realisation of child rights and promotion of participation in development activities. For example, the Act reaffirms the right of children to education, healthcare, leisure, and birth registration in accordance with the Convention on the Rights of the Child. Similarly, the Act guarantees the same principles of best interests, non-discrimination and participation as the CRC in order to achieve these development outcomes.</p> <p>Article 22 states that District Child and Youth Councils shall be established by the provincial office of SDHS.</p>
The National Health Act	2007	<p>Article 6 stipulates that the health of women, children and people with disabilities and other specific health characteristics is to be promoted and protected appropriately.</p>
The Anti-Trafficking in Persons Act	2008	<p>Section 6 (2) describes trafficking of a child as including the following actions: procuring, buying, selling, vending, bringing from or sending to, detaining or confining, harbouring, or receiving a child...[for the purpose of exploitation]. Section 4 describes the definition of exploitation to include: forced begging and labour; sexual exploitation, pornography and prostitution; and organ removal. Section 33 delineates the responsibility of MSDHS to provide assistance (such as medical, shelter, financial, education, repatriation) according and appropriate to the age of the person.</p>
The Adoption Act	2010	<p>Regulates the adoption of children in Thailand, including penalties for non-compliance with the Act's provisions.</p>
Social Welfare Promotion Act	2003	<p>Contains provisions for social welfare arrangements concerning social services, education, health care, housing, occupational training, recreational activities and criminal justice, by means of promotion and development of welfare, protection, prevention, correction and rehabilitation. Amended in B.E. 2550 (2007) to promote organizations in the civil sector to be more effective and responsive to the needs of the members, to install a system of 'mutual care and assistance' in communities, and to support networking in community social welfare arrangement in order to strengthen social security and promote self-reliance in communities.</p>

INTERNATIONAL LEGAL FRAMEWORK FOR CHILD RIGHTS, WELFARE AND PROTECTION		
The Act on Juvenile and Family Court Procedure	2010	Establishes the regulations and procedures pertaining to children (under the age of 15) and juveniles (under the age of 18) who are in conflict with the law. The Act governs: criminal investigation procedures; the creation, functioning and powers of the Juvenile and Family Court; and the court orders that may be made to detain or refer children and young people to specific rehabilitation facilities. These facilities include: Juvenile Observation and Protection Centres; Training Centres; and Psychological Advisory Services.
The Civil Code	Amended in 2008	The Civil Code entered into force on January B.E. 2468 (1925) and was most recently amended in 2008. Book 4, Title 2 addresses issues related to parents and children, including the rights and duties of the parent and child (Chapter II), guardianship (Chapter III) and adoption (Chapter IV).

Child Protection Act, 2003

The most significant and comprehensive measures developed in Thailand for the welfare and protection of children are enshrined in the Child Protection Act, 2003.²² For the first time, a law defined a series of welfare services and procedures for children at risk of abuse, violence, neglect and exploitation. While the Act heralded a renewed commitment to vulnerable children, implementation of its protective measures has proved challenging. As in many countries of South East Asia, the Child Protection Act is founded upon a model of crisis intervention and response. The Act makes few references to preventative services and family support; rather, it focuses almost exclusively on the investigative process, case referral and management mechanisms, and child placement procedures. As described previously: *‘The Act adopts an administrative as opposed to a judicial model of child protection implementation. Under this model, primary responsibility for interpretation and implementation of the Act is delegated to executive branch representatives and their local designees. Judicial involvement and oversight is limited and not generally required unless specifically requested by a parent or legal guardian in specified circumstances.’*²³

Principles and Approaches under the Child Protection Act

In its concluding remarks, the Child Protection Act signals its intention to comply with the Convention on the Rights of the Child, as well as with the Constitution of the Kingdom of Thailand and the National Economic and Social Development Plan, as described below.

²² The Child Protection Act was promulgated in March 2004.

²³ Loyola University Chicago, Civitas ChildLaw Center. An Assessment of Child Protection Laws and Regulations. January 2008.

The Act covers all children who are under the age of eighteen years²⁴ and defines a wide range of categories of children who might be provided support under the Act, including children in conflict with the law, children at risk of abuse and exploitation²⁵, children in a range of institutions, and disabled children. Through omission, it appears that the Act applies to all children in Thailand, regardless of nationality. The services described within the Act are explicitly grounded in child rights principles of i) the best interest of the child and ii) non-discrimination.²⁶ These principles are further explained in the Ministerial Regulations ‘for determining if an act is in the best interests of or unfairly discriminatory to the child’, 2006.

One major departure of the Child Protection Act is the responsibilities defined for guardians and for civil society at large. Although the question of ‘primary’ responsibility is not explicitly stated, Article 23 states that guardians have the duty to care for their children – and that the quality of care provided by guardians must not fall below a minimum standard as stipulated in the Ministerial Regulations. In addition, a number of broad behaviours are prohibited for guardians, including: child abandonment; coercion of a child into ‘wrongdoing’, begging, harmful labour or sexual exploitation; torture; and neglect.²⁷

Of more significance is perhaps the requirement under Article 41 for any person who believes that ‘torture’ has been committed against a child to report their concerns to a Competent Official, an administration official or a police officer, or an official named under Article 24. Despite the rather vague language of the article, this requirement of mandatory reporting has a number of repercussions for the implementation of the CPRS within the Thai context, as explored elsewhere in the report.

Designation of Authority for Child Protection

Under Article 6 of the Child Protection Act, a number of ministries are designated as responsible for the enforcement of the Act. The named ministries are: Ministry of Interior, Ministry of Social Development and Human Security, Ministry of Education, and Ministry of Justice. This diffusion of responsibility for policy making, allocating budgets and implementing services continues to cause unnecessary confusion and, at times, paralysis of the child protection system. Representatives of these ministries are required, along with others, to sit on the National Child Protection Committee²⁸, chaired and coordinated by the Office of the Permanent Secretary of the Ministry of Social Development and Human Security.²⁹ Article 17 requires the establishment of Provincial Child Protection Committees: these replicate the same multi-agency membership approach and representatives are tasked with policy-making, planning, monitoring, budgeting, and seeking funding for all matters relating to child welfare in the province.³⁰ In addition, they have a dual responsibility to examine individual welfare and protection cases.³¹

²⁴ Article 4. However this article does not apply to children who have already attained majority through marriage. The age of eligibility for marriage is 17 years.

²⁵ The language used in the Child Protection Act is rather archaic and refers to, for example, ‘tortured’ children and ‘children at risk of wrongdoing’.

²⁶ Article 22

²⁷ Article 25

²⁸ Article 7

²⁹ Article 8

³⁰ Article 20 (1,2,4,7)

³¹ Article 20 (5)

This multi-ministerial approach establishes a clear message to other agencies that their policies and plans must promote and safeguard the welfare of children. However, in reality, this approach leaves the child protection system at the provincial and district level without delineated leadership and, as a consequence, without direction or decision-making.

At the local level, under Article 24, Permanent Secretaries, provincial governors, district chiefs, assistant district officers, and the heads of local administration organizations have the specific duty to ‘protect the safety’ of children living in areas under their jurisdiction. They are also all responsible for the supervision, inspection and monitoring of nurseries, reception centres, welfare centres, safety protection centres, development and rehabilitation centres and observation centres falling under their jurisdiction. In this regard, the Child Protection Act is somewhat ambiguous in its delineation of powers and duties: it is far from evident what protective role, based upon their limited professional knowledge and experience, these political appointees and administrators can be realistically expected to play in helping individual children.

Provision of Services for Children under the Child Protection Act

Article 19 of the CRC states that signatory governments have a duty to take ‘*all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*’ In accordance with this duty, the Child Protection Act establishes a series of measures to be taken for the ‘treatment’ of a child who requires welfare assistance or safety protection. Under Articles 28 and 29 of the Act, a Competent Official is designated to provide such assistance as required, as are other government representatives including an administrative official or police officer. While there are technically a number of Competent Officials (appointed or volunteering) to whom children may be referred for help, SDHS Social Workers are the Competent Official most likely to be involved in any investigative and referral process.³²

Under Article 30, the Competent Official has a series of powers and responsibilities for protecting a child, some of which include:

- Article 30 (1) – entering premises to search for a child and explore the circumstances of the child;
- Article 30 (2) – questioning the child, even if that means taking the child to the office of the Competent Official;
- Article 30 (3) – issuing a summons to the guardians to give statements on the child’s living conditions and welfare;
- Article 30 (6) - returning a child to the guardians with a warning about the treatment of the child;
- Article 30 (7) – preparing a report for the placement of a child in a residential facility.

³² All SDHS social workers are also supposed to be appointed as Competent Officials

If a Competent Official considers a child to be in need of safety protection or welfare assistance, there are a number of options available. Under Article 33 (2), one option is to support the guardians to take better care of the child in their home environment. However, the other options are essentially placements out of home, for example:

- Article 33 (2) – the child to be submitted to the care of a person who is willing to look after the child;³³
- Article 33 (3) – the child to be adopted by a third party;
- Article 33 (5) – the child to be cared for at a Children’s Reception Centre;
- Article 33 (6) – the child to be cared for at a welfare centre; and
- Article 33 (7) – the child to be sent to an occupational or rehabilitation facility, perhaps a temple or other religious institution.

If a guardian does not agree to these measures, the Provincial Governor or the Permanent Secretary of the Ministry of Social Welfare and Human Security may make the order and set the terms as they see fit. These placements may be made on a temporary basis; however, the Child Protection Act does not indicate a principle of removal from family and institutionalisation ‘as a last resort’. Although there is significant reference made in the Act (Articles 51-62) and Ministerial Regulations 2006 to operational standards and safeguarding procedures for establishing and managing residential facilities,³⁴ the Act nonetheless offers too many options that temporarily or permanently separate children from their families. The Act does provide the right for guardians to ask for review of decisions by the authorities (Articles 37, 38) and the Provincial Governor and Permanent Secretary have the discretion to amend their previous decision. In general, however, the Act does not explicitly prioritise efforts that aim to strengthen the family environment or maintain children within their immediate kinship groups and communities. This is despite the fact that, as described in this study, families and communities remain the first line of defence for children at high levels of risk.

For a child in need of safety protection, there is a greater emphasis on a rapid response, whereby a Competent Official has the powers to enter premises for the purpose of separating the child from the dangerous environment (Article 41). Under Article 42, a child may be sent to a place of safety for up to seven days, extendable if deemed necessary up to a maximum of thirty days. Again, based on an exploration of the child’s circumstances, a number of options are available to the Competent Official under Article 44, including:

- Providing assistance as described in Article 33 (above); or
- Returning the child to the guardian or a relative on a bond that certain supervisory conditions are fulfilled to safeguard the child.

³³ It is not explicitly stated, but it is assumed that a placement with extended family will be one (preferably the primary) option considered.

³⁴ Ministerial Regulations and Regulations published in the Government Gazette in accordance with the Child Protection Act 2003, The Ministry of Social Development and Human Security

If these arrangements fail or are not followed, the Competent Official may rescind the agreement.³⁵ In any case, the Competent Official may request the provincial governor or Permanent Secretary to appoint the child a ‘safety protector’ for a maximum of two years. This person might be a Competent Official, a social worker, or a ‘willing and suitable person’.³⁶ The role is essentially to guide the child and offer advice, monitor and report progress to the authorities.

Child Protection Policies, Strategies and Protocols

The Government of Thailand has developed a number of additional policies, strategies and protocols related to the welfare of children and families in line with the national political context. While the many different pieces of legislation, policies and guidelines in currently in place contribute to the welfare and protection of children in different ways, to date there is no overarching policy document or strategic vision in place for child protection in Thailand. At present, two different agencies under the Ministry of Social Development and Human Security nominally have authority for child protection system policy development: i) the National Child Protection Committee and ii) the Sub-Committee on Child Protection System in Thailand under the National Child and Youth Development Committee (OPP).³⁷

National Strategy and Plan of Action for a World Fit for Children (2005 – 2015)

Building upon Thailand’s commitments under the CRC, the National Strategy and Plan of Action for *A World Fit for Children 2007–2016* guides Thailand’s long-term agenda for children and youth. This ten-year plan expands the original four target areas of *A World Fit for Children* into the following 11 priority areas: 1) family and children; 2) physical and psychological health; 3) safety promotion and prevention of injuries; 4) children and the impact of HIV and AIDS; 5) education and children; 6) children and recreation; 7) media and children; 8) culture and religion and children; 9) child participation; 10) protection for children in need of special protection measures; and 11) legislation, rules and regulations concerning children.

11th National Economic and Social Development Plan (2012 – 2016)

The vision of the 11th National Economic and Social Development Plan is to “develop Thailand into a happy society with equity, fairness, and resilience”.³⁸ The 11th NESDP includes social indicators (Basic Minimum Needs) on child and youth development and child rights as social development priorities. Key objectives include promoting a peaceful society with good governance; ensuring sustainable development; protecting natural resources and the environment; and strengthening the resilience of people and communities. Priority areas related to child and family welfare include: promoting a just society and building human resources to promote a life-long learning society.

³⁵ Article 44

³⁶ Article 48

³⁷ Established January 2011 under Article 18 of the Child and Youth Development Act

³⁸ National Economic and Social Development Board, Office of the Prime Minister *The Eleventh National Economic and Social Development Plan (2012 – 2016)*. 26th October, B.E. 2554.

Memorandum of Understanding between the Ministry of Social Development and Human Security and the Ministry of Public Health on Improving the Quality of Life of Abandoned Children (2005)

Signed on September 9, 2005 based on the UN Convention on the Rights of the Child and highlighting the role of the State to protect and ensure that abandoned children are able to survive and develop in order to be well-prepared to live in society, enjoy a good quality of life and become self-reliant.

Manual of Child Protection Protocols and Procedures

Less than a year after the Child Protection Act was passed, on 26th December 2004, the devastating Indian Ocean tsunami struck the coastline of southern Thailand. As mentioned previously, thousands of children were separated from families, orphaned, displaced from their communities or sent to live with relatives in other parts of the country. It became clear, unsurprisingly, that the measures to protect children under the Act were not sufficiently mature to guarantee an adequate response to these vulnerable children and their families. Indeed the Act was still generally not well understood, implemented and tested in most areas of the country. The disaster highlighted that - while the Act articulates a number of services and mechanisms for child protection - it does not elucidate specific responsibilities or standard operational protocols to guide decision-making.

As a result, operational guidance for child protection actors was developed as a core component of the CPMRS, now reflected in the Manual of Child Protection Protocols and Procedures, approved by the National Child Protection Committee in May 2009. These protocols aim to make the legal provisions of the Act operational, providing those with child protection responsibilities with a series of clear procedures to follow. The National Child Protection Committee has approved these protocols; however, as of 2013, the protocols have not been endorsed or implemented in the vast majority of provinces. In those provinces that have opted to implement the CPMRS, the original protocols and procedures have often undergone refinement or adaptation.

III. Structures for Child Protection

National Level

The child protection system at the national level has historically been characterised by a general lack of leadership, clear mandates and interaction between key ministries with responsibilities related to children and families. As a result, there is no common framework or national strategy for child protection and the aims, objectives and overarching approach of the child protection system have yet to be defined by key stakeholders. The primary national level government Ministry with responsibility for driving the national child protection agenda in Thailand is the Ministry of Social Development and Human Security (MSDHS), established in 2002 based on a three-pronged strategy of “self-reliance; community empowerment and devotion to society” and mandated with implementation of the Child Protection Act.³⁹

Different government ministries with responsibilities for children have historically tended to work relative isolation and this fragmentation is replicated internally between departments within Ministries. One Stop Crisis Centres operated by the MoPH, as a primary child protection direct response service, represent an important component of the child protection system and are discussed in detail in the provincial level services below. Interviews with national stakeholders, however, indicated that coordination between MSDHS and MoPH is extremely limited. Similarly, the Ministry of Interior has historically had no direct involvement in child protection issues at the national level. However as the primary Ministry with responsibility for the TAO at the sub-district level, the MOI and its Department of Local Administration in particular represent a critical link in ensuring child protection system implementation at the local level, as analysed in the TAO level section of this chapter.

In addition to the MSDHS, the Child Protection Act identifies the responsibilities of several other government ministries with relation to children and families. The Minister of Interior, Minister of Social Development and Human Security, Minister of Education and Minister of Justice are given responsibility for enforcement of CRA and are directed to appoint competent officials and issue ministerial regulations or regulations to enable its implementation (Article 6).

Ministry of Justice: The Courts, as authorised under the Act Instituting the Juvenile and Family Courts and the Juvenile and Family Procedures to hear juvenile and family cases, are identified as having the power to hear such cases under the CPA (Article 5).⁴⁰

Ministry of Education: Chapter 7 of the CPA outlines the responsibilities of schools and educational establishments in supporting ‘behaviour promotion of pupils and students’. This involves establishing systems and activities to provide ‘guidance, counselling and training for pupils, students and guardians’. The focus of this chapter is primarily on punishments or admonishments of children who misbehave, rather than ensuring the protection of children in the school environment. Teachers and instructors are mandated to report concerns about a child’s safety or unlawful care to a competent official and are to be provided with appropriate protection for taking such action.

³⁹ UNDP. Thailand Human Development Report 2009. Bangkok, 2010.

⁴⁰ In provinces where no juvenile and family court or division exists, a Provincial Court is authorized with the power to hear such cases under the CPA.

Ministry of Health: Article 29 of the CPA stipulates that if a child is found in ‘circumstances which warrant welfare assistance or safety protection as stipulated under Chapters 3 and 4, a person shall provide basic assistance and notify a competent official, administrative official or police officer or person having the duty to protect a child's safety according to Article 24 without delay’. Health officials (physicians, nurses, psychologists and public health officials) are mandated to report concerns about a child’s safety or unlawful care to a competent official and are to be provided with appropriate protection for taking such action.

National Child Protection Committee (NCPC): Article 7 of the Child Protection Act mandates the establishment of a National Child Protection Committee chaired by the Minister of Social Development and Human Security, under the Office of the Permanent Secretary. The Office of the Permanent Secretary proposes CPC members for approval by the Minister of Social Development and Human Security, who may also nominate committee members. National level government ministries identified as NCPC members include: the Ministry of Public Health, the Department of Provincial Administration under the Ministry of Interior, Ministry of Justice, Ministry of Education, and the Royal Thai Police. A complete list of NCPC Members as mandated under the Child Protection Act is provided in Annex I. In some cases, NCPC members have limited practical experience or knowledge of children’s issues. Under the Act, the NCPC is responsible for developing child protection policy in Thailand. However, the NCPC does not appear to have served as an effective mechanism to coordinate child protection policy or actors at the national level and to focus on specific child protection issues such as teenage pregnancy or children without registration. A plan of action was reportedly developed several years ago to guide the work of the NCPC but this was never fully developed or shared among all the subcommittees or members.

Ministry of Social Development and Human Security

As illustrated in the MSDHS organogram below, responsibilities for child protection and family support fall under the responsibility of approximately 12 different divisions, reporting to five different departments, in addition to three functions under the Permanent Secretary Office. Two committees linked with MDSHS have responsibility for child protection policy development; the National Child Protection Committee under the Office of the Permanent Secretary of the MSDHS and the Subcommittee on Child Protection System in Thailand under the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups (OPP). This is prescribed by the National Child and Youth Development Act, which identifies the Prime Minister as Chair of the Subcommittee and OPP as the secretariat. The primary divisions within MSDHS with responsibilities related to child protection are described in detail below. Coordination and overlapping mandates between these different offices and departments appears to represent a significant challenge.

Office of the Permanent Secretary: Responsible for MSDHS strategy and policy development, as well as implementation of action plans. The Office of the Permanent Secretary operates Provincial Social Development and Human Security Offices in each of the 76 provinces and supervises the Office of the Secretariat of the National Child Protection Committee.

Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups (OPP): The OPP is responsible for formulating and coordinating broader child and youth policy, with the

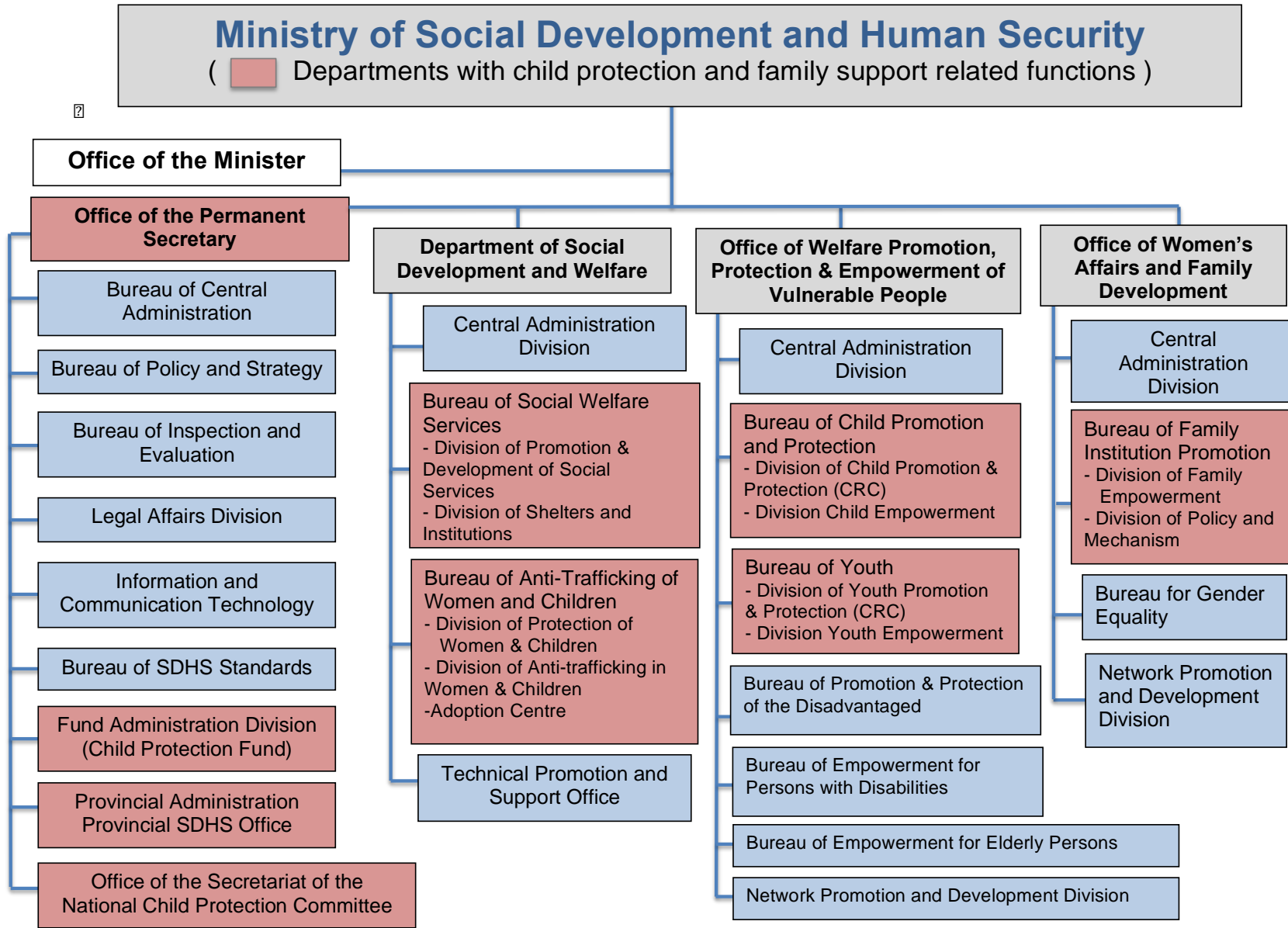
Subcommittee on Child Protection System in Thailand established in January 2011 to lead this process.^{41, 42} While the OPP has significantly more capacity than the Secretariat Office, with a large cadre of experienced full time government officials and earmarked funding for policy development, it does not have offices at the provincial level. As a result, it has no capacity to support policy implementation and so responsibility for governance of the child protection system at the local level remains with the PCPC. A proposal is now before Cabinet to move the secretariat office of the NCPC under the OPP, thereby refocusing the work on the OPP specifically on children, which may help streamline processes. However this has yet to be approved by Parliament and would require an amendment to the CP Act to accommodate this.

Department of Social Development and Social Welfare: This department is comprised of three primary line organizations: the Bureau of Social Welfare Services, the Bureau of Anti-Trafficking in Women and Children and the Technical Promotion and Support Offices. The Bureau of Social Welfare Services provides institutional care and services to target groups including target groups including children, youth, women, persons with disabilities, elderly, disadvantaged and socially distressed persons. This includes management of Reception Homes for Children and Families at the provincial level, described in detail below.

Office of Women Affairs and Family Development: The Office of Women's Affairs and Family Development serves as the secretariat of the National Committee on the Policy and Strategy for the Advancement of Women, chaired by the Prime Minister and is responsible for developing the potential of women, promotion of gender equality, empowerment of the family institution, as well as the establishment of social equity and justice. The OWAFD is responsible for oversight and coordination of the TAO-based Family Development Centres and Case Managers. This structure was established at the outset of the CPMRS project in an effort to link MSDHS with service provision at the local level.

⁴¹ Prime Minister, Chair of the National Child and Youth Development Committee. *Order of National Child and Youth Development Committee, Subject: Establishment of the Sub-Committee on Child Protection System in Thailand*. 25 March 2011.

⁴² The OPP is currently conducting an assessment of the child protection system in seven provinces of Thailand, which should be available shortly. The assessment reportedly focuses on a variety of child protection issues evident in different locations and will provide information on government structures and services in place to address these.



Provincial Level

As a result of the child protection measures established in the Child Protection Act of 2003, the Royal Thai Government has made concrete strides towards establishing formal systems components have been established to prevent and respond to violence, abuse and exploitation of children. The child protection system has developed significantly since 2003, with the creation of key provincial level services, including Reception Homes for Children and Families and provincial hospital-based One Stop Crisis Centres (OSCC). While not all provinces have established the full complement of support services and quality of services can vary significantly by location, all provinces have at least one OSCC and a Children's Reception Home in place. The majority of formal child protection services tend to be concentrated at the provincial level and located in the capital, with limited outreach or access to the TAO or community level. The presence of NGOs differs by location and acts to supplement and support government structures in many districts across the country.

i) Reception Homes for Children and Families

The Department of Social Development and Welfare of the Ministry of Social Development and Human Security operates Children's Reception Homes⁴³ in Bangkok and each of the 76 provinces of Thailand. Target groups include women and child victims of violence, sexual harassment, negligence, exploitation, orphans and women with unwanted pregnancies. Children's Reception Homes provide temporary shelter for children who are unable to remain with their family, as described under Article 33 (5) of the Child Protection Act.

The central level MSDHS, rather than the PSDHS, retains administrative responsibility for the Children's Reception Homes. Information about the services of the Children's Reception Home is reportedly available at hospitals and department stores, and referrals are made from the OSCC, NGOs, TAO authorities, 1300 hotlines and other sources. However, the general level of awareness of these services among communities is unclear, although they are publicized through radio and other media.

Under the Child Protection Act, children cannot remain at a Children's Reception Home for longer than three months, before which a longer-term plan is to be identified. Apart from provision of temporary shelter, Children's Reception Homes are meant to serve as coordination centres to assist and refer women and children in need of assistance to services and to act as an information centre. Children's Reception Homes also provide social welfare services, community outreach, occupational training and conduct awareness activities in schools. Children's Reception Homes collect internal data (separate from the CPMS) on cases of domestic violence and sexual abuse that according to staff is reported online to the Department of Social Development and Welfare and consolidated into a national database.

The Department of Social Development and Welfare operates five types of institutions related to children, with a total of 29 different centres across the country, including the Kredtrakarn Centres for Women and Girls, as well as a shelter for boys located in Nonthaburi province outside Bangkok. These centres provide

⁴³ Sometimes referred to as 'Emergency Homes for Children and Families'

education and skill development programmes for Thai nationals and migrant women, girls and boys from neighbouring countries who are victims of human trafficking.⁴⁴

ii) 1300 Hotline (*Prachabodi Centre*)

The Ministry of Social Development and Human Security operates a 24-hour 1300 hotline service also known as the *Prachabodi Centre*. The hotline is designed to provide services to any victim of abuse and violence, regardless of citizenship. When a report of a case of violence is received, operators coordinate and refer cases to appropriate services, including medical care, legal assistances or other services. While the 1300 hotline in some provinces receives a relatively high volume of calls, Children's Reception Home Staff explained that the hotline receives calls on a wide range of issues, some only tangentially related to child protection or requests for general government-related information. In Suphanburi, for example, the Children's Reception Home 1300 hotline received 796 calls during the past four years. However, only 91 or 11 per cent of these were related to child protection issues.

The Ministry of Social Development and Human Security publicizes the 1300 hotline through television and radio spots, information leaflets, notebooks, and other materials. Calls to the 1300 hotline number are received at the Reception Home, which have dedicated staff to answer and respond to calls. In reality, however, the number of calls that result in the provision of an actual service or structured follow-up is unclear. Given the lack of SDHS presence at the TAO and community level, capacity to follow-up and respond to cases is limited. The lack of services and a response mechanism at the local level presents a significant impediment to any concrete action being taken in response to child protection cases that may be identified through the 1300 hotline.

iii) One Stop Crisis Centres

Created by cabinet resolution in 1999, One Stop Crisis Centres are mandated under both the Child Protection Act (2003) and Protection of Domestic Violence Victims Act (2007) with a key role in assisting women and child victims of abuse. The centres were first established in provincial level hospitals and were later expanded by the Ministry of Public Health to the district level in over 724 hospitals. OSCC are designed to act as a multidisciplinary unit providing comprehensive services for victims of violence, coordinating with the Royal Thai Police, courts, Office of the Attorney-General, non-governmental organisations, emergency shelters, and the Ministry of Social Development and Human Security, if needed. The aim is to ensure a client-sensitive, coordinated approach, bringing medical, forensic, legal, and social services under one intervention, hence avoiding repeated interviews and investigations. OSCC keeps internal records of cases received and submits reports to the Department of Public Health. Reporting data is analysed on a monthly basis and in some locations a data summary leaflet is produced quarterly.

When a child comes into the hospital, usually through the Accident and Emergency Department, general medical staff conduct an evaluation to assess the type of treatment needed and collect information. If

⁴⁴ <http://www.m-society.go.th>

abuse is suspected, the case will be referred to the OSCC. The child or woman is provided with immediate medical care as needed and OSCC staff will conduct an investigation to determine whether it is safe for the child to return home. If there is a concern about the child's safety, OSCC staff will coordinate with the Children's Reception Home, TAO administrators or Village Headman to follow up on the case. OSCC staff are only technically involved while the child is in the care of the hospital.

According to national statistics, the number of children receiving services from OSCC increased from 3,366 cases in 2004 to 12,359 cases in 2009. At the provincial level, for example, 20 children's cases were handled (1 boy, 19 girls) in Ranong Province between 2011 and 2012. OSCC staff estimated that the majority (60-70%) of these cases involve teenage girls whose parents file charges of statutory rape against a boyfriend because the girl is underage. OSCC appear to face a similar challenge as SDHS other services in that if the parents, victim or immediate family is not willing or able to formally report child protection cases to the authorities, in most cases nothing further will be done.

The Office of the Permanent Secretary of Ministry of Public Health and the Office of Women's Affairs and Family Development, Ministry of Social Development and Human Security have developed *The Guideline for Assisting Children and Women Who Are Victims of Violence* for health professionals working in OSCCs that have been in use since 2003. The guidelines are based upon a flowchart of steps and checklist for responding to cases of violence against women and children. Topics include identification of suspected perpetrators; advice on self-protection; preparation of mental and physical evaluation reports; and coordination guidelines for multidisciplinary teams. The primary focus is on forensic data collection, rather than provision of care or welfare services to victims.

Although the quality of services and staff capacity may vary by location, OSCC generally represent the most professionally qualified component of the child protection system. Services provided, however, focus primarily on immediate response to cases of abuse and violence against children that have already occurred. OSCC staff appear to have received minimal specialized training in counselling, risk assessment or skills for conducting interviews with children. Awareness and capacity of OSCC staff with regard to protocols, procedural guidelines and effective coordination among relevant agencies and services external to the hospital is low, beyond limited coordination between the OSCC and Reception Homes for Children. OSCC staff do not have a mandate or capacity to provide preventative or follow-up care to children and families, as their responsibility typically terminates upon discharge from the hospital. In Ubon Ratchathani, OSCC staff stated that they work with the Children's Reception Home and schools to coordinate follow up on child protection cases.

iv) Multi-Disciplinary Team (MDT)

Multidisciplinary Teams were established at the provincial level in 2008 in an effort to coordinate child protection work. Key objectives were to ensure effective linkages between services and that child protection cases were overseen by a range of experienced professionals. Members include PSHDS officials, provincial Police, education officers, Children's Reception Home staff, public health officers, Competent Officials, and the public prosecutor for children and families, among others.

While potentially an effective approach, the research findings indicate that provincial level MDTs rarely meet and coordination for service provision depends largely on personal relationships. A police officer

participating in a group discussion stated that, “the idea of the MDT is good, but in reality there are many challenges.” Frequent rotation of officials, transportation costs and lack of availability to attend meetings represent additional obstacles. MDT meetings are reportedly held on a case-by-case basis and are usually only deemed necessary in situations that are either very serious or have received publicity or media attention. In several provinces, the MDT had not met for over a calendar year. In some locations, interview respondents explained that although the full MDT does not meet on a regular basis because members are familiar with one another and therefore coordinate bilaterally to facilitate referral when required.

Local / TAO Level

A significant challenge for the implementation and accessibility of the child protection system in Thailand is the reality that the key ministries or agencies mandated with child protection responsibilities do not have a formal presence at the local level where child protection monitoring and response systems are located. MSDHS, for example, is therefore obliged to coordinate directly with tambon authorities (TAO) on an individual basis due to lack of authorisation of the CPMRS with by MoI (DLA more specifically) at the national or provincial levels. As a result, no agency has assumed primary accountability for provision of formal services for children who have been victims of violence, abuse, neglect and exploitation at the local level.

Due to administrative decentralisation processes in Thailand including the Tambon Administrative Organisation Act (1994) and Decentralisation Promotion Act (1999), local level government is concentrated in relatively autonomous Tambon Administrative Organisations (TAO), the third administrative subdivision level in Thailand. As of 2009, there were 7,255 TAO in Thailand, which are subdivided into villages or *mubaan*. An elected Sub-district Head, who reports to the Ministry of Interior, governs each TAO. The process of decentralisation of government functions began in 2001 and, according to the decentralisation plan, was to be fully devolved to local authorities by 2010. Table 3 outlines key functions related to children transferred under the Decentralisation Plans and Procedures Act. Lack of coordination, low capacity and the absence of a system to monitor and evaluate quality to ensure minimum standards are upheld have presented challenges for transferring responsibilities from the central agencies identified in the right column to local authorities.⁴⁵

Transferred functions	Involved central agencies
Child development centres	Department of Community Development, MoI
Child and juvenile welfare	Department of Social Welfare, MSDHS
Education (primary, secondary, and supplementary food grants)	Office of Basic Education, MoE
Local libraries and village reading centres	Department of Extended Education, MoE

⁴⁵ Decentralised Budget for Social Services at Tambon Administrative Organisation Level, Thammasat University 2009

Transferred functions	Involved central agencies
Child lunch programmes	Permanent Secretary Office, MoE
Education for hill-tribe children	Police Department, Office of the Prime Minister

Table 3: Child-related services and functions under the Decentralisation Plan & Procedures Act 1999⁴⁶

Coordination with the Ministry of Interior and specifically the Department of Local Administration (DLA) responsible for oversight of the TAO by MSDHS and international agencies on child protection has been limited. The MoI does have responsibility for children under the Child Protection Act but has historically not been directly engaged in child protection issues at either the policy or service implementation level. At the national policy level, the DLA is not a member of the National Child Protection Committee, although the Permanent Secretary of the MoI is represented on the NCPC (See Annex I for full NCPC membership). However, the DLA has recently been named as a member of the Subcommittee on Child Protection established under the National Child and Youth Development Committee in January 2011 with the objective of developing and implementing a national child protection system in Thailand.⁴⁷ This may represent a positive step towards improving coordination and system coherence at the national level. At the local level service delivery level, the DLA is responsible for oversight of a wide range of responsibilities through the TAO and focus on provision of child protection services has been minimal.

Family Development Centres

The Royal Thai Government established the Family Development Centers (FDCs) in 2004. The purpose of these community-based centers is to provide counseling and other support services to mobilize communities and opportunities to develop and strengthen families, including family planning and health-related services.⁴⁸ At present, there are approximately 6,796 FDCs in Thailand, although not all of these are effective or fully operational.

The majority of community and service provider respondents felt that the primary role of the FDC was to help support community awareness activities. SDHS provides an annual budget for community programmes, meetings, trainings and activities to enhance and support families.⁴⁹ These funds are not designated for responding to child protection issues; if financial support is required to assist a family or child this is requested directly from SDHS or the Children's Reception Home. However, Case Managers explained that it can be a lengthy process before the funds to support the required assistance are received.

⁴⁶ Decentralised Budget for Social Services at Tambon Administrative Organisation Level, Thammasat University 2009

⁴⁷ Prime Minister, Chair of the National Child and Youth Development Committee. *Order of National Child and Youth Development Committee, Subject: Establishment of the Sub-Committee on Child Protection System in Thailand*. 25 March 2011.

⁴⁸ UNICEF, New Family Development Centers Framework 2007

⁴⁹ In some locations this was reported to be 10,000 baht (USD \$333) annually, in other locations the annual reported budget was 20,000 baht (USD \$666).

Community activities are organised by the Case Managers / Community Development Officers, who are expected to submit proposals for community activities for budget support. Several Case Managers stated that it was difficult to generate community interest in these programmes. In Ubon Ratchathani, for example, less than 20% of FDCs have submitted activity proposals for budget support and the funding is therefore not being fully utilised.

Family Development Centres attempt to resolve community problems at the TAO level, within the community-based Management Working Group. If a solution cannot be found, assistance is to be requested from the provincial level SDHS. However, this appears to occur infrequently and, as noted earlier, few child protection cases are ever brought to the attention of the formal services. Community members and service providers in Ranong, for example, described the following response pathway as what ‘should’ happen if a teacher observes that a child has been physically abused:

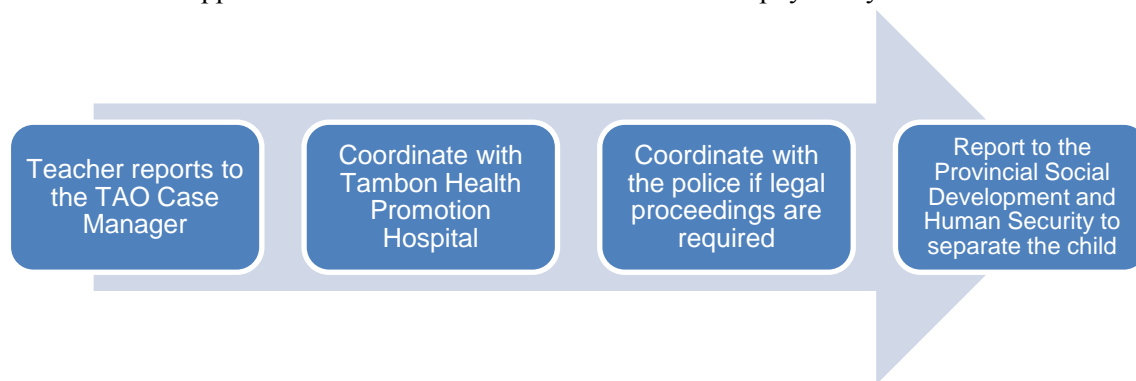


Figure 2: Community Perception of the Appropriate Response to a Child Protection Problem

Participants stated that help should be sought from external agencies when a child is frequently abused or the abuse is severe. New Family Development Centre members stated that requests for external assistance are minimal as serious cases are rarely brought to their attention and the NFDC and community leaders try to solve these within the community. The New Family Development Centre structure was established under the CPMRS as a possible anchor for the Case Managers within the community, expanding the original FDC responsibilities to include child welfare and protection.

A significant challenge faced during the evaluation fieldwork process was to differentiate between respondents’ understanding of what “should” happen in response to a child protection incident and what would actually take place in their community. This was particularly difficult when interviewing and conducting group discussions with local officials and service providers, many of whom are familiar with guidelines for response procedures technically required to take place. When asked how many cases have actually been handled according to the procedures described, respondents frequently were unable to give any examples of this ever having taken place.

Community Perceptions of the Child Protection System

In addition to the structural challenges described above, there are other fundamental reasons why the system does not function as expected. Communities do not appear to view formal child protection services as a reliable or beneficial source of assistance and only access government assistance in rare situations when alternative options are unavailable. This may be a reflection of the fact that the child protection system legal measures and service typology are largely borrowed from other countries and have not been adapted to the unique Thai social and cultural context.

If neighbors observe domestic violence, they may tell the child to be patient and avoid confrontation with her father. If the violence continues, they could ask the child's relatives to address the problem such as her grandparents. If unsuccessful, it may be necessary for the neighbor or relative to report to the police. The father would be given a warning first. If the abuse continues, the father might be arrested. However, this could be a case-by-case basis. If the case was not considered to be severe, the police will not

Child Protection Response Pathways

The majority of community respondents and service providers interviewed indicated that in response to a child protection problem, families would first try to deal with the issue internally to avoid public knowledge of the situation and protect the reputation of the family and child. If the issue could not be resolved within the family, the next step would be to attempt to involve someone within the community perceived to be in a non-biased position to facilitate discussion or mediation. In Muslim communities, for example, this may be the local Imam. Respondents noted the existence of social networks in communities that can help mediate and resolve problems through internal discussions between a respected individual and the abuser. However, response options available for communities to assist child victims are limited.

While community groups identified neighbours as an important potential source of assistance to child victims of violence, a common theme that emerged was that neighbours and community members often do not feel that it is appropriate to intervene directly in cases of abuse or violence, as these are considered to be domestic or internal family issues. Respondents stated that community members may intervene to stop an immediate act or inform the police if a child was badly hurt from the abuse (bleeding, broken bones, etc.), or if the observed violence is unreasonable. However, if the situation was less visible, there appeared to be a tendency to look the other way. This reaction is reportedly even more likely in situations where the perpetrator happens to be a well-connected or powerful person within the community.

“Nobody wants to intervene with family business, but neighbours might notify the police to help stop the immediate violence so the child will not be hurt.”
Father C, Suphanburi

Child protection cases are only brought to the attention of the formal system after family or community based solutions have been pursued. If the victim requires medical care, the child may be brought to the hospital. While some community respondents were able to identify the Case Manager, most had little or no information about available services or who to directly contact for assistance to address a child protection issue or how to access help.

OSCC and Children’s Reception Home

Provincial level service providers stated that child protection cases are not typically referred to the OSCC or Children’s Reception Home. This only occurs in the most severe cases, defined by community leaders as “repeated violence that causes contusion and bleeding, life-threatening injury, unconsciousness and noticeable wounds.” The response process in these cases described by service providers is depicted in Figure 3 below.

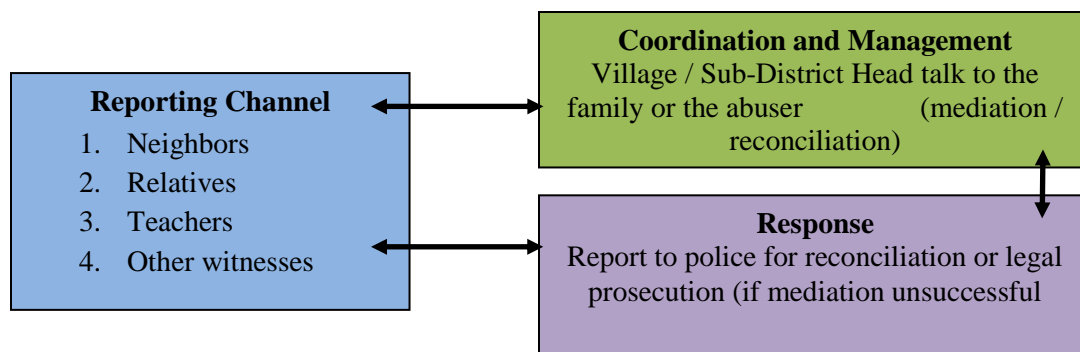


Figure 3: Case Reporting Process

Cases reported to the hospital-based OSCC primarily involve children who have experienced physical abuse that can be clearly observed. Sexual abuse, especially by family members, is reportedly much more difficult to identify. Service providers explained that those sexual abuse cases that reach their attention are typically instances when the victim becomes pregnant and the situation becomes publically visible. These cases are usually reported by community members and not by the family of the child.

Police

Community members expressed lack of confidence in the TAO to provide assistance and explained that if the community is unable to handle the situation, given the lack of alternatives, the only possible action would be to request help from police. While the police might be able to stop the immediate incident and protect the child temporarily, respondents felt that the police are unable to provide long-term solutions.

“The child’s mother or other family members should be the first person who contact the police. Neighbours would not dare to get involve in this kind of incident which is considered to be a domestic issue”
Mother D, Suphanburi

Another issue raised by group discussion respondents was that if a community member notifies the police about a child protection case, the police would require the victim or their family to file a report in order to take any action. If the mother or other close family members are unwilling to do this, as is often the case, no action will be taken. This was recognized as problematic, because while in many cases neighbours may witness and be aware that a child is being harmed, if nobody in the immediate family is willing to file a formal report, it is perceived that there is little that can be done to protect the child.

*“In some cases, when parents are unable to raise their children but resist intervention, there is nothing that can be done.
People can only watch and be concerned.”
NFDC Member, Suphanburi*

Another challenge highlighted was that fact that if outsiders take action against the will of the family, this could have negative repercussions on the child themselves, subjecting them to additional pressure from their family. These different considerations contribute to a degree of complacency or acceptance of violence against children at the community level that does n

Children’s Access to Support

Child victims appear to have access to very few options for assistance. When asked who children themselves could turn to for help, the majority of service providers and community respondents felt that it would be unlikely that a child would request assistance from anyone outside the family, including community leaders and the Case Manager. If a child did seek help, they may turn to immediate family members or relatives, including grandparents. The child may not tell their friends, teachers, or others, due to the feeling of shame.

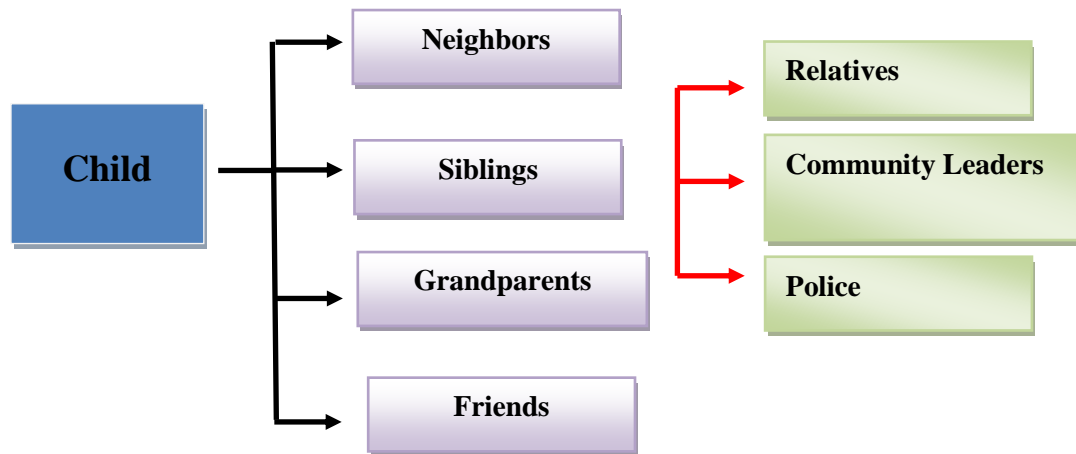


Figure 4: Potential Sources of Assistance for Child Victims Identified by Community Members

Some community members felt that a child victim might talk to a friend or teacher, who could then refer the case to other authorities for follow up. Participants were divided as to whether a child could approach the Case Manager or community leaders for assistance – while some thought this might be an option, others stated that a child would usually be reluctant to make direct contact. This could be because the child is shy, in some cases they may be threatened by the perpetrator or simply not know how to ask for help. Community leaders noted that if a child reported that she had been abused to community authorities, she may be subjected to further harm by the perpetrator, as she would be perceived to have betrayed the family.

*“The child will not go to the Case Manager because the child would be scared and not be sure how to tell them about their problem.”
Suphanburi, Father A*

Community members in northeast Thailand described a traditional cultural practice of fines for accusations made against other parties that cannot be substantiated. If a child told her parents about a friend who was sexually assaulted, for example, her parents may warn their child not to report this to anyone. If community members are unsure of the accuracy of information received, they may not inform community leaders because the fine for libel can be between 40,000 – 50,000 baht (USD \$1,300 – \$1,666). Individuals close to a child victim, including relatives, neighbors or community members would therefore wait for the information or facts to be clear before taking action. If the information is not confirmed, consultation with the TAO or Village Head will not be undertaken. These types of traditional practices provide additional incentive for community members to avoid taking action in suspected child protection cases.

Accessibility of Services

In many tsunami-affected provinces, as well as other locations in Thailand, there are increasing numbers of migrant children, predominantly from Myanmar and Cambodia. Studies have indicated that up to 480,000 people remain stateless, including 66,000 school age children.⁵⁰ These children face a unique set of protection risks, including lack of adult supervision, labour exploitation and violence, neglect and lack of access to education and other social services.

According to the Child Protection Act, all children in Thailand are eligible for services, regardless of citizenship. However, it does not appear that all communities and ethnic groups have equal access to these services. Local authorities and frontline workers interviewed stated that effort was made to treat all children equally regardless of ethnicity or citizenship, however challenges remain. Ethnic minority groups, including Burmese migrant communities in Ranong and Muslim community members and traditional leaders in Trang, participated in the fieldwork evaluation process. In some cases children and families may be unable to access services due to language barriers or fear of legal repercussions if the illegal status of parents is revealed. At risk of being deported, migrant families are often less likely to access Thai government services. Children and families in remote and border areas also face practical challenges in accessing provincial level services located in urban centres.

⁵⁰ Civil Society and Human Rights Coalition of Thailand. A [NGO] Universal Periodic Review of Thailand: For the 12th Session of Universal Periodic Review on October 2-14, 2011, Article no.43 of the report, jointly submitted to the OHCHR on 14 March 2011.

IV. Resources for the Protection of Children

Human Resources

A functioning child protection system requires adequate human resource capacity to provide quality services and meet the needs of children and families. As noted previously, the majority of child protection cases in Thailand appear to be handled within families or communities, who often do not seek formal assistance. However, even to address the small percentage of cases that require government services, the current number of qualified child welfare professionals is inadequate and unable to effectively meet present needs. A 2008 report on the social work profession developed for UNICEF highlighted high workload, a wide range of responsibilities, limited technical capacity and lack of understanding of children's rights issues as key human resource challenges for social welfare service provision in Thailand.⁵¹ Many government officials involved in child welfare service provision do not fully understand or have the technical capacity to fulfil their obligations as agents of the State. As shown in Figure 5 below, of 36 front line workers surveyed, almost 40% felt that authorities with responsibility to protect children were inadequately trained.

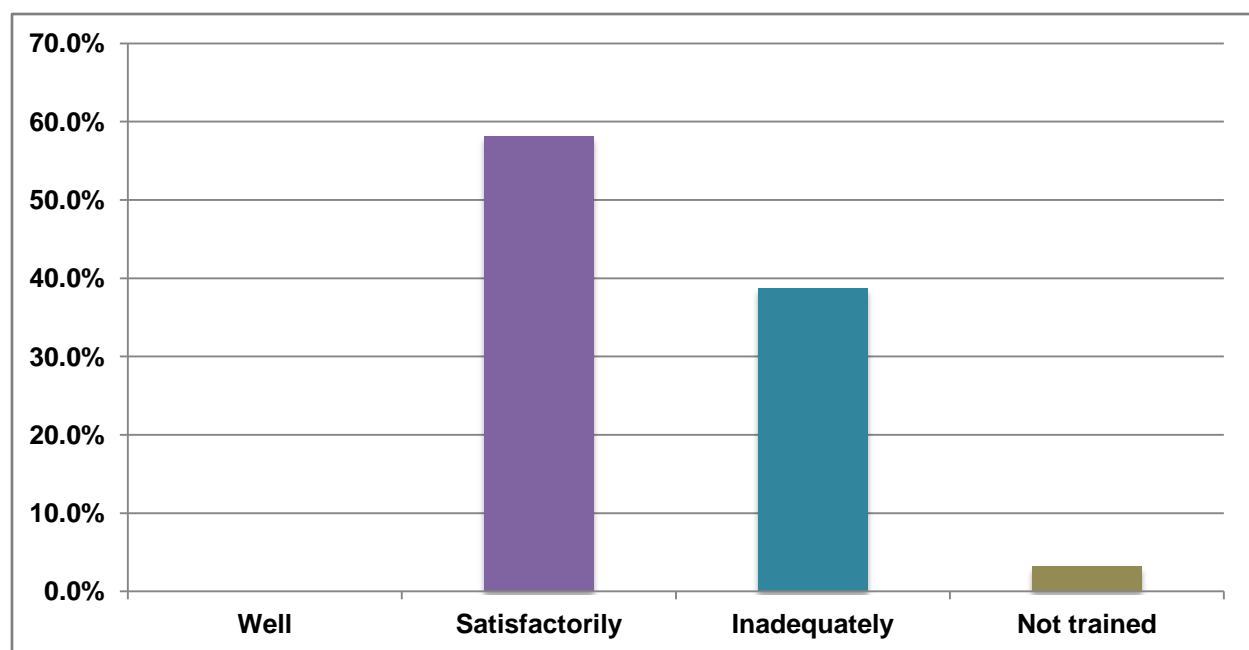


Figure 5: Perception of Adequacy of Training of Authorities with Responsibility to Protect Children

As the primary ministry responsible for child protection services, SDHS provides a range of services for marginalised people and those in need, including the elderly, disabled people, poor families and children. Services provided by SHDS at the provincial level are based on a reactive model of responding to serious cases when brought to government attention, combined with social protection services including cash transfers and social security benefits such as child allowances, old age benefits, invalidity benefits and

⁵¹ Report prepared by Sompong Jirtradab, part of meeting document by Department of local Administration and UNICEF, 2008.

unemployment benefits. However, government capacity for social welfare service delivery, including child protection services, at the provincial, tambon and community level is limited. SDHS has only two qualified social workers based in each provincial level department who are responsible for a broad range of services, including welfare centre placement, financial assistance, educational scholarships, referrals, and case management of children.

Children’s Reception Homes employ a team of social workers, psychologists and outreach workers to assess children and link them and their families to services. Many staff have not received specialised clinical training required to work effectively with vulnerable families and children. Reception Home Directors interviewed stated that staffing shortages make it necessary for Reception Homes to prioritise their work and only follow up when needed on the most urgent or serious cases. Due to this and other challenges, protection services rarely reach children at the community level. OSCC staff similarly explained that human resources constraints limit capacity for follow up or provision of care or support services beyond immediate physical needs.

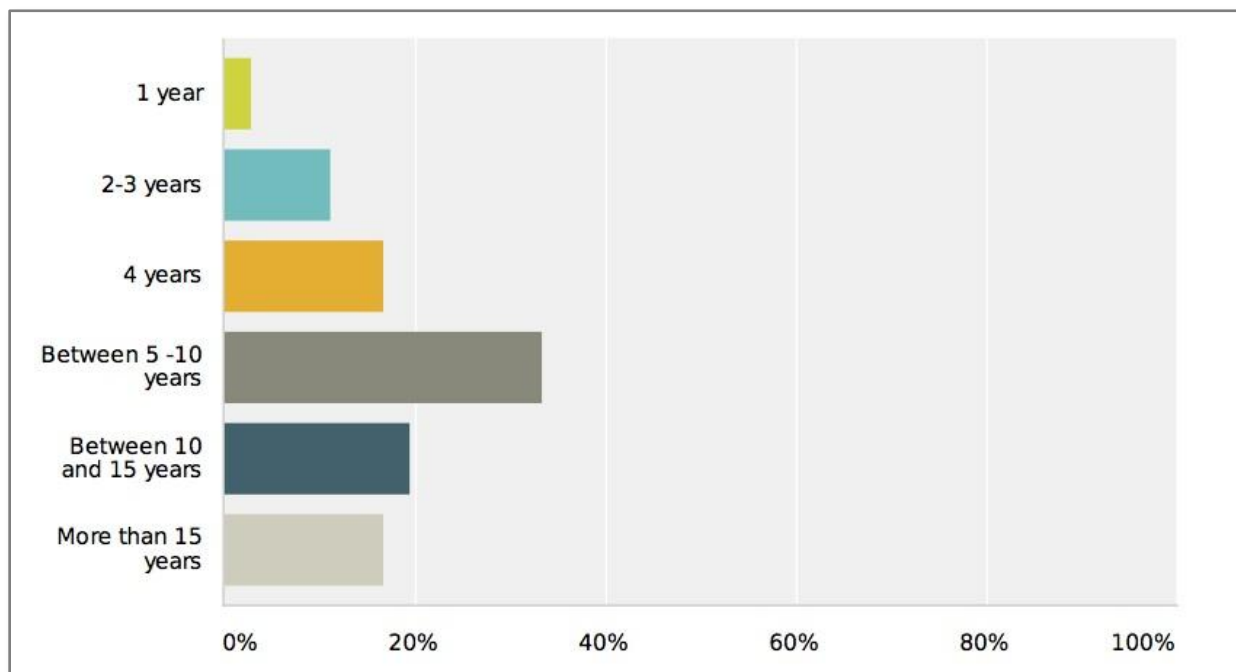


Figure 6: Frontline Workers: Years of Experience

Group discussions conducted with front line workers during the research process indicated that the majority of officials with child protection-related responsibilities in the four provinces where fieldwork was conducted have between 5 – 10 years of experience. 90% of front line workers felt that those with responsibility for child protection understood their responsibilities.

Under the Child Protection Act a number of persons are designated as Competent Officials to carry out duties related to child protection, including the Head of the TAO Administration, Head of the Provincial Administrative Office, Head of Municipality and TAO authorities. In reality, these officials rarely take action in child protection cases and the only trained Competent Officials are field workers and the two social workers per province. However, this role does not appear to have been integrated into the system

and these officers are unable to effectively use this authority to assist children. As described in more detail in the analysis of the Case Manager position below, these staff have other primary responsibilities and limited time to allocate to child protection work.

In addition to formal staff, government agencies utilise the services of a cadre of village-based volunteers to implement programmes, deliver services and collect data from communities. There is approximately one volunteer for every ten houses, with between 100-200 volunteers in each TAO, depending on population. Volunteers receive a stipend of 600 baht (USD \$20) per month. This volunteer network is reportedly helpful and active, as volunteers are community members who are familiar with the local area and families in each village.

The Government, NGOs and international agencies have conducted training programmes for volunteers on awareness-raising, monitoring incidents of violence and exploitation of children and women at the community level, as well as coordination with relevant government agencies to facilitate referrals. However, the actual capacity of these volunteers for service delivery is unclear. As the closest link to local communities, volunteers are often requested to support the work of multiple ministries, which can have a negative impact on the quality of services provided, as evidenced in challenges encountered during CPMRS data collection.

National Financial Priorities

The national budget places a high priority on social development. Education expenditures accounted for 18.7 per cent of total national budget in 2012, 9.3 per cent was allocated to health expenditures and 7.5 per cent allocated to social protection programmes⁵² Total expenditure on community and social services, including environmental protection; housing and community amenities; health; recreation, culture and religion; and education, represented a total of 28.9% of the total national budget.

The Ministry of Social Development and Human Security received 0.4 per cent of the total budget in 2012, a 4.6 per cent increase over 2011, although this represented a smaller percentage of the total budget allocation than in the previous year.⁵³ The budget for social protection is divided into three categories, with old age social protection funding representing the over 90% of total social protection spending. Among the social service-related ministries, the Ministry of Education has received the largest share of the government budget (17.7 per cent in FY2012), followed by the Ministry of Interior (12 per cent in FY2012), the Ministry of Public Health (3.9 per cent in FY2012), and the Ministry of Agriculture and Cooperatives (3.2 per cent in FY2007).⁵⁴

Within the Ministry of Social Development and Human Security, the Department of Social Development and Welfare receives the largest amount of funding, at 58.3 per cent of the total MSDHS budget, as depicted in Figure 6 below. The Office of the Permanent Secretary receives the second largest funding allocation (16.25 per cent), followed by the Community Organisations Development Institute (13.90 per cent) and the Office of Welfare Promotion, Protection and Empowerment (6.26 per cent).⁵⁵

⁵² Government of Thailand, Bureau of the Budget. Thailand's Budget in Brief, Fiscal Year 2012.

⁵³ MSDHS received 0.5 per cent of the total national budget in 2011.

⁵⁴ Government of Thailand, Bureau of the Budget. Thailand's Budget in Brief, Fiscal Year 2012

⁵⁵ Government of Thailand, Bureau of the Budget. Thailand's Budget in Brief, Fiscal Year 2012

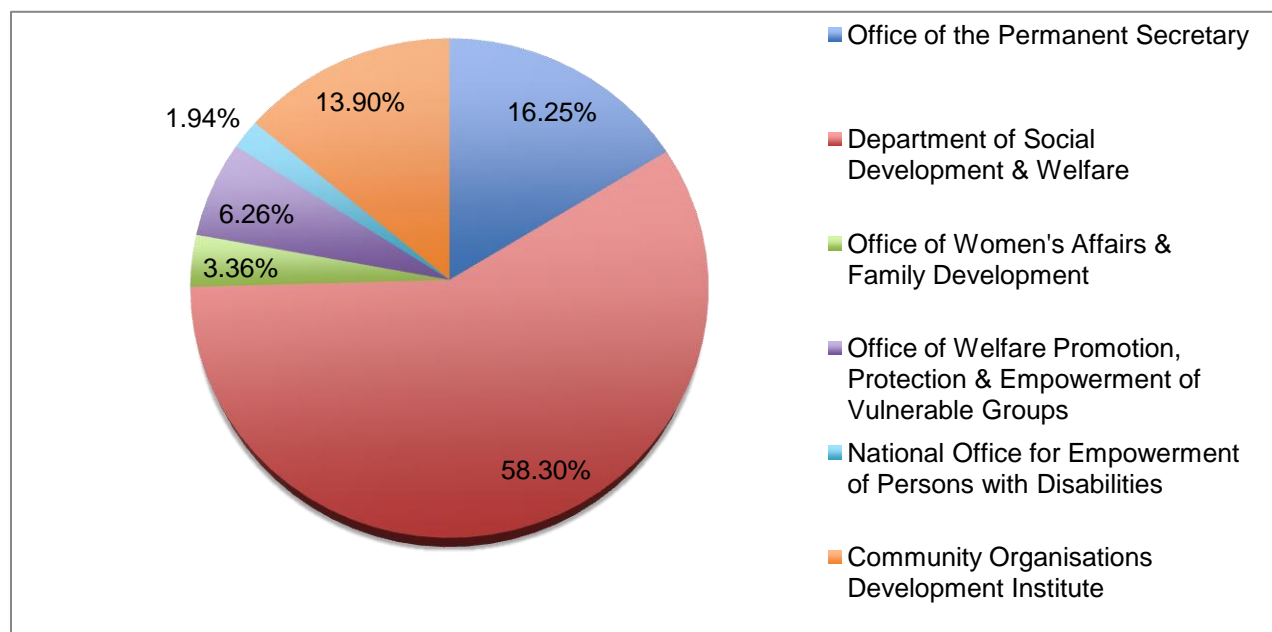


Figure 6: Appropriation for Social Protection, FY2012 ⁵⁶

As noted previously, the departments of MSDHS with responsibility for child protection include the Office of the Permanent Secretary (Secretariat of NCPC), the Department of Social Development and Welfare (oversight of Children’s Reception Homes), the Office of Women’s Affairs and Family Development (oversight of New Family Development Centres and Case Managers) and the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, as Secretariat of the Subcommittee on Child Protection System in Thailand.

The budget of the Office of the Permanent Secretary is fixed and the majority of available funds are sent directly to the provincial level to support provincial child protection committee meetings, leaving limited resources for additional effort required to support child protection system development and implementation. If funds are required for specific activities, the Secretariat Office can submit a proposal for funding under the Child Protection Fund for approval by the NCPC.

However, there is no long-term budgeting process in place for NCPC policy development and implementation. These challenges are exacerbated by the fact that the NCPC funding committee reportedly tends to prefer to support new ideas, rather than provide financial support for implementation of tested models or on-going strategic plans. The Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups receives a regular budget allocation based on proposals submitted to the budget bureau, which typically cover costs of meetings and other activities of the sub-committee on CP strengthening, among others. Both the NCPC and the CP strengthening sub-committee reportedly have funding for meetings and small activities including field visits, workshops, etc. These funds are facilitated and managed by OPP and NCPC Secretariat Office.

⁵⁶ Government of Thailand, Bureau of the Budget. Thailand’s Budget in Brief, Fiscal Year 2012

(in million baht)

Fiscal year Sector	FY 2011		FY 2012		Changes over the FY 2011	
	Amount	%	Amount	%	Amount	%
General Services	896,841.0	41.3	871,416.5	36.6	-25,424.5	-2.8
General Public Services	603,215.9	27.8	571,731.6	24.0	-31,484.3	-5.2
Defense	168,318.8	7.7	167,444.3	7.0	-874.5	-0.5
Public Order and Safety	125,306.3	5.8	132,240.6	5.6	6,934.3	5.5
Economic Affairs	429,338.6	19.8	421,238.8	17.7	-8,099.8	-1.9
Economic Affairs	429,338.6	19.8	421,238.8	17.7	-8,099.8	-1.9
Community and Social Services	843,787.9	38.9	1,087,344.7	45.7	243,556.8	28.9
Environmental Protection	2,760.9	0.1	1,522.8	0.1	-1,238.1	-44.8
Housing and Community Amenities	47,474.9	2.2	222,721.9	9.4	175,247.0	369.1
Health	208,093.4	9.6	220,411.3	9.3	12,317.9	5.9
Recreation, Culture, and Religion	16,535.1	0.8	19,173.4	0.8	2,638.3	16.0
Education	423,562.0	19.5	444,483.5	18.7	20,921.5	4.9
Social Protection	145,361.6	6.7	179,031.8	7.5	33,670.2	23.2
Total	2,169,967.5	100.0	2,380,000.0	100.0	210,032.5	9.7

Table 4: Classification of Government Expenditures by Function, FY 2012⁵⁷

As indicated in the table above, government expenditures for social protection and services amount to 179,031.8 million baht or 7.5 per cent of the total expenditures in 2012. This includes “social security for those losing income due to illness and compensation to the general public and retiring government employees.” Social protection funding is also to be utilised for “provision of shelter to various groups of people, as well as other social assistance programmes, such as compensation for loss of property due to disasters and research and development on social welfare.”⁵⁸

PART B: CPMRS & the National Child Protection System

Part B of Volume III looks at the implementation of the Child Protection Monitoring and Response System within the national child protection system context described above. The first section presents an

⁵⁷ Government of Thailand, Bureau of the Budget. Thailand’s Budget in Brief Fiscal Year 2012. Accessed: http://www.bb.go.th/bbhomeEng/budget_in_brief/budget_in_brief_2012.pdf. March 2013.

⁵⁸ Ibid

analysis of the New Family Development Centres, Case Managers and Child Protection Monitoring System to assess the degree to which each of these components have been integrated into the existing child protection system and how child protection actors and community members perceive the services provided. This is followed by an analysis of the alignment of the CPMRS with the Thai legal framework and concludes with a final assessment of the overall level of coordination and functioning of CPMRS services.

New Family Development Centres and Case Managers

The creation of the TAO-based New Family Development Centres and Case Manager position as part of the CPMRS project was specifically designed to address the gap identified at the outset of the initiative between provincial level formal child protection services and children and families at the community level. A Case Manager position was established within the TAO to lead the NFDC in an effort to link provincial level services with communities, given PSDHS has only two Social Workers per province. The previous Family Development Centre model was restructured by adding a professional service component through the Case Manager and Management Working Group, comprised of TAO officials and representatives from community networks. At the TAO level, Case Managers have been established in 60 TAO under the CPMRS project.

When asked if services provided for children and families by the Case Manager are adequately funded to function effectively, the majority of front line workers surveyed did not feel that current funding was adequate. Each New Family Development Centre is allocated 20,000 baht (USD \$666) from MSDHS annually to support community-based programmes, but these funds are not to be used to provide direct support for families and children. If these funds are required, Case Managers are required to submit a funding request to the Children’s Reception Home of PSDHS directly. Case Managers described this process as time consuming and inefficient and many felt that it would be beneficial to have an independent budget available for direct provision of support when needed.

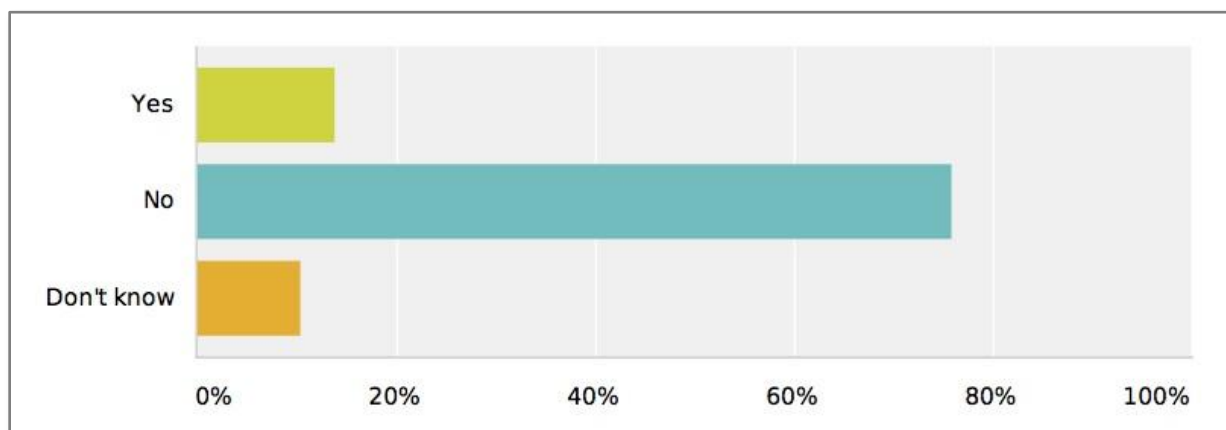


Figure 7: Adequate Funding of Case Manager Services for Children & Families

According to their job description,⁵⁹ Case Managers are responsible for coordinating and providing services in favour of children and families. The Case Manager is part of the local administration and is

⁵⁹ The Case Manager job description is found in Appendix II.

meant to “contribute in developing and adopting better strategies and approaches in order to address major risk and vulnerability factors for children and youth.”⁶⁰ When asked to describe their role, the majority of Case Managers interviewed stated that their primary responsibilities involve advocacy, prevention, education and awareness. Case Managers, who often carry the formal title of TAO Community Development Officers, are also involved in “skills development, income generation and looking after the social welfare of all community members from birth to death.” According to their job description, Case Managers are responsible for “coordinating and providing services in favour of children and families” and “developing and adopting better strategies and approaches in order to address major risk and vulnerability factors for children and youth”. There appeared to be significant confusion among interview respondents with regard to the role of the Case Manager and their appropriate level of involvement in child protection cases. Children’s Reception Home officials in several locations where fieldwork was conducted stated that CPMRS Case Managers do not usually refer cases. Cases are referred to the Children’s Reception Home from the OSCC, by phone and the 1300 hotline, through referrals from teachers, police and community members, and walk-ins.

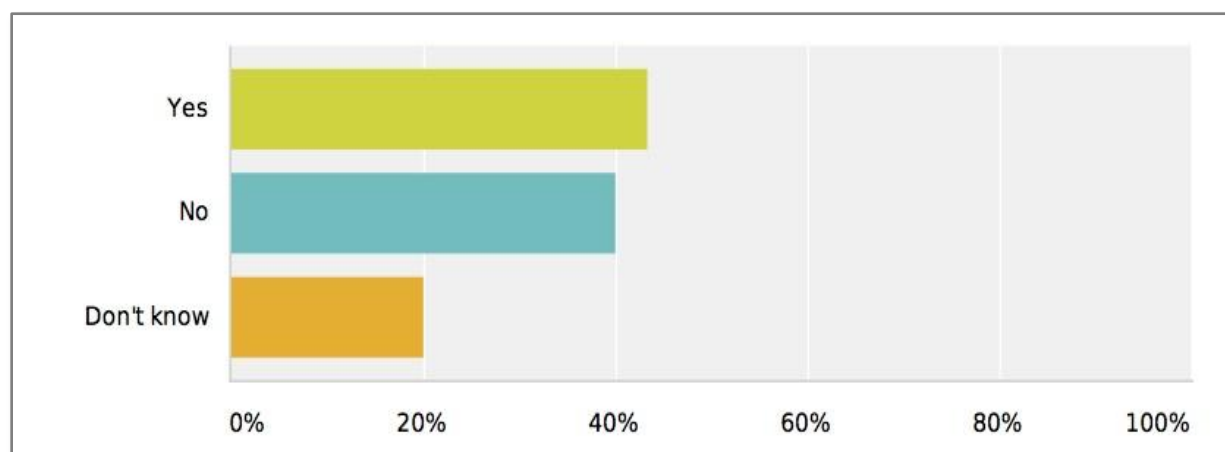


Figure 8: Perception of Families and Children’s Awareness of CM Services

As shown in Figure 8, 43% of child protection frontline workers interviewed felt that communities are aware of the services provided by the Case Manager; 40% did not think communities were aware of these services and a remaining 20% said that they did not know. Given the fact that the Case Manager role is relatively low profile and not a great deal has been done to publicise their work, the fact that almost half of frontline workers feel that community members are aware of the Case Manager services is relatively positive.

Over half of frontline workers interviewed stated that Case Managers were only able to reach some cases of violence, exploitation and neglect, 33% stated that most cases were reached and 8% felt that all cases were reached. It was unclear, however, if respondents felt that SDHS would be able to address cases directly in the absence of the Case Manager. Over half of frontline workers interviewed did not feel that all children and families had equal access to help from the CPMRS Case Manager.

⁶⁰ UNICEF Thailand. TAO Case Manager Job Description. Provided to evaluation team March 2013.

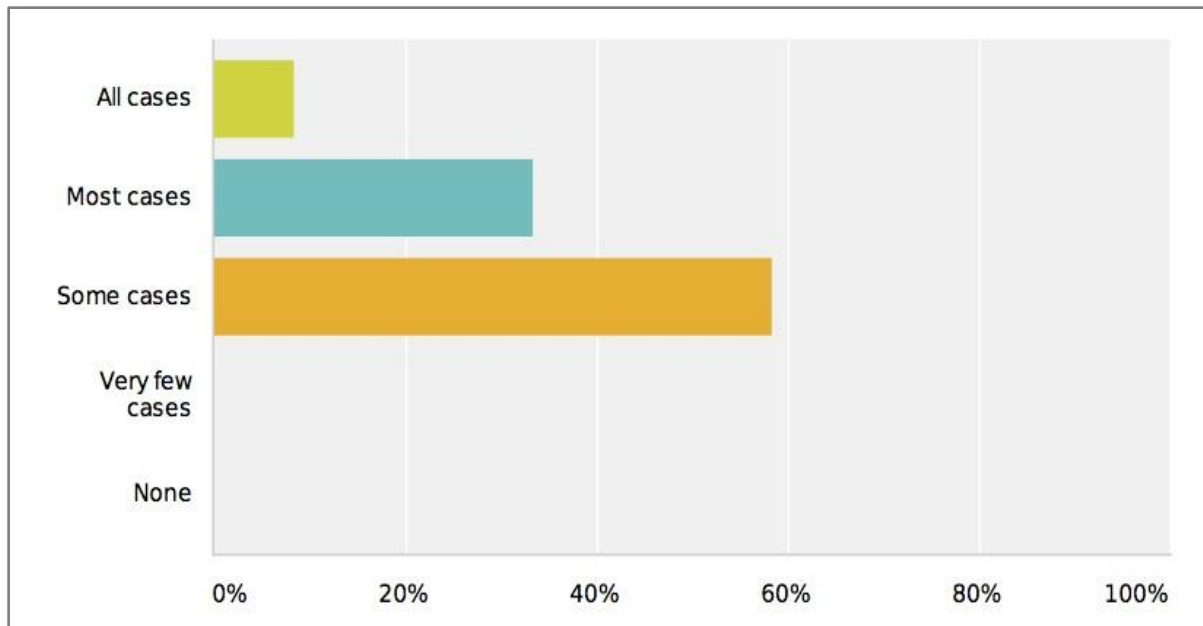


Figure 9: Estimated Number of Cases of Violence, Exploitation and Neglect Reached by CPMRS Case Managers

In terms of the perceived outcomes for children provided by Case Managers, front line workers were almost evenly split, with 48% stating that Case Managers always provided good outcomes, while another 48% felt this was sometimes the case. 3% of service providers felt that Case Managers are rarely able to provide good outcomes for children in need to assistance. This indicates a perception that Case Managers manage to provide effective support to families and children in one out of two cases that they are involved in (which is very few) – however, this also demonstrates that frontline workers believe that in some cases the Case Managers do not provide good outcomes. Due to the quantitative nature of the survey, it was not possible to identify why this may happen, potentially due to lack of skills, preparation or appropriate services for referral.

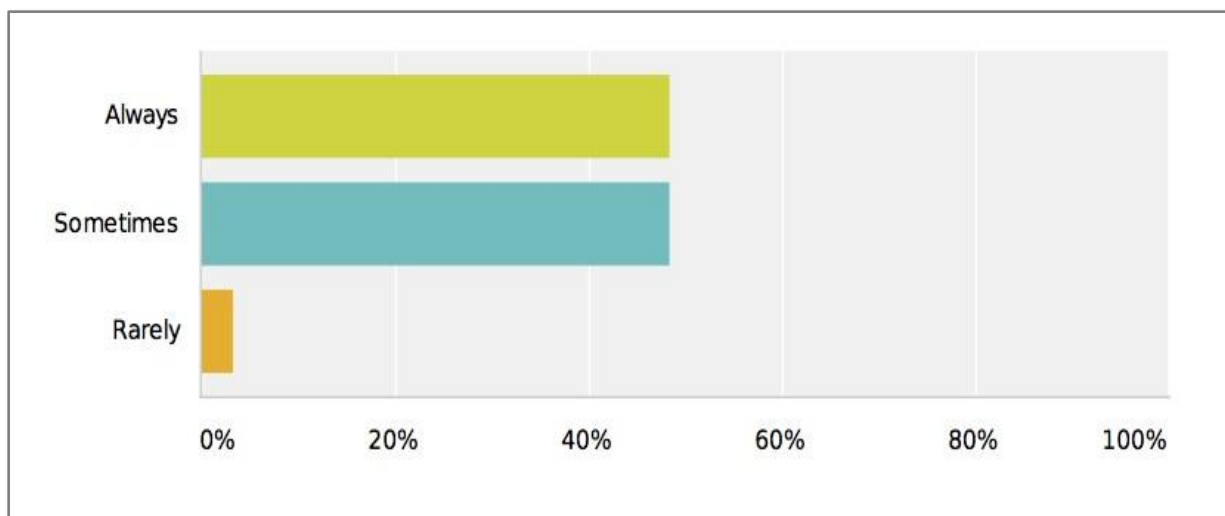


Figure 10: Perception of Whether Case Managers Provide Good Outcomes for Children

The Case Manager title is not a formally recognised position within the TAO administrative structure and Case Managers are assigned a different official title within the TAO. The majority appear to have a primary role as Community Development Officers, a position with similar responsibilities, however some Case Managers are tax collectors, assistants to the TAO Head and fill other positions within the TAO administration. While integration of the Case Manager into the TAO can be beneficial, this can also cause responsibilities for child protection to become diluted among other functions at the local level. This is particularly problematic when Case Manager functions are assigned to existing staff members who already have another full time position within the TAO rather than recruiting a new person, which appears to often be the case.

The level and quality of coordination between the TAO-based Case Manager and other child protection agencies appeared to vary by location and agency. SDHS officials and staff of the Children’s Reception Home had experience working with the Case Manager in several provinces. These officials stated that the Case Manager helped facilitate community access to services. When provincial level authorities organise

Apart from SDHS, other child protection service providers at the provincial level were generally not aware of the Case Manager. Agencies suggested that there are many local units that perform coordinating role between community and provincial agencies, including:

- Chief of the TAO
- Sub-District Head/ Village Head
- Social Development Volunteer or Health Volunteers
- Guidance teachers in schools under the Office of Basic Education Commission
- District Health Promotion Hospital staff
- Unofficial community networks

community activities, they rely upon the Case Manager to help coordinate and implement these. However, in Trang province, for example, no Case Manager has reportedly ever referred a child protection case to provincial level authorities.

Case Managers contact the Children’s Reception Home to request financial support for poor families on occasion, as the Home and SDHS have funds to address educational and financial needs. Children’s Reception Home staff in Trang explained that due to human resource shortages, they rely upon the Case Managers in the community to help follow-up on cases. This has reportedly changed the way they work and facilitated more effective response

processes.

Case Managers appear to have significantly less interaction with the One Stop Crisis Centres. In all four provinces where fieldwork was conducted, OSCC staff interviewed clearly stated that they had little to no interaction or knowledge of the CPMRS.⁶¹ In terms of engagement with the CPMRS, it was difficult to ascertain whether there was any connection between the work of the TAO-based Case Managers and the OSCC staff, although this did not appear to be the case. This is significant given that the majority of serious child protection cases are reported to the OSCC when the victim requires medical care. Several OSCC staff stated that they have never contacted the Case Manager directly and there is no referral process in place. At present this linkage does not appear to have been made in most of the locations where fieldwork was conducted.

A key role and perceived advantage of the Case Manager position is to facilitate coordination between provincial level authorities and the TAO administration at the local level. Coordination with the TAO

⁶¹ In Trang Province, the OSCC Director granted an interview with the evaluator on the condition that no questions be asked about the participate in the interview, which was held with the Head of the hospital instead, who had no knowledge of the CPMRS or child protection issues generally.

appears to be quite challenging for provincial level agencies, who have difficulty gaining access at the community level. However, TAO officers interviewed explained that the response options available to the Case Manager are limited to coordination with families and communities. Case Managers do not have the authority to intervene in a child protection case without the cooperation of the family and relatives and are not authorised as Competent Officials under the Child Protection Act to take action if a child is in danger. TAO officers stated that they prefer to avoid direct involvement in child protection cases, as this can create conflict within the community.

In interviews and group discussions with government officials and service providers, SDHS staff appear to have a clearer understanding of the role and responsibilities of the Case Manager, as they regularly work with the TAO. Other agencies had less information about the Case Manager and many were not aware that the TAO had any responsibility or involvement in children issues. Representatives from other government agencies and service providers identified the key people that can help coordinate with communities on child protection issues as the village based health volunteers and TAO community development officers. Case Managers may be recognised in their primary role as community development officer by external agencies. Overall, the Case Manager position does not appear to be well integrated into the formal child protection system and these staff members do not appear to be fulfilling the role originally envisioned in the CPMRS project design.

Child Protection Monitoring System

Another key component of the CPMRS is the child protection monitoring system established at the TAO or sub-district level. The CPMS was designed to provide information for local level decision-making, planning and action to prevent child neglect, violence and exploitation. Community level volunteers use a survey tool to collect data that is entered into a database software programme, which compiles child protection information for analysis by TAO and provincial SDHS staff. The CPMS was developed and implemented through a partnership with the Mahidol University Institute of Nutrition, which piloted the system in 3 TAO in 2006 and expanded to over 100 TAO by 2011. There are plans underway to further expand the CPMS to additional TAO in several provinces, in some cases with financial support from the National Child Protection Committee. A focus of the CPMS in recent years has been to encourage provincial SDHS offices and TAO to take on greater responsibility for CPMS implementation. According to Mahidol University quarterly reports, this has been increasingly successful, with local officials taking over responsibility for data collection, data entry, cost of training and general oversight of CPMS implementation. The CPMS functions under the authority of three Ministries: i) the Ministry of the Interior (which oversees the TAO), ii) the Ministry of Public Health (responsible for the Community Health Volunteers who collect the data, and iii) the Ministry of Social Development and Human Security (through PSDHS). While linkages have been established with government counterparts at the provincial and local (TAO) levels, the CPMS has not been authorised by the government at the central level and implementation in selected locations has been done on a relatively ad hoc basis.

Child Protection service providers appear to be aware of the CPMS to varying degrees, although understanding of how the information was used was unclear. OSCC staff interviewed had not seen or used the CPMS database, although when this was described to them, several felt that this information might be helpful. Provincial level service providers felt that the data could be useful for the monitoring of the current situation, for planning, as well as targeting and designing their prevention activities for

specific target groups. However it is not clear that this is actually being done at present or how many agencies outside of SDHS have access to the database information. One official offered an example that if TAO were mandated by the central government to address teenage pregnancy, policymakers could potentially use the database to set target numbers for prevention campaigns. This indicates limited understanding with regard to the purpose of the CPMS data collection and how the information can be effectively utilised.

In several provinces, the Children's Reception Home has access to the CPMS database and uses the information to crosscheck reports received, as well as respond to child protection cases referred through the 1300 hotline. The degree of utilisation of the database information appears to vary significantly by location, Staff explained that by entering the name and location of a child they are able to access the complete set of data collected through the community survey. In Ranong province, for example, data is available on 80% of all children in the province. Information on mobile families who move frequently across the border with Myanmar is reportedly less reliable. However, the database includes both Thai and non-Thai children and it is possible to enter information about a child without including a 13-digit Thai identification number, if this is unavailable.

Staff from the Children's Reception Home in Trang province stated that while they have seen the database, they do not look at the information in detail, as they are not based at the community level. If a child is identified as high risk, the Case Manager will report this to the Reception Home Social Worker. Reception Home staff will then conduct outreach to the child and their family, inviting them to participate in community programmes and activities. Service providers in Ranong province stated that the database provides useful updated information for child protection planning at provincial and community levels, as well as for responding to child protection cases.

Apart from the Children's Reception Home in some provinces, other agencies including the OSCC, police, and education service units, have reportedly never seen or used the CPMS data. Integration of the CPMS with the formal system on a wider scale appears limited, which has important implications for sustainability. Service providers explained that the database is generally only known within a limited group of involved agencies. Interviews conducted with OSCC staff at the provincial level indicated that OSCCs do not generally have access to the CPMS database information. In some cases, such as Ranong province, OSCC reportedly submits data via fax to SDHS for inclusion in the database, but in the majority of locations OSCC staff were unfamiliar with the existence or purpose of the CPMS and did not appear to share child protection data with Case Managers or SDHS. The reason for this apparent lack of coordination to facilitate information sharing was unclear. However, the majority of respondents were generally positive about the value of the data collection and felt that it would be beneficial if their agency had access to this information.

Community members themselves in most locations were not aware of the CPMS. This is not surprising, as the tool is designed to be used exclusively by authorised officials and the primary exposure that community members would have to the monitoring system would be through participation in data collection. Community leaders in Suphanburi stated that they have worked with Mahidol University to develop a database that collects information about child related problems, but were unable to explain why or how this information is used. NFDC members also expressed concern regarding the lack of clarity

around the objectives of the data collection process and use of information, particularly among the villagers from whom data is collected.

Alignment of the CPMRS with the Legal Framework

The primary Thai legislation of relevance for the CPMRS is the 2003 Child Protection Act. The provisions and language of this Act have specific implications for the implementation of the CPMRS within this legal framework.

Protocols: The Child Protection Act does not clearly define protocols and procedures to be followed by those actors named as responsible for safeguarding children. Due to this imprecision in the Act, Competent Officials often found themselves unsure of the appropriate course of action to take. For this reason, the Manual of Protocols and Procedures was developed to accompany the Act, with the main aims of:

- Clarifying operational roles of different agencies and individuals under the Act;
- Helping child protection workers to understand their responsibilities and follow standardised procedures for ensuring the welfare of children; and
- Bringing together a variety of agencies to create a more integrated service system for children in need of protection.

The manual directly corresponds to and facilitates the application of the Child Protection Act at the local level and, therefore, is limited to the protective response to children already considered at risk. In terms of children's broader welfare and protection, the protection response is the 'tip of the iceberg'. The manual is consistent with the Act but its limitations need to be recognised.

Services: The Child Protection Act was enacted before many of the services that operate under, or in collaboration with, the CPMRS were established. For the main part, the Act describes the role of different residential facilities, but has been superseded by the creation of a number of more tailored services for children and families under the CPMRS in some provinces. For example, the Act does not mention the OSCC, the New Family Development Centres and the Children's Reception Homes. Therefore, the procedures and services which form the basis of the CPMRS are not mandated under the Act.

The Child Protection Act does not establish a paradigm of services to prevent and mitigate the general incidence of child abuse and exploitation, but rather establishes a series of reactive provisions for individual children at high levels of risk. The CPMS goes some way to recalibrate this imbalance through the early identification of children at risk or in difficulty. However, the CPRS is designed ostensibly to support and safeguard these children rather than considering child welfare more broadly and, critically, acknowledging the role of the family in the child's environment. In terms of the wider child protection system, the CPRS should be viewed as an essential but limited element in the service continuum.

Resources: In order to function effectively, the Child Protection Act requires a well-resourced, professional cadre of child protection officers, the means to enact complex procedural mechanisms for helping children in high risk situations, and a well-organized paradigm of interlinked services.

Under the Child Protection Act, a wide range of non-specialised individuals are given decision-making responsibilities for the welfare and protection of vulnerable children. Many of these government officials are assigned as Competent Officials, although the status of their professional qualifications and experience often remain unclear; indeed the Act does not outline detailed requirements for the selection of Competent Officials. Some are selected from civil society organisations and act in a voluntary capacity. Given the complexity of the child protection response, it is fortunate that the majority of cases are dealt with by the provincial social welfare staff of the Ministry of SDHS; however, with only two staff dedicated to child welfare and protection, there are severe limitations in implementing the provisions of the Act in a consistent and effective way. The Manual of Protocols and Procedures attempts to acknowledge the preponderant role of the SDHS staff and other professionals and, to that end, makes little reference to the generic Competent Official or other senior administrative officers.

System Congruence: As demonstrated in other chapters in this report, the Child Protection Act was not conceived or articulated in a way that reflects the depth of Thai social values and tradition. Apart from mention in the Ministerial Regulations 2006 that ‘guardians must take care, exhort and develop a child under their guardianship in manners appropriate to local traditions, customs and culture’, there is no reference to the Thai context. The Act is diluted by the broad set of responsibilities and duties ascribed to different agencies, protection actors and the general public, but these tend not to be well-understood or recognized at the local level. As in any culture, there is no historical tradition of reporting suspected (or even known) cases of child abuse or exploitation to state authorities. Indeed the evaluation reveals that, quite contrarily, the general public and even government officials fear that disclosure will only make the situation worse for the child and family. While the objectives of the Act may be commendable with regard to mandatory reporting, the discussions with communities at the local level show that the provisions of the Act do not appear to be fully understood or accepted by local communities and authorities. While social values and practices are not static and can evolve over time, at present a significant gap remains between the requirements of the law and actual practice within families and communities in the provinces where fieldwork was conducted.

Leadership and Coordination: The Child Protection Act delineates detailed roles and responsibilities for the provincial level Child Protection Committees. Under Article 20, some of the duties of these committees include:

- Article 20 (3) – determining guidelines regarding social welfare, safety protection and behaviour promotion of the child;
- Article 20 (4) - raise funds for the purpose of social welfare, safety protection and behaviour promotion of the child.

In order to bring about consistent, effective and ethical implementation of the Act, supplementary protocols and procedures were essential. The CPRS endeavoured to create a model that could be adopted and/or adapted by the provincial CPCs. Whatever the merits of the CPRS, the provincial committees do not appear to have assumed their responsibility for operationalizing the Act. Without these protocols, it is unsurprising that the Act continues to be implemented in an inconsistent manner, or, worse, perceived as irrelevant for the protection of children.

Coordination and Functioning of Services

The government's overall approach to child protection is a response-oriented system that addresses only the most serious cases that are brought to the attention of authorities either through the OSCC, police or Children's Reception Home. Focus on provision of preventive services and proactive identification of vulnerable families and children is limited. The CPMS has established a mechanism for identifying families in difficult in selected locations, however this has not been implemented nationwide and it remains unclear what early intervention initiatives or services are available or provided to at-risk families once identified. According to interviews with government officials,⁶² response services focus primarily on individual children, with removal of children into alternative care being the default response to many child protection cases, despite growing recognition of the importance of keeping children with their family when possible. While significant effort has been made to provide a greater range of professional services to children at risk of and/or suffering abuse and exploitation in Thailand, chronic and fundamental challenges have emerged over the years, some of which pertain to the design and implementation of the system itself.

Firstly, a serious challenge to effective response service provision appears to be the lack of clarity around the role of the Competent Official, as noted previously. This represents a critical gap in the child protection system. In the absence of any official with a clear mandate and responsibility to take action for the protection of children, by default nobody has this responsibility and no action is therefore taken. This appears to largely be the case at the provincial and local level – even when cases of child abuse, exploitation and neglect are identified, in many situations very little appears to be done in response. The lack of clearly defined authority and duty to intervene on behalf of children in need of assistance appears to have paralysed the system to the point that many child victims receive little or no assistance from government services.

Secondly, apart from the Ministerial Regulations issued under the CP Act⁶³ prior to the introduction of the Manual of Child Protection Protocols and Procedures in some locations, clear guidance for risk assessment, case reporting and referral, case management, and service provision was not available. Until today, the vast majority of provinces have not developed guidance for implementing the Child Protection Act. Referrals between agencies, including the OSCC, Children's Reception Home, SDHS, schools and law enforcement, appear to be done on an ad hoc basis and are largely driven by personal connections and relationships established between individuals. This has serious repercussions for the quality of service that social workers and others can provide to children and families in crisis. These challenges are exacerbated by the general failure of coordinating bodies that have been established, such as Provincial Child Protection Committees and Multi-Disciplinary Teams, to meet regularly or provide effective guidance to support effective response provision. Lack of coordination between child welfare and protection services, absence of mechanisms for case referral, and frequent rotation of personnel present additional challenges.

⁶² Children's Reception Home, One Stop Crisis Centre and MSDHS staff.

⁶³ The Ministry of Social Development and Human Security. *Ministerial Regulations published in accordance with the Child Protection Act 2003*. The Government Gazette, Volume 122 Section 76. September 2005.

Thirdly, apart from the Family Development Centres, the majority of public services (OSCC, Children's Reception Home, SDHS Social Workers) are concentrated at the provincial level. In this sense the services may not be physically accessible to communities, despite efforts to raise awareness through media campaigns and community level advocacy activities. Provincial Child Protection Committees, chaired by the Ministry of Social Development and Human Security, are mandated to coordinate the delivery of appropriate welfare and protection services to children. However, as described above, the PCPC have typically played a relatively passive role in the practical coordination of services and the responsibility has therefore reverted back to the PSDHS. The combination of the concentration of services at the provincial level with the lack of coordination between agencies, as well as with local level authorities, results in a situation where few services actually ever reach the children and families that these have been designed to serve.

Fourthly, the child protection response system is oriented towards punishment of perpetrators and preventing bad behaviour of children. There is a distinct lack of emphasis or recognition of a need for the provision of services for children at risk, in difficult circumstances or who have already suffered abuse, neglect and exploitation – apart from the establishment of emergency shelters for children and families. Strategies for prevention or rehabilitation are limited and removal of children into institutional care appears to be used as a default solution, although SDHS and Children's Reception Home staff appear to try to identify alternative care placement within the extended family and community where possible. Overreliance on alternative care may indicate an absence of reliable and responses to community child protection challenges; without effective services and strategies to address child protection problems, the only solution to may be to remove the child or pay a compensation fee to the victim in an effort to resolve the situation.

An important final consideration is that while referral to and utilisation of formal services may appear to be the preferred response to child protection cases, this is based on a critical assumption that formal system services are both functioning effectively and able to provide beneficial outcomes from the perspective of children and families. At present, communities appear to rely only on medical services or the police when required – other types of child protection services that may be available or provided by SDHS do not appear to be regularly accessed or utilised. Beyond the challenges of accessibility and coordination of services described above, this may be due to the lack of congruence of the available services with the expectations and actual child protection needs of families and communities. This is compounded by the common belief among communities that if an external agency is contacted and becomes involved, the family is likely to break apart – which unfortunately is often the case.

CONCLUSION

The government of Thailand has clearly demonstrated increased political commitment towards children and families in the last decade. Both government and NGOs have invested significant effort and resources to improve the protection of children. Despite the establishment of coordinating bodies, legislation and a variety of formal structures to support the protection of children, however, Thailand faces multiple challenges with regard to child protection system development. Overlap of mandates and lack of clarity with regard to responsibility for developing national child protection strategy, weak coordination between agencies and the absence of government social welfare services beneath the

provincial level inhibit effective service delivery. To date a coordinated national child protection system is not yet in place in Thailand.

The evaluation of the Child Protection Monitoring and Response System weighs a number of core questions to determine the extent to which the CPMRS is aligned with the national child protection system presented in this appendix. The CPMRS was designed to address challenges that were identified in the child protection system following the 2004 Asian tsunami, specifically the absence of services at the local level, lack of monitoring and poor coordination between agencies. The CPMRS was thus created to function within and maximize the potential of the existing system. As noted in the evaluation report, CPMRS objectives are relevant given child protection needs as well as identified gaps between the child protection system as described in the legal framework and what actually exists on the ground. Implementation, this evaluation shows, appears to have been a challenge.

Currently, there is no “model” system in place that integrates child protection monitoring and response systems. While UNICEF has worked closely with various partners to implement different CPMRS components in selected provinces across the country, awareness and understanding of the proposed “model” as a whole and implementation of the CPMRS as conceptualised in the project design is extremely limited, if not invisible, at the national level. Each CPMRS component was developed in order to strengthen different aspects of the system, such as local level service presence, monitoring, response, and coordination. Due to a variety of factors detailed in the proceeding evaluation report, however, some of the CPMRS components have either been absorbed within the existing system (Case Manager), remained undeveloped or have not been fully integrated or utilised by child protection actors (CPMS and Child Protection Manual). A major challenge has been the implementation of CPMRS components on an individual basis, rather than as part of an integrated monitoring and response system as envisioned in the original project design.

Many of the child protection system challenges identified at the outset of the CPMRS are still relevant today. There remains a distinct need to establish an effective link between provincial level services provided by the PSDHS, Children’s Reception Homes, OSCC, TAO administration and children and families at the community level. Creating a Case Manager role within the TAO could represent an effective strategy to achieve this; however, for reasons elaborated above, the Case Manager component alone has been unable to fulfil this role. Similarly, while the Child Protection Monitoring System addresses the important need to collect data to identify vulnerable and at-risk families and support prevention efforts, this information is not being effectively utilised at the TAO, provincial or national levels and does not appear to be effectively linked to response services. CPMRS components appear to have remained largely at the pilot stage and failed to coalesce into a coordinated monitoring and response system. Whether this can be attributed to the lack of on-going investment and external support, or if the model itself is unsustainable in the Thai context, is difficult to determine.

CPMRS objectives were consistent with the current thinking in child protection at the outset of the project, as well as the UNICEF-wide emphasis on a systems-approach to child protection. As a specific model developed at a time when global understanding of child protection systems was at an early conceptual stage, the CPMRS represented a starting point for system strengthening. While the project was designed to reinforce and build upon the existing child protection system, no formal assessment was made prior to implementation of whether this system was appropriate and congruent with the Thai socio-

economic and cultural context. The child protection approach adopted in Thailand is grounded in a legally based intervention approach with a primary focus on forensic investigation.

Investment in specialised services to support the broader well-being and welfare of families and children at the local level is limited in the current system paradigm and prevention does not represent a priority focus of the government's approach to child protection service delivery. Moreover, little effort has been made to engage with the family to effect change in the child's environment. This represents a major gap in the current system approach, which will remain limited until a mid-range of services is developed between identification and statutory proceedings to work with families and communities in ways to promote the well being of children.

A number of key contextual issues raised in this volume have significant implications for the CPMRS and future strategic planning for child protection system development. The lack of clear leadership at the national and provincial level for strategic child protection system development and general responsibilities for the protection of children has significant implications for use of the CPMRS or any other proposed model for child and family welfare service provision. Despite the creation of a complex framework of agencies and formal structures designed to address and respond to child protection challenges, the vast majority of child protection cases do not appear to be addressed by the child protection system. These challenges are compounded by the reality that until the quality of services and outcomes are significantly improved and communities perceive the services available as useful or necessary, the rate of uptake will remain low. It is unlikely that families and children will be motivated to utilise services that they do not feel are beneficial for them or that can provide positive solutions. In this scenario, questions of coverage, quality, and accessibility of child protection services become irrelevant, as communities will continue to avoid engagement with a system that does not have the capacity to provide solutions that are in the best interest of child victims or their families.

The CPMRS model represents a positive step towards addressing identified gaps in the child protection system in Thailand. However, in the absence of leadership and clearly mandated responsibilities for child protection at the national, provincial and local levels, it will remain difficult to ensure common framework and effective approach for child and family welfare. Focusing on the CPMRS alone to strengthen specific technical aspects of the system will not produce long-term positive results nor succeed in making the system effective or meaningful to the Thai population. Child protection monitoring and response systems represent critical components of a broader national system but cannot be seen in isolation. As detailed in the evaluation recommendations, the Government of Thailand should first focus effort on developing a child protection system design that clarifies the aims, objectives and overarching approach of the system in a coherent and contextually appropriate way that builds upon the strengths of the Child Protection Act, while recognising the perspectives and needs of communities. This policy design process should be based upon a collaborative approach integrating the expectations, values, beliefs and interests of a wide spectrum of coalitions to establish a system that is feasible and sustainable. This will require a process of national dialogue to identify compromise and common ground between different stakeholders to ensure compatibility and build upon the strengths and positive elements already in place.

Appendix I: Membership of NCPC ⁶⁴

The 2003 Child Protection Act, states that the NCPC will be led by the Minister of Social Development and Human Security as Chairperson, the Permanent Secretary of the Ministry of Social Development and Human Security as Vice-Chairperson, the Permanent Secretary of the Ministry of Interior, the Permanent Secretary of the Ministry of Justice, the Permanent Secretary of the Ministry of Education, the Attorney General, the Commissioner General of the Royal Thai Police, the Director-General of the Department of Provincial Administration, the Director-General of the Department of Social Development and Welfare, the Director-General of the Department of Mental Health, the Chief Judge of the Central Juvenile and Family Court, the Director-General of the Bureau of Welfare Promotion and Protection of Children, Youth, the Disadvantaged, Persons with Disability and Older Person as members, and qualified members as appointed by the Minister of Social Development and Human Security from persons having experience for not less than seven years in social work, teacher, psychology, law or medicine profession.

At least one of the qualified members in each profession shall be appointed from private sector, and two qualified members shall be appointed from persons with appellant experience in child welfare for not less than seven years. The Deputy Permanent Secretary of the Ministry of Social Development and Human Security who is entrusted by the Permanent Secretary shall be member and secretary.

⁶⁴ Child Protection Act 2003