ABSTRACT

This research proposes to look at the management of the four institutions selected for this research, (Rajvithi Home for Girls, Pak Kret Home for Boys, Mahamek Home for Boys and Maharaj Foundation Home for Boys), in terms of standards of care and plans for each youth and his/her aspirations after discharge, to compare the process of rehabilitation in the Home for Girls (Home 1) and the Homes for Boys (Homes 2–4), and to explore the achievement and the current situation of discharged youth aged 18–24. It also offers suggestions with regard to strategies for the effective rehabilitation of institutionalised children in Thailand.

The methodology used in this research is a mixed research method. The researcher covered all the four institutions for children in the Bangkok metropolitan region. The research samples were divided into the four following groups: eight persons from management, twelve social workers and the rehabilitation team, all fifty-three male and female youths aged over eighteen residing in the four institutions, and ten discharged youths who were accessible.

The researcher used four sets of interview schedules for data collection from the informants mentioned above. As for the data from secondary sources, the researcher used documents of the Department of Social Development and Welfare, agencies and institutions such as annual reports, academic journals, statistical reports, self-assessment reports of institutions, research studies and case records. Additionally, information from legal provisions such as the Constitution of the Kingdom of Thailand, the 2003 Child Protection Act, the 1989 Convention on the Right of the Child, the Ministerial Regulations, and the standards of care in the Homes for Children was also included. Non-participant observations related to the infrastructure and other facilities for youth in the eighteen to twenty-four age group were also used. This research was exploratory and descriptive in nature. To analyse the data collected from the above mentioned core respondents and also the key persons from the management, social workers and rehabilitation team and some of the family members/guardians of the youth, the researcher employed a simple statistical method like averages and percentages using SPSS program (Statistics Package for the Social Sciences version 11.5).

The main findings which emerged from the research are as follows:

1. **Management in Terms of Standards of Care**

The researcher found that the superintendents of all Homes were highly experienced in managing the organisations in compliance with most elements of each standard of care.

The study indicated that in all the Homes, most of the staff members did not participate in developing the Home’s philosophy, vision, strategy and mission. Therefore, they were not completely aware of the importance of the agency’s philosophy, vision, strategy and mission, which
are the guidelines to achieve the best interests of the child according to the Convention on the Rights of the Child.

Regarding budget allocation, the study indicated that the government allocated a limited budget and gave priority to child development. Besides Government grants, each Home received additional funds from the Homes’ Foundations.

The standard of personnel indicates the minimum qualification for each category of personnel. The Homes are not able to recruit staff with proper qualifications as the salaries offered as per the Government norms are low. Therefore, to provide the organisation with enough manpower, the management recruits staff by using the Foundation money.

With regard to the standard of environment suitable for service provision and personnel performance, the study indicated that Homes 1, 2 and 3 have inadequate budgets for the renovation of a number of old houses and buildings. As for Home 4, due to the age of the institution, the dining Hall was not in compliance with the principle of sanitation under the Department of Health, the Ministry of Public Health; many types of equipment had deteriorated. Because the Home is located in a lowland area, flooding occurs often during the rainy season.

With regard to the standard of services and activities for children, the researcher found that the Homes were unable to follow-up all the cases of discharged children due to the change of their contact details. The Homes did not seem to give enough priority to this group of youth.

As for the standard of child development, it was observed that there were three groups of children: a normal group of children, a group of at-risk children, and a special group of children. The study indicated that all Homes gave priority to child development except Home 4. The staff was involved in the formulation and follow-up of individual child development plans. Home 4’s child rehabilitation and adjustment was not conducted seriously and continuously.

2. Plans for Each Youth

The study indicated that a plan for each youth is made by a multidisciplinary team consisting of social workers and the rehabilitation team. Different training programmes and regular meetings are conducted for the staff to give them more knowledge and opportunities to share ideas as they do their work in the best interests of the children. The social workers and the rehabilitation team get involved in making a different plan for each youth with regard to educational support, assistance with job placement, life skills training and assistance with finding accommodation.
3. Differences in the Rehabilitation Process provided for the Children in the Home for Girls (Home 1) and those in the Homes for Boys (Homes 2-4)

Activities for Physical and Intellectual Development.

The researcher observed that all Homes provided the same number of meals per day, kinds of menus, and types of food. The youth living in Home 1 and Home 2 are trained for life skills in preparing meals more than those in Home 3 and Home 4. There were more visitors coming to provide Home 1 and Home 2 good food because they are located in the heart of Bangkok. However, all Homes provide the five food groups for the children to stay healthy. As a result, the youth are physically and intellectually well-developed according to their age.

As for clothing/bedding and personal items, the female youth in Home 1 are not given the donated clothes because of the problem of appropriate sizes. They themselves buy casual wear, underwear, brassieres as necessary. The children in Home 1 are not allowed to wear shorts. They are required to wear sweatpants to participate in activities conducted by groups of visitors because Home 1 considers the welfare and safety of the children. Most youth in Homes 2-4 are satisfied with what they are provided, though some of them buy casual wear. As for the bedding and personal items, they are satisfied with what they are provided.

Regarding medical care and health, the findings reveal that unfortunately, all the Homes do not have regular healthcare professionals on duty. This situation seems to suggest that the Homes overlook the welfare of the children because they do not want to spend money on employing permanent health care professionals.

The children living in the same housing unit can learn to interact and get along with each other besides learning life skills to prepare themselves for living outside the Homes after discharge.

To enhance the children’s intellectual development, the Homes give all the children educational opportunities. In addition, the children participate in supplementary intellectually stimulating activities.

To prepare the children for real world experience, the Homes arrange a training programme for a job search and a job interview. They also are ready to help find part-time or full-time jobs upon the children’s request.

Activities for Psychological and Emotional Development

There is little warmth and affection for these children from their original families, therefore, the Homes try to provide a family environment by assigning staff acting as housemothers and housefathers, and by creating family-oriented activities for the children. Unfortunately, the
children do not seek advice from the Homes’ social workers or psychologists. They feel rather intimidated by these professionals.

*Activities for Social Development*

To enhance the children’s social development, the children in all Homes are given opportunities to take part in different kinds of indoor and outdoor activities. The children are also taught life skills such as cooking, shopping, saving money, taking care of younger children, looking for a job, avoiding drugs, meditating, attending talks on ethics and morality, and self-defence. They feel that these programmes and activities can help improve their life outside the Home. They also learn how to make good relationships with people and how to build confidence and life skills.

4. **Youth’s Aspirations after Discharge**

The youth have expressed their aspirations in different areas of life. Education seems to be the most important issue because they all know that they need education to be able to get on in society. To achieve their goals, they know that they have to study hard. They also need to seek employment in order to support themselves.

Most discharged youth are able to survive on their own. Because of their experiences in the Homes and the training provided by them, the children have a positive attitude towards life and their future. They apply what they have learned in the Homes to their current situation. Some of them can be held as examples of success.

The researcher suggested that the government offer children, who have no families, a long-term loan for acquiring accommodation so that they can start a new life in society. The office of discharged youth affairs or a helpline for discharged youth should be established. The office can serve as an anchor for discharged youth so that they do not feel emotionally/psychologically and physically isolated and helpless. Fundraising by the Homes should help in bringing in more donations from the public because the government grant may not suffice. The Homes should organise regular meetings of the discharged youth in order to keep contact with them, and they should be given an opportunity to share their experiences with those who are ready for discharge.