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CURRENT STATUS OF CASE MANAGEMENT PRACTICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER AT MAM XANH SOCIAL ENTERPRISE, HUNG YEN PROVINCE

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Abstract: **This study examines the current status of case management practices for children with autism spectrum disorder (ASD) at Mam Xanh Social Enterprise in Hung Yen Province. Data were collected through a survey of 17 teachers who work directly with and interact with children with ASD. The findings indicate that, at the time of the study, Mam Xanh had not established a specialized department responsible for social work or case management nor had it employed dedicated case managers with formal professional training in this area. In practice, activities involving children and their families were primarily undertaken by inclusion teachers and special education teachers. These teachers were directly involved in engaging with children, conducting assessments, developing intervention plans, implementing support activities and monitoring children's progress. Although these practices incorporated several components of the case management process, they had not yet been formally organized as a comprehensive case management service. Accordingly, rather than examining case management at Mam Xanh based on a formally established case management department or service model, this study analyzes existing practices in relation to the five-stage case management process commonly applied in social work. The findings suggest that Mam Xanh has established a relatively systematic process for providing individualized educational and intervention services. However, limitations remain in professional training related to case management and in coordination between families and the center. These limitations may increase the workload of individual teachers and affect the continuity and effectiveness of support provided to children with ASD and their families.**

Keywords: **case management; autism spectrum disorder; children with ASD; social enterprise; special education.**

1. INTRODUCTION

Mam Xanh Social Enterprise has operated in the field of special education for many years, providing educational, intervention and family support services for children with special educational needs. At Mam Xanh Social Enterprise, interventions for children with ASD encompass educational activities, behavioral interventions, developmental support and services for families. To ensure consistency in service delivery, Mam Xanh has developed a structured process consisting of five main stages: (1) intake and initial consultation; (2) comprehensive developmental assessment; (3) development of an individualized plan; (4) implementation of support and intervention programs; and (5) ongoing monitoring, evaluation and periodic adjustment of intervention plans. The organization has established a system of facilities and human resources with relevant professional expertise, while responsibilities are allocated among staff members according to their respective roles and competencies.

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Despite these strengths, case management for children with ASD at Mam Xanh has not yet been fully developed as a specialized professional service. Several limitations remain, particularly with regard to professional training in case management and coordination between families and the center. At present, many case management-related tasks are undertaken by teachers whose primary responsibilities are educational and therapeutic rather than social work-related. As a result, the integration of case management functions into existing educational and intervention activities may increase the workload of individual staff members and potentially affect the continuity, coordination and overall quality of services provided to children and their families.

These issues are particularly important in light of Mam Xanh's core values, professional orientation and mission of "creating a humane special education environment where every child can develop in their own way". Strengthening the case management process may contribute to more systematic identification of children's needs, better coordination of available resources and services and more timely adjustment of interventions. A more comprehensive case management approach may therefore enhance the continuity and effectiveness of support for children with ASD and their families.

From this perspective, the present study focuses on examining existing practices at Mam Xanh in relation to the key stages of the case management process in social work. Rather than treating Mam Xanh as an organization that has already established a formal case management service, the study identifies and analyzes those existing activities that correspond to casemanagement functions. This approach provides a basis for assessing the current level of case management practice and identifying areas requiring further professionalization and development.

2. RESEARCH FINDINGS

2.1. Intake and Initial Assessment

2.1.1. Initial Intake

The initial intake process involves collecting information about the child and family before intervention begins. This includes basic demographic information, reasons for seeking services, relevant medical and developmental history and the family's expectations and concerns.

Table 2.1. Frequency of Initial Intake Activities

Activities	Never (n)	Occasionally (n)	Frequently (n)	Always (n)	Total
Collect basic information (e.g., name, age, address) and reasons for seeking services at Mam Xanh	0	0	0	17	**17**
Review medical records, assessment results, and professional reports to determine the child's condition and verify ASD diagnosis and severity using tools such as DSM-5 and CARS-2	0	2	0	15	**17**
Explore the child's developmental history before, during, and after birth, as well as previous interventions received before coming to Mam Xanh	0	0	2	15	**17**
Identify parents' expectations, concerns, and worries regarding intervention outcomes at Mam Xanh	0	0	0	17	**17**

Source: Survey data

The results indicate a high frequency of implementation across all four intake activities. All 17 teachers (100%) reported that they always collected basic information and identified parents' expectations and concerns. Similarly, 15 teachers (88.2%) reported that they always reviewed medical and assessment records and explored the child's developmental history. Only two teachers (11.8%) reported that these activities were conducted occasionally or frequently, respectively.

Overall, the intake process appears to be relatively systematic, particularly in relation to the collection of basic information and the identification of family expectations. The findings also suggest that information relevant to both the child's current

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condition and developmental history is routinely considered before intervention begins. However, these activities are currently embedded within the organization's educational and intervention procedures rather than being implemented as part of a formally established case management service.

2.1.2. Comprehensive Assessment of Child and Family Needs

Following initial intake, comprehensive assessment involves identifying the child's developmental needs, strengths, risks and functional difficulties as well as the family's needs and available resources. This stage is important for establishing an individualized understanding of the factors that may facilitate or constrain intervention.

Table 2.2. Frequency of Comprehensive Assessment Activities

Activities	Never (n)	Occasionally (n)	Frequently (n)	Always (n)	Total
Use standardized assessment tools to assess ASD severity and communication, motor, cognitive, and behavioral domains	0	0	1	16	**17**
Assess repetitive behaviors and sensory processing to identify factors affecting the intervention program	0	4	3	10	**17**
Assess family needs and resources through observation/interview, including capacity to participate in intervention, financial resources, psychological support, and social networks	0	0	5	12	**17**
Assess risks and factors affecting the child's development, such as self-injurious behavior	0	0	2	15	**17**
Prepare case records/reports and document initial assessment findings using the organization's standard format	0	0	0	17	**17**

Source: Survey data

The assessment findings demonstrate a generally high frequency of implementation. Sixteen teachers (94.1%) reported that standardized assessment tools were always used to evaluate ASD severity and developmental domains. Similarly, 15 teachers (88.2%) reported that risk assessment was always conducted and all 17 teachers (100%) reported that assessment findings were always documented using the organization's standard format. Family assessment was also relatively well established, with 12 teachers (70.6%) reporting that they always assessed family needs and resources and five (29.4%) reporting that they did so frequently. A greater degree of variation was observed in the assessment of repetitive behaviors and sensory processing. Although 10 teachers (58.8%) reported that this activity was always undertaken, four (23.5%) reported doing so occasionally and three (17.6%) frequently. This variation may indicate differences in teachers' specialized knowledge, professional training or experience in assessing these domains.

Taken together, the findings suggest that Mam Xanh has developed relatively strong practices in information collection, developmental assessment, risk identification and documentation. However, the variation observed in some specialized assessment areas indicates a need for greater standardization of assessment procedures and professional competencies. A dedicated case management function could contribute to greater consistency in assessment, documentation and interpretation across cases.

2.2. Individualized Intervention Planning

2.2.1. Development of Individualized Intervention Plans

Individualized intervention planning translates assessment findings into specific goals, intervention strategies, responsibilities and expected outcomes. An effective plan should reflect the child's individual characteristics and needs while incorporating family priorities and available resources.

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Table 2.3. Frequency of Individualized Intervention Planning Activities

Activities	Never (n)	Occasionally (n)	Frequently (n)	Always (n)	Total
Establish short-term and long-term goals based on assessment findings and family expectations, with clear, specific and measurable objectives	0	0	1	16	**17**
Select intervention methods appropriate to the child's individual characteristics and supported by available evidence	10	0	4	3	**17**
Assign tasks and responsibilities to relevant members (e.g., special education teachers, family members, speech-language professionals)	0	0	2	15	**17**
Establish a service agreement/contract between the family and the organization specifying the responsibilities of participating parties	0	0	1	16	**17**

Source: Survey data

Three of the four planning activities were reported to be implemented at a high frequency. Sixteen teachers (94.1%) reported that they always established short-term and long-term goals, while the same proportion reported that service agreements or contracts were always established. Fifteen teachers (88.2%) reported that responsibilities were always assigned among relevant participants. In contrast, the selection of individualized and evidence-informed intervention methods showed a substantially different pattern. Ten teachers (58.8%) reported that this activity was never conducted, four (23.5%) reported that it was conducted frequently and only three (17.6%) reported that it was always conducted.

This finding represents one of the most pronounced gaps identified in the study. The results suggest that intervention planning at Mam Xanh is relatively strong in terms of goal setting, role allocation and formal agreements, but the systematic selection of intervention approaches based on individual characteristics and available evidence is less consistently implemented. This pattern may reflect the fact that teachers primarily determine what children should learn or achieve, while the systematic consideration of which intervention approach is most appropriate and why is less consistently incorporated into the planning process. From a case management perspective, this distinction is important because individualized planning should integrate assessment findings, family priorities, available evidence and service options into a coherent intervention strategy.

2.2.2. Linkage to External Resources and Support Services

An important function of case management is to connect children and families with relevant services and resources beyond the primary service provider. Such linkage may include healthcare, legal assistance, social protection, educational services and other community-based resources.

Table 2.4. Frequency of Resource and Support Service Linkage Activities

Activities	Never (n)	Occasionally (n)	Frequently (n)	Always (n)	Total
Link children and families with external services, such as healthcare and legal support when needed	0	12	1	4	**17**
Assist families in accessing policies and benefits available to children with disabilities	0	13	1	3	**17**
Coordinate with schools to integrate intervention plans for children receiving inclusive education	0	8	6	3	**17**

Source: Survey data

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Resource and service linkage was substantially less frequent than activities conducted within the center. Twelve teachers (70.6%) reported that they occasionally linked families with external healthcare and legal services. Similarly, 13 teachers (76.5%) reported that they occasionally assisted families in accessing disability-related policies and benefits. Coordination with schools showed somewhat greater variation: eight teachers (47.1%) reported that this occurred occasionally, six (35.3%) frequently and three (17.6%) always. The relatively limited frequency of external linkage may partly reflect the current service context. Most children receive services directly at Mam Xanh, while families may independently arrange additional healthcare services or seek information about social policies. Furthermore, only a proportion of children are enrolled in inclusive educational settings requiring regular coordination between the center and schools.

Nevertheless, these findings identify an important area for strengthening case management. A dedicated case manager could facilitate communication among families, schools, healthcare providers and other service agencies; support referrals; provide information about available social policies; and promote continuity across service systems. Such coordination is particularly relevant for children with ASD whose needs may extend beyond educational intervention alone.

2.3. Implementation of the Intervention Plan

2.3.1. Direct Intervention

Table 2.5. Frequency of Direct Intervention Activities

Activities	Never (n)	Occasionally (n)	Frequently (n)	Always (n)	Total
Deliver individual intervention sessions according to the agreed schedule and apply the methods specified in the intervention plan	0	0	2	15	**17**
Organize peer interaction activities to enhance communication, social skills and inclusion	0	12	1	4	**17**
Conduct periodic assessments to review and adjust intervention plans	1	1	9	6	**17**
Maintain an intervention log after each session documenting activities, behaviors and progress toward intervention goals	12	0	1	4	**17**

Source: Survey data

The implementation of direct intervention was generally reported at a high frequency. Fifteen teachers (88.2%) indicated that individual intervention sessions were always delivered according to the agreed schedule and that planned intervention methods were applied. This finding suggests a relatively high level of consistency in the delivery of scheduled services. Peer interaction activities were less consistently implemented. Twelve teachers (70.6%) reported that such activities were conducted only occasionally. Although peer interaction can provide opportunities to practice communication and social skills, it does not appear to be a routine component of intervention for all children. Periodic assessment also showed variability. Nine teachers (52.9%) reported conducting periodic assessments frequently while six (35.3%) reported doing so always. One teacher (5.9%) reported occasional implementation and one (5.9%) reported that such assessment was never conducted. The most notable limitation concerned intervention documentation. Twelve teachers (70.6%) reported that they never maintained an intervention log after each session. Only four teachers (23.5%) reported doing so always. The limited use of session-level documentation may constrain the availability of objective longitudinal information regarding children's responses to intervention. Systematic documentation is important for monitoring progress, supporting subsequent evaluation and informing adjustments to intervention plans.

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2.3.2. Family Support and Capacity Building

Table 2.6. Frequency of Family Support and Capacity-Building Activities

Activities	Never (n)	Occasionally (n)	Frequently (n)	Always (n)	Total
Provide parents/caregivers with guidance on skills and techniques for supporting children, including behavior management and communication enhancement	0	12	1	4	**17**
Organize group meetings to facilitate experience sharing and strengthen family support networks	11	2	0	4	**17**
Provide families with educational materials or reliable information about ASD	0	5	3	9	**17**

Source: Survey data

Family support primarily focused on providing individual families with practical information and guidance. Twelve teachers (70.6%) reported that they occasionally provided parents or caregivers with guidance on skills for supporting children at home. Nine teachers (52.9%) reported that they always provided educational materials or reliable information about ASD. In contrast, group-based family support was rarely implemented. Eleven teachers (64.7%) reported that they never organized group meetings to facilitate experience sharing and strengthen family support networks. Only four teachers (23.5%) reported always conducting such activities.

The findings suggest that family support at Mam Xanh is predominantly individualized rather than network-based. While individual parent education can strengthen caregivers' capacity to support their children, opportunities for families to exchange experiences and develop peer support networks appear limited. From a case management perspective, strengthening family-to-family connections may help reduce social isolation and broaden families' access to informal support. The establishment of structured family support activities would therefore represent a potential area for further development.

2.4. Monitoring and Review

Table 2.7. Frequency of Progress Monitoring and Plan Review Activities

Activities	Never (n)	Occasionally (n)	Frequently (n)	Always (n)	Total
Conduct periodic observation/assessment based on the individualized plan and measure goal attainment and progress across developmental domains	0	0	3	14	**17**
Organize meetings/discussions with teachers and families to assess goal attainment and adjust the intervention plan	7	6	1	3	**17**
Respond to urgent situations and make timely adjustments when there are sudden changes in the child's health or behavior	0	12	3	2	**17**
Monitor family participation, engagement and satisfaction with services provided by Mam Xanh	0	5	10	2	**17**
Update case records after each review, documenting changes in the child's condition and adjustments to the intervention plan	0	0	6	11	**17**

Source: Survey data

Periodic monitoring of children's progress was one of the more consistently implemented activities. Fourteen teachers (82.4%) reported that they always conducted periodic observation and assessment based on individualized plans, while three (17.6%) reported doing so frequently. Case documentation was also relatively well maintained with 11 teachers (64.7%) reporting that they always updated records following review activities and six (35.3%) reporting frequent implementation. Monitoring family participation and satisfaction was moderately frequent. Ten teachers (58.8%) reported conducting this activity frequently and two (11.8%) always. In contrast, activities requiring systematic coordination among teachers and families were considerably less frequent. Seven teachers (41.2%) reported that they never organized meetings or discussions with teachers and families to review progress and adjust intervention plans while six (35.3%) reported doing so only occasionally. Only three teachers (17.6%) reported that this activity was always implemented. Similarly, responses to sudden changes in children's health or behavior were primarily reported as occasional. Twelve teachers (70.6%) selected this category, compared with only two (11.8%) who reported always performing this function.

These findings indicate that monitoring activities conducted directly by teachers are relatively well established, whereas activities requiring cross-stakeholder coordination and timely case-level decision-making are less systematic. This distinction is important because effective case management requires not only monitoring the child's progress but also coordinating information and decisions among the child, family, service providers and other relevant stakeholders.

2.5. Evaluation and Case Closure

2.5.1. Summative Evaluation

Table 2.8. Frequency of Summative Evaluation Activities

Activities	Never (n)	Occasionally (n)	Frequently (n)	Always (n)	Total
Use assessment tools to measure changes in the child before and after receiving services at Mam Xanh	0	0	2	15	**17**
Evaluate the quality and appropriateness of the intervention plan, including effective and unmet objectives and their underlying causes	0	0	3	14	**17**
Collect family feedback regarding service quality, satisfaction, perceived changes in the child and the impact of intervention	0	0	14	3	**17**
Prepare a case summary report documenting the intervention process, outcomes and lessons learned for service quality improvement	0	0	1	16	**17**

Source: Survey data

Summative evaluation activities were generally implemented at a high frequency. Fifteen teachers (88.2%) reported that they always used assessment tools to measure changes in children before and after receiving services. Fourteen teachers (82.4%) reported that they always evaluated the quality and appropriateness of the intervention plan, including achieved and unmet objectives and possible explanations for unmet outcomes. Family feedback was collected somewhat less systematically. Fourteen teachers (82.4%) reported that they frequently sought feedback from families regarding service quality, satisfaction, and perceived changes in their children, while three (17.6%) reported always doing so. Case summary reporting was also frequently implemented, with 16 teachers (94.1%) reporting that they always prepared a summary report at the end of the intervention period. However, the qualitative information provided in the survey indicates that lessons learned were not consistently documented in a structured manner. Instead, such information was often communicated informally to senior organizational staff. This practice may limit the organization's capacity to systematically retain and use case-level learning for quality improvement. A revised case summary template incorporating sections on outcomes, challenges, lessons learned, recommendations and follow-up needs could strengthen organizational learning and service quality assurance.

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2.5.2. Case Closure, Transfer, and Follow-Up

Table 2.9. Frequency of Case Closure, Transfer, and Follow-Up Activities

Activities	Never (n)	Occasionally (n)	Frequently (n)	Always (n)	Total
Inform families and organize a closing meeting to discuss outcomes and future directions	0	9	5	3	**17**
Transfer/refer cases to inclusive educational settings, other specialized centers or appropriate public services after completion of services	0	12	2	3	**17**
Conduct post-service follow-up approximately three months after case closure to assess the child's maintenance of progress	0	3	10	4	**17**

Source: Survey data

Case closure and transfer activities were implemented less consistently than assessment and intervention activities. Nine teachers (52.9%) reported that they occasionally informed families and organized closing discussions regarding intervention outcomes and future directions. Five teachers (29.4%) reported doing so frequently, and only three (17.6%) reported always conducting such activities. Case transfer or referral was similarly limited. Twelve teachers (70.6%) reported that they occasionally transferred or referred children to other educational settings, specialized centers, or public services when services at Mam Xanh ended. Only three teachers (17.6%) reported always performing this activity. Post-service follow-up was more common. Ten teachers (58.8%) reported that they frequently followed up with children approximately three months after case closure, while four (23.5%) reported always doing so and three (17.6%) occasionally.

The findings suggest that some mechanisms for maintaining contact after service completion are already present, but formal case closure and transfer procedures remain underdeveloped. In particular, the relatively low frequency of structured closing meetings and referrals may affect continuity of support when children transition to other educational or service settings.

For children with ASD, transitions between service environments may involve changes in educational expectations, intervention strategies, communication patterns, and support arrangements. Systematic transfer procedures including the provision of relevant developmental information, intervention history, progress records and recommendations could facilitate continuity of support.

3. DISCUSSION

The findings indicate that although Mam Xanh has not yet established a dedicated case management unit or appointed specialized case managers, a number of existing professional practices are broadly consistent with the key stages of the case management process. These practices include client intake, initial assessment, individualized intervention planning, direct intervention, monitoring, evaluation and case closure. This suggests that case management functions have emerged implicitly within the organization and have been integrated into the professional responsibilities of teachers and other staff members. A notable strength is the relatively positive understanding of case management among the teaching staff. Specifically, 16 of the 17 teachers correctly identified the definition of case management, while 14 of 17 perceived case management as contributing comprehensively to intervention outcomes for children with ASD. This finding suggests that the existing workforce has an important foundation for the development of a more formalized case management system. Staff awareness of the value of coordinated and individualized support may facilitate the adoption of a structured case management approach in the future.

The findings further demonstrate that activities at the initial stages of the process are relatively well established. Information intake, collection of children's developmental histories, identification of family expectations and initial assessment were reported to be implemented at high levels. Similarly, several activities associated with individualized intervention planning, such as establishing short- and long-term goals, assigning responsibilities, and formalizing service agreements with families, were also implemented relatively consistently. These practices indicate that Mam Xanh has developed a relatively stable

organizational routine and professional culture in several core areas of service delivery. The relatively high level of implementation observed in assessment and evaluation activities is another important strength. Teachers reported regular use of assessment tools, documentation of initial assessments, monitoring of children's progress and evaluation of changes before and after service provision. These practices are consistent with the principles of individualized and outcome-oriented intervention. However, the findings also suggest that such activities are primarily undertaken by teachers within their existing professional roles rather than coordinated through a dedicated case management function. At the same time, several limitations highlight the gap between existing practice and a comprehensive case management model. The most prominent limitation concerns service coordination and resource linkage. Connections with healthcare, legal, educational and social support services were implemented relatively infrequently. Similarly, support for families in accessing disability-related policies and benefits and coordination with mainstream schools were not consistently undertaken. These findings are important because case management extends beyond direct intervention with the child and encompasses the coordination of multiple services and resources across different systems. The absence of a designated case manager may therefore limit the organization's capacity to perform these coordination and brokerage functions systematically.

Another significant limitation concerns the selection of individualized and evidence-informed intervention methods. Although teachers generally developed intervention plans with clear goals, the findings indicate that the systematic selection of intervention methods appropriate to individual children's characteristics was less consistently implemented. This suggests a potential gap between planning *what* children should achieve and systematically determining how these goals should be achieved. A professional case management function could contribute to addressing this gap by coordinating assessment information, facilitating multidisciplinary consultation, and ensuring that intervention strategies are appropriately matched to individual needs.

The findings also reveal weaknesses in documentation and continuity of case information. A substantial proportion of teachers reported not maintaining intervention logs after individual sessions. Systematic documentation is essential for monitoring changes in children's functioning, evaluating intervention effectiveness, communicating information among professionals and ensuring continuity when responsibility for a case is transferred. The limited use of session-based documentation may therefore reduce the reliability and comprehensiveness of information available for subsequent assessment and decision-making.

A further limitation concerns family engagement and network development. Although teachers provide parents with information and guidance on skills for supporting children at home, activities designed to establish peer support networks among families are limited. Similarly, meetings involving teachers and families to review progress and jointly adjust intervention plans are not consistently organized. This pattern suggests that family involvement remains primarily focused on receiving information and guidance rather than participating systematically as partners in case planning, monitoring and decision-making.

The final stage of the process also demonstrates a relative weakness in case closure, referral and follow-up. Although teachers generally conduct outcome assessments and prepare summary reports, communication with families at case closure, formal referral to other educational or community services, and structured follow-up after termination are less consistently implemented. These findings indicate that the existing intervention process is stronger in direct service provision than in ensuring continuity of care across organizational and service boundaries.

Taken together, the findings suggest that Mam Xanh has developed several case management-related practices without yet establishing a formal case management system. The current model can be characterized as a practice-embedded or implicit form of case management, in which case management functions are distributed across teachers rather than assigned to specialized personnel. While this approach may be workable in a relatively small service setting, it may become increasingly difficult to sustain as the number and complexity of cases increase. The current arrangement also places additional responsibilities on teachers, potentially limiting the time and capacity available for coordination, documentation, networking and interagency collaboration.

4. CONCLUSION

The study demonstrates that Mam Xanh has established a number of professional practices that are consistent with the major stages of case management for children with ASD. These include client intake, comprehensive assessment, individualized intervention planning, direct intervention, monitoring, evaluation and case reporting. The relatively high level of implementation of several of these activities, together with teachers' positive understanding of case management, provides a favorable foundation for developing a formal case management system.

However, the current approach remains largely implicit and practice-based, as case management functions have not yet been institutionalized through a dedicated organizational unit, specialized personnel, or a standardized case management procedure. The most substantial gaps are evident in-service coordination, external resource linkage, evidence-informed selection of intervention methods, systematic documentation, family network development, interprofessional communication, referral and post-service follow-up.

The findings therefore suggest that the further professionalization of case management at Mam Xanh should focus not simply on adding new activities but on integrating existing practices into a coherent and formally coordinated case management system. Establishing dedicated case management personnel or a specialized unit, together with standardized procedures and documentation systems, would help clarify professional responsibilities, reduce the workload placed on teachers, strengthen coordination among stakeholders, and improve the continuity and comprehensiveness of services.

More broadly, the development of case management at Mam Xanh may contribute to a shift from a predominantly teacher-led intervention model toward a coordinated, family-centered, individualized and multidisciplinary model of support. Such an approach has the potential to enhance the continuity, responsiveness and overall quality of services provided to children with ASD and their families.

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