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eISSN: 3141-1509
Vol. 1, Issue 1, Article e002

FULL-LENGTH RESEARCH ARTICLE

Beyond Basic Provision: Relationships and Quality of Life in Government Residential Care in Southern Thailand

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Published: 30 June 2026

Article History: Received 28 March 2026 · Revised 26 May 2026 · Accepted 12 June 2026

Editor-in-Chief: Nik Ahmad Sufian Burhan, Ph.D.

Handling Editor: Azlina Mohd Khir, Ph.D.

Cite this article: Charansarn, A. (2026). Beyond basic provision: Relationships and quality of life in government residential care in Southern Thailand. *Pertanika Journal of Quality of Life Studies*, 1(1), Article e002. <https://doi.org/10.47836/jqols.2026.1.1.002>

Abstract

Placing children in government residential care does not necessarily ensure their sustained wellbeing. Thus, this study conducted semi-structured interviews involving 12 caregivers and two focus group discussions involving 12 institutional officers and cross-sector specialists to explore the social support systems of a government residential care institution for girls within the culturally distinct context of Southern Thailand and the influence of its arrangement on their quality of life within the relational and institutional contexts. Thematic analysis was conducted on the gathered data on structured provision, relational dynamics, systemic constraints, and transition planning. Despite the consistency of formal support delivery, such as education, daily care, structured activities, and access to professional services, relational continuity and cross-system coordination appeared to be fragmented. Emotional security, identity affirmation, and belonging were found to be restricted by fragmentation across ecological levels. Concerns regarding employment opportunities, social networks, and long-term stability among adolescents approaching discharge underscored the temporal limits of institutional protection. Findings showed that material provision was necessary but insufficient for sustainable quality-of-life outcomes. Durable relationships, cross-sector coherence, and culturally responsive transition planning were also important for strengthening children's life trajectories. This study provides empirical evidence that relational continuity and ecological alignment function as key structural conditions for sustained quality-of-life outcomes in alternative care contexts.

Keywords: child well-being; social support; residential care; quality of life; transition from care

Sustainable Development Goals (SDGs): SDG 3: Good Health and Well-Being; SDG 10: Reduced Inequalities

1. Introduction

Under certain circumstances, children are placed in residential care. In most cases, these children would have endured long-standing issues of abuse, family disruption, neglect, and poverty before receiving institutional intervention, which are detrimental to their developmental and emotional well-being. At least 2.7 million children globally are estimated to be placed under formal alternative care (Petrowski et al., 2017). With the incomplete administrative reporting and significant data gaps across countries, the actual number is likely to be substantially higher. It may be between 3.2 million and over 9 million children, as reported in recent estimation research (Desmond et al., 2020). The cognitive development, long-term wellbeing, and socioemotional regulation of many of these children are impacted by their histories of attachment disruption and maltreatment (Steenbakkers et al., 2018).

As a protective response, residential care is designed to ensure safety, stability, and access to basic services. However, this does not necessarily result in positive wellbeing outcomes for children under such

care. Many studies have posited the inherent multidimensionality of child wellbeing, comprising both objective indicators (e.g., access to education, material security, and physical health) and subjective dimensions (e.g., sense of belonging, life satisfaction, and relational security) (Ben-Arieh, 2008; Casas, 2011). In this study, child wellbeing indicators are understood broadly to include material conditions, health and safety, education, emotional security, social relationships, participation, identity affirmation, sense of belonging, life satisfaction, and perceived future security. This broad understanding is important because children's quality of life in residential care cannot be assessed only through objective service provision. Children's perceptions of life are a key driver of the assessment of their quality of life (Rees, 2017). In other words, basic provision like shelter and schooling may be essential but inadequate to reflect the state of wellbeing, especially with the incongruence of relational continuity and cross-system coherence within the institutional contexts.

In institutional contexts, the distinction between provision and lived experience is particularly relevant, as evidenced by research on institutionalisation, where relational continuity and quality of caregiving affect developmental outcomes more than structural adequacy alone (van IJzendoorn et al., 2020). The sustainability of quality-of-life trajectories may not be attained when there are no consistent, responsive relationships and coordination across systems despite the material stability and support provided to mitigate immediate risk.

Therefore, in order to bridge institutional care and sustained wellbeing, social support systems, which constitute emotional, informational, and instrumental resources within interpersonal and institutional networks, yield enhanced outcomes for vulnerable youth. In a longitudinal study, young people transitioning from institutional care with stable, supportive relationships with adults and peers were found to experience better outcomes (Greeson et al., 2015; Courtney & Hook, 2017). In another study, Okpych et al. (2023) demonstrated an association between enduring relational ties and lower risks of homelessness, economic hardship, and psychosocial instability in early adulthood. In other words, the continuity of support, rather than episodic intervention, is essential.

These dynamics can be better understood through the lens of ecological systems theory. According to Bronfenbrenner (1995), child development occurs within nested and interacting systems, from immediate relational environments (microsystem) to wider institutional and sociocultural structures. In this study, the microsystem refers to children's everyday relationships with caregivers, peers, residential officers, and family members; the mesosystem refers to the connections among these immediate settings, such as coordination between the residential home, schools, families, and community organisations; the exosystem refers to external agencies, budgets, welfare policies, and professional services that affect children indirectly; and the macrosystem refers to broader cultural, religious, and social expectations in Southern Thailand. When these systems are properly aligned, children are more likely to experience coherence and stability. Otherwise, developmental gains may be affected even when residential care provides necessary services, especially for adolescents approaching discharge. Gypen et al. (2017) conducted a systematic review and found greater risks of unemployment, housing instability, and mental health challenges among adolescents who receive limited or inconsistent aftercare support. Considering that, assessing the effectiveness of residential care beyond institutional boundaries, covering the full trajectory of childhood and emerging adulthood, is imperative.

When it comes to Thailand, children are placed in government residential care under the national child protection system when children are no longer safe in their family care. The country's formal commitments to child welfare are reflected in the ratification of the Convention on the Rights of the Child in 1992 and the enactment of the Child Protection Act in 2003. However, children's lived experiences continue to be affected by the implementation gaps and structural inequalities, as highlighted by the global child welfare assessments (United Nations General Assembly, 2010; UNICEF, 2019; UNICEF Thailand, 2015). Family support and resilience play a pivotal role in shaping youth's life goals within the residential context (Alves et al., 2024).

Despite the institutional protection in place, recent studies have found the persistence of psychosocial vulnerabilities in Thai children in out-of-home care settings. Empirical studies reported similar findings on the complexities of developmental, emotional, and social challenges encountered by Thai children in residential care. For instance, Intahphuak et al. (2025) shared qualitative findings on the continuous health,

behavioural, and psychosocial concerns impacting hill tribe children's wellbeing and adjustment within institutional care settings. Askew and Rogers (2025) observed the coexistence of educational opportunities and safety with emotional challenges and long-term uncertainties about life transitions among Thai children in children's homes, reflecting ambivalent perceptions of residential care. Prior studies on alternative care reform at the policy and system levels in Thailand similarly highlighted the economic, social, and structural factors, with the increasing policy emphasis on family-based care (Rogers & Karunan, 2020). In developing contexts, institutional care systems like residential care are often influenced by local socioeconomic conditions and may serve both protective and developmental functions when there are limited family-based alternatives available (Islam & Fulcher, 2018). Danpho and Thommachot (2025) recently highlighted relational support as a key determinant of resilience among adolescents within out-of-home care settings in Bangkok. All of these findings reaffirm the significance of relational continuity, rather than structural provision alone, in shaping adolescents' wellbeing outcomes.

In Southern Thailand, particularly Pattani province, the diversity in ethnicity, language, and religion creates a culturally distinct environment. There are various factors that influence the reintegration experiences of children in these circumstances, such as community perceptions, cultural norms, identity affirmation, and institutional preparedness. Therefore, cultural responsiveness and coordinated social support are particularly relevant. Child protection reform has undeniably gained immense attention, but only a few studies have empirically explored how Thailand operates its social support systems. Most of the studies focused on policy frameworks or outcome statistics and overlooked how the social support systems are delivered, experienced, and constrained, especially from the perspectives of frontline caregivers and specialist workers. Despite their significant role in mediating institutional policy into daily life, their views and opinions have remained underrepresented.

With that, the current study explored the social support systems of a government residential care institution for girls within the culturally distinct setting of Southern Thailand and the influence of its arrangement on their quality of life within the relational and institutional contexts. In particular, this study explored the current provision of social support, challenges encountered across different ecological system levels, children's support needs, and strategic directions for strengthening existing social support structures. This study's findings on the significance of durable relational ties and coherent cross-system support beyond basic provision expand the current discourse on quality of life within ecological and multidimensional wellbeing frameworks. By focusing on a government residential care institution for girls in Pattani, Southern Thailand, this study contributes empirical evidence from a setting where institutional care intersects with a Muslim-majority local context, multilingual community life, and reintegration concerns. Its novelty lies in showing how children's quality of life is shaped not only by formal provision but also by relational continuity and ecological alignment across caregivers, families, schools, community actors, and state agencies. The findings suggest that, for long-term quality-of-life trajectories, analytical focus should shift from institutional adequacy to relational and ecological continuity.

Figure 1 illustrates a conceptual framework that connects institutional provision, relational continuity, ecological alignment, cultural responsiveness, and transition planning with sustained quality-of-life outcomes in residential care.

The framework positions material provision as necessary but insufficient. Sustained quality-of-life outcomes are shaped by the alignment of microsystem relationships, mesosystem coordination, exosystem resources and policies, and macrosystem cultural and religious expectations.

2. Methodology

2.1 Research Design

A qualitative exploratory design was employed for this study to capture the relational processes, institutional practices, and system-level dynamics within a government residential care setting, which cannot be easily captured quantitatively. Instead of using predefined metrics to evaluate the outcomes, this study interpreted lived realities from the perspectives of those directly involved in care provision. This research design allowed the study to focus on depth of insight, less on the breadth of coverage.

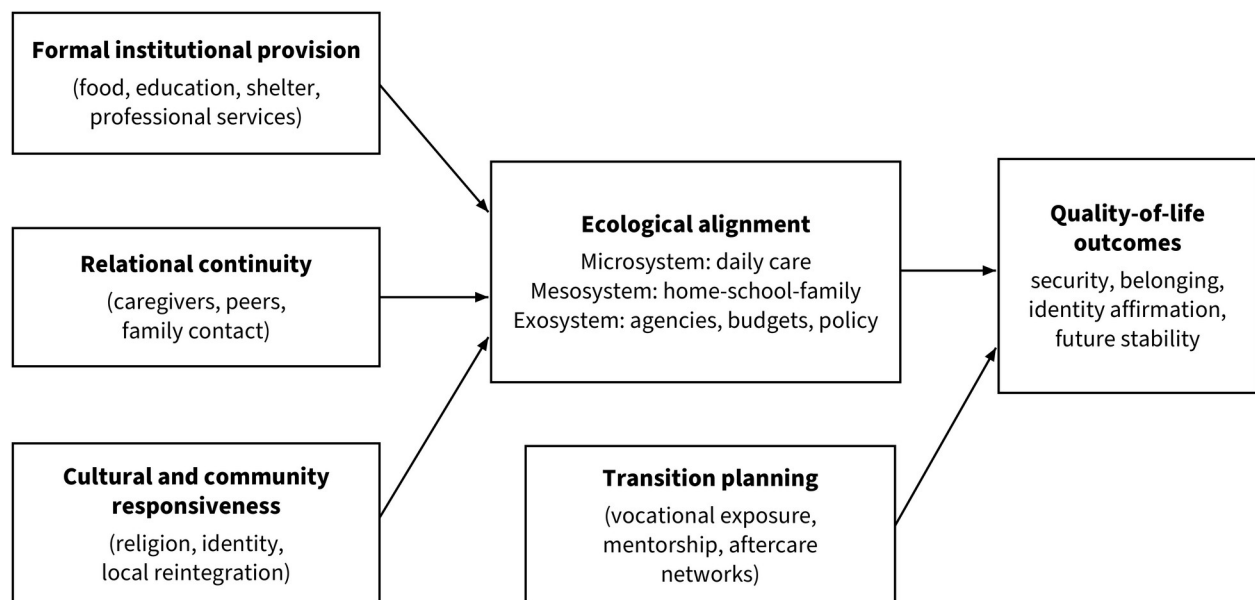


Figure 1. Conceptual framework linking institutional provision, relational continuity, ecological alignment, cultural responsiveness, and transition planning to sustained quality-of-life outcomes in residential care.

2.2 Research Setting

Pattani Home for Girls is a government residential care facility in Pattani province, Southern Thailand, for girls aged 6 to 18 years who receive state protection due to their family-related vulnerabilities, such as poverty, neglect, or unsafe home environments. This province was selected due to its distinct sociocultural context. Its national framework may be predominantly Buddhist, but its population is dominated by Muslims, featuring diverse identities, religions, and community reintegration considerations. These contextual factors offered a meaningful setting for this study to explore the intersection of institutional support with cultural environment.

2.3 Participants

This study sampled 12 child caregivers with at least one year of experience working with children in Pattani Home for Girls and direct roles in daily supervision, emotional guidance, and coordination with institutional officers and specialist workers and another 12 institutional officers from Pattani Home for Girls (e.g., head of residential care, social workers, psychologists, and case managers) and specialist workers from various external sectors (e.g., education, public health, child development agencies, and non-governmental organisations) in Pattani province. Participants were selected through purposive sampling because the study required informants with direct knowledge of daily care practices, institutional coordination, and cross-sector child support services. Caregivers were eligible if they had at least one year of direct caregiving experience at Pattani Home for Girls and were involved in daily supervision or emotional guidance. Institutional officers and external specialists were included if their roles involved case management, child development, education, public health, or community-based support for children in care. Recruitment was facilitated through institutional permission, but participation remained voluntary, and all participants were informed that they could decline or withdraw without consequence. Caregivers were assigned for semi-structured individual interview sessions. Institutional officers and specialist workers were equally divided into two groups for focus group discussions. The demographic profile of the participants is summarised in Table 1.

2.4 Data Collection

The multifaceted perspectives of both frontline caregivers and cross-sector stakeholders were captured through this multilayered sampling strategy. The developed semi-structured interview guides covered questions on the current provision of social support, challenges encountered in delivering support across different ecological system levels, children's support needs, and structural and policy-level considerations for strengthening existing social support structures. Every interview session was conducted in person

within the institutional setting and lasted about 45–60 minutes. Meanwhile, FGDs were designed to encourage open dialogues and balanced participation. These sessions lasted about 90–120 minutes. All interviews and discussions were audio-recorded with consent. Data were transcribed verbatim. Interviews and focus group discussions were conducted in Thai, and the transcripts were prepared in the source language. Where excerpts were translated into English for reporting, the translated quotations were checked against the original transcripts and audio recordings to preserve participants' intended meanings. For anonymity and confidentiality, transcripts did not include any identifying information.

Table 1. Profile of study participants

Participant Group	n	Professional Role	Institutional Affiliation	Experience Criterion
Child Caregivers	12	Residential child caregivers responsible for daily supervision and emotional support	Pattani Home for Girls	Minimum 1 year of direct caregiving experience
Institutional Officers (FGD1)	6	Head of residential care, social workers, psychologists, case managers	Pattani Home for Girls	Involved in institutional coordination and case management
Cross-sector Specialists (FGD2)	6	Education officers, public health personnel, child development specialists, NGO representatives	External agencies in Pattani	Involved in cross-sector child support services

2.5 Data Analysis

Thematic analysis was conducted following Braun and Clarke's (2006) guidelines. For immersion and familiarity, transcripts were read multiple times. Focusing on recurring patterns related to support provision, systemic constraints, and expressed support needs, initial codes were generated inductively from the data and organised into broader themes at microsystem, mesosystem, and exosystem levels. Grounded in the participants' narratives, analytical categories, rather than predetermined coding frames, were sensitised to capture both immediate relational dynamics and structural influences. Coding decisions were iteratively reviewed, ensuring internal consistency and credibility. In addition, cross-comparison of interview and FGD data was conducted to further refine the emerging themes, including the identification of any converging and diverging perspectives.

To enhance qualitative rigour, several strategies were used. Data source triangulation was achieved by comparing individual caregiver interviews with two focus group discussions involving institutional officers and cross-sector specialists. Coding decisions were reviewed iteratively and checked against the original transcripts to support transparency and dependability. Emerging interpretations were repeatedly checked against the original transcripts to ensure that themes remained grounded in participants' accounts. These procedures strengthened the credibility, confirmability, and transparency of the analysis.

2.6 Ethical Considerations

With the acquired institutional permission, this study implemented stringent measures to ensure ethical conduct, confidentiality, and secure data management throughout the research process. Prior to data collection, permission to conduct the study was obtained from Pattani Home for Girls and the Ministry of Social Development and Human Security. Informed consent was obtained from all participants before data collection. Participation was entirely voluntary, and participants were informed of their right to decline answering any question or to withdraw from the study at any time. Considering the sensitivity of child welfare contexts, this study avoided placing any emotional burden on children by excluding them from direct data collection and involving only adult caregivers and specialist workers. In order to protect their identities, all participants were coded accordingly (e.g., R1–R12; FGD1; FGD2).

2.7 Researcher Positionality and Reflexivity

The researcher approached the study as an external academic observer with no managerial role in Pattani Home for Girls. This position allowed participants to describe institutional strengths and constraints without direct evaluation by the researcher. At the same time, the researcher recognised that adult accounts of children's experiences are mediated through professional roles and institutional

responsibilities. Reflexive attention was therefore given to how caregivers, officers, and specialists framed children's needs, especially in relation to discipline, family contact, cultural identity, and preparation for discharge.

3. Results

This section outlines the findings generated from the semi-structured interviews and focus group discussions. The analysis captures recurring patterns across adult participants' accounts in relation to the organisation of social support, relational processes within residential care, and the wider conditions perceived to shape children's experiences. Verbatim excerpts are included to preserve participants' voices and to anchor the interpretation in their accounts. Across the findings, support was experienced through four connected dimensions: formal provision, everyday relational care, cross-system coordination, and preparation for life after discharge.

3.1 Current Social Support within Government Residential Care

Participants consistently characterised social support in residential care as being organised through formal institutional provision, alongside everyday relational interactions. Formal support was largely understood in terms of meeting children's basic physical needs. Overall, participants described basic provision as reliable and organised, but they also suggested that material support alone did not fully capture how children experienced care in daily life.

R1 stated:

"Around 90% of the services that residential care provides to children are physical basic needs assistance, such as food, clothing, study equipment, daily money, accommodation, and exercise area."

R3 further elaborated:

"For residential care, we provide food for three meals per day, school uniforms, study equipment, a courtyard for exercises, and we also give them daily money. Children in secondary school receive 20 Baht, high school 30 Baht, and bachelor students 80 Baht."

These accounts indicate that resources are systematically distributed based on children's educational levels. Participants highlighted that food, accommodation, and educational materials are reliably provided. However, some respondents noted that these provisions are at times supplemented by contributions from external actors.

R6 noted:

"Sometimes the private sector and people outside residential care come to donate food, clothes, and other necessary items for the children."

This suggests that while the institutional system provides a basic level of stability, supplementary support from external sectors helps sustain day-to-day adequacy.

Professional consultation was also identified as a component of formal support structures, with repeated references to access to specialist workers.

R11 stated:

"The residential care has personal consultation with a social worker, psychologist, and nutritionist."

R3 explained the referral mechanism:

"Once the problem with the children becomes complicated, their caregivers seek assistance from social workers and psychologists, and together they collaborate to find the proper solution."

Educational guidance was described as another key element within the structured support system.

R8 stated:

"The education management sector in residential care advises the proper way of study and future plan for the children."

Collaboration with schools was considered essential in addressing behavioural and academic issues.

R4 noted:

"The teacher helps them when they have problems in school through collaboration with the child's caregiver and officers here."

Beyond material and professional support, participants consistently emphasised the role of relational engagement in shaping children's everyday experiences. Informal support was expressed through emotional reassurance, shared routines, and a sense of parental presence.

R1 stated:

"We always pay attention, show them care and love, touch and hug them, and make them feel good."

R2 described the caregiving dynamic:

"We are like their parents here, so child caregivers are mostly the ones who suggest and guide the children. Most children trust their caregivers more than their friends to talk about personal issues."

For adolescents, peer relationships were viewed as increasingly central.

R12 stated:

"For adolescents, friends are the people who can make them feel more accepted."

Shared activities were described as fostering a sense of belonging and minimising hierarchical distance.

R4 explained:

"We are always there for the children and do daily routines together with them, such as cooking and doing housework together. We do not just order them; we do it together so they feel we are a family."

R11 added:

"In the evening, we play sports together with the children, and the officers also join us."

Taken together, these accounts suggest that formal institutional provision supports physical stability and structured supervision, while relational practices contribute to emotional security, trust, and a sense of belonging. Support within residential care is therefore experienced not only as policy-driven provision, but also through ongoing relational presence in everyday life.

3.2 Challenges within the Social Support System

Although structured support is in place within residential care, participants consistently identified challenges that constrain the stability and effectiveness of support delivery. These challenges occur across relational, institutional, and structural levels.

These constraints can be read across ecological levels: family absence and caregiver continuity were experienced at the microsystem level; weak coordination among the residential home, schools, families, and community actors reflected mesosystem challenges; and staffing, budget limitations, professional services, and administrative procedures reflected exosystem conditions that shaped support indirectly.

Family-related challenges. Family absence or inconsistency was repeatedly identified as emotionally destabilising for children. While residential care offers daily structure, attachment to biological family continues to hold significant importance.

R1 stated:

"We found depression in children when they have family problems, and this feeling affects them not to focus on their studies at school."

R5 elaborated on the behavioural implications:

"Family support is directly related to the behavior of the children. When they have aggressive emotions and we suggest something, they react aggressively and resist the role of residential care."

R3 pointed to disparities in family visitation:

"Some families come to meet the children one to two times every week, but at the same time some children have no family member visiting them. This increases feelings of loss and loneliness."

R11 further underscored the importance of family presence:

"Whatever we provide them, adequate family support is still the most important support sector for the children."

These accounts suggest that institutional care cannot fully replace children's emotional attachment to their families.

School-based stigma and bullying. Participants consistently reported that children encounter bullying and stigma within school settings, particularly when their residential status becomes known.

R3 stated:

"Bullying from friends at school builds stress and loss of confidence in the children, especially primary and secondary children."

R2 added:

"Some children are bullied by people outside residential care, such as school friends, which affects their personality and causes them to isolate themselves."

R6 further highlighted the impact on children's self-esteem:

"They get lower self-esteem feelings than their friends from bullying at school."

Identity-based stigma was also evident in participants' accounts.

R10 stated:

"Some children face sensitive questions such as 'Why are you living in government residential care?' These questions make them lose confidence and isolate themselves."

R11 reported that children often internalise such labelling:

"Many times, I heard the children say that 'We are children from government residential care' and 'We are lower than people outside.'"

These experiences indicate that stigma extends beyond institutional boundaries and influences children's sense of identity and confidence.

Workforce and institutional constraints. Participants also described challenges within the institutional environment itself, with staffing limitations and workload pressures frequently highlighted.

R3 explained:

"The working plan should clearly separate the duties of child caregivers. Now, everyone has second duties because the number of workers is not enough."

R11 raised concerns regarding caregiver motivation:

"The welfare of child caregivers does not motivate them to work in residential care for the long term because of low salaries and heavy workload."

Concerns regarding caregiver continuity and training were also raised.

R6 stated:

"The age of some child caregivers is still young and not much different from adolescents, so the children do not receive a sense of parent."

R9 added:

"Not all child caregivers have a study background in child behavior, and this affects understanding of the children."

These conditions undermine relational continuity and the quality of engagement with children.

Structural and resource limitations. Beyond relational and workforce-related concerns, participants highlighted structural constraints, including inadequate equipment and limited financial resources.

R5 stated:

"Study equipment is not enough for all the children, such as computers for online study."

R4 described living conditions:

"Adolescents feel stressed because they stay with 25 children in one room and do not have privacy."

Financial constraints were also reported.

R6 stated:

"Daily money is insufficient, especially for high school and university students who have extra expenses."

Administrative delays were identified as an additional barrier to effective support delivery.

R2 explained:

“The process of repairing broken equipment takes more time because government approval is needed.”

Taken together, these findings indicate that although structured support mechanisms are in place, their effectiveness is shaped by family absence, school-based stigma, workforce instability, and structural constraints. Support delivery therefore operates within multiple, intersecting limitations that influence children’s lived experiences.

3.3 Adult Participants’ Accounts of Children’s Support Needs and Expectations

Adult participants described children’s needs as extending beyond physical provision to include emotional stability, recognition, and preparation for independent living. These needs were articulated across material, relational, and future-oriented dimensions. Overall, children’s support needs encompass not only material adequacy, but also dignity, relational continuity, belonging, and secure transitions into independent living.

Physical and environmental needs. Although basic necessities are provided, participants indicated that children require improved facilities and greater levels of privacy.

R1 stated:

“They need enough facilities such as computers or tablets for online study because the number of computers is limited for all children.”

R4 highlighted concerns related to overcrowding:

“Adolescents sometimes feel stressed because they stay with 25 children in one room and want more privacy.”

R6 emphasised the financial constraints faced by children:

“Daily money is not enough for some children, especially those studying at higher levels because they have more expenses.”

These accounts suggest that adequacy does not necessarily translate into comfort or developmental appropriateness.

Emotional stability and respectful interaction. Emotional continuity emerged as a central need, with participants reporting that children place strong value on stable caregiver relationships.

R8 stated:

“They need child caregivers to stay with them for a long time and not change frequently because caregivers are the ones they spend most time with.”

R2 further described how disciplinary approaches can affect children’s emotional well-being:

“When they make a mistake, they want officers not to repeat their mistake many times in front of others because it makes them feel shy and stressed.”

The importance of acceptance was repeatedly emphasised.

R1 stated:

“They really need to be accepted as not different from people outside residential care.”

Recognition through participation was also highlighted as meaningful.

R10 noted:

“When they show their ability outside residential care, they feel more proud of themselves.”

These findings indicate that children seek dignity, affirmation, and relational consistency alongside formal support structures.

Social inclusion and belonging. Participants emphasised that children seek social acceptance beyond the institutional setting.

R3 stated:

“They want to be treated the same as other children outside residential care.”

R12 explained:

"They want friends who understand them and do not judge them because they stay in residential care."

These statements reflect a need for identity affirmation and reduced stigma within community contexts.

Transition and future security. Concerns about life after discharge were strongly expressed, with adolescents approaching the age of exit demonstrating anxiety regarding employment and independence.

R4 stated:

"Adolescents wish to graduate and get a job after leaving residential care."

R8 added:

"They need a network to support them after they are out of residential care, such as someone they can trust."

R6 emphasised the importance of economic preparation:

"They need vocational skills that can really help them earn income after leaving."

Participants indicated that although some preparation programmes are available, continuity of support beyond discharge remains uncertain. The need for sustained mentorship and clear employment pathways was therefore repeatedly emphasised.

Overall, children's needs extend beyond immediate protection to encompass relational continuity, social acceptance, and clearer pathways into adulthood.

3.4 Strengthening the Social Support System

Focus group discussions generated several proposals to strengthen the social support system within and beyond residential care. Participants emphasised that meaningful improvements require structural investment, workforce development, and stronger cross-sector coordination. Strengthening support therefore requires coordinated action across budget allocation, workforce capacity, service integration, and cultural responsiveness.

Budget and resource allocation. Financial limitations were consistently identified as a key constraint on institutional effectiveness.

An **FGD1** participant stated:

"The budget for basic living expenses is still less. The government provides 19 Baht per meal per child, and sometimes it is not enough to provide satisfying food."

Another participant noted:

"There should be more budget allocation for study equipment and facility improvement because children need more than just the minimum."

These accounts suggest that current funding structures are viewed as sufficient for baseline provision but inadequate for supporting developmental needs.

Workforce expansion and professional capacity. Participants emphasised the need for additional specialised personnel and improved caregiver welfare to support relational continuity.

An **FGD2** participant stated:

"More specialist workers such as social workers, psychologists, and nurses are needed to keep up with the number of children."

Concerns regarding workload were repeatedly raised:

"The number of child caregivers is not proportional to the number of children, and this affects the quality of attention they can provide."

The need for ongoing professional development was also discussed.

"Training related to child psychology and behavior management should be provided continuously to improve understanding."

These suggestions reflect a recognition that relational quality depends not only on individual commitment, but also on institutional capacity.

Cross-sector collaboration. Participants repeatedly highlighted the need for clearer collaboration frameworks between residential care institutions and external agencies.

An **FGD1** participant stated:

“There is no clear-cut collaboration plan between sectors, and this affects child development goals.”

Another added:

“Cooperation with schools and community organisations should be more structured so that children receive continuous support.”

Educational pathways were also highlighted as an area for improvement:

“Scholarship opportunities and vocational training should be coordinated with external sectors to prepare children before discharge.”

Cultural responsiveness and contextual sensitivity. Given the regional context of Southern Thailand, participants emphasised the importance of culturally sensitive planning and intervention.

One participant noted:

“Religion plays an important role in southern Thailand, so government support policy must consider this in intervention planning.”

This reflects an awareness that effective support systems need to align with local socio-cultural realities.

Collectively, these proposals indicate that strengthening the social support system requires alignment across adequate funding, workforce stability, cross-sector coordination, and contextual sensitivity. While institutional foundations are already in place, participants suggest that long-term well-being outcomes depend on broader system-level improvements and sustained relational continuity.

4. Discussion

4.1 Relational Continuity and Children’s Wellbeing

Service provision often emerges as a recurring topic of discussion when it comes to social support in government residential care. Basic material support, such as food, accommodation, educational resources, and access to professional services, is consistently provided and made available for children. However, according to the participants in this study, all of these do not necessarily imply that the wellbeing of children in residential care is sustained. These materials are merely basic provision of care for these children, not indicators of their wellbeing. Findings revealed recurring emphasis on establishing stable relationships within the caregiving environment, which was in line with the findings of institutional care research in Thailand on how the relationship between a caregiver and a child shapes the latter’s psychosocial adjustment (Intahphuak et al., 2025). Children in residential care spend most of their time with their caregivers. The continuity of the relationships they form often influences how safe, accepted, and emotionally supported these children experience.

When it comes to the discourse of quality of life, there are objective and subjective dimensions of wellbeing (Ben-Arieh, 2008; Casas, 2011). In institutional setting, objective conditions, such as safety and access to services, are secured, but children form subjective experiences through relational interactions over time. The participating caregivers in this study elaborated the significance of emotional support, shared routines, and informal conversations in children’s daily experiences of care. These are part of relational interactions, which often resemble parental forms of support. They further shared about their roles in guiding children through personal challenges, providing them reassurance, and being part of their daily activities, such as cooking, studying, and sports. All these repeated interactions make these caregivers the children’s trusted sources of support. Children are more likely to turn to emotionally reliable caregivers for advice or to discuss their personal concerns.

Previous studies on alternative care presented similar findings on the significance of supporting children’s psychological adjustment through stable adult relationships (Greeson et al., 2015; Alves et al.,

2024; Askew & Rogers, 2025). This study observed similar patterns on the relationship between relational stability and children's sense of belonging within the institution. More than just informal or secondary aspect of care, relational continuity serves as a key structural condition for children in residential care to experience security, trust, and emotional stability.

4.2 Ecological Fragmentation Across Support Systems

The relationships built in residential care are essential sources of stability, but sustaining these relationships is not a straightforward process. There are various institutional factors that influence how children in residential care experience and perceive relational support. Findings revealed that the quality of caregiving practices is shaped by institutional conditions, such as staff adequacy, the assigned roles and responsibilities, and workload. Institutional constraints would lead to caregivers' divided attention across numerous tasks, impacting the consistency of engagement with individual children despite the stability of emotional support provided. The lack of staff and overlapping responsibilities further exacerbate these challenging circumstances, impacting the stability of the caregiving relationships. This reflects the influence of broader structural barriers on relational continuity within the Thai context of alternative care system (Rogers & Karunan, 2020).

There are also external environmental factors that influence children's wellbeing. In Bronfenbrenner's terms, the residential home functions as a key microsystem because it is the setting in which children experience daily routines, caregiving relationships, peer interaction, discipline, and emotional reassurance. The mesosystem is reflected in the links between the home and other immediate settings, particularly families, schools, and community organisations. Participants' accounts showed that these links were uneven: irregular family visits affected children's emotional security, while limited coordination with schools allowed stigma and bullying to continue. The exosystem was visible in staffing levels, budget allocation, administrative procedures, and access to professional services. Although children may not directly control these arrangements, they shape the time, resources, and relational stability available to them. These findings suggest that quality of life in residential care depends not only on what occurs inside the institution, but also on the degree of alignment among the systems surrounding the child.

These dynamics reflect the influence of various interactions across different environments on children's wellbeing. Children experience stability from their residential care environment, but the relationships they share with families, peers, and communities influence their wellbeing. Weak cross-system coordination forms experience gaps in children, impacting their broader sense of belonging beyond residential care.

4.3 Transition from Care and Future Uncertainty

Transition from care is a crucial phase for adolescents. This drastic shift places adolescents in an independent social setting, which is drastically different from what they are familiar with when they are in residential care that offers a structured institutional environment. Transition from care comes with future uncertainty. Participants shared that adolescents approaching discharge are concerned about employment, financial independence, and the support they can rely on upon their discharge.

In residential care, children undergo daily routines, supervision, and access to services within a structured system. Adolescents leaving the residential care environment experience a life-altering arrangement. Several participants observed children having concerns about their employment and financial independence. For children in residential care, transition from care can be emotionally challenging as there would be no familiar caregivers and institutional routines upon discharge. As evidenced by prior studies, without adequate or consistent support conditions, they often encounter greater risks of unemployment, unstable housing, and psychosocial stress (Courtney & Hook, 2017; Okpych et al., 2023). Participants' accounts of these experiences confirmed similar concerns within the Thai context. These children should be equipped for independent living. There should be more than just vocational training or short-term career guidance for children in residential care to develop practical life management skills, such as opportunities to gain work experience, financial literacy, and social networks, and build confidence to navigate adulthood beyond residential care.

Transition from care is linked to the changes in children's social relationships as well. Children in residential care grow up within the same routine support environment and form close bonds with their

caregivers and peers. Losing regular contact with their sources of emotional guidance and stability during their transition from care can make them feel isolated during the early stages of independence, especially when no alternative community networks are in place.

Therefore, transition from care should be viewed from both practical and relational perspectives. Preparing adolescents for adulthood and independence should extend beyond employment or education pathways and take into account relational continuity.

4.4 Policy and Practical Implications

Findings highlighted several key areas of improvement. The Pattani facility may have provided relatively stable basic provision, but there are critical relational and institutional conditions to be considered given how these factors can influence how children perceive support within the residential care systems.

One of the recurring areas of improvement highlighted was workforce stability. Caregivers are children's primary sources of emotional support and guidance within the residential care environment. Adequate staff and clearly assigned roles and responsibilities foster consistent caregiving relationships for children in residential care. When caregivers have to manage multiple roles at the same time, there would be limited opportunities for them to engage with individual children. Therefore, addressing the adequacy of staffing capacity and clarifying the role distribution can effectively bolster the stability of caregiving environments for children in residential care.

Findings also highlighted the significance of continuous professional development in the caregiving practices. Not all caregivers receive formal training in child development or behavioural support. In order to effectively support children's emotional and behavioural needs, caregivers must undergo continuous training opportunities related to child psychology, trauma-informed care, and adolescent development.

Residential care must also be strategically coordinated with external sectors in shaping children's daily experiences. Participants shared that children in residential care experience stigma in school environments and limited educational opportunities, reaffirming the influence of cross-system interactions on children's wellbeing. The close collaboration between residential institutions, schools, vocational training providers, and community organisations would establish a more consistent support pathway for children to navigate these challenges.

These findings point to three levels of practical action. At the institutional level, residential homes should strengthen case planning, caregiver continuity, and trauma-informed support. At the inter-agency level, clearer referral and communication pathways are needed among residential care, schools, health services, vocational training providers, and community organisations. At the policy level, aftercare should be treated as part of the child protection continuum rather than as an activity that begins only at discharge. This would require planned follow-up, mentorship, employment linkage, and family or community-based support for adolescents leaving care.

Transition planning emerged as another key area in need for improvement. Addressing the concerns of adolescents approaching discharge in employment prospects and financial independence, participants recommended preparing children for independent living earlier and building their confidence and skills gradually over time prior to their discharge. This may include opportunities for vocational exposure, work experience, and mentorship.

How children experience support and reintegration is also influenced by the broader social context of Southern Thailand. In Pattani, religion, community relationships, local identity, and social expectations shape how children understand belonging and how they may be received after leaving residential care. For children from Muslim-majority and culturally diverse communities, support that recognises religious routines, language, family reputation, and community acceptance can strengthen identity affirmation. Conversely, when reintegration planning overlooks these local realities, children may experience continued stigma or uncertainty even after formal protection has ended. Support strategies therefore need to involve community actors and culturally responsive planning so that children's return to society is not limited to placement discharge, but includes social acceptance and relational continuity beyond the institution.

All of these considerations collectively underscored the importance of viewing residential care beyond basic provision. Findings revealed the existence of a broad network of relationships and institutions that influence children's lives over time. This perspective was found to be in line with Islam and Fulcher's (2018)

findings on embedding residential care systems in developing contexts within broader socioeconomic and cultural structures.

5. Conclusion

This study explored the social support systems of a government residential care institution for girls within the culturally distinct setting of Southern Thailand and the influence of its arrangement on their quality of life within the relational and institutional contexts. As the study focused on one institution and relied on adult participants' accounts rather than children's direct voices, the findings should be interpreted as context-specific insights into residential care support systems. Despite the stability of the residential environment and its basic provision for children, these conditions do not necessarily account for their overall wellbeing. Relational continuity and ecological alignment also significantly contribute to children's wellbeing, especially with regard to their sense of safety, belonging, and confidence.

Numerous participants highlighted children's reliance on caregivers for supervision, emotional guidance, and reassurance, reflecting the pivotal role of caregivers in residential care. Through stable relationships, children can build a stronger sense of trust and familiarity. However, institutional constraints, such as inadequate staffing and overlapping duties, pose challenges for caregivers to maintain consistent engagement with individual children. The quality of residential care can be better understood through both service provision and relational conditions.

In addition, the environments beyond the institution shape children's experiences. Participants highlighted that children in residential care can be emotionally impacted by irregular family contact, the stigma encountered at school, and the limited coordination between supporting agencies. These different factors illustrate how multiple systems impact children's lives simultaneously. Weakly connected systems cause gaps in support even when residential care provides children with the needed stability.

Besides that, transition from care introduces future uncertainty for children in residential care. Concerns about employment, financial independence, and the availability of reliable support often weigh on adolescents approaching discharge. Therefore, it is crucial that they are well-prepared for adulthood and independence, and this calls for more than short-term training. Children in residential care should receive gradual preparation and supportive relationships beyond the institutional setting.

Within the context of Southern Thailand, cultural and community dynamics are also at play. How children experience reintegration is influenced by religion, community identity, and local social expectations. Recognising these contextual realities can help strengthen residential care programmes to support children during and after residential care.

In conclusion, residential care should be explored through a broader relational and systemic perspective. Material provision is essential, but children's quality of life is closely linked to the continuity of supportive relationships, the coordination of institutions that shape their daily experiences, and the support available as they move towards adulthood.

Declarations

Acknowledgments: The author would like to acknowledge the Ministry of Social Development and Human Security and the Pattani Home for Girls for their support and cooperation in facilitating this study. Appreciation is also extended to all participants for their time and valuable contributions to this research.

Funding declaration: This study did not receive any external funding.

Declaration of interest: The author declares that there are no conflicts of interest related to this study.

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PUBLICATION INFORMATION

Peer review: This article underwent double-blind peer review by two independent subject specialists.

Established by the Department of Social and Development Sciences, Faculty of Human Ecology, Universiti Putra Malaysia.

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