

## Home and Community Care Project, Thailand

# Taking children's views into account

The Home and Community Care Project caters for 60 children aged 5–15 years from five villages around Chiangmai in northern Thailand. Half the children have lost both parents and half have lost one parent to AIDS. All the children are cared for by the remaining parent or grandparents.

The project aims to strengthen the physical, mental and socio-emotional wellbeing of the children by developing their capacity, confidence and independence. This is being achieved through training and other activities, and through developing a support network. The beneficiaries of the project are principally the children and their caretakers, while the children's siblings, their classmates and teachers and other groups in their community can also gain.

Fieldworkers and caretakers play a key role in the project. Fieldworkers are trained in the skills, knowledge and attitudes required to support both children and their caretakers. Caretakers are trained in child development, child psychology and understanding, and how to deal with the prejudices in society against AIDS orphans and their families. The project also educates teachers in village schools about HIV and AIDS. It is currently establishing a support group to ensure project continuity and to identify persons willing to take responsibility in emergency cases. This role involves listening to or discussing problems faced by the children.

Children are systematically asked to give their views on activities and trainings that have been conducted. They are asked whether they liked the activity or not and why, but also if they learned anything and if they found it useful or interesting. The children are split into six groups of 10 and some groups keep a diary to record their personal impressions and

experiences. All the children contribute stories for a newsletter, an activity that improves their writing skills at the same time as allowing them to express their feelings.

Children and caretakers also have the chance to suggest the kinds of activities they prefer. For example, when project staff wanted to see how family relationships could be improved, they allowed children and caretakers to choose any programme or set of activities, provided these would contribute to improved relationships. Children and caretakers started to work together on growing mushrooms, raising catfish and frogs and baking bread. The choice of activity and how to carry it out was left entirely to the children and caretakers, with the fieldworkers acting mainly as coaches and advisors. During the activities, the children and caretakers had to consult each other all the time, discussing and deciding what to do. Frequent mutual consultation, discussion and agreement were the 'tools' that helped achieve the goal.

Children's and caretakers' voices influence many aspects of the project. The fieldworkers assess the need for counselling and training through biweekly gatherings. These raise difficult and sometimes painful issues. For example, children may complain that their caretaker doesn't understand what they're taking about, which is often due to the large (up to 60-year) age gap between them. Grandparents may also harbour anger that the children's father has brought AIDS into the family.

Through the project activities and the care and commitment of project staff, it is hoped that the children and caretakers will develop an adequate level of self-confidence. This, together with continuous help and support from friends, support groups and fieldworkers, will help the children feel



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mentally and emotionally strong enough to cope with future problems and challenges in their lives.

While the Home and Community Care Project is primarily oriented at the 60 children currently in the programme, it is working to take the concept to the municipal and regional level. Fieldworkers and children have visited junior high schools in Chiangmai to talk about the project. Contact with teachers allowed project staff to explain the problems associated with HIV/AIDS. They were also able to show how the project's model of care and assistance could be applied in other situations where children have no parental care.