

## The development of a conditional cash transfer welfare for early childhood in Thailand

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### Abstract

This study evaluates the needs of specific target groups regarding early childhood welfare to establish criteria for conditional welfare and develop a suitable model within the Thai context. Using a mixed-methods approach, the research integrates quantitative and qualitative components. The quantitative segment involved 800 parents of early childhood children from urban and rural areas, while the qualitative segment included 76 parents and teachers, and 9 early childhood education experts. Quantitative data were analyzed with statistical methods such as percentages, means, medians, standard deviations, interquartile ranges, and Paired Sample T-tests to derive modified Priority Need Index (PNI) values. Qualitative data were analyzed inductively to interpret insights from interviews and Delphi consultations. The findings highlight that economic needs are the highest priority for both urban and rural groups. The study recommends a conditional welfare model combining universal welfare with conditional cash transfers. This model would provide uniform payments to all children, with subsidy eligibility contingent upon meeting three criteria: health, education, and parental training. It is also suggested that the government implement a One-Stop Service system and develop an online platform for comprehensive early childhood information management to enhance access and verification.

**Keywords :** *child develop; child investment; conditional cash transfer; universal welfare*

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## **Introduction**

To ensure the survival and safety of young children, parental care is essential. However, persistent economic inequality between the affluent and the impoverished in Thailand poses significant barriers to providing equitable quality early childhood care (Smith, 2022). To address these disparities and improve quality of life, governmental welfare interventions are necessary.

Thailand has formally accepted and agreed to adhere to the provisions and principles outlined in the Convention on the Rights of the Child, which was adopted by the United Nations in 1989. This international treaty sets out the civil, political, economic, social, health, and cultural rights of children and requires signatory countries to uphold and implement these rights. By ratifying this Convention, Thailand has committed to protecting and promoting the rights and well-being of children in accordance with the Convention's standards.

In fiscal year 2016, the Thai government approved the allocation of subsidies for newborns through the Child Support Grant (CSG) program. This initiative emerged from a collaborative effort among policymakers, academics, and civil society, aimed at meeting or exceeding the minimum standards established under the Child Protection Act of 2003 (Thai Ministry of Social Development and Human Security, 2016). The objective was to enhance the well-being of children and bolster family capacity for their care.

Despite five years of tracking and evaluation by scholars, significant challenges in policy implementation persist. Research has indicated that the income assessment criteria do not adequately reflect the diverse urban and rural contexts, leading to inconclusive benefits for children (Jones & Roberts, 2020). Scholars have advocated for reforming the CSG program through a universal welfare approach to mitigate implementation issues and ensure equitable and high-quality parenting for all early childhood children (Brown & Green, 2019). In 2017, the National Committee for the Promotion of Child and Youth Development considered the Child Support Grant Program as a precursor to Welfare for All Models. The proposal of a universal welfare model was met with mixed responses, citing potential positive and negative implications. Key considerations included budget sources, payment duration, policy populism, fiscal impacts, and sustainability (Lee, 2018). Qualitative evaluations revealed

misuse of funds, with some households either saving the money for future use or redirecting it away from child well-being, prompting the appointment of a project manager to address these issues (Nguyen, 2021).

Comparative analysis of international early childhood policies suggests that Thailand's child support grants resemble unconditional cash transfers due to their broad targeting criteria and lack of depth in assessing beneficiaries' actual living conditions (Taylor, 2017). This has led to interest in conditional cash transfer models, which have been successfully implemented in various countries to address similar issues. Conditional welfare models typically employ context-specific criteria to better address local needs and optimize resource use (Martinez & Fernandez, 2021). Thus, the researcher aims to investigate the development of a conditional welfare model for early childhood in Thailand, focusing on policy improvements that meet the needs of target groups and utilize government resources effectively.

## **Research Questions**

1. What are the differences in the needs assessment for early childhood welfare between urban and rural contexts?
2. What guidelines should be established for implementing conditional welfare programs for early childhood in both urban and rural areas?
3. How should conditional welfare programs for early childhood be developed to align with the specific context of Thailand?

## **Research Objectives**

1. To investigate the differences in needs assessments for early childhood welfare between urban and rural contexts.
2. To formulate guidelines for conditional cash transfer programs targeting early childhood in both urban and rural areas.

3. To design a conditional welfare model for early childhood that is tailored to the specific context of Thailand.

## **Literature Reviews**

### **Definition of Urban and Rural Areas**

Urban areas are characterized by high population density, advanced infrastructure, and extensive amenities. They include cities and towns with significant economic activity, diverse services, and complex infrastructure systems such as transportation, healthcare, and education (Brueckner, 2000). In contrast, rural areas have lower population densities, less developed infrastructure, and more open space. They typically consist of villages and agricultural lands, facing challenges related to limited access to services and economic opportunities compared to urban areas (Hewitt, 2009).

### **Needs Assessment**

The literature review on needs assessment for child welfare highlights several critical areas: Economic factors emphasize the importance of family income and financial stability for effective financial assistance programs (Kirk, 2002). Public health focuses on the necessity of access to comprehensive healthcare services for children's well-being (World Health Organization, 2013). Reproductive health underlines the role of maternal and child health services in ensuring healthy pregnancies and early development (UNICEF, 2017). Nutrition assesses how food availability and quality impact physical and cognitive growth (Jones et al., 2014). Education evaluates the significance of accessible and high-quality educational opportunities for long-term development (Cummings, 2013). Infrastructure and sanitation are essential for maintaining healthy living conditions through adequate facilities like clean water (Smith & Berthoud, 2009). Protection involves measures to prevent abuse and neglect, ensuring safe environments (Tisdall et al., 2009). Cultural factors highlight the influence of

cultural practices on child-rearing and welfare access, necessitating culturally sensitive interventions (Harkness & Super, 2006). Lastly, labor conditions affect family stability and child welfare by influencing income and quality of life (Gornick & Meyer, 2003).

### **The Principles of Welfare**

The principles of welfare are centered around several core concepts aimed at effective support and development. Equality ensures uniform support and equal opportunities for all individuals (Sen, 1999). Equity involves tailoring assistance to individual needs and circumstances to address disparities (Rawls, 1971). Social Justice focuses on the fair distribution of resources and opportunities to reduce systemic inequalities (Young, 1990). Empowerment is about providing individuals and communities with resources to improve self-sufficiency and resilience (Kabeer, 1999). Responding to People's Needs involves designing programs based on a thorough understanding of the target population's needs with active community engagement (Arnstein, 1969). Participation emphasizes involving beneficiaries in the design and evaluation of welfare programs to ensure they meet their needs (Cohen & Uphoff, 1977).

### **Welfare Arrangements**

The literature review identifies several key aspects of welfare arrangements: Benefits include financial aid, in-kind support (such as food and healthcare), and other resources aimed at improving the quality of life for children and families (Mulligan, 2000). Qualifications outline eligibility criteria like income levels and residency requirements (Blank, 2002). Parental qualifications involve conditions parents must meet, such as employment or participation in parenting programs, to effectively use benefits for child welfare (Gornick & Meyer, 2003). Welfare conditions specify requirements attached to receiving benefits, particularly in conditional cash transfer programs, such as school attendance or health check-ups (Fiszbein & Schady, 2009). Government action encompasses policy development, administration, monitoring, and evaluation to ensure effective

implementation and compliance (Esping-Andersen, 1990).

### **Conditional Cash Transfer**

Conditional Cash Transfer (CCT) programs are social welfare initiatives providing financial assistance to low-income families contingent on meeting specific criteria aimed at enhancing children's well-being and development. Key conditions typically include ensuring regular school attendance and complying with health requirements, such as medical check-ups and vaccinations. The primary goal of CCTs is to break the cycle of poverty by encouraging behaviors that improve long-term outcomes for children and families (Fiszbein & Schady, 2009).

In Thailand, CCTs are integral to the welfare system, targeting poverty reduction and support for vulnerable populations through programs like the Child Support Grant and the School Milk Program, which link financial aid to school attendance and health program participation. The Universal Health Coverage Scheme also incorporates conditional elements. Recent advancements include digital platforms for better registration and compliance tracking (World Bank, 2018; Thailand Development Research Institute, 2015; World Bank Group, 2020). Despite significant impacts such as increased school enrollment and improved health outcomes, challenges like coverage, program complexity, and funding persist (Barnett, 2011; Rawlings & Rubio, 2005; OECD, 2016; Ravallion, 2016).

Globally, CCTs have been used effectively to alleviate poverty and promote positive behaviors. Notable examples include Mexico's Oportunidades program, Brazil's Bolsa Família, Colombia's Familias en Acción, Indonesia's Program Keluarga Harapan (PKH), and Kenya's Cash Transfer for Orphans and Vulnerable Children (CT-OVC). These programs have improved education and health outcomes but face challenges related to coverage, program complexity, and sustainability (Skoufias, 2005; Soares & Silva, 2010; Attanasio & Gomez, 2004; Sumarto & Suryahadi, 2010; Molyneux, 2006).

## Conceptual Framework

Based on the literature review presented, a research framework can be designed as illustrated in Figure 1.

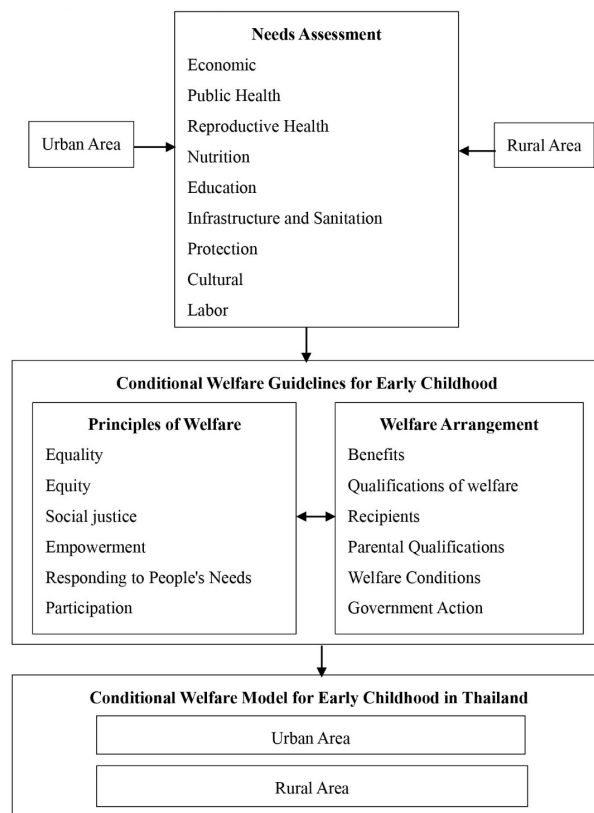


Figure1. Conceptual Framework

## Materials and Methodology

### Study sites and Sample

To assess participant needs, the researcher used Taro Yamane's formula with a 0.05

tolerance level, yielding 400 participants from urban and 400 from rural areas. Urban samples were drawn from Bangkok (Huay Kwang), Nakhon Pathom (Sam Pran), Nonthaburi (Bang Yai), Samut Sakorn (Kra Tum Baen), Pathum Thani Municipality, and Samut Prakarn Municipality. Rural samples were selected from Ayutthaya (Bang Pa In), Chiang Mai (Mae Rim), Ubon Ratchathani (Warin Chamrap), and Nakhon Si Thammarat (Phrom Khiri).

Qualitative data were gathered from the same regions, involving 76 participants: 30 urban parents, 30 rural parents, and 16 teachers from both settings. Purposive sampling was used, with sample size determined by data saturation principles. Participants included parents of early childhood students and educators from development centers in Bangkok and surrounding local administrative areas.

The study also involved consultations with 9 experts in early childhood welfare. These included two government officials from the Department of Children and Youth, Ministry of Social Development and Human Security; one medical social worker from the Ministry of Public Health; two professors from the Faculty of Social Administration, Thammasat University; three professors from the National Institute for Child and Family Development; and one professor from the Institute for Population and Social Research. Purposive sampling was employed to select these experts based on their expertise and relevance to the study, providing valuable additional insights and guidance.

### **Research Instrument and Data Collection**

This study employed a mixed-methods approach combining quantitative and qualitative data collection. Data were gathered using three methods: completed questionnaires, structured interviews, and the Delphi technique for expert consensus.

For quantitative analysis, a comprehensive questionnaire was developed with three sections: demographic information, current and future needs across various domains (e.g., economic, health, education), and open-ended questions for service improvement suggestions. Validity was ensured through expert reviews and the Index of Item Objective Congruence (IOC), with reliability tested via a pilot study yielding a Cronbach's Alpha of 0.791.

Qualitative data were collected through structured interviews, focusing on welfare arrangements. The interview instrument was reviewed by experts and revised for validity.

For addressing research objective 3, three versions of a questionnaire were used. Version 1 assessed needs and criteria for conditional welfare with a 5-point Likert scale. Version 2 presented statistical summaries to experts for review, and Version 3 evaluated the suitability of proposed welfare models for the Thai context.

### **Data Analysis**

To examine the differences in needs assessment for early childhood welfare between urban and rural contexts and to formulate guidelines for conditional cash transfers targeting early childhood in both settings, the study employed both quantitative and qualitative analyses.

**Quantitative Analysis:** The data were analyzed using statistical methods. The modified Priority Need Index (PNI), calculated as  $(I-D)/D$ , was used to compare differences between urban and rural contexts. The Priority Needs Index is calculated using the following formula  
PNI modified =  $(I-D)/D$  (I = Expectations D = Current situation)

Statistical significance was set at  $p < 0.05$ . Analysis was performed using SPSS, where measures such as the mean, median, mode, T-Test and S.D. were computed.

Before analyzing qualitative data, the researcher ensured credibility through data triangulation, examining information across various sources, times, locations, and individuals to identify patterns and discrepancies. The data were then analyzed inductively, interpreting and drawing conclusions from recorded interviews with stakeholders.

To develop a contextualized conditional welfare model for early childhood in Thailand, the study employed the Delphi Technique with nine experts participating in three rounds of questionnaires. Data from these rounds were analyzed using SPSS, applying statistical measures such as mean, median, mode, and interquartile range to reach a consensus and guide model development.

## Results

### Need Assessment of Children in Urban and Rural Areas

The research findings address Research Question 1: “What are the differences in the needs assessment for early childhood welfare between urban and rural contexts?” and Research Objective 1: “To investigate the differences in needs assessments for early childhood welfare between urban and rural contexts.” The results are presented and summarized in Tables 1 and 2.

The mean of real situation for early childhood in urban areas are summarized as follows: The cultural factor received the highest mean score of 4.12. This was followed by infrastructure and sanitation, which had a mean score of 4.01, and public health with a mean score of 3.98. Both reproductive health and education were rated at 3.94. Nutrition received a mean score of 3.79, while labor was rated at 3.76. Protection was assigned a mean score of 3.64, and economic factors had the lowest mean score of 2.74.

The mean expectations for early childhood living conditions were as follows: the nutritional factor had the highest mean expectation score of 4.31, followed by public health and infrastructure and sanitation, both with mean scores of 4.09. The labor factor had a mean score of 4.08, reproductive health scored 3.97, and education was rated at 3.94. The economic factor had a mean score of 3.88, protection scored 3.40, and the cultural factor received the lowest mean score of 3.18.

When comparing the mean differences using T-test statistics, significant differences were observed at the 0.05 level for the factors of economy, public health, nutrition, cultural protection, and labor. However, no significant differences were found at the 0.05 level for the factors of reproductive health and utilities and sanitation.

The results of the Modified Priority Needs Index (PNI modified) for the urban area indicated that economic needs were the highest, with a PNI modified score of 0.416. This was followed by nutrition at 0.137, labor at 0.085, and public health at 0.028. Infrastructure and sanitation were rated at 0.020, and reproductive health at 0.007. There were no assessed needs for educational, protection, and cultural welfare.

Table 1. *Results of needs assessment of early childhood in urban area*

| Demand Factor                 | Real Situations |       |                | Expectation |       |                | PNI<br>(modified) | Priority | T       | SD    | sig  |
|-------------------------------|-----------------|-------|----------------|-------------|-------|----------------|-------------------|----------|---------|-------|------|
|                               | Mean            | SD    | Interpretation | Mean        | SD    | Interpretation |                   |          |         |       |      |
| Economic                      | 2.74            | .632  | Moderately     | 3.88        | .778  | Agree          | 0.416             | 1        | -24.769 | .924  | .000 |
| Public Health                 | 3.98            | .681  | Agree          | 4.09        | .810  | Agree          | 0.028             | 4        | -2.971  | .756  | .003 |
| Reproductive Health           | 3.94            | .935  | Agree          | 3.97        | .830  | Agree          | 0.007             | 6        | -.578   | 1.002 | .564 |
| Nutrition                     | 3.79            | .889  | Agree          | 4.31        | .806  | Most Agree     | 0.137             | 2        | -10.222 | 1.044 | .000 |
| Education                     | 3.94            | .639  | Agree          | 3.94        | .639  | Agree          | 0.000             | -        | -       | -     | -    |
| Infrastructure and Sanitation | 4.01            | .878  | Agree          | 4.09        | .942  | Agree          | 0.020             | 5        | -1.547  | 1.042 | .123 |
| Protection                    | 3.64            | 1.094 | Agree          | 3.40        | .953  | Moderately     | -                 | -        | 3.633   | 1.309 | .000 |
| Cultural                      | 4.12            | .879  | Agree          | 3.18        | 1.140 | Moderately     | -                 | -        | 13.928  | 1.344 | .000 |
| Labor                         | 3.76            | .980  | Agree          | 4.08        | .895  | Agree          | 0.085             | 3        | -5.927  | 1.073 | .000 |

Table 2. Results of needs assessment of early childhood in rural area

| Expectation<br>SD | Real Situations |       |                |      | PNI<br>)modified( |          | T | SD      | sig        |
|-------------------|-----------------|-------|----------------|------|-------------------|----------|---|---------|------------|
|                   | Mean            | SD    | Interpretation | Mean | Interpretation    | Priority |   |         |            |
| .787              | 2.68            | .753  | Moderately     | 3.79 | Agree             | 0.414    | 1 | -22.058 | 1.001 .000 |
| .926              | 3.91            | .726  | Agree          | 3.95 | Agree             | 0.010    | 5 | -852    | .860 .395  |
| .960              | 3.93            | .937  | Agree          | 3.83 | Agree             | -        | - | 2.113   | 1.005 .035 |
| .851              | 3.78            | .934  | Agree          | 4.20 | Agree             | 0.111    | 2 | -8.311  | 1.009 .000 |
| .898              | 3.94            | .693  | Agree          | 3.77 | Agree             | -        | - | 4.091   | .836 .000  |
| 1.080             | 3.88            | .956  | Agree          | 3.97 | Agree             | 0.023    | 4 | -1.507  | 1.136 .133 |
| 1.024             | 3.52            | 1.079 | Agree          | 3.30 | Moderately        | -        | - | 3.270   | 1.281 .001 |
| 1.149             | 4.14            | .934  | Agree          | 3.15 | Moderately        | -        | - | 14.858  | 1.325 .000 |
| 1.029             | 3.68            | 1.080 | Agree          | 3.90 | Agree             | 0.059    | 3 | -4.085  | 1.122 .000 |

The results of real situations for early childhood in rural areas revealed the following: The mean score for the cultural factor was the highest at 4.14, followed by education at 3.94, reproductive health at 3.93, and public health at 3.91. Infrastructure and sanitation were rated at 3.88, nutrition at 3.78, labor at 3.68, and protection at 3.52. The economic factor was rated the lowest at 2.68.

The mean expectations for early childhood in rural areas were as follows: The nutritional factor had the highest mean expectation at 4.20, followed by infrastructure and sanitation at 3.97, public health at 3.95, and labor at 3.90. Reproductive health was rated at 3.83, the economy at 3.79, education at 3.77, protection at 3.30, and cultural factors at 3.15.

The comparison of mean differences using T-test statistics revealed that the actual and expected demand factors for the economy, reproductive health, nutrition, education, protection, cultural factors, and labor were significantly different at the 0.05 level. However, no significant differences were found for the public health and utilities and sanitation factors at the 0.05 level.

The Modified Priority Needs Index (PNI modified) results for the rural area, based on the needs assessment, indicated that economic necessity had the highest priority, with a PNI modified value of 0.414. This was followed by nutrition at 0.111, labor at 0.059, infrastructure and sanitation at 0.023, and public health at 0.010. No assessments were made for reproductive health, education, protection, and cultural welfare.

The Modified Priority Needs Index (PNI modified) reveals that both urban and rural parents have similar priorities in three key areas: 1) economic needs (urban: 0.416, rural: 0.414), 2) nutritional needs (urban: 0.137, rural: 0.111), and 3) labor needs (urban: 0.085, rural: 0.059), with the highest priority placed on economic needs. Urban areas show a greater need for public health (0.028) compared to infrastructure and sanitation (0.020). Conversely, rural areas exhibit a higher need for infrastructure and sanitation (0.023) relative to public health (0.010).

#### **The Guidelines for CCT of Children in Urban and Rural Areas.**

The findings address Research Question 2: “What guidelines should be established for

implementing conditional welfare programs for early childhood in both urban and rural areas?” and Research Objective 2: “To formulate guidelines for conditional cash transfer programs targeting early childhood in both urban and rural areas.”

The findings indicate that the criteria for implementing conditional welfare programs should integrate universal welfare support with conditional cash transfers. The needs assessment reveals that both urban and rural areas share a critical need for economic support, aligning with the objectives of the Child Support Grant initiatives currently being pursued by the State.

In-depth interviews reveal that recipients are generally satisfied with the benefits provided by state aid. Therefore, to better align with the context of Thai society, it is advisable to develop a model for early childhood welfare that enhances existing government projects. This model should be based on a conceptual framework encompassing six principles of welfare provision: equality, equity, social justice, empowerment, responsiveness to people’s needs, and participation.

The results of the study on criteria for conditional cash transfers for early childhood in urban and rural areas indicate that these criteria should be established as follows:

### ***Benefits***

The state should fund early childhood support through educational and nutritional subsidies, including low-cost food programs for pregnant mothers and milk provisions for preschool children not yet in primary school. Support should be extended to disabled children, with increased subsidies in remote areas. Day and night nurseries should be established to ensure comprehensive coverage. For antenatal care, the National Health Security Office should provide services for mothers without civil service or social security benefits, while eligible parents should apply for social security. Civil servants can use their existing rights, and non-civil servant mothers who opt out of public hospital services should receive reimbursement rights similar to national health insurance, with families covering excess costs. Additionally, the state should enhance reproductive health services with pre-pregnancy check-ups and comprehensive care during pregnancy and childbirth, and public hospitals should include units for early childhood vaccination and disease management as part of a

one-stop service approach.

### ***Qualifications of Welfare Recipients***

To qualify for early childhood benefits in Thailand, a child must be Thai nationals with a 13-digit identification number, domiciled and residing in Thailand. Those who leave the country for more than one year will be ineligible for benefits. Adopted children must also be Thai nationals with a valid ID number, officially certified as adopted, reside with their adoptive family, and not receive support from government agencies or state enterprises. Children with disabilities, as verified by a medical certificate or disability identification card, are eligible for specialized aid. Additionally, benefits are not available to children under the care of state welfare homes. Extra childcare subsidies are available for those living in remote areas, as per the royal initiative of Her Royal Highness Princess Maha Chakri Sirindhorn to develop children in these regions. Single-parent families, where the parent is officially registered as divorced, are eligible for additional subsidies, provided that the local government verifies the parental separation and confirms the lack of extended family support.

### ***Parental Qualifications***

Eligibility for early childhood benefits does not depend on income, family type, number of family members, or number of children. However, the benefits are provided only to the parent who is responsible for the child's primary care and resides in the same household. Additionally, parents who have social security or civil service rights are also eligible for these benefits.

### ***Welfare Conditions***

Eligibility for early childhood benefits is contingent on meeting several conditions. Public health requirements mandate that children must receive the basic vaccinations mandated by the government; failure to comply will result in the termination of benefits. Educational conditions stipulate that children aged four and older must attend an early childhood education program recognized by the Ministry of Education, or provide valid reasons for exceptions, such as health issues verified by a doctor's certificate. Additionally, parents must

complete early childhood care training programs provided by public or private hospitals or government-funded agencies. Families must meet all three conditions-public health, education, and parental training-to qualify for early childhood assistance.

### ***Government Action***

The state is required to establish an online system to streamline the provision of early childhood welfare services. This system should facilitate both staff and beneficiaries through the entire process, from registration to follow-up and condition verification, providing a comprehensive one-stop service. Payment options should include transactions via state welfare cards or bank transfers; however, if the child is cared for by elderly guardians, cash payments can be made through the local government where the child resides. The payment amounts should be adjusted by age, similar to the old-age living allowance system. Additionally, the government should implement a dedicated online monitoring program that uses the child's ID number to track vaccinations, school attendance, and parental training, ensuring accurate and efficient record-keeping.

### **Results from Delphi Technique**

The results of this study address Research Question 3, which is: How should conditional welfare programs for early childhood be developed to align with the specific context of Thailand? The research objective for this question is: To design a conditional welfare model for early childhood that is tailored to the specific context of Thailand.

The expert analysis using the Delphi Technique indicates that the development of a conditional welfare model for early childhood in Thailand should incorporate the following specific formats tailored to the country's context:

### ***Benefits***

The expert analysis using the Delphi Technique recommends that child support subsidies in Thailand be structured as both universal welfare and conditional cash transfers. Specifically, subsidies for disabled children should include a basic care allowance that

matches standard allowances and is tailored to individual disabilities. State-run nurseries should enhance their operational standards to align with private nurseries but offer lower fees. Public hospitals are advised to provide comprehensive antenatal care, childbirth services, and infant medical examinations, ensuring that costs are covered as specified by the National Health Security Office. Additionally, public hospitals should offer a one-stop service for vaccinations and early childhood treatments.

### ***Qualifications of Welfare Recipients***

To qualify for benefits, children must be between birth and six years of age or meet pre-primary education criteria, hold Thai nationality, possess a 13-digit identification number, and be domiciled and residing in Thailand. If a child leaves Thailand for more than one year, their eligibility for benefits will be temporarily suspended, but they may regain eligibility upon returning, provided they are still within the age range for receiving benefits. For adopted children, they must also have Thai nationality, a 13-digit national ID number, adoption certification, reside with the adoptive family, and not receive support from a government agency or state enterprise. Additionally, children with disabilities are eligible for extra subsidies if they have a medical certificate or disability ID card and are not dependent on a state-run institution.

### ***Parental Qualifications***

Income thresholds, family size, and the number of children are not required criteria for eligibility. The primary requirement is that the parents responsible for the child must reside in the same household as the child and bear the costs of their care. Additionally, parents with civil service status or social security rights are eligible to receive benefits.

### ***Welfare Conditions***

Experts concur that children are eligible for subsidies only if their parents meet three specific conditions: public health requirements, educational requirements, and parental conditions.

### ***Government Action***

The State should establish a comprehensive online system to manage the entire process of early childhood welfare, from registration through to service delivery, effectively creating a one-stop service platform. This system will streamline operations, enhancing efficiency and accessibility for users. Additionally, a Commission should be appointed to oversee the monitoring and evaluation of the welfare program, ensuring compliance with established conditions and maintaining program integrity. Payment procedures should be standardized: benefits should be disbursed through state welfare cards for cardholders and via bank transfers for those without cards.

## **Discussions**

The conditional welfare model for early childhood, tailored to the context of Thailand, can be discussed as follows.

### **Benefits**

#### ***Universal Welfare and Conditional Cash Transfers***

**Universal Welfare:** This component suggests that child support subsidies should be provided universally to all children, ensuring a basic level of financial support. Universal welfare has been advocated for its potential to reduce poverty and provide a safety net for all children, thereby promoting equity (Miller & Williams, 2021). In Thailand, this could involve a basic care allowance that ensures all children, regardless of their socio-economic background, receive a minimum level of financial assistance.

**Conditional Cash Transfers (CCTs):** CCTs would add a layer of conditionality to the support provided. These are designed to incentivize behaviors that are beneficial to children's well-being, such as regular school attendance or health check-ups. Evidence suggests that CCTs can significantly improve child health and educational outcomes by linking financial support to specific actions (Fiszbein et al., 2009). For Thailand, this could mean providing

additional financial incentives for families who meet certain conditions, such as attending health screenings or participating in educational programs.

### ***Support for Disable Children***

For disabled children, the recommendation includes a basic care allowance tailored to the specific needs arising from their disabilities. This personalized support aims to cover additional costs associated with disabilities, ensuring that these children receive appropriate care and resources. Research indicates that targeted financial support can greatly improve the quality of life for disabled individuals by reducing the financial burden on families (Schofield & Horne, 2018).

### ***Enhancing State-Run Nurseries***

State-run nurseries in Thailand are advised to improve their operational standards to match those of private nurseries. This involves adopting higher quality standards while maintaining lower fees to ensure accessibility for all families. High-quality early childhood education is linked to better developmental outcomes, and improving nursery standards can address disparities in early childhood care (Burchinal et al., 2017). By aligning with private sector standards, state-run nurseries could provide better care and early education opportunities while remaining affordable.

### ***Comprehensive Public Health Services***

Public hospitals are recommended to offer comprehensive antenatal care, childbirth services, and infant medical examinations with costs covered by the National Health Security Office. This includes providing a one-stop service for vaccinations and early childhood treatments. Access to comprehensive maternal and infant health services is crucial for reducing infant mortality and promoting child health. Studies highlight that such services improve health outcomes by ensuring early and consistent care (Murray & Lopez, 2013).

In conclusion, the recommended model integrates universal and conditional support, tailored assistance for disabled children, enhanced standards for state-run nurseries, and comprehensive public health services. This multifaceted strategy aims to address the diverse

needs of early childhood development effectively, ensuring that all children receive the support necessary for their growth and well-being.

### **Qualifications of Welfare Recipients**

#### ***Thai Nationality and Residency:***

To qualify for early childhood benefits in Thailand, children must be Thai nationals with a valid 13-digit ID number and must be domiciled and residing in the country. This ensures that benefits are allocated to those actively contributing to the Thai socio-economic system. Additionally, children who leave Thailand for more than one year are ineligible for these benefits, preventing resource allocation to individuals who are no longer part of the local community (Office of the National Economic and Social Development Council, 2020; Ministry of Social Development and Human Security, 2021; Charnvit, 2018).

#### ***Adopted Children***

To be eligible for early childhood benefits in Thailand, adopted children must be Thai nationals with a valid ID number and must have officially certified adoption status, ensuring their legal recognition and integration into the national benefits system. Additionally, they must reside with their adoptive families and not receive support from other government agencies or state enterprises to prevent redundant aid and ensure that resources are effectively allocated (Thai Social Welfare Office, 2022; Suwanna, 2019).

#### ***Children with Disabilities***

Children with disabilities are eligible for specialized aid if they have a medical certificate or disability identification card. This criterion ensures that the benefits are specifically tailored to meet the needs of children with disabilities, supporting their unique care requirements (Disability Rights Promotion International, 2021).

#### ***State Welfare Home***

Benefits are not available to children under the care of state welfare homes. This is likely

because state welfare homes already provide comprehensive support and resources to their residents, making additional benefits redundant (Sirin, 2020).

#### ***Extra Childcare Subsidies for Remote Areas***

The additional subsidies for children living in remote areas, as per the royal initiative of Her Royal Highness Princess Maha Chakri Sirindhorn, are intended to address disparities in access to childcare and development resources. This initiative highlights a commitment to improving the quality of life and development for children in less accessible regions (Royal Initiative Documentation, 2021).

#### ***Single Parent Families***

Single-parent families, where the parent is officially registered as divorced, are eligible for additional subsidies. The local government must verify the parental separation and the absence of extended family support. This ensures that subsidies are targeted at families in genuine need of additional support, reflecting the challenges faced by single-parent households (Pongpanich, 2022).

By adhering to these eligibility criteria, Thailand aims to effectively target its early childhood benefits to those who are most in need, while also aligning support with national policy objectives and ensuring that resources are used efficiently.

### **Parental Qualifications**

#### ***Household Residency***

The primary criterion is that parents responsible for the child must reside in the same household as the child and bear the costs of their care. This ensures that benefits are provided to families who are directly involved in the child's daily care and financial support. By focusing on residency and caregiving responsibilities, the system aims to provide support to those who are actively engaged in the child's upbringing, thereby ensuring that the benefits are effectively utilized (Ministry of Social Development and Human Security, 2021).

### ***Civil Service and Social Security Status***

Parents with civil service status or social security rights are eligible to receive benefits. This inclusion reflects the recognition of formal employment and the stability it provides. Civil servants and individuals with social security rights are often perceived as having a more stable financial situation due to their formal employment status and associated benefits. Therefore, incorporating these groups into the eligibility criteria ensures that the benefits reach those who might be contributing to the system through their employment or social security contributions (Office of the National Economic and Social Development Council, 2020).

### ***Exclusion of Income Thresholds and Family Size***

By not requiring income thresholds, family size, or the number of children as eligibility criteria, the system avoids the complexity of means-testing and reduces administrative burden. This approach simplifies the application process and ensures that benefits are distributed based on more straightforward criteria related to caregiving and formal employment, rather than on potentially intrusive assessments of income and family circumstances (Charnvit, 2018).

This eligibility framework ensures that support is directed towards families who are actively caring for their children and those with formal employment benefits, thereby streamlining the distribution of early childhood benefits while focusing on practical caregiving and employment stability rather than more complex socio-economic factors.

## **Welfare Conditions**

The expert consensus on eligibility for child support subsidies stipulates that children must meet three specific criteria: public health requirements, educational requirements, and parental conditions. This multifaceted approach aims to ensure that subsidies are both equitable and effective in promoting early childhood development.

### ***Public Health Requirements***

Ensuring that children meet public health requirements is critical for safeguarding their

physical well-being. This includes adhering to vaccination schedules and receiving necessary health check-ups. By tying subsidies to these health conditions, the program ensures that children benefit from essential preventive care, which can significantly reduce the incidence of diseases and promote overall health. This approach is supported by global practices, where conditionality on health checks has been shown to improve health outcomes and enhance the efficacy of welfare programs (Gertler, 2004; Rawlings & Rubio, 2005).

### ***Educational Requirements***

Linking subsidies to educational criteria reinforces the importance of early childhood education. Requiring that children attend educational programs ensures that they are engaged in structured learning environments that support their cognitive and social development. This condition aligns with evidence suggesting that early education is crucial for long-term academic and social success (Heckman, 2006). The focus on education as a criterion for receiving subsidies promotes both immediate and future benefits, supporting children's development and preparing them for future academic challenges.

### ***Parental Conditions***

The inclusion of parental conditions emphasizes the role of caregivers in the successful implementation of early childhood programs. This criterion ensures that parents are actively involved in their children's development and are equipped with the necessary knowledge and skills to support their children's needs. This approach is consistent with research indicating that parental involvement and support are key factors in optimizing child development outcomes (Lareau, 2011; Epstein, 2018). By requiring parental engagement in early childhood care programs, the policy aims to enhance the overall effectiveness of the subsidies and ensure that they are used to support the child's development effectively.

In summary, the requirement that parents meet public health, educational, and parental conditions for child support subsidies ensures that the program addresses multiple aspects of early childhood development. This comprehensive approach not only supports children's immediate needs but also promotes long-term developmental success. The integration of these criteria into the subsidy program reflects a holistic view of early childhood welfare, aiming to maximize the benefits of financial assistance through conditionality that addresses

health, education, and parental involvement.

## **Government Action**

### ***Online System for Service Management***

A robust online system for managing welfare programs streamlines processes by digitizing registration and service delivery, which reduces administrative burdens, minimizes errors, and accelerates service provision. Such systems enhance accessibility by allowing users to interact from any location, cut down on paperwork, and improve data accuracy. They also offer real-time updates and notifications, ensuring both beneficiaries and administrators are informed about application statuses and benefits. Integrating various functions into a single platform simplifies user experiences by consolidating registration, service access, and eligibility tracking into one interface, thereby increasing convenience and reducing the chances of missed deadlines or incomplete applications (Zhou et al., 2010; Yang et al., 2016).

### ***Oversight and Evaluation***

The establishment of a Commission to oversee the monitoring and evaluation of the welfare program is vital for ensuring its integrity and effectiveness. This body will be responsible for verifying that early childhood welfare conditions are met and that the program achieves its intended outcomes. Effective oversight involves regular audits, compliance assessments, and resolving any issues that arise, which is crucial for maintaining program quality and accountability (Baker et al., 2015). Such monitoring aligns with best practices in public administration by emphasizing transparency and responsiveness to beneficiary needs, thereby enhancing service quality and public trust (Kusek & Rist, 2004).

### ***Payment System***

Standardizing payment procedures significantly enhances the efficiency of the welfare system. By utilizing state welfare cards for cardholders and bank transfers for non-cardholders, the State can ensure a smooth and consistent disbursement process (Zhou et al., 2010). This dual payment approach accommodates diverse user preferences and needs,

thereby reducing the likelihood of payment delays or errors (Yang et al., 2016). Such standardization is crucial for maintaining the reliability of the welfare program and ensuring that benefits are delivered in a timely and effective manner (Kusek & Rist, 2004).

## **Conclusions**

In conclusion, the formulation and implementation of a comprehensive early childhood welfare model in Thailand should combine universal welfare provisions with conditional cash transfers. This integrated approach ensures equitable access to developmental resources while promoting the effective use of allocated funds. Implementing a robust online system for managing the entire welfare process—from registration to service delivery—alongside the establishment of a dedicated Commission for oversight and evaluation, is crucial for enhancing program efficiency and ensuring adherence to established conditions. Standardizing payment procedures by using state welfare cards for cardholders and bank transfers for non-cardholders will further streamline operations, minimize errors, and ensure timely benefit disbursement. These measures collectively aim to improve the quality of early childhood welfare, aligning with best practices and addressing the specific needs of children and families in Thailand.

## **Recommendations**

If families do not receive subsidies due to difficulties in meeting conditions, several supportive measures can be implemented. Financial assistance, such as targeted grants or reimbursements for childcare costs, can help families comply with requirements. Educational programs can provide necessary knowledge on health, education, and parenting. Improving access to services through community outreach or mobile units, especially for medical check-ups, can address geographic barriers. Case management services can assist families in navigating and overcoming compliance challenges. Flexibility in compliance requirements,

such as graduated or alternative options, can accommodate financial constraints. Community support networks can offer shared resources and advice, while feedback mechanisms can help refine and improve the conditions to better support families. These strategies aim to ensure families can meet subsidy conditions despite facing practical difficulties.

Providing grandparents with training in child development and early education can be an effective strategy to overcome barriers related to accessing and affording formal childcare services. By equipping grandparents with the skills to support their grandchildren's development, families can benefit from a cost-effective childcare alternative, enhance the quality of care, and strengthen family bonds. This approach not only addresses gaps in service availability but also promotes personal growth among grandparents, making it a valuable addition to early childhood support strategies.

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