

## Lessons Learned

### Phra Pokklao 2011



## Khon Kaen City Municipality

### Mueang District, Khon Kaen Province

- **Location:** Nai Mueang Subdistrict, Mueang District, Khon Kaen Province 40000
- **Telephone:** 043-009-842
- **Fax:** 043-224-033
- **Population:** 108,582 people (51,529 males, 57,053 females)
- **Area:** 46 square kilometers (covering 95 communities)

- **Revenue:** 596,970,629.04 THB (excluding subsidies, loans, and disbursements from reserves)
- **Subsidies:** 611,724,383 THB

## Administrative Officials

- **Mayor:** Mr. Teerasak Teekayuphan
- **President of the Municipal Council:** Ms. Nantawan Kraisiwatthana
- **Municipal Clerk:** Mr. Wichaya Phuyosarn

## Municipal Council Composition

- **Male Members:** 17
- **Female Members:** 7

Khon Kaen Municipality, the economic and development hub of Northeastern Thailand, drives the city forward with its vision: **"Developing a Global City, Creating a Happy Society."** This vision is built on principles of **transparency, participation, and decentralization**, with a strong emphasis on fostering

**collaborative networks** among all sectors—government, private entities, and civil society.

The municipality's primary goal is to **reduce social inequality and create an inclusive and equitable society**. Recognizing that **lack of opportunity** is a key issue stemming from economic disparities, limited access to information, education, and public services, the municipality actively works to **bridge these gaps**.

A key responsibility of Khon Kaen Municipality in addressing inequality is **ensuring equal opportunities across economic, political, and social dimensions**. This effort extends to all age groups—from **children and working-age individuals to the elderly**—through **social mechanisms and collaborative networks** that drive sustainable solutions.

Projects and initiatives that reflect **Khon Kaen Municipality's excellence in reducing social inequality** include:

## Project: Development of a Support System for Children with Learning Difficulties Through Collaboration Between Teachers, Doctors, and Parents

In today's socio-economic environment, parents and guardians must work to support their families, leaving them with limited time to fully care for their school-age children. Some families rely on grandparents for childcare, while others leave their children with televisions, smart phones and other digital device. These circumstances contribute to attention deficit issues in children, which can lead to hyperactivity, aggressive behavior, and emotional instability.

According to data from the Child and Adolescent Mental Health Institute in 2019, Khon Kaen Municipality oversees 11 schools with over 11,000 students, most of whom come from low-income families. Among them:

- **880 students** were identified with attention deficit disorder,
- **660 students** had intellectual disabilities, and
- **550 students** experienced learning difficulties.

Without proper intervention, these challenges could lead to severe social consequences, such as school dropouts, unemployment, depression, criminal behavior, substance abuse, and teenage pregnancies.

To address these issues, Khon Kaen Municipality, in collaboration with the **Child and Adolescent Mental Health Institute of Northeastern Thailand** and **Khon Kaen Hospital**, developed a **chat counseling system via the HERO application**. This platform serves as:

- A screening and counseling tool for behavioral and learning issues,
- A means for teachers and parents to access child mental health services without requiring hospital visits, and

- A bridge between **preventive intervention** and **medical consultation** for children with learning difficulties.

The project aims to establish an effective support system for children and adolescents with learning and mental health issues, covering **prevention, treatment, and rehabilitation**. The ultimate goal is to increase accessibility to services and create a model that can be expanded to other regions.

To achieve this, the municipality has implemented the following measures:

1. Joint Consultation Meetings Among Relevant Agencies for Project Planning
2. Practical Training for Primary School Teachers in Khon Kaen Municipality to Integrate Students into the Support System via the HERO Application

### 3. Screening of Primary School Students (Grades 1-6) in All Schools Under Khon Kaen Municipality Using the HERO Application

After completing the screening process, **ten high-risk students from each school** are selected. Relevant stakeholders, including **teachers, doctors, and educational supervisors**, visit each school to review the screening results and assess whether the students are at-risk or facing behavioral issues. This assessment is conducted by **analyzing student behavior in school alongside information gathered from home visits by teachers.**

Following this evaluation, **homeroom teachers of the selected high-risk students receive guidance and collaborate with stakeholders to develop appropriate intervention strategies** to address the identified issues effectively.

### 4. Establishment of School-Specific LINE Groups

Each school will create a **dedicated LINE group** to enable homeroom teachers to ask questions, seek guidance on student care, and coordinate with parents and doctors. This platform also facilitates **IQ assessments and other tests remotely**, eliminating the need for hospital visits. If a medical consultation is required, appointments can be scheduled through this channel. Additionally, doctors can request further information from teachers and parents as needed.

## **5. Home Visits for Screened Primary School Students**

Homeroom teachers and assigned doctors will **conduct home visits** to provide guidance and address **negative perceptions among parents** regarding their child's behavioral and learning challenges.

## **6. Collaboration Between Trained Teachers and Parents to Establish a Support Network**

Teachers and parents who have undergone training will form **self-sustaining support networks**, organizing

**regular meetings** to discuss challenges in child care. This initiative encourages **peer support** and **skill development** to ensure **sustainable and effective** child-rearing practices.

## 7. Project Evaluation and Future Planning

At the end of the implementation period, **project outcomes will be assessed**, and a **strategic plan for the following year** will be developed. A key success factor of this initiative is the **integration of three essential components: psychiatrists, teachers, and parents**, ensuring a **holistic and collaborative approach** to child support and development.

### Key Factors in Project Implementation: Integration of Three Essential Roles – Psychiatrists, Teachers, and Parents

- **Teachers** serve as the central figures in supporting and modifying the behavior of high-risk students. They also help **normal students understand and**

**empathize** with their at-risk peers. Teachers may implement **differentiated curricula** or use **Individualized Education Programs (IEPs)** for students with special needs. Additionally, they act as **parent representatives**, taking children to medical appointments when parents are unable to do so.

- **Psychiatrists** provide guidance to teachers on **behavioral intervention strategies** and help tailor learning approaches for students with special needs. They also advise parents on **behavioral management techniques** at home and participate in **home visits** to collaboratively assess and develop solutions with both teachers and parents.
- **Parents** play a crucial role in **actively caring for and supporting their children**. They are responsible for following doctors' recommendations, adjusting their child's behavior accordingly, and, most importantly, **dedicating more time** to their children. This includes ensuring **consistent medical treatment** and

engaging in activities that foster their child's development.

## Project Outcomes

1. **All students** in schools under the jurisdiction of Khon Kaen Municipality underwent **screening for learning difficulties**.
2. **Students with learning issues** were able to **access medical services**, leading to appropriate diagnoses. Treatment plans were established, whether through **medication or behavioral adjustments** in the classroom.
3. **Teachers and parents of at-risk children** received **training and knowledge enhancement** to support students with learning difficulties. Additionally, parents adapted their own behaviors to better assist their children.
4. **Students who participated in the program** showed **improved academic performance**. With better focus, their learning outcomes **progressively**

**improved** according to their individual development. Furthermore, students were able to **return to regular classroom learning** with their peers, gaining a better understanding of themselves and why they previously struggled with social interactions. **Their classmates also developed empathy and acceptance**, reducing conflicts and fostering a positive classroom environment. As a result, students experienced **greater happiness and age-appropriate developmental progress**.