

Case management model for child protection in Thailand

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Abstract

This qualitative research aims to study a model for case management for child protection in Thailand. Data was collected by several means including documentary study on case management strategies and procedures, definitions, origins, roles of case manager, case management processes, as well as legal measures and mechanisms relating to child protections. Field research included in-depth interviews with key individuals working in child protective services and focus group discussions with child protection professionals. Field research was conducted with individuals throughout Thailand including the Tha Ngiew Sub-District Administrative Organization, Huai Yot District, Trang Province, Don Kaew Sub-District Administration Organization, Mae Rim District, Chiang Mai Province, Kut Ya Luan Sub-District Administration Organization, Trakan Phuet Phon District, Ubon Ratchathani Province. Each area was analyzed under different contexts such as policies, laws, legal authority, network community and human resources. Based on findings of field research in Thailand and case management model of San Diego Youth Services in USA, developed the integrated model of case management for child protection in Thai society, which include case management in 3 levels: (1) case management operation at Sub-district level, (2) case management operation in within an organization, (3) case management of interdisciplinary team at the provincial level. Recommendations: Ministry of Social Development and Human Security should set up long-term and practical child protection strategies that cover policies and operators in all levels. Support the community and family involvement and tool for intervention. Support case management supervision structure and support skill for case manager.

Keywords: case management model, case manager, child protection, integrated case management

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1. Introduction

Case management is the structural framework for health and social services by professional social workers in the United States of America starting in 1990s in response to complex issues of providing long term care for individuals. [1] Additionally, case management models were created to facilitate cooperation in assessment, planning, coordination, checks and evaluations of choices and services that address service receivers' needs. [2] The term 'case manager' refers to social work professionals who coordinate resources from various agencies, develop strategies and provide services. Their work often involves collaboration with other social services, institutions and family member, as well as an in depth knowledge base that encompasses policies, regulations, laws, networks, and human resources. [3]

Following the 2004 tsunami in Southern Thailand, case management strategies for child protective services were implemented in the country with the support of UNICEF, the Thai Ministry of Social Development and Human Security and academics from the Faculty of

Social Work at Thammasat University in Bangkok. [4] Initially, child protective measures included the development of training courses on child protective services for officials from the Local Administrative Organizations (LAOs), who worked to assist and protect children in communities affected by the tsunami. Given the success of initial training courses, the Thai Ministry of Social Development and Human Security expanded child protective training measure to LAOs and staff members of Children and Family Centers in provinces beyond those directly affected by the tsunami. [5] This expansion was facilitated by the 2003 passage of the Child Protection Act B.E. 2546, which required child protective mechanisms at the local and provincial levels with interagency collaboration.

However, there are still several obstacles hindering the efficacy and implementation of child protective services. Interagency collaboration, communication and transfer procedures are lacking, which in turn hinders cases and leads to insufficient measures. Problems also include a lack of integration and clarity with

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organizations, insufficient or inadequately trained personnel in the field of child protection, as well as a lack of monitoring and data collection on child protective issues and the efficacy of implemented measures. [6] Therefore, this has prevented an effective evaluation mechanism for analyzing and improving strategies and policies.

Therefore, this research aims to study models of child protective case management for abused children in Thailand, evaluating current models, their efficacy and issues. Furthermore, case management models for the protection of abused children in other countries, including the United States, are also studied in order to identify effective strategies that can be implemented into the Thai system.

2. Objectives

- 2.1 To study and analyze current child protective measures and procedures in Thailand,
- 2.2 To study case management strategies specifically relating to child abuse in Thailand,
- 2.3 To develop an integrated case management procedure for the protection of abused children in Thailand.

3. Scope of the Study

3.1 Scope of Content

This study will examine current case management procedures for the protection of abused children at the community level and provincial level, including the operations of interagency teams, in order to develop an integrated case management model for the protection of abused children in Thailand.

3.2 Scope of Research Sites

1. The examination at the community level encompasses the child protective work undertaken by Local Administrative Organizations (LAOs) in Thailand including:

- Tha Ngiew Sub-district Municipality, Huai Yot District, Trang Province
- Don Kaew Sub-district Administrative Organization, Mae Rim District, Chiang Mai Province
- Kut Ya Luan Sub-district Administrative Organization, Trakan Phueth Phon District, Ubon Ratchathani Province
- Interdisciplinary Teams at the community level, consisting of medical doctors, nurses, social workers, and psychologist. These professionals interact and coordinate their efforts to diagnose, treat, and plan for children and families receiving child welfare services. They may also be referred

to as a "child protection teams," "interdisciplinary teams," or "case consultation teams."

2. The examination at the provincial level includes governmental agencies working on child protection, such as:
 - Ministry of Social Development and Human Security
 - Provincial Social Development and Human Security Office
 - Interagency teams working in shelters for children and families
 - Ministry of Public Health of Thailand, including administrators and operators of One Stop Crisis Center (OSCC), provincial hospitals and interagency teams

4. Terminology and Definitions

Case Management: the process of helping individual children and families through direct social-work type support, including the prevention of and response to abuse, neglect, exploitation, and violence against children in order to increase the health and well-being of children and families.

Case Manager: an individual who is responsible for assessing the needs of children and families, setting goals, coordinating with other agencies, coordinating resources, monitoring the situation and progress, and evaluating outcomes to more effectively address issues faced by children and families.

Child Protection: refers to the protection of children from all forms of abuse including physical, sexual and emotional abuse, abandonment, in addition to neglect and exploitation. Protective measures are developed and implemented through an assessment of children and their families in order to ascertain the issue from a multi-dimensional perspective by the Child Protection Act of 2003 in accordance with the principles set out in the United Nations Convention on the Rights of the Child. The law stipulates the policies on child protections, child protection authorities, and related offenses. The Act defines a "child" as any person under the age of eighteen.

Integrated Case Management Model for Child Protection: services administered and managed by a case manager at the local level, with coordination with an interagency team in order to protect children who are abused. The model also extends to the continued protection of abused children by agencies and an interagency team at the provincial level. The model leads to the process of planning and operations in order to provide quality services to abused children.

Samples: samples are selected with a purposive sampling technique. The selected areas are the ones

with child protection operators, who have been trained as case manager at local and provincial levels by the Ministry of Social Development and Human Security, and have had consistent and continuous cooperation with multidisciplinary teams. The number of samples ranges from 10-13 per province. The samples consist of social development and human security workers, child protection officials, heads of shelters for children and families, child protection officials, social workers from support centers, legal experts, educational experts, administrators or representatives from OSCCs, multidisciplinary teams from hospitals, administrators of LAOs or head of social welfare department, voluntary operators from family development centers and volunteers from communities, totaled 35, including 5 academics.

Data Collection Tools: The tools for data collection included the scripts and questions used for interviews with provincial and local administrators as well as for officials and interagency teams. The provincial administrators consisted of social development and human security officials, while local administrators included LAO administrators and heads of social welfare departments.

Data Collection Method: Data was collected through in-depth interviews Mrs.Ooythip Thoamadlae an administrators of department of Women's Affairs and Family Development, the Ministry of Social Development and Human Security, Miss Boonlom Kansaksaran an expertise in child welfare, Mrs Saowaluk Jirakaikosol an administrators of social development and human security of Ubon Ratchathani Province, Mr. Kiangkiai Issarasangsarn, attorney of Ubon Ratchathani Province and Mrs.Umaporn Srihan, Mrs. Umaporn Srijan, a local agencies, Mrs. Varachya Laocan, Mrs. Yanissa Kuloon, Mr.Chaowalit Hankit whose work focuses on the protection of abused children. Focus group discussions were also used to better understand the process of cooperation and function of each agency in child protection. Open-ended questions were used during the focus group discussion allowing participants to exchange ideas and learn from one another.

Data was collected with the purpose to develop a more effective model for the protection of abused children in Thailand. This preliminary proposed model was then discussed and critiqued by a panel of academics in the field.

Data Analysis: Data was analyzed by using content analysis techniques. Analyzed data was then used to develop a more effective model case management for integrated child protective services to prevent abuse in Thailand. The data is presented by using a descriptive analysis technique.

5. Research Methodology

This research employs a qualitative research methodology consisting of documentary study and field research. In-depth interviews were conducted with child protective administrators and operators at local and provincial levels. Focus groups were conducted with child protection professionals from organizations such as the Tha Ngiew Sub-District Administrative Organization, Huai Yot District, Trang Province, Don Kaew Sub-District Administration Organization, Mae Rim District, Chiang Mai Province, Kut Ya Luan Sub-District Administration Organization, Trakan Phuet Phon District, and the Ubon Ratchathani Province.

Visiting the San Diego Youth Services (SDYS) in the United States, interviewed Miss Laura D. Beadles, Division Director of San Diego Youth Services, Mrs. Judi Park, Mrs. Joanna Sarao, Mrs. Lucy Jasso, Miss Elizabeth Ramirez and Miss Amy Budd, case manager teams, is also included in the research methodology. The case management strategies of the SDYS provided supplemental data for alternative models of child protective services, which could potentially be integrated into the Thai system.

Following the diverse data collection methods, the data was analyzed and used to develop a preliminary model for improved child protective services in Thailand. This preliminary model was then presented to experts in the field for comments and constructive criticism, which will then be considered and used to further refine the model for case management of abused children in Thailand.

6. Findings

a. Thailand

In the three provinces studied, Trang Province, Chiang Mai Province and Ubon Ratchathani Province, it was found that each province utilized different model and procedure in child protective cases.

Trang Province

In Trang Province, child protective measures and case management are undertaken at the Sub-district level by the Family Development Center and Sub-district Child Protection Committee. At the Sub-district level, there are 3 units, each overseen by a different agency and these agencies are able to work together collaboratively. The central hospital in each Sub-district provides supports by transmitting data concerning children and families in order to enable the operations to be comprehensive.

However, the weakness of this operational framework is that case managers at the sub-district level do not have clearly delineated titles or legal powers. They work on a diverse variety of issues. The organizational structure is further complicated by an unclear hierarchy and mentorship, leading to inconsistencies in case

handling as well as a hindered sharing of expertise and knowledge related to case management. Despite its operational shortcomings, this Sub-district management provides the initial risk assessment at the local level before cases are transferred to agencies at the provincial level. At the provincial level, child protection mechanisms consist of a shelter for children and families, with an official designated as case manager, in accordance with the Child Protection Act of 2003.

The governor of each province leads the teams for integrated operations at the sub-district level. Meetings are held with all related sectors and agencies in order to announce policies. The sub-district has a coordinator on child-related work. At the provincial level, coordination occurs through the shelters for children and families, which report issues to the provincial office of Social Development and Human Security. They in turn set up a meeting among interagency teams to plan for further assistance. However, it has been discovered that the child protection team at the sub-district level is not legally recognized as an interagency team under current laws. Therefore, they cannot provide complete and comprehensive services to abused children.

Chiang Mai Province

In Chiang Mai Province, the Don Kaew Sub-district Administrative Organization works at the sub-district level on the administration and development of child protective services. Their working motto is, “child protection is the concern of everyone.” The Director of the Social Welfare Division and Project Coordinators are required to attend training course related to case management, held by Department of Children and Youth. In addition, the Child and Youth Protection Committee of the Don Kaew Sub-district is the main child protective mechanism in the community and works through interagency collaboration at the sub-district level. The case management procedure includes receipt of a case, risk assessment, planning, assistance and monitoring within the community first. If the case is beyond the capacity of the sub-district, the sub-district team will coordinate with the provincial team for further assistance. All of the governmental agencies that are related to child protection are centrally located at the front of the office of the Don Kaew Sub-district Administrative Organization, such as the Nakhon Phing Hospital, shelter for children and families, Protection Center and Social Work Center, which allows for fast coordination.

The shelter for children and families in this province has officials in accordance with the Child Protection Act. However, it was found that many officials in this area need greater training and mentorship. The OSCC (One Stop Crisis Center) in the hospital have a doctor and nurse who coordinate work with social workers and psychologists. However, at the provincial level, this effort is further assisted through coordination with

multidisciplinary teams such as police, prosecutors, teachers and non-government organization officers.

Ubon Ratchathani Province

In the Ubon Ratchathani Province, the Kut Ya Luan sub-district Administrative Organization runs child protective services. The administrators are aware of the importance of child protection. Therefore, policies are in place to incentivize the head of the welfare department to attend training courses on management of child protection cases in the community. Utilizing a strategy that combines accountability with attention to detail, case managers join a team at the Family Development Center, working to coordinate volunteers from the communities, personnel from the Trakan Phuet Phon Hospital, and police officers to join the Sub-district Child Protection Committee. Case management methods include the receipt of cases, risk assessment and coordination and transfer of cases to the provincial office of Social Development and Human Security. The officials in the provincial Social Development and Human Security office are in accordance with the Child Protection Act and receive cases, carry out risk assessments, plan, coordinate resources and monitor operations. The OSCC in Sapphasitthiprasong Hospital has an interagency team, with strengths geared towards therapeutic solutions. At the same time, prosecutors who are responsible for child-related works can collaborate with shelters for children and families in addition to the Office of Social Development and Human Security. However, case managers in all levels, from sub-districts to the provincial level, still could improve mentorship and knowledge sharing. Furthermore, a sufficient number of qualified experts are still needed to meet the needs of the community.

To summarize, in the three provinces studied, operation management is divided into three pathways. (1) The first operation is for case management at the sub-district level. Here, case manager is the head of the Social Welfare Department of LAOs or any other official who has been trained as a case manager. At this level case management consists of coordination, such as receipt of cases, risk assessment, transfer and monitoring, and preventive operations. (2) The second pattern is case management within organization, which provides shelters for children and families including hospital OSCC, which coordinate both in-depth operations such as case receipts, risk assessments and planning for interagency case conferences with internal and external organizations, and operations to treat, rehabilitate and monitor. (3) The third pattern occurs at the provincial level where case manager is the official of the provincial office of Social Development and Human Security, who protects children’s rights, coordinates interagency resources for child protection at the provincial level. All parties collaborate through case

conferences and by dividing roles and responsibilities to assist and protect children, while addressing unique needs and complexities of their situations.

Therefore, the analysis of child protective services in the three Thai provinces indicate that child protective services in the country require an improved, streamlined case model management procedure, as discuss in subsequent sections.

b. United States

In addition to analysis of three provinces in Thailand, analysis of child protective services in the United States was conducted through the San Diego Youth Services (SDYS). SDYS is a civil society organization (CSO), which works with children and youths. SDYS serves over 13,000 youth annually in quality environments delivered by capable staff and volunteers. Through a trauma informed care philosophy, the agency practices a double bottom line operational model – high program impact and financial viability. The agency is driven by effective governance and administration, secured by a strong economic base. Through collaborative partnerships, SDYS will generate and sustain positive external relationships and a well-recognized, respected public image.

The organization is tasked with the case management for the Community Assessment Team (CAT) for at-risk children and youth. A team consists of 10 members, all of whom are case managers with at least a bachelor’s degrees in social works or related fields such as psychology or child development and have passed the case management training certifications. A case manager at SDYS is responsible for between 15–20 cases. A case manager’s specific knowledge and skills allow him/her to do clinical work and coordinate resources based on the needs of their specific cases. A project manager must have a master degree in the field of social work or

a related field, with a profession license. There are supervisors to provide suggestions and consulting, monitor and promote the development of new bodies of knowledge related to case management. A supervisor must have a master degree in the field of social work or a related field, with a professional license.

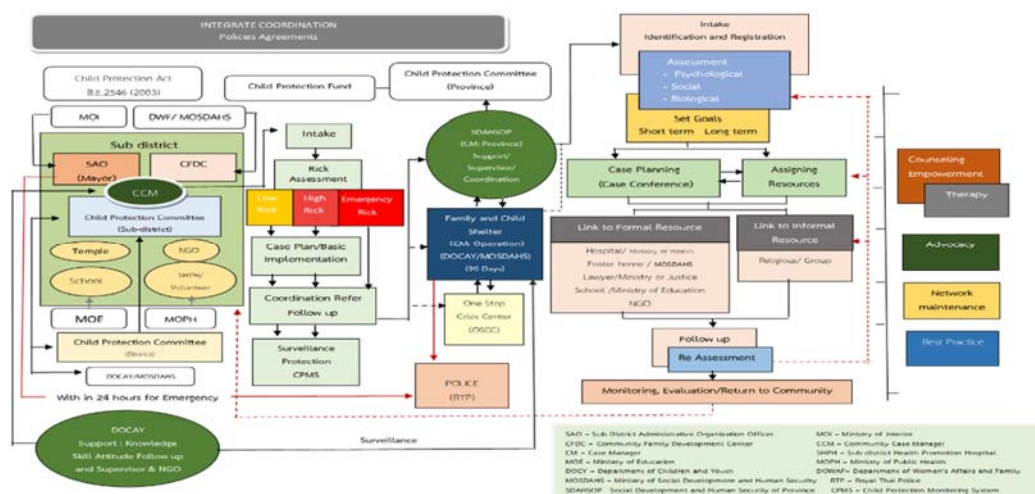
Within the organization, there exist interagency teams that are called upon to provide suggestions and assistance on cases. Weekly meetings are held to allow team members to exchange opinions on child-related cases that are complicated. Each Friday, all members meet to exchange thoughts, ideas and share challenges, which ultimately helps to maintain or boost morale. The organization systematized operations into a streamline process from receipt of cases to risk assessment, planning, operations, monitoring and discharge of cases to the families. The organization has a detailed data storage system that facilitates the use of data to facilitate presentations at the policy level. The organization is allied with both governmental, public sector and private sector organizations and runs a resource fair for providers each year.

Therefore, the San Diego Youth Services is a professional organization with a focus on case management consistency. By having case-managers oversee the totality of a case, they are able to have more impactful interventions that lead to the greatest possible improvements in the lives of the children with whom they work.

7. Conclusion

Given the field research conducted in the three Thai provinces and in the United States, the model above was developed as a preliminary model for child protective services in Thailand. The model articulates the following:

Flow chart: Integrated case management for child protection in Thailand



1. Sub-district municipalities and sub-district administrative organizations under the Ministry of Interior should have policies to collaborate and integrate work by all ministries and departments that are decentralized at the local level. This integration and collaboration requires recognition that child welfare is the responsibility of all parties and should encourage the appointment of the host, principal leader of a project, or a Community Case Manager (CCM), who might be a staff member of an official of the social welfare department of the municipality/sub-district administrative organization or a newly hired person. Case management methods can be applied through coordination and transfer of cases to the provincial level appropriately and accurately. Case managers should have a bachelor's degree in a field that is related to human development and should also demonstrate good interpersonal skills, coordination skills, kindness, patience and adaptability to circumstances.

2. Department of Children and Youth should serve as the host and supervisor by collaborating with professional non-governmental organizations (NGOs) such as the Center of the Protection of Children's Rights Foundation (CPCR Foundation) in improving bodies of knowledge and work skills, monitoring, and the development of best practices in order to set up prototype communities for effective case management for child protection.

3. Communities and families should be urged to be aware of their responsibilities and work together to ensure the welfare of children in communities in accordance with the International Declarations on Children's Rights and Child Protection B.E. 2546 (A.D. 2003).

4. The responsibilities of case managers at the community level should include the receipt of case reports, investigations and fact finding, undertaking of risk assessments, planning and providing of initial assistance, coordination and transfer of cases to operators at the provincial level, and to monitor and protect at-risk children who have been extricated from their circumstances from returning to such an environment.

5. Case managers at the provincial level should operate under the tenets of the Child Protection Act. Their working practice should incorporate interdisciplinary teams. This includes work with shelters for children and families, which aims to rehabilitate children for 90 days. Additionally, they should work with provincial child protection committees, in addition to provincial offices of Social Development and Human Security, which can act as the coordinating organization for interagency collaboration. At the provincial level, responsibilities and tasks for case managers must be clearly delineated to maintain organization and efficiency in operations, work flow and allocation of resources. The procedure commences with receipt of a case report, then

progresses onto fact finding investigation, assessment, planning for service provisions through case conference with interagency teams, coordination with formal and informal resource providers, in addition to monitoring and evaluation. Case managers at the provincial level should also work with their community-level counterparts in working with and monitoring families.

6. The responsibilities of case managers include counseling, treating, protecting children's rights, sustaining networks and to develop best practices. Outside of their direct casework, they are also responsible for collecting and storing case data that informs public policy and contributes to professional bodies of knowledge.

8. Discussion and Recommendations

Discussion

Analysis of current case management in Thailand includes the following discussions:

1. Case Management Procedural Structures: The study of child protective services in three Thai provinces (Trang Province, Ubon Ratchathani Province and Chiang Mai Province) indicate both strengths and weaknesses of current child protective service procedures. In the Trang Province, the child protection officers, who were trained after the initial tsunami trainees in 2014, utilized their training experience to effectively address challenges in child protective services despite not having a bachelor's degree in social work or related fields. These officers in the Trang Province liaised with health care professionals at local hospitals, teachers and religious leaders in order to implement a strategy that maximized the protections for the children in question. This occurred both within and outside of formal institutions. By using communities and their resources as a base of care and operation, social services were able to reduce dependency on larger institutions for solutions, shifting care to community-based resources. Moore's 1990 [7] research on "A Social Work Practice Model of Case Management: The Case Management Grid" found that case management is a major component of the current mainstream of social work practice. Nevertheless, the field has failed to adequately conceptualize case management. The first step in defining case management practice is to separate it from the administrative structure that forms the context of practice. The next step is to delineate the two basic dimensions of case management: enabling and facilitating. The role of the social work case manager is to integrate formal systems of care with the activities of families and primary groups. Case management practice focuses on enabling individuals and primary groups to reach their full potential and on facilitating more effective interactions with the larger social environment. The case management grid illustrates

how social work practitioners integrate enabling and facilitating into their practice approaches.

The integration of the community and its resources was prominent in the research of Kathleen Coulborn Fallera and James Henry^[8], who studied sexual abuse cases against children in the United States. Community cooperation and coordination between child protection institutions, legal institutions, and the public prosecutors office made offenders confess and help children more efficiently. This research described the process and outcomes of a Midwestern US community's approach to case management in instances of child sexual abuse. Data was taken from 323 criminal court files. Specific information gathered included child and suspect demographic data, law enforcement and CPS involvement, child disclosure patterns and caretaker responses, offender confessions, offender pleas, trial and child testimony information, as well as sentences received by offenders. Both case process and outcome variables were examined. It was found that in this community, criminal court records reflect a sex offense confession rate of 64% and a sex offense plea rate of 70%. Only 15 cases went to trial and in six, the offender was convicted. Communities can achieve successful outcomes when criminal prosecution of sexual abuse is sought, but the child's testimony is not necessarily the centerpiece of a successful case. In this study, desired outcomes were a consequence of the collaborative efforts of law enforcement, CPS, and the prosecutor's office, which resulted in a high confession and plea rates.

In the Trang Province, procedures at the provincial level focused largely on larger organizational performance. They focused on the receipt and processing of data, assessment, planning, solution implementation and follow-up monitoring. Conversely, in the Don Kaeo Sub-district of the Chiang Mai Province, the administrative organizations consist of child and family welfare institutions, such as child and family shelters, foster homes for boys, the Viengping Children's Home, the Suksasongkhro Chiang Mai School and the Nakorping Hospital, which operates as a One Stop Crisis Center (OSCC), facilitating communication between organizations. This has proven to be an effective mode of child protection for abused children. Additionally, this mode of intervention prevented or mitigated the alienation or stigmatizing of families from their communities. This strategy is in line with the 2000 research of Johnson [9] on "Differences among families coping with serious mental illness: A qualitative analysis." This research examined families with serious mental illness, across a spectrum of socioeconomic and ethnic classifications. Families were interviewed about their understanding of their relative's illness, coping with problems caused by the illness, sources of support, effects of medication and substance abuse, and dealing

with mental health professionals. Several significant areas of concern emerged and were analyzed with attention to differences based on gender, ethnic group, socioeconomic status, and role of the family member.

In the Kut Ya Luan Sub-district of the Ubon Ratchathani Province, the administrative organization overseeing child protective services included representatives from family development centers, policemen, village leaders, leaders of senior citizen associations and nursing teams from the Trakan Phuet Phon Hospital. The child protective measures in the Kut Ya Luan Sub-district involved interagency collaboration and cooperation. This collaborative approach is supported by the 1980 research theories of Stein and Test [10] (1980) on "Alternative to Mental Hospital Treatment." Their work proposed a conceptual model for the development of community-based treatment programs for the chronically disabled psychiatric patient. A community-treatment program that was based on the conceptual model was compared with conventional treatment (ie, progressive short-term hospitalization plus aftercare). The results illustrated that use of the community program for 14 months greatly reduced the need to hospitalize patients and enhanced the community tenure and adjustment of the patients studied. When the special programming was discontinued, many of the gains that were attained deteriorated, and use of the hospital rose sharply. The results suggest that community programming should be comprehensive and ongoing.

2. Case management models: Each province studied exemplified a unique mode of case model management. The first was oriented towards a community-based mode of working. This model utilized community case managers and interagency teams. The case managers in this level had previous training relating to municipal or sub-district organizational welfare. The case managers in this level coordinated their efforts with community resources, assessed risks and needs and then recommended community resource that could address the issues. This procedural structure corresponds to the previously discussed concept of the "Case Management Grid" developed by Moore in 1990. [11] The case management grid ultimately illustrates how social work can connect individuals to resources and service providers to address their issues across institutions. This procedure of decentralized delegation is popular at the community level and does not require case managers to have specialized training or skills.

The second procedural mode involved case management within organization. This includes, but is not limited to, One Stop Crisis Centers (OSCC) and other interagency work through hospitals. Procedures in this mode often include receipt of case data, assessment, interagency strategy planning, case conferences, solution implementation, follow up monitoring and assessment.

The case management procedures in this model are reliant on an interagency approach that allows case managers to liaise with external resources and modes of support.

The third model incorporates interagency teams that work at the provincial level of child protective services. Their collaboration centers around meetings and delegation of case responsibilities. The Ministry of Social Development and Human Security serves as the central organizing institution, coordinating and connecting resources, while spearheading child protective services. Their long-term oriented solutions that address child protective issues with clear strategic goals corresponds to the 2009 the article by Tawanchai Jirapramukpitak, [12] "Does the Multidisciplinary Team Work Well?," which suggested interagency collaboration was key for greater efficacy and long term solutions to child welfare situations. Similarly, an interagency approach was further supported by the Friends of Women Foundation in Thailand, who published in 2007 on the approaches of multidisciplinary teams. Their findings underscored the importance of interagency teams, as they allow for a group with a diverse skillset to address the nuances of complex welfare problems

Based on finding, the achievement and quality of case management for child abuse protection in Thailand should be based on the integration of 4 P namely: 1) The policy can bring strategies and plans into action 2) The processes of case management response for child abuses and strong multidisciplinary team work. 3) The professional case manager and 4) A participation of family and child.

9. Recommendations

9.1 Recommendation for Improvements at the Policy Level

(1) The Ministry of Social Development and Human Security should set up long-term and practical child protection strategies that are grounded in policy changes that touch upon all levels of welfare. Strategies at all levels of welfare must be implemented to insure that there are a sufficient number of properly trained case managers to address issues. Furthermore, families need to be enabled and educated in how to care for their children.

(2) The Ministry of Social Development and Human Security should encourage the Department of Children and Youth to develop true expertise in child protective services or, they should encourage the establishment of a separate organization specifically geared towards child protective services, such as the Center for the Protection of Children's Rights Foundation or the Sahathai Foundation. Additionally, alliances and networks should be established to facilitate collaboration between organizations and institutions.

(3) The government should encourage LAOs to implement a clear procedural structure for case management pertaining to child protective services, with clearly appointed case managers that would allow operations to be more systematic and effective.

9.2 Recommendations for Improvements at the Operational Level

(1) The Department of Children and Youth in conjunction with the Ministry of Social Development and Human Security should serve as central leading organizations to collect and develop bodies of knowledge relating to child protective services. They can also provide mentorship to child protective workers at the community level.

(2) There should be appropriate and efficient interagency collaboration to address the complexities of child abuse cases in order to maximize the security and protections of children.

(3) Case managers at the local level should be encouraged to join provincial and district level child protection committees to further improve procedural efficacy.

(4) Procedures and professional training should continuously evolve as field knowledge, skills, attitudes and ethics concerning child protective services continuously expand.

(5) A clearly articulated procedural strategy relating to child protective services must be developed in a way that outlines operations from initial assessment through planning, implementation and evaluation in order to ensure higher levels of efficiency and efficacy.

(6) Data storage system should be developed to facilitate more effective sharing of information related to preventative and monitoring strategies for the long term.

9.3 Recommendations for Further Studies

Further study is needed in areas relating to case management procedures, as they pertain to interagency work so that case management procedures can better address complexities across welfare and service disciplines.

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