CHAPTER IV
CHAPTER IV

Results and Analysis

"Building human resources and building the nation: building social immunization"

– A Thai saying

Introduction

The current status of institutional care for children in the Bangkok Metropolitan Region, Thailand with specific focus on the process of rehabilitation was explored in this research. The research examined in-depth the standards of care, the role of rehabilitation staff and management, plans for each youth and his or her aspiration after discharge. The process of rehabilitation in the Home for Girls (Home 1) was compared with that in the Homes for Boys (Homes 2-4). The situation and achievement of the discharged youth were explored. The findings were derived from the data gathered through interviews and observations. The researcher hopes that this study will provide a model of implementation for the effective rehabilitation of institutionalized children in Thailand.

Historical Background

This study includes four homes in the Bangkok Metropolitan Region. The historical background of the establishment of the institutions is based on the date of establishment, the person/authority responsible for its establishment, the main objectives and the location of the home as well as the cause that led to the establishment of those institutions. The table below shows the historical background of one Home for Girls and three Homes for Boys.

Historically, Home 1 was the first Home for Girls because earlier, needy families, who were unable to look after their sons sent them to a temple where they were looked after by Buddhist monks, but girls from needy families could not go to temples. Originally, Home 1 operated under the Bangkok Municipality and was transferred to the Department of Public Welfare in 1948. Home 2 was the first ‘Home for Boys’ set up by the Department of Public Welfare according to the Prime Minister, Por. Pibulsongkram’s social welfare policy to care for orphans, abandoned and neglected boys in the age group of 7-18 years. According to the Department of Public Welfare’s policy on welfare provision that suited each type of children and the Children and Student Control Act B.E. 2481 (1938), Home 3 was set up separately from “Prachasongkroh Pak Kret School” in Nonthaburi Province. At that time, the only residential home that
provided services for children was “Prchasongkroh Pak Kret School.” Home 4 was established as a royal commemoration on the third cycle of His Majesty the King on 5 December 1963, under the sponsorship of the Maharaj Foundation. In terms of expenditure of construction and renovation of the buildings that were transferred from the Rehabilitation Centre for Drug Addicts, the Department of Medical Services, the Ministry of Public Health. General Prapas Jarusathien, the Minister of Interior, invited all Thais and foreigners living in Thailand to make donations for the establishment of the Maharaj Foundation Home for Boys. It was the only Home where their Majesty the King and Queen graciously presided at the opening ceremony officially held on 27 December 1965.

### TABLE 4.1
**Historical Background of each Home**

<table>
<thead>
<tr>
<th>Home 1</th>
<th>Home 2</th>
<th>Home 3</th>
<th>Home 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The first Home for Girls in 1890</td>
<td>• Set up in 1941</td>
<td>• Set up in 1954</td>
<td>• Established in 1963</td>
</tr>
<tr>
<td>• Established by the donation of Her Royal Highness Pravimadather Krompra Sud-dhasinart</td>
<td>• According to the Prime Minister Por. Pibulsong-kram’s social welfare policy</td>
<td>• Based on the duties and authority vested in the (former) Department of Public Welfare by the Children and Student and Student Control Act B.E. 2481 (1938)</td>
<td>• To commemorate the third cycle of His Majesty the King on 5 December 1963</td>
</tr>
<tr>
<td>• Providing housing in the form of a ‘Cottage Home’ (19 cottages)</td>
<td>• Located in the area of 50 rai on Pumiwit Road in Pak Kret District of Nonthaburi Province</td>
<td>• Providing housing in the form of a ‘Cottage Home’ (5 cottages)</td>
<td>• Providing housing in the form of a ‘Cottage Home’ (9 cottages)</td>
</tr>
<tr>
<td>• Located in the area of 58 rai 1 ngan and 4 square wa on Rajvithi Road in Phythai District of the Bangkok Metropolis</td>
<td></td>
<td>• Located on Lichee Road in the area of Yannawa District of the Bangkok Metropolis</td>
<td>• Located in the area of 180 rai on Rangsit-Nakhon Nayok Road in Than-yaburi District of PathumThani Province</td>
</tr>
</tbody>
</table>

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Profiles of Female and Male Youth in the Four Institutions

The researcher visited all the Homes and interviewed all the children individually. Those who were interviewed included twenty-five female youth in the age group 18 to 24 living in Home 1 (47% out of all children who were interviewed), and twenty-eight male youth living in Home 2, Home 3, and Home 4 (53% out of all children who were interviewed).

### TABLE 4.2
Age of Boys and Girls in the Homes

<table>
<thead>
<tr>
<th>Age</th>
<th>Home 1</th>
<th>Home 2, Home 3, Home 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
<td></td>
</tr>
<tr>
<td>18-20 years</td>
<td>19</td>
<td>17</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>(76%)</td>
<td>(60.7%)</td>
<td>(67.9%)</td>
</tr>
<tr>
<td>21-23 years</td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>(24%)</td>
<td>(25%)</td>
<td>(24.5%)</td>
</tr>
<tr>
<td>24 years</td>
<td>–</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(14.2%)</td>
<td>(7.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>28</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>(100%)</td>
<td>(100%)</td>
<td></td>
</tr>
</tbody>
</table>

The table reveals that most of the children included in this study are in the age group 18-20 years (67.9%). Very few are twenty-four years old (7.5%).

A comparison between the Homes for Boys and Home for Girls indicates that there are more children in the age group of 18-20 in the Home for Girls (76%) as compared to the Homes for Boys (60.7%).

### TABLE 4.3
Duration of Stay in the Homes

<table>
<thead>
<tr>
<th>Duration of stay in the Homes</th>
<th>Home1</th>
<th>Home 2, Home 3, Home 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
<td></td>
</tr>
<tr>
<td>5 years or less</td>
<td>3</td>
<td>–</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(12%)</td>
<td></td>
<td>(7%)</td>
</tr>
<tr>
<td>6-10 years</td>
<td>9</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>(36%)</td>
<td>(25%)</td>
<td>(37.2%)</td>
</tr>
<tr>
<td>11-15 years</td>
<td>13</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>(52%)</td>
<td>(57.1%)</td>
<td>(54.7%)</td>
</tr>
</tbody>
</table>
### Duration of stay in the Homes

<table>
<thead>
<tr>
<th>Duration of stay in the Homes</th>
<th>Home1</th>
<th>Home 2, Home 3, Home 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
<td></td>
</tr>
<tr>
<td>16-20 years</td>
<td>–</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(17.8%)</td>
<td>(9.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>28</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>(100%)</td>
<td>(100%)</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

*Article 33* under the 2003 Child Protection Act addresses the upper age limit as follows:

In the case where the person receiving welfare assistance has reached 18 years of age but is still in a condition warranting further assistance, the Permanent Secretary or the Provincial Governor, as the case may be, may order such person to be granted further assistance until he or she reaches 20 years of age. However, if, due to a compelling reason, the provision of welfare assistance to such person must continue further, and such person has no objection, the Permanent Secretary or the Provincial Governor, as the case may be, may order the continuation of such assistance as necessary and appropriate, but which in any case shall not extend beyond the date when such person reaches 24 years of age.

As suggested by *Article 33*, the upper age limit is 18 years, but in some cases children are allowed to live in the Homes until 20 years or 24 years. They all are Buddhist.

The table reveals that more than half of the children included in the study were staying in the institutions for a long period. Very few were staying there for less than three years which meant that they were admitted at a late age.

### TABLE 4.4

**Places where the Children stayed before coming to the Homes**

<table>
<thead>
<tr>
<th>Places where the Children stayed before coming to the Homes</th>
<th>Home 1</th>
<th>Home 2, Home 3, Home 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
<td></td>
</tr>
<tr>
<td>With their families</td>
<td>3</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>(12%)</td>
<td>(57.1%)</td>
<td>(44.2%)</td>
</tr>
<tr>
<td>Emergency Home</td>
<td>1</td>
<td>–</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(4%)</td>
<td></td>
<td>(1.8%)</td>
</tr>
<tr>
<td>Bangkok Shelter for Children and Family</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>(4%)</td>
<td>(14.2%)</td>
<td>(9.4%)</td>
</tr>
</tbody>
</table>
It can be seen that the highest number of the children in the study were referred by the Reception Homes for girls and boys (48.8%). The children staying with their families prior to admission formed the second largest group (44.2%). Comparison between boys and girls indicates that a large number of girls came from the Reception Home (52%) compared to the boys (28.6%). Most of the girls living in the reception home were those who were vagrant. Only a few girls (12%) were staying with their families prior to admission in the institution, in comparison with boys (57% of the total). In Home 1 the girls in this category came from impoverished families and broken homes.

### TABLE 4.5
Education of the Children in the Homes

<table>
<thead>
<tr>
<th>Education</th>
<th>Home 1</th>
<th>Home 2, Home 3, Home 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td><strong>Secondary School</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(12%)</td>
<td>(7.1%)</td>
<td>(40%)</td>
</tr>
<tr>
<td><strong>High School/Certificate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(40%)</td>
<td>(46.4%)</td>
<td></td>
</tr>
<tr>
<td><strong>Diploma</strong></td>
<td>3</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>(12%)</td>
<td>(7.1%)</td>
<td>(36%)</td>
</tr>
<tr>
<td><strong>Bachelor’s degree</strong></td>
<td>9</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(36%)</td>
<td>(39.3%)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(100%)</td>
<td>(100%)</td>
<td></td>
</tr>
</tbody>
</table>
This table reveals that most of the children in the study are studying in High School/certificate level (43.4%). The children doing their Bachelor’s degree formed the second largest group (37.7%). The smallest number of children in the study was studying in secondary school and diploma level (9.4%). It was not related to their age.

Comparison between boys and girls indicates that more boys were studying in High School/Certificate (46.4%) compared to the girls (40%). Very few girls were studying in secondary school and diploma (12%) compared to the boys (7.1%). The researcher observed that some girls and boys who were still studying in secondary school were lagging behind as some of them started schooling late or had dropped out for some years and were readmitted after admission to the Homes.

**TABLE 4.6**

**Reasons for Admission to the Institutions**

<table>
<thead>
<tr>
<th>Reasons for Admission</th>
<th>Home 1</th>
<th>Home2,Home3 and Home 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
<td></td>
</tr>
<tr>
<td>Impoverished Family</td>
<td>3 (12%)</td>
<td>9 (32.1%)</td>
<td>12 (22.6%)</td>
</tr>
<tr>
<td>Orphans</td>
<td>8 (32.0%)</td>
<td>19 (67.8%)</td>
<td>27 (50.9%)</td>
</tr>
<tr>
<td>Others</td>
<td>14 (56%)</td>
<td>–</td>
<td>14 (26.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>25 (100%)</td>
<td>28 (100%)</td>
<td>53 (100%)</td>
</tr>
</tbody>
</table>

Table 4.6 clearly reveals that most of the admissions to the institutions were orphans, either abandoned or without guardians (50.9%) and there were more boys in this category than girls (32.0%). The smallest number of children admitted came from impoverished families (22.6%). Children who were vagrant, abused, victims of sexual harassment, improper care, broken homes and vagrant parents formed the second largest number for admission (26.4%). The reasons for admission were different for boys and girls - reasons like abuse, vagrancy and accused parents were seen only in the case of the girls.

**Standards of Care**

As mentioned in Chapter II, ‘The Standards of Care’ in this study refer to the standards of welfare service provision for children according to the 2003 Child Protection Act, which
prescribes a set of regulations or criteria for stipulating the quality of service provision for children in homes for children and its implementation. The standards of care set by the government are divided into five categories: Organization, Personnel, Environment, Services, and Child Development. The researcher has compiled data for these standards from annual reports, the Self-Assessment Report of each Home, interviews and observations.

1. **Standards of Organization**

The Standard of Organization consists of the following components:

1.1 **Philosophy, Vision, and Goals.** According to the Standard of Organization, all institutions’ philosophy, vision and goals must be stated clearly. Their strategy and mission must be in line with the organization’s vision and goal.

The philosophy of each home gives us an idea about the guiding principles on which the policies and programmes are based. The brochures published by these homes state their philosophy. The following table reflects the philosophy of each Home.

<table>
<thead>
<tr>
<th>Home 1</th>
<th>Home 2</th>
<th>Home 3</th>
<th>Home 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting a high standard of care, impressive services focusing on the quality of Thai children as well as their sustainable sense of self-reliance</td>
<td>Looking after children as if they were part of the Home’s family, caring for children, and instilling moral values in them</td>
<td>Making the children good and happy citizens to become a constructive social force</td>
<td>Caring for children and helping them develop and reintegrate into society</td>
</tr>
</tbody>
</table>

The philosophy of each Home is designed in the best interests of the children.

**Vision**

It is only with a clear vision that any organization will achieve success both in the short-term and in the long-term. Most public and private organizations have clearly stated their vision for the officers to follow. The vision of an organization can be created by the leader of the organization or with the staff’s participation.
TABLE 4.8
Vision of each Home

<table>
<thead>
<tr>
<th>Home 1</th>
<th>Home 2</th>
<th>Home 3</th>
<th>Home 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children will receive standardized care that enables them to be self-reliant. The Home will work in cooperation with the networks.</td>
<td>The Home will be an agency that provides child welfare services according to the Department of Social Development and Welfare’s standards on the promotion of welfare services provision for children in an institution.</td>
<td>Children will receive standardized care and will develop appropriately so that they can live in society happily.</td>
<td>Children will receive standardized care that enables them to be self-reliant. The Home will work in cooperation with the participation of networks.</td>
</tr>
</tbody>
</table>

As mentioned earlier, these Homes are public agencies under the Department of Social Development and Welfare. The vision of the 2009-2012 Department of Social Development and Welfare Action Plan states that the Department of Social Development and Welfare shall be

The core organization for social development and provision of social welfare services, network promotion and support with the aim to improve and ensure standard and thorough service coverage leading to a better quality of life and self-reliance among the target population and security of the society as a whole (Department of Social Development and Welfare’s Annual Report 2009:12).

The superintendent built the vision of each Home in keeping with that of the Department of Social Development and Welfare. As shown in the table above, the aspirations of all the Homes are similar and respond to the Department’s vision because they intend to achieve their goals in the best interests of the children in the institutions. The created vision of each Home covers the activities practicable for its achievement.

**Main Goals**

In life, a person has aspirations and goals that he/she hopes to achieve. Similarly, both private and public organizations set up goals that they plan to accomplish. Organizations have both short-term and long-term goals. The agencies set the main goals of implementation by giving priority to the children. These Homes attempt to follow the Department’s policy by setting their goals in line with their vision. The goals of the four Homes are presented in the Table 4.9.
TABLE 4.9
Main Goals of each Home

<table>
<thead>
<tr>
<th>Home 1</th>
<th>Home 2</th>
<th>Home 3</th>
<th>Home 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Home aims to enhance the quality of target groups in terms of their sense of gratitude, self-discipline, and moral values so as to enable them to live in society happily.</td>
<td>All children are properly developed according to age.</td>
<td>NA</td>
<td>The Home aims to develop a model and method of social welfare provision for the target group, to enhance the target groups’ living potential, to encourage all sectors’ participation in target groups’ development, and to develop a system of management.</td>
</tr>
</tbody>
</table>

Home 3’s goal is unavailable. All the Homes, except Home 3, take the children into consideration because they focus on the desired results of welfare stipulated for the children and follow the guidelines given by the Convention on the Rights of the Child (CRC). The CRC provisions are based on non-discrimination, devotion to the best interests of the child, the right to life, survival and development, and respect for the views of the child. It can be seen that Home 1, Home 2 and Home 3 give priority to the children’s mental, emotional, social and intellectual development in order to enable these children to earn their living and reintegrate into society.

1.2. Management Structure

According to the standard of organization, all institutions are required to have the management structure as follows:

1.2.1 Dividing the chain of command into at least two sections - administration and social work
1.2.2 Having an action plan in relation to the strategic plan that can be implemented
1.2.3 Having a working plan/a working calendar of all agencies concerned
1.2.4 Follow-up of the progress of each section
1.2.5 Reporting the staff’s performance regularly
1.2.6 Making an annual report of each welfare institution to submit to the Department of Social Development and Welfare
1.2.7 Having an internal Evaluation Committee for the follow-up of the institution’s progress and external evaluation for improvement and development of the quality of services (at least once a year).

The researcher found that the organizational chart of Home 1 consisted of four sections: Social Work, Institution Administration, Educational and Vocational Promotion and Special Affairs covering the agencies’ activities. The Educational and Vocational Promotion Section in Home 1 offered general education and vocational training inside the institution.

Information about each section’s work progress can be obtained from the performance report made by the staff. A monthly implementation report of all sections, part of the agency’s annual report, was compiled and submitted to the Department of Social Development and Welfare. In addition, an internal and external evaluation was conducted so that the organization could follow-up the progress, improve the quality of its services and respond to the client’s demands. Home 1 had a clear allocation in order to achieve the agency’s goals, which focus on the capability to care for the children.

Home 2 has three sections, namely, the General Administration Section, the Social Work Section and the Planning and Project Section. General education was unavailable inside the institution because there is no school within Home 2. Various internal and external factors were taken into consideration to set the implementation guidelines.

SWOT Analysis is used to seek the organization’s most appropriate implementation guideline, which gives priority to the clients and sets goals to achieve excellence through the concept of Waterman’s 7’s Model Mckinsey:

1. **Structure:** Its structure is well-organized and clear. It makes the implementation flexible and less complex. The personnel are aware of their job description and can be contacted easily. The person from management can take prompt decisions.

2. **Strategy:** The agency has a strategy with goals and objectives. The necessary resource is allocated so that the agency can operate according to its goals. The strategy is related to the agency’s vision, mission and plan, which are part of both the master plan and the action plan including various projects to create the methods/tools for operation to reach the goals.

3. **System:** System refers to a work system. It is a work system according to the strategy in order to reach the specified objectives. Besides the organizational structure, the components of the work system organization such as a finance system/materials/IT/follow-up/evaluation are important. These components of the system enable the agency to implement its objectives efficiently.
4. **Skill:** Working with children requires personnel who have knowledge and understanding about laws. The personnel develop working skills as well as accumulate work experience due to the complicated and sensitive work involved.

5. **Style:** This refers to the management style. The agency leader plays a vital role in the achievement of the agency. It is necessary to have different working styles—an official style and a semi-official style and a systematic management style.

6. **Staff:** Human resource is regarded as the major factor of the agency’s operations. Whether the agency will meet the target or not is partly based on human resource management. It is essential for the staff to evolve regularly in the form of training, seminars including the quality of working life development.

7. **Shared values:** Values and criteria that are followed by the personnel in the agency build shared values.

Home 3 had two sections - the administration section and the welfare assistance section. Home 3’s action plan in relation to the strategic plan was not clear. Though Home 3 had a clear working plan/a working calendar, the staff did not make reports regularly and the Evaluation Committee did not encourage them to submit reports.

Home 4 also had four sections—Institution Administration, Social Work, Education and Vocational training Promotion, Child Welfare Promotion and Development. As a result, it could carry out the ordering process, implementation control as well as performance follow-up efficiently. A committee was assigned to follow-up each section’s work progress. Each section was required to give a monthly progress report. The researcher found that each section was enthusiastically engaged in its work and that the administrator gave importance to the staff members’ performance report. Home 4 produced an annual report for the first time in 2010 because in the past only a summary on annual implementation was made.

1.3. **Position Structure**

The standard of organization prescribes the minimum number of personnel for all Homes:

1.3.1 An institutional administrator (1 administrator/institution)

1.3.2 A social worker (1 social worker/institution)

1.3.3 A psychologist/clinical psychologist (1 psychologist/institution)

1.3.4 A nurse assistant/nursing trained staff (1 nurse assistant/institution)
1.3.5 A teacher/a tutor (1 teacher/institution)

1.3.6 A nutritionist / staff trained in areas concerning food (1nutritionist/institution)

1.3.7 A cook (1cook/50 children).

The standard of organization/management consists of nine elements. As prescribed in 1.3 Position Allocation under the standard of organization/management, each Home was allocated one social worker, one psychologist, one nurse assistant, one teacher, one nutritionist and one cook/fifty children. According to the ratio of the personnel taking care of the children (child caregivers/staff) under the personnel standard, each Home was allocated one childcare staff per 20-25 children. However, if there were insufficient personnel, a Home could employ additional contract staff or campaign for volunteers.

Home 1 had all the positions as prescribed in the standard of care - a superintendent, three social workers, two psychologists, a staff member trained in nursing, a teacher, a staff member trained in areas concerning food, a cook and housemothers. The staff comprised two psychologists and three social workers because one of the psychologists and two of the social workers were additionally employed in contract positions.

**TABLE 4.10**

**Number of Personnel employed in each Home**

<table>
<thead>
<tr>
<th>Home</th>
<th>Management level Personnel</th>
<th>Social Worker</th>
<th>Psychologist</th>
<th>Housemother/Housefather</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home 1</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>17</td>
<td>49</td>
<td>76</td>
</tr>
<tr>
<td>Home 2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>10</td>
<td>34</td>
<td>50</td>
</tr>
<tr>
<td>Home 3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td>Home 4</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>23</td>
<td>42</td>
</tr>
</tbody>
</table>

Home 2 had two social workers available because one of the social workers was additionally employed in a contract position.

Home 3 had no teacher/tutor available. Since the social worker was transferable, the social work practice lacked a sense of continuity. Home 3 also employed an additional contract staff member as a social worker. Some members of the staff were able to do other people’s work.
Home 4 did not have all the positions prescribed in the standard of care. However, it had major positions such as a social worker, a psychologist, cook and administrators. Home 4 solved the problem of positions that were not filled, by using the services from external agencies, such as a lawyer from another Home located nearby, a professional nurse from Thanyaburi, a nutritionist and tutors from educational institutions and agencies nearby.

1.4 Budget

According to the Standards of Care, the budget is allocated for all homes as follows:

1.4.1 Having enough resources to cover appropriate expenses for childcare per head (sufficient for all)

i) Having enough resources to cover the food cost/supplementary food for children (sufficient for all)

ii) Having enough resources to cover the lunch cost for the children going to schools outside the institution (sufficient for all)

iii) Having enough resources to cover personal equipment for children (sufficient for all)

iv) Having enough resources to cover medicine cost and medical supplies (sufficient for all)

v) Having enough resources to cover the cost of children’s developmental support equipment/learning (sufficient for all)

vi) Having enough resources to cover the cost of education/vocational training (sufficient for all).

1.4.2 Salary and Wage

With regard to salary and wage, they are specified in the standard of organization as follows:

i) Salary and wage, extra compensation, overtime allocation according to official regulations

ii) Consideration of salary level promotion given to the personnel according to official regulations.

Regarding the annual budget, all Homes receive the budget allocated by the government. All Homes disclosed the budget that they got during 2010-2012 as shown in the table below.
TABLE 4.11
Budget Allocated for 2010–2012

<table>
<thead>
<tr>
<th>Home</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home 1</td>
<td>18,512,434 (546 girls)</td>
<td>30,788,770 (472 girls)</td>
<td>17,919,200 (380 girls)</td>
</tr>
<tr>
<td>Home 2</td>
<td>13,618,938.76 (255 boys)</td>
<td>15,280,186.42 (234 boys)</td>
<td>16,677,344.76 (168 boys)</td>
</tr>
<tr>
<td>Home 3</td>
<td>5,595,000 (173 boys)</td>
<td>9,161,150 (157 boys)</td>
<td>7,184,400 (148 boys)</td>
</tr>
<tr>
<td>Home 4</td>
<td>15,211,869.52 (397 boys)</td>
<td>14,173,638.59 (240 boys)</td>
<td>14,356,299.58 (344 boys)</td>
</tr>
</tbody>
</table>

The annual budget includes the personnel budget, the operation budget, and the capital budget that is, materials, land and construction and subsidy budget. It was found that each Home received different budgetary provisions each fiscal year. In 2011, Home 1 received more budgetary provisions for repairing the electrical system, building its fence with a gate and sign, building a stage and renovating one of the houses for children. However, due to the increasing number of residing children and also children going to study outside the institution, more expenses incurred. The buildings were very old, so it was essential to renovate them. The rate of public utility expenses has been increasing yearly.

The government gives priority to social problems; therefore, Home 2 received more money for its overall budget. Home 2 also made a budget plan. In 2011, Home 3 received more money for its overall budget because there were more children and because it received a budget for conducting activities outside the institution. However, the budget allocated for Home 3 was insufficient because educational expenses for youth aged over eighteen could not be apportioned. Moreover, no provision was made for medical care, educational equipment and some appliances. Donations came in handy for these items. The budget that Home 4 received was decreased because there were fewer children. A limited budget of meals per head per day was 48 baht. It was not in line with the economic condition. As a result, the nutrition quality for children was imperfect according to dietetics. Owing to the high cost of living and children/youth studying in educational institutions outside the home, the budget was insufficient. Besides, medical examination fees were not allocated. However, Home 4 received external support such as donations from people from outside the institution in the form of
food and personal appliances in order to upgrade the quality of its services. The Home’s foundation had given financial support to the institution for improvement of services.

Home 4 and Home 2 got their annual budget allocated as requested because the Homes had planned their annual budget and implemented it according to the annual plan. Home 1 had never received the annual budget as requested because its capital budget was reduced. Home 3 had never received the budget as requested, especially the budget for constructing and renovating the buildings of the Home, because the government allocated a limited budget for this and gave priority to child development.

In addition to the Government grant, each Home also received the donations as shown in the table below.

**TABLE 4.12**

<table>
<thead>
<tr>
<th>Home</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Home 1’s Foundation</td>
<td>7,267,919</td>
<td>6,915,240</td>
<td>23,848,678</td>
</tr>
<tr>
<td>The Home 2’s Foundation</td>
<td>2,270,186</td>
<td>2,050,359</td>
<td>1,956,225</td>
</tr>
<tr>
<td>The Home 3’s Foundation</td>
<td>670,040</td>
<td>1,532,911</td>
<td>1,614,232</td>
</tr>
<tr>
<td>The Home 4’s Foundation</td>
<td>1,589,225</td>
<td>1,717,535</td>
<td>1,699,265</td>
</tr>
</tbody>
</table>


Home 1 was more active in generating its own resources in addition to the government grant.

The foundation in each home contributes for the following expenses, which are not provided for in the annual budget:

The researcher observed that each Home was financially supported by its foundation. The items that the Homes requested from their respective foundations were similar. The foundations supported even big items such as construction of a new multipurpose building in Home 1. The foundations, in essence, can approve whatever the Homes request.
### TABLE 4.13

**Expenses allocated to the Homes by the Foundations**

<table>
<thead>
<tr>
<th>Home 1</th>
<th>Home 2</th>
<th>Home 3</th>
<th>Home 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Expenses for children’s activities</td>
<td>2. Expenses for children’s activities</td>
<td>2. Wages for additional staff</td>
<td>who have no ID card or golden card</td>
</tr>
<tr>
<td>3. Wages for additional staff</td>
<td>3. Health check-up</td>
<td>3. Expenses for staff attending a seminar,</td>
<td>2. Expenses for educational activities</td>
</tr>
<tr>
<td></td>
<td>4. Extra tutorial</td>
<td>workshop</td>
<td>3. Expenses for child development</td>
</tr>
<tr>
<td></td>
<td>5. Educational material</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Text books</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Accident insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Accommodation and food payment for the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>children who study in the provinces</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Travelling expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. A specified amount for making a living</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>after being discharged</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Medical bills for the sick children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>in emergency cases (for those who haven’t</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>moved their household registration)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Payment for staff who take care of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>sick children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Children’s birthday party</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.5 Building Networks

According to the standard of organization, network building is:

1.5.1 Implementing in conjunction with external organizations

Cooperating with external organizations to take care of, develop and rehabilitate the children in order to provide them with appropriate services.

In this regard, the researcher discovered that each Home cooperated with external agencies as follows:

Home 1 received cooperation from many outside agencies regarding job placement, medical assistance, formal education and informal education, study visits and civil registration. Many private companies took the children to the movies and concerts as well as to sporting events.

Home 2 worked with both public and private networks such as educational institutions, hospitals, municipal organizations, Taekwondo Association of Thailand, Kasikorn Thai Bank, and companies. For instance, many outside agencies took the boys from Home 2 to participate in recreational activities such as Taekwondo competition, visiting the beach or Siam Paragon Shopping Mall. During school break, the private sector, such as the Thai Farmer Bank sponsored a study tour so that the children could learn about art, painting, colouring and cloth painting.

Home 3 received cooperation from external organizations to conduct training programmes for the children, involve them in important day celebrations, conduct different kinds of activities including recreational activities during the flood crisis, support resources/places for children’s activities outside the Home, have meetings/discussions about the prevention and solution of child problems. The external agencies provide the children compulsory education, awareness programme on drug abuse and so on.

Home 4 coordinated with external organizations thus:

- The psychologists coordinated with the Thanyarak Hospital to take the children for treatment such as ADHD (Attention Deficit Hyperactivity Disorder)
- FABRINET Co. Ltd. supported the arrangement of activities for children and Project of Prototype Housefather/Housemother
- The Thai Farmer Bank sponsored children to learn about sports and art
• The educational institutions where the children studied focused on the children’s development and potential rehabilitation

• The external community helped with the children’s behaviour watch

• The local government supported various activities in the Home.

1.5.2 Participation in the community/society. According to the standard of organization, all Homes are required to participate in the community/society as follows:

• Coordinating with the community and external agencies (at least 2-3 times a year)

• Ensuring the participation of children/personnel/volunteers in activities co-organized with the community (at least 2-3 times a year)

• Arranging a forum for the children to give comments and expression and to get involved in decision-making for the issues affecting them (at least 2-3 times a year).

Home 1 invited external agencies to assist them in organizing Mother’s Day and a variety of projects such as Volunteers for Rural Development Camp Project, Volunteer Project, Family Love Project and Love Sharing Project. The Children’s Council conducted a meeting once a week.

Home 2 cooperated with various schools in the community to conduct a survey on the number of children and poor families in order to provide financial assistance to enable them to take care of their children properly, thus underlining the importance of familial care. Home 2 cooperated with public agencies to give an allowance to foster families to support them to take care of the children who faced social problems so that they were not admitted into institutions. In addition, Home 2 conducted the foster family Project aiming at the children under care to learn about the love and warmth in a family atmosphere. This project was conducted at Thungpotalay Landsettlement, Kamphaengphet province. Home 2 did home visits in order to deliver the children necessary items, to follow-up the children’s developmental changes and to learn about their problems and help solve them. A children’s forum was organized to allow them to express their ideas and participate in decision-making. The children and the staff cooperated to develop public areas such as temples and schools.

Home 3 conducted training programmes, activities for both children living inside and outside the Home. Home 3 also conducted short knowledge based training programmes.
Home 4 worked with the communities and local government to provide assistance for impoverished families and families with children in difficulty. Home 4 and Thanyaburi Metropolitan conducted activities such as sports, music and art at the Maharaj Foundation Home for Boys. The children in the communities were allowed to join these activities.

1.5.3 **Mobile Unit.** According to the standard of organization, all Homes are required to provide the following activities:

- Co-organizing a mobile unit with network organizations (at least 2-3 times a year)
- Organizing activities providing knowledge on the social situation/development of children, youth and families (at least 2-3 times a year).

Home 1’s staff provided financial assistance for the poor families living in Suanklang community. Home 1’s Vocational training unit co-organized a mobile unit with Wimon Commercial College to provide careers training under the project, ‘Career path for Sriyan Community’.

Home 2 co-organized a mobile unit with network in Nonthaburi Province to publicize the organization and to distribute OTOP (One Tambon One Product) products made by institutionalized children to supplement their income.

Home 3 co-organized a mobile unit with network organizations in Bangkok to provide an introduction to law.

Home 4 co-organized a mobile unit with other Homes, namely Rangsit Babies Home, Thanyaporn Reception Home for Girls to provide services such as counselling and activities for child development promotion on a monthly basis.

1.5.4 **Agency’s public relations.** In this regard, all Homes are required to conduct the following activities:

- Conducting public relations to publicize the agency’s information by creating a website/documents/leaflets or inviting other agencies/people to visit the agency in order to publicize its role and services.

Homes 1, 3 and 4 produced leaflets and created a website to publicize their services.

Home 2 conducted proactive public relations for disseminating the Home’s functions to the public. In addition, Home 2 also publicized its performance through its website, sign board and a monthly newsletter.
1.6. Leadership

According to the standard of organization, leadership is specified as follows:

1.6.1. The administrator is evaluated by the personnel (at least once a year).

The administrator referred to the administrative team consisting of the superintendent and heads of different sections. A leadership evaluation form was available for evaluation done by all the staff. All the Homes used the same form. The results of these evaluations revealed the following:

Home 1: The superintendent had a set of guidelines and policy on implementation in line with the agency’s strategy and goals. The members of the staff were given an opportunity to participate in brainstorming about the development of the organization. She was also creative in conducting a project on little tour guides. She acted as a coach guiding the staff and created more space for activities. She encouraged the staff to learn more to innovate, and she gave the children an opportunity to participate in decisions affecting their rights. The researcher observed that the superintendent applied the principles of management in the form of co-thinking, co-planning, co-operation, co-evaluation and good governance based on the happiness of all the staff.

Home 2: The superintendent played a vital role in specifying the organization’s direction and goals and encouraged team work in order to achieve the Home’s goals.

Home 3: The superintendent and the head of each section were open minded and decided to solve problems together.

Home 4: The superintendent worked with the children for a long time; therefore, her high level of skills and experience contributed positively to the implementation.

1.7 Provision of Service for Society

All the Homes are required to provide the following items:

7.1 Having a learning centre to enable internal/external people to seek knowledge and experience

7.2 Providing the service to give knowledge to internal/external people such as offering trainers or training programmes conducted for children, the community and other agencies (at least 1-2 topics a year)

7.3 Providing knowledge management and/or lessons learned from experience according to the agency’s mission.
Home 1 is a learning centre. Home 1 conducted a project on knowledge management or social work practice. Thammasat University and Huachiew Chalermprakiat University sent the social work students to do field work at Home 1. The Thai Chamber of Commerce University sent its students to teach English to the students of Prachasongkha Banrajvithi and non-formal education students. The social work section’s staff conducted training on different subjects for the children and female youth in the communities - Project on Future of Teenage Mother, Happy Family Camp for the children in the Home, and Love Sharing Project for Klongpraudom School’s children. The children were taken out to do social service with Klongpraudom School’s children outside the Home so that they could learn how to stay with others, to sacrifice and to share. The project on public-mindedness aimed to develop the children’s mind by taking the Klongpraudom School’s children to visit and provide assistance for Prasart Institution and Monk Hospital’s patients.

Home 2 set up a learning centre for sports and leisure activities for the children both inside and outside the Home. It conducted a training programme on deception prevention for the children in schools in order to disseminate information about deception leading to human trafficking. Home 2 was used for Non formal Education Centre, Bangtalad Sub-district. With regard to knowledge management, Home 2 did lessons learned from projects and activities according to the organization’s mission, such as lesson learned from the Project on ‘this home has love’.

Home 3 conducted training programmes on deception prevention and rhetoric for the children living outside the Home. However, Home 3 was unable to set up a learning centre and could not implement knowledge management.

Home 4 conducted different activities inside the Home for the children outside. It set up a creative area for youth. Home 4 also conducted training programmes outside the Home to provide female youth information on deception prevention, children and youth, and related laws. However, Home 4 could not provide a learning centre due to the lack of a proper building for this arrangement.

1.8 Risk Management in the best interests of the child

According to the standard of organization, all Homes are required to

1.8.1 Conduct analysis of risks in the organization

1.8.2 Formulate a risk management plan

1.8.3 Have a planned operation process

The researcher found that Home 1 conducted an analysis of risks, formulated a risk management plan and an internal control plan for risk reduction. It operated as
planned for the development of at-risk and special groups of children. Risks could be reduced to a satisfactory level with regard to fire prevention, data loss prevention and supplies store. A responsible member of the staff was appointed to operate for a specified duration, after which a committee evaluated such internal control and risk. As a result of the mentioned operation, fire prevention was successful, the supplies could be used appropriately and at-risk and special groups of children were more self-sufficient.

The researcher learned that Home 2 set up a risk management plan based on an analysis of risks. The superintendent specified the criteria of the risk level. Each section’s head participated in specifying and evaluating the risk of activities for which they were responsible. For example, the social work section operated the activities concerning children such as admission and school placement. The general administrative section was responsible for supervision and control of finance and supplies. Home 2 set up the risk control method in order to put in place a planned operation process to prevent or reduce any risk that may occur. All members of the staff were informed about the established control activities:

- The Home created two forms to be used in evaluating the existing risk control and the improvement of schedule control and staff responsible for tasks.

- The superintendent did an evaluation and follow-up of the staff’s performance and the control methods specified to prevent or reduce risks.

The researcher also learned that Home 3 conducted an analysis of risks, but it did not have a clear record. Its risk management plan and its planned operation process were unavailable.

Home 4 had a measure of risk prevention, but it did not cover all aspects. It did not address the issue of protecting the children from violence and harm. In the researcher’s view, Home 4 must strengthen the implementation measure to look after the children during the school and university vacation and at night. In this Home, a housefather had to look after twenty-five children, and the home’s area was quite large; as a result, the violence or violation could happen easily. Home 4 needs to set up more measures for prevention of the mentioned problems.

1.9 Creating a Database

According to the standard of organization, all Homes are required to:

1.9.1 Make a children’s database in the computer system in the best interests of the children
1.9.2 Create an information/report from the existing children’s database.

Home 1 stored all the institutionalized children’s profile data with developmental changes and their photographs in a database in their computer system to facilitate a quick search of the children’s profile to enable child development. In addition, information was submitted to the superintendent to use as required. Home 1 also presented a monthly report to the Office of Women and Children Welfare Protection. The Section of Educational and Vocational Training Promotion included the children’s educational statistics in the form of graphs for data comparison. Home 2 created a children’s database and submitted a report to the Department of Social Development and Welfare summarizing the performance according to the standards of care. Home 2 focused on service quality for children’s development. Home 3 created a children’s database, but it was interrupted because of the high turnover of staff. Home 4 compiled a database, but it was neither comprehensive nor up to date.

**Conformity to the Standard of Organization and Activities.** The researcher found that each Home had introduced additional activities, but gaps existed.

**Home 1**

Home 1 met the Standard of Organization. However, its vision should be modified with the staff’s participation. It should allow the public sector to monitor and give comments on the development of the social welfare provision for the children and promote the agency to become a learning organization. A public relations mobile unit should be sent to networking organizations. There should be a monthly meeting with District Offices and educational institutions, and the networking organizations should be invited to attend the meeting with the Home for exchanging ideas that can lead to the establishment of a set of guidelines for cooperation. In addition, the researcher learned that the Home was unable to include the data of all sections in the central database. Each section kept its own basic data. Therefore, the Home should develop a central database system by giving the staff who is in charge of the children’s database an opportunity to attend training on application and data storage at least once a year.

**Home 2**

The Home met this standard. However, there were a couple of weaknesses—a lack of a follow-up and improvement of its implementation. Its staff lacked an understanding of how to create the Home’s philosophy, vision, strategy and mission. The staff commented that the staff should be given more support through a wage and living cost increase. For instance, a new temporary employee gets 8,920 baht. After working for five years, the employee still gets the same salary. The employee should be given more welfare benefits.
**Home 3**

Even though Home 3 met the standard, it undertook supplementary activities, such as making sure that the staff understood how to follow the agency’s philosophy, vision, strategy and mission in order to achieve the objectives according to all the four indicators. It put forth a clear policy, implementation guidelines, and a management process to achieve the standards of care, including academic services. The Home conducted training for the staff to be equipped by way of skills to act as a replacement for each other, and also a training programme on child rights to make them aware of child risks. The Home systematically operated the database by assigning computer skilled staff to help, invited different organizations to support additional programmes of training for the communities, set supervision measures, and assigned a responsible person to work on a specified implementation plan. The Home was frequently provided high quality meals by external organizations.

**Home 4**

Overall, Home 4 met this standard. However, according to its self-assessment report, the staff of Home 4 did not realize the importance of its philosophy, vision and strategy and mission. One section could not perform satisfactorily especially when it came to finding a solution for a child’s problem. This problem had to be solved by the Development and Social Work sections. Sometimes the staff was confused about supervision and monitoring and they were not very computer literate. Some staff did not have the knowhow or skills to plan. They did not provide a progress report regularly because they did not give priority to the report.

Home 4 was short-staffed - there was only one position of social worker, no qualified nurse, lawyer, clinical psychologist, teacher/tutor or nutritionist. As a result, the quality of services was found wanting. Home 4 did not get the budget in terms of expenses relating to the children such as medical examination fees. The budget allocated was not in line with the economic situation, that is, 48 baht per day per head allocated for the cost of food. Some staff had been working in the same post for a long time. It was difficult to carry out quality human management because of the shortage of qualified staff who could adapt and grow with the changing situation. It was a management obstacle. The administrator, who was working in the same Home for a long time, lacked experience in decision-making under different circumstances when the cases differed.

Institutionalized children who had behavioral problems, often misbehaved outside the Home. This problem affected the reputation of the Home and negatively impacted people’s trust. The staff did not focus on creating awareness on self-protection or equipping the children to escape from different types of violation.
2. The Standard of Personnel

The Standard of Personnel consists of the following components:

2.1 Knowledge, skills and work experience of the personnel (child caregivers/housefathers/housemothers) taking care of the children. According to the standard of personnel, all institutions’ child caregivers/housefathers/housemothers taking care of the children are required to have the following qualifications:

2.1.1 A bachelor’s degree in child development/preschool; if one has only Matayom 6 (Grade 12) qualification, one needs to be trained in child care before starting work.

The researcher found that Home 1 had nineteen child caregivers/housefathers/housemothers taking care of the children who had the necessary skills and experience. Home 1 organized training programmes for them to acquire knowledge about the psychological aspect of child rearing, child development psychology, counselling techniques and First Aid. These staff took part in inter-agency study visits to exchange their work experiences and apply what they had learnt to improve the development of children.

Home 2 conducted workshops for child caregivers/housefathers/housemothers to enhance their skills, acquire knowledge and build confidence.

Home 3 organized training about childcare in order to enable its child caregivers/housefathers/housemothers to take care of children in different areas such as child development, child abuse and child care, how to use a child behaviour assessment form and how to apply counselling skills for providing child assistance. Members of the staff who attended training were given certificates. Moreover, some of them were sent to attend training sessions outside the Home. The child caregivers/housefathers/housemothers also took study-visit trips.

In Home 4, the personnel taking care of the children/childcare givers/housefathers/housemothers play a vital role in child development. They are required to have knowledge, skills and experiences on child care. The quality of personnel affects the achievements and failures of the Home. The researcher found that the Home’s personnel could be divided into two groups:

- Those who have been working for a long time (more than ten years): This group of child caregivers/housefathers/housemothers aged more than forty, were a highly experienced group, whose education ranged between Grades 9 and 12. They were used to the old method of implementation and lacked
knowledge and skills to deal with new developments in the field. They attended a number of training programmes.

- Those who have been working for less than five years: This group of child caregivers/housefathers/housemothers belonged to the new generation was moderately educated, enthusiastic about their work and more open to new knowledge. However, though some of them had a bachelor’s degree, they lacked skills and work experience and hardly attended training courses for additional knowledge and skills.

With regard to the selection of child caregivers/housefathers/housemothers of Home 4 had set up the following criteria:

- Aptitude for child care
- Willingness
- Mental and emotional stability
- Knowledge and ability.

Since the child caregivers/housefathers/housemothers were deemed to be good role models for the children, they needed to be mentally and emotionally balanced. Thus, Home 4 did an assessment of all the caregivers’ mental condition. While some of them had been working there for a long time, some of them were transferred from other duties. These duty changes limited the selection. Most of them worked as permanent employees and government employees. The Home employed two additional persons temporarily by using two sources of the budget - the Home’s budget and Maharaj Home for Children and Youth Foundation’s financial support.

2.2 **Proportion of the Personnel Taking Care of the Children/Childcare Givers/Housefathers/Housemothers**

The standard of personnel prescribes a proportion of the personnel taking care of the children (child care givers/housefathers/housemothers) for all Homes as follows:

2.2.1 **Big Children (6 years and above)**

Child care staff: 20-25 Children

Home 1 provides nineteen houses for the children. There were 25-30 children aged between five and eighteen or older living in a house based on its size. The older ones were assigned to look after the younger ones in their daily routine. This kind of assist-
ance created a good sibling relationship. The head of the social work section provided a social worker, a psychologist to counsel the children. Each house had a housemother.

Home 2 provides five houses for the children. Its committee decided the child-staff ratio (housemothers/housefathers) living in each house. There were two housemothers/housefathers living with the children in each house. On an average, one housemother or housefather looked after sixteen children. In addition, there were approximately forty-six children studying in educational institutions in other provinces. They return to stay in the Home during the vacation. An educational officer from the social work section was assigned by the Home’s superintendent to look after this group of children, coordinate with their teachers at the educational institutions where they studied, and facilitate other matters.

Home 3 provides five houses for the children. Two housemothers/housefathers looked after the children in each house. On an average, one housemother or housefather looked after fifteen–nineteen children. The personnel who were experienced in childcare could look after the number of children specified.

Home 4 provides fifteen houses for the children. Each house in this Home could accommodate not more than thirty children, who were looked after by one housemother or housefather. The number of children living in each house was not too large.

2.3 Requirements of Personnel taking Care of the Children/Child Caregivers/Staff

The standard of personnel prescribes the following requirements for those taking care of the children (child caregivers/housefathers/housemothers) in all the Homes:

2.3.1 Knowledge of and skills in child development or childcare experience

2.3.2 Performing a mental health assessment (especially for new personnel)

2.3.3 Undergoing an annual EQ assessment

2.3.4 Not exhibiting inappropriate behaviour, such as smoking cigarettes, taking alcohol, drugs and/or other illegal substances and venting anger or frustration on a child

2.3.5 Undergoing an assessment on morality.

Home 1 specified the requirements of the personnel taking care of the children/child caregivers/staff who work in the position of a housemother/housefather. Most of
the housemothers were highly experienced in working with children. A committee appointed to assess the housemothers’ morality/ethics revealed that they were affectionate, patient and dedicated to looking after the children. They had no vices. Home 1 promoted the housemothers and children to conduct activities such as Project on Dharma training for mothers and children and putting food offerings into a Buddhist monk’s bowl on the first and last Fridays of each month.

Home 2: The staff, who had been working for a long time, acquired excellent work experience. The child caregivers/housemothers/housefathers had skills in child development and their EQ, morality and ethics were assessed annually. The personnel taking care of the children exchanged ideas and learnt from others during the meetings organized by the social work section. The mental health of new members of the staff was assessed before they started work. Home 2 was unable to control some of the housemothers or housefathers’ behaviour and improper expressions because it was difficult to improve such behaviour which was deep rooted in some individuals.

Home 3 conducted an EQ assessment to measure the personnel’s emotional intelligence so that the results could be used in their records later on.

Home 4: The personnel taking care of the children (child caregivers/ housemothers/ housefathers could be divided into two groups:

i. A group of those who have been working for a long period of time: This group though highly experienced in working with child development, was bored. They knew everything, but were erratic and moody in their application of this experience. This group was called “pious people”.

ii. A group of those who have been working for a short period of time: This group had good knowledge with limited work experience. They were enthusiastic.

The mental health of all the staff taking care of the children was assessed. Most of the staff had positive morality and ethics. However, some of them drank alcohol and smoked, but they did not do so in front of the children.

2.4 **Personnel’s Salary, Wages and Welfare**

The standard of personnel prescribes a personnel’s salary, wages and welfare as follows:

2.4.1 Having a salary in compliance with education qualifications

2.4.2 Assessing performance and promotion according to official regulations
2.4.3 Building moral support among the personnel

2.4.4 Providing necessary welfare measures such as accommodation, medical care cost and educational expenses.

With regard to a personnel’s salary, wages and welfare, Home 1 adjusted the salary for employees who received a salary from the off-budget source and the Foundation according to the government’s salary adjustment. Home 1 also asked a committee of the Rajvithi Home Foundation to approve an amount of 1,000 baht per month (paid by the foundation) to be given to the Home’s housemothers, caregivers and employees for their living expenses. In addition, Home 1 adjusted the salary rate for four teachers and housemothers to the bachelor’s degree rate. Home 1 also adjusted the salary rate for those temporary employees who had been working for ten years and who received a salary less than 7,000 baht to get the minimum salary of 7,000 baht in order to boost their work morale. Home 1 provided all the staff an annual bonus according to the duration of their work. Home 4 provided accommodation for all the staff who wanted to stay inside the institution. All members of the staff who worked after office hours (such as The National Children’s Day, Project on Online Library, etc.,) were paid overtime. Home 1 had a performance evaluation system for the staff by a committee consisting of members appointed by the four sections. This committee was responsible for conducting a staff performance evaluation to promote a higher salary rate for them by taking the staff performance report/performance commitment into consideration. This Home has a public library, an online library, a football field, a tennis court, a basketball court available for the staff and children.

Home 2 has ten government officers, twenty-eight permanent employees, six temporary employees and six government employees. Home 2 applied governmental regulations to evaluate all the staff members’ performance for receiving higher salary, wages and supplementary pay. It provided welfare measures such as accommodation, medical reimbursements and living costs for its staff. Moreover, Home 2 also built a good relationship between the superintendent and the staff, between the staff and the children by giving them birthday gifts and organizing birthday parties for them.

Home 3 had no annual salary promotion system for the personnel on contract. It offered free accommodation for all its’ staff. However, the Home should renovate and improve existing accommodation facilities.

Home 4 has five government officers, twenty-four permanent employees and ten temporary employees. The government officers received salary according to their positions. Some permanent employees received wages according to their educational quali-
fications and some received wages lower than their educational qualifications, but not less than the minimum wage rate.

The assessment on performance was carried out with transparency and fairness by Home 4:

- A committee was appointed to evaluate the staff members’ performance according to official regulations.
- Regarding promotion, the committee based its consideration on regulations by the Office of Civil Service Commission
- With regard to necessary welfare provision, the Home’s staff were offered:
  i) Accommodation for those who do not have their own.
  ii) Medical reimbursement for the staff members, their spouse, parents and children.
  iii) Educational expenses for the staff members’ children
  iv) Loan with no interest for the staff.

Temporary employees were offered social security. In addition, the Home provided the staff on duty such as caregivers, housefathers and housemothers and drivers all meals.

2.5 Preparation of the Personnel

With regard to preparation of the personnel for readiness, the standard of personnel prescribes:

2.5.1 Orientation for new staff

2.5.2 Probation and assessment before beginning actual/specialized duties.

Home 1 had a personnel recruitment system and conducted an orientation for all new staff. They were required to have a probation for two months and their performance assessed before starting their actual work.

Home 2 requires the new staff to have probation for not less than three months. A committee was appointed to perform a performance evaluation of the new staff. After the new employees passed the probation period, they were given an orientation about their roles and duties. The training on childcare was conducted by the Head of the General Administration Section, who also assigned them their responsibilities. This Home used a mentoring system to teach the staff to take care of the children under co-
supervision of the Social Work Section, Planning and Projects Section, and General Administration Section.

Home 3 conducted an orientation for the new staff members with regard to their duties and responsibilities. They were given an opportunity to learn a new job alongside general work for four months and are evaluated before starting work.

In this regard, Home 4 prepared the new staff thus

i) *Selection of staff:* Home 4 has a Committee for personnel selection.

ii) *Orientation of staff:* Since most of the staff joins the Home one by one, an orientation is conducted for each individual by the Head of the Section.

iii) *Probation:* Home 4 has appointed a committee for evaluating the new staff’s performance. The physical and mental conditions of the new staff are also assessed.

### 2.6 Development Potential of the Personnel

The standard of personnel prescribed

2.6.1 An annual personnel development plan, at least one programme per person per year

2.6.2 Training to increase knowledge, skills or other types of personnel development such as a study visit, a conference and a seminar.

Home 1 realized the importance of personnel development to tap their potential and organized training projects such as teachers training, child caregiver’s skills and development. Home 1 allowed the staff to attend training programmes with external agencies. For example, cooks attended training on nutrition and housemothers/caregivers attended training on first aid. All government officers took a study visit outside the institution once a year. They were given the opportunity to acquire knowledge to provide the children services effectively.

Home 2 made a plan to promote its personnel’s self-development through training, seminars and study visits. For instance, Home 2 offered its staff the opportunity to undertake a study visit to Prachubkirikhan Province to see the way of life according to the King’s philosophy of sufficiency economy, to participate in environmental conservation by growing a mangrove forest, and to study the local people’s living conditions. Then the staff reviewed their performances to find out how to improve their practice.

Home 3 organized annual training programmes in order to give them the opportunity of undertaking a study visit to both public and private sectors and to apply such
knowledge to working with children and their agency. However, some of the staff were unable to attend training because they had some activities and the Home had no clear personnel development plan.

Home 4 made a personnel development plan as follows:

- Surveying the staff members’ needs with regard to training or development
- Checking data regarding the staff’s needs of self-development
- Conducting staff development programmes
- Evaluating staff performance and to use this data to improve their performance in keeping with the children’s needs.
- Home 4 allowed the staff to attend the following programmes:
  i) Knowledge development
  ii) Potential development
  iii) Management System Usage Training within Pathumthani
  iv) Government officers training according to the 2003 Child Protection Act
  v) Potential development training conducted for caregivers
  vi) Training on Public Management Development at Nong Nooch Tropical Botanical Garden.

With regard to a study visit, Home 4’s government officers and staff visited four public agencies (Songkhla Home for Children, Songkhla Shelter for Children and Family, Satun Shelter for Children and Family and Prachubkirikhan Social Development Centre, 28th Unit) under the Department of Social Development and Welfare to learn about the different aspects of an implementation process and to apply lessons learned to their activity arrangement.

2.7 Building a Good Relationship between Personnel and Head

According to the Standard of Personnel, building a good relationship between personnel and head can be achieved by

2.7.1 Holding a staff meeting at least once a month
2.7.2 Providing an opportunity for the staff to get involved or exchange their points of view
2.7.3 Having an activity for building a good relationship between the agency’s personnel at least once a year.

The researcher discovered that in Home 1, there is informal communication between the superintendent and subordinates, colleagues, dependent children and visitors during an activity planning session for different events such as New Year, Teachers’ Day and sports. Activities on occasions such as a school vacation, National Children’s Day and Loy Krathong Festival created a good relationship between the teachers and children. Home 1 conducted meetings for the section and sub-section heads in order to follow-up and exchange ideas. Orientation and post training sessions were conducted for the children according to their education levels.

Home 2 implemented plans and projects to build a good relationship between the personnel and the head. A staff meeting is held once a month and the members of the staff are encouraged to share ideas. A gift is given to a staff member on his/her birthday at the meeting. In addition, each section holds a meeting to discuss work, problems and solutions. Home 2 also organized a petanque competition for building a good relationship among the agency’s personnel. The superintendent enjoyed this kind of sport and rewarded the athletes.

Home 3: The members of the staff sdff given an opportunity to express their views at the monthly meeting, to have a New Year celebration, to be provided gifts, and to join relationship activities. However, this Home should hold a forum such as a coffee council to exchange and to learn work skills together.

As for Home 4, the researcher observed that all the members of the staff had positive relationships and cooperated with each other. Most of them relied on verbal communication because they were a small number and met regularly. Regarding communication with the superintendent, all the members of the staff were given an opportunity to have discussions with her. The superintendent was also pleased to hear suggestions on the Home’s operation from the staff regularly.

2.8 Building a Good Relationship for Working with the Children

According to the Standard of Personnel, all Homes are required to build a good relationship for working with the children along these lines:

2.8.1 Having an activity to build a good relationship between the children and staff at least once a year, such as a walk rally, camping, etc.

2.8.2 Providing an opportunity for the children to get involved or to give comments regarding activity arrangement/issuces.
The researcher found that Home 1 conducted many kinds of activities and projects to develop the children’s potential including education, vocational training, life skills, and health awareness. The staff and children organized activities on important days such as Songkarn Day, New Year, Mother’s Day, and Longkratong Day. They also organized Happy Family Camp, Rural Development Volunteer Camp, and so on. These activities created a good relationship between the staff and the children. The children behaved properly, became self-confident and learnt to live together in the extended community happily. Home 1 gave the private sector and the people’s sector opportunities to take part in social welfare provision by imparting education and vocational training to the children so that they could be self-reliant.

Home 2 conducted projects for building a good relationship between the children and staff:

- Project on congenial family at Suankaew Palace, Suphanburi
- A birthday party for children every three months
- Sports competition between the personnel and children on the sports field inside the Home
- Project on volunteers cleaning various temples
- Project on cooperation between the staff and children in preparing food boxes during disasters.

Home 3 gave the children an opportunity to have discussions with the staff. It conducted activities according to the standard of care. It was a project called Warmth Day Relationships. Unfortunately, not many members of the staff were involved. However, the home might arrange for a separate counselling room and conduct a yearly meeting to offer the children an opportunity to exchange ideas.

With regard to the relationship between the staff and the children or the superintendent and the children in Home 4, they mainly used verbal communication. In the past, there were no communication problems. A comment box was available for those who wanted to remain anonymous. Apart from the above mentioned ways of communication, a circular notice was also used. The researcher observed that all the staff, the superintendent, the children and visitors could communicate with each other.

### 2.9 Effectiveness and Quality of Work in each Home

In this regard, all Homes are required to:
2.9.1 Set up plans or projects to achieve the purposes and goals completely

2.9.2 Implement plans, projects or activities as established

2.9.3 Follow-up plans, projects or activities

2.9.4 Improve results from follow-up and assessments or developing the operation/services.

The researcher discovered that Home 1 made a strategy plan, a four-year action plan, and a performance commitment to be used as implementation guidelines. Home 1 conducted different kinds of activities/projects according to the mentioned plans and evaluated those activities and projects. It also conducted a survey on the clients’ satisfaction and used the survey outcomes to improve the quality of operation for responding to clients’ needs. It made an internal control plan for risk reduction and set up measures for saving energy. In addition, Home 1 improved the work processes to provide services to the clients as specified in its schedule, such as improvement of the admission process, a case referral process, process to provide cash assistance to needy families, donation process and so on.

With regard to Home 2’s follow-up plans, projects and activities, the Home did not use the evaluation results for plan making.

Home 3 conducted the projects and activities that were assigned by the Department of Social Development and Welfare. However, the Home should make plans, projects, and activities to become visible, and to have an implementation schedule and a systematic evaluation process. The results of evaluation and follow-up are used in improving and developing operation and services.

Home 4’s staff made the following action plans assigned by the superintendent:

• Implementing plans of four sections

• Action plans according to the strategy

• Child development plans.

The staff operated in accordance with the plans. Follow-up and evaluation of implementation were done by considering the report of performance and the report of the internal evaluation committee. As a result of follow-up and evaluation, each section improved and developed the operation to reach the achievement goals as indicated in the set plans.

*Conformity to the Standard of Personnel and Activities.* The researcher found that the Homes had additional activities but also certain gaps.
Home 1

With regard to the Standard of Personnel, the researcher found that due to the low salary and the hard work involved for the position of a housemother, few qualified persons applied for the post. Home 1 should consider increasing the salary and providing welfare measures apart from recognizing the staff’s basic rights and giving promotion to the staff as motivation to work. However, the Home conducted training courses every year to provide all housemothers knowledge and skills in the fields of psychology, child development and child caring techniques. The Home had a limited number of houses available for the girls; therefore, a number of girls living in the same house were over the specified standard. In addition, Home 1 reinforced the children’s good characteristics by encouraging the older girls who could be good role models to get involved in looking after younger girls and take care of the houses. The Home praised the girls who were devoted, well-behaved, talented, and who could bring good reputation to the Home. The Home encouraged the housemothers to give comments and develop project activities in each house creatively. The Home also gave them an opportunity to go on study visits to other agencies such as the Bangkae Home for the Elderly, the Home for Disabled Babies (Bann Fuengfah), and the Home for Mentally Handicapped Children or Ban Rajawadee. The Home encouraged the staff to attend a training programme for developing their work skills. The staff received an annual bonus of one-month’s salary.

Home 2

Home 2 met the Standard of Personnel. The Home had supplementary activities such as organizing performance report folders for the staff, conducting the personnel development project supported by the foundation apart from the project conducted by the central office, conducting unofficial meetings through projects such as a Tuesday Morning Talk Project in order to let the staff relax and express their points of view.

Home 3

Only a small number of caregivers had a bachelor’s degree. Therefore, the Home conducted training programmes for its staff to give them a better understanding about child care and to help them become more competent in looking after the children. Most of the staff maintained that since the standards of care were reviewed at the annual meeting, the committee might review caregivers’ credentials to ensure that they hold a bachelor’s degree in child development/early childhood as specified in the standard of personnel. To address the shortage of personnel and to give current employees moral support, the Home asked for allotment of additional posts so that temporary employees could be given a permanent position. Moreover, to give the staff moral support, the Home initi-
ated a monthly award offered to a member of the staff who had shown exemplary performance. The Home renovated the staff’s housing, sent them for training programmes according to their individual potential, encouraged them to work together and to replace each other when necessary. The Home also conducted a coffeehouse forum. The budget for this activity was subsidized by the management. The Home arranged for a separate room for counselling.

**Home 4**

Even though Home 4 met the Standard of Personnel, some issues had to be addressed. The members of the staff who were working there belonged to the old generation of personnel. Originally, there was no educational qualification requirement. Home 4 lacked staff since there was no financial support from the government for additional staff. The number of staff reduced every year due to retirement, while the number of children residing in each house continued to increase. The Home was unable to choose caregivers with the specified qualifications. The Home had no opportunity to set apart an annual bonus for the staff. There was little or no provision of welfare schemes such as scholarships and recreational time for the staff. All training programmes for personnel development could not be conducted within the fiscal year. The Home conducted two training programmes per year. To address the problem of personnel shortage, the Home had sought help from volunteers. In an interview conducted by the researcher, a member of the staff commented that the right person should be placed in the right job according to the standard of personnel. Also, in the staff member’s opinion, a caregiver receives a very low salary because this position is not given priority. A caregiver should be a qualified person who receives a high salary because a caregiver stays with the children 24x7.

3. **The Standard of Environment**

The Standard of Environment consists of the following components:

3.1 **Buildings**

With regard to buildings, all Homes are required to have the following:

3.1.1 The dormitory of the children must have a safe and proper entrance and exit.

3.1.2 A separate room or area for receiving children.

3.1.3 A counselling room for children.

3.1.4 The children’s buildings must have age-appropriate space per child.

3.1.5 A building or at least one room with health facilities.
3.1.6 A quarantine area for sick children to prevent transmission of infectious diseases.

3.1.7 A multipurpose area for children’s activities

3.1.8 A large dining hall and kitchen managed in accordance with the sanitation criteria issued by the Health Department, the Ministry of Public Health

3.1.9 Bathrooms and toilets in proportion to the number of children

3.1.10 Cleaning of bathrooms and toilets every day

3.1.11 A housefather/housemother supervising small children having a bath.

The researcher found that Home 1 was a very old institution. The architecture of the office building and the children’s houses was old fashioned. Currently, Home 1 also housed some agencies under the Ministry of Social Development and Human Security. There was a football field in front of the Home’s office. There were nineteen houses with two exits for the children. There are 25-30 children living in each house consisting of two bedrooms on the second floor and a housemother’s room, three to four bathrooms, and a kitchen on the ground floor. There was a lawn for the children to relax and conduct activities. The housemothers looked after small children with regard to their cleanliness and assigned the older children to look after the small children’s clothes. There was a health room and a separate room for children who contracted contagious disease. There was a dining hall/kitchen large enough for 450 children. Home 1 also had a meeting room, a Toyota public rest-house, a library for the community and a multipurpose area in front of Prachsongkhaw Rajvithi School.

The area of the Home 2’s Administrative Section is separate from the area of service provision. The administrative building is separate from the recreational room, and there is an open space in front of the O-Top building. The above mentioned areas are adequate and suitable for service provision. Home 2 had a different area/building for each type of service - nursing, counselling, reception, social work, Western music-Thai music, computers, a performance stage, a learning centre, the children’s residence and a barber’s room. There were special rooms for receiving children for the first time and isolated rooms to quarantine sick children. A nurse was in charge of looking after these children. Home 2 had multipurpose areas such as a football field, a basketball court, a futsal field, a petanque field, a playground, an area for activities and equipment such as tables, chairs for arranging activities for children. Moreover, Home 2 had a computer and a stereo electroacoustic set that could be used for outdoor activities. Home 2 had a preventive maintenance system.
All buildings of Home 3 have an entrance and an exit. Home 3 allotted a separate room for receiving children and a counselling room. Each house was big enough for the number of children living there. A nursing room was available to give first-aid to children and treat them for minor ailments such as a stomachache, fever or headache. Home 3 had a separate room to quarantine children with infectious diseases. All activities were conducted for the children in a multipurpose area. Home 2’s dining hall/ kitchen was big enough for cooking, and Home 2 manages its facilities in compliance with the Health Department’s sanitation standard. Each house had enough bathrooms and toilets for children in keeping with the specified standards. The children took turns to clean the bathrooms and toilets, and thus there is no smell/grime. The small children were supervised by the housefather/housemother when they had a bath.

As for Home 4, there were nine big houses available for all the children. Each house had two exits; therefore, it is convenient to evacuate children quickly during emergencies. It had two floors accommodating not more than thirty children. A house had four bedrooms for the children on the second floor, a room for the housefather/housemother and a multipurpose room for doing homework and watching television on the ground floor. Youth who could look after themselves lived in a separate house. Each house’s bathroom and toilet were separate and located at the back of the house. There were seven bathrooms and five toilets all well maintained and clean. The housemother or housefather supervised the small children’s bath before the big children’s bath. A health building consisted of two floors - a room for a nursing officer, a medical store, and a first aid room on the ground floor, and two rooms for sick children and for children who had contagious diseases. Home 4 had a multipurpose area - an outdoor stage in front of the canteen building. A dining area in the canteen building was also used for children’s meetings, recreational activities for the children, important religious activities and various festivals. Home 4 had a large dining hall, where the cooking area was separated from the dining area and there was a room for storing ingredients, dry food-stuff and kitchen appliances. Jitsabai House is used for receiving children.

3.2 Facilities

All Homes must have the following facilities:

3.2.1 Fans and ventilation systems in the dormitory
3.2.2 A vehicle for taking care of sick children
3.2.3 A separate closet and a shelf for each child
3.2.4 Keys for the cabinets to be given to the children. The housefather/housemother can open them to check for weapons or drugs
3.2.5 Enough clean bedding for each child

3.2.6 Enough containers made from innoxious, stable materials that are easy to clean.

3.2.7 Age appropriate tables and chairs

3.2.8 Room cleaning equipment (out of children’s reach).

3.2.9 Standard water filter equipment.

The researcher discovered that all the Homes had a suitable environment and enough facilities to enhance learning opportunities. All the Homes were equipped with ceiling and wall fans and are well ventilated. In Home 1, each house had eight to ten ceiling fans and wall fans. In Home 2 each house had twenty-five fans - twelve fans for the second floor and thirteen fans for the ground floor. All the houses in Home 3 had enough fans and they were well ventilated and equipped. There were four fans in the multipurpose room, two fans in the bedrooms and on the whole, the number of fans was sufficient for the children.

There was enough bedding, clothing, consumer products and materials for activities appropriate to the children’s age in all the Homes. These included clean mattresses, pillows, blankets, clothing, home and kitchen supplies and educational material. The housemother/housefather checked the condition of these items every month. In case any item had decayed or the product has lapsed or clothing is torn, the housemother or housefather reports to the Social Work Section and the Administrative Section so that such an item could be replaced. All the Homes provided a closet and a shelf in good condition for each child to keep his personal belongings and lock it. The Head of the Social Work Section and the staff concerned could check the closets for weapons or drugs. In Home 4, the researcher observed that there were enough beds available for all the children except small children who sleepwalked and/or wet the bed.

All the Homes had standard water filters for the children to drink clean water. A team of the Administrative Section staff keeps checking the condition of water filters. The housemother or housefather of each house was in charge of looking after water filter equipment, cleaning and changing the filter every six months.

All the Homes used containers that are made from innoxious, stable and easy-to-clean materials. Home 1 used melamine containers, while children in Home 4 used their own cutlery. The containers here were stored neatly according to their category. Tables and chairs for the children were age-appropriate and safe. After cleaning the children’s rooms, the cleaning equipment was stored properly.
Every home had a vehicle ready to transport a sick child to a nearby hospital. They also had sufficient transport facilities. Home 1 had one truck, one bus, two vans and two pick-ups. A truck and a bus were used for dropping and picking up the primary students studying at Sukhothai School. Home 1 hired six vans to drop and pick up students studying at Teawaratkunchon School and Samananumborihan Temple School. A teacher was present in each van.

Home 2 had ten vehicles. A list of telephone numbers of the Head of each Section, a staff on duty, a driver on duty was available at all the residence buildings in Home 2. The Head of the Administrative Section, in charge of supervising this activity, could be contacted twenty-four hours. The working group in Home 2 conducted a security check. The Home had established an agreement among the staff and the children with regard to the maintenance of the government’s property to avoid damage.

3.3 Safety System

The standard of environment prescribes the following safety system requirements for all Homes:

3.3.1 A searching system to check for hazardous items such as matchsticks, weapons or anything that can be used as weapons, before the children go to their dormitories

3.3.2 A warning system in every institution according to the 2003 Child Protection Act

3.3.3 Fire equipment in all buildings and a regular check-up to ensure that the equipment is in working condition

3.3.4 Availability of 24 hour Security Guards and maintenance of records of entry and exit, and important occurrences

3.3.5 An annual system check of equipment such as electricity equipment, fire extinguishers, and water filters

3.3.6 An annual emergency drill and training for the children

3.3.7 Setting mosquito and insect prevention measures inside the buildings

3.3.8 A regular check-up of the emergency safety cut system so that the system functions properly.

The researcher observed that all the Homes had a safety system in place, such as a warning system, fire equipment and the emergency safety cut system available in all the houses and other buildings. In addition, the superintendent assigned of-
ficers to be on duty and keep records of people going in and out of the Home and important occurrences. All the Homes checked their electrical equipment, fire extinguishers, water filters and the emergency safety cut system annually and ensured that they were in working condition. Mosquito-spraying was done regularly. All the Homes conducted emergency drills to prepare the children to reach safety in times of fire or any disaster.

The housemother/housefather check for hazardous items such as matchsticks, weapons or anything that can be used as weapons before the children go into their houses. The housemother or housefather also inspected the children’s behaviour rigorously.

All the Homes kept records of people going in and out of the Home and important occurrences under the supervision of the Head of Administrative Section and the Head of Social Work Section.

Additionally, Home 1 conducted a training project on fire prevention and emergency response drill to help the children. It appointed a committee on prevention of epidemics, hemorrhagic fever, and a committee on Aedes aegypti larva survey.

Home 2’s staff participated in safety planning. Projects and activities were conducted according to the safety plan, following which there was a follow-up to improve their implementation. Home 2 employed security guards who worked round the clock. A child needed to get permission from the housemother or housefather before going out of the Home, write down the time when he went out and when he returned.

Home 4 has a warning system available and a staff member was put in charge and given the details to follow in an emergency. The superintendent assigned a staff member to be on duty during the day and two staff members to be on duty during the night to keep records of in-out traffic and important occurrences every day. All houses had a mosquito wire screen to keep out mosquitoes and insects. The emergency safety cut system was available in all the houses.

3.4 Environment

The standard of environment prescribes the following requirements for all Homes:

3.4.1 Sufficient and safe lighting system inside and outside
3.4.2 Green areas
3.4.3 A sewerage system before the waste is allowed to flow into the public sewerage system
3.4.4 A drainage system inside the institution to prevent flooding
3.4.5 A grease trap constructed according to the regulations of the Sanitation Division, the Ministry of Public Health.

The researcher observed that all the Homes had proper electricity and lighting systems both inside and outside the buildings. Home 1 had an electric control panel, while Home 2 had a control system of outside lights, which were turned on and off on schedule. The housemothers or housefathers supervised electric power consumption. Home 4 used 20 watt fluorescent lamps inside the institution and 40 watt fluorescent lamps along the road outside the buildings.

The researcher also observed that the football field and lawn in front of each house in Home 1 were well maintained. The children and housemothers were encouraged to plant home-grown vegetables inside the institution to prevent flooding. Home 3 had a green lawn and a number of trees inside the institution. Home 4 was built a long time ago and therefore there were a number of trees providing shade. This Home had considerable area under agriculture.

With the exception of Home 3, all the Homes had grease traps in the kitchen hall and a sewerage system before the waste flowed into the public sewerage system. Home 1 produced effective microorganisms to solve grease problems in the sewer pipes. In Home 2 the sanitary sewer was dredged up to prevent flooding. The kitchen’s sink for washing dishes has a sieve to percolate food scraps before flowing to the grease trap. Home 2 also had a water pump for pumping drainage flood. All this helps in environment preservation.

Home 4 had a wastewater treatment machine to treat the waste before it flowed into the public sewer. All waterspouts around the home were connected. There was a big pond to prevent flooding.

3.5 Landscape

The standard of environment prescribes the following requirements for the landscape of all Homes:

3.5.1 The landscape inside the institution is nice, pleasant, and safe
3.5.2 A map of building locations is available in front of the institution
3.5.3 Clear direction signals at intervals
3.5.4 All buildings have name signs
3.5.5 Warning signs for vehicles are available
3.5.6 Warning signs for dangerous areas are in place
3.5.7 A footpath and a cover way linking the buildings are available.
The researcher observed that the landscape in all the Homes was nice and green because of the lawn and flower gardens, big trees and garden houses. Home 1 had impressive architecture and garden houses around the Home for the children’s visitors, but it did not have a cover way.

In Home 2, the superintendent assigned responsible persons to maintain its nice areas, such as a small park, a dhamma park, a football field, and a playground in front of the cooking building. Home 2 also had a footpath and a cover way linking buildings. Home 4 had beautiful flower gardens and perennial plants.

The researcher observed that a map of building locations, clear direction signals, buildings’ names, warning signs and dangerous areas were put up in proper places in all the Homes. Moreover, there were warning signs, speed limit signs and danger area warning signs for the drivers, in all the Homes, and especially in front of the children’s houses and the big pond where children played in Home 4. However, the researcher observed that the warning signs for vehicles were few and there was no footpath or a cover way linking the buildings in Home 3.

*Conformity to the Standard of Environment and Activities.* The researcher found the following additional activities in the Homes and also some gaps.

**Home 1**

The researcher found that though Home 1 met the standard, its area was divided into the office of the Ministry of Social Development and Human Security. As a result, the space for conducting the activities was reduced. Home 1 did not have separate bathrooms for older and younger girls. The houses in Home 1 were built more than forty-five years ago. The Home did not have a sufficient budget for renovation. Unfortunately, this Home did not have a sewerage system to the cesspool before releasing the waste to the public sewer system. The Home did not have a proper grease trap according to the principle of the Sanitation Division, The Ministry of Public Health. There was no cover way connecting between the buildings because the old building’s construction could not support the cover way building. There were a large number of agencies under the Ministry located in Home 1. There was no specific and sufficient parking area for a large number of cars coming in and out. It was dangerous for the small children residing in this Home.

Apart from the facilities available in the Home, it also built a network for social welfare provision for the girls. The Home encouraged the girls and the housemothers to plant home grown vegetables in the area available in all the houses and to use organic fertilizer produced in the Home.
Home 2

Home 2 met the standard of environment. In addition, the Home made environmental implementation plans (a tools maintenance plan and a security plan). The Home ensured cooperation among the staff, jointly set the criteria and measures for implementation according to plan and built a good understanding among the children.

Home 3

Home 3 also met the standard of environment. However, the Home proposed a budget for a new building and for expanding and repairing existing facilities. The Home also requested a subsidy from the private sector. The superintendent assigned a responsible person to contact the district office to build a sewerage system for the Home. The Home expedited a request for a budget to build cover ways every year because no cover way was available.

Home 4

Home 4 also met the standard of environment. However, there were some flaws. For example, construction materials used for some parts of buildings were hazardous. Owing to the large number of young children, the staff could not take responsibility for cleaning the Home. As the institution was old, the Dining Hall was not in compliance with the principle of sanitation under the Department of Health, the Ministry of Public Health; equipment had deteriorated. It was hard to implement safety measures in such a large area (180 rai). The staff lacked skills in using safety tools like a fire extinguisher. Because the Home was located in a lowland area, flooding occurred during the rainy season. There was no cover way connecting the buildings because the buildings were too far apart.

4. The Standard of Services and Activities for Children

The Standard of Services and Activities for Children consists of the following components:

4.1 Health Services

In this regard, all the Homes need to

4.1.1 Conduct health examination at least once a year
4.1.2 Maintain individual health profiles
4.1.3 Keep record of every child’s weight and height
4.1.4 A nurse or child nursing trained staff to take care of sick children, children with congenital disease or take them to hospital

4.1.5 Dental health check-up by a dentist at least once a year.

Home 1’s trained nurse was in charge of giving newly placed children a general health examination including height and weight measurement as well as immunization. Primary health care services were available inside the Home. In case a child was severely ill, the child was sent to a local hospital - Ramathibodi Hospital, Children’s Hospital or Phramongkutklao Hospital. A child who suspected to have mental or psychological problems may be referred to the Child Mental Health Centre nearby. Children were given an annual dental and medical check-up by dentists or physicians from outside because there were no dentists and physicians available in the Home. Health education and moral education was imparted to the children by the housemother.

Home 2 managed the healthcare of dependent children, which included disease prevention, remedy, and promotion of physical, mental, emotional social development. Irrespective of their gender, age, nationality and religion all children should receive standardized holistic social welfare services in the area of health in accordance with individual needs and problems. A nurse provided the basic health care, hygiene, and health education and drew up a health care plan for the children once a year, except for children who were below the development criteria. The operation included weighing, measuring height every month; coordinating with the medical doctors, nurses and staff from the Welfare Health Centre in the area to perform vaccination for children according to the regulation of the Ministry of Public Health; arranging a health check-up for children; coordinating with the dentists from the Welfare Health Centre in the area to do a dental examination at least once a year. A weekly health clinic was provided by a doctor. The data of the children’s health check-up and treatment were recorded in the children’s health profile.

Home 3 arranged a health examination for the children regularly along with vaccination, weight and height measurements. A technical nurse and a staff member provided first aid. A dentist checked the children’s oral health every year.

Home 4’s children received a physical examination annually. However, the children received incomplete doses of vaccination. This problem needs to be solved.

Children’s health and sanitary management were as follows:

- When the children were found sick, the houseparents assessed the initial symptom. If the children had a bruise or were cut and the wound was not serious, the houseparents would administer first-aid. If the houseparents felt that there would
be some side effects or the wound was serious, he or she would send the children to the nurse who was on duty.

When the nurse received the sick children from the houseparents, he or she would follow these procedures:

- In case of a non-serious injury, if the nurse could perform first-aid treatment such as bandaging, applying antiseptic medicine, he or she would do it. Then, the nurse would record the child’s symptom in the Children’s Health Profile. If the child was better and did not need any monitoring, the nurse would send the child back to the houseparents. If the child needed monitoring, he/she had to stay in the nursing hall under monitoring until he/she was back to normal. Then, the nurse would send the child back to the houseparents.

- In case of serious injury and the residential nurse could not perform first-aid treatment, the child had to be sent to the hospital immediately. If the child was examined and treated by the medical doctor and the doctor decided to send the child home, the child was sent to the care of the residential nurse or to the care of the houseparents. In case the child was seriously injured and needed to be admitted, the residential nurse would coordinate with the hospital and monitor the child until he/she recovered and take the child back to the welfare home after receiving permission from the medical doctor.

- If the children had an epidemic, the children had to stay in the special unit in the nursing hall separated from other patients and under close monitoring. The nurse recorded all the symptoms, first-aid treatment, and treatment in the children’s health profile. In addition, the residential nurse continued to publicize and demonstrate the health protection and disease prevention measures regularly to prevent children from falling ill or contracting seasonal illnesses such as fever, influenza, diarrhoea, etc. The children were assessed for their physical development, they were weighed and their height was measured at least twice a year. However, the welfare section of the Home could not provide a health check-up for all the children.

4.2 Nutrition Services

In this regard, all Homes are required to provide the following services:

4.2.1 There is a daily menu of three meals set according to the nutritional principles and the menu is not repeated for a week.

4.2.2 Special food is made for sick children and children with congenital disease.
4.2.3 Fresh food and dried food are stored separately and neatly

4.2.4 Containers and dishes are kept in accordance with the principles of food sanitation

4.2.5 Cooks are healthy, have no contagious diseases and have an annual health examination.

Home 1 provided three meals a day for children in compliance with the nutrition principles for all children. Moreover, the Home arranged steps in storing fresh and dried food, cooking and storing kitchenware and eating-ware according to the sanitation principles.

Home 2’s General Administration Section together with the Social Work Section set menus according to nutrition principles and posted the menus on the board in the catering hall. The ingredients were checked and examined to abide by the order of the Home and follow the food standard. Special food was arranged for sick children according to the doctor’s prescription and their preferences. Fresh food was kept in the refrigerator and dried food was kept separately, monitored and checked by the catering staff. The kitchen utensils were stored in a hygienic area. The cooking staff used the hygienic examination tool kit to examine the kitchen utensils in the hospitals and those of the Home. All chefs had an annual physical check-up.

Home 3 provided a daily menu of three meals set for the children according to the nutritional principles and that menu is not repeated the following week. Home 3 also arranged special meals for sick children or children with congenital disease. Fresh food and dried food were kept separately and neatly in the kitchen hall. After all the meals, the kitchen staff kept containers and dishes in their proper places. Home 3’s cooks underwent an annual health examination.

Home 4’s food service was managed by the catering section. Under the supervision of the head chef, the other chefs took care of cooking daily meals and supplementary meals according to the nutritional standards. The daily menus were set in advance and had to be approved by the superintendent of the Home. The head chef had to set different menus and allowed the children to participate in menu setting. For the children who were ill, the menus were set separately. In cooking, storing fresh and dried food, the kitchen staff had to be very careful in maintaining hygiene and food quality. For example, fresh meat had to be washed under tap water before chopping or slicing; food items were stored in the refrigerator; vegetables had to be thoroughly washed, soaked in the water, the rotten ones sorted, and the good ones stored in a hygienic place.
In addition, the chefs had an annual physical examination. If the chef did not feel well, though it was not serious, he or she was asked to work in another section which was not concerned with cooking. While cooking, the chefs had to wear chef hats, gloves and aprons. The helpers who served food to the children had to wear gloves and masks.

4.3 Social Work Services

In this regard, all Homes are required to provide the following services:

4.3.1 Services for a new case
1) In accordance with the admission procedure
2) Having a basic physical examination
3) Examining physical lesions
4) Checking the child’s weapons and assets and making a list of personal assets
5) Taking a child’s photo for making a case profile
6) Placing the new child in a dormitory after three months in a reception room
7) Setting criteria for identifying a new child to shift to a dormitory
8) Giving clothing and personal items to a new child
9) Making a case profile.

Home 1’s multidisciplinary team comprised social workers, psychologists, nurses, teachers, and housemothers. This team participated in arranging services to the children - admission, basic physical examination, assigning children to each house, providing clothing and personal belongings, making individual profile files, finding out the children’s background, planning and implementing an individual rehabilitation programme until the children are returned to their family or community or are sent to another home, and follow-up.

Home 2’s social work section provided social services to take care of the children’s well-being and safety, to protect, prevent, reduce the distress, and to promote and develop the well-being of the newcomers. The admission process of Home 2 was managed according to the official command in the appointment of the multidisciplinary working group consisting of the superintendent and the assistant-superintendent of the Home, the head of the social work section, the head of the education section and psychologists. These personnel took decisions regarding the admission of newcomers according to the admission process of the welfare section of the Home. The social workers or the psychologists together with at least three member of the multidisciplinary team inter-
viewed the children. These staff analyzed and conducted physical, mental and social assessments. They also compiled the children’s profiles from the data received, arranged a complete assisting plan, and coordinated with the children’s family and concerned organizations. They also had to report the case to their superior. This Home emphasized on welfare for all under the principles of equal rights, fairness, participation.

Home 3’s head of the social work section was a psychologist. The social worker, who worked here kept changing because this position was contractual. As a result, case profiles were not complete. A multidisciplinary team provided the child all services right from admission till he reintegrated with his family and community. A member of the multidisciplinary team did a basic physical examination, and made a list of the child’s weapons and assets.

A new child was placed in a reception room for not more than three months before moving to stay with other children. That child was given clothes and personal belongings. In addition, an individual developmental plan was made based on the child screening outcome.

The staff responsible for the social work services in Home 4 comprised a social worker, a psychologist and a multidisciplinary team. In case of new children, the social worker checked the children’s record at the beginning, examined the assets and the material with the children. After that, the social worker sent the children to the nursing staff for a physical check-up and recorded the results in the children’s health profile. All new children were sent to the reception home for adjustment. Three days after the new children were at the reception home, the psychologist assessed the children’s mental health. The children were allowed to stay at the reception home for two weeks. The multidisciplinary team assigned the houses for the children to stay in. For children with mental deficiency, the team arranged treatment.

**Services for an old case**

In this regard, all Homes are required to do the following:

i) Updating a case profile file
ii) Making an individual development plan from the child screening data
iii) Implementing a process for placing children to live with their own families, foster families or adopted families
iv) Fact finding so that the children will not lose opportunities
v) Reintegrating the children into their old families, foster families, or adopted families.
vi) Follow-up of the children discharged from the institutions at least once a year for the next three years.

The researcher found that Home 1’s social workers were ready to provide social work services, update case profiles and make individual development plans based on the child screening data. The social workers implemented a process for placing children to live with their own families, foster families or adopted families. They looked into the children’s profiles to update themselves about their capabilities so that the children do not miss out on opportunities. Unfortunately, the social workers were unable to follow-up all children discharged from the institutions because they change their addresses and telephone numbers.

Home 2 managed social services according to the state responsibility for the vulnerable groups in order to arrange services to protect, prevent and reduce distress and promote the well-being and safety of the children. The services were managed by social workers, psychologists, registration officers, nursing staff and helpers who participated in the assessment of the children’s physical, mental, emotional, social and cognitive development. The following steps were recommended for this:

1. Draw an operational plan
2. Follow the admission process
3. Arrange a case conference
4. Arrange the sending of children back to their real family or to their foster family
5. Follow-up the children who were sent off.

Home 3: As mentioned earlier, a follow-up plan for a child who had his own family was not made. However, the multidisciplinary team made an individual development plan from the screening data. A social worker found facts about the children from the children’s profile and made an effort to place the children with their own families, foster families or adopted families. The social worker was also responsible for follow-up of the children discharged from the institutions at least once a year for the next three years.

When the children were assigned to be put in Home 4, they were under the care of the housefathers or housemothers. A multidisciplinary team was responsible for the following activities:

• Making a plan for helping children and their families by using relevant data from the social worker, the psychologist, the nursing staff and other concerned staff. In the Home, the housefather or housemother was the observer
who kept track of hygienic health, behaviour and development in various areas and reported this information regularly to the social worker, the psychologist, and other concerned staff. Any children who needed to improve their behaviour were mentored by the concerned staff including the social worker, the psychologist, the nursing staff and the educational.

- If the children had behavioral, emotional and adjustment problems, the social worker, the psychologist, or other concerned staff would carry out the adjustment, rehabilitation, and adaptation. If they encountered a case that needed more information from the experts in other fields of study, the case would be placed before the multidisciplinary team.

- In terms of children assistance, Home 4 felt that children should return to their own family as soon as possible. In the case of children with no real family, the Home would match them with the foster family. The social worker and the psychologist would prepare these children before placing them with their real or foster family. The multidisciplinary team had to consider the appropriate time of their return. The concerned personnel kept track and assessed the children who were placed with their real family or with their foster family, for at least a year. The information about the assistance provided for the children was recorded in the children’s profile by the social worker, the psychologist, and the concerned persons.

4.4 Education Services

In this regard, all Homes are required to provide the following services:

4.4.1 School/education institution placement appropriate for the children’s age, and the children needed to complete nine years of compulsory education.

4.4.2 Vocational training for the children according to their interest and potential

4.4.3 A learning centre in the agency such as a learning room, a library, a music room, a computer room, etc.

4.4.4 Special tutoring service by teachers or volunteers to help the children.

Home 1 provided educational services for all children to receive nine-year compulsory education, according to the National Education Act B.E. 2542 (2009) both formal and non-formal education. The teaching and learning at the primary school level
and special classes were conducted at Prachasonkroh Ban Rajvithi School. The children could attend any of the other fifteen schools outside ranging from kindergarten to high school education and above. Home 1 also offered a special class for slow learners. Short-term training courses, such as cooking, flower arrangement, dressmaking, hair dressing or beauty treatment were offered in the Home. Home 1 sent children to attend vocational training courses at the Central Welfare and Vocational Training Centre for Women (VTCW), and arranged a seasonal vocational training course. It provided children learning centres, such as, an online library, a community library, a Thai classical music room, a music room, and cooperated with the Non-Educational and Informal Education Service Centre to establish a community library in Home 1 as a self-learning centre for the children and staff. Home 1 also had a guidance service with teachers and volunteers to arrange activities and tutoring classes for normal children and for those with development delays. Allowance for lunch and transportation was given to those who attend schools, colleges and universities outside the Home.

Home 2 provided educational services for all children to promote their self-development and to gain knowledge as well as skills - kindergarten, primary, secondary, high school and higher education levels in a community and career and vocational training such as printing, tailoring, barbering, and electrical work for older boys. This Home sought a number of scholarships for the children who wanted to study in the field of vocational education and for those who were interested in learning computer programming after school. These services were to instil values to enable the children to lead a quality life. Besides, the Home had a learning resource centre, including a library, a music room, and a computer room. It provided a tutoring service and a school bus service for children. For children with physical, mental, cognitive and social handicaps or less opportunity in education, special education services and management should be promoted to encourage them to undergo vocational training according to their interests and abilities.

Children presented their needs and interests in education and vocational training to the superintendent. The Home collected data on children’s development according to their age group, mental, cognitive, behavioral, family background, and the children’s grade point average. The Home organized a committee to select children who could continue with their studies. This committee consisting of the superintendent, the assistant-superintendent of Home 2, the head of the Social Work Section, the head of the Education Section, psychologists, welfare vocational training teachers assessed the children’s readiness to further their studies. The operation was conducted in cooperation with other educational institutes located in the area or close to the Home and the Educational Institute Network in other provinces. The children were encouraged to read books and are helped with their homework in the evening.
Home 3 provided the children an opportunity to study till the highest level or take up vocational training in keeping with their interests. A member of the staff found suitable educational institutions located near the home from kindergarten, primary schools, secondary schools, vocational training institutions to universities or colleges depending on each child’s potential. In addition to educational opportunities, Home 3 provided a learning centre, a library, a music room and a computer lab for its children. Unfortunately, a small number of volunteers come to help the children with their homework in the evening.

Home 4: On receiving new children, the social worker checked the children’s background and their level of education, if any, and sent the data to the division of educational promotion and vocational training in order to set an educational plan.

The educational planning is to be carried out as follows:

1. Those children who cannot be admitted immediately into the educational institution because of a chronic disease or a lack of readiness for schooling, have to be put in the preparation process, such as a review session for classroom learning, introduction and orientation for classroom learning.

2. If accepted in a school, the educational staff would coordinate with the educational institutes in the vicinity of the Home. Usually the Home receives positive replies.

3. Before sending the children to school, the educational staff organize a preparation session for the children by talking about the school they are going to attend.

4. While the children attend school, the educational staff coordinate and monitor academic activities, note the behaviour of the children at school and collect the data to set the plan for the children’s adjustment. The education staff visit the school to collect data not less than twice per week per school.

5. In case the children have learning problems, the educational staff and the school teachers work together to help the children.

6. Children need to have learning resources such as a library and a musical instrument and music room, etc. At present, the mobile homes have a library and a musical instrument and music room as learning resources for the children.

7. Those children who cannot join the general stream of education are admitted in vocational training programmes depending on their proficiency and needs.
4.5 Activity and Recreation Services

All Homes are required to conduct the following activity and recreation services:

4.5.1 Outdoor activities for the children such as exercise and sports
4.5.2 Independent activities for the children to choose such as music and sports
4.5.3 Life experience supplementary activities or social activities such as camping, Boy Scouts, volunteerism, study visits, etc.
4.5.4 Life skills training for the children such as self-defence and so on.

Home 1 conducted various activities for children to choose from, such as outdoor activities for children to exercise or play, free activities and life experience-enhancement activities, social activities, and life skills training to enhance their development according to their age-group reference criteria. Children were encouraged to participate in all these activities. Their talents found expression through various types of activities, for example, Western music club, Thai music club, classical dance club, chorus club and sports club (basketball, volleyball, tennis, football, athletics). Home 1 gives priority to Thai tradition and culture by arranging Thai traditional activities according to important Thai festivals, for example, Songkran Festival, Visakha Bucha Day, New Year’s Day, Children’s Day and Sports Day. The children were trained on how to live together, camping with other agencies and conducting activities with groups of people outside the Home. Moreover, children were encouraged to serve the public, for example, by conducting activities with the residents in different institutions such as Home for Babies, Home for the Elderly, Home for Disabled Babies. There were study tours that enhance the children’s knowledge, experience and ability to adjust themselves with others.

Home 2 provided activities and recreation for children under patronage according to the scope of social work which specified that recreation for entertainment and relaxation should reflect human dignity, morality, and law abiding behaviour. The activities should not be demanding or oppressive in violation of children’s rights but celebrate the spirit of group participation and be creative to enhance the children’s physical, mental, emotional, social and cognitive development. The social work section had to set activities by using Participatory Action Research (PAR), which gave children opportunities to share their ideas. The children had the opportunity of arranging indoor, outdoor activities such as music and sports; constructive life experience activities such as camping, voluntary activity and study trips; activities to train life skills such as basic cleaning, house-keeping, and healthcare skills, and activities for relaxation.
Home 3 was ready in terms of staff and budget to conduct recreational activities for the children. The staff encouraged the children to participate in recreational activities including outdoor activities such as sports, musical and Thai cultural performances, study visits, camping, Boy Scouts activities, volunteer activities. Home 3 made arrangements for sports that suited each age group and the physical condition of each child. Musical and Thai cultural performances such as fencing and long drum playing were also promoted. Study tours and activities were sometimes organized for children on important days or events. The children were expected to be instilled with ethics and morality; therefore, religious activities related to Buddhism and youth camps were organized on certain occasions and mass ordination ceremonies conducted for novices.

Home 4 conducted the following educational and recreational activities:

1. Sports activities - children have opportunities to play both indoor and outdoor sports regularly, such as football, basketball, and taekwondo on weekends or on holidays

2. Activities according to children’s interests:
   - Music lessons/practice – Mr. Wanchai Saengda, the music teacher
   - Library activities – supervised by Ms. Boonying Dissara.
   - Study-tour – children had the opportunity to visit various places at least once a year.
   - Social activities – children were encouraged to do social service at public places such as temples, hospitals, etc. at least once a month.
   - Activities for mental development – children were led to the temple to listen to the sermon at least once a month.
   - Activities on important Buddhist religious days, for example, Makha Bucha Day, Visaka Bucha Day, Asarnha Bucha Day, Buddhist Lent Day.

   The activities on those days included the ceremony of giving food to the monks and listening to their sermon. The children also had the opportunity to attend a ceremony at the temple as part of a candlelight procession.

   - Activities to celebrate Thai traditional occasions

Home 4 conducted activities to celebrate special Thai occasions such as New Year’s Day, Songkran’s Festival, Loy Krathong Festival, etc.
- Activities to observe the special national celebration on the King’s and the Queen’s Birthdays

The children helped clean the place and paid homage to HM the King and HM the Queen, including other celebration activities.

3. Children and youth from other clubs or organizations could come and play football and basketball in Home 4.

4.6 Child Development /Stimulation Enhancement Services

In this regard, all Homes are required to conduct the following activities:

4.6.1 A screening system and guidelines on behavioral and developmental problems
4.6.2 An individual development plan
4.6.3 Age-appropriate child developmental enhancement activities
4.6.4 Age-appropriate safe toys, playthings and sporting equipment to enhance the children’s learning
4.6.5 A pleasant, clean and safe environment
4.6.6 Age-appropriate child developmental or behavioral assessment.

The researcher found that Home 1 had a method of screening, supporting, treating, rehabilitating and stimulating children to enhance their development according to their age-group reference criteria. Besides, Home 1 coordinated with other organizations in monitoring and supervising children in the special group.

Home 2 had a screening system in order to monitor the problems that occurred using the cognitive testing tools to search for the cognitive level of each child and use the assessment for the fundamental development form of the Department of Social Welfare and Development. The screening process was the same as in Grade V, searching for the solution that matched the children’s problems. The welfare home managed the supplementary activities for child development and maintained a hygienic and safe environment.

Home 3 had a screening system based on guidelines for finding behavioral and developmental problems and the staff have the ability to assess the children with the Department of Social Development and Welfare’s IQ Assessment Form and Child Development Assessment form. Home 3 also formulated an individual development plan in order to solve the children’s problems and conducted activities to enhance their development by providing toys and nice surroundings.
Home 4 not only provided support, fostered and nurtured these children with love and care and organizes education according to their capability and proficiency, but also promoted age-appropriate physical, mental, emotional and intellectual stimulation. These children were supported and developed in the areas of virtue and ethics; they learnt to be friendly, to behave appropriately and to be self-reliant. Home 4’s staff monitored the children’s behaviour.

**Conformity to the Standard of Services and Activities.** Though the Homes conducted additional activities, the researcher found gaps in planning and execution with reference to this standard.

**Home 1**

The researcher found that overall Home 1’s performance met the standard of services and activities for children. However, there were some weak points in terms of school admission, the follow-up process of the discharged children, lack of recreational staff, and the children’s behavioral adjustment. Since the Home admitted the children during the school semester, the children were unable to continue their study and some of them had no evidence of civil registration and education. The Home gave priority to the children’s education. Thus, it exercised the following supplementary activities: applying the smart programme in education for five core subjects – mathematics, science, social education, Thai and English-- in order to develop the method of learning efficiently from Grade 4 to Grade 6. The Home built an understanding among the staff concerned about the benefits received from the volunteers conducting the educational activities. There was interdisciplinary cooperation between the Home’s staff and the sanatoriums nearby. The Home also conducted a training course for the cooks on how to prepare nutritious meals. The researcher learned from an interview with a staff member that the Home was unable to follow-up on all cases of discharged youth due to the changes in their contact details.

**Home 2**

Home 2 met this standard on most counts. Supplementary activities were conducted such as a workshop for the staff and working groups to offer them skills and knowledge on provision of child welfare services, disseminating information on services to the staff and working groups regularly, organizing a learning centre in the Home to make children aware of the current situation in society and to understand their interests and skills, which they could pursue and hone to make a livelihood.
Home 3

With regard to health service, the Home met the standard. The Home conducted extra activities such as a training course on nursing for the staff and awarding a certificate to the trained staff members. The Home expanded a building for supplementary use. It set the budget for implementing each task clearly because follow-up and visiting the children who have families could not be done. The Home built more education networks in order to decrease problems about having no educational institutions available for the children. Regarding activities and recreation services, the multidisciplinary team made plans together, set a clear budget for the activities, had discussions and assigned a responsible person to conduct the activities. The members of the staff were trained on how to use the evaluation forms. However, the staff maintained that general education should be available inside the institutions to build a closer relationship with the children. Additionally, the children should be encouraged to attend supplementary vocational training programmes because they can make extra money during their spare time.

Home 4

Home 4 met the standard of services and activities overall. However, there were some aspects of the standard that needed to be strengthened. For example, an annual health and dental examination could not be conducted for all the children. There was no professional nurse or trained nurse to look after sick children or children with a congenital disease or to refer a child to a hospital. Child development and individual child development plans were not made from the result of child screening. The officers lacked an awareness of some process of social work service such as weapon inspection, which impacted the quality of social work services. The psychologist’s service was interrupted with his resignation and therefore, the psychological examination process was not complete. The staff did not give priority to the children’s database. Therefore, the children’s data record was not maintained and social work services provided for the children were impacted.

The researcher observed that tutors, who were all volunteers, were not trained in any specific subject. As a result, the development of many dependent children was delayed. Unfortunately, the Home had no specially trained staff to provide them with assistance. The Home also had to deal with the decreasing number of staff every year due to retirement. Therefore, there were not enough members of the staff to conduct all activities. There was insufficient equipment to be used for child development.
5. **The Standard of Child Development**

The Standard of Child Development consists of the following components:

### 5.1 Child Health

In this regard, all homes’ children are divided into three groups as mentioned below and all homes are required to perform the following activities:

#### 5.1.1 Normal group of children

1) Having weight in accordance with the standard growth curve of children set by the Department of Health, the Ministry of Public Health

2) Having height in accordance with the standard growth curve of children set by the Department of Health, the Ministry of Public Health

3) Having a nutritional status in accordance with the standard growth curve of children set by the Department of Health, the Ministry of Public Health.

#### 5.1.2 Group of children at-risk

1) Implementing an individual development plan

2) Follow-up, assessing the progress of weight/height/nutritional status

#### 5.1.3 Special group of children

1) Implementing an individual development plan

2) Coordinating with external agencies in case the children need special care

3) Follow-up, assessing the progress of weight/height/nutritional status.

The researcher found that Home 1’s nursing staff assessed the children’s health development, including weight, height, and nutritional status, according to the age-group reference criteria of development, capability and special characteristics of children. The nursing staff classified children into three groups: normal, at-risk and special. If the children were classified as part of the at-risk and special groups, the nursing staff would set up an individual development plan for them and conduct a consecutive assessment to record the change in the children’s weight, height and nutritional status. In case the children needed special care and treatment, the home coordinated with other organizations to enhance the children’s development according to their age-group reference criteria of development.
Home 2: As for the normal group of children, the multidisciplinary team consisting of a psychologist and a nursing staff worked together with the housefathers and the housemothers to weigh and measure the children’s height every month. The report revealed that the weight, height, nutritional condition of the children in this group were in line with the standard growth curve of children set by the Department of Health, the Ministry of Public Health.

For the group of children at-risk, Home 2’s nursing staff worked with the housefathers and housemothers to make an individual development plan with guidelines to attend to the children’s problems and follow-up the changes by weighing and measuring their height every three months. The housefathers and housemothers paid special attention to their meals and exercise. The report revealed that there was only one child out of twenty-four in this group who suffered from malnutrition and had health problems. Therefore, the staff made an individual development plan focusing on the child’s meals. A follow-up and an assessment of the progress of the child’s nutritional condition revealed that the child had improved.

As for the special group of children, Home 2’s nursing staff member, the housefathers and the housemother made an individual development plan together. If a child falls sick, a nursing staff will coordinate with Chonprathan Hospital and follow-up the child’s nutritional status every three months. The report revealed that two children had malnutrition and a chronic disease, which could not be treated in the Home. Therefore, the staff made an individual development plan and referred those sick children to Chonprathan Hospital to be treated.

Home 3: With regard to the normal group of children, the report revealed that this group of children’s weight, height and nutritional condition were in line with the standard growth curve of children set by the Department of Health, the Ministry of Public Health.

For the group of children at-risk, a psychologist, a nursing staff member, the housefather and housemother made an individual development plan in line with the children’s health and looked after this group of children with regard to their meals. There was regular follow-up.

For the special group of children, a psychologist, a nursing staff, the housefather and housemother made an individual development plan together. When a child needed special care, he/she was admitted in a hospital nearby. The child’s weight, height and nutritional condition were evaluated periodically.
Home 4: The children received a bi-annual health assessment for weight and height. The data received were recorded and the results were used to classify children into three groups:

i. **The normal group of children**

The children in this group had their weight, height and nutritional status in line with the reference criteria of the Ministry of Health and were monitored continuously.

ii. **The group of children at-risk**

The Home set an individual development plan to rehabilitate the health of the children in this group so that their health would be within the normal range as soon as possible. In addition, the welfare section of the Home conducted a series of follow-up assessments on the changes in their weight, height, and nutritional status in order to get the data necessary for formulating an efficient individual development plan.

iii. **The special group of children**

The Home arranged a rehabilitation programme for the children in the special group and used both internal and external resources. The programme was well-coordinated and produced good results.

### 5.2 Child Development

All homes are required to perform the following activities for the three groups of children:

- **5.2.1 Normal group of children**
  1) Having age-appropriate physical development
  2) Having age-appropriate emotional-psycho-social development
  3) Having age-appropriate intellectual ability

- **5.2.2 Group of children at-risk**
  1) Implementing according to an individual development plan
  2) Follow-up, assessing the progress of physical/emotional-psycho-social, intellectual development changes

- **5.2.3 Special group of children**
  1) Implementing according to an individual development plan
2) Coordinating with external agencies in case the children need special care

3) Follow-up, assessing physical, emotional-psycho-social, intellectual development.

Home 1: The researcher discovered that the Home had various assessments for children’s physical, emotional, mental, social and cognitive development. The children were classified into three groups: normal, at-risk, and special. For the children classified in the at-risk group and special groups, the welfare section of the Home arranged individual development plans and carried out follow-up assessments. In case the children needed special care and treatment, the welfare section coordinated with other organizations to enhance the children’s development according to the age-group reference criteria of development.

Home 2: With regard to the normal group of children, Home 2 has a child screening system to classify the children based on their intellectual level and nutritional status. In addition, the children’s developmental aspects are assessed by the psychological tests and the assessment forms as shown below:

<table>
<thead>
<tr>
<th>TABLE 4.14</th>
<th>The Children’s Developmental Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td>Assessment Form</td>
</tr>
<tr>
<td>1. Physical development according to age</td>
<td>1. The Department of Social Development and Welfare’s Child Development assessment form for the children at different ages</td>
</tr>
</tbody>
</table>
| 2. Emotional, mental, social development | 1. Emotional Intelligence Screening Test for child (6-11 years)  
2. Emotional Intelligence Screening Test for young (12 - 17 years)  
3. Emotional Intelligence Screening Test for adult (18 - 60 years)  
4. Strengths and Difficulties Questionnaire(SDQ)  
4.1 The children living in House nos.1 and 2 are small children. This group of children is unable to read and understand the questions. An assessment form for adult is used. |
<table>
<thead>
<tr>
<th>Development</th>
<th>Assessment Form</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. The children aged 2-15 years’ Intelligence Quotient Assessment Handbook</td>
</tr>
<tr>
<td></td>
<td>3. Standard Progressive Matrices</td>
</tr>
<tr>
<td>4. Nutritional condition / growth</td>
<td>1. The Department of Health, the Ministry of Public Health’s graph of growth curve weight in accordance with age</td>
</tr>
</tbody>
</table>

The report revealed that the physical, emotional, mental, social and intellectual development of these children in accordance with age was average.

**Group of children at-risk.** A psychologist, nursing staff, housefather and housemother created an individual development plan. There was regular follow-up the physical, emotional, mental, social and intellectual development of this group of children. Home 2’s psychologist, nurse and housefather and housemother worked together with a group of at-risk children by analyzing the children’s problems and making individual development plans. The guidelines for problem solving focussed on encouraging the children to work on their weak skills. A progress assessment of each child was done. The outcome of the assessment specified whether there is improvement or the problem still exists. The report revealed that ten out of twenty-four children were below the normal intellectual level but they could cope with studying in a normal class. Another ten children had learning problems due to attention deficiency. Two other children had health problems affecting their intellect. Two children’s intellectual level was low and they had behavioral problems, and one child had only behavioral problems. One child who was below the normal intellectual level was unable to study in the same class with others of the same age. The assigned working team designed solutions to each problem and conducted a follow-up. The mentioned team found that fourteen children had changed for the better and that ten children were still having problems.

**The special group of children.** Home 2’s psychologist, nurse and housefather and housemother worked together with a group of at-risk children by analyzing the children’s problems, making individual development plans and formulating guidelines to overcome their weaknesses. In case a child needed special care, the psychologist and nursing staff coordinated with a hospital to treat the child. Each child was assessed for progress. The outcome of assessment specified in detail whether there was improvement or the problem still existed. The report revealed that there were six out of twenty-eight children with
<table>
<thead>
<tr>
<th>Normal</th>
<th>Emotional Behaviour</th>
<th>Conduct Disorder</th>
<th>(Hyperactive Behaviour)</th>
<th>Peer Relationships</th>
<th>Depressive Episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular talk, Psychotherapy, Counselling</td>
<td>Group work for life skills enhancement</td>
<td>Group work for emotional development</td>
<td>Group work for proper expression development</td>
<td>Group work for Social Development</td>
<td>Group work for building self-esteem</td>
</tr>
<tr>
<td>Supplementary activities according to the children’s interest such as sports, music, art</td>
<td>Supplementary activities such as sports, music, art therapy</td>
<td>Supplementary activities such as sports, which focus on using energy</td>
<td>Supplementary activities such as art and craft held in a place with no disturbance</td>
<td>Supplementary activities focusing on team work such as sports</td>
<td>Activities or hobbies according to the children’s interest</td>
</tr>
<tr>
<td>Activities life skills enhancement such as emotional management, empathy, problem solution, spending free time</td>
<td>Activities focusing on meditation such as praying in the morning—before going to bed, listening to a sermon, and meditating</td>
<td>Participation in voluntary activities such as public-minded activities outside the Home, social assistance</td>
<td>Activities focusing on meditation such as praying in the morning—before going to bed, listening to a sermon, and meditating</td>
<td>Activities to enhance socialization skills such as camping with people outside the Home, and going on a study tour</td>
<td>Follow-up children’s behaviour closely and continuously</td>
</tr>
<tr>
<td>Activities to promote and encourage leadership</td>
<td>Activities focusing on emotional control training</td>
<td>Follow-up the children’s behaviour continuously</td>
<td>Follow-up the children’s behaviour continuously</td>
<td>Follow-up the children’s behaviour continuously and regularly</td>
<td>Avoid leaving the children alone</td>
</tr>
</tbody>
</table>

***The plan is changed as per individual assessment.
an intellectual level lower than normal but they could study in a normal class. Another
twelve children had learning problems due attention deficiency. Four children had health
problems affecting their intellect. One child had behavioral problems, while three had a
low intellectual level and were unable to study in the same class with others. There was
one child with a mental disorder and another with Attention Deficit Hyperactivity Disor-
der. The working team was guided in solving the problems in each case. There were two
children who needed special care. A child with a mental disorder and another with Atten-
tion Deficit Hyperactivity Disorder received medical treatment at Chonprathan Hospital.
They were on continuous medication and the staff had to follow-up each child’s condition.

Home 3: With regard to the Normal Group of children, the physical, emotional,
mental, social and intellectual development in accordance with age was average.

The group of children at-risk: A psychologist, a nursing staff, the housefather and
housemother made an individual development plan. They also kept track of the physi-
cal, emotional, mental, social and intellectual development changes/progress of this
group of children regularly.

The special group of children: A psychologist, a nursing staff, the housefather and
housemother made an individual development plan and noted their physical, emotional,
mental, social and intellectual development changes/progress. In case a child needed
special care, he/she was taken to a hospital nearby the Home for medical treatment.

Home 4: The all-round development – physical, mental, emotional, social, and
cognitive development of children was assessed regularly by concerned officers who
were psychologists, nursing staff and aides. The assessment was performed in two ar-
eas:

- Physical development was assessed by the nursing staff and aides.

- Emotional, social, mental and cognitive development was assessed by psy-
chologists.

The data received from the above assessments were used to classify children into
normal, at-risk, and special groups of children.

The children in the normal group were those who possessed physical, mental, emo-
tional, social and cognitive development in the range of the age-group reference crite-
ria. The Home monitored and assessed their development regularly.

The children in the at-risk group whose physical, emotional, mental, social, and
cognitive development was lower than their age-group reference criteria attended reha-
bilitation programmes arranged by the Welfare Section of their Homes. An individual development plan was to rehabilitate the children and enhance their development in all areas as much as possible. The Home arranged not only all the rehabilitation programmes but also the follow-up assessments to get the data necessary to ensure that these children could meet the age-group reference criteria of development.

The children in the special group were those who had physical, emotional, mental, social and cognitive development disorders; in other words, they had more developmental challenges than the children in the at-risk group. The Home’s Welfare Section arranged the rehabilitation and development plan as follows:

- An individual development plan to rehabilitate children in this group to speed up their physical, emotional, mental, social, and cognitive development

- A series of assessments to follow-up the children’s progress

- Coordinate with other organizations to help rehabilitate these children.

**Conformity to the Standard of Child Development and Activities.** The researcher notice some gaps in the implementation of these development plans.

**Home 1**

Home 1 met this standard. The researcher found that the children had age-related growth problems when they were admitted. Lack of a nutritious diet and proper intellectual stimulation resulted in their retardation and learning disabilities. Therefore, the Home encouraged the children to drink milk and eat eggs regularly. The Home has monitored their progress regularly and maintained proper records.

**Home 2**

Home 2 also met the standard of child development. To address some existing problems, the Home took additional action and appointed a staff member to be part of the multidisciplinary team responsible for child development. The staff member worked with a psychologist and a nurse to create a child data record with details of behaviour and situations that required special supervision, such as stealing, reading, concentration deficit, sickness, etc. The Home also made an implementation plan by specifying a follow-up period.
Home 3

Even though Home 3 met the standard of child development, it took additional action to educate the staff about how to formulate a child development plan, a follow-up plan, and an assessment plan to monitor the progress of child development through meetings and training programmes. According to a member of the staff in the past three years, from 2552 (2009) to 2554 (2011), the Committee adjusted the elements or indicators of the standards for promotion and provision of child social services in children’s homes as prescribed in the 2003 Child Protection Act to create efficiency.

However, the standard of child development indicators needed to be clearer. A child’s development and a child’s behaviour need to be assessed at least every six months in the Department of Social Welfare and Development’s child development assessment form. The assessment form does not meet the standard and the staff have no proper guidebook on assessment. Often an assessment outcome is inaccurate, and each agency uses a different method of assessment. Even though an assessment of child development and child behaviour is to be carried out at least every six months, the terms, “child development” and “child behaviour” are, in fact, not synonymous. There should be two indicators that make assessment results clearer.

The staff suggested the following assessment guidelines:

- Based on the Department of Social Welfare and Development’s form a child development assessment has to be conducted.
- A child behaviour assessment based on observation or the Department of Mental Health’s SDQ (Strengths and Difficulties Questionnaire) form. Because there are indicators that cause confusion in implementation, the staff cannot provide accurate documentation as required by the committee.
- A meeting to revise each indicator so that it is clearer for implementation.

Home 4

The Home lacked specialized staff such as a nurse and a nutritionist. The staff lacked sufficient awareness about the importance of child development; therefore, the child development and rehabilitation interventions were not implemented properly. In addition, the Home had no child developer. There was no psychological assessment form. A staff member commented,

In the standard of child development some items on the child development assessment form are unclear. As a result, the assessors are unable to base their assessment of
Implementation of the Rehabilitation Process based on the Standards of Care (present)

As the researcher mentioned earlier in Chapter III, “Rehabilitation” refers to the process of enabling the children and youth in the institution to reintegrate into mainstream society and become useful contributing citizens. This involved building their self-worth by formulating interventions and conducting age related activities to equip them physically, intellectually, emotionally, psychologically and socially.

Initial Activities after Admission

Once a new child was admitted to the Home, the social worker would conduct a primary profile investigation, check the child’s personal belongings, weapons and make a list. A photograph of the child was taken for the case profile. Then he/she would be given clothing. A nursing officer performed a basic physical examination to check physical lesions and recorded the findings in their profile. All new children were placed in a reception house for adaptation. During their stay in the reception house, a psychologist conducted a primary mental status assessment within three days of their admission. The multidisciplinary team decided on the permanent house in which the children would be placed. If certain symptoms were found in a child during the physical/mental assessment, the child was given the necessary treatment. Once the children were placed in a permanent house, it was the duty of the housemothers or housefathers to look after the children.

The social worker provided information about the children including details of their education to the Education and Training Promotion Section so that they could plan the course of education:

i) If the children are unable to get admission because of a chronic disease or lack of readiness, the children are given the educational preparation so that they can apply for admission.

ii) If the children are eligible for admission, the Education Section’s officer will get them admission in educational institutions. The officer coordinates with the educational institutions near the Home.

iii) Before sending the children to study in the educational institutions, the Education Section’s officer prepares them by giving them a background about the educational institutions in which they will be pursuing their studies.
iv) The Education Section’s officer coordinates and follows up their study and behaviour at least twice a week, so that a plan for assistance and a plan to monitor their behaviour can be made.

v) If the children have educational problems, the officer and the teacher collaborate to give advice in order to help the children make a decision and solve their problems.

vi) Children who are not equipped to study the general course in education, are placed in a vocational training programme at different training centres according to the children’s aptitude and needs.

The rehabilitation staff provided the children assistance in keeping with the five steps of the social work process. These steps included collecting information or fact-finding, diagnosis, short-term and long-term planning, individual development planning, implementation of specific plans such as placing a child in a suitable house, arranging proper age related activities for a child, making home visits, development assessment and follow-up to get more detailed information for an individual development plan. After one year, there was a family assessment to see whether the family was ready to look after their children.

**Daily Routine**

In order to instil a sense of self-discipline in the children, the housemothers taught them a daily routine. They woke up the children at 5.00 a.m. to get them to brush their teeth, wash their faces and make their beds. The children were taught how to fold the blankets, to keep things tidy, to get clothes by themselves, to have meals (the children have to wash their hands before taking meals to avoid infection, to chew without opening their mouth, to put down a spoon, and not to throw a tray). The housemothers repeated their instructions and observed whether the children acted accordingly, especially in matters regarding cleanliness.

Children with attention-deficit-disorder were looked after by the older children who had been staying in the Homes for more than a decade and had been instructed. The older children instructed them how to take a bath and to get dressed. All the children in the same house were required to do household chores such as washing and hanging clothes, sweeping and mopping the floor, and cleaning the bathroom. After completing their household chores, they put on their shoes, stood in a row to go to have breakfast in the dining-hall and then to get on the school bus. Everybody had his/her duty.

The children were provided the following services: health care such as an annual health check-up, three meals a day for normal children and special diet for sick children,
all according to dietetics, education and creating and updating their profiles. Regarding health problems, all the children’s ailments/problems were looked into, for instance betadine was applied for children who had an ulcer, antiseptic for a child with psoriasis. A child who had an artificial eye was taught to wash his /her eye in the mornings and evenings, while a child with epilepsy had to take anticonvulsants before going to bed, and a child with asthma needed to use the recommended spray and asthma medication. Children had to cut their nails and also have their hair cut by a hairdresser.

The children needed to complete their compulsory education. In addition, activities and recreation services were provided for them based on their aptitude. The activities were flexible. The children who were eager and ready take on more responsibilities, could participate in many activities, for instance, they could take turns cooking. The promotion and stimulation of child development was effected through skills training. This also helped them build good relationships, cooperate with others and socialize.

The children were screened for psychological problems. The children’s profiles indicated whether they had problems arising from impoverishment or psychological abuse. Therefore, activities to stimulate child development were conducted and psychotherapy performed whenever necessary. The children were referred to a practitioner for further care. A group having developmental problems was screened, and age-appropriate activities to help the children’s development were promoted.

**Child Development Plan**

After placing the children in permanent houses, the staff in the Social Work Section made a children/family assistance plan by considering related information from social workers, psychologists, nursing officers and other officers concerned. While the children were staying in the Homes, the respective housemothers or housefathers acted as observers and monitor their health, behaviour and development and report relevant information to the social workers, psychologists and other officers concerned on a regular basis. If any child needed to work on behaviour adaptation or develop a specific aspect of his or her behaviour, the officers concerned such as the social worker, psychologist, nursing officer, and an educational officer was ready to assist the child. If the children had behavioral problems or social, emotional and developmental problems, a social worker, a psychologist and other officers concerned were in charge of the rehabilitation process. If the problems were complicated, assistance from other sources may be necessary. In such a case, those problems were discussed by the multidisciplinary team. The children were given the opportunity to go back to their families as soon as possible. If the children had no families, the social workers considered substitute families for them. Before the children reintegrated into their families or substitute families, the social workers and psychologists pre-
pared the children and the families. The multidisciplinary team decided when the children would reintegrate into the families. After reintegration into the families, a follow-up and an evaluation would be made at least once a year. Information on every type of assistance provided for the children was recorded regularly and in an individual profile folder by the social workers, psychologists and officers concerned.

The individual development plan below is only a sample plan made by the Social Work Section of each Home.

**Healthcare**

Information about the provision of healthcare for children that includes the children’s health status or abnormality record can be used for child assessment. The healthcare provision covered a physical examination, vaccination, weigh-in, height measurement, sick child care, dental examination, a profile folder and an individual health record. The homes had implemented the following healthcare services:

i) The children received an annual health check-up.

ii) Most children received vaccination.

iii) When the children were sick, a housemother/housefather would assess their sickness. If the children sustained minor injuries such as bruises, cut from a sharp weapon, a first aid procedure was carried out. If a side effect occurred, the housemother/housefather would refer the children to the nursing officer. In case the children were severely sick, the housemother/housefather would refer the children to the nursing officer immediately.

After receiving the sick children, the nursing officer took the following steps:

- In case the children’s wound was off colour, the nursing officer could carry out a first aid procedure such as applying a bandage, giving antipyretics, etc. and record such an incident in that child’s health history. If the child was not required to stay in the nursing room for observation, that child was sent back to the housefather/housemother’s care. If any child was required to stay in the nursing room for observation, the nursing officer would observe the child’s condition. The child was sent back to the housefather/housemother after he/she was better.

- In case of severe sickness, the nursing officer cannot use the first aid procedure, and the sick child would be referred to a hospital for medical care. After that child had medical treatment, a doctor would let that child go back
to the Home. That child was taken to the Home’s nursing section or to the housefather/housemother for further care. If the doctor recommended that the child be admitted to hospital, the nursing officer coordinated with the hospital, stayed with the child in the hospital and took the child back to the Home after the doctor had given permission. In case the child had a contagious disease, that child had to stay in a separate room in the nursing building. The nursing officer looked after the child and recorded the first-aid procedure and medical treatment in the child’s health history. The nursing officer made a growth assessment by weight and height measurement at least twice a year. More, the nursing officer also educated the children in health care, seasonal diseases such as a common cold, diarrhoea, etc.

**Attention to Special Needs**

The housemothers and housefathers always paid attention to the children under their care with regard to their study, well-being and health. They always asked the children every day whether they had homework. The housemothers and housefathers approached a child who looked lonesome. If a child was not feeling well, he/she would be administered medicine and a diet such as rice soup, noodle soup with vegetables and pork in keeping with the child’s preferences. The housemothers and housefathers gave the child a hug and stayed close to the child. However, a child who was a teenager may not have allowed the caregiver to give him/her a hug because he/she felt shy. The young children and older children lived in separate houses. The Home had a trained nurse. On the weekend, a driver was available for taking a sick child to hospital if necessary. In addition, the housemothers and housefathers were always available to counsel a child who wanted to share his or her story and get advice. The social workers gave priority to tracing the child’s family. Substitute family placement was made for children whose parents could not be traced. Importantly, the staff equipped the children in terms of social skills, life skills and education through activities, games, teaching and learning centres.

**Plans for each Youth**

To help the staff (social workers and a rehabilitation team) do their work efficiently and effectively, the Homes arranged different training programmes on dental health, mental health, drug prevention, teenage pregnancy protection, child development, disaster assistance training, violence in family, forms used in child evaluation and mentoring. A staff training trip and regular meetings of staff from different sections and departments allowed them to share and exchange ideas that could help improve the youth’s quality of life.
According to a member of the staff, a meeting was normally conducted once a month or, whenever there are urgent issues or cases to consider. A meeting to consider individual cases was held periodically. The meeting was for specialists from different fields to share ideas. The officers gave advice to the youth. The board members met once a month to consider cases of youth who opted for higher education and those who did not. For those wanting to work, the Homes sourced information about jobs and companies, and visited the youth’s family and gave them the details. Based on this information, the youth could make decisions in accordance with their needs and job requirements. If the youth wanted the jobs, social workers would inform the Homes and ask for permission for a probation. Those youth who were more than eighteen years old and had not opted for further studies had skills training at occupational training centres.

Social workers and the rehabilitation team involved in social reintegration met regularly. They shared responsibilities according to their potential, skills and duties. A board chose the youth who were ready and qualified to be transferred to organizations or foster families. In choosing the youth, the board was mainly concerned about their psychological and educational readiness.

The social workers and the rehabilitation team held meetings on gender issues. In addition, they discussed what procedures were suitable for preparing the youth to settle well. The rehabilitation team met once a month in order to evaluate the youth’s progress and find solutions for each individual. All the Homes conducted a staff meeting every month to make sure that their staff were empathetic to the youth’s problems. Meetings for provision of assistance/services for the youth aged 18-24 years old were also held.

- **Plans Prepared for Social Reintegration of Youth Aged 18-24 Years Currently Staying in the Institution**

To prepare youth aged 18 to 24 for social reintegration, social workers and the rehabilitation team established different plans to give them educational support, assistance with job placement, life skills training, and assistance with finding accommodation.

**Educational Support.** Social workers and the rehabilitation team provided the youth with guidance regarding what they should be studying and contacted educational institutions for admission. The team also monitored their studies through each academic year. For those who had not gained admission into an institution, occupational training based on their interest and skills was offered. To prepare the youth aged 18-24 to live happily in society, the Homes assisted them financially to enable them to obtain at least a bachelor’s degree. While they were studying, they also learnt how to live their own life as if they were living outside the Homes.
**Support for seeking Employment.** The team helped the youth gain different points of view as a life experience through a part-time job. They also advised them, gave moral support and encouragement to reintegrate into society. Before graduation, the youth were asked about their job preferences. The team arranged training programmes and seminars and skills training to equip them for employment. In addition, the team found jobs for them through contacts with companies or employers, and coordinated with internal and external sectors that were recruiting new employees. The team assisted the youth in their decision-making process. After getting a job, the youth were allowed to live in the Homes for two-three months to adjust themselves gradually before their social reintegration process began. During that period they learnt how to manage their budget.

**Life skills Training.** To help the youth prepare themselves for life outside the Homes, the team advised the youth on how to be independent in contrast to life inside the institution where they were given care and help. There was regular follow-up on how well they had adapted to life in society. Additional approaches to enhance the youth’s sense of self-discipline and accountability were used. For example, to create a family atmosphere in the Homes and to give the youth life skills training, the Department of Social Development and Welfare issued a project called “A Small House in a Big House.” Through this project the youth learnt to relate to each other as family members and do household chores such as cooking, washing clothes, cleaning, and shopping. The youth learnt about different aspects of living independently and develop a sense of self-worth, a sense of responsibility, an ability to adapt, an ability to solve problems, and an ability to analyze to reduce risks in their daily life. They learnt to save.

A Children’s Council is another means to prepare the youth for life outside the Homes. Through the council, the youth learnt how to exchange ideas, express their opinions and creativity, and exhibit their societal awareness. The Homes also gave the youth aged eighteen and above an opportunity to live together in the same house under the supervision of a member of the staff. They had to be responsible for their own routines and their own budget. They learnt how to create a loving and cooperative atmosphere in the house. In other words, they learnt to live like adults.

**Help in Seeking Accommodation.** While some of them looked for accommodation on their own, some wanted the team’s help to arrange accommodation.

- **Projects for Social Reintegration of Youth**

The researcher learnt about different projects to help youth reintegrate into society from the staff. The projects created by the Homes were similar. For example, the Homes provided tutorials in the evenings to improve the youth’s academic com-
petence and skills. The Youth Leadership Programme took youth aged fifteen years and above on a training trip to Rayong province, which encouraged them to explore their potential, express their ideas and show creativity. The Homes also supported the youth’s compulsory education and higher education. To assist the youth in building their skills and life experience, the Homes created cooking and vegetable gardening programmes. To instil public-mindedness and volunteerism, the staff took the youth to visit to a home for the elderly, where they helped feed them, and a home for disabled persons and children. The staff took the youth on a camping trip too. To encourage the youth to foster a loving relationship with each other, the Homes created a Bonding Day project.

The Homes also set up some programmes for the youth to learn about career options, laws, self-defense, ethics and manners. On Home-coming Day, the youth who were still living in the Homes had a chance to meet the discharged youth to share their life experiences.

The members of the staff told the researcher that the projects produced positive outcomes. The youth who graduated with a bachelor’s degree could get a job in both the private sector and the government sector and thus could support themselves. The youth who graduated from vocational colleges could also earn and support themselves by working private jobs or with governmental or private sectors. The youth understood their different roles and responsibilities. The Youth Leadership programme helped the youth become more self-confident and more creative. The youth were able to adapt to society outside the Homes, got good jobs and knew how to take care of themselves. The discharged youth returned to provide food and organize entertaining and sporting activities for the children in the Homes. Some youth became role models for younger children and also took care of them.

- **Activities for the Children’s Physical, Intellectual Development, Psychological and Emotional Development**

*Children’s Physical and Intellectual Development.* The staff informed the researcher that the Homes organized many activities to enhance the children’s physical and intellectual development. All the Homes used the same approaches. Activities to stimulate the children’s physical and intellectual development included those involving musical instruments, games, exercises, sports and study tours. Small children could learn better through recreational activities which could stimulate their cognitive development and their problem-solving ability. Many programmes that promoted the youth’s physical and intellectual development and self-discipline included various child development programmes - Taekwondo, self-defence, occupational training, arts and envi-
ronmental awareness. There were programmes teaching children to protect themselves from seduction and sexual abuse.

To enable children’s physical development, the Homes set up health education programmes with the cooperation of nurses from the government and private sectors to provide medical check-ups and information services. The nurses would take the children’s body measurement and evaluate their nutritional status. They provided nutritious meals and food supplements including iodine for all the children. A ‘Dental Health Programme’ was arranged so that the children could get dental care and information about oral health and hygiene. To help the youth keep up academically, the Homes provided regular tutorial sessions during academic terms, every day evening at 7 pm. Programmes to enhance self-esteem development organized by university students helped the youth express their potential and abilities orally. Programmes on leadership, bonding and camping were designed to help the youth to learn various life skills—how to work with and relate to others, how to solve problems, and how to use their creative ability to accomplish certain goals. There were leadership programmes held in Chonburi and Petchaburi and a camping programme at the Royal Police Cadet Academy in Nakhonrayok. The youth could also take advantage of the library and learning centres with computers. All the Homes promoted physical and mental health of the youth by supporting programmes in which trainers or instructors from outside were invited to work with the youth.

**Children’s Psychological and Emotional Development.** With regard to the children’s psychological and emotional development, the Homes employed similar programmes to instil a sense of ethics, morality, self-discipline, public-mindedness, and generosity. These programmes were on ethics, volunteering at temples, sermons and Dhamma meditation, charity services, religious holidays, Mother’s Day, Father’s Day, Teachers’ Day, Children’s Day, and New Year’s Day. Other activities that enhanced the children’s psychological and emotional development included arts, drama, music, movies, sports and problem-solving activities, activities to raise awareness about global warming and other environmental issues. The youth/children visited an orphanage and participated in different volunteer programmes as well as study tour programmes. Their art works were displayed in galleries managed by the private sector.

In order to prepare youth in the age group eighteen to twenty-four, for social re-integration, the staff told the researcher that part-time work and occupational training, besides training programmes organized by companies were offered to them during vacations. Sports, study tours, leadership and fellowship programmes were also part of the overall plan to instil a sense of sportsmanship and fair play. To foster a sense of fellowship, the youth visited each other, had a meal together on Fridays, and helped each
other clean up. Activities involving music, handicrafts, Dharma and charity also aided the children’s psychological and emotional development. The children could also gain knowledge about different life experiences from visitors.

- **How the Rehabilitation Staff can assist the Children in Fulfilling their Future Aspirations**

*Cooperation from all the staff.* The rehabilitation staff members play an important role in assisting the children to realize their aspirations. The members of the rehabilitation staff interviewed by the researcher consisted of a social worker, a psychologist, a housemother/housefather. The researcher found that the rehabilitation staff received cooperation and support from each other and other staff members in all the four Homes. For instance, if a child had a problem, the social worker spoke to him/her, the psychologist assessed his or her psychological condition, the educational officer spoke to his/her teacher and all of them convened to discuss what they had learnt about the child. If a child had a serious problem, a meeting of the multidisciplinary team would be set up to discuss and solve the child’s problem. There was usually a monthly summary meeting where all the members of the staff discussed information about the children and discussed other issues concerning the Homes and children. For example, the staff may have information about outside jobs for the children. In such a situation, the staff functioned as a liaison between the children and the outside job source.

The significant contributions to the children’s lives can be seen in the comments of a discharged youth who mentioned:

*I feel that I learned valuable lessons from the teachers and housemothers. I learnt self-discipline, respect for the rule of law and regulations, leadership, self-reliance, and the value of hard work and money through the different rehabilitation and training programmes and activities organized by the Home’s staff members. I feel that I was taken care of very well by the staff members. They were always there to give me advice and help. I still am in touch with those staff members even though I have not gone to any Homecoming events. I do visit the children two or three times a year and bring them some donuts and cake.*

Another said,

*I am very grateful that the Homes have helped me to get to this point in my life. The staff members at the Pak Kret Home for Boys found a job for me. I have learned a lot from growing up under institutional care. I have learned to be strong, patient, honest, and hard-working.*
These examples represent the success of the rehabilitation process implemented by the Homes and the discharged youth’s maturity and conscientiousness.

**Cooperation from Agencies outside the Homes.** Besides the role of the staff, the agencies outside the Homes can contribute considerably to fulfil the children’s aspirations.

The researcher discovered that the Homes received cooperation from many outside agencies regarding job placement, medical assistance, education, training programmes, recreational activities, entertainment and study tours. The social worker of each Home functioned as a coordinator. For example, when the children found jobs upcountry or in the area where follow-up of the children could not be done easily, the social worker requested assistance from the police, the head of village, the sub-district headman. To give the children an opportunity to learn music, the social worker asked the Pradabot School, the Handicap Vocational Training School of Samutprakarn Province and the Military Music School to teach the children music.

Many private companies gave the children part-time jobs in their companies. During the school break, the private sector such as the Thai Farmer Bank sponsored a study tour so that the children could learn about art, painting, coloring and cloth painting. Many private companies took the children to watch movies and concerts and sports. To instil public-mindedness in the children, the social worker contacted a community development organization to let the children participate in community service. For example, the children volunteered to cut grass, paint, wash dishes and work at the temple to improve the surroundings for a special occasion. The psychologists coordinated with the Thanyarak Hospital to take the children for treatment such as ADHD (Attention Deficit Hyperactivity Disorder). There were also volunteers from the Bosco Secondary School who came to help develop the area, wash the floor with the children, and play with them. On a more permanent basis, the Homes usually requested for cooperation to refer sick orphaned children living with HIV/AIDS to live in an NGO home sponsored by the Camilian Foundation in Rayong.

**Reasons for Continuation of Stay in the Institutions after Completion of 18 Years**

The researcher observed that all children residing in the Homes for Boys and the Home for Girls continued to stay in the Homes after completion of eighteen years because they were pursuing further education. One female youth had a different reason. She said, “I don’t want to study further but I wish to be well-prepared before reintegration into society.”
It was thus clear that the Homes gave priority to completion of higher education and the Government was also willing to support this priority for a better future of the boys and girls.

**Differences between the Process of Rehabilitation in the Home for Girls (Home 1) and the Homes for Boys (Homes 2-4)**

1. **Activity Arrangement for Physical and Intellectual Rehabilitation**
   - Food and Nutrition

**Home 1**

The researcher interviewed twenty-five girls aged 18 to 24 years residing in Home 1. The Home had a big common kitchen from which food was distributed to the cottages. The researcher visited the kitchen and observed that a monthly menu was put up on the wall inside the kitchen. The children were provided three meals a day. Usually, the children went to schools, colleges and universities on weekdays. Breakfast prepared by cooks of the Home was served around 6-7 am. They were served the following types of food for breakfast: rice gruel, rice congee mixed with meat, rice porridge, various kinds of mild soup and steamed rice. Most children had their lunch at the educational institutions on weekdays. A child was given 66 baht per day for lunch and transport. The children prepared a one-dish lunch on the weekend if no visitors provided a special lunch for them. The children who were part of general education and vocational training inside the Home were also provided with a one-dish lunch such as sticky rice, papaya salad, grilled chicken, fried thin noodles with soy sauce, fried chicken with steamed rice, wide rice noodles with vegetables and meat, fried rice with pork/chicken/shrimp, fried noodles with pork and broccoli. The children were required to prepare three meals on the weekends by themselves. The cooking ingredients were provided for the children according to the menu set by the head cook of the Home. However, the older children who prepared meals could change the menu as they liked because they may have had some kinds of vegetables or meat left in the refrigerator. For example, a pumpkin was often provided and the older children were aware that all children living in that house do not like to have fried pumpkin with eggs; therefore, the older children made dessert with pumpkin instead of making fried pumpkin with eggs. While the older children took turns preparing meals, the younger children help with cutting and washing meat and vegetables. There were two kinds of food available for dinner - steamed rice and curry or soup, omelette, sour soup made of tamarind paste, green curry, salted pork with chili and basil leaves and salted fish. The children were provided with meat and vegetables every day. The children had fruits given by donors. The children had to buy dessert themselves or the children could prepare dessert when they received raw...
materials from the kitchen of the Home. A housemother who was in charge of a cottage which housed 20-25 girls aged seven to eighteen or over advised the older girls on how to prepare different kinds of food and had dinner with the children sometimes. At times, the children kept some food for their housemothers.

The younger children had a chance to have pizzas or Chinese food at a restaurant when visitors from Kasikorn Thai Bank, Platinum Fashion Mall, took them out to participate in activities such as a sports competition, recreational activities, drawing, painting or visiting interesting places. Sometimes the children were taken out to have a special meal on occasions such as the visitor’s birthday, National Mother’s Day, and National Father’s Day. Most of the children in Home 1 were satisfied with the quality and quantity of food provided, but some of them were satisfied only with different menus.

Homes 2-4

The youth were provided three meals a day. The meals, prepared by the Homes’ cooks consisted of rice, vegetables, meat, fish, fruit and dessert. The vegetables that were commonly part of the meals were carrots, tomatoes, Chinese cabbage, Chinese mustard green, morning glory and kale. The different types of meal included shrimp, fish, squid, chicken, pork and beef. Fruits and sweets were served alternately. Sometimes the staff had a meal with the children. On special occasions, the children were taken out to eat at nice restaurants by individuals celebrating their birthdays.

Some youth helped in the kitchen. For example, they washed and cut vegetables, carried heavy pots, served the children and washed the dishes and pots. For breakfast, they were served rice soup, rice and soup and rice porridge. At lunchtime, they had a combination of rice and something to eat with rice; sticky rice, roasted chicken and a papaya salad; stir-fried rice noodles or rice noodles topped with gravy and vegetables; and fried chicken with garlic. For dinner they were given choice of rice, something bland and something spicy such as soup, curry, an omelette, salted fish or stir-fried meat and with basil leaves. The food budget was 90 baht per child per day. If there was enough money, the Homes’ staff tried to give the children the food they asked for. Most of them were happy with the quality and the quantity of the food as well as the variety.

- Clothing/bedding and personal items

Home 1

According to the researcher’s observation, a number of young girls could choose the types of clothes at the Supplies Section of the Home. Most of the older girls could not
wear those clothes because their sizes were unavailable. There were a large number of donors giving clothes except uniforms to students. The children shared the same story about the provision of their clothing, bedding and personal items - that they were provided two sets of a school uniform or a college uniform or a university uniform annually. The children were satisfied with this distribution because they got new ones every year and the old ones could still be used. A child got two towels approximately every two-three months. Whether they got more or not depended on the number of donors. The children could request a new one whenever the ones they had became too old.

**Homes 2-4**

On the whole, the children felt that they were provided with enough clothing, bedding and personal items. Shampoo, soap, washing detergent, a toothbrush and toothpaste were distributed to the children every month. They also got a towel, shorts, pants, school shoes, an outfit for a special occasion, shirts and underwear every six months and whenever donations were available. Even though they got their two sets of school uniforms every year, they felt that the two sets were not enough because the shirts or shorts/pants often tore or the shirts turned yellow during the year. The Homes let the children borrow only umbrellas.

All the children got a mattress, a pillow, a blanket, and a bedsheets once a year. The Homes did not give a bed cover. They all felt satisfied with what they had received. Once a month each house got one can of mosquito repellent, two cans of glass cleaner and one gallon of floor cleaning liquid. The Homes distributed one broom and one clothes brush per month. All the houses in the Homes had a washing machine and an iron. Older children did their own laundry, while the housemother or housefather did the laundry for little children.

- **Medical Care and Health**

**Home 1**

The youth said that there was no medical doctor or professional nurse available in the Home. However, there was a teacher who administered first-aid in the Home’s Nursing room. The children had a periodic health examination and the medical record of each child was maintained. A member of the staff could provide the children with first-aid before referring them to a hospital. All children, who were under the universal health coverage programme, had gold cards. If a child had to be admitted in hospital, a housemother went to look after her periodically.
A nursing room was available for child patients and a trained nurse took special care. Many children said that basic medicines were available in the Homes. When a child had a headache or a fever, she asked a housemother for a pill and took rest. If a child was severely ill, and the housemother could not wait for the Home’s driver to take her to hospital, she took the child herself. A housemother gave her special attention and asked what kind of special food the child preferred. Children were given an annual dental and medical check-up by dentists and physicians from outside because there were no dentists and physicians available in the Home. The housemothers educated the children on epidemics, personal hygiene, National Health Discipline, every day before bed time.

The researcher observed from interviews with the children that most children were in good health and had never fallen sick. One of them who used to have a headache said that she asked for some medicine from the nursing room’s staff member. She felt better after taking medicine and rest for two-three days. She mentioned that she used to have fever when she was young. Her housemother patted her with a wet wash cloth to reduce her fever and prepared special food. Some children shared that they told their housemother about their sickness and that they could not go to school. Sometimes they went to hospital on their own.

**Homes 2-4**

There were no medical doctors on duty. The nursing officer took care of the children’s basic health needs. The housefather or housemother played an important role in taking care of sick children. The children got a regular physical and dental check-up every six months. The Homes kept a medical record of each child, and had a sick room for sick children with a nursing staff member on duty. Special food for sick children was not available, but sometimes rice porridge was provided in place of regular cooked rice. If a child needed special medical treatment, he or she was referred to a specialist or a hospital. One boy told the researcher,

> *When I had chicken pox, I was taken to a hospital and stayed there for one week. I used my gold card to get medical treatment at the hospital because I am eligible for the national universal health coverage programme.*

The Homes’ nursing staff gave the children lessons on health issues—disease prevention, disease outbreaks, and personal hygiene regularly.

Unfortunately, there were no gym facilities at the Homes, but at one of the Homes the Taekwondo Association sent a coach to work with the children on Saturdays. To promote physical health, the Homes took turns hosting intermural sporting events such as badminton, basketball, soccer and running.
• **Housing**

**Home 1**

The researcher visited the houses arranged for the children residing in this Home. There were nineteen houses in forms of “cottage home”. They were houses for athletes, young children, medium children, big children and new children. New children stayed in the house for two-three months to adapt before being placed in a permanent house. There were 15-20 children per housemother in each house. The housemother assigned all children in the house different household chores such as cleaning the bedrooms, tabernacle, bathrooms, the toilet, the TV room, the living room, the back area of the house, the front area of the house, the road in front of the house, washing pots and so on. The housemother let the children draw lots for their duties or let the oldest child assign the younger children to do housework. The older children took turns preparing dinner on weekdays and prepare three meals on the weekend. If lunch was provided on the weekend by visitors, it was not necessary to prepare any food. Some houses had no washing machine so the children living there expressed that they would like to have one for washing their bed covers.

**Homes 2-4**

The number of children living in a dormitory or a house in the Homes ranged from nine to twenty-one. Some youth are over eighteen years. There were two staff members, or housemothers/housefathers, per house or dormitory. All the children were assigned household chores such as cleaning the living quarters and general areas, cleaning the bathroom, assisting the cooks in the kitchen, cutting grass and gardening. Each youth had to clean his own bedroom and keep the bathroom clean after taking a shower. Older children took care of younger children. While some children would like the Homes to provide window cleaning equipment such as a ladder, a broom, a plastic basket, floor cleaning solution, a rubber hose, and a dust cloth, some would like to have a television set, a stereo system and a rice cooker.

• **Education**

**Home 1**

The Home provided pre-school and elementary school education for the children who were not ready to attend school outside the Home. In 2553 (2010) there were fifty-eight students and ten teachers. The Home used the 2551 (2008) basic education curriculum of the Ministry of Education. There was also a two-year informal education programme for Grades 7 to 9 in cooperation with the Ratchathewi Informal Education Centre. This
programme was open to the children living in the Home who had finished Grade 6 and the children who joined mid semester and who had behavioral and intellectual problems as well as adjustment problems. Currently, there are twenty-seven students.

In addition, the Home provided short-term vocational training programmes in handicraft, nutrition, cosmetology, and bakery to prepare the children vocationally before reintegrating into mainstream society. Vocational training programmes were organized during a semester break in summer. Those who were ready to reintegrate into society and adapt to life outside the Home were given an opportunity to attend a higher level of vocational training programme offered by the Central Welfare and Vocational Training Centre for Women.

The Home, in cooperation with the Ratchathewi Informal Education Centre, established a community library that offers resources to people to search for information themselves. It was open for service every day, and there was a librarian who gave advice. The library service was also available online. The library had areas where various clubs could showcase their activities such as chorus, dancing, Thai music and modern music. Volunteers tutored the children at the Prachasonkraw Bann Rajvithi School.

Children who attended schools outside the Home had to take a bus and were given an allowance of 66 baht per day for food and transportation. In the children’s opinion, the allowance was rather small and should be increased. Small children were transported to their schools by the Home’s vehicle.

**Homes 2-4**

These Homes did not provide in-house formal education or vocational education. The children had to go to school outside the Homes. Their means of transportation included a city bus, a mini bus, a boat, a van, a bicycle, and the Home’s vehicle. Some children even walked to school. The Homes gave the children an allowance ranging from 40 baht to 130 baht per day depending on the distance they had to travel to school. Some children felt that their allowance was too small and wanted a larger allowance. They all agreed that they had gained socialization skills, moral values, self-discipline, academic knowledge in different subjects, and knowledge about planning and financial management from their educational institution. The Homes organized extracurricular activities such as a field trip to the Bangsaen beach, a trip to see an exhibit at the Supreme Artist Hall, excursion trips to the zoo and a park, a trip to do volunteer work as well as a camping trip.
Activity Arrangement for Emotional and Psychological Rehabilitation

- Family Visit /Visited by Members of the Family

Home 1

Since the largest number of children in this Home were abandoned and orphaned and had no guardian, there was no one to visit them. Some had a younger sister living in the same Home or a younger brother living in the Home for Boys. A member of the staff accompanied the child to visit her younger brother during school holidays. Some children who came from impoverished families spent time with their families during vacations.

Homes 2-4

Most of the children/youth did not have a family to visit. Occasionally, their parents or relatives came to visit them at the Homes. Some did not visit their families because they wanted to study or work during a semester break or because their families had too many problems. One youth said, “I visit my 12-year-old sister who lives at Rajvithi Home for Girls three times a month.” Another said, “My mother comes to see me at her convenience. My 16-year-old sister lives at Rajvithi Home for Girls.”

Guidance and Psychosocial Counselling Atmosphere in the Homes

Home 1

An interview with the female youth residing in this Home revealed that all children in the same house knew their duties and they cooperated. They all shared food, goodies or personal items with family members. The older children were willing to help the younger ones with their homework. As mentioned earlier, the older children in each house had to take turns preparing dinner for all the members. Occasionally, if one of them returned late, someone else prepared dinner instead. They played together. When their friends were sick, they looked after them. If they quarrelled, their friends sorted it out. In case someone felt homesick, she was cared for. They expressed their feelings and exchanged ideas. When the children had some problems, they talked to their close friends, older children, housemothers or their teachers. Some said that they never had any problems. More than fifty per cent of children in this Home were aware of the duty of the social worker. Some of them visited a social worker to seek advice about their education/private matters/general issues. Some went to see a social worker for money. One of them said,
I used to tell the social worker about my quarrelling with a new housemother who does not like to talk to the children. There was some misunderstanding. Now that housemother and I can get along well.

One of them had a bad experience with a member of the social work section, so she had a negative attitude. She said,

*I do not like the staff of the social work section because they always gossip about the children. I think my housemother can understand the children more. Therefore, I will not visit the social work section again, if I can help it.*

Many of the children knew that a psychologist was in charge of IQ and EQ assessment. The psychologist also dealt with any child who had a psychological problem. A large number of them had never visited the psychologist because they did not have anything to discuss. Very few visited either a social worker or a psychologist.

**Homes 2-4**

All the interviewees agreed that the Homes had a good atmosphere. The youth and children got along well with each other. They shared food, goodies and personal items. They also helped each other with their household chores, homework, and care of younger children. They learnt from each other and supported each other when they were sad, homesick or frustrated. Children of the same age played together. Younger children shared their stories with older children.

When they had problems, they went to someone they feel close to such as a friend, a member of the staff, a teacher, a social worker, or the Home’s superintendent. Most of the children/youth were aware that a social worker gave advice and guidance and observed their behaviour. Very few youth did not know what a social worker did. One was under the impression that a social worker only coordinated with other agencies. Many of them had never gone to see a social worker. Some of them visited a social worker to seek advice about their education or private matters. Some went to see a social worker only to get money.

Many of the children/youth had never visited the Home’s psychologist. Those who had talked to the psychologist said that they spoke about personal matters and problems with friends. One boy said,

*I don’t feel comfortable talking to the psychologist because I feel intimidated. The Home’s psychologist does not spend enough time with the children. If the children do not give the psychologist the kind of information that he or she is looking for, the children are considered uncooperative.*
3. Activity Arrangement for Social Rehabilitation

- Recreational Activities to build Confidence and Life Skills

Availability of Recreational Facilities

Home 1

The children in each Home watched television programmes such as news after dinner and on weekends. They could use the Home’s computers at the computer lab by signing up for a time slot. A small library was also available, which was closed on weekends. The researcher observed that not many children visited it, perhaps because most children went to educational institutions outside the Home. The children played games such as domino, jackstones etc., together in houses. Some children played badminton, volleyball, soccer, basketball, flag race, relay race and table tennis. Some of them went to the movies with friends. Occasionally, the Home’s staff took them to see movies.

Homes 2-4

All the Homes had television sets for the children. Most children watched the news on television almost every day. A VCR was not used very often. Though there were computers, some of them did not work. The children used their Home’s library regularly. Most of them participated in both indoor and outdoor games. Some of them went to the movies with friends. One boy said,

When I do not have a lot of homework, I go running and participate in both indoor and outdoor games such as table tennis and basketball.

- Recreational Activities for the Children organized by the Homes

Home 1

The children indicated that they had taken part in various activities such as debates, a variety show on the stage, a musical show and a game show. To learn teamwork, the children participated in sports, competitions and the Children’s Council’s activities such as taking care of younger children and attending a meeting once a week. To enhance their concentration, ethics and morality, the children meditated, prayed before going to bed, and listened to a talk on morality. Having a meal together was a way to build a sense of order because the children had to line up and take turns. Cutting grass around their own Home once a week was a test of endurance. To develop a sense of
punctuality, the children had to follow a strict schedule. Once in a while, the children got to go to the movies. To enhance their experience, the children were taken camping, to visit different places, do volunteer work and look at exhibits. Attending a cultural event strengthened the children’s sense of cultural self-identity.

The strength lay in a variety of activities that the Home tried to provide the children. Unfortunately, there were not enough staff specifically trained in recreational activities. To improve the situation, the Home should employ individuals with expertise in art, sports, and vocational skills and organize more interesting activities.

**Homes 2-4**

The Homes organized many activities. Some of them could not participate in activities such as singing, debating, musical performance, game shows or a sports competition because they had a lot of homework. Majority of the children in all the Homes participated in different training programmes because they found them very useful. These included training in teamwork, endurance, discipline and morality, Thai culture appreciation, meditation, praying before going to bed and camping. They learnt good manners, self-discipline, kindness, generosity, mindfulness, and a sense of fellowship and leadership from these programmes. The children also looked forward to a Homecoming Day, when the discharged youth come to share their experiences with the children.

Some children told the researcher that they had participated in religious holiday activities, cultural events such as Loykrathong Day, a training programme on the danger of drugs, a vocational training programme on making brooms, a sermon by a monk about gratitude toward parents and teachers. Many felt that what they learnt about Thai culture was invaluable.

- **Job Placement**

**Home 1**

An interview with the children in Home 1 revealed that the social work section was responsible for finding part time jobs for the children residing in the Home. However, many children preferred to find jobs themselves. Many children wanted to do a part time job so that they could have some money for their education. They spoke to a social worker about the kinds of job they wanted to do on weekends. The wanted to use the money they got from doing part time jobs for doing reports assigned by different teachers. Some children who had completed their education and could not find jobs discussed their case with a social worker. Some children who were over eighteen years
of age and had completed their education were allowed to live in the Home until they
got jobs and saved some money before leaving the Home. Most children would like to
get jobs related to their areas of study.

**Homes 2-4**

Two of the Homes had a part-time job placement programme. A member of the staff
spoke to the youth to assess his job preferences and source a suitable placement.
Some youth looked for employment on their own. There was little choice by way of
jobs. A boy told a member of the staff, “I would like to be a florist.” Another said, “I
would like to work in the medical field.”

- Development of Life skills Training

**Home 1**

Being in the Home gave the children the opportunity to get education. There were also
activities that taught the children life skills such as cooking, shopping, saving money,
taking care of younger children, looking for a job, avoiding drugs, meditating, attend-
ing a talk on ethics and morality and self-defence. The children felt that after partici-
Pating in these activities, they became more self-reliant and self-confident. They learnt
how to take care of their household chores, how to persevere, how to be able to survive
on their own, how to be well-mannered and generous and appreciate Thai culture.

**Homes 2-4**

Most children helped in the kitchen. For example, they served rice and food to the other
children. They all learnt how to save money and take care of younger children in the
Home. The Homes also had a programme to teach the children how to search for a job,
how to face an interview and how to budget. All the children benefitted a great deal from
the programmes. One boy said, “I find all the programmes very helpful because they offer
me something that I can use in the future.”

**Youth Aspirations after Discharge**

The children in the Homes were aware that one day they would have to live on their
own outside the Homes. They expressed their aspirations in different areas of life. Edu-
cation seemed to be the most important issue because they all knew that they needed
education to be able to reintegrate into mainstream society. Some wanted to get at least
a bachelor’s degree, many wished to pursue graduate study, others a master’s degree
and some even wanted to study for a Ph.D. They understood that their level of educa-

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A boy in Home 3, who was studying at a technical school, wanted to pursue his studies to the bachelor’s degree level. He said,

*I know that if I am going to continue to the bachelor’s degree level, I have to study hard. I love cooking, so I hope that I can get a job as a chef. I will have to save money to buy a house, but in the meantime, I will find a rental room. I hope that I can find a permanent job with a good salary and also a part-time job to add to my regular income. I want to have a good wife who will also earn a living. Before I decide to get married, I have to make sure that she is the right one for me.*

When asked how comfortable he was with the idea of living outside the Home after being discharged, the boy said,

*I would share duties and expenses such as a rental cost and utilities with my housemates and save some money at the same time. If I have a date, I will not keep my date waiting. If I were married, I would go home to my family on time and look after my family well. I will be friendly with my neighbours and visit them. I will behave properly towards my family.*

The boy also spoke about how his experiences in the Home would help him to have a better family,

*I think my experiences in this Home will help me to have better family life because I have undergone trouble; I have been trained from waking up until going to bed. Even though I receive small amount of money, I spend it. I am trained to be disciplined and can socialize. I don’t think about working too much because I have been patient. I will be able to live in society smoothly and happily when I am discharged from here. I used to get depressed. I have all types of experience. These experiences will help me live in this world comfortably. Friends of mine confirmed with me that they have jobs and their own rental room so that they can live in society happily. I used to apply for jobs but I was not offered any jobs, but my friends can get jobs. They are smart.*

One of the boys in Home 4, who is now studying in Grade 12, shared his aspirations,

*I want to study for a Ph.D. I want to become a medical doctor or a merchant marine. Before getting to that point, I know that I must first get admission to the area of study that I prefer and that I must be patient and overcome many obstacles. I must study hard to pass an entrance examination and save money for my higher education. I know that I will have to study hard to attain my goal to become a medical doctor or a merchant marine. After I complete my education, I want to save enough money to buy*
a small house on a beach or a condominium because I don’t want to take care of a big house. Also, I need to know how to manage my finance. I don’t want to get married because I don’t want to have to look after others and I don’t want any commitment. If I live with others outside the Home, I will do the same chores as those in the home and plan my expenses month by month. If I ever date, I will be sure to arrive early. If I were to get married, I would plan how many children I wanted and what they would study. As for my relationship with my neighbors, I will be treat them like relatives, but I won’t give them advice like I usually do with my sister.

What the Children/Youth had to say

The children expressed their feelings and voiced their opinions.

Home 1

Most children wanted the staff to be more attentive to the needs of the children and more approachable so that the children could ask the staff members for help or advice. They felt that the staff sometimes looked down on the children and did not speak to them kindly. The children wanted “warmth and affection from the staff members, not only material objects”.

They felt that

• the Home could improve housing facilities because some houses were old and falling apart and that the bathrooms and toilets should also be improved.

• the staff should talk to them in order to find out “what we like and what we are capable of before sending us to a school or a training programme”.

• the teaching method could be improved and the children given opportunities to learn and succeed.

• the Home should provide a vocational training programme for those who were about to be discharged, so that they could find jobs and also teach them how to face interviews.

• the Home should provide those who were about to be discharged a certain amount of money to be used as a starting fund since they had to pay rent and buy household items and personal items.

• the Home should allow those being discharged to live at the Home beyond the specified time so that they could be confident about their ability to survive on their own in society.
Homes 2-4

The children’s feelings about their staff members were similar. One boy said,

*I would like the staff members to pay more attention to the children, especially those over 18 years of age, by asking them about their welfare and well-being so that they can feel that others care about them. I would like to receive more moral support from the staff members. I would like them to try to understand the children better. I would like the Home’s staff members to help me find a job. I would like a staff member to serve as an advisor to older children.*

Another boy shared his views about the staff:

*I think that the staff members should pay more attention to older children. For example, when I had a problem, I did not dare go to see a staff member to get advice. We often go to borrow money from the staff members that we feel close to. Now nobody asks me about how I am doing at school, whether or not I need any financial help, when I am graduating, what my grade level is, or what my expenses are. I would like to have a staff member who is available to give advice and guidance to older children. I am now studying for a vocational certificate, and I have so many projects to work on that I don’t know to whom I should turn to for help and advice. Some staff members are very busy. I often go to the housefather with whom I am good friends, but he does not have much knowledge; as a result, he cannot help me much. I have had to ask my friends. My friends and I are about to graduate, but there is nobody who asks us what we will do after graduating. Also, I would like the staff members to ask the children what and where they would like to study before sending them to the same school. If the children do not like what they are studying, they will drop out. The staff members should do a better job of instilling good values in the children. I would like the staff members to help the children with their homework and teach them how to read because many of them cannot read. Perhaps, the Home should ask for volunteers to teach the children. There should be more housemothers. One housemother is not enough. I would like to have a physical examination programme for children.*

With regard to discharged youth, one boy commented,

*I heard that after their scheduled discharge, the youth are allowed to stay at the Home for another three months. I actually would like them to stay at the Home for six months while they earn their living so that they can save money before they really reintegrate into society. While at the Home, they should be given meals as if they were still under the Home’s care. Moreover, I would like the Home to give those who are being discharged more than just closing their savings account such as bedding items and other personal items. I would like my friends who have been discharged to come back for a visit because I miss them. I would like to know how they are doing, to learn from their experiences, and get advice from them. Once when our friends came to visit us, the staff members were suspicious of them because they thought that our friends were bringing us drugs. We tried to explain to the staff members, but they did not want to listen to our explanation. We wanted to*
explain our friends’ visit at a staff meeting, but it was cancelled. I would like the staff members to look at my discharged friends positively.

Another child feels,

I would also like someone outside the Home to talk to us about education and give us guidance at the end of Grade 9 and Grade 12, when we can choose to go to a different educational institution. I would like the staff members to ask if a child/youth is ready to leave the Home about 3 weeks before discharge.

One boy is rather critical of the management of the Home and the staff members’ behaviour. He says,

I would like the Home to provide the children with beds so that they don’t have to sleep on the floor. It seems to me that the beds are used only when someone comes to inspect the Home. Cleaning should be done regularly, not only at the time of an inspection. Some staff members don’t distribute perishable items to the children soon enough; they wait until the items turn bad. The children then develop a bad habit of asking some other children for food. Some staff members use bad words; as a result, the children pick up those bad words. The staff should treat older children differently from the way they treat younger children. They should see for themselves that the children have carried out a certain assigned task, and not just get information from other people. Some staff members are not fair in their decision about scholarships, for they use their feelings instead of facts. The children should be allowed to sleep a little bit later, and some older children should be allowed to use a telephone because they sometimes need to call their teachers to ask questions or call their parents.

Some of the children did not like the food served to them; as a result, they were thin and malnourished. Some felt that the children should be allowed to cook for themselves so that they could acquire some cooking skills and have fun at the same time. Some children were concerned with the facilities and equipment. They felt that the roads inside and around the Homes should be repaired. They said that they would like to have exercise machines, a soccer field, and more computers, a photocopying machine, and a satellite connection to improve television reception.

**Discharged Youth aged 18 + - A Profile**

The researcher included the discharged youth aged above eighteen who were accessible for interview. There were altogether ten female and male youth discharged who were accessible. They were four female youth and six male youth. The youngest discharged girl was nineteen years old, and the oldest discharged girl was twenty-nine years old. The youngest discharged boy was older than the youngest discharged girl by one year, and the oldest discharged boy was younger than the oldest discharged girl by one year. Two of the discharged girls were Buddhists, one a Christian and one a Muslim. However, all dis-
charged boys were Buddhists, except one who was a Christian. The minimum education that the discharged girls and boys completed was secondary education, while the highest education level that the discharged girls and boys finished was a bachelor’s degree.

The minimum education that the discharged girls and boys completed was secondary education, while the highest education level that the discharged girls and boys finished was the bachelor’s degree level in different programmes. One of the discharged girls earned more than 15,000 baht per month because she obtained a bachelor’s degree and had been working for many years. Other discharged girls who did not have a bachelor degree earned between 5,000-8,000 baht every month. The discharged boys who had a bachelor’s degree earned less than the discharged girl of the same age with a bachelor’s degree. However, the discharged boys and girls without a bachelor degree earned within the same pay range. All discharged girls resided in Rajvithi Home for Girls while the discharged boys resided in different Homes for Boys such as Mahamek Home for Boys, Maharaj Home for Boys, and Pak Kret Home for Boys.

The researcher observed that when some of them were babies, they were admitted to different Homes for Babies and moved to the same Homes when they were older. Therefore, all the discharged boys stayed in the Homes for a long period of time between 13-27 years. Others stayed on because they were admitted to the Homes for Babies and Rajvithi Home for Girls when they were very young and abandoned. Some used to live with their families and relatives. They were admitted to the Homes due to family problems. The discharged girls stayed in the Home for a shorter period of time between four and seventeen years. One of them stayed for the longest period - seventeen years. Some of these youth studied further after discharge. The discharged girls and boys gave the same reasons for continuing to stay in the institutions after having reached eighteen years of age: to get work experience and save money before re-integrating into the society and finding a rental room. It was clear that they needed some money to secure a safe rental housing unit at a reasonable price before leaving the Homes so that they could be self-reliant.

In 2008, the largest number of discharged youth left the Homes. These discharged youth could be met and interviewed because some of them were still living at the same address given to the Homes and some of them came to visit the Home and provided lunch for the current children.

Current Situation and Achievements of Discharged Youth

- Current Situation of Discharged Youth

1. Living conditions: The researcher observed the discharged youth’s living condition and noted the following:


**Housing:** Some discharged youth were living in a rented old detached house, some in a government housing unit or a private dormitory. Those who were temporary employees of a Home stayed in a housing unit for officers. Some stayed with relatives on the husband’s side in a two-storeyed house. Some of them paid 1500 to 2700 baht for rent. For the lucky ones, their employer would pay their rent, around 2500 baht. Those living with relatives did not pay rent but would have to pay for water and electricity.

**Household appliances:** Most youth had only necessary appliances such as an electric fan, a television set, a cabinet for clothes, a gas burner, an electric iron, an electric wok, a rice cooker and a refrigerator. If their living space was small, they would not have so many appliances. Those living with relatives accessed appliances belonging to the relatives such as a microwave oven, an electric hot pot, a sound system, television set and electric fan, besides a bicycle and a motorcycle.

**Furniture:** In general, the youth did not have any home furniture. Those who lived with relatives have a bed belonging to the relatives, an aquarium, and a dining table.

**Surroundings:** In general, even though they lived among many people in a community, they found the community clean, orderly and conveniently located. Some who lived in a housing unit in a Home felt safe and secure.

Most of them had at least one meal with the other family members because they had different schedules, but they did talk to each other every day and share toothpaste, soap, shampoo, food, appliances and utensils with friends or relatives living in the same household. They usually had vegetables, meat, fruit and dessert. Those living with relatives or other family members were very happy. Those living with friends in a Home or a rental house were also satisfied with their situation.

**Family life:** Most of the youth were not married. Only three were married, and two of them had a child. The unmarried ones planned to have at least two children after being married. The ones who planned to have children later also were determined to do their best to take care of their own children. Some who were not yet married felt that they were not ready. One male youth planned to become a soldier to learn endurance, then to enter monkhood, and work for a couple of years before getting married. Another male youth did not want to get married because he liked his freedom and had health problems.

Most of the discharged youth never asked for help from the Home. Some had been contacted by a social worker who rendered help. The social worker
usually asked about their living condition, their health and their job. It is noteworthy that a social worker was always ready to help whenever a discharged youth needed assistance or advice.

2. **Education**: Some of the youth left the Home after finishing Grade 8 or 9, and a couple of them left after obtaining their bachelor’s degree. Those who left early felt that they were not educated enough. Some of them would like to obtain a vocational certificate in accounting or computer science if they had an opportunity. Some even aimed for a bachelor’s degree and a master’s degree eventually because they wanted to get better jobs. In the meantime, they wanted to get a job in order to support their parents. Some were studying for a vocational certificate after leaving the Home.

3. **Employment**

Most of the youth work in the private service sector as a cook, sales staff at a department store, a delivery person and serving staff at a restaurant. Some of them wanted to have their own business in the future. One youth had a bachelor’s degree in civil engineering and is became a vocational trainer at a Protection and Occupational Development Centre. They were all happy with their jobs. Most of them found the jobs that they had on their own and did not plan to make any changes in the near future. A few got jobs through the Home’s job placement programme. Those who planned to change jobs felt that the current job was difficult. Some of them wanted advice so that they could find a job that paid more and was secure.

Some feel that they could live on their current income, while others had enough to save and give to their parents on a monthly basis. All of them did not have any debt. One youth bought a townhouse costing 900,000 baht and rented it out for 3000 baht per month. He used the rental income toward the repayment of his loan on the purchase of the townhouse. One youth knew how to manage her money very wisely. She bought government savings bonds and a savings insurance policy that paid dividends.

4. **Availability of Support Network and Problems Faced**

Most youth had relatives living in the same community and had a good relationship with their neighbours and community leaders. They also occasionally socialized with their neighbours, asked for help and exchanged gifts. There were shops and restaurants in the community where people met. Some approached their neighbours for help, while others sought advice on education, health, and personal matters from their co-workers, relatives, or staff of the Home.
Achievements of the Discharged Youth

Nat’s and Chai’s stories

This was based on an interview with Nat (name changed), a female former resident of Home 1. Nat’s story represents the success of the rehabilitation programme implemented by the Home.

Nat is now 29 years old. As a nine-year-old girl, she wandered around Bangkok away from her parents and was found by the police officers who took her to the Reception Home. She stayed in Home 1 until she turned twenty-five. She received good care. She is mature and conscientious. After leaving Home 1 at the age of twenty-five, she worked for two years, got married, had a son, took two years off to be with her child, who is now being raised by the paternal grandparents upcountry, while she and her husband work as cooking staff at a well-known restaurant in Bangkok. She received a bachelor’s degree in home economics with a culinary focus. Immediately after her departure from Home 1, she was able to get approval for a purchase of a government housing unit, for which she had been making a monthly payment. Because this housing unit was too far from their workplace, she and her husband are now renting a house close by, which is located in a community that is small, clean and orderly. The security is also strict. She said that she had only items necessary for simple living—an electric wok, a gas burner, eating utensils (bowls, plates, spoons and forks), a television set, an electric fan, a DVD player, and a cabinet for clothes. She pays 2700 baht per month. She and her husband, each make 15,000 baht per month.

With regard to her daily life, her relationship with her husband and her future plans, she said,

"I don’t cook every day. I eat at the restaurant where I work. I do eat vegetables, meat, fruit and dessert every day, but my husband and I do not have time to eat together because we have different work schedules. Occasionally, on holidays, we eat together. I consider my husband my best friend, even though he is four years younger. Sometimes, I think he is more mature than me because of his different life experiences. We listen to each other and try to help each other. I think I am lucky that I found someone nice. I met him at work. My husband is a good cook. I never thought that I would have a family so soon. I thought that after graduating I would find a job, save money, have my own business, and meet someone to start a family. Since everything happened all at once, I had to revise my plans. Now I have to work hard, save money to pay off the house in about five years time and take care of my son, who is now two. I hope to start my own business—a restaurant or a bakery—in Srisaket, where my husband’s family already runs a noodle shop. I love cooking and think that I can earn a rather good living doing what I love. I am quite happy with my life. I do not have any debts. I have enough to live on and to save for my son’s education. My goals in life are having a
happy family, not being anybody’s burden, being without any debts, being independent and self-reliant, and having my own business.

When asked about how her experience of living in the Home contributed to her life right now, she said,

“I feel that I learned valuable lessons from the teachers and housemothers. I learnt self-discipline, respect for the rule of law and regulations, leadership, self-reliance, and the value of hard work and money through the different rehabilitation and training programmes and activities organized by the Home’s staff members. I feel that I was very lucky because I was exposed to different experiences that those living outside the Home did not have access to, such as camping and getting on an airplane. The best thing that the Home gave me was education because it opened up job opportunities for me. I am very happy with the education I received. I don’t plan on pursuing a higher degree. I used an Internet service at a shop to look for a job because I felt that it was an economical way to look for a job. I love my current job at a restaurant, where cooking lessons are offered to foreigners who want to learn Thai cooking. I get to give a cooking lesson especially when there are many students. When I teach a class, I get extra money. I am not planning on looking for a new job, but I would like someone to give me advice about a job that pays more and that suits my ability and experience.”

As for her income, she said,

I have enough to live on, some to save, and some to be used for an emergency. While I was living at the Home, I worked at part-time jobs and was able to save almost 20,000 baht. I am very proud of myself. Now I have some savings bonds, a savings account for my son and an insurance policy that pays dividends. I don’t have a lot of money, but I am aware of what I need to do to be financially independent. Even when I was living at the Home, I always thought about how I could survive and how I could have a good life.

Nat also informed the researcher that she did not have time to socialize with her neighbours or people in her community because she had to go to work early in the morning. She occasionally spoke to her neighbours who lived opposite. She had to be careful about people in the community because there are gang members and crooks. Because she did not have time to read a newspaper, she watched the news at 1 am or 2 am.

Nat represents the success of the social work provision implemented by a Home. Her life is definitely better off, because of the care she received from the Home and because of her maturity and conscientiousness. She reflected on the children in the Homes,

Nowadays children in institutions tend to be rather ‘spoiled’ because they want to have expensive items without having to work for them. They don’t think of the future, and they don’t know the value of hard work and money. I sometimes observe that some children pay a lot for a soft drink. I think they live too comfortably. I wonder if they work part-time while going to school like I did. I want the children
to know how important education is for them and their future. I want them to study hard and think about their future more. They should be thankful that they are given a chance to get an education. They should not waste this opportunity.

Chai (an alias), a twenty-eight-year-old discharged youth, is now pursuing a bachelor’s degree in political science so that he can get a government job that is secure. He wants to get a master’s degree in sports eventually.

He was received into the Home for Disabled Babies called Bann Fuengfah, Department of Social Development and Welfare, where he lived until he was three years old. Then he was transferred to Home 1 and stayed there for another three years. He escaped from the Home when he was six years old and led the life of a vagrant for three years. During that period of his life he begged and slept at a temple. After three years of wandering, he returned to live in the Pak Kret Home for Boys in B.E. 2536 (1996) until his departure. He lived in the Homes for twenty-seven years altogether. He said,

I continued to live in the Home after I turned eighteen years old because I wanted to gain as much knowledge and experience about government work as possible, and I wanted to save a lot of money. I left the Home when I got a job as housekeeper at the Bangkhae Home for the Elderly, where I live in a two-bedroom housing unit. I share a bathroom and a kitchen with another person. I have a laptop computer, a clothes closet, a bed and a desk. The Home has a pleasant atmosphere. I am paid 5,950 baht a month. I hope that I can find a job that pays a higher salary with a weekend break in the future. I hope that I can return to work at the Pak Kret Home for Boys as a vocational teacher after getting a bachelor’s degree. If not, I would like to get a job as a government official working in a department dealing with sports. Now I try to save a little money each month. Luckily, I don’t have any debt.

When asked about his future plan for marriage and family, he expressed,

I would like to marry a woman of a Chinese descent when I am ready. As for children, I have to talk to my spouse. I will teach my children to be honest and good and to live within their means in accordance with the King’s self-sufficiency philosophy.

Chai often goes back to the Pak Kret Home for Boys to visit his former teacher and to seek advice. He has also gone to a Homecoming event. He felt that it was a good experience. He said,

I get reacquainted with individuals who used to be my enemies. Now we forget our differences and become friends again. I am very grateful that the Homes have helped me to get to this point in my life. The staff at the Pak Kret Home for Boys found a job for me. I have learnt a lot from growing up under institutional care.

And so has the researcher learnt about the functioning of these Homes, the experiences of the children and the discharged youth. The chapter that follows concludes and gives recommendations.