



Friends' Corner – “To Be Number One” Campaign

*An outreach center for young people – To Be Number One Campaign
under patronage of Her Royal Highness Princess Ubol Ratana Rajakanya.*

*“If you can keep children happy and joyful,
you can keep them away from drugs,”*

Parichart Ratenan,
*volunteer at the Friends' Corner,
Fashion Island Shopping Mall, Rangsit*

Friends' Corner (Presentation 2-02)



The Friends' Corner is an outreach center for young people. It is part of the “To Be Number One” campaign of Princess Ubol Ratana Rajakanya. Participants at the workshop visited the Friends' Corner at Fashion Island shopping mall in Rangsit, a northern suburb of Bangkok. There are 10 Friends Corners in Bangkok and 20 in the provinces. More are planned.

At the time when Thai society was in the midst of several crises, both economic and social. A major problem was drug abuse. Thailand was flooded with amphetamines. Young people were targeted by drug dealers, and education officials estimated that 10% of all schoolchildren were using amphetamines. Princess Ubol Ratana was determined to do something about the problem, and in collaboration with health and education experts she launched the To Be Number One campaign. Its theme is that you can only be the best you can be by not using drugs.

The To Be Number One campaign uses three strategies: To campaign for awareness, to provide mental health immunization to youth in communities and to develop Lifeskills and networks for prevention and assistance. As part of the campaign's Action Plan to Fight Addiction, Friends Corners were set up in 10 areas around Bangkok and 20 provinces. They target young people aged 10 to 24 years.

Set up in a vacant shop space donated by the mall, the Friends' Corner is staffed by youth volunteers. Most are in their early 20s and many are students studying psychology or social work. The philosophy is that young people are more likely to relate and respond to those who are their peers or at least close to them in age. Working at the Friends' Corner also provides valuable hands-on experience in social work for students.

Corporations have also donated equipment and personnel; RS Promotions, a local music company, makes some of its stars available to work with the children. At Fashion Island, Pat Jiwa, a 25-year-old pop singer with three hit albums to his credit, gives singing lessons.

In an open space in front of the shop housing the Friends' Corner, singing games were used to by a group of youngsters as a way to introduce themselves. This helped break the ice between strangers. Then they were taught how to sing pop songs, with the use of a video karaoke machine. Young people were also taught how to dance.

Children were also encouraged to join a series of activities which were designed to increase their self-awareness. For instance, each was asked to draw of pictures of themselves that represented both their good and bad sides, and then explain to the others what the pictures symbolized. The schedule of activities changes every month.

Inside the Friends Corner were several "safe learning" computers available for young people. The software consisted of games designed to test and develop youngster's EQ or emotional intelligence quotient and also teach them how to deal with stress. Only certain websites can be accessed by the computers. In another part of the Friends' Corner were small cubicles used for guidance and counseling. It is staffed by volunteer psychologists and social workers. The center can also refer young people and families to outside help if their problems are beyond what the volunteers can deal with.

While some children discover the Friends' Corner on their own, the volunteers said that at Fashion Island it's usually parents who bring the children there. On average, between 20 and 30 children a day drop in to the Friends Corner to use its computers, participate in activities or seek counseling. The Friends' Corner is also trying to link up with secondary schools to set up activities and to work with young people at the schools.

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DISCUSSION



Participants praised the efforts of, and innovative approaches used by the Friends' Corner. They were curious to know, however, if it was in fact reaching the young people who were most at risk and in need of guidance, help and interventions. Most children using the Friends' Corner when the participants visited appeared reasonably well adjusted and sociable. Nonetheless, the fact that the services were available and attempts were being made to link those services with local secondary schools showed Thailand was heading the right direction. They also noted that the involvement of Princess Ubol Ratana was an important factor for the success of the Friends Corner. The involvement of someone of such social importance or a celebrity is a huge factor in mobilizing support from corporations, business owners, schools and society at large.

Satriwittaya 2 School - Advisory and Counseling System

Presented by the principal, teachers and students of Satriwittaya 2 Secondary School in Bangkok.

*"Many hands build a house.
Many hearts make a school,"*

Principal, Satriwittaya 2 School.

Principal of Satriwittaya 2 School



On the afternoon of March 8, workshop participants visited the Satriwittaya 2, where they were hosted by the school's principal, senior teachers and a handful of students present during the academic break customary during Thailand's hot season. With 5,310 students and 233 teachers, Satriwittaya is the largest secondary school in Thailand. "We're the biggest," said Principal, "and we're trying to be the best." Founded in 1973, the school grew so large that it was divided into two separate schools in 1994. In 2001, the two schools were reunited into one. Because of the very large student population, however, administrators have adopted a "Schools in School" system, dividing students and teachers into five "schools" within the school in order to better manage the programs and students. The five schools were each given names – Nonzee, Jamjuree, Rachawadee, Youngthong and Nilobol.

Principal was extremely frank: "we have too many students," he said. The biggest problem, he said, was the high ratio of students to teachers. With so many students, naturally there are many problems of all varieties. School administrators would like to reduce the number of students attending Satriwittaya, but with so many families wanting to send their children there, it is impossible. Satriwittaya ranks fifth nationwide among secondary schools for the number of students passing university

entrance examinations. But, said Principal, that isn't the reason parents choose Satriwittaya. "They choose this school because they want a school that takes good care of their children," he said.

Satriwittaya is attractive to families because of its successful advisory and counseling system for student care and support. The goal of the school and its system is to turn young people into good members of their families, communities and society. As people, they should be smart, good and happy. The aims are to prevent them from using drugs, and if there is sexual activity it should be safe sexual activity.

The three pillars of student development are academics, activities and the advisory and counseling system. That system is designed to protect students, help them solve their problems and improve their lives. Several groups are involved in student development including the senior teachers club, alumni, the parents-teachers association, the parents' network and the student's committee. They liaise with a school-based supporting committee.

Students are assigned to an advisor who studies them as individuals and then classifies them. Risky or problem students are handled more closely by advisors who attempt to help them solve any problems they may be facing. If problems aren't apparent, the advisors encourage them to maintain good behavior and provide them with strategies to prevent problems from occurring. Students are then evaluated and reports are made.

Of the more than 5,000 students at the school, 10% are classified as Super Express, meaning they have very high levels of achievement, 30% are Express, meaning they have above average levels of achievements, 50% are Normal and 10% are referred to as Technical Normal. Technical Normal are at risk or problem students, but the name Technical Normal was devised to counter stigma associated with the terms risky or problem students. The school claims that only 0.04% of students are actually problem students.

The Supporting Committee consists of members of three teams: the Leader Team, the Coordinator Team and the Operating Team. The Leader Team, which is headed by the school director, does the planning and follow-up. The Coordinator Team is the key management body, liaising between the Leader Team and the Operating Team and providing training, explanations of policies, materials and tools. The Operating Teams are set up for each of the five schools within the school and carry out the hands-on, nuts-and-bolts functions of the program. Members of the parents' network are also included in the Operating Teams.

Students are also paired in a kind of buddy system, where stronger, brighter students look after at-risk students. Students who spoke to the

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workshop participants said the school was a friendly, caring place, and that the teachers, counselors and even the principal were all accessible. One said that Principal was like a second father or uncle, always willing to listen if there was a problem.

Participants were very impressed with the school, particularly its facilities. Some commented that the science classrooms and the library were as advanced as those at universities in their countries. The advisory and counseling system was appeared to be well thought out and comprehensive. They questioned, however, whether the school's reporting was accurate, as many were surprised that only 0.04% of the students were classified as problem students. The figure seemed low to many participants. They also wanted to know, with such a high ration of students to teachers, whether or not family visits were possible. The principal said the school is trying to see that all families received visits from teachers, but that goal had yet to be achieved. Finally, although participants were impressed with the school, its facilities and its program, they agreed it was probably one of the better schools in Thailand in terms of quality and budget, and so felt it may not have been representative of the general state of student care and support programs in Thailand. They were curious to see other schools, particularly outside of Bangkok, that were attempting to implement care and support programs with less funds and back up from the authorities.

Hotline Center Foundation

*Presented by Ornanong Intarajit,
founder and chairwoman of Hotline Center Foundation*

“Thailand is developing too fast. The government doesn’t always recognize social problems and their severity,”

Ornanong Intarajit.

Ornanong Intarajit



The Hotline Center Foundation was established in 1984 by a group of people who recognized that the rapid changes taking place as a result of industrialization and globalization were wreaking havoc on Thai families, especially women and young people. The foundation offers a range of services and activities, but they are best known for their telephone hotline – a number people in distress can call and receive advice and counseling. Callers may remain anonymous. The foundation also runs a hotline specifically for people living with HIV/AIDS. These services were the first of their kind in Thailand. The services are free. However, if those

that receive them are well off, they are encouraged to make a donation to the foundation.

In the beginning, Hotline provided telephone and other counseling services to women and teenagers. However, counselors soon came to realize that they couldn't solve many of the problems experienced by these groups without involving men, and so they opened their services to men also. Today, 63% of callers are women, while 37% are men. Fully 75% are aged between nine and 45 years of age. The center receives at least 40 calls a day. Counselors deal with people facing problems such as physical abuse, suicidal tendencies, alcohol and drug abuse, pregnancy and abortion, psychiatric problems and rape and sexual abuse.

Aside from telephone counseling, Hotline also will counsel by mail and in face-to-face sessions, whichever are convenient for those who are in need. In addition, the foundation's Hotline Institute of Psychology provides training for psychologists, social workers, counselors, student trainees and most recently the Royal Thai Police. Founder Ornanong says that police often have to deal with people suffering from psychiatric problems but have no idea how to handle them. Courses are also given to personnel from the public service sectors of other countries who are interested in setting up similar services in their locales. The foundation also publishes a number of booklets, magazine and newspaper columns to educate the public, share experiences and offer solutions to psychosocial problems. Lastly, the foundation runs a women's shelter in the northern city of Chiang Mai.

DISCUSSION



One participant asked why most people preferred to use the telephone service rather than come in for face-to-face counseling. Ms. Ornanong replied that transportation is difficult in Thailand, and furthermore people were generally more relaxed on the telephone where they could remain anonymous. Another participant asked if there was some method counselors used to keep track of repeat callers. Ms. Ornanong said there was no system used for that. In fact, she often was able to recognize repeat callers simply from their voices.

Others asked specifically about how Hotline delivered services to students. Ms. Ornanong replied that the foundation also ran Hotline Mobile Services, in which counselors visited schools. This was quite popular, she said, because students were often reluctant to talk to teachers about their problems, but were more willing to talk to someone from outside the school system. She was also asked about training and said that in the past, telephone counselors received three months of training, were paid 100 baht a day and worked six days a week from 8 am until 10 pm. This proved to be too much, and so now they work 9 am to 5 pm, five days a week and receive minimum wage. Another participant asked how Hotline advertised its services. Ms. Ornanong said that in the early days they used newspaper ads, and later the foundation

had a radio program. These days, however, the service is so well known that it doesn't need to advertise. Asked about the foundation's work in the schools, Ms. Ornanong said most teachers have no counseling skills and that principals and teachers had the wrong attitude. They try to scare the teenagers into doing the right things. The most important thing, however, is that students trust the teachers. Teachers must be able to keep students' secrets. Hotline gives teachers a five-day training course in counseling and then tests them. Teachers are often too afraid to counsel. They don't know how to help, and so often they end up hurting the students unintentionally. A good attitude, ethics and awareness of what's going on in society is essential for counseling. The need for teachers to be able to counsel is important because in a population of 63 million Thais there are only about 300 active psychologists. Unfortunately, because of a lack of funds, Hotline isn't able to follow up on the teachers it has trained to monitor and evaluate their counseling performance and ability.



FRAMEWORK, SUMMARY OF LESSONS LEARNED, AND FORMULATION OF COUNTRY PLANS

Framework for Lifeskills-Based Education

Presented by Mr. Gregory Carl,
Regional Project officer - HIV/AIDS (Lifeskills),
UNICEF EAPRO, Bangkok, Thailand

Mr. Greg Carl
(Presentation 3-02)



“For behavior change we need to have a balance between skills, attitudes and knowledge,”

Mr. Greg Carl.

In his presentation, Mr. Greg Carl of UNICEF, EAPRO said that for Lifeskills-Based Education to be effective, a broader framework is needed. He detailed eight components needed to foster behavior change in adolescents, then asked participants to comment on how they relate to the situations in their countries, and what they had learned from the field visits in Thailand.

The eight elements needed for behavior change are:

- 1. Having an evidence base.** What do we know about the needs of adolescents, and the needs of our programming? In fact, we know very little about adolescents at this time. If we already have data, or if data can be collected, the next question is how do we use this data? If we look at the drug use among adolescents, we've seen virtually all countries go through a phase where they say "not our young people." They insist their young people aren't using drugs, when all the evidence says they are.
- 2. Appropriate messages.** How are our curricula reflecting the needs of adolescents? Are we targeting services where they are needed? Do we really know what is needed?
- 3. Lifeskills Development.** There are questions for lifeskills development: What Lifeskills?, Lifeskills for what?, How will lifeskills be developed?, Are the curriculum competency-based curricula?, Did lifeskills applied to specific content areas?, Do they understand lifeskills used interactive teaching and learning methods, but not synonymous with these methods?
- 4. Delivering appropriate supplies and services.** Are we supplying what young people need? If they are at risk of HIV, are we giving them they need to prevent infections, like condoms?
- 5. Supportive environment.** Often we need to do our advocacy at the local level. That will help us sell it to the policy makers.

6. Sustained action. What are the mechanisms? Should activities be extra curricular or compulsory? Should teacher training be in-service or pre-service? How does that sustain programs? Pre-training ensures that each new generation of teachers has a basic set of skills for intervention. Or would it be more sustainable if the training were an in-service curriculum?

7. Collaboration and networking. This is important at all levels, whether it's working with communities, PTAs, or government agencies to mobilize support.

8. Monitoring and evaluation. What are the indicators? What are the standards we are holding our programs up to? Those are things we need to continually examine.

To construct an evidence base, there is a need to do behavioral or needs assessments, both for prevention and the intervention and services sides. We don't have an evidence base, and so we don't know what is specifically needed. Once we have that, we need to determine what results we want. That can be a difficult step. Another obstacle is lack of coordination. We have ministries that collect data, others that develop interventions and still others that educate. They are not, however, linked.

A lot of surveys are looking at risk, but they don't often look at vulnerability. HIV would be the risk, but lack of condoms would be the vulnerability. Vulnerability could be defined as structural determinants that would prevent young people from acting on their decisions. In Thailand, research has shown that young people have a high knowledge of HIV, but are still putting themselves at risk. Many other factors coming into play, biological and social. The result is that they don't act on what they know.

One reason is that there are barriers. What are they and how do we deal with them? In Thailand a child under 18 can go to clinic and ask for HIV test without having the consent of his or her parents. In some other countries they can't do that. There is also an underlying fear of accessing government services, that somehow they will have a record. Many young people would much rather access NGO services. They are familiar with NGOs, they have outreach programs and they know the staff. The government services are available, but they are unknown. So, one barrier is the fear factor.

What are the empowering factors that exist? School can be one of them. How can we make school a protective environment for them? If Lifeskills development is done well it gets kids to examine their situation and understand their vulnerabilities. It's much more effective if teachers draw experiences from young people in the classroom instead of using external examples. The responses can be a starting point for

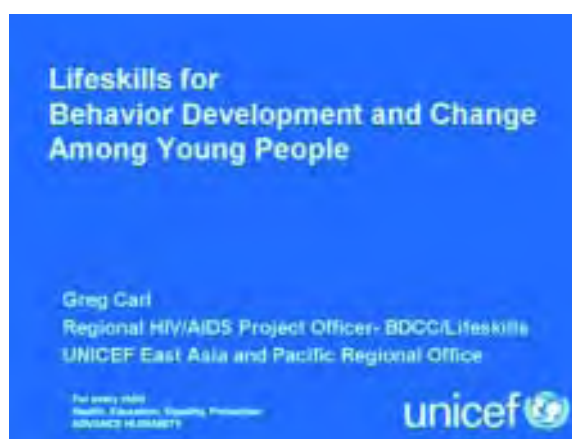
teachers to look at individual students and understand what their needs may be, and then consult with parents about getting them the appropriate services.

The majority of LSBE programs do not provide services and supplies. Where are the condoms? How do the kids get them? The same is true for counseling and testing? Are they linked into our programs? Linking is important, but so is collaboration. Hotline was bombarded with calls when its number was placed at end of a television program. But Hotline had no idea that was going to happen and so wasn't staffed to prepare for the flood of calls. Collaboration hadn't been established to make it effective.

A lot of responsibility for Lifeskills training is placed on teachers. Can the responsibility also be shared out to PTAs and other organizations? How can existing programs be sustained? Some are looking at integrating LSBE into the core curriculum and teacher training.

Some LSBE programs started 10 years ago, but very little still being done as far as monitoring and evaluation. Some countries have started developing competency-based examinations or evaluations. Those look at skills development. For behavior change we need to have a balance between skills, attitudes and knowledge. We haven't had skills development at all. Are young people empowered to make decisions and have the ability to carry them out? We are asking whether our young people are having sex or using drugs. But we aren't asking why?

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DISCUSSION



The discussion following Mr. Carl's presentation was wide-ranging and those in attendance also voiced views and opinions on programs and services they had observed during the seminar's field trips.

Firstly, participants were concerned about what the best name for the program would be. Should it be Lifeskills-based School Education, or counseling or care and support? Mr. Carl said that it would depend upon what would work best in the country context. Questions to be considered in deciding what to name the program are; What would help sell the program? What would lead to the least confusion and be most appropriate for the services you would provide? Calling it care and support is broader, but to reduce confusion with other kinds of programs involving care and support, it needs to be given some definition. Perhaps calling student care and support would be better. What will that mean in your country context?

One participant commented that the presentation had helped them understand the process of linking the program to services outside the school. Nonetheless, it still puts a lot of pressure on teachers because it is more responsibility. So, a consultative process and collaboration from the beginning, along with putting the Ministry of Education in the driver's seat will help the process.

Another participant commented on the field trip the Friends Corner, noting that their impression was that it seemed like a fairly luxurious place for children, and it was meant for a select group of urban youth. So, the question of accessibility comes into play. What is the type of group this center is supposed to serve? It would be interesting to look at the Friends Corner log books to see the number of people who come in and access services. Is the center serving the needs of a few, or many? How frequently are the hotlines used? There are also questions of cost and sustainability. The Friends Corner is largely funded by the Department of Mental Health, the space was donated by the mall, and young people are paid a nominal fee to staff it. Could this kind of set up could be replicated and expanded at provincial level? The participant was doubtful that their country could replicate the Friends Corner because of a lack of resources.

Mr. Carl said the Friends Corner was initially a WHO program targeting HIV prevention and reproductive health, and was meant to be set up in schools. Supposedly, 220 schools in urban and rural Thailand have youth corners. Some have been set up in regional offices of the Department of Mental Health. Whether or not they are being accessed by youths who most need it is a big question. A long time ago Thailand developed a network of youth centers, but Mr. Carl said he had never met a youth in 16 years who has ever accessed services there. Do they use drop in centers? What youth? Personally, he said he didn't think they were reaching the most vulnerable children, just general youth. In Laos, there was a similar center. It had good intentions in the beginning, but was shanghaied by middle class youth as a clubhouse. The initial fear in setting up a school-based friend's corner was that, if it's in the library then all your friends know you're seeking information about HIV or sexual

health. So there are advantages and disadvantages to having it outside the school. Ultimately, what's needed is to look at what works and what doesn't.

Another participant said that in their city rents were very expensive, and so that raised questions about cost and sustainability. In Thailand, because the Princess is involved, the mall and others are willing to donate. So it seems political will or the influence of high-ranking person is important to the program.

Mr. Carl agreed that if you have a personality involved or associated with a program, it can have a lot of influence on the marketability and draw of the program. The Friends Corner is in Bangkok and so it's the high end of programming. Programming in rural areas would leave a very different impression. In a number of countries there has been big push to make students computer literate. Friends Corner had a lot of computer emotional programming. Is it possible for IT centers in schools to have interactive programming so students won't have to worry about being stigmatized if they are interested in HIV issues? What might be applicable from the Friends Corner that could be replicated? One interesting element was their use of psychology students as staff. They get practical experience, and how often are those kinds of opportunities provided? Who is being used as peers? Are all the human resources available being looked at?

A weak point of the Friends Corner, Mr. Carl said, is still the evidence base. Other than registration, there isn't really a mechanism for collecting and maintaining data. Even at Hotline it's all done by memory and recognition. So, when it comes to reporting and looking at what's being achieved, it becomes very difficult. One group working with HIV gives callers a number so they can follow up on repeat callers without losing confidentiality. That's interesting but still under development. With recreational, cultural and even sporting events, the idea is keep young people active so they have less time to misbehave. Is that a good message? And what are the impacts of these activities? How are they linked to adolescent development? Are the activities linked to the results we want to develop, or are they for show?

Another participant said they were very impressed with the type of facilities at the places the group visited. In their country they don't have those kinds of facilities. The high school in Bangkok was equivalent to their university. They wanted to know if there is a possibility of UNICEF providing infrastructure.

Mr. Carl said that could be discussed and considered, but in most cases UN agencies don't provide infrastructure. Instead, they might be able to provide linkages to those who might. Noting the point that the places visited in Bangkok were high end in terms of facilities, he said in future

workshops it would be beneficial to see a variety of rural and impoverished areas to see what they were doing with more limited resources.

One educator said there were many things they saw at the visit to the high school that their program could build on, especially attitudes. Teachers in their country have different attitudes about their responsibility towards helping students. Another educator said, however, that when the teachers talked about home visits, they all said it was good. She suspected that that was too simplistic. One positive thing was the collaboration between the Department of Mental Health and the Ministry of Education in the whole process. The legal and policy frameworks drove the process. It was good to see from the conceptual framework how the program developed in phases. It was also encouraging to see they have incorporated monitoring and evaluation into the program and framework. But, the question is, if this is the ideal situation, could it be replicated easily?

Another participant said the concept of the presentations were good, but without interaction with teachers and students it was hard to know how the programs were implemented. Also, the training manuals had so many forms. How long does it take to analyze one student? Will teachers be able to do that or not. What kind of support is there from the principal to do this?

Everyone has to fill out forms, Mr. Carl said, but they start with those considered at risk. Are there ethical questions attached to that? What is the criteria for judging who is at risk? Or is it based on assumptions? Home rooms take place at different times of the day and week depending on the school and grade level. They may even change from week to week. A big question is how much can they cover in one hour per week? Lifeskills needs to be a bit more intensive than that. It's necessary to have a number of fairly consecutive hours for skills development to take place. In this case, it's not incorporated into the core curriculum in Thailand, whereas it's starting to be incorporated in other countries.

Some participants said they were impressed with Hotline, but didn't think the same kind of service would work well in their countries, mainly because not enough people, especially poor people, had telephones. So a Hotline in their countries would only help wealthier people. The cost of phones is a barrier.

Mr. Carl agreed, but said it would be a start, nonetheless. There also needs to be an exit strategy so the government will eventually take on the role. A number of countries are moving from being aid-receiving countries to donor countries. That's a desired goal. Along the way, however, a number of dependencies have been created.

The expectations have to be practical and realistic, said another educator. School-based counseling is an ambitious concept if the technical definition of counseling is used. The expectations from donors might be too high. The definition needs to be clarified so that it doesn't necessarily need to be a technically trained teacher. That demonstrates the importance of a consultative process, so expectations are at the same wave length and work is done in partnership to achieve the results expected.

