

การจัดการรายกรณีเพื่อคุ้มครองเด็ก: แนวคิดและการปฏิบัติ

Case Management for Child Protection: Concepts, and Implementation

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บทคัดย่อ

อนุสัญญาว่าด้วยสิทธิเด็ก ปี 1989 บัญญัติว่า เด็กไม่ใช่วัตถุที่เป็นสมบัติของผู้ปกครอง และสำหรับใครก็ตามที่จะตัดสินใจแทน เด็กเป็นมนุษย์บุุคคลคนหนึ่งที่มีสิทธิของตนเอง เด็กจะต้องเติบโต เรียนรู้ พัฒนา และมีศักดิ์ศรี อนุสัญญาว่าด้วยสิทธิเด็ก ได้ทำให้รัฐที่เป็นภาคีของอนุสัญญานี้ต้องเปลี่ยนแปลงกฎหมาย นโยบาย และลงทุนเพื่อให้เด็กได้รับการดูแลทางสุขภาพและโภชนาการเพื่อการมีชีวิตอยู่ และได้รับการคุ้มครองจากการถูกระงับด้วยความรุนแรงและการเอาเปรียบ อนุสัญญายังช่วยให้เสียงของเด็กได้รับการรับฟังและการมีส่วนร่วมในสังคม

ถึงแม้ว่าจะมีความก้าวหน้ามากขึ้น แต่อนุสัญญาก็ยังไม่ถูกนำไปสู่การปฏิบัติอย่างเต็มรูปแบบหรือไม่เป็นที่รับรู้และเข้าใจอย่างกว้างขวางเท่าที่ควร ยังคงมีเด็กหลายล้านคนที่ทุกข์ทรมานจากการถูกละเมิดสิทธิเมื่อพวกเขาถูกปฏิเสธที่จะได้รับการดูแลด้านสุขภาพ โภชนาการ การศึกษา และการคุ้มครองจากการกระทำด้วยความรุนแรง ชีวิตในวัยเด็กถูกทำให้สั้นลง เมื่อเด็กถูกบีบบังคับให้ออกจากโรงเรียน ต้องทำงานที่อันตราย แต่งานต่อสู้ในสงคราม หรือถูกคุมขังอยู่ในเรือนจำเด็ก

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การจัดการรายกรณีเป็นวิธีการของการรวมกลุ่มและการดำเนินการเพื่อช่วยให้เด็กแต่ละคนได้รับสิ่งที่ต้องการอย่างเหมาะสม เป็นระบบ และในช่วงเวลาที่เหมาะสม ผ่านการสนับสนุนโดยตรง และ/หรือการส่งต่อ และสอดคล้องกับวัตถุประสงค์ของโครงการหรือแผนงาน การจัดการรายกรณีสามารถให้การสนับสนุนในกรณีฉุกเฉินและการพัฒนาที่จัดขึ้นเพื่อที่จะระบุช่วงของปัญหา รวมทั้งที่เกี่ยวข้องกับการคุ้มครองเด็ก บริการจัดการรายกรณีสามารถทำให้เป็นส่วนหนึ่งของแผนงานที่ระบุถึงความต้องการของเด็กที่มีความเปราะบางหรือความเสี่ยง เช่น การถูกแยกตัวหรือการถูกเอารัดเอาเปรียบทางเพศ หรืออาจเป็นส่วนของการบริการที่กว้างขึ้นในเรื่องสวัสดิการเด็ก และที่เกี่ยวกับการคุ้มครองทางสังคม

บทความนี้ กล่าวถึง พัฒนาการของแนวคิดการจัดการรายกรณีในสหรัฐอเมริกา การจัดการรายกรณีสำหรับการคุ้มครองเด็กในประเทศไทยใน 3 ชุมชน การทบทวนวรรณกรรมที่เกี่ยวข้อง การสัมภาษณ์ผู้จัดการรายกรณี และการสังเกต การดำเนินงานใน 3 ชุมชนในประเทศไทยถูกนำมาใช้ในการรวบรวมข้อมูล ผู้เขียนบทความได้ให้ข้อเสนอแนะต่อการปรับปรุงการจัดการรายกรณีในประเทศไทย

คำสำคัญ: พัฒนาการของแนวคิดการจัดการรายกรณีในสหรัฐอเมริกา, การจัดการรายกรณีเพื่อการคุ้มครองเด็กในประเทศไทย

Abstract

According to the Convention on the Rights of the Child 1989, children are not just objects who belong to their parents and for whom decisions are made. Rather, they are human beings and individuals with their own rights. Children must be allowed to grow, learn, play, develop, and flourish with dignity. The Convention has inspired governments to

change laws, policies, and make investments so that more children finally get the health care and nutrition they need to survive, and there are stronger safeguards in place to protect children from violence and exploitation. It has also enabled more children to have their voices heard and participate in their societies.

Despite this progress, the Convention is still not fully implemented or widely known and understood. Millions of children continue to suffer violations of their rights when they are denied adequate health care, nutrition, education, and protection from violence. Childhoods continue to be cut short when children are forced to leave school, do hazardous work, get married, fight in wars or are locked up in adult prisons.

Case management is a way of organizing and carrying out work to address an individual child's needs in an appropriate, systematic and timely manner, through direct support and/or referrals, and in accordance with a project or program's objectives. Case management can be provided in emergency and development settings to address a range of issues, including child protection concerns. Case management services can be provided as part of a program that addresses the needs of children with particular vulnerabilities or risks (such as separation or commercial sexual exploitation) or may be provided as part of programs or services that address a broader range of child welfare and social protection concerns.

This article reveals the development of the case management concept in the United States of America, and case management in 3 communities in Thailand. Literature review, in-depth interview with the case manager, and observation of the implementation of case management in 3 communities in Thailand are employed to collect data. The suggestion to improve case management in Thailand is presented by the authors.

Keywords: Development of case management in the United States of America, Case management for child protection in Thailand

Introduction

Case management is not a new concept. It has been around for more than 90 years as a means of providing care. Case management is the service that the social worker applied to solve the complex problem of service users. The case manager function as coordinator mobilizing resources to ensure efficient services to the target groups. In the United States of America, case management was created in the health service during the 19th century and was widespread in Europe, Asia.

Development of case management in the United States of America

Case management originated in the United States of America in the 1920s out of the fields of psychiatry and social work and focused on long-term, chronic illnesses that were managed in the outpatient, community-based settings. Case management processes also were used

by visiting nurses in the 1930s. The original public health nursing models used community-based case management approaches. As a care delivery system, case management is a relatively new concept to the acute care setting, having developed and flourished in the mid-1980s. Between the 1930s and the 1980s, the model remained essentially in the community setting. It was not until the introduction of the prospective payment system that the model shifted to acute care, hospital-based setting.¹

Case management, although more commonly thought of as an acute or hospital-based model, has its roots in the community. Long before hospitals were considered the center of the healthcare universe, case management was used for a variety of purposes and to meet the needs of diverse populations of patients.²

In the United States of America, case management has roots in public health nursing, social work, and behavioral health. There is evidence of case management in the 1860s, where such techniques were used in the settlement houses occupied by immigrants and the poor. "Patient care records" consisted of cards that cataloged the individual's and family's needs and/or follow-up needs, all aimed at ensuring that the patient/family received the services they needed and that additional services would be provided as necessary.³

¹ Cesta, Toni. What's Old Is New Again: The History of Case Management, Retrieved from <https://www.reliasmedia.com/articles/141367-whats-old-is-new-again-the-history-of-case-management>

² Ibid. p. 1

³ Ibid. p. 2

Another example of a case management application, also in the 1860s, was the first Board of Charities established in Massachusetts. Aimed toward the sick and the poor, public human services were coordinated with a primary goal of conserving public funds. Even in the 1860s, cost containment was a concern as it related to the distribution of public funds to the poor. Social workers were responsible for managing these processes.¹

In the early 1900s, case management strategies were implemented by public health nurses at Yale University School of Nursing. A collaborative effort was established between a clergyman and the superintendent of the school. Around the same time that public health nursing was embracing case management concepts and techniques, the field of social work was using care coordination techniques with a focus on linking patients and families to available resources. Social work began to emerge as the discipline focused on linking or brokering healthcare services for individuals. Conversely, the early nursing case management models included both coordination and care delivery functions. In many ways, these differences remain in the approaches taken by both disciplines in the delivery of contemporary case management.

In the 1950s, behavioral health workers began using case management tools and strategies. Targeted were World War II veterans who presented mental and emotional conditions in addition to physical

¹ Ibid. p. 2

disabilities. The "continuum of care" was labeled for the first time, relating to the myriad community health services these patients required and used. Behavioral health case managers accessed, coordinated, and ensured that service needs were met on a continuous basis. These strategies still can be found today in many behavioral health models of care delivery in the United States of America.¹

During the 1970s and 1980s, the federal government provided funding to support the development of several demonstration projects focused on long-term care. The legislation was enacted at the state and federal levels to incorporate these projects into strategic planning policies. Reimbursement was established through Medicare and Medicaid waivers. Some of the better-known projects included the Triage Program in Connecticut, the Wisconsin Community Care Organization, the On Look Project in San Francisco, the New York City Home Care Project, and the Long-Term Care Channeling Demonstration Project in San Francisco.²

By the late 1980s, community-based case management programs were emerging in many parts of the country as a mechanism for managing patients. The emerging and contemporary models returned case management to its original roots: the community.³

The conclusion of the literature review on the development of case management in the United States of America would be the case management began as a community-based model, but gained most of

¹ Ibid. p. 3

² Ibid. p. 3

³ Ibid. p. 3

its popularity and appreciation after it moved into hospitals. It remained in hospitals for 30 years, and now is returning to its roots in the community, having gone full circle. The difference today is that we must develop strategies for linking case managers and case management models across the continuum so that case managers can work together from a patient perspective rather than a delivery setting perspective.

Case management guidelines

In 2012, the Child Protection Working Group (CPWG) includes the International Rescue Committee, Save the Children, Child Frontiers, Terre des Hommes, UNICEF, Plan International, International Medical Corps had developed the case management guidelines. These guidelines have been developed at an inter-agency level to complement the agreed standard on case management. They aim to provide a common understanding and step-by-step guidance on how to do case management. They put the child at the center of the intervention, focusing on child-friendly procedures and language.

There are three main sections to these guidelines. Section 1: Principles & Practices explores what case management is, in general terms, and the principles that should inform and underpin case management practice. Section 2: Implementing Case Management considers the main dynamics and factors that should be taken into account when either introducing case management services or seeking to strengthen them. It is primarily aimed at policymakers and program managers including child protection advisors and coordinators.

Section 3: Case Management Steps examines in greater detail the different steps that form part of the case management process, and the key elements to be considered. It is aimed primarily at frontline caseworkers and their supervisors-that is to say those who actually have the day-to-day contact with children and families. It will also be of use to managers and advisors who have responsibility for either establishing or implementing case management responses and supervising caseworkers.¹

Throughout the text other key resources that are available have been signposted. In addition, the Resource Section at the end of the guidelines contains a comprehensive list of references and other useful materials.

Key points about case management

1) Should focus on the needs of an individual child and their family, ensuring that concerns are addressed systematically in consideration of the best interests of the child and building upon the child and family's natural resilience.

2) Should be provided in accordance with the established case management process, with each case through a series of steps (as shown below) involving children's meaningful participation and family empowerment throughout.

3) Involve the coordination of services and supports within an interlinked or referral system

¹ Child Protection Working Group. (2012). Case Management Guidelines. Retrieved from http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

4) Require systems for ensuring the accountability of case management agencies (within a formal or statutory system where this exists)

5) Are provided by one key worker (referred to as a caseworker or case manager) who is responsible for ensuring that decisions are taken in best interests of the child, the case is managed in accordance with the established process, and who takes responsibility for coordinating the actions of all actors.

It is sometimes thought that case management cannot be provided where there are limited services for referrals. However, case management services can still be effective when only one agency is working with the child and their family. With appropriate training and supervision, case management staff can address many protection issues themselves and work collaboratively with the community and nonproduction services to address potential gaps.

Case management for child protection in Thailand

Thailand has introduced the concept of case management in the field of child protection for the first time after the tsunami incident in 2004 in 6 provinces include Phang Nga, Krabi, Phuket, Ranong, Satun and Trang which affected the children separated from their families more than 1,200 children. Many children were at risk of victims of violation. After the tsunami incident, UNICEF realized that the children must be protected according to the Convention on the Rights of the Child 1989. UNICEF had cooperated with the Office of Women's Affairs

and Family Development, Ministry of Social Development and Human Security, Faculty of Social Administration Thammasat University encouraged staff as a case manager to work with the agency and used the multidisciplinary approach to assess the condition, needs of children, plan to help and created the coordination systems both inside and outside areas. So that children can be protected properly which was consistent with the major law as the Child Protection Act, 2003.¹

The first-year activity was recruiting the graduate students from the Faculty of Social Administration, Thammasat University, and trained them. The outcome was not successful due to the trainees lacked of experience and still could not adapt themselves to the local context. While local people thought that government officers in the local administration should be able to work in their own area. Therefore, there has been reviewed and developed curriculum to provided training to the community case manager²

In 2008 through the work of the Family Development Center in the new format. There were organizers Society Services or Case Manager that have been trained in social work profession as coordinator of the protection surveillance and assistance to children and families to access the services and assistance required in a systematic way. Also coordinated with the community network in monitoring the children's and family's problems and conducted the pilot area.

¹ NICEF Thailand. (2010) Child Protection. Retrieved from https://www.unicef.org/thailand/tha/tsunami_response_6579.html. (9 August 2016).

² Wedchayachai. Apinya. (2012). Case management. Bangkok: Thammasat University. pp. 2-3.

In 2009 continued the project implementation from the first year, operated in the District Administrative Office 29 places in 6 provinces (Phang Nga, Krabi, Phuket, Ranong, Satun, and Trang) and expanded in 4 provinces in 2010 (Payao, Suphanburi, Ubon Ratchathani, and Songkhla) in a total of 60 centers.¹

In 2013 the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, the Ministry of Social Development and Human Security supported the budget to the local network to do activities with children and families. They recognized the importance of developing systems and mechanisms at the community level that close to the problems of children rather than other mechanisms. Thus, they conducted training courses of a case manager at the community level in the pilot areas in 4 provinces 16 districts in Chiang Mai, Payao, Suphanburi and Kanchanaburi with storage for all children in the district and analyzed of risks to children for providing protective service/solving to those who work in the local/officers of the provincial Social Development and Human Security. Group homes for children, volunteers who work at One-Stop Crisis Center (OSCC) and multidisciplinary team at the district level to provide comprehensive child care assistance. These activities have expanded to 5 provinces in 2014 include Chonburi, Samutsakorn, UdonThani, Nonthaburi, and Chumphon, totally 20 districts to strengthen surveillance systems and systems assisting system

¹ Director of Promotion and Development, Office of Women's Affairs and Family Development. Interview on 5th February 2016: interview)

for children in the 6 provinces (Phang Nga, Krabi, Phuket, Ranong, Satun, and Trang) in a total of 24 districts/municipal that affected the tsunami in 2004. The United Nations Children's Fund (UNICEF Thailand) had supported it.¹

At the present, there are people who are acting as a case manager for child protection at the community level and perform consistently across the country to be the mechanism of surveillance, violence prevention and if the incident occurs, they are able to screen, offer the primary healthcare, and refer to the multidisciplinary team to protect the children. The children can access care services in accordance with their problems and the variety of needs.

To standardize the case management in Thailand, the Society Workers Association of Thailand published the guideline of case management in June 1992 as follows:²

Standard 1 Case manager should have a Bachelor's degree or higher in social work which was certified by the Council on Society Work Education. They should have the knowledge, skills, and experience necessary to manage case management because the practice of case management is relatively complicated and requires skill and diverse roles as a protector, society diagnosis, planning, coordinator of counseling and therapy, etc.

¹ Office of Welfare and Child Protection, Youth and the Elderly. Ministry of Social Development and Human Security. Child Protection Community Case Manager. Retrieved from <https://www.intranet.dop.go.th>

² Association of Social Workers of Thailand. Social Work Practices Standards. Bangkok: Association of Social Workers of Thailand.

Standard 2 Case managers should use professional skills and the ability to serve by taking into consideration the maximum benefit of users.

Standard 3 Case managers should ensure that service users are involved in all steps of the case management process according to the boundary as much as possible.

Standard 4 Case manager should guarantee the privacy of our users including the need to ensure that there are appropriate measures to maintain the secret. When it is necessary to disclose a user's information to another person.

Standard 5 Case manager should intervene to help service users to provide and/or coordinate the services to service users and their families directly. The case management process as follows.

1) Searching and screening to solving the problem. It is the initial stage of creating a basis for collaboration between case managers with children and families at this stage. Case managers must be aware that the operation should not do it alone and not defensive in their departments. But it is the process of proactive services. Case managers must be able to access and indicate who is most deserving to receive services. And what kind of service that suit and most useful. So the manager must have inquiries or seek preliminary information, detail, the violence situation of problems. The impact of the issue on children and the persons involved including seeking information resources both in the family and the agency should be involved in the initial levels.

2) The assessment of the social psychology of service users. Case managers need to assess the condition of the physical, mental, and society of service users to find out the strengths and weaknesses of users under the circumstances they faced. And society functions in order to understand the overall condition of the problem by evaluating the physical, mental condition, environment condition, behavior condition, economy, and society. The requirement and sources to assist service users unofficially. Family members, friends, and members of various organizations, social status, and environmental as well as working conditions and basic requirements related to culture, religion, and so on.

3) The development plan under the fundamental assessment problem with the concept of physical, psychological, and social. The case manager should work with service users and their families to make the selection and prioritization of services and service planning to plan appropriately. The case manager is responsible for the coordination and preparation of development plan documents provided with the service users. If possible, should let the experts of each profession involvement and responsibility to evaluate the problem and develop a service plan with the two key principles of the planning of services, the potential and determination target of service users. There are also other elements that are important to know as the case manager should have knowledge of resources, linkage both formal and informal with organizations that provide services as well.

4) The service plan into action. The plan is available continuously through a formal and informal system in order to ensure that those services appropriate to the needs of service users and cost-effective. Case managers should choose an agency that provides services with standards and expected to be served by the proposed. Case managers must be able to point out their role in service management. Explain to the service user to access the service date, time of the beginning of service, and promoting the service or activity that makes users rely on themselves.

5) The coordination and monitoring of services. Case managers should coordinate the service in order to guarantee the continuity and completion of the service. Case managers should contact the service provider and the service users regularly to ensure that the service is continuing as specified in the service plan and meet the needs of service users. A follow-up of the service users receive. This is the most important improvement plan in accordance with the situation of service users timely.

6) The protector rights of service users. The case manager is responsible for the protector rights of service users and their families to get the services they need from the appropriate agencies and their own agencies. And case manager should be ensuring that the delivery of services and reduce gaps in services. Recognize the needs of each user. The service will not end before the appropriate time. Data collection in the operation period and the follow-up will be used to protect the benefit of service users.

7) The assessment of the service users periodically. Case managers should assess the needs and the advance according to objectives of the service users periodically in accordance with the objectives continuously by determining time clause in line with changing situations. The repeated evaluation may be conducted over the entire project or just the parts depending on the character of the specific problems of service users. The repeated evaluation may be forging new data. This will need to be updated or a new plan to intervene and change the service format.

8) Termination. Termination may be due to several reasons such as service users accomplish their goals. Service users or families are not acceptable. The service users or case manager withdraw or service user death. The end of Service may occur because of the limitations of existing services. The service users who migrate to other appropriate projects that are the responsibility of the case manager to prepare for the service users to know the impact of the stop of service. Summary reports to the service users and provides a summary of the costs each individual case after stop service. They need to track users and their families closer to ensure that current circumstances are into balance and appropriate.

Standard 6 Case managers should intervene service system to support case management as well as can expand the supply and improve access to important services. The case manager must ensure that service organizations have the environment system, policy,

resources, and budget from many parts. Act appropriately to the service users to the support and intervention for the most effective. And should work to support and maintain the system to remain.

Standard 7 Case manager should have knowledge about the resources that can be used including the cost of services, scope, budgeting and responsible for the activities and functions in case management

Standard 8 Case managers should be involved in the evaluation to monitoring the performance of the service system providing direct appropriately and build trust in the profession.

Standard 9 Case managers should be defined the obligations and responsibilities with the number of service users appropriately in order to plan, operate, and evaluate case management with related services users and system efficiency.

Standard 10 Case managers should treat colleagues with gentleness, respect, and temptation to increase cooperation and coordination both in groups and between the professional groups and organizations to protect the benefit of service users.

The standard practice of case managers concluded that the heart is the acting of the case manager of child protection consisted of the process and the system of case management. The case manager must be qualified knowledge, skills, and responsibility to support the participation and cooperation integration from the policy level into practice both children protection and families receive a comprehensive service.

The case study of case management implementation in 3 communities

The author had the opportunity to observe the implementation of case management in 3 communities in Chiang Mai province. Surprisingly, no case manager in Chiang Mai province. The social worker had to work at all levels from sub-district to provincial level bringing the concept of case management applied to work and help children who had experiences of a violation. The mechanism found in Chiang Mai province are as follows:

1) Sub-district level, there was a mechanism at Donkaew Sub-district Administration Organization. The policy of Donkaew focus on the development of children and youth with the concept. "child protection is everyone's duty," The director of social welfare and project coordinator was assigned to train as the case manager. The event was organized by the department of children and youth.

2) The mechanisms system was created to protect children in the community called "Surveillance Commission for Child Protection and Youth of Donkaew sub-district". working with a multi-disciplinary team in the sub-district.

3) The case management process includes receiving, assessment, planning, assistance, and monitoring was implemented in the community. If it exceeded the capacity of the community, they will coordinate with the provincial team which composed of the government agencies

involved in child protection such as Nakornping hospital, group homes for children and families, protection center, etc.,

4) The staff of group homes for children and families is under the Child Protection Act, 2003 which can work with the children with a complex problem.

5) At the provincial level, there is the provincial social development and human security department which its function is to support the work of the multidisciplinary team.

6) There are private organizations and legal authorities such as police and prosecutors that responsible and focus on the child continuously in the provincial level.

The examples of the implementation of the Donkaew sub-district, the case managers are the local people. This is a positive aspect because they can access in-depth information and understand very well the context of children and families.

The author had an opportunity to observe the case management in the San Diego Youth Services in 2018. This agency has a professional social worker in the organization with knowledge and skills as well as an operational tool while the case manager in Thailand at the community level have a lot of duty, work in many areas and lack of knowledge development operational skills on children. There is no secondary legislation or performance standards support. They can work in the first step i.e. assessment and initial help care, but they can't

perform the planning and monitoring which is the heart of the case management.

In summary, the management of individual cases of Thailand and the United States of America is to give priority to workers at the community level. This is an important principle. It is a suborder that makes every society takes care of children thoroughly under formal and informal resources. The United States of America will give priority to the case management in-depth level. They focus on the changes that occur to children by the system while Thailand focuses on society development, child protection. Thailand has the mechanism at every level but the connection with the multidisciplinary team is inefficiency. However, from the case study, the implementation of case management effectively requires the integration of all parts namely:

- 1) The involvement of children and families. Taking into consideration the benefit of the child as important

- 2) The case manager must be trained to develop knowledge, skills and tools usability, ethical of social worker, maintenance the network both formal and informal communities as the parties of child protection network.

- 3) Having the process of case manager and a multidisciplinary team with the process in procedure from the notified, screening, assessment, plan, implement, monitor, evaluate, terminate, and surveillance. Case management requires interdisciplinary science.

A multidisciplinary team is critical in protecting children, operate completely, and respond to the problems and needs of children.

4) The cooperation in policy at all levels from the level of ministries, organizations, and agencies in the community can bring the strategies and plans into action.

The suggestions to improve the case management of child protection in Thailand

1) There should be an integration of the children in the ministry level such as the Ministry of Social Development and Human Security, Ministry of Education, Ministry of Public Health, Ministry of Justice as well as clearly strategic plans and action to support the operational energetically and effectively.

2) The practitioners involved with children in the provincial organizations such as social development and stability of the human, group homes for children and families, etc. should be developed knowledge of case management and can be a mentor to a case manager at the community level.

3) The Administrative Organizations should give priority to the development and welfare of children by including its yearly plan. The case manager is responsible to maintain a constant work continuously. If there is the rotation of personnel, they should have the mechanism to transfer the information of children's protection to the new person.

There should be cooperation with schools in the area to protect children at risk.

4) The case manager must be graduated with Bachelor's degree and trained as a case manager to furnish knowledge on the process of case management, skillful mobilization the resources both formal and informal including the capability to coordinate with the multidisciplinary team at all levels.

5) Case managers need to focus on the involvement of children and families by increasing the potential of family members to preventive work.

These suggestions are challenging the government and civil society sectors. If we can make it happen, the case management of child protection in Thailand will be more effective than ever.

References

- Association of Social Workers of Thailand. (2012). *Social Work Practices Standards*. Bangkok: Association of Social Workers of Thailand.
- Cesta, T. (2019). *What's Old Is New Again: The History of Case Management*. Retrieved from <https://www.reliasmedia.com/articles/141367-whats-old-is-new-again-the-history-of-case-management>.
- Child Protection Working Group. (2012). *Case Management Guidelines*. Retrieved from http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf.
- Director of Promotion and Development. (2016). *Office of Women's Affairs and Family Development*. Interview.

- Office of Welfare and Child Protection. (2019). *Youth and the Elderly. Ministry of Social Development and Human Security*. Child Protection Community Case Manager. Retrieved from <https://www.intranet.dop.go.th>
- UNICEF Thailand. (2010). *Child Protection*. Retrieved from https://www.unicef.org/thailand/tha/tsunami_response_6579.html.
- Wedchayachai, A. (2012). *Case management*. Bangkok: Thammasat University.