



In School, in society

Early childhood development in Myanmar
migrant communities in Thailand

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About VSO

VSO is the world's leading independent, international development organisation working through international and national volunteers to fight poverty. For over 50 years VSO has brought positive and sustainable change to the lives of millions of poor and disadvantaged people around the world. Specialising in long term capacity development, VSO creates sustainable change by placing skilled and experienced volunteers from Africa, Asia, Europe and North America into partner organisations and communities. There they work in partnership to transfer technical expertise, share learning and build networks.

VSO started working in Thailand in 1961. Since 2005, our work has focused specifically on supporting refugee, migrant and exile communities on the Thailand-Myanmar border. Our programmes enable poor communities to better access quality basic services, participate as valued members of their society and have a say in decisions that affect their lives. Throughout our work, we focus in particular on empowering the most marginalised and vulnerable groups, such as women, ethnic minorities and people with disabilities. Our vision in the years ahead is to bring about significant improvements in the lives of poor and marginalised within both the refugee communities and within Myanmar itself.

Our Education work on the Thailand-Myanmar border focuses on improving access to early childhood and primary education for migrant and neighbouring Thai communities. Working with our partners, we have been providing access to high-quality and inclusive education for thousands of migrant and refugee children. Our work has helped to deliver real benefits for migrant and Thai children.

We want to see better early childhood and primary education services for vulnerable migrant children. We are working hard to ensure that these children have better access to higher quality education services, targeting the large number of children that currently do not attend any sort of school. We involve parents and local communities in our work to ensure that these services respond to their needs and to increase demand for quality education. As we implement this work with our partners, we will look to break down barriers between local Thai and migrant communities by engaging young people from these communities with this work.

At the same time, we want to ensure that migrant education is recognised and so will continue to advocate for the registration of migrant learning centres as Thai learning centres. Once these schools are registered, it will open up the door to greater security, more resources and recognition of qualifications that will give better opportunities to migrant children. We will also continue to support other options to meet the right to education of migrant children, such as non-formal education and access within the Thai state education system.

We recognise that VSO is one small part of a process involving many diverse players, but we know that we have an important role to play in helping to bring about lasting change for poor and vulnerable people. We focus our efforts on the thematic and geographical areas where our approach can make the biggest difference, and build strong partnerships with government, other development organisations, the private sector and civil society to increase the impact that we make.

Our partners

Foundation for Education and Development



Formerly Grassroots HRE, FED is working to promote education, human rights, and the development of safe working environments for Myanmar migrants and their families in Thailand. Their programmes are currently focused on migrant communities in Phang Nga, Southern Thailand and Mae Sot. FED is also working with other regional and international organisations to achieve these goals.

Foundation for Rural Youth



FRY registered in 1990 with the aim to support education for rural youth who had been trafficked into labour, supporting vocational training, working to identify the migration problem from rural youth labour as well as coordinating with the government sector and producing publications in relation to migrant youth education. FRY is currently working in Bangkok (Bang Bon district and nearby) and Roi Et in northeastern Thailand.

Ranong Primary Educational Service Area



Ranong PESA is the educational government office for Ranong province, and is responsible for policy enforcement and quality control for state schools within Ranong province at primary level as well as working to improve, promote and raise educational standards.

World Education



Since June 1999, World Education Thailand has been working with displaced communities from Myanmar to implement and support projects that address their educational needs. World Education has trained migrant teachers and school administrators, developed curricula, and supported special education programmes, parent education, adult literacy, development and production of materials, higher education, and capacity development for local groups and organisations. World Education works closely with the Thai Ministry of Education to align education strategies and support the Thai Government's commitment to the global Education for All movement.

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Foreword

VSO has been working on the Thailand-Myanmar border for almost 15 years now. During this time we have gained a wealth of knowledge on the issues impacting the lives of the Myanmar migrant communities. Barriers to education and in particular Early Childhood Development have become a key concern for us.

When we embarked on this piece of research we were unsure what to expect. We had heard anecdotally the concerns of parents about access for their children to education and to child welfare in particular. We had also heard examples of positive practices where migrant families had integrated well with Thai communities; their children were in Thai school, and the families were working in environments where they were supported by employers. However this is not always the case. In working with the migrant communities and supporting their education needs, we identified a need to research the issues of early childhood education, as they are the most crucial and the most important years in a child's development. Undoubtedly the migrant communities are the most marginalised, and their children are extremely vulnerable. VSO feels a responsibility towards raising awareness about the importance of investing in early childhood for social, emotional and cognitive development, so that children, and particularly migrant children, have access to crucial early childhood development care. We have been struck by the fact that there is no single way to look at Early Childhood Development, but that access to school is the gateway to a number of elements which can ensure that the migrant child's development is improved, and that despite their situation they receive all possible opportunities. There is no quick fix for any of this, but for me there is one overwhelming message that comes out of this report: that children's welfare is everyone's concern, and those of us involved in improving their lives can contribute even more by working in collaboration and partnership. The report outlines a number of recommendations which we will take forward in the coming months and years.

I recommend this report to you and hope that you will take time to consider it. I am confident that the findings of this research report will be instrumental in addressing the early childhood needs of children, particularly migrant children.

Best wishes,



Rakhi Sarkar
Country Director
VSO Thailand/Myanmar
March 2013



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Acronyms

BMA – Bangkok Metropolitan Administration
CBO – Community Based Organisation
CPPCR – Committee for Promotion and Protection of Child Rights (Burma)
ECD – Early Childhood Development
EFA – Education for All
FED – Foundation for Education and Development
FRY – Foundation for Rural Youth
ILO – International Labour Organization
INGO – International Non-Governmental Organisation
IOM – International Organization for Migration
MLC – Migrant Learning Centre

MOE – Ministry of Education
NGO – Non-Governmental Organisation
OBEC – Office of the Basic Education Commission
OHCHR – Office of the High Commissioner for Human Rights
PESAO – Primary Educational Service Area Office
TOPS – Taipei Overseas Peace Service
UBS – Union Bank of Switzerland
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNICEF – United Nations Children’s Fund
WE – World Education
WHO – World Health Organization

Glossary

Early Childhood Development – Between the ages of 0-8 years old a child undergoes the most crucial period of their physical, cognitive, social and emotional development (World Bank, 2011). This report examines the social context of early childhood development specifically in children aged 3-8 years old to encompass the following themes: child protection, education, health, hygiene and sanitation and nutrition.

Education for All – Established in the Dakar framework in 2000, the Education for All goals consist of the following (UNESCO, 2012):

- 1) Expand early childhood care and education
- 2) Free and compulsory primary education
- 3) Learning and life skills for young people and adults
- 4) Increase adult literacy
- 5) Achieve gender parity
- 6) Improve the quality of education

These goals to be achieved by 2015 were signed by the world’s governments, including Thailand. It is also present in Thai national policy under the 2005 cabinet resolution on Education for All and is encompassed within VSO’s work internationally.

Integration- In the context of this research, integration refers to the equal inclusion and participation of migrant children in Thai society where they are able to exercise their rights to state-run services for their development and are free from discrimination.

Local Health Promotion Hospitals – Thai state health promotion hospital formerly known as Anamai, which often provides basic healthcare such as vaccinations at no cost to local community members.

Migrant children – In this report we refer to migrant children as children of migrant workers who have either accompanied their parents across the border from Myanmar or were born in Thailand.

Migrant Learning Centre – An informal school set up by migrant communities and often supported by community-based organisations (CBOs) and non-governmental organisations (NGOs). They vary in quality, from community members giving tuition in their spare time to NGO-backed schools enrolling hundreds of students.

Acknowledgements

This research report would not have been possible without the work of our research teams. We would like to thank our research coordinators Kailash-Thiha Aung, Pao Hom, Sai Htin Too and Thiha for their dedication, professionalism and passion for the project; our local researchers in Bangkok – Kyo Lwin, Mae Zuan Oo, Myo Thant and San Lwin; in Mae Sot –Noung Oai Pong, Maria Lay, MiSeikAie Mon, Saw Ah Bine, Nan Htoo San, Kyae Mone Win, and Naw Say Wah Paw; in Phang Nga – Chit Su Hlaing, Ni Ni Win, San Dar Oo, Thein Thein Thu and Thun Thet Soe; in Ranong- Nay Lin Aung, Ei Chaw Su Aung, Wim Htway, Wai Yi, Nwe Ni Wim, Moses, Juree Primpreecha, May Thu, Thaung Yee, Su Mon Aung– who all made it possible for us to reach migrant communities and families.

We would also like to thank our partners; the Foundation for Education Development, Foundation for Rural Youth, Ranong Provincial Educational Services Authority and World Education Thailand; without which we would not have been able to set up our project in the four project locations and for their continuous support.

We would like to express our thanks to the UBS Optimus Foundation for having funded this research project, and hence enabled us to gain an insight into the lives of many migrant children in the hope that they have better opportunities to access essential early childhood services in the future.

Our thanks also go to the VSO Thailand/Myanmar Country Director Rakhi Sarkar, Global Advocacy and Research Advisor for Education Purna Kumar Shrestha, and Polly Kirby, Global Adviser, Programme Innovation and Development, Education- for their crucial support and guidance throughout this project.

Finally, without the participation of over 400 research respondents we could have never acquired the information to write this report and conduct the many interviews, focus group discussions, community mappings and children's activities. We would like to express our gratitude to the parents, child carers, teachers, employers, and government workers, as well as the many CBOs, NGOs, academics and staff from international organisations that made this all possible.

The report also would not have been possible without the input and support of our research advisory board including Early Childhood Development practitioners Alice Harwood and Sheila Verghese. We would also like to express our sincerest gratitude to those who participated in the peer review to ensure the quality and standards of this report – Jackie Pollock, Director of MAP foundation and Dr. Panadda Thanasetkorn from the National Institute for Family and Child Development, Mahidol University.

Executive summary

There has been an influx of migration into Thailand from neighbouring Myanmar over the last 20 years, often to take up what are locally referred to as '3D' jobs (dirty, dangerous and demanding). These working conditions have a direct impact on the development of young children as they live in precarious environments.

The Royal Thai Government has committed to the Education for All (EFA) goals. A 2005 cabinet resolution also extended the right to education for all children in Thailand regardless of their legal status. The official education data indicates that Thailand has made significant progress in increasing access to and quality of early childhood and basic education. For example, the Net Enrolment Ratio (NER) in pre-primary education in 2010 was 93% and Gender Parity Index (GPI) was 1.01 suggesting parity between genders (UNESCO, 2012: 335). In spite of good progress, those who still lack access are children from marginalised groups; a disproportionate number of these children are migrants. Lacking social protection and legal status, migrant children represent one of the most disadvantaged groups in Thailand when it comes to Early Childhood Development (ECD), as local implementation of policies allowing these children to access their rights remains uneven.

Taking a child's rights and holistic approach to ECD, this report presents the views of parents, child carers, health workers and teachers as well as employers and government workers on access to ECD provision in 16 migrant communities in four provinces namely Bangkok, Tak (Mae Sot), Phang Nga and Ranong in Thailand.

A number of barriers have meant that parents are afraid to approach state-run services such as schools and hospitals; instead relying on services provided by local non-governmental organisations (NGOs) and community-based organisations (CBOs). Many parents do not speak Thai, are without legal documents and fear discrimination. Low incomes, vulnerability and lack of awareness of these services have hence led to young children in migrant populations becoming trapped in a cycle of poverty. The report makes some recommendations to all stakeholders.

Background

The vast majority of the estimated 2.5 million migrant workers living in Thailand are migrants from Myanmar (Huguët et al., 2012:3). There is not much information available on their experiences, or that of their children. However, estimates put the number of migrant children at over 200,000 (Committee for Promotion and Protection of Child Rights, (Burma), 2009:12). From VSO's own experience less than 20% of migrant children go to school (number of migrant children in schooling system vs. estimated number of children), and this percentage is likely to be lower for early childhood education. A study in Tak province showed that 34% of all migrant children at migrant learning centres (MLCs) attend nursery or kindergarten classes (Dickinson, 2010:8).

While in the past decade there has been an increase in the availability of ECD services for migrant children (both Thai and migrant-run) in Thailand, these services are not equitably distributed and the quality varies greatly. Thai ECD centres offer migrant children crucial skills such as Thai language and literacy that will support their future integration into the Thai education system. However, access is problematic due to distance, language and cultural barriers, cost, and the ongoing threat of discrimination or deportation. Migrant-run ECD facilities, where they exist, are more affordable for migrant families but often lack the most basic equipment and facilities and staff have little training or experience.

Research methodology

The research methodology was purely qualitative and our methods consisted of in-depth interviews, focus group discussions, community mapping and observations of children's activities. 429 stakeholders in 16 communities took part in the study, ranging from parents, teachers, carers and children, to employers, health workers, government workers and non-governmental organisations (NGOs) or community-based organisations (CBOs) took part in the study. Four project locations- Bangkok, Mae Sot, Phang Nga and Ranong were chosen for their high concentration in migrant families and to represent the various working conditions of parents- ranging from factories and farming to rubber plantations and fisheries. The working conditions of parents are crucial to understanding the family and living conditions of migrant children. The research has sought to understand why these children are marginalised when it comes to ECD from the perspective of rights holders and duty bearers.

Availability of early childhood development provision

When looking at ECD services, these have been examined to incorporate the following themes: child protection, education, family care, health, hygiene and sanitation, and nutrition. Service providers have been identified as state-run services and NGO/CBO-led services; with family support as the foundation to accessing these providers.

Child protection issues were found to be linked to the working conditions of parents. If parents are unable to access education facilities or childcare, they generally leave their children locked up at home or take children to the workplace where there are no safe spaces for children, exposing them to serious safety problems. Data showed cases of injury and abuse caused by these factors.

There was a perceived value of ECD in all stakeholders, and the majority of families felt that education was the most important aspect of ECD for their children. Education can be accessed for free in Thai state schools and in Migrant Learning Centres (MLCs) where some charge fees depending on their budget. However, costs often remain for transportation and school materials. Migrant children attending state schools have access to education in Thai instruction, and nutrition through free school lunch programmes. In most MLCs, children often access education with Burmese as the primary language of instruction, along with Thai and English. However, the MLCs' reliance on donations and limited budget means that they are not always able to provide adequate nutrition services such as lunch or milk. The majority of teachers in MLCs felt that migrant children were 'smaller and shorter' than Thai children of their age. Teachers were found to have different training needs in both facilities; whereas teachers in

MLCs required more training on ECD, teachers in Thai schools were found lacking knowledge of migrant communities and family conditions which affect children's learning in the classroom.

There are a number of health service providers available for migrant children, including state hospitals, health promotion hospitals, private hospitals and clinics. However, without the right documentation or insurance they face extortionate fees which they are usually unable to pay. The majority of parents in Bangkok stated that they would buy medicine from the 'drug store' as a primary source of treatment, whereas those in rural areas relied on traditional Myanmar medicine. Some families were unable to ensure that their children's vaccinations were complete, even though some vaccinations such as polio are available from state hospitals at no cost. However, of those families who had accessed vaccinations, this was mostly through Thai schools and MLCs, or through NGOs and CBOs. Hygiene and sanitation showed to be varied depending on the community and location; most migrant families have access to clean water but those in isolated rural areas rely on collecting rain water. In urban areas, some employers provide support in preventing mosquito-borne diseases.

Barriers to ECD services

There are various barriers which prevent migrant children from accessing these services; all of which are intrinsically linked not only to each other but also to all ECD services:

Documentation: Lack of adequate identity or social welfare documentation for migrant children showed to be a barrier resulting in fear of arrest and extra costs for services such as healthcare.

Policy implementation: This showed to be a barrier in some areas, depending on the willingness of local authorities to implement national policies which include migrant children in state ECD provision.

Low income: Low income was overwhelmingly found in the data as a barrier to accessing ECD provision, whether paying for health treatment, school materials, nutritious food, documentation, or even for transportation to health centres and schools.

Parent working conditions: The working conditions of parents meant that they did not have the time to prepare meals, take their children to reach crucial ECD services or even to provide adequate emotional care and support in the home. The frequent movement of migrant families in particular poses a significant barrier to education.

Fear of discrimination: Many families felt that they would be discriminated against due to the social status of migrant workers and their perceived illegal entry into the country. This was shown to be fuelled by historical factors, the portrayal of migrant workers in the media and negative attitude in wider society.

Lack of parental awareness: The data from parents showed lack of awareness of available services, often related to fear of arrest due to lack of documentation, or the perception that state-run services are only available for Thai children and that their children would face discrimination.

Language barrier: The inability to speak Thai was found to be a barrier not only in accessing information, but also in accessing available ECD services as they struggled to communicate their needs to service providers. Parents also feared that they could not send their child to Thai school because they could not speak Thai, or that they may lose their native language.

External factors

External factors also showed to affect the situation of migrant children in indirect ways. Social impacts such as substance abuse, family separation and crime were found by all stakeholders to have a negative impact on ECD. Some families who had been victims of natural disasters and emergencies such as the 2004 Tsunami or 2011 floods overwhelmingly responded that they would return to Myanmar if there was a natural disaster in Thailand in the future. The vast majority of families stated that they wished to return to Myanmar if political and economic conditions continued to improve. This would lead to yet another shift in the situation of migrant children. However, they also felt that due to lack of job opportunities in Myanmar, if wages were raised and working conditions improved they would remain in Thailand.

Summary of recommendations

Our findings have shown that the main hindrance to accessing all ECD provision currently available lies in the legal status and uncertainty of migrant families and communities. All stakeholders can contribute to improving ECD provision for migrant children.

Community awareness

- Raise awareness to migrant communities on the rights of their children, the availability of ECD services, and increase understanding on the importance of ECD for their children's future development
- Create stronger partnerships between NGOs, CBOs, employers, local authorities and ECD service providers in organising awareness raising activities and publishing information in native languages

ECD service provision

- Provide further training to teachers in MLCs and Thai schools both on ECD and the community background of migrant children to better teach in a multicultural environment
- Expand the provision of vaccinations, basic healthcare and public health to migrant communities directly through strengthened partnerships with schools, NGOs and CBOs
- Engage employers to support their workers by providing necessary documentation, references for their children, improve working conditions, and collaborate with other employers to open adequate care facilities
- Develop a community-based child protection system and work to mainstream child protection through ECD service providers with the support of local authorities
- Address the language barriers in ECD provision by placing Burmese teaching assistants in Thai schools and formalising the role of Myanmar nationals to work as interpreters in hospitals

Policy implementation

- Reinforce the education for all policy by actively encouraging the integration of migrant children into the state system
- Recall national and international obligations to issue all children born in Thailand with birth registration and a route to citizenship

Policy development

- Establish a clear migration policy on migrant children with specific provisions for their social protection
- Develop an official and more comprehensive health policy for migrant children
- Establish a bilateral system between the Thai and Myanmar Governments to ensure a permanent framework for children to obtain an identity and citizenship
- Consider migrant children's rights to social protection and ECD provision in developing bilateral, regional and international frameworks

Recommendations for further research

- Ensure that migrant children are taken into consideration in studies guiding the development of national policies and programmes related to ECD
- Conduct further research on policy development that addresses specific policy gaps in social protection for migrant children

Introduction

“Children are like wax. We can shape them as we want. For instance, it’s like gold plating on the pagoda or statue. Everyone already venerates or worships the Buddha statues or pagodas, but we do gold plating to make it more elegant and beautiful. The same thing applies to children. The inside of the children is already lovely and gentle. It is the best time to shape or teach them good things. Just like gold plating, we need to do gold plating to children through good words and actions”.

Volunteer community teacher, Bangkok

The situation of migrant children in Thailand remains both complex and precarious. Due to their uncertain legal status, their access to essential basic services such as education remains limited and uneven. While migrant children are eligible to attend state services, a number of barriers prevent these children from fully accessing their rights to early childhood development and education. Access to quality services is essential for all children in order to complete primary education and to improve their future life chances.

Early childhood refers to the critical period between the ages of 0-8 years old, where a child’s rapid brain growth forms the basis of their future physical, emotional and cognitive development (World Bank, 2011). There are various terms for early childhood, in this report we use the term Early Childhood Development (ECD) and look specifically at children in migrant communities aged 3-8 years old due to the focus of VSO Thailand/Myanmar’s past and future interventions for this age group. We take a holistic perspective looking at community environment, living conditions, and access to crucial services. This report does not examine the more technical aspects of ECD, but the broader social issues which impact the development of young children in migrant communities in Thailand.

The aims and purposes of the research are to:

- a) Assess the current situation of migrant children aged 3-8 years old in communities across the four project locations in Thailand (Bangkok, Mae Sot, Phang Nga and Ranong)
- b) Examine what ECD services are currently available for these children
- c) Determine the barriers that are preventing them from accessing these services
- d) Recommend measures to inform relevant stakeholders on access to ECD

Chapter one briefly examines the migrant context in Thailand and the background of the migrant communities where the research was conducted.

Chapter two discusses each component of ECD – child protection, education, health, hygiene and sanitation, and nutrition – looking at both the availability of services and access.

Chapter three outlines the barriers to accessing ECD services for migrant children, ranging from lack of documentation and policy implementation, to low income, parent working conditions, fear of discrimination, lack of parental awareness and the language barrier. It also briefly examines areas identified by respondents to address the many barriers faced when it comes to accessing ECD.

Chapter four briefly looks at the wider context of external factors which have had an effect on the development of young children in migrant communities. These include social impacts, environmental factors, the current changes in Myanmar and potential impact on the Thai economy.

Finally, the report makes recommendations to relevant stakeholders on what actions can be taken to improve access to and quality of ECD provisions for migrant children at community, local, provincial, national, regional and international levels.

Research methodology

This research was conducted in 2012 using qualitative methods in 16 communities in four provinces-Bangkok, Tak (Mae Sot), Phang Nga and Ranong- in Thailand. A total of 429 stakeholders across the country took part in the study.

Research methods

A wide range of qualitative research methods were employed in order to gain an in-depth understanding of the situation of migrant children's access to early childhood development provision. These included in-depth interviews, focus group discussions, community mapping, as well as activities involving young children. Qualitative research methods were selected because of the nature of the research questions, which were designed to gain an in-depth understanding of the complex situation of these children of which little is known when it comes to early childhood development. According to Litchman (2013), "qualitative research involves looking at things in their natural settings or talking to individuals about a particular topic, or investigating individuals who have experienced particular phenomenon" (Litchman, 2013:33).

Due to the varied education levels and primary languages of our research respondents, we selected and trained researchers who were from those communities and could speak their languages so that they could talk freely on various topics and avoid misinterpretation. The emphasis of community research is on bringing the views and observations of community members themselves. Therefore, a different in-depth interview and focus group discussion guide was developed for each target group in English, Thai and Burmese. Our activities with young children were also adapted to their age and background, and consisted of a drawing contest and a circle game activity.

Method used	Number conducted
In-depth Interviews	222
Focus Group Discussions	9
Observation of Children's activities	5
Community Mapping	16

A literature review was conducted in order to assess current research that has taken place as well as examining what policies are currently in place for migrant children to access early childhood development services.

Sample selection

"Qualitative inquiry depends on samples that are selected purposefully" (Mayan, in Lichtman, 2013:192). Therefore, purposive sampling was used to ensure that the views of key stakeholders were included- parents, child carers, teachers (both in Thai state schools and migrant learning centres), staff from non-governmental and community-based organisations (ranging from international agencies and non-governmental, to national and community organisations and foundations), health workers (both in state hospitals and NGO/CBOs), employers (an owner of a factory, fishing boats or line-manager employing migrant parents), government workers (national, provincial and local level) as well as young children themselves.

The decision to choose Bangkok, Mae Sot, Phang Nga and Ranong was influenced by the following four factors:

- The high concentration of migrant families
- The varied working conditions of parents in these locations
- Locations where VSO Thailand/Myanmar's education programme has worked in the past
- Locations where VSO's future 'In school, in society' project will be implemented based on the results of this research

Based on these influencing factors, this report seeks to represent the direct opinion of the respondents and does not claim to represent the general migrant population or experts working on migrant issues at all levels.

In total, the research reached 429 respondents comprised of the following:

Types of respondents	Number of respondents
Parents	123
Carers	38
Teachers	63
Health Workers	12
NGO/CBOs	37
Government Workers	8
Children	145
Employers	3

Geographic location	Number of respondents
Bangkok	111
Mae Sot, Tak Province	110
Phang Nga Province	114
Ranong Province	94

Research validation

A national validation workshop was organised in December 2012. This validation workshop provided opportunities to share and review findings and recommendations with various primary, secondary and tertiary education stakeholders. This process allowed general preliminary findings based on data from all regions to be reviewed and validated by stakeholder representatives. In addition, a peer review was conducted in March 2013 with ECD and migration experts to increase the validity of the research findings and recommendations.

Chapter one:

Background



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Migrant situation in Thailand

Over the last two decades, there has been a great influx of migrants into Thailand from neighbouring countries, often to take up low-skilled 3D jobs (dirty, difficult and demanding). Their harsh working conditions in industries such as fishing, construction, and agriculture undoubtedly have a direct impact on the development of their children as they grow up in precarious environments.

In June 2012 there were almost 2.5 million migrants from Cambodia, Lao People's Democratic Republic and Myanmar, of which nearly 1.5 million were estimated to be unregistered and family members (Huguët et al., 2012:3). As of December 2012, more than 1.1 million were registered, including more than 700,000 from Myanmar alone (Ministry of Labour, 2012). This disparity between numbers shows the difficulty in estimating the scale of this mobile population. There are also an estimated 85,977 displaced and 12,822 asylum seekers from Myanmar currently in Thailand (UNHCR, 2012).

Among this population of migrant workers, at least 10 per cent are estimated to be children. Obtaining recent and accurate figures of the total number of children from Myanmar presents a great challenge. The majority of migrant children in Thailand can be perceived as 'invisible', as official figures relating to children are only recorded in terms of the number of children of legally registered migrants. In 2004, these totalled 93,082 children under 15 years old (Huguët & Punpuing, 2005). However, estimates put the number of migrant children at over 200,000 (CPPCR, 2009:12). An ILO report cited by Jampaklay (2011) also suggests that there were up to 376,845 children estimated to be residing in Thailand from neighbouring countries as of 2008 (Jampaklay 2011:96). The majority of these children are from families of economic or political migrants who are clustered along the border with Myanmar or in Thai industrial centres such as Bangkok.

Migration policies for migrant workers from neighbouring countries remain extremely complex and have been adapted over time¹. There are four groups of regular migrant workers from neighbouring countries in Thailand: 1) Registered migrants who have a 13 digit ID number and temporary document to stay in Thailand (Tor Ror 38/1), work permit and social health insurance card 2) Unregistered migrants who may or may not have Tor Ror 38/1 but are still considered illegal as they work without a work permit; 3) Those having entered illegally but undergoing the National Verification (NV) process to obtain a work permit; 4) Those who have entered legally through a Memorandum of Understanding with their home country (Archavanitkul & Hall, 2011:64-5). In addition to these groups are those who are illegal and undocumented.

However, there is no clear migration policy specifically for children, with registrations having taken place only in 2004 and to a limited extent in 2009. At the time of completing this research and as a result of negotiations between the Thai and Myanmar Governments, recent measures had been announced to register up to 200,000 children of migrant workers through the NV process (category 3), where children would then be entitled to apply for a temporary passport or 'Certificate of Identity' and visa for the first time (Bangkok Post, 2013).

These migrant children have either travelled from Myanmar with their parents or carers, or were born in Thailand. Our field research and consultations with organisations working with migrant children in Thailand indicate that the number of young migrant children is growing while their access to social protection remains limited. In many circumstances, these children have no legal status, neither in Thailand nor in Myanmar, and it is unclear where they will be in the future, often growing up with minimal or no support for their development and education.

The transitory nature of migrant work means that it is extremely difficult to keep track of migrant children. A study in 2010 led by VSO was conducted in our research location of Mae Sot, Tak province. This showed that from 58 migrant learning centres in Tak province, a third of migrant children were in nursery or kindergarten grades (Dickinson, 2010:8). It was estimated that less than 20% of migrant children are registered either in migrant learning centres (MLCs) or in Thai state schools. This figure is rising alongside the number of children born in migrant communities, as well as increased migration flows into Thailand.

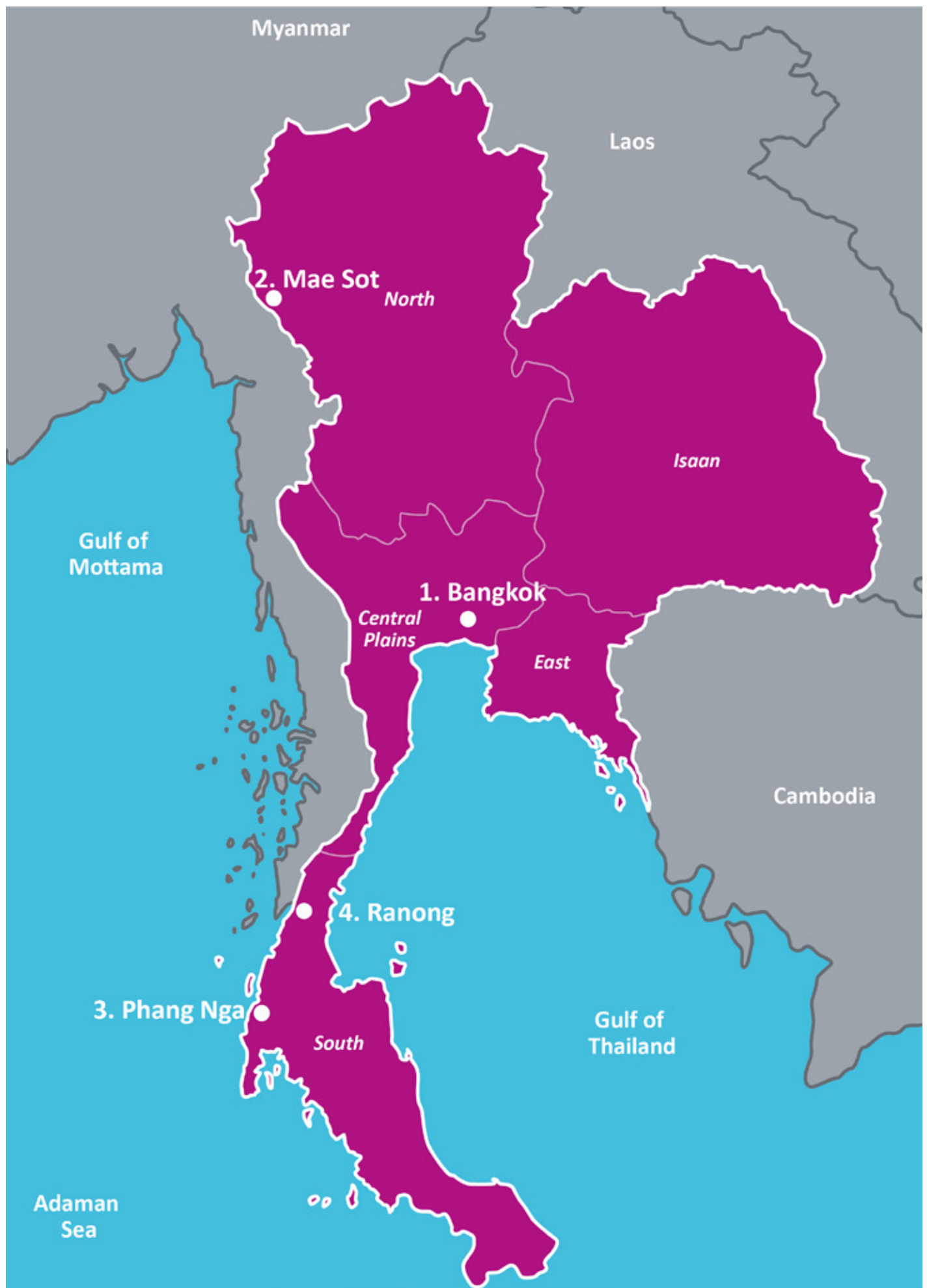
Not only were those migrant children attending school in Mae Sot of ECD age, but the total number of migrant children accessing other forms of ECD provision was likely to be much lower. In the other three research locations, ECD facilities are rarely available or require parents to pay fees which are therefore too costly for most migrant workers. In the majority of migrant families, both parents work, leaving younger children home alone or in the care of older siblings with inadequate supervision and little to stimulate their development (Dickinson, 2010).

ECD centres and primary schools offer one of the few opportunities to provide migrant children with health monitoring and preventative healthcare as well as some measure of child protection. Increased numbers of children attending ECD facilities would also mean that children would have access to a fuller range of ECD services as well as being better prepared for school either in MLCs or integration into Thai schools.

A complicating factor in the provision of ECD in Thailand is that in both Thai state schools and MLCs, new admissions are put in the grade that matches their previous educational achievement rather than their age. Migrant children have often missed out on substantial periods of schooling and ECD services are essential to support preparation for primary and better integration into Thai schools. However, this does mean that there are many older children in pre-primary and primary classes. While this is not ideal, it is difficult for outside actors to influence change in this policy, which means that any interventions at ECD and early primary level need to consider the needs of older children attending school for the first time.

¹For more information on migration in Thailand, please see the IOM Thailand Migration Report (2011)

Map



Community background

In order to fully understand the situation of migrant children and their families, it is important to examine each research location to assess the various living and family conditions. While overall the situation can be considered similar across all four locations; the different working conditions of parents varied in each location and hence affect ECD in many different ways.



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1. Bangkok

This research chose to focus on three communities in two districts of Bangkok; Bang Khun Thian and Bang Bon districts, which are 20km away from the centre of the city stretching out to the border of the next province, Samut Sarkhon. In these communities, migrants were working in factories; fish and seafood processing, ice, shoes, glass, toys and carpentry. Monthly wages averaged the equivalent of \$195 USD per month, the highest of all project locations. Migrant workers live in cramped housing conditions but in some areas are more mixed with Thai communities. It is often difficult to look at migrant communities in one area as they tend to be spread out.

The urban environment makes it considerably harder for migrant community members to create supportive services, resulting in communities having access to fewer NGO/CBOs and only one migrant learning centre in this area. Many children remained out of school. One CBO worker estimated that up to 80% of children between the ages of 3 and 8 years old stay at home or on the streets in the community while their parents were at work. However, among those in school a higher proportion were enrolled in Thai schools than in other locations. Despite more availability of health services such as state and private hospitals nearby, migrant workers who did not hold legal documents, were unlikely to leave their community and did not know what lay beyond their own street. Migrants were also from various ethnic groups mixed in each community, another difference from the other project locations.

2. Mae Sot, Tak province

The town of Mae Sot in Tak Province is situated to the East of the Myanmar border, with both countries separated by a small river which in dry season can be crossed by foot. As a result there has been a great influx of migration from Myanmar as well as illegal trade and human trafficking. Here the project focused on three communities to represent semi-urban and rural areas. In Mae Sot most migrant communities lived separately from Thai communities, and with most of them undocumented, they faced extortion and corruption from police authorities on a regular basis. Migrants in Mae Sot worked mostly in knitting and garment factories, in agriculture or as porters at the riverside bank; with monthly wages averaging between \$65-130, the lowest of all project locations.

While the migrant population is predominantly from the Karen ethnic group, the general ethnic make-up of Mae Sot remains mixed and includes particularly vulnerable and disadvantaged groups such as Burmese Muslims. Housing conditions are extremely poor, with most families living in makeshift houses with limited sanitation facilities.

Mae Sot's strategic location has also made it a hub for democracy and human rights activists with a well-established NGO/CBO community. Many migrant-led services have been created for families in education, health and general support. There are 74 migrant learning centres in the area, meaning that school enrolment, even if in informal institutions, is much higher than in other locations.

3. Phang Nga province

Our research in Phang Nga province was focused in five communities of Takuapa district as well as Kuraburi district. Lying south of the Myanmar border, this province counts a sizeable migrant population; most migrants are working in rubber plantations and the fishing industry, and in the construction and the tourist industry. Migrants here are predominantly of the Dawei ethnicity as well as some Mon. The average monthly wages ranges from \$97-195. However, those working in rubber plantations are paid per kilogram of rubber produced, the price of which varies and during the rainy season can especially restrict family income.

Most families in rubber plantations live in basic housing conditions with limited sanitation facilities; with some living in extreme isolation. Families in fishing villages live in cramped conditions and are believed by health workers to be vulnerable to communicable diseases such as TB and HIV. Security concerns were also reported. Despite MLCs being available as well as migrant children enrolled in a number of Thai state schools, a considerable number of children remained out of school. There are state and private hospitals and clinics in the area, but they are often unaffordable due to transport and medical costs.

Following the devastation that this area experienced after the 2004 Tsunami; migrant communities were disproportionately affected in receiving adequate assistance. As a result, NGOs and CBOs set up in the area to work on post-Tsunami projects have continued to support communities in a number of ways. Collaboration efforts between stakeholders in Phang Nga province have made it progressive, especially in promoting social cohesion between migrant and Thai communities in comparison with other project locations.

4. Ranong province

Ranong is located on the southern border with Myanmar, and our research focused on four communities in Muang district. Most migrants in this area are of the Dawei or Mon ethnicities, and came from the Taninthayi region and Mon state of Myanmar. Migrants in this location can generally be seen as economic migrants rather than fleeing persecution. The vast majority of migrant workers are working in the fishing and seafood processing industry, and monthly wages averaged at \$130. As a border town, Ranong faces a particular issue of human trafficking.

Relationships between Thai and migrant communities were weak, with both sides generally expressing distrust towards each other. In most of these communities, migrant families live in a mostly urban setting alongside Thai communities. They have good access to services such as electricity, water and paved roads. Looking at education provision, there are also a number of Thai state schools and MLCs available, which in general migrant children were able to access. Although the majority are enrolled in MLCs, there were still quite a high number of children enrolled in Thai state schools. There is a small presence of NGOs or CBOs working for migrant communities with some NGOs working for children's education and some working for health with limitations. There are also local Thai Primary Care Units where migrant access to healthcare was higher than in other locations.



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Chapter two:

Migrant children's access to early childhood development services



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This chapter examines the themes which emerged from the perspective of community members and service providers in accessing Early Childhood Development services. Firstly, child protection was identified as a significant concern. Many children do not have birth registrations and lack care or supervision whilst their parents are at work. Education also features prominently in this chapter, where a number of issues were identified in access and quality. This looks at what education providers are available and those chosen by migrant parents, as well as some of the differences found in the two main education providers. Finally, this chapter will also consider other essential aspects to ECD; health, hygiene and sanitation and nutrition.

Child protection

Migrant children are particularly vulnerable when it comes to child protection issues. Not only was this found to be intrinsically linked to working conditions of parents, resulting in neglect due to lack of adequate care and supervision while their parents were at work, but also to the living environments in their communities.

A study by the United Nations Office of the High Commissioner for Human Rights has highlighted that child protection remains a predominant concern for migrant children as “...Inadequate child protection systems and lack of effective implementation of the existing normative framework results in serious gaps for migrant children in every region of the world”.

(UN OHCHR, 2010:9)

Birth registration

Birth registration counts as the first legal recognition of a child and therefore the most important documentation for a child's right to an identity and nationality. According to UNICEF, approximately 5% per cent of all births or 40,000 children every year in Thailand are not registered, mostly amongst vulnerable groups including children from ethnic minority groups and migrant children (UNICEF, 2010). In 2008, an amendment to the Civil Registration Act established the right for all children born in Thailand to obtain birth registrations regardless of their status (CPPCR, 2008:13). Further to this, in 2010 Thailand withdrew its reservation to Article 7 of the Child's Rights Convention, which refers to the fundamental right of children to birth registration. This stipulates that states parties are responsible for implementing the right to a nationality, and especially in cases where "the child would otherwise be stateless" (CRC, A7). Despite these developments, many migrant children still lack birth registrations, which has a great impact on their ability to access ECD services.

Interviews with parents showed that the number of children born in Thailand is high but that the level of birth registrations varied by location. For instance, of parents interviewed in Bangkok and Phang Nga, more than two thirds of their children were born in Thailand, of which one third and one quarter respectively were reported to have birth registration. The border towns of Ranong and Mae Sot showed even wider disparities. In Ranong, almost all children of the 20 parents interviewed were born in Thailand, of which one third were reported to have birth registration. In Mae Sot however, half the children were born in Thailand of which the number of birth registrations was unclear.

The majority of children born in Thailand were born in state or private hospitals, with those in the most isolated rural areas giving birth at home with no medical support. For children born in Myanmar, cases were reported of children's birth registrations having been left behind or lost on their journey to Thailand. This was also reported in some cases for those born in Thailand, due to the frequent movement of migrants around the country, natural disasters such as the 2004 Tsunami or 2011 floods, and other reasons for fleeing their homes such as robbery.

Care for children while parents are at work

Care for migrant children whilst their parents are at work was found to be a primary concern in all locations. For those not enrolled in any form of schooling, or not under the care of a child carer, children were found either at the work site of their parents, alone at home or on the streets of their community. In Bangkok for instance, where the majority of parents work in factories, some parents reported that they would simply leave their child alone at home and lock the door. When asked who cared for their child whilst at work, one parent stated: "No one. Sometimes she stays in the room by herself and sometimes she goes to the factory with me".

Children of migrants working in construction were identified by teachers as a particular problem due to their constant movement. Parents reported taking their children with them to the construction site, where they played with the children of other workers in dangerous conditions. Those living in rubber plantations were also vulnerable due to their isolation and the need for their parents to work throughout the night. The following case study illustrates the many challenges that they face:

"...Inadequate child protection systems and lack of effective implementation of the existing normative framework result in serious gaps for migrant children in every region of the world".

Office of the High Commissioner for Human Rights

Case study: rubber plantations

Many migrants in the southern provinces work in rubber plantations. The way that rubber is tapped requires scrapping the tree with a knife in the late evening for the rubber water to eventually trickle down into a small bowl which is collected in the early morning. This liquid is then mixed with a strong acid and poured out to dry to create rubber sheets, which are then collected and sold per kilogram. There are many issues related to child protection. Due to the perceived easy task of collecting small water bowls or rubber sheets, children were reported to be helping their parents at work. Moreover, when parents are working throughout the night, regardless of whether their children attend school during the day, they will either leave them at home while they work or the children will follow them into the plantations. One case from an NGO Director in Phang Nga province highlighted the consequences of leaving children at home alone, a problem which was widespread across all project locations:

"Sometimes they put the children in the room without a carer, especially in the rubber plantations. The workers use a very strong acid to make solid rubber, so one child only 3 or 4 years old, played with the acid when her parents left her in the home alone and went to work. It burnt her whole body".

NGO Director, Phang Nga Province

These plantations are also known to be incredibly dangerous, not only due to isolation which makes children vulnerable to serious physical and sexual abuse, but also when there is competition between plantation owners who then take it out on each other's workers. One case highlights how the working conditions of plantation workers and their isolation puts their children at risk:

"There have been incidents, it was just before I arrived here where a little girl disappeared and just showed up dead. It's because there is no one to take care of these children. And there is nothing that anyone else can do apart from their parents, and their parents need to work. The girl disappeared, so the whole community was looking for her for hours and then she was found... People think that she was raped and I guess killed because she was found in a little stream of water face down. 5 years old. She was a student at the MLC. So yes, the parents, I don't see how they can stop working to be taking care of the children. They need both incomes and there is nothing that an NGO can do after they go home".

NGO Worker, Phang Nga



The main source of care available for migrant children during parent working hours was schooling. Teachers in both state schools and MLCs expressed the importance of school in ensuring the safety for migrant children, stating that they worked to ensure security around schools, and sending children safely to their transport home. However, gaps remained in child safety in terms of transport to and from school. This was reported by parents to be a major concern, especially when children were extremely vulnerable to road-side traffic accidents walking from their home to the main road to catch the school bus, as well as kidnappings, assault and other physical abuse.

An informal source of child care available to migrant children was through carers in their own communities, where the relation between carers and children varied by location. For instance, in Bangkok which had comparatively weaker community ties over half of carers interviewed were not relatives, whereas in Mae Sot which had the strongest

community links, all carers interviewed were relatives of the children they cared for. While those who were relatives did not receive any income, those not related to children usually charged parents small fees. Almost all carers interviewed across the four locations were shown to have a positive attitude towards their role in caring for children, and in cases where they were not related felt a strong sense of responsibility for the children they cared for. For instance, one carer in Ranong stated that *"I regard them as my own children to whom I gave birth. I try to fulfil their needs even though I cannot do much for them"*. The findings showed that even when carers had limited resources, they made great efforts to support child development and were instrumental in ensuring child safety whilst parents were at work.

Corporal punishment

Corporal punishment can have significant consequences for a child's development and was found to be widespread in homes, communities, and schools. Parents spoke very openly

about the use of corporal punishment to discipline their children, stating that it was necessary in order for them to respect their parents. For instance, one parent in Phang Nga stated that *“If the children do not listen we should beat them so when they get the pain they should remember what they did wrong”*.

Different forms of corporal punishment were observed in many MLCs across all four project locations. Here, teachers stated that they often used a stick or wooden ruler in the classroom to discipline their students. While there were cases reported of teachers directly hitting the children, the majority of the time the stick was used to threaten; either by tapping on the child’s shoulder or by hitting it on the desk. Observations showed that students began to fear their teacher and expect physical punishment as disciplinary action rather than being explained why their actions were wrong. CBO workers in Mae Sot reported that corporal punishment remained a concern in MLCs, and that there was a clear need for raising awareness on child protection in schools and communities. They also reported that it was unclear whether teachers were aware that this may constitute a form of violence or abuse.

One CBO worker in Mae Sot cited that cultural reasons were a major cause of corporal punishment in schools: *“It is in our Burmese culture, we just know that we have to beat the children”*. Teachers who were exposed to perspectives from outside their own communities on corporal punishment, were found aware that hitting children was not acceptable in other cultures. However, one teacher in Mae Sot stated that despite this knowledge their practice did not change, and that when visitors came to the school, teachers would not hit children in their presence.

Emotional care

A young child’s emotional wellbeing is an essential part of early childhood, and is a foundation for future social and cognitive development. As shown above, widespread corporal punishment resulted in fear of caregivers, which damages emotional development and increases their vulnerability.

Education

Education was identified by respondents as the most important aspect of Early Childhood Development, providing young children with learning opportunities at the most critical period of their cognitive development. In the case of migrant children, it gives them a much higher chance of accessing the other essential ECD services such as health and nutrition, as well as a secure environment whilst their parents are at work. Respondents in migrant communities strongly valued education for their children across all locations. When asked what they considered to be the most important for their children’s development, the overwhelming majority of migrant parents, and carers felt that education was the most important element in early childhood.

“I think education is important for children, because if they are educated, they don’t have to work hard and they will have a good income. Moreover, if they go back to Myanmar, they can work in any company they want with their profession. They don’t have to tap rubber like us. Educational pride is brighter than anything else”.

Carer, Phang Nga

Low levels of education amongst parents, daily hardships, living environment and working conditions, all contributed towards the lack of adequate emotional care for migrant children. Family separation was identified as one major issue causing emotional harm to migrant children. One carer in Bangkok shared that *“The first problem is that they cannot live with their parents. They have been separated from their parents since they were infants. Therefore they grow up so lonely”*. Cases were found of children having been separated from their parents either within Thailand or having remained in Myanmar with other relatives, with many respondents recognising that this lack of emotional care resulted in loneliness and disciplinary issues. Teachers also expressed on several occasions how children in their classrooms were lacking adequate emotional care due to their parents’ need to work far from their children in order to secure family income.

Safe places for playing

Young children need to play in a safe environment for their physical and social development, which was lacking in all communities. Children were found playing in precarious environments with dangerous items that parents used such as knives or fishing materials, as well as with bad sanitation. In Bangkok, children were often found playing around overcrowded apartment blocks in factory areas in dirty and unsafe environments, whereas in plantation communities they would play in isolated areas, often with minimal supervision. Teachers expressed a particular concern as to the importance of physical development and lack of playgrounds or wide enough spaces in communities for children to play and run. One Teacher in Bangkok stated that: *“They live in a community that is quite messy and like a slum. The community is not clean enough, not big enough for children to run and play around for their physical development”*.

The lack of safe playing spaces was shown to be linked to many other issues in child protection for migrant children; not only exposing them to physical danger and impacting on their health due to sanitation and environmental factors, but also increasing the risk of abuse due to lack of supervision.

Education policy

The 'Education for All' policy of 2005 guarantees education for all children in Thailand. A cabinet resolution in 2004 introduced the policy to provide education to disadvantaged children. In 2005, this was extended by another cabinet resolution providing education to children with no civil registration or Thai nationality- a development which enables migrant children to legally access education provision. This policy refers specifically to basic compulsory education from the age of 6 years old and in kindergartens where available in state schools from 4 years old.

Early childhood centres are another initiative led by local Sub-district Administrative Organisations (SAO) known in Thailand as Aor Bor Tor. Under the overall supervision and policy plan of the Ministry of Social Development and Human Security, these have been expanded through a *"4 year action plan/strategy of the ministry to support the development of disadvantaged children in the early years in society"* from 2012-2015 (Ministry of Social Development and Human Security, 2012). Here, carers in early childhood centres have been provided with specific training under the guidance of the Ministry, with some resources for children provided by the centres at no cost (Department of Local Government, 2012). However, there is no clear extension of the Education for All policy to these early childhood centres as they are individually run and under the administration of local authorities.

Migrant Learning Centres are not recognised by Thailand's Ministry of Education, and their legal status remains unclear. In many ways, they are generally accepted by authorities but not officially recognised as schools:

"Many organisations open illegal learning centres. It is fine if you talk with the district office and let them know; negotiate with them about your learning centres and register with the district office informally. So, they know what you are doing and where you are, even though the learning centre is not legal. Because education is for all, it is a basic right for everyone so no one is going to do bad things to you because you provide education to migrants".

National Government Worker, Bangkok

There have been measures for MLCs to receive some form of status. Article 12 of Thailand's National Education Act gives the right to non-state entities to provide educational services. It states that *"Other than the State, private persons and local administration organisations, individuals, families, community organisations, private organisations, professional bodies, religious institutions, enterprises and other social institutions shall have the right to provide basic education as prescribed in the ministerial regulations"* (Ministry of Education, 1999). In support of this, a recent ministerial regulation was approved in October 2012 for individuals to register community learning

centres, and could be used to informally register MLCs. This regulation refers specifically to the right of the individual to register learning centres that give basic education to children (OBEC, 2012). However, such learning centres would have to be registered by individuals of Thai nationality or foundations that are registered with the Thai Government. In reality, the majority of MLCs are run by Myanmar nationals and lack the standards required. National government workers reported that applying this law remained complex in practice.

Access

Enrolment of migrant children in state ECD provision remained low. Among our respondents, very few cases of migrant families had enrolled their children in state early childhood centres, and even these rare cases were only found in the border towns of Mae Sot and Ranong. The major obstacles for migrant families who were aware of these centres were reported as lack of availability in the areas where they lived, and monthly fees which although low, varied by area and were considered too costly for parents. One provincial government worker in Mae Sot stated the importance of ensuring that both Thai and migrant children can attend state-run early childhood centres, which they felt were essential to the quality of life for these children. Private nurseries were also available in all locations, but migrant children were unlikely to be enrolled due to the high costs which were too expensive for even good migrant wages. For instance, one parent in Bangkok reported that they spent one third of their monthly salary to enrol their child in a private nursery.

The number of children under 8 years old in Thai state schools as opposed to MLCs was generally lower. However, each project location showed different trends depending on what service providers and organisations were present in those communities. For instance, Mae Sot had the highest number of children in school, the vast majority of which were in MLCs. The number of MLCs in this location was higher than any other area at 74. In comparison, communities in Bangkok which had only one MLC showed that more than half of those in school were in the Thai system, but with a higher proportion of children out of school. In border areas, some parents chose to send their children to study on the other side of the border in Myanmar as was reported in Mae Sot and Ranong.

There are a number of differences between the Thai state and MLC systems which have a significant impact on ECD. While Thai schools follow the standard curriculum with Thai as the primary language of instruction, MLCs had no set standard and used a variety of different curricula with the primary language of instruction as Burmese and ethnic languages. As a result, the availability of adequate ECD provision varied greatly in MLCs across all research locations.

School infrastructure and resources

In Thai state schools there was a good standard of infrastructure and availability of classroom materials in accordance with government budget. Students were also provided with uniforms, textbooks and stationery depending on their age and grade. However, parents still had to contribute to buy additional uniforms and costs for activities such as field trips. In early childhood centres, local administrations also provided all materials at no cost throughout the year except for personal belongings such as toothbrushes, pillows and soap (Office of Welfare Promotion, Protection and Empowerment of Vulnerable groups, 2012).



MLCs had poorer infrastructure and materials in comparison to Thai schools and varied greatly according to their individual budget. Although most MLCs provided students with uniforms and textbooks, their availability was found to be far more limited. ECD grades were also found to be the least well equipped with classroom materials, and in some areas, nursery level classrooms were found to be of significantly lower standard than higher grades. For instance, observations in Mae Sot showed that in the worst cases, concrete buildings were available from kindergarten classrooms and above, whereas nursery grades were given makeshift shacks at the back of the school made of wood and dirt. Respondents also raised concerns regarding access to playgrounds in MLCs. According to an NGO worker in Phang Nga *“all children are lacking adequate playground facilities, and it really is in all the schools. It is because they don’t have the budget”*.

Teacher training

Whereas Thai schools have qualified teachers with training opportunities offered by the government, in MLCs the level of teacher qualifications was mixed. Although some were formerly teachers in Myanmar, others were recruited on the basis of having achieved high school education. When speaking of in-service training opportunities in MLCs, teachers reported that almost all training they had attended was provided through NGOs.

In Thai schools, teachers interviewed had not received training on how to cater for the learning needs of migrant children, and had little knowledge and understanding of their community background or how to teach in a multicultural environment. The majority of Headteachers interviewed in Thai schools where migrant children were enrolled reported that this was lacking. One Headteacher in Phang Nga shared how teachers in Thai state schools could benefit from understanding more about the background of migrant children:

“We don’t know whether Burmese children are different to Thai children. Their lifestyle for example, we need to know about it. Our teachers don’t really have the time to study about these issues, and what the migrants are going through. Foundations and various organisations know a lot more than our teachers about the lives of the migrants as that is their focus. If we know about their traditions, lifestyles etc. we’ll be able to look after those things which will benefit us in the future”.

Headteacher, Phang Nga

Across all project locations, our data showed that most teachers in MLCs lacked knowledge on the educational aspect of ECD as specific training opportunities were limited and too short-term. The majority of teachers had not received training on ECD, and it was shown that those who had received training were not applying their knowledge practically in the classroom due to lack of support or follow-up. The level of teacher competency was therefore found to be considerably lower in ECD grades:

“The teachers and carers don’t have experience in teaching young learners, this includes the teachers from Myanmar too and none of the teachers have directly graduated from an early childhood development background. This means that teaching is not attaining its goals as much as it should be”.

NGO Worker, Phang Nga

When looking specifically at nurseries in MLCs, our research found that most were lacking ECD-targeted methodologies and tended to have the highest number of children for the lowest number of teachers or teaching assistants. Teachers at nursery level were also shown to be those with the lowest teaching or educational qualifications; another factor which has a great impact on delivering quality ECD.

Parental involvement in schools

Parents who participated in the research had varied degrees of involvement in their child's education. In those families where parents showed a strong interest and involvement, such as creating good relationships with their child's teachers, it was found that they were more likely to keep their children in school and invest in their future. The majority of parents reported their satisfaction with education in MLCs, stating that school was an essential means for them to learn and develop through the influence of teachers.

In all locations, parents who had enrolled their children in Thai schools reported that the language barrier was a significant obstacle to their involvement. However, a Headteacher in Bangkok reported that this did not prevent them from being involved: "Parents participate very well. Some parents don't know Thai but they are interested in their children's education and they help guide their children at home". Other methods of involving parents were reported by respondents in Thai schools; including letters written in Burmese, and the participation of their employers in school meetings who then shared information with their workers.

Teacher relationships with children

The relationship between teachers and their students was found to be instrumental in the development of migrant children. Most teachers in both Thai schools and MLCs were aware of how migrant children are disadvantaged in comparison to Thai children and had a positive relationship with their students.

Many stated that they were glad to be working for disadvantaged children, and giving them a chance to receive an education. When asked how she felt about teaching children in an MLC nursery, one teacher in Phang Nga stated: *"I am happy about teaching them because I can teach children who do not have rights"*. This sentiment was also found in Thai teachers, with one teacher in Bangkok stating that *"Personally, I feel sorry for those children. I want to help them to be able to learn for their future. Accessing education is one of their rights, they have the right to learn, the right to have the same opportunities as other children"*.

Health

Health is an essential element of ECD, as health interventions in this critical period of development are a determining factor for health in a child's lifetime (WHO, 2009a). Although there were a variety of health services available, access for migrant children remained very limited.

"I would like to say that there is a lack of healthcare for migrant children. The hospital fees and charges are a huge problem for them because children cannot have a social healthcare card like their parents. Some families are working on a daily wage and when their child is sick they don't have money to buy medicine for their children. The local clinic is also expensive and if there is the possibility they don't want to go to the hospital or clinic. Some parents just buy medicine at the drug store by themselves".

Health Worker, Phang Nga



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Availability of healthcare

Across research locations, a range of service providers were available, including state hospitals, local health promotion hospitals, private hospitals and clinics, or NGO and CBO-supported health clinics and services. Despite the availability of these service providers, respondents reported that migrant children did not always access them. For instance, in Bangkok the majority of parents reported taking their child to the drugstore when their child was sick. This trend was also observed in other locations. Those in the most rural and isolated locations such as the rubber plantations in Phang Nga relied on traditional Myanmar medicine. In border areas such as Ranong, communities were also found to be crossing the border to seek health treatment in Myanmar.

There is currently no official health policy specifically for children of migrant workers in Thailand. When legal, parents are eligible for state health insurance schemes, and receive a healthcare card to access state hospitals for a low fee. However, this scheme does not extend to those who are illegal or to their children, where they will be charged for any treatment received in state facilities (Baker, 2011:86). For those parents who have legal status (registered and holding a work permit), and who have registered their children, it appears that they can be eligible to apply for healthcare schemes (Chamchan & Apipornchaisakal, 2012:xxvii). However, coverage remained extremely limited as very few cases were reported of children enrolled in healthcare schemes in our findings.

Healthcare through schools

Children enrolled in Thai state schools were more likely to access healthcare through state or local hospitals, and through NGO and CBO-led health providers for those enrolled in MLCs. Both education providers were identified as significant in assisting migrant children to access state hospitals, even though the costs still had to be covered by parents. In Thai state schools however, their relationship with local health promotion hospitals facilitated access to basic healthcare at no cost such as vaccinations and dental checks.

Availability of healthcare through MLCs was varied. Teachers in all locations reported that they could provide access to healthcare for their students through the support of NGOs and CBOs working on health issues. Teachers in Mae Sot for instance shared that health promotion and training opportunities from NGOs and CBOs had been helpful in improving access to healthcare for their students. In Phang Nga, teachers also reported visits from health authorities during outbreaks of communicable diseases and vaccination campaigns.

Role of NGOs and CBOs

Migrant communities with a stronger NGO and CBO presence were also more likely to access healthcare for their children. For instance, parents in Mae Sot reported that their first option when their child was sick was the Mae Tao clinic, which was set-up specifically for migrants and is supported by external donations. Parents also stated that in serious cases, they would be referred to the state hospital through Mae Tao clinic but were reluctant to approach the hospital directly.

In all locations, the presence of NGOs or CBOs working on health were found to be a significant factor in promoting access to healthcare by sharing information with parents, providing volunteer interpreters and by their collaborations with local authorities. In Ranong, an NGO worker reported that collaborations with the local health promotion hospital had improved access for children in migrant communities.

Vaccinations

Vaccinations featured heavily in the data when it comes to health for migrant children. Although vaccinations were the most accessible health service for migrant children and could in some cases be accessed at no cost, many inconsistencies were observed depending on the service provider and whether courses had been completed. As with healthcare in general, children who were in Thai schools or MLCs at the appropriate age were more likely to access vaccinations than those that were not in school.

Among children who had received vaccinations through schools, the majority had been accessed through local health promotion hospitals or through NGOs and CBOs who had visited their community. These two forms of providers were also found to have collaborated with each other in some communities, which had led to increased access to vaccinations as shown by the following case in Phang Nga:

“Concerning vaccinations services - now 85% of children are accessing it. Local health promotion hospitals are sending letters to us that they would like to have vaccinations for the children in the community. We participate with them and go together to the field and let their parents know to give notice for them to have vaccinations on time such as polio”.

NGO Worker, Phang Nga

There was also a disparity between children born in Myanmar and those born in Thailand; those born in Myanmar were less likely to complete their vaccinations. This was in some cases due to lost vaccination records, with health workers reporting that some parents did not bring their children's vaccination records with them when they came to Thailand, making it difficult to obtain information on which vaccinations had been received.

Interviews with health workers showed that one of the main challenges in their work was the lack of parental awareness on potential side-effects of vaccinations. They reported that after receiving the first vaccination, children would show symptoms caused by side-effects, and parents would then refuse for their children to continue further vaccinations.

Hygiene and sanitation

Adequate hygiene and sanitation is essential for ECD, greatly reducing the risk of preventable diseases in young children. Hygiene and sanitation standards in Thailand are widely accepted to be some of the best in South East Asia, with dramatic improvements in rural areas over recent years (WHO, 2009b). However, hygiene and sanitation standards in migrant communities were found to be substandard in all research locations. A recent visit by an independent UN expert found great disparities in access to basic sanitation among populations in Thailand, of which migrant workers and their children were particularly disadvantaged (OHCHR, 2013).

Living conditions

With overcrowding, limited water access and facilities, many risks exist for ECD. In all communities, common health problems identified among children showed a strong link with sanitation. This mainly referred to diarrhoea and skin diseases, with health workers reporting many cases of fungal infections, dermatitis, scabies and ringworm infections.

“Children’s living areas are dirty because their parents also lack knowledge. The place where they live is where they also eat, cook, clean and play. The garbage is also around them, the children get stomach aches and diarrhoea often”.

NGO Worker, Phang Nga

In the majority of cases, respondents stated that their housing had been provided by their employer, or that they had been provided land to build makeshift homes. In urban areas in Bangkok and Ranong, families were more likely to benefit from sanitation services provided by public authorities. These included waste collection, access to water dispensers and decontamination services. However, they were still subject to overcrowding with many families reporting that they could only access shared sanitation facilities. In more rural areas where communities lived in isolation or informal settlements, their access to facilities was even more limited. Parents also raised concerns related to sewage in all locations, which they felt had increased their family's risk to mosquito-borne disease and only few parents reporting support from their employer in prevention. Access to toilet facilities was also very restricted in some areas. For instance, one community in Mae Sot only had access to four toilets for 38 homes. Access

A comprehensive health policy for migrant children is needed, as many are not covered by healthcare schemes and parents are often unable to pay for treatment in state or private hospitals. Despite efforts to increase access to vaccinations, they had not been completed by all children. Parents were also unaware of health services available for their children, and feared approaching health providers due to their status as migrants and inability to speak Thai. Communities need to be better informed and supported through employers, strengthening the capacity of NGOs and CBOs, but also health providers themselves.

to water varied by location. While the majority reported access to shared water facilities either in apartment buildings or water pumps in their community, those in the most rural areas relied on wells, burst pipes or collecting rain water in large tubs.

Access to hygiene and sanitation through schools

Although children could access adequate sanitation facilities in Thai state schools, many limitations were found in MLCs. Nonetheless, through both kinds of schooling children had a higher chance of being exposed to health promotion initiatives and good hygiene practices such as hand washing, dental hygiene and other life skills.



In Mae Sot, the majority of teachers took measures to check the personal hygiene of students. More specifically, one teacher in Ranong reported that due to a high number of cases of diarrhoea amongst mothers in the community, the school had formally introduced hand washing with soap.

Another teacher in Ranong also shared how awareness of such practices in migrant communities can improve over time through schools: *“In the beginning, people came and threw rubbish beside the school. We had to clean it but now we put our water containers in that place and we keep it clean. Now people stop throwing rubbish there. Before the students didn’t know how to use toilets, the teachers had to teach them and after that they could use them by themselves”*.

Exposure to hygiene and sanitation practices in schools was shown to be crucial in helping to improve awareness in communities through children, with parents reporting that they had then applied these practices at home.

Child carers and sanitation

Carers were another means for children not in school to introduce higher standards of hygiene and sanitation. In all locations, carers reported that they were aware parents did not have the time to provide such care for their children due to their work. The following case study shows how a carer in Bangkok felt they had a role in providing the most basic forms of hygiene and sanitation:

Case study: a community child carer

Daw Aye* has been living in Thailand for over 10 years. Due to an injury, she gave up her job working in a seafood processing factory and became a carer for children in her local community. Her day care centre consists of a simple wooden platform outside one of the most overcrowded apartment blocks in the area. She uses metal pipes to hang traditional Burmese hammocks as cradles, which are made from a simple piece of fabric such as a bed sheet or blanket. Here she cares for four children all under four years old.



Despite not having the facilities of an official nursery or day care centre, she has organised all necessary materials for good ECD around her wooden platform, boxes of toothbrushes, water containers and sponges, drying racks packed with children’s clothes, cleaning products, milk formula and baby bottles. It is carers like Daw Aye that show how even with the most limited resources, community

members can play an instrumental role in providing good ECD to these children. The following excerpts from our interview with her shed light on her motivations, concerns and good sanitation and nutrition practices.

“Being a carer for children is not tiring and it is not hard work. During bath time, I bathe them and when they go to the toilet I clean them. When they are hungry I feed them milk and food. To be healthy, I make sure to feed them regularly, let them sleep during sleep time and bathe them to keep them clean. They rarely get sick and I look at the weather conditions before bathing them. When their parents bring them back home, they won’t have to do anything for them. I boil water to make milk for the children. I am worried the children will get sick.

They [parents] all are very good. They wash their children’s cradle for me every week. I want all beds and all cradles and everything to be clean. I think nutrition is most important for these children. What we should feed them depends on their age. If I don’t feed them the right things, they will get sick.

If we have mosquitoes and flies the children will also get sick, and will get diseases like dengue. But the children I take care of are never sick with this kind of disease, that’s why their parents trust me; they trust that I can take good care of their children. They don’t worry so much about their children being left with me”.

* Carer’s name has been changed to protect her identity

Nutrition

Lack of adequate nutrition was found to be another concern when it comes to ECD, as it is greatly damaging to the physical and cognitive development of young children. Worldwide trends have shown a shift in trends from malnourishment to stunting, which was shown to be the case amongst migrant children (UNESCO, 2010). A nutritional assessment conducted in one of our research locations by the Shoklo Malaria Research Unit showed that of a sample of children aged 0-59 months in Mae Sot district, 25.7% were stunted, 21.8% were underweight, and 9.5% were wasting (SMRU, 2010:11). Although there were disparities amongst the research locations, the findings suggest that children are not receiving adequate nutrition.

“The nutrition of children in this age group and family background is not good, their living environment and general hygiene practice leaves much to be desired. Most of the children are underweight according to national standards. The data that we’re using to assess the state of education and health for Burmese migrant children comes from the Office of National Education Standards and Quality Assessment”.

NGO Worker, Phang Nga

Access to nutrition

In all locations, parents felt that they were better able to provide nutrition for their children in Thailand than in Myanmar. Looking at the research project locations individually however, disparities were widespread. Families living in urban areas had better access to a variety of food in their communities, especially in Bangkok where they also had higher wages. However, a high number of families in all locations felt that they could not provide adequate nutrition for a number of reasons, including those living in the most rural areas who faced difficulties accessing food due to isolation and lack of transportation. This case is illustrated by a community health worker in Phang Nga: *“Most children living in plantations are lacking nutrition because they are far from the market or it is difficult for them to come to the main road. We are not professional health workers; we just see their body and skin and know that they are lacking nutrition”.*

Nutrition through schools

For those children enrolled in Thai schools, they were found to have the best access to nutrition due to government schemes where students could benefit from a milk and lunch programme at no cost (OBEC, 2010). In addition, a new breakfast scheme started by the Bangkok Mayor had also been implemented (BMA, 2012). A government worker in Bangkok reported that migrant children often skipped breakfast due to their parents’ long working hours and that such schemes were of great benefit to children from migrant communities, as they were often their primary source of nutrition.

Children enrolled in MLCs were more likely to access nutrition where lunch programmes were in place. In Mae Sot for instance, half of the parents interviewed reported the importance of their children accessing lunch programmes through MLCs. With the support of NGOs and CBOs, teachers also reported that they had received training opportunities on nutrition.

However, a high number of MLCs reached through this research were no longer able to provide lunch programmes to their students due to their reliance on external funding.

In these cases, two major issues emerged. Firstly, teachers in Mae Sot and Ranong reported that enrolment rates had dropped significantly. According to a teacher in Mae Sot, some students would also move to other schools if lunch programmes could no longer be supported: *“They go to schools which provide lunch, and if the school does not provide it anymore or they are asked to pay, the student will move to another school”.* This trend was also observed in Ranong where a high number of MLCs are also available.

The second issue observed was that an increasing number of children came to school with little or no food at all. A teacher in Ranong reported that they often had to share food among children: *“Some children don’t have any food for their lunch, or only a fried egg. I try to share food among them. Sometimes we have to take it in turns to spoon-feed them. We try our best for them to be fair”.* In such cases, teachers felt that aside from low income, parents had little time to prepare meals for their children due to their long working hours.



Chapter summary

A holistic approach is essential to understanding access to quality ECD for migrant children in Thailand. Due to their precarious living conditions and social and legal status, child protection, education, health, hygiene and sanitation as well as nutrition are all impacted.

Child Protection remains an issue as children lack birth registrations, and with parents unable to care for their children while they were at work. Children were vulnerable as parents took their children to the workplace or relied on carers in their communities. Corporal punishment was also widespread, and due to the working conditions of their parents, respondents felt that they lacked adequate emotional care. They also felt that communities were unsafe for children to play.

Education has been the most important focus of ECD provision in this research. Although there is a clear education policy that is inclusive of migrant children, it lacks full implementation and the majority continue to rely on MLCs. However, the quality of education in MLCs remains challenging to suit the development needs of migrant children. Teachers in Thai state schools need to be trained to work in multicultural settings whereas teachers in MLCs need longer-term professional development on ECD. Despite these challenges, migrant parents and teachers all showed to be committed to the education of their children and students.

A comprehensive health policy for migrant children is needed, as many are not covered by healthcare schemes and parents are often unable to pay for treatment in state or private hospitals. Despite efforts to increase access to vaccinations, they had not been completed by all children.

Based on reports from respondents, there are many factors which indicate that migrant children of ECD age are particularly at risk when it comes to receiving adequate nutrition; especially for those who are out of school. Those in Thai state schools had better access to nutrition schemes whereas those in MLCs remained limited depending on the availability of external funding.

Our findings demonstrated that access to school can improve all these aspects of ECD. School provides access to supervision while their parents are at work, but also provides them with a higher chance of accessing healthcare, sanitation and nutrition. There is also a fundamental need to address the gap between service providers, authorities and communities; where the role of NGOs and CBOs was shown as critical to facilitating access to services and in some cases providing the service themselves.

Chapter three:

Barriers to early childhood development services



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There are various barriers which prevent migrant children from accessing Early Childhood Development (ECD) services; all of which are intrinsically linked to one another. The uncertain legal status of migrant children and of their parents creates an issue of documentation. This links to a lack of policy implementation where relevant policies exist, low income and parent working conditions; the fear of discrimination, lack of parental awareness, and the language barrier. This chapter presents the various perceptions of stakeholders, both rights holders and duty bearers on how they felt these barriers affected the different aspects of ECD for migrant children. Finally, it will look at areas which respondents identified as key to breaking these barriers.

“The big problem is we don’t receive information due to poor communication. We don’t know many people around us. The second thing is the language barrier, we can’t speak and don’t understand Thai very well. The third one is family income; we don’t earn enough money for the family. We don’t have enough money to support the family. We cannot fulfill all our children’s needs for their development”.

Parent, Bangkok

Documentation

As previously identified, the irregular status of many migrant parents meant that children were unlikely to obtain any form of identification, or fully benefit from social protection and welfare. Undocumented families were also more isolated in their communities as they feared arrest, and were less likely to leave their communities to take their children to schools or hospitals.

Lack of documentation remained a barrier for migrant children to enrol in Thai schools. In accordance with government policy, if parents are unable to provide the necessary documentation such as a birth certificate, delivery certificate or house registration, and if they are unable to obtain a reference, their children could still be enrolled by providing a family biography with or without references. However, our findings showed that in reality, requirements for accessing Thai state schools varied.

Respondents stated that while some schools still requested some form of official documentation despite government policy, some enrolled migrant students with a letter from a 'referee' which could be an NGO, employer or fellow community member. In Bangkok for instance, parents reported cases of their employer signing as the referee for their children. In these isolated cases of good practice, the employer informed their workers of the process and actively encouraged them to send their children to Thai school.

"If they [migrant workers] work with employers who are kind and value education, they will suggest to the parents to send their children to school and the employers themselves take the children to school for enrolment with their recommendation. Then schools will accept those students. If children and parents don't have documents and employers also don't want to be their reference because they don't know if this family is going to live and work with them for a long time or not; then the school won't accept that child to be a student. If employers are kind and think those children should receive education and recommend them, even though they don't have documents, the school should accept them".

District Office Worker in Education, Bangkok

However, this depended on the willingness of employers or level of support available from local organisations. Where parents were unable to obtain such references, instances where parents had approached state schools directly were rare in our findings. Cases were also reported by parents where without a recommendation letter from their employer, they had been unable to obtain birth registrations, and in cases where they were eligible, to apply for their children to be enrolled in healthcare schemes.

Lack of clarity and poor policy implementation

There are two main policy aspects which respondents identified as barriers to ECD: firstly there is little evidence of clear policies, and secondly where they exist- the lack of policy implementation. As previously stated, there is no clear or comprehensive migration policy for the children of migrant workers at present, nor is there an official policy on their right to healthcare. However, clear policies exist on the right to birth registration and the right to education. This section will highlight the perspectives of stakeholders on the issues they felt restricted their implementation and the role that can be played in pushing for the creation of new policies.

The policy on birth registration as examined in chapter two remains limited in its implementation. The principle reasons reported by parents for not registering their children was that they did not know or had not been informed of the process, or that they feared approaching district offices due to their fear of discrimination or arrest. When asked if their child had a birth certificate, one parent in Bangkok stated: *"No. at that time I was not able to speak Thai and I didn't know how to do it. I didn't know the process, where to get it. I had no one to help me"*. According to an NGO worker in Phang Nga, parents feared repercussions if they attempted to register their child: *"In reality they have the policy of providing children with birth certificates, whether their parents have documents or not, if they are born in Thailand. But it is not useful. Parents with no documents are scared to go to the district office, they worry about getting arrested"*. Healthcare providers and other authorities must take steps to ensure that parents are informed of their right to register their child's birth, and to expand potential alternatives such as online birth registration in hospitals as launched by the Thai Government in collaboration with UNICEF (UNICEF, 2010).

Despite the clarity of the Education for All policy, our findings revealed that it was not fully implemented in practice. While enrolment in Thai state schools was to a certain extent affected by the attitudes and perceptions of migrant parents, this was also caused by a lack of willingness and understanding on behalf of service providers, with implementation at times relying on the sole decision of one Headteacher. In cases where organisations and learning centres prepared children for Thai schools, a variety of demands and conditions were reported by respondents, even though they are not legally required. The following case illustrates some of these demands:

"Thailand has the policy of education for all. But when it comes to local implementation it is not always the case. We have a very good relationship with the schools but they still put a lot of requirements for us to integrate children into Thai schools. The usual requirement was that they had to speak Thai or be just 5 years old when they can learn Thai. But this year with all the requirements that they asked us! In one school to be able to integrate 10 kids they asked us to build a special classroom, to send two teachers, to send a volunteer to teach English, and to send one for vocational training. So of course we can't afford it and the children were not able to go to Thai schools."

NGO Worker, Phang Nga

However, interviews with government workers highlighted the key role that NGOs and CBOs can play in informing communities of existing policies, and the need for them to work together in stronger partnerships. They reported that raising awareness amongst migrant communities on policies could not be the sole responsibility of the Government, and that by working jointly with NGOs and CBOs more activities should be held in communities such as workshops and seminars. This suggests a gap between policy actors and those that they intend to benefit, creating a reliance on such organisations which may already have limited capacity. The need for cooperation was also cited by one CBO worker in Mae Sot, who outlined how all organisations can play a key advocacy role in influencing policy change:

“The most important thing is government policy regardless of what has to be changed or improved. For this reason, CBOs, NGOs, INGOs should cooperate to share the same voice, same request, and the same proposal. Then, the Myanmar and Thai Governments will notice what migrant workers need. If we repeat one thing and request it again and again, this message will spread out more and there will be hope for change and improvement in government policy”.

CBO Worker, Mae Sot

Low Income

Low income was overwhelmingly found to be a barrier to accessing ECD provision, whether paying for health treatment, school materials, school uniforms, nutritious food, documentation, or even for transportation to health centres and schools. Many migrant workers do not in reality receive the minimum wage, mostly due to lack of documentation which they often cannot afford. Confirming this is the fact that there was a considerable difference found in income between documented and undocumented migrants. This section highlights community perspectives on wages, the interrelationship between family income and documentation, and the effect that this has on their children to access ECD services.

Most migrants were not aware of minimum wage policies or practices. For instance, one parent in Phang Nga shared *“I earn 70 Baht (\$2) per day. I just want the government to pay us 100 (\$3) or 120 Baht (\$4) per day”*. This shows how expectations of migrant families are extremely low when in fact the minimum wage is now just above 300 Baht (\$10) per day (PRD, 2012). As a result, many issues arise from low income when it comes to ECD.

When comparing two fishing villages in the southern provinces for instance, in one community where parents were mostly unregistered they reported that their monthly wages were 3,800 Baht (\$127), as opposed to another fishing village where workers were mostly legally registered and reported earning 6,000 Baht (\$200). Further to this issue is that many parents, even with the right to obtain documentation, were unable to afford it. This relationship between income and documentation is well illustrated by a health worker in Mae Sot:

“Their main problem is low income; insufficient income for daily food and expenses. They must have legal documents to live and work to get good income. But most of them do not have legal documents. Even when they have the chance to apply for work permits and temporary passports, they can’t do it because it is too expensive for them”.

Health Worker, Mae Sot

As a result, many families remained undocumented while those who had obtained documentation reported that they had become indebted to pay fees; where they either borrowed the sum from their employer or with the help of a broker. The research also found that documentation fees varied depending by area, in some areas parents reported that they had paid 10,000 Baht (\$335), and in others up to 20,500 Baht (\$686) which indicates that they had been charged additional fees by a third party. This shows how migrant families can easily become trapped in a cycle of debt.



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Many families reported that they still had to borrow money even for the most basic necessities such as food, and also to pay for school-related fees as expressed by a parent in Ranong:

“We earn around 8,000 Baht (\$268) and after getting our salary we have to pay back our debts, room rental fees, and school fees for the children. Some months are enough to eat and some months are not. When we do not have enough to eat, we borrow money from our neighbour’s house. As our family has two children only one can go to school, because if we send both of them to school we won’t have enough money to pay”.

Parent, Ranong

Parents reported that they were unable to afford school-related costs in Thai schools and MLCs. The recent shift in donor interest due to the current changes taking place in Myanmar has had a direct impact on children attending MLCs. As of 2012, many MLCs reported that they had either started charging parents or had increased tuition fees, with monthly fees ranging from \$3-\$27 per student. Based on interviews with parents, this has meant that in some cases they have had to withdraw their children from school. One parent in Mae Sot stated that: “It costs me 800 Baht (\$27) for each child. I have 3 children. We paid only 200 Baht (\$8) last year. I can’t support my children to go to school for 800 Baht”. In addition to any tuition fees that were charged, parents also had to cover additional costs such as transport to school, uniforms, and other materials.

With few children covered by health insurance schemes, the costs for healthcare were even higher. The following quotation from a health worker in Bangkok highlights the situation of many parents when they are unable to pay for treatment:

“Some parents don’t have enough money for their children’s treatment. Sometimes the doctor has to use expensive medicine for their diseases. I just have to encourage them not to feel very bad about not having money. They can pay the first half and the second half they can pay bit by bit. Sometimes, I have to use my own money to send a child to the hospital”.

Health Worker, Bangkok

Low income was a significant obstacle for parents in all locations in providing good nutrition for their children. Parents reported that they fed their children the same meals as for themselves and were aware that they could not provide quality food due to their financial constraints. In Bangkok for instance, half of parents interviewed felt that they did not earn enough income to provide adequate food to their children. In the most severe cases, some parents reported that at times they were unable to feed their children at all as shown by the following case of a parent in Ranong: “We have days of sadness when our income does not match our expenses. My children were crying for dinner. Sometimes, we do not have enough for food”.

Parent working conditions

As shown in the previous chapter, the status of parents as migrant workers and the nature of their working conditions put the development of young children at risk in many ways. While parents felt that their long working hours and lack of support from their employer was a barrier to their child’s development, service providers considered their frequent movement as the main obstacle.

Parents reported that they were at times denied the right to take time from work by their employer and feared losing their jobs when they needed to take their children to reach ECD services. The following case of a parent in Bangkok highlights how employer attitudes can prevent migrant children from receiving crucial vaccinations:

“My child did get a chance to receive vaccinations but I had to go to work when the health group came to our community and provided vaccinations to children. My mom, his grandmother also didn’t take him there because she can’t speak Thai and she was scared to go. The other thing is she has never been outside from our place and she doesn’t know how to get there. That day, I asked my boss for a day off but he said no. It is very difficult being a worker. We have to obey our boss and leader’s commands. We cannot complain”.

Parent, Bangkok

While positive and supportive employers were identified in this research, the majority of parents across all locations felt that lack of support from employers was a significant factor in their ability to access ECD services for their children.

The frequent movement of migrant worker families affects all aspects of ECD. Teachers in both Thai state schools and MLCs reported that this was the most significant barrier to accessing education, causing many migrant children to drop out of school. In migrant communities, such trends were found in parents working in construction or as seasonal agricultural workers. This mobility represented another factor which affected the willingness of Thai schools to enrol migrant children. The following case illustrates the issues faced by Thai state schools when children are forced to move with their families:

“Some parents come and ask for their children to attend school. So we accept their children. After a week the children disappear for a month. Then they come back again. We ask them “where have you come back from?” They said that they followed their parents, sometimes I feel sad because when they come and asked to attend school, they said that they would really like to send their children and promised that they will follow the school rules, but they don’t. They need to understand us because we need to register the children and it is also related to planning our school budget”.

Teacher in a Thai state school, Mae Sot

This movement of migrant families was not only found to be a barrier in accessing Thai schools, but also in continuing their education over time. The following case provides another perspective on how this causes significant administrative issues in identifying children if they seek to transfer between schools:

“Another problem with migrants is they are moving a lot. They don’t live in one place for a long time. Especially at the border, they will come to work in Thailand in the cultivating season and they go back, then they come back again in harvesting season. So the children cannot go to school regularly. I suggested to schools to collect students’ fingerprints, so when they come back they can continue studying again. As we know, Burmese names are difficult to spell in Thai. They change their name every time they come to school, so fingerprints are a good idea. Their movement is another barrier for schools and the education department”.

Government Worker, Bangkok

In most cases, parents who moved to seek new work opportunities were most likely to take their children with them. There were also instances where children were taken under the care of community child carers, which led to the issue of family separation. One case in Phang Nga was found where a carer had taken several children of construction workers as her own while their parents moved around for work. She stated that this was because if they followed their parents they would have had to drop out of school: *“Since their parents are brick layers, they can move anywhere. Sometimes they cannot support their children, but I take care of them as my own. If I send them to their parents, they will lose their schooling”.* This highlights potential effects on the emotional development for young children as they were either consistently adjusting to a new environment, or had been separated from their families.

However, some parents also reported that they had decided to stay in the same community so that their children would have the opportunity to continue their education. According to one parent in Bangkok, this had been a decisive factor in choosing to change their work: *“My child didn’t have a chance to go to school before because of us. We moved from place to place the whole time and never lived in one place for a long time. My husband and I plan to stay here for a long time, if not we won’t be able to send our child to school”.* This indicates that enrolling children in school could in fact be a way for employers to retain their workers.

Migrant movement was also found to be linked with income and documentation. Those who chose to stay in one location were more likely to gain higher incomes but also more likely to be documented. A government worker in Bangkok reported that *“migrant workers who apply for official documents will stay in one place longer than the ones who don’t have anything”.*

Fear of discrimination

Families felt that they would be discriminated against due to their social status as migrant workers and perceived illegal entry into the country. Parents across all locations reported that they feared discrimination in approaching state-run services for ECD, while the findings also indicated that cases of real discrimination had occurred. This section explores how both perceived and real discrimination can pose a significant barrier in preventing migrant children from accessing ECD services and their integration into Thai society.

“We Myanmar migrants are often discriminated very badly by Thais. I saw with my own eyes that some kids who were standing beside the road were kicked by a Thai person. I don’t want to let that happen in our community. We should be aware of this while living in a foreign land. Every organisation tends to conduct trainings concerning those cases, but it only lasts for a moment”.

Teacher, Ranong

The fear of discrimination was an influencing factor in what form of education provision parents would choose for their children. Parents reported that they were afraid their children would be discriminated against by their Thai classmates, or school staff, and that this was a reason they chose to send their children to MLCs instead of Thai schools. One parent in Phang Nga made this choice despite their awareness of the wider benefits of Thai school for their child’s development: *“My child is not like other kids. Her body has not developed very much. I cannot feed her well. I have no job. If she studies in Thai school, she will get nutrition. The reason why I didn’t send her is because of discrimination by Thai people. Now, I send her to the MLC”.*

Teachers felt that discrimination within Thai schools mainly originated from the negative attitude of Thai parents and perceptions that migrant children would bring disease.

A teacher in Mae Sot explained how Thai parents feared for their children to be in the same classroom as migrant children, and held a similar opinion themselves: *“At first, we conducted meetings frequently because there is a difficulty with migrant students. The parents of Thai students do not want the migrant students to attend school because they are afraid that they will give diseases to their children”.*

Another case in Phang Nga was reported by a Headteacher where parents had approached teachers directly, asking them to separate children during nap times:

“They are not separated, they all study together. The teachers have to teach in a way that helps tackle the issues that they face. Although, when it comes to sleeping, then there is a problem. Well actually, the parents came and separated the children themselves without telling me, but I found out about this. The parents don’t like the children sleeping all together”.

Headteacher, Phang Nga

These cases indicate how pressure from parents and wider negative attitudes can also contribute to the unwillingness of Thai schools to accept migrant children.



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Lack of parental awareness

Migrant parents were unaware of what ECD services were available for their children, the rights they had to access them and had the perception that state-run services were only available for Thai children. Parent education levels, past experiences, language barriers and long working hours contributed to limited awareness and access to information related to ECD services. As a result, improving awareness amongst community members was found to rely heavily on the work of NGOs and CBOs as service providers did little to reach out to communities.

In all locations, NGO workers interviewed spoke of the importance of disseminating information in order to raise awareness of services. They felt that previous experiences had influenced the expectations of families. For instance, one carer in Phang Nga reported: *“we don’t know if we have rights or not”*. This demonstrates how migrant communities lack awareness of their rights.

Families living in locations with a lower presence of NGOs and CBOs were shown to be the least aware of what ECD services were available for their children. For instance in Bangkok, where there were not many organisations and community relationships were weaker than in other locations, parents often stated that they did not know the location of ECD services or how to access them. One parent reported that *“The big problem is we don’t receive information due to poor communication. We don’t know many people around us”*. When asked if their child had received any services related to ECD, another parent responded *“No, my child hasn’t received any services yet. And I don’t know the place and the organisation that provides some services for children”*. However, in areas such as Mae Sot, parental awareness of ECD services was much higher because of stronger community and the higher NGO/CBO presence in that area. This can be seen as a result of the many civil society organizations such as youth groups, social groups and women’s groups which form a strong network in sharing information to communities.

The findings indicated that lack of awareness on ECD services was fuelled by a lack of outreach from authorities as the capacity of NGOs and CBOs remained limited in some areas. This case of a Headteacher in Phang Nga highlights the reluctance of schools to reach out to communities themselves:

“I’ve been in seminars speaking with people before, suggesting that I start inviting the migrant children to come and study but we won’t do that. We won’t actively seek the children to come and study here because people will talk; it’s got to be a gradual process because people will be against it”.

Headteacher, Phang Nga

Attitudes towards migrant communities can influence service providers as they do not always seek to inform them of their right to state education provision. With families unlikely to approach state schools directly, this was observed as another contributing factor to the low number of migrant children enrolled in Thai schools. It also suggests the need for promoting a positive image of migrant families to the wider community.

Language barrier

The inability to speak Thai is a barrier to accessing information on available ECD services, as migrant families struggle to communicate their needs to service providers. One parent in Mae Sot reported that: *“Thai people will receive services but we are from Myanmar so they don’t want to provide us with services for our children because we don’t understand their language, they also don’t understand our languages”*.

However, these perceptions were not only restricted to migrant parents. Despite the policy of Education for All, the inability to speak Thai was identified as one of the barriers preventing migrant children from accessing Thai schools or from being placed in the appropriate grade for their age. In fact, parents in all locations reported that their child had been refused enrolment for this reason. The following case of a government worker from Mae Sot illustrates how the language barrier can in reality be a key factor in the willingness of schools to enrol these children:

“The problem is some children arrive when they are older and they cannot speak any Thai. So it is difficult to start study in Thai school at primary level. Even though they will take the equivalence test, if they cannot read and write Thai, we could not accept them to study the Thai curriculum.”

Government Worker, Mae Sot

While it is not legally a reason to refuse enrolment, it was found that it could cause difficulties for children’s learning. Parents reported that their own inability to speak Thai affected them in supporting their child’s education, such as helping them with their homework or in communicating with teachers. According to one parent in Ranong, this was a key factor: *“Now our children go to Thai school. I cannot speak Thai but I would like to discuss their education. This is my problem”*.

The same issue applied in health, where many respondents felt that they struggled to communicate their needs to service providers or understand diagnosis or prescriptions without the help of an interpreter:

“We face a problem because of language. We cannot communicate with Thai officers in the health centre. Before they had a Burmese translator and everything was easy for us. The translator is not there anymore and it is very difficult to communicate with them. Sometimes we just arrive at the health centre and the officers are asking and shouting at us, ‘what are you doing here?’ they just shout and we cannot reply to them as quickly as they want”.

Parent, Phang Nga

The use of interpreters was found to be essential in overcoming this barrier for migrant workers and had made a great difference for migrant families to understand their own health and how to effectively receive treatment. However, most interpreters were found working on a voluntary basis and are provided by NGOs and CBOs, as they lack a formalised role within state health services in most areas.

Language influenced the choices of parents in education provision, as many feared that sending their children to Thai state schools would cause them to lose their native culture and language. One parent in Phang Nga reported that this had been a decisive factor in choosing to send their child to an MLC: *“He wants to go to Thai school but I will not allow him to go. I told him that to study at the MLC is better than Thai school. Learning at the MLC means he can learn Thai, Burmese, and English. If he is going to Thai school he will forget Burmese language”.*

However, from the perspective of those working in NGOs, addressing the language barrier in schools could be achieved by placing Burmese teachers and teaching assistants in Thai schools. According to an NGO worker in Phang Nga, this could even be beneficial in providing the opportunity to Thai students to learn another ASEAN language:

“I also support placing Burmese teachers (who speak and understand Thai) in Thai schools which have a substantial amount of migrant workers’ children currently studying there. These schools face a huge language barrier between the Thai teachers and migrant children which in turn makes the teaching difficult. Communication difficulties can sometimes lead to misunderstandings between the children, teachers and even the parents. The Burmese teachers are able to teach the Burmese language to both Thai and Burmese children, which is a great opportunity for exchange and readies the school for the upcoming opening of ASEAN.”

NGO worker, Phang Nga

Breaking barriers

Based on the perspectives of our respondents, barriers to accessing ECD services were seen to be part of a wider attitude amongst stakeholders both within and towards migrant communities. Not only were these attitudes seen to affect public opinions of migrant communities, but also the willingness of policy makers to address the issues faced by migrant children. Our research has identified four areas which can contribute to improving attitudes and tackling the root causes of these barriers- by promoting a positive attitude towards migrant families, involving communities, engaging employers and informing and influencing policymakers.

Promoting a positive attitude

A recent study found that the negative attitudes towards migrant workers from Myanmar were shaped by common perceptions that they were a threat to personal security, carriers of diseases and posed competition for jobs, land and resources (Sunpuwan & Niyomsilpa, 2012). Among all respondents, many felt that the origins of such attitudes were rooted in historical bias, even amongst parents themselves. NGOs reported that this bias has been fuelled by a largely negative portrayal of migrants in the media. This highlights the need for policymakers and media outlets, with the support of NGOs and CBOs, to present more objective information to the public, so that they can be more informed on the real situation of migrant families, the challenges they face and the contribution that they make to the economy in Thailand.



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Community involvement

Involving communities was also identified as a means to improving attitudes. Respondents suggested that more activities should be conducted to bring together migrant and Thai communities to promote social cohesion and integration. The following case of a police officer in Phang Nga shows how activities with migrant communities had contributed to developing positive attitudes:

“My thinking goes like this; Children are children. Children are hugely important for the future of the world population. I don’t discriminate between nationality, religion and where you’ve come from. We need to develop the children of today to be good citizens, and then the social problems will start to reduce in number as well as reducing the number of problems the police have to deal with. Every time we organise an activity we get a lot of good cooperation from people, yes, it’s really good”.

Police Officer, Phang Nga

Whether local authorities, employers, NGOs and CBOs; this demonstrates how all stakeholders can contribute to promoting more positive attitudes through community activities.

Engaging employers

Employers were in a key position to support their workers to access ECD services for their children. Although this was not widespread in our findings, in some cases parents reported that their employer had supported their children in a number of ways; whether by informing their workers on availability of services and procedures, providing a reference letter to access education and healthcare, supporting transportation to hospitals in emergencies, or by providing housing. This study reached employers who had a positive relationship with their workers, as shown by one case in Phang Nga: *“We’ve got quite a good relationship now. It’s like we are brothers and sisters, or relatives. I always try to help them out as much as I can whether they have been long-term employees or people who have only just started”.*

Another employer in Bangkok felt that the creation of an ‘Employer’s association’ to address the needs of workers’ children would be beneficial for employers to work together in supporting their workers and their families: *“It is a great idea to have an employer’s association. But everyone must participate. If it is only our company, it won’t work. We cannot help everyone in the community. If the other companies and factories come with us and work on helping our employees, it would be really great. We are very happy to be part of the association if it exists”.*

The responsibility of employers towards the children of their workers must not go unacknowledged. Formal measures to support their role could be explored in cooperation with relevant authorities. Successfully engaging employers is key to providing opportunities to children of migrant workers, to improve their living situation and to integrate them in the community where they live.

Informing and influencing policymakers

Negative attitudes towards migrant communities in society can arguably affect the willingness of policymakers to develop new policies. Our research indicated that policymakers needed to be more informed and engaged in the situation of these families on the ground. A Thai NGO worker in Bangkok highlights this issue:

Government organisations only see the problem of migrant workers in general such as the number of migrant workers is very high, there is a high birth rate, the need to protect Thai people from the diseases that are coming along with migrants from other countries, and migrant workers need to be registered to be legal, etc... The Government still thinks the situation of migrant workers is a big problem but the government doesn’t know the exact problems they face, and they never come to the community and learn about those problems. They don’t think this is important. Some government organisations think that migrant workers are not their target group. This is the reason that their children don’t receive enough services.

NGO worker, Bangkok

NGOs and CBOs can play a key role in informing policymakers on the situation of migrant children, and linking government bodies and authorities to the communities themselves. This shows the need for continued advocacy and support in the development of comprehensive migration policies for migrant children and how they should be seen as an important target group by decision makers.

Chapter summary

Documentation and legal status linked to the many other barriers which prevented migrant children from accessing ECD services. Most importantly, this shows how the issue of documentation has been a primary factor in limiting policy implementation.

Based on the views of respondents, policy implementation is often limited for a number of reasons and there is still a need to increase awareness at the local level; whether with provincial and local authorities, service providers and communities themselves. As a result, lack of policy implementation in existing policies means that many migrant children are still denied their rights to an identity and to an education.

Low income presents a significant barrier to ECD which is fuelled by a lack of awareness of the right to decent wages, lack of documentation, and for those who seek to obtain documentation the spiralling debts which come as a result. All of these factors lead to the inability of migrant families to access healthcare, support school-related fees such as transportation or materials, and provide adequate nutrition for their children.

Parent working conditions were considered by parents as a barrier to accessing ECD services, whereas their frequent movement to seek work was considered by teachers and government workers as the largest obstacle to retaining migrant students in education. This influenced attitudes towards enrolling them into state schools. Families that were forced to move for work sometimes had to leave their child with a carer.

Migrant families feared discrimination as a result of their working conditions and their perceived status in society. These perceptions were found to occur in reality, with cases of discrimination in communities and schools. It also affected the choices of migrant parents to approach services run by the state.

This fear was also fuelled by lack of parental awareness and language barriers, which further restricted their ability to identify service-providers or knowledge of the rights to which they were entitled.

Whilst addressing these barriers remains a significant challenge given the unique situation of migrant communities in Thailand, promoting positive attitudes through the media, involving communities and engaging employers, as well as informing and advocating the government are all potential starting points to improve access to ECD for migrant children.



Chapter four:

External factors



This chapter looks at the external factors which emerged from the findings and which respondents felt had an indirect but real impact on the development of their children. These can be grouped as three main areas: social impacts, environmental issues, and the impact of current political and economic changes in Myanmar on the future choices of migrant families as well as for Thailand's economy.

Social impacts

A variety of social impacts have a negative effect on the situation of children. In this context, the findings highlighted issues such as crime, domestic abuse and family separation.

Due to their status as migrants, they were vulnerable to criminal activity such as trafficking, abuse, as well as general street crime. It is often perceived that migrants themselves are prone to commit crime, when in fact they are more likely to be victims of crime (Martin, 2007:26). Our findings showed cases of families that had been extorted by brokers as well as authorities, along with cases of robbery, assault and abuse; all of which had a negative impact on their children. Fuelled by a lack of security in some migrant communities, domestic violence and substance abuse were also reported.

More specifically related to early childhood is the issue of family separation which is often found in migrant communities. Parents reported cases of children remaining in Myanmar with relatives, or planned to send their child back to Myanmar once they reached school age. As previously examined, cases were reported of children living with carers whilst they moved to different provinces in Thailand for contractual or seasonal work.

The following case study illustrates how the various social issues found in migrant communities can have an impact on migrant families:

Case study: a migrant family in a fishing village

Daw Htwe is 35 years old and lives in a small fishing village in the South of Thailand. She arrived with her husband before the Tsunami, and whatever documents they may have had, including their son's birth registration, were completely destroyed. Her husband works in harsh conditions on the fishing boats and is often away for days at a time, leaving her alone to look after their 8 year old son Thura.

She has been sick and unable to get out of bed for 7-9 months, and her health is deteriorating. She has been diagnosed with TB, and several other diseases. Like many migrants, she relies on an NGO to support her to access state hospital where she stays for weeks at a time, taking her son with her as there is nobody to care for him at home.

Thura is the only person to look after her- cooking, cleaning, and looking after his mother. Her husband doesn't support them much- 'he is in the sea' she says. She showed us his drawings telling us that he is a talented artist, but some say that he also has a fierce temper which he takes out on their son, due to his inability to do anything about his wife's illness. They live in a small house surrounded by sewage with limited sanitation facilities. The community often discriminate against them because of fear of contagious diseases.

Daw Htwe knows that she is going to die soon, and her greatest fear is her son's future. Sadly, Thura is at an age where he risks being taken into child labour on fishing boats. The women from the community told us that there were at least 3-5 children under 8 years old on each fishing boat. The workers tend to have issues with alcohol and drug abuse, particularly energy enhancing substances to keep them working through the night, and due to the cramped working conditions on the boats, fighting can lead to murder and bodies being thrown overboard. The women told us: "it's very easy to get killed here; some of our husbands just never came home". This kind of abuse is also inflicted upon the children with some cases of alcohol abuse reported in children as young as 8 years old.

Thura is currently attending a migrant learning centre, but his mother can no longer afford to pay for his transport to school or for food. The teachers told us that he has become more and more absent from school and he is at risk of dropping out.

Like many migrant children, Thura has no other family and receives little support; his future is unknown.

**Names have been changed to protect the identity of community members*

Environmental issues

Migrant families we interviewed had been affected by environmental issues such as the 2004 Tsunami and the 2011 floods. It is accepted that migrants represent one of the most at-risk and vulnerable groups in emergencies such as environmental disasters as they are not eligible for emergency relief from Thai government schemes (IOM, 2011). During such emergencies migrant communities reported that they had relied mainly on support from NGOs, and many had sought refuge in shelters such as temples.

"This is not our native land, so, we have difficulties to move from place to place when something happens, for example, flooding. In our country, it is easy to move and stay at our relatives' house. At such a time of disaster, it is not easy to move from place to place even if we have passports. They may favour more their Thai people".

Carer, Bangkok

In the 2011 floods in Bangkok for instance, most affected families who reported staying in such shelters waited for relatives to take them to another location, and some returned to Myanmar. During the floods, migrants had no income as

factories were closed. Food and water stocks were exhausted, and overcrowding in shelters brought serious sanitation concerns. Many children were forced to move and in some cases families were separated. Children were vulnerable again, especially in cases where they had to cross back over the border to Myanmar with their parents.

This touches on the issue of documentation, where children without birth registration would have no recognised proof of identity in Myanmar. In one case a father with a temporary passport, whose two children were born in Thailand and had no documentation, reported paying a bribe of 4,000 Baht per child (\$133) to cross the border at Mae Sot during the floods. Even where families did have documentation for children, such emergencies had led to them being destroyed or lost.

Of families who had been affected by the floods in Bangkok and the 2004 Tsunami, the majority reported that if another environmental disaster occurred, they would return to Myanmar.

Changes in Myanmar

The current changes taking place in Myanmar may have a significant impact on the future of migrant children. This was reflected in our findings as the vast majority of parents stated that they wished to return to Myanmar if political and economic conditions continued to improve, but that this would depend on the extent of these changes, availability of jobs, and sufficient income to fund their travel home.

"I think Myanmar's political and economic changes will affect our family positively. We will be able to go back home and work there. We have a place to live and we have our relatives there. We can speak the language and we know how to travel. We don't need a passport in our home country. The money we use for rent and passports now we would be able to use for our children's education and food. This will be a very good effect"

Parent, Bangkok

However, they also reported that despite their strong desire to return, they did not intend on returning in the near future as long as they had employment in Thailand. Respondents reported that their return would depend not just on economic and political changes in Myanmar, but also on job opportunities, income and working conditions in Thailand.

Related to the changes in Myanmar is the sustained growth of Thailand's economy and continued demand for migrant workers. With no significant downturn in the economy predicted in the near future, our research suggests there will continue to be available jobs in key industries such as fishing and seafood processing, construction and agriculture. This theme emerged from our research and was a particular concern for employers:

"If they go back to Myanmar, we won't be able to hire anyone as the Thais do not want this work. I'll have to cease our activities. It will definitely have a big impact on the Thai economy. The fishing industry will be affected for sure".

Employer, Phang Nga

Chapter summary

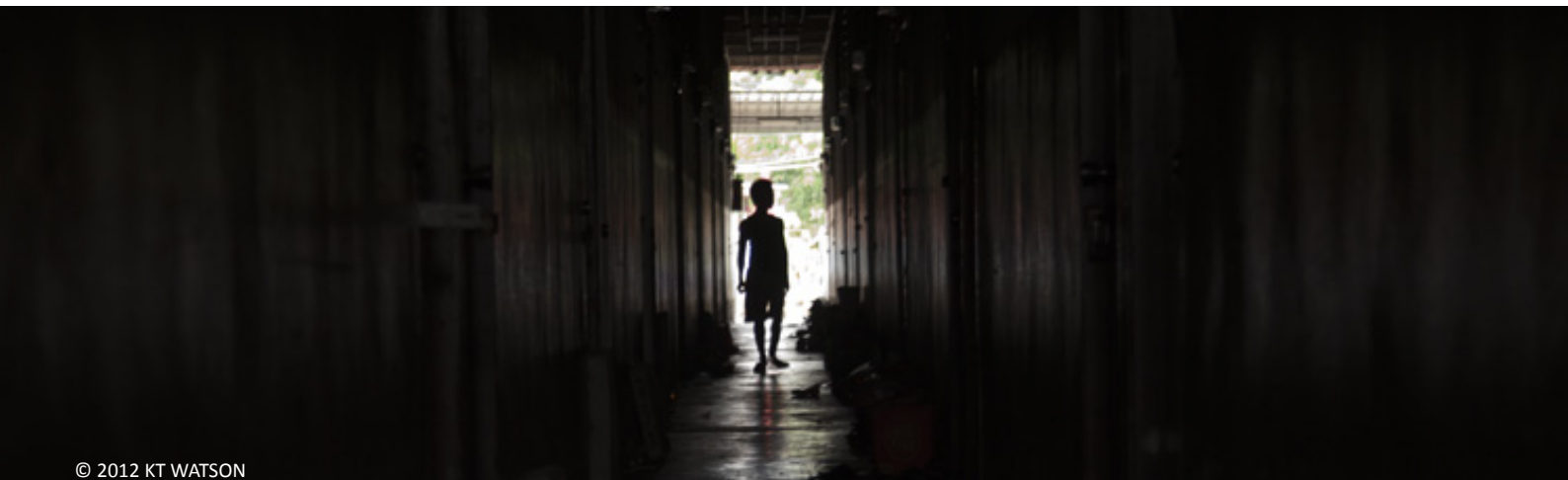
Migrant communities are more vulnerable to everyday events such as crime, family insecurity and lack of family networks, which increases their isolation and may disrupt the opportunity for children to grow up in stable environments. Contributing to this is increased mobility as a result of environmental disasters. While the majority wish to return to Myanmar, this would depend on the extent of reforms in Myanmar and job availability in Thailand.

Conclusion

There have been positive developments in recent years to improve access to ECD for migrant children in Thailand. However, many areas remain to be improved. Full implementation of existing policies that are inclusive of migrant children should be made a priority, and an authoritative body for their social protection should be established.

Examining ECD in migrant communities shows that the overall picture is extremely fragmented as migrant children are not benefiting fully from a number of services that are crucial to their development. For this reason, the current situation of migrant children at ECD age encompassed a number of topics which respondents raised as concerns.

Migrant children are vulnerable when it comes to child protection, as they continue to be denied their right to an identity and may receive limited care whilst their parents are at work. Their development is further impacted by a lack of safe spaces in their communities, corporal punishment and in some cases poor emotional care.



In education, despite a clear policy on the right to education for all, many remain outside the state education system as this policy is not fully implemented. Instead most attend MLCs where they have limited opportunities to learn within an environment conducive to ECD.

With the absence of a clear policy on healthcare for migrant children and the high cost of treatment, the majority rely on interventions through schools and organisations and in the worst cases, self-medication. Their poor living conditions and inadequate access to sanitation facilities greatly affect their health and nutrition also remains a serious concern as families are unable to provide adequate food for their children. As a result, access to school, particularly in the Thai system, offers the best options for migrant children, providing them with better access to all these components of ECD.

The barriers to accessing these services were principally linked to the status of migrants and their children both in legal and social terms. Lack of documentation resulted in children having restricted access to education and health. It also caused fear of arrest which meant that parents would be unlikely to approach state-run services such as district offices to obtain birth registrations.

Discrimination was found to be both real and perceived, causing many parents to opt for migrant or NGO-led services. A negative attitude towards migrant workers also found that discrimination against children had occurred and affected the willingness of service providers.

Parents greatly lacked awareness of their right to access services for their children, and were often not informed by relevant authorities and service providers in those cases. This was directly related to the language barrier as parents were unable to access information, or even locate services related to ECD.

Parent working conditions also pose a number of problems, with no guarantee of support from employers when it comes to their children. Those in work requiring them to move frequently were found to be particularly disadvantaged. Low incomes in migrant families were worsened by the high cost of documentation and led to many families trapped in a cycle of debt. As a result they were unable to pay for healthcare, school related costs and adequate nutrition.

In looking at how to overcome these barriers, it is essential to promote positive attitudes towards migrant communities, involve them in local activities, and engage their employers. NGOs and CBOs need to continue their great efforts to inform and influence policymakers and the media.

In order for migrant children to gain improved access to ECD services, there needs to be a government body given responsibility for overseeing their social protection. Existing

policies on the right to birth registration and education need to be fully enforced. More efforts should be made to increase awareness in migrant communities and better include them as part of society by engaging local authorities and service providers.

A number of external factors could have a negative impact on ECD for migrant children and need to be considered by stakeholders. These include social impacts, environmental factors and the current changes taking place in Myanmar, which could lead to increased migrant movement in the near future but also affect Thailand's economy.

Children are at the heart of all communities, and as in the case of all children, migrant children have the right to grow up in a safe environment with access to good ECD services. They have a right to be protected in the strongest way possible, and protected from all forms of discrimination with the same rights expected for all children.

Recommendations

Our findings have shown that the main hindrance to accessing Early Childhood Development provision currently available lies in the legal status, uncertain situation of migrant families and communities, and a lack of registration of children. Access and quality of education were found to be a major obstacle when it comes to ECD. All stakeholders – parents, carers, community leaders, teachers, NGOs/CBOs, local and provincial authorities, the Thai and Myanmar Governments, regional bodies such as ASEAN, as well as the international community – all have a definite role in improving ECD provision for migrant children and facilitating their integration into the Thai education system and in Thai society.

Communities

1. Organise awareness raising outreach programmes for migrant communities so that they are aware of their rights and what ECD services are available to their children; with the support of employers and local authorities, and by strengthening the capacity of NGOs and CBOs.
2. Increase understanding of ECD amongst migrant parents and its importance for their children's development by producing more information in native languages.
3. Raise awareness on the importance of vaccinations and side-effects parents would notice after the first vaccination so that migrant children complete required immunisation courses.
4. Engage community leaders to involve and encourage migrant parents to actively seek information for themselves on ECD services for their children.

Schools

5. Provide further support to build the capacity of teachers, particularly in MLCs, so that they have better and longer-term training on ECD, as well as on child-centred teaching methodologies for children of this age group.
6. Encourage teachers in Thai schools to visit migrant communities to learn about their background and living conditions, enabling them to better understand and adapt to the needs of their migrant students in the classroom to teach in a multicultural environment.
7. Promote better understanding between Thai and migrant communities by organising exchange visits for teachers and their students between MLCs and Thai schools. This will enable them to see alternative learning environments and is especially important for those students preparing for Thai schools to become familiarised before they are enrolled.
8. Strengthen the link between schools and homes to improve and facilitate access to other ECD services for migrant children.
9. Place more emphasis on parental involvement and recognise the crucial role that schools can play in communicating information to migrant parents on applying good ECD practices in the home.
10. Ensure follow-up with parents through more regular parent-teacher meetings, as well as home visits from teachers in the community.

Employers

11. Support workers by providing necessary paperwork, acting as a reference and providing recommendation letters so that their children can more easily be enrolled in Thai schools, facilitate applications for birth registrations and improve their chances of receiving affordable healthcare.
12. Collaborate with parents, other employers, local authorities and relevant Ministries to improve access to ECD and care providers where available, and work together to open early childhood centres and day care facilities near workplaces employing a high number of migrant workers. This could be facilitated through the creation of an employer's association, where knowledge and resources could be pooled to increase access to care.
13. Recognise labour laws by ensuring that workers receive the minimum wage and allow arrangements in working hours to accommodate for parents to reach crucial ECD interventions such as vaccination appointments or emergency healthcare for their children.
14. Consider basic safety and needs of young children in cases where they provide housing and ensure better access to sanitation facilities so that migrant families and their children can live in dignity.

NGOs and CBOs

15. Work to strengthen partnerships with local authorities to inform communities on existing policies.
16. Support teachers in MLCs to attend teacher training programmes on ECD and obtain recognised qualifications by working with INGOs, donors and educational institutions.
17. Ensure that community outreach activities and training programmes for teachers are sustainable by incorporating mechanisms for follow-up so that knowledge and practice are implemented.
18. Support communities and work with local authorities to establish a community-based child protection system. This could involve the creation of drop-in centres in communities or working with ECD service providers to mainstream child protection.
19. Collaborate with employers, local authorities and the media to bring Thai and migrant communities together, through activities to promote a more positive image of migrants in Thai society and strengthen community relationships.
20. Inform policy makers on the situation of migrant children and advocate on specific issues such as a comprehensive migration policy which is inclusive of children, full implementation of their rights to birth registration and education, as well as other social services at local, national, regional and global levels.

Provincial and local authorities

21. Collaborate proactively with other departments, NGOs/CBOs and ECD service providers to share available information and statistics available on migrant children to respond more effectively to their needs.
22. Take steps to ensure that migrant parents are informed on procedures to obtain birth registration for their children in hospitals and take necessary measures so that the right to birth registration is enforced regardless of their legal status. District offices and health authorities should work together to expand current initiatives such as online birth registrations and for hospitals to issue birth registrations directly.
23. Monitor state schools to ensure that they are aware of procedures and requirements under the Education for All policy to enrol migrant students, and that these are implemented.
24. Promote and expand the services of local health promotion hospitals more actively to migrant communities, such as free vaccinations and basic healthcare and by strengthening partnerships with schools, NGOs and CBOs.
25. Establish formal roles for Myanmar nationals to work as interpreters in hospitals to address language barriers and improve relationships with migrant patients.
26. Improve the provision of public sanitation services in migrant communities and work with employers to consider more rural and informal settlements.

National government

27. Develop a clear migration policy that is inclusive of migrant children with specific provisions to clarify their legal status and rights to social protection. Protection mechanisms should also be incorporated to ensure that unregistered children are not criminalised.
28. Recall national and international obligations that require all children born in Thailand to be provided with birth registrations and work with relevant ministries and authorities to collect data to monitor implementation.
29. Reinforce the Education for All policy by both actively and openly encouraging the integration of migrant children into Thai state schools. There should also be a clear extension of this policy to early childhood centres at a national level, even though they are run by different departments and local authorities.
30. Implement a national level programme to place Burmese teaching assistants in Thai schools where there are a high number of migrants. This could be established under an ASEAN scheme, not only to facilitate teaching between Thai teachers and their migrant students, or communication between teachers and parents, but also in the opportunity for Thai students to learn another ASEAN language.
31. Explore strategies to better include and support MLCs that do not currently meet the criteria to be legally recognised and registered. Consider further policy actions to allow non-Thai nationals to register their MLCs and develop clear standards for MLCs to work as preparation schools.
32. Develop an official and comprehensive health policy for children of migrant workers, and consider extending state healthcare schemes to those children who are unregistered. Particular attention needs to be paid to the provision of free emergency healthcare to migrant children.

Recommendations for Thai and Myanmar Governments

33. Work bilaterally to establish an appropriate system and authoritative body to oversee social welfare for children of migrant workers, and incorporate children in current bilateral migration agreements.
34. Continue current negotiation efforts to provide migrant children in Thailand with an identity and citizenship, so that they can be recognised both by their home country and the country where they reside. Explore strategies and frameworks to ensure permanent measures for children to obtain such documentation on a long-term and consistent basis.
35. Work to link education systems to facilitate transition and reintegration of migrant children. This could be achieved by recognising education certification, and developing a common standardised test which children could prepare for in both Thai state schools and MLCs.

ASEAN

35. Prepare for the new migration trends that will come as a result of ASEAN integration in 2015 and the potential impact this will have for migrant workers and their children.
36. Take adequate measures to include migrant children as part of regional frameworks on the social protection of migrant workers by establishing regional standards on their rights to an identity, education, and health.
37. Examine the provision of ECD in a regional context and consider specific regional measures for children who are nationals of one ASEAN country to be able to access ECD centres in another ASEAN country.

International community

38. Require that migrant children are taken into consideration in the development of national policies and programmes related to ECD.
39. Incorporate a rights-based approach to target the most vulnerable and marginalised as part of the post-2015 international development framework. This should also include migration and cross-border issues as a priority to ensure access to ECD provision to all children, including those who are not in their home country.
40. Recognise that the migrant situation in Thailand is directly related to the current developments taking place inside Myanmar. Whatever opportunities that migrant children will access in Thailand will have a direct impact on the future development of Myanmar as a whole and if they eventually return.

Recommendations for further research

Having examined a number of gaps at the community level, there needs to be further research on policy development for migrant children. Early Childhood Development experts should consider including migrant children in studies to help guide national policies and programmes related to ECD. Migration policy experts should also conduct research to address policy gaps and make specific recommendations on the development of clear migration policies that are inclusive of migrant children with detailed provisions for their social protection. Further policy research on the incorporation of migrant children and their social welfare in bilateral and regional frameworks would also help guide negotiations between the Thai and Myanmar Governments, as well as the upcoming ASEAN integration in 2015.

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Annex

Semi-structured In-depth interview guide. Template (Parents)²

- 1. How long have you been in Thailand, and how has your family situation been so far?** *Probes: What work do you do? Where were your children born? How is your general well-being in this community (i.e. cost of living, housing, sanitation)? What are the challenges in your everyday life? Have you noticed any improvements in the community?*
- 2. Please tell me how many children you have aged 3-8 years old and who cares for them when you are at work?** *Probes: Age, gender, what kind of care, where and who? If in school- MLC or Thai school? If no care, why?*
- 3. What other services are currently available for your children in your community and who provides them?** *Probes: Education (language & literacy), health (i.e. vaccinations), support from employer, child safety, nutrition, hygiene and sanitation.*
- 4. Which service do you feel is the most important for your children and why?** *Probes: How good is this service? Give an example of why it is good or bad?*
- 5. What ECD services are your children not receiving?** *Probes: Education (language & literacy), health (i.e. vaccinations), support from employer, child safety, nutrition, hygiene and sanitation.*
- 6. What are the barriers that prevent your children receiving these services?** *Probes: Documentation, Thai language, limited capacity of service provider, low income, discrimination.*
- 7. Why do you think these barriers exist?** *Probes: Local authorities, illegal entry into Thailand, historical factors, social status related to your work, relationship between home country government and Thai Government.*
- 8. How do you think the current situation can be improved and by whom?** *Probes: Employer, home country government, Thai Government and services, NGO/CBOs, local authorities.*
- 9. Are there any other factors that you think may have an effect on your family situation in the future and if so, what kind of effect may they have?** *Probes: Changes in Myanmar, availability of jobs in Thailand, increase in wages, environmental issues. Social problems: family separation, security in your community, diseases.*

²When translated, these interview guides were adapted to suit the linguistic and cultural context. The full methods can be found published online at www.vsointernational.org



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