



# The Proper Welfare for Severely Disabled Persons in Thailand

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## Abstract

This research was aimed to study the proper criteria to measure the levels of severe disabilities and forecast the numbers of severe disabled persons in the present and future trends. Besides it investigated the proper social welfare services and their estimated budgets per head. By using of quantitative and qualitative approaches, in-depth interview mixed with focus group discussion and structured questionnaire were employed to collect the data. In this study administrators, academicians, twenty five representatives of each of the five disabled groups from four regions and Bangkok and the officers who perform the welfare services for them as the studied groups were purposively selected. The amounts were accounted to 239 persons.

From the research it was revealed that even though there had both of the social and medical criteria employed to measure the levels of severe disabilities, the first was facing with some problems and obscures of its social standards and acceptances. In contrast to the former, the medical measure was mainly approved and endorsed by Ministry of Public Health. The problems of persons with severe disabilities were differentiated according to its social and cultural contexts and classifications. To consider the welfare services, it was found that they wanted the monthly sustenance allowance ranged from 1,200-8,000 Bath/head or its average was 3,549.45 Bath/head. For the reasons, they still requested more of the non-monetary services such as health services, special educational services, job placement services and recreational services in addition to social security and acceptances.

The numbers of mild disabled persons decreased, but the rate of severe cases was increasing among Thai population. Moreover, the number of disabled persons such as physical disabilities or difficult mobilizations, and those who have mental or behavioral disabilities also increased. These were associated with the changes of social, economic, and epidemiological transitions from communicable diseases to non-communicable diseases; it is also called non-infectious or social disease. It was estimated that the numbers of severe disabled persons in the next 10 years will be 257,622 persons.

Three models of social welfare services were proposed in this study: (a) the institutional welfare model provided by government sectors, (b) the double welfare model collaborated by two alliances (government sectors and private sectors), and (c) the multiple sectors welfare model by integrated and collaborating multidisciplinary and multi-sectors. Therefore, a multidisciplinary team is more important than a specialist. Also, social workers are essential. Social welfare services provided for severe disabled persons need to establish participation and collaboration. Partnership among families, communities, and networks (friends help friends) is very crucial. Similarly, both central and local governments must support and promote policy, administration, and management more efficiently than before.

The last one was provided in forms of informal care, day care model, and arrangements of community welfare services. Thai social welfare services should be implemented on the mixed models based on self-managed community welfare services for severe disabled persons.

For recommendations, the government should improve or modify the standardized criteria to diagnose and assess the levels of severity among the disabled persons. It should employ or integrate both the medical criteria and the social criteria to support the increasing trends of persons with severe disabilities.



The government should develop the quality of life for the disabilities on various dimensions and sustainability. The protection system of long-term social welfare for disabled persons should be recognized and settled up, and the services should be expanded and allocated to cover all in responding to regions i.e. central, regional, and local areas. In responding to the basic requirements of the severe disabled persons, the government should prepare all needed resources and protection to the increasing trend. The data base system of severe disabled persons should be established first.

Furthermore, the basic services should be arranged in forms of the new improved sustenance allowance and the proper occupational promotions for generating their sustainable incomes. Their occupations should be modified based on the classifications and levels of their disabilities. The government should support and endorse the welfare service funds for the disabled persons and their family especially those severe cases and poor families.

The government should state clear measures to strengthen the mechanisms of family and community to carry out many activities to take care the severe disabled persons especially for the persons who are fully impairments or cannot help themselves completely. For example, the children should be risen up their values and concerns toward the importance of living together between them and severe disabled persons in a community. The rehabilitation service centers should be improved. Significantly, the service system should be developed according to the concept of Community-based Rehabilitation Program.

Finally, the collaborating center such as the National Disability Council must be established. The Council will take responsibilities for protections of human rights, especially the welfare services for severe disabled persons. The Council must seek for and serve to collaboration among alliances from many different disabilities-related civic groups, non-profitable organizations, and government organizations. The council should

acts as the Center of National Labor Institute for Severe Disabled Persons.

**Key Words:** Proper Welfare, Severely Disabled Persons or  
Persons with Severe Disabilities

### **The Principle and Rationale**

Disabled persons are deemed as a part of the society as they can contribute to the country and the society when they have chances and capacities. However, there are some who become burdens to the society because they are unable to do even their daily living activities. The government, therefore, promulgates the Act on Rehabilitation of Persons with Disabilities 1991 to promote disabled persons to acquire the right to access support, development, and rehabilitation. Based on data on July 31, 2006, there are 575,391 disabled persons who have registered with the government agency. Among these, there are 225,420 who registered at the levels 3-5 during November 1994 to September 2005 (The Bureau of Empowerment for Persons with Disabilities, 2005).

The purposes of the Act of 1991 are to provide 4 services for disabled persons: health medicine, education, occupation, and society. However services are limited to disabled persons so severe disabled persons. In the past, the latter must be evaluated by specialists in medicine before register and receive services. This causes difficulty because there are not enough sufficient specialists. Moreover, those provided services are not suitable and do not meet the needs of this group. Therefore, The criteria to measure the severe levels of disabled and how to provide appropriate services, are needed to be investigated.

According to the Constitution of the Kingdom of Thailand, the government must provide public welfare to all people. Thereby, disabled persons shall be entitled to receive their right to access



the public facilities and other welfares from the State. The policy of the government, therefore, shall be the mainstream to support them to be better well-being and more autonomous. The enactment of the Act on the Promotion of Social Welfare, 2003 serves as the prototype law in systematizing the national social welfare. The objectives of the Act are to protect and provide welfare to the vulnerable group and to promote and support social welfare provided by both the government and the private sectors.

For the reasons mentioned above, it is obligatory to investigate the criteria to measure the severity levels of disabled persons by means of medical and social aspects. This will lead to (a) the accurate population forecast, (b) effective use of the information, and (c) establishment the appropriate form of welfare for those severe disabled persons in Thailand.

#### **Purposes of the Study:**

The primary research purposes of this study were as follows ;

- 1) To investigate the proper criteria to measure the severe levels of disabled persons.
- 2) To forecast number of the existing severe disabled persons in the present and number of persons who are risky to become severely disabled.
- 3) To study the proper social welfare for severe disabled persons and the budgets to be expended for them individually.

#### **Definition of Terms :**

1. Severely Disabled Persons are the persons with the limitation or loss of individual capacities in daily activities and need the help from family about every things for living.
2. Criteria of Disabilities Level is the principle for indicating disabilities person's disabilities by both the medical and social criteria.
3. Social Welfare for Severely Disabled Persons is social service management system for helping severely disabled persons

for the security in life and the good quality of life.

4. Severely Disabled Persons Models are new social welfare models for managing welfare for all severely disabled persons under human right, equity, participation and necessary of people.

### **Research Design and Methodology**

The research design used in this study is both the qualitative. quantitative research methods. Data collecting were obtained as follows.

1. Documentary study was done from the various sources such as books, editorials, textbooks, researches, theses, and other relevant documents.

2. Field study was conducted to collect data by means of interview, in-depth interview, and focus group.

Disabled persons and stakeholders were interviewed in relation to cost and expenses incurred in each family.

In-depth interview was done among the target groups. These groups included (a) academics and field workers who are involved in disabled persons, (b) disabled persons and their families, and (c) communities from 4 regional areas of the Country as well as Bangkok Metropolis., The total sampling was 239 persons.

Focus groups were conducted from 30 stakeholders which included academics, field workers, disabled persons and their families, and communities. Finally, the seminar was held for relevant parties and disabled persons to discuss and exchange their experience.

3. The research results were reported to public in Bangkok for recommendations. This led to the policy meeting of those involved parties. There were 100 attendances from various agencies concerning disabled persons and the interest groups.



## The Research Result

The results of this research are as follows:

### **The criteria to measure the severe levels of disabled**

#### ***The Assessment Form comprises 3 parts.***

1) The physical structure and function part consist of 31 aspects of disabilities. The assessment ranges from 0 to 10 points which pursue to the Ministerial Rules, 1994.

2) Activities and integration part contain 15 items. Nine of fifteen items are used for assessing the capacity to perform their activities of daily living (ADL). The assessment ranges from 0 to 3 points pursuant to the range of difficulties in performing of such activities. The rest assess the instrumental activities of daily living (IADL) pursuant to the range of difficulties and the need of helping instruments or devices or helpers, from 0-1 point.

3) Environment part consists of 11 items. This assesses the need of social assistance of disabled persons caused by their limited personal status and social status. It also includes how much they can manage to live with others in the society successfully. The assessment ranges from 0 to 2 points pursuant to the range of help needed from their family members or care-givers.

#### ***Assessors : To assess the severe level of disabled persons, three assessors from different agencies should work together:***

1) a medical specialist or a physical and activities therapist or a health-care officer.

2) a specialist in care-giving or education such as a teacher, a lecturer, an academic, a psychologist, a social development officer, a care-giver or a headmaster of various care-giving homes.

3) a close-relationship person such as parents, relatives, or mentors.

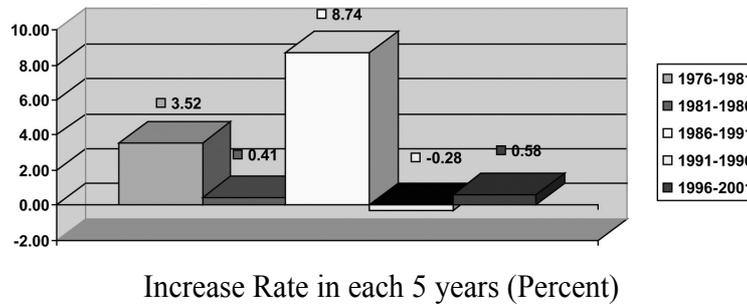
***The average score of 3 assessors will be used to judge whether a person is severe disabled. That is 22 points up. (See Table 2).***

### Forecast of persons with severe disabilities

#### *Analysis of the trend of disabled persons*

The statistics of disabled persons used in this analysis come from the database of disabled persons under the project of health and welfare survey as of 1981- 2001, carried out every 5 years by the National Statistical Office, the Ministry of Science and Technology. It is shown in Diagram 1.

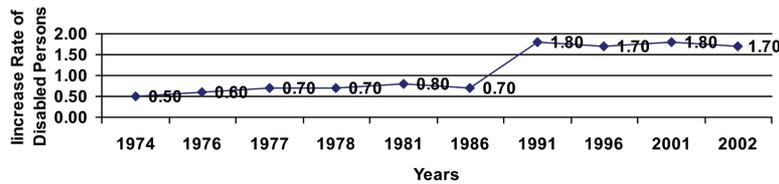
**Diagram 1:** The increase rate of disabled persons in each 5 years from 1976-2001.



Source: Data of disabled persons in the project of health and welfare survey as of 1981- 2001, the National Statistical Office, 2002

The increase rate in each 5 years after the year 1991 shows that the number of disabled persons in Thailand is likely to decrease in the group of the not severe disabled persons. It was forecasted based on the medical model from the provision of (a) medical and health-care services and (b) the campaign for accidents prevention. However, the increase rate of the severe disabled persons is higher than the increase rate of the population because the physical disability and the mental disability increase higher. This is congruent with (a) the economic and social change and (b) the change based on the epidemiology—from the contagious disease to the non-contagious disease (non-infection illness) and to the social disease.

Diagram 2: The trend of the proportions of persons with disabilities (percent)



Source: Suvit Viboonbhunprasert, 1997

In Diagram 2, the severe disabled persons trend to increase at the constant rate (0.5-0.8). From the year (1991, the number increases sharply and constantly (1.70-1.80). It is forecasted that the increase rate of disabled persons will be higher than that of the population, and they are mostly physical disabled persons. The index of the Thai mental health as of 1998 – 2002 shows that the number of mental disabled persons trends to increase from 1999 and it is highest in 2002. Also, it is 2 times higher than that of 1998. The number of disabled persons who register with the government agency is 2 times higher in 2006 than that of 1997. It is estimated that about 39.18% or one third of the total registered disabled persons are severe disabled persons. Finally, the number of this group, in the next 10 years, is forecasted to be 257,622 persons.

### **The necessity and access to the social welfare**

The access to the social welfare is necessary for by severe disabled persons, who cannot help themselves. To access the assistance provided by the government, it is enable them to survive or achieve the basic life quality. Regarding the welfare, it should be provided based on how much they can help themselves, i.e. partially help themselves (the risky group), fairly help themselves (the difficult group), and cannot help themselves (the very difficult group). This support is necessary to be provided together with welfare especially for severe disabled persons in the following aspects:

### ***Educational Services***

Education is deemed as the way to strengthen persons, to become good people, and can get a job. It is, therefore, considered as the first significant chance for severe disabled persons. Knowledge and skills are essential for all to live and survive so as to severe disabled persons. These persons who are educated will be professioned and will have occupations. Access to the information or news concerning their living and societies is rather a problem for all disabled persons. For example, severe visual impairment persons will lose chances to use a computer because there is not any computer which has Braille letters., Similarly, severe aural disabled persons will lose chances to use an interpreter. Severe mental disabled persons cannot attend the class together with normal students. Consequently, the access to the public relations of the group or association must be assigned to all parties explicitly to be in charge of and must be more substantially implemented. For examples, the institutes where disabled persons are members, the promotion of social learning, manuals of care-giving for disabled persons, the elimination of the cause of disabilities at the early stage, and the prevention from several disabilities. .

### ***Health-care Services***

Health-care services, like education and professions, are one of the significant factors for both normal people and severe disabled persons to access healthy and well-beings. Health-care giving is very necessary; whereby the health security such as the golden health security card, the access to the necessary medicines are needed especially for mental disabled persons who have to usually take the medicines. Most of their medicines are not listed in the national major medicine list, and consequently are not stated in the golden health security card by the Office of Establishment of the National Health Security. Some severe disabled persons have to buy medicines themselves because there are expenses when going to see doctors such as medicines, transportation fees, and waste



their time in waiting for a long time. Besides, the failure of communications between the service providers and the service users raises lots of problems for aural disabled and learning disabled since mostly hospitals do not have any interpreter. As a result, both the service providers and the service users misunderstand or not really understand what they want to communicate. The service for disabled persons should be convenient and be rapidly rendered, i.e. arranging the Green Channel for severe disabled persons.

### ***Jobs Application Services***

Significantly, severe disabled persons want to be independent so they must have jobs to earn income. Thus, appropriate professions, markets for their products, being employed in an appropriate position with appropriate salaries/wages, and access to the occupational training are all important factors. However, there are still many problems that severe disabled persons encounter even when having the stable career. Those business enterprises which offer the occupational chances for disabled persons should be recognized, promoted, and supported. Occupation is the most need for severe disabled persons because they will have sufficient income for their living. The higher education and the higher skills they have, the more income they earn. Consequently, instead of being burdens, they can help their families, communities, and societies. Thus, disabled persons stated explicitly that occupation is their first priority, where the government has, consequently, permitted loans to them for their occupational purposes. However, provision of loans to those persons should not be on a free basis, but it should be flexible. For example, the loans shall be repaid within the time specified but it also depends on the capacity of such a disabled person. In addition, they should be able to access occupational news/information, such as the service link in Nakhon Pathom Province, which has already been established in 14 subdistrict administration offices to which disabled persons can access.

### ***Social Services***

Mostly, the income and expenses of severe disabled persons are different according to the parts of the country where they live. For examples, those who live in the urban areas especially in Bangkok have higher expenses than those who live in the rural areas, and those who have higher education have higher expenses but they have more chances to access information. Most of disabled persons have no savings, but they have lots of debt. This is their disadvantage. Only some leaders of their groups who are capable to administer the groups will have the chance to obtain better salaries and welfare provided by the groups. [Consequently, we could see that the social administration serves as social safety net.]

From the forecast of appropriate welfare provision for severe disabled persons, based on the data from the 4 regional areas of the country and Bangkok, all kinds of disabled persons request sustenance allowance (Baht per person per month) which suits the type of their disabilities. The learning disabled persons request the most allowance, i.e. in the sum of 5,100 Baht, while the visual disabled persons request the least allowance, i.e. 2,285 Baht. The average sustenance allowance requested by severe disabled persons is of 3,459.45 Baht per month. See Table 1.

**Table 1** Summary of all sustenance allowance requested by all kinds of persons with disabilities.

No.	Types of Disabilities	Average Sustenance Allowance
1	Persons with visual disabilities	2,285
2	Persons with aural disabilities	2,367.66
3	Persons with physical disabilities	3,552.38
4	Persons with mental disabilities	3,129.98
5	Persons with intellectual or learning disabilities	5,100
	Average Ranges	2,285-5,100
	Total	3,459.45

Source : Narin Sungrugsa and others, 2006: 238



In fact, those who request the least sustenance allowance may not have equality between their income and their expenditure. Moreover, some may live with their parents/guardians who earn sufficient income, some may stay in a charitable home (accommodation), or some like to practice the economic sufficiency principle. However, all these target groups proposed some significant point concerning the government's welfare provision. They want other welfare more than the pecuniary welfare, as well as the informal care such as the day care model and the service link center. Above all, all disabled persons especially severely disabled persons should equally, without any discrimination, access the welfare which suits the type of their disabilities.

### ***Recreations***

It is necessary for disabled persons especially those severely disabled to access proper recreations, such as exercise, music, sports for disabled persons. Recreation is a means to enable disabled persons to demonstrate their abilities. However, all kinds of recreations especially the sports for disabled persons are not sufficient because there are a few sports fields, music stages, equipments, and musical instruments. Those who are capable and skillful in any sport should be supported and encouraged to join any international tournament.

### ***Security Welfare and Acceptance***

The social stability and acceptance are very crucial for human being. To live happily in a society, we shall have stability, mental healthiness, and sufficiency of life which pursue to the economic sufficiency principle. This is similar for both severely disabled persons and normal persons. Most severe disabled persons have capacities but lack the chance to demonstrate their capacities. It is, therefore, necessary to provide chances for them to join or participate in the relevant activities. This will strengthen their values and others will realize their contribution to the society.

## **The Suitable Models of Welfare Provision for Persons with Severe Disabilities**

### ***Social Welfare Model***

#### 1) Institutional Welfare Model

This model is carried out by the government budgets and agencies. the model is providing welfare together with support to eliminate the vicious cycle of “being uneducated, unhealthy and poor”. Such welfare model is, therefore, mainly to support education, healthiness and occupational chance for persons with disabilities to earn income.

#### 2) Double Welfare Model

This model is to provide social welfare with the government budgets, done by the private development agencies and enterprises. Presently, it is apparent that either the private associations, enterprises or foundations concerning disabled persons which are registered with the government agencies both in Bangkok and provinces arrange various activities concerning social welfare for disabled persons.

#### 3) Multiple Sectors Welfare Model

This model is a provision of social welfare through the cooperation of the government and the public by the private budgets and operated by the private development agencies (consisting of various parts of the public). It can serve the community welfare to strengthen and develop life quality of people in communities.

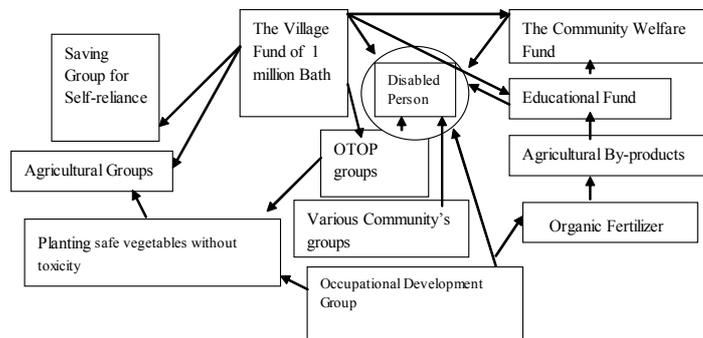
It appears that the proper social welfare for persons with severe disabilities should be of the multiple sectors welfare model, where there are several kinds of welfare in several forms provided by all the government, the private and the public sectors, which are likely to effectively and efficiently promote the community welfare and lead to the stability of communities.

Provision of community welfare by either using the community fund sources, or community-based production, or community circular funds, together with applying the 4 P's



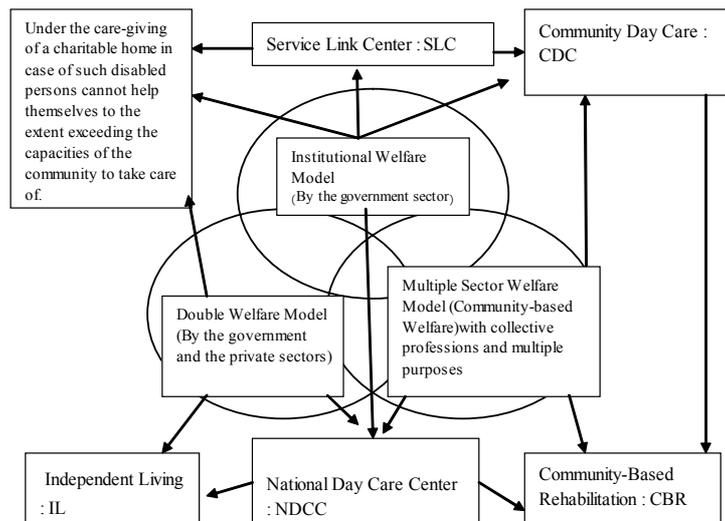
Marketing Principle and the good governance may create success or failure in various funds which will impact on disabled persons. In Diagram 3, it shows the multiple sectors community welfare for disabled persons.

**Diagram 3** shows multiple sectors communities welfare for disabled persons.



From the information mentioned-above, it is recommended to use the social welfare model for persons with severe disabilities in the Thai society as shown in Diagram 4.

**Diagram 4** shows the link between social welfare models for persons with severe disabilities.



***Proper Forms of Social Welfare Provision for Persons with Severe Disabilities***

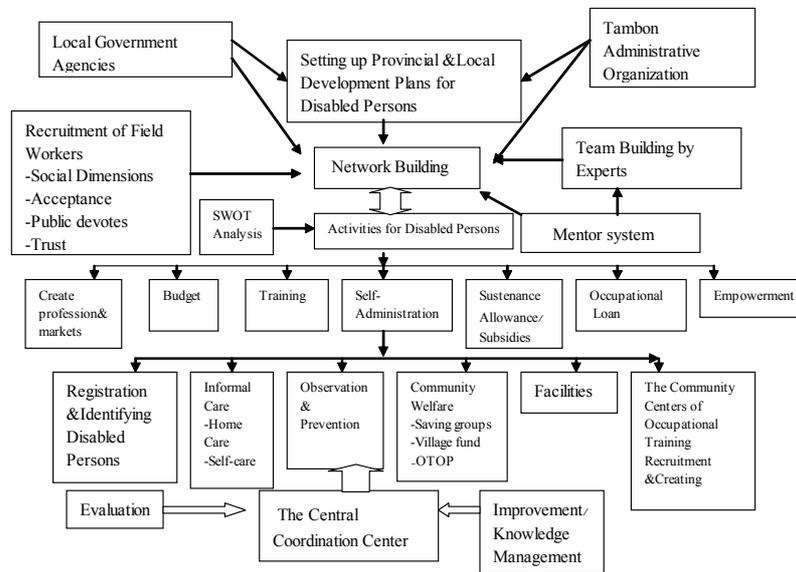
The Community Based Rehabilitation (CBR): The Bureau of Empowerment for Persons with Disabilities, the Ministry of Social Development and Human Security has introduced this type of rehabilitation since 1999 and expanded the operation in 2004 to enable service to persons with disabilities in full sphere. It is the most suitable concept for the Thai society as it is operated by means of participatory action research (PAR), which is a people-centered means focusing on the community information and planning system (CIPS). It is undertaken by establishing the communities' networks, where the communities' capacities are pooled for empowerment of the communities under social support, driving to the communities' rehabilitation. That will enable communities to manage their people by their people and for their people without getting help from specialists of any fields. It needs only experienced persons. Such process begins from preparation for the readiness of communities, arranging training of heads/chiefs of disabled persons and heads/chiefs of social development field workers who are involved in work concerning disabled persons, registration of disabled persons, identifying or finding out disabled persons, providing social welfare and sustenance allowance, acquisition of loan for occupational rehabilitation of disabled persons, rehabilitation of disabled persons, providing them occupational training, promotion of their job placement, watching and preventing them from further or several disabilities, providing education to enable them to improve or adjust themselves, enabling them to access information and news, etc. In the target areas of 25 provinces, 53 districts, the social development field workers are selected and assigned to perform their tasks. After having worked for 1 year, the tasks were assessed by analyzing the obstacles of the project by means of SWOT analysis. The outcome is that the factors enhancing the successful implementation of the project are

as follows:- the setting up of an organization to rehabilitate disabled persons which serves as the coordination center, the integration of community members and the community's knowledge management (KM).

The result of tasks operation in 2004: There were 160 social development field workers successfully passing the training and working in the target areas by providing assistance, rehabilitation and development of 52,040 disabled persons in the target areas. In the year 2005, there were 250 social development field workers successfully passing the training and servicing 59,520 disabled persons in the target areas.

From analysis of the community's projects of rehabilitation of disabled persons through the relevant documentation and the real experience, the Researcher proposing the CBR operation as shown in Diagram 5

**Diagram 5** shows links between steps of rehabilitation of disabled persons.





The occupational training in the form of “mental rehabilitation home” : It is the rehabilitation of disabled persons on a basis of career development by communities, arranged in Chiangmai Province.

That was a form of community-based rehabilitation arranged by Chiangmai Province. The Mental Rehabilitation Home Project/ Foundation was initiated through the mutual cooperation between the Province and JICA of Japan, where JICA provides funds to the President of the Mental Rehabilitation Home Foundation to establish the Foundation to assist persons with learning disabilities to stay together, participate in activities together during the working days from every Monday to Friday. These persons will be taken care by mentors and voluntary teachers. The JICA Foundation trains one of Japanese weaving methods to these disabled persons and encourages them to create their own designs. Afterwards, the trainers/instructors take their cloth to produce scarves, clothes, tablecloth, buttons and saucers. Besides, these disabled persons were trained in drawing to produce seasons greeting cards. These products were sold both in Chiangmai and Bangkok. Such creation of artistic work enables these disabled children to practice concentration and be developed to live with others in the society; they will not be afraid of a stranger. This Foundation was very useful both to parents and disabled persons/ children and was one of the long-term successful rehabilitation of disabled persons under the 4P’s marketing principle.

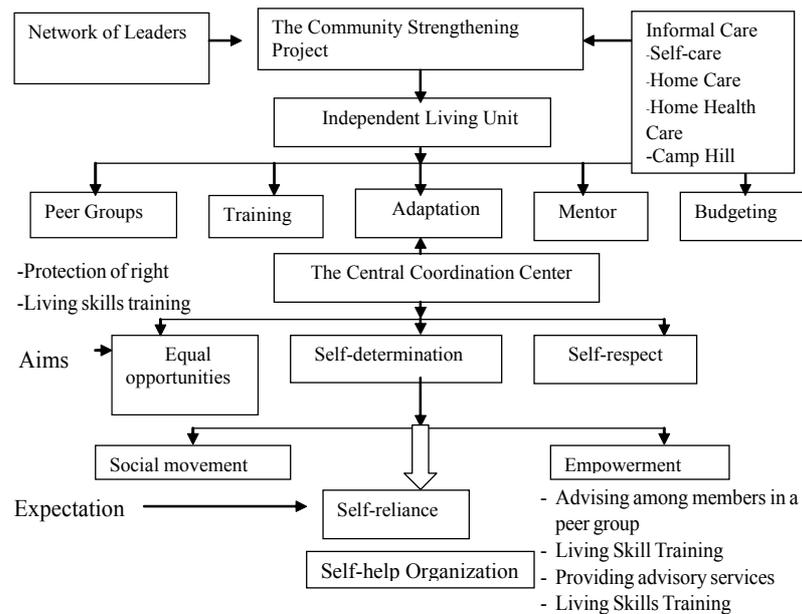
Independent Living (IL): The Independent Living of disabled persons is one of the concepts introduced and discussed since 1988 – 1992. Its pilot study was carried out in our society during 2002 – 2004 in the 3 following provinces, namely Nakhon Pathom, Choburi and Nonthaburi. It was organized under the concept of man empowerment with knowledge and resources. It was to integrate knowledge from the idea to enhance the civil right of disabled persons focusing on strengthening communities, by encouraging communities to establish a self-help organization for



4 arenas, i.e. information services, peer groups, living skills training and protection of the right of disabled persons. That is to provide knowledge related to disabilities to disabled persons, making them to accept themselves, so these can help themselves, be self-reliable and have other supplementary skills. However, based on the studies carried out in Nakhon Pathom and Chiangmai Provinces, it is evidenced by perceptive data that the operation of the Independent Living Project is feasible, but it should be performed in the context of strengthened communities through the support from researcher's networks/leaders and change agents. From my experience, the independent living need the strengthened community factor to lead to successful and permanent implementation, although in some cases, it may be gradually fruitful in a certain time. We should focus on the community-based welfare provision as a base of paradigm shift: from the institutional welfare model operated by the government the change to the informal care by the public until the independent living by each individual.

Based on the documentary analysis and the research carried out in the target areas, the independent living of disabled persons should be as shown in Diagram 6.

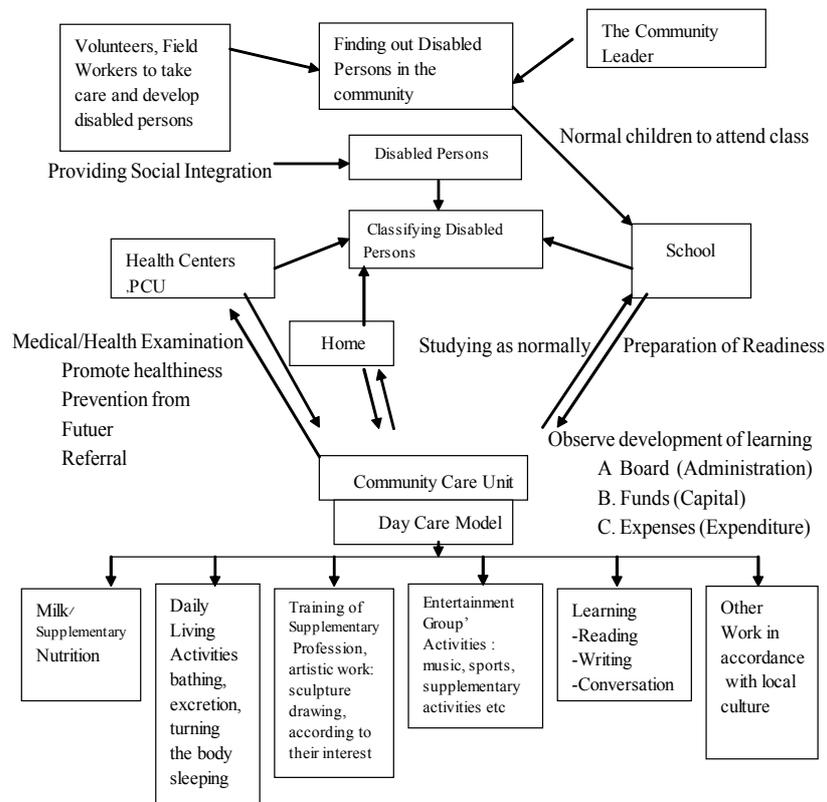
**Diagram 6** shows the Independent Living Model for persons with severe disabilities in the Thai Society.



Informal Care by Communities: The Day Care Model: This model can be successfully carried out under the conditions where the communities shall be strengthened and get readiness. It is the integration of health care and rehabilitation for persons with severe disabilities by communities through their capacities and competency. The process in this model begins from identifying/finding out disabled persons, giving care, providing education, preparation of readiness, self-adaptation and job placement for them according to the type of their disabilities where by there shall be supporters and voluntary field workers administration by the board and the funds or financing. The number of staff should suit or accord to the number of disabled persons who can make a round trip between their home and such day care unit/center; the disabled children are more suitable for this Model. In case of disabled stroke survivors, it is suggested to use the home care model

by rotating among care-givers to look after them at their home, as shown in Diagram 7.

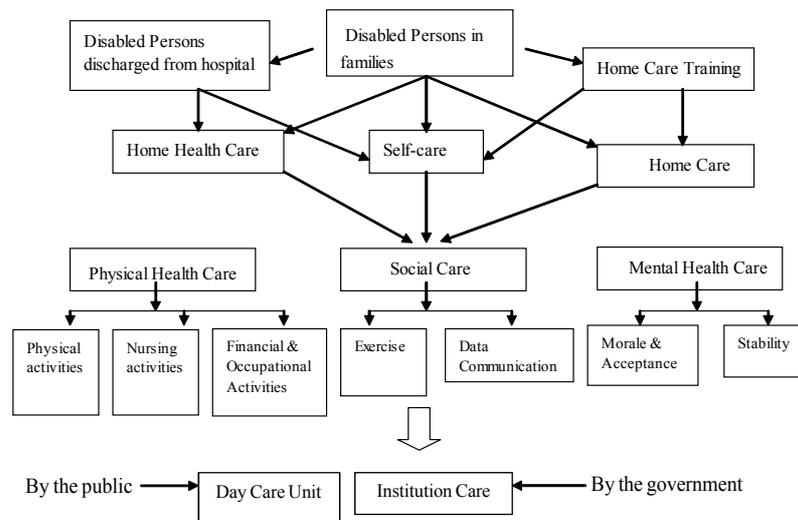
**Diagram 7** showing the day care model or community care unit of disabled persons.



Home Health Care/Self-care: Home health care is a model of care-giving for patients who have been discharged from the hospital to rehabilitate themselves at home or for patients who are ill of chronic diseases making them to stay at home because most of these patients are too ill to walk by themselves; they can only sleep in bed. These persons, therefore, are necessary to be given care and help from members of their families. Home health care is also suitable to persons with any other disabilities in order to help

them to perform their daily living activities, adjust themselves to return to normal living in the society, including severely ill persons who rehabilitate themselves at home where they need a care-giver to look after all the time. The disabled or ill persons who can partially help themselves shall also perform their own self-care in their daily living activities to recover from their illness. This model need cooperation of the disabled persons and their family members to prepare the readiness. To encourage the morale of disabled persons by their family members is significant. Simultaneously, communities and the government sector should support disabled persons to achieve their well-beings under the day care model or the institution care as shown in Diagram 8.

**Diagram 8** shows the Home Health Care and Self-care



## Recommendations

The Research Team would like to give recommendations based on this Study in the following 3 clauses:



### **Criteria to measure levels of severity of disabilities:**

1. It should systematically analyze the Assessment Form and experimentally use such Assessment Form to measure levels of severity of disabilities.

2. A study should be done to calculate the real cut point of the output of field study of the assessment criteria to measure levels of severity of disabilities.

### **Forecast of number of the existing persons with severe disabilities at present and its future trend**

1. Setting up the database of disabled persons as information/data.

It is significant for an administration in the present world where there are very rapid changes in all arenas either the living or the economic or social conditions, resources, environments, technology science, medical and public health to have correct information of disabled persons. The number of disabled persons is likely to increase every year, the database is so suggested to be in compliance with the survey form prepared by the Population and Social Research Institute, Mahidol University with some modifications as follows:- 1) levels of severity of disabilities to be included; 2) physically helping devices/equipment; and 3) number of hours per day needed by disabled persons to have a helper. The database of disabled persons will enhance more efficient administration concerning disabled persons.

2. The update on information

Presently, the National Statistical Office takes a census more frequently, i.e. in every 2 years. Similarly, data of disabled persons are suggested to be surveyed more frequently in every 2 years thereby its survey should be made in the same year when the National Statistical Office takes a census in order to obtain the same set of data enabling to achieve the accurate analyses.

3. Public Relations

It should present the surveyed information as a whole on

Internet and in printing medias with both Thai version and foreign languages versions, such as English, Chinese and Japanese, so as to publicize to the public and invite all social members to collaborate on giving care and providing assistance to disabled persons.

**The proper social welfare for the severely disabled people and the budgets to be expended per each person**

1. The government should focus on the protection system of long-term social welfare for the disabled. Besides this, social welfare services should be expanded and extended into both the central and the local/provincial administration to meet the basic requirements of the severely disabled people, especially those who live in the rural areas since most of them are poor. Such welfares shall quantitatively and qualitatively respond to their requirements and cover all target groups, especially those under the subdistrict administration agencies. In the qualitative means, it should eliminate the regulatory restrictions, while the assessment criteria should be of mixed model (inclusive of both medical and social factors). That will enable registration of the disabled to be conveniently performed and remove any obstacles of severely disabled people for the purpose of equal services.

2. The government should be ready to manage social welfare to cover the increasing number of the severely disabled people. This can be done by providing database processing and the possibility of registration in both the rural and the urban areas throughout the country. The management commences from community administration centers and passes to the service link to identify, classify the suitable welfare for each type of the severely disabled people, where the term of services should suit their disability stage, i.e. critical, short or long term disability.

- The disabled group who can take care and help themselves: This group may lead their lives almost in the same way as normal people. They should be provided health-care services and long life



education by the multipurpose learning procedure, i.e. physical, mental, emotional and intellectual condition. The services include how to adapt themselves, occupational training and full-sphere job placement for them based on the demand of labor markets and their need (for both the rural and urban disabled people). In addition, it should promote protection services for life security (operated by the private sector), information services for them to live happily. Social activities programs are provided for them focusing on their integration/participation, for they should be promoted to act as mentors, advisers for other members of their group (organized as a peer group).

- The disabled group who can partially take care and help themselves: This group is deemed as a group needing support from their families. They may have rather hard lives either under their physical or mental condition and sometimes need helpers/care-givers of approximately 25-30% depending on their physical and mental condition. They may be able to adapt themselves to their living condition if having been rehabilitated and given due care from their helpers or parents/guardians. Services should be promoted to provide education to the parties involved to know the correct ways to take care the disabled, encouraging their hope and social support for them, and arranging family day care centers.

- The disabled group who can fairly take care and help themselves and the group of disabled persons who can partially take care and help themselves: As they are deemed as the risky groups, the services should be arranged in the double welfare model supported by the government agencies and their families. These groups may live half difficultly either under their physical or mental condition. Both groups may need helpers/care-givers of exceeding 50-75% depending on their physical and mental condition. Services should be promoted to provide education to the relevant parties about the correct ways to take care the severely disabled, and arranging community day care centers.

• The disabled group who cannot take care and help themselves: They are deemed as the very difficult group, the services should be arranged in the multiple sectors welfare model supported by the government agencies, their families and communities. This group may live most difficultly either under their physical or mental condition. They may need helpers/ care-givers of almost 100% depending on their own point of view and strong heart. They should be specially taken care by their communities in the form of community-based rehabilitation. Such rehabilitation should have a community center in the form of service link center, where the disabled shall be observed and prevented from further disabilities, and severely disabled people shall be registered. The services provided therein are of one stop service type. Voluntary field workers, relatives and friends, neighbors of disabled and people who live in such communities should share their duties in assisting the disabled in the form of community responding day care. In addition, circular funds should be arranged for the communities for various programs and activities, such as the welfare fund, the sustenance allowance and the savings. Such provision will enable the disabled to access various services of the communities without discrimination. It is also necessary to arrange facilities for the reversely disabled people in the public places, such as arrange a slope, an elevator, a car park, and various necessary medias, etc.

In addition, the severe disabled people (all the risky group, the difficult group and the very difficult group) should be assisted and supported by both the government and the private sectors. This will be done by their integration into the society as one of social target groups, not separating them to be another group, so as to drive the society as a whole.

3. The provision of basic services should be promoted to the disabled pursuant to the Act on Promotion of Social Welfare, year 2003 by focusing on alternative welfare for the disabled. This shall be completely, thoroughly, continually and equally accessible



by the disabled of all 5 disabilities (including persons with learning disabilities (LD)) according to their type of disabilities both in the urban and the rural areas. The contexts of the areas are different in all economic, social, health, education, duration of long-living, problems and need of all ages, and types of disabilities arenas. The recommendations are hereby given as follows:-

- The most difficult group of the severely disabled are those who earn few or none income, or are unable to access resources and chance, while having several disabilities causing many health problems to them. This group should be provided welfare and support free of charge, i.e., the fixed or permanent sustenance allowance or other allowance which enable them to live normally and happily, including arranging their helpers, community day care centers, promoting their integration into the communities welfare funds and authorizing them to take part in the policy determination, etc.

- The group of the severely disabled people who have good economic and social status: Social activities should be arranged arranged for them, by the government soliciting collaboration from the private sector. This is to arrange activities in the form of experience and knowledge exchange, and promote recreational and sports activities groups/ exercise clubs of the disabled, including to arrange loan funds/saving, and arrange welfare and facilities which suit their type of disabilities.

- The risky group of the severely disables such as those who live alone, remotely from the communities, and those who are the elderly. This group is risky to have health problems. The government should promote the social observation system to serve as social safety net. This is promoted by assigning voluntary field workers or helpers selected among people in the communities and relevant officers, i.e. officers from a government health-care center, voluntary field workers from a medical service center, subdistrict administration officers and heads of villages, etc., to

take a visit to the houses of disabled persons or act as care-givers under community-based rehabilitation.

4. The payment procedure of the yearly sustenance allowance for severely disabled people should be reviewed by increasing the sustenance allowance in the proper amount: 3,459.45 Baht per person for 225,420 severely disabled people who have registered themselves. However, if we carefully consider, we can see that the government takes steps to promote welfare and well-beings of the disabled. They are helped either by establishment of the health security for all populations (the golden health security cards), or the yearly educational coupons of 2,000 Baht per person, or the public facilities, or the establishment of HRH Sirinthorn Medical Rehabilitation National Center where many physical helping devices and equipment are provided to the disabled. All of these the government have expended more than the sustenance allowance for the severely disabled people. In the meantime, communities should be encouraged to arrange their welfare by themselves focusing on integration of both the disabled and the communities in such program. It is hoped that the services will be accessible to the real difficult groups pursuant to the objectives of the government's policy and leads to the equality of all people on a long-term basis. If communities and the government achieve to develop other necessary services or develop the varieties of the family and the community welfare to be fully and equally accessible to all people and respond to the need of the difficult or troubled groups in both the urban and the rural areas, it can then improve and initiate any other (further) welfare.

5. The government should be ready in all significant arenas for the future such as public health, education, facilities and job placement, etc. to ensure the successful protection and promotion of the severely disabled people whose number trends to increase in the future.



6. The job placement services should be promoted for the severely disabled people in order to enable them to access the proper employment which suits their type of disabilities. Furthermore, they should be developed to be able to manage their business under the 4P's Marketing Principle, which will make them successfully compete and survive their business. Presently, such job placement services are very few, not sufficient to the demand of the capable disabled persons who are ready to work and earn their living by themselves in order not to become social burdens. Job placement centers should be established in each province serving as the service link with the Ministry of Labor. The "National Institution of Disabled Labor" should also be established to prepare readiness of the disabled. Moreover, occupational training, occupational chance, employment security and job placement should be provided for them.

7. The Ministry of Social Development and Human Security should coordinate and encourage with all the involved agencies and organizations of the government, the private and the public especially the subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration to undertake the following:

- Set up and develop the protection system and the services provision for the disabled, especially the severely disabled people, to be virtually effective and efficient pursuant to the Act on Provision of Social Welfare, year 2003.
- Be ready in all dimensions to become the society with increasing number of disabled:
  - a. arrange the facilities,
  - b. watch and observe and prevent the target groups from further or several disabilities,
  - c. efficiently manage the financing or funds of local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration),

- d. allocate appropriate both budgetary and local resources,
- e. promote occupational chance, education, social security, welfare/social welfare systems, health-care services,
- f. systematize the independent living procedure,
- g. arrange community-based rehabilitation,
- h. provide education and knowledge to make the disabled (including severely disabled people and severely disabled patients), their helpers/care-givers and their families to access the correct self-care and health-care, etc.

- The Ministry of Social Development and Human Security should coordinate with local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration) to lay out the life quality development plan of the severely disabled people. The plan should base on the principal plan of the Ministry of Social Development and Human Security, with full-sphere particulars included, i.e. significant points of the Plan, the target areas, the agencies to be in charge of the mission and multi-occupational chances for the target groups. This is to classify and lay out the full necessary contents and pool the existing resources to be used with effectiveness and efficiency.

- To promote the establishment of the Fund of The Disabled and provision of family welfare in various forms to assist the trouble families, especially severely cum severally the disabled as life quality of the disabled impacts on life quality of their families. However, it is apparent that some of the disabled have to get income to earn their family's living. It should promote and support various Funds (educational, health-care, occupational and life security funds) for children of the severely disabled parents; as well as modifying the terms and conditions of the funds to suit solutions to their problems and actual need, i.e. providing the



assistance fund sufficient to and able to cope with the severity of their problems.

8. The government and the local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration) should take the explicit measures to promote and strengthen families and communities. This is to serve as the main mechanism in taking care of severely disabled people, including the other vulnerable groups in the communities, i.e. children, juveniles, women and older persons, and solving various community's problems such as AIDS infection, narcotics, etc. The family and the community stability does not only make the disabled and others in the communities achieve their good life quality, but it can also serve as the threshold of several advantages, namely the effective and efficient database establishment, the equally pooling and allocating of resources, etc.

9. The government and the local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration) should actually encourage the care-giving system for severely disabled people who cannot help themselves because of having chronic disease. That undertaking should focus on integration of the disabled into their communities, such as training and providing the families and the relevant parties the knowledge of care-giving for the disabled. It should also provide the training and support budgets for field workers who act as care-givers of the disabled in the target areas. Moreover, it should find the appropriate places to establish community day care centers to implement the policy; that will enable family members to go to work without leaving the disabled at home alone.

10. The government and the local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration) should join together to set up communities' database in order to

observe and prevent the disabled from further disabilities. It should set up the database of all kinds of disabilities in every level so as to identify the target groups and provide them the systematized quality assistance. In addition, it should reconstruct, reorganize and review new missions of public charitable accommodations in each village to become a community-based rehabilitation center and a service link center. It is linked with the missions of the community-based public health centers and the public care units of the Ministry of Public Health. That will systematize and standardize the care-giving system for severely disabled people in villages.

11. The local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration) and the communities' organizations should promote the long-term life quality care system of severely disabled people. It is stimulated by cooperation among the community and the population mechanisms and will enhance representatives of disabled persons to take part in arrangement of the community's welfare to their group.

12. The local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration) and the communities' organizations should take part in taking care of severely disabled people and develop such care-giving system to be more effective. The members of communities should be promoted to act as the community's care-givers of disabled persons and acquiring resources, i.e. allocating budgets from the local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration) or other agencies to support the tasks performed by relatives, friends, volunteers (public devotees).

13. The government and all agencies involved should promote and support integration of families, relatives, neighbors, friends, care-givers of the disabled into the community-based



rehabilitation pursuant to the basic public health principle, operated by the public and for the public. The correct knowledge and understanding of various illness and diseases along with the skills in care-giving of the disabled who have various diseases are all necessary. These include suggestions of how to take exercise, prevention from further or several disabilities, a bedsore or a sore caused by oppressing in a person with physical disabilities, as well as the social support. In addition, it should encourage all parts of the society to join in promoting the disabled who are capable and ready to participate in the community's social activities. Regarding the mental security, services which support mental security of the disabled should be enhanced, i.e. recreations and sports which suit their type of disabilities and ages, and revive the domestic culture where the disabled can participate in according to their affordability.

14. The government should review and promote the establishing of more homes (accommodations) necessary for the disabled to meet with their need, especially for the most and the very difficult groups, namely children with learning disabilities. In this connection, it should allocate sufficient resources and budgets to implement the effective and efficient care-giving and the varieties of services, including the feasibility of augmentation and collective education and occupational training appropriate to these target groups to enable them to achieve their well-beings. In the meantime, it should promote community-based rehabilitation which is necessary to the risky group (the disabled who can help themselves). In addition, members of communities should be promoted and supported to take part in varieties of their community-based services, either the day care center or the social activities center through the government's provision of budgets.

15. Regarding the existing homes for all kinds and all ages of severely disabled people who cannot take care or help themselves, the government has to set up management standards of those homes. The plan should include monitoring and

assessment systems focusing on the integration of communities in care-giving and selecting field workers from graduates or students of their local universities to act as care-givers in those homes. In addition, the government should support knowledge and resources for such operation of the communities to constantly achieve the aims of their tasks.

16. The government agencies especially educational institutes in each level should encourage the younger generation to recognize values and contributions of the disabled to the society. This can be done by the arrangement of charitable fairs or domestic cultural festivals, including enhancing the transfer of experience by the disabled to students, promoting any activities which strengthen the good relationships and understanding between the disabled and the younger generation of the society. It should, in addition, include in curricula the knowledge of disabilities, their care-giving, and observation and how to prevent from disabilities which arise from accidents or any other causes especially in local educational institutes.

17. Regarding social welfare provision, all concerned policies should be drafted based on the studies and researches to successfully reach the correct solutions to the problems. The policies should meet the need of the target groups and cover all kinds of welfare, all ages of each type of disabilities, either the most difficult or the risky or the autonomous groups. Furthermore, it should promote researches to link with or be taken account of upon drafting the relevant policies, and should be included as one of the national agendas, which will lead to the successful implementation of the well-beings of disabled persons.

18. The government should promote the establishment of the National Council of the Disabled in the form of a non-government organization to serve as the central coordination center for the disabled. The center protects and promotes the human right and interests, especially the social welfare and services. It also serves as the alliance center where disabled



persons from various associations, organizations, public and private enterprises involved in disabled persons affairs can meet and exchange their experience and opinions. In addition, it will serve as the National Labor Institution of Persons with Disabilities.

**Table 2** Criteria to measure levels of severity of disabilities proposed by the Researching Team.

Domain	Assessed Items	Measurement Criteria	1 <sup>st</sup> Assessor	2 <sup>nd</sup> Assessor	3 <sup>rd</sup> Assessor
<b>A. Physical Structure &amp; Functioning</b>	<b>Assessed Disabilities</b>	<b>Points of the discovered disabilities</b>			
	With visual disabilities in one eye	2			
	With visual disabilities in two eyes	5			
	With unclear sight in one eye	1			
	With unclear sight in two eyes	4			
	With aural disabilities in one ear	2			
	With aural disabilities in two ears	5			
	With hard of hearing in one ear	1			
	With hard of hearing in two ears	4			
	Unable to verbally and aurally communicate	5			
	Dumb	4			
	Not normal speaking	3			
	Unable to communicate due to cerebral palsy	5			
	With amputated arm(s)	4			
	With amputated leg(s)	4			
	With amputated hand(s)	4			
	With amputated finger(s)	2			
	With amputated toe(s)	2			
	With atrophied limbs/unable to straighten or fold his/her limbs.	4			
	Having bent, stiff limbs, hands, body, or shaking bones	4			

	With clubfoot/feet, any foot tilting to one side, deformed foot/feet (using the upper part of the foot instead of the sole.)	4			
	Paralyzed	5			
	Partially paralyzed	4			
	Mental illness/psychosis	5			
	Autistics	5			
	Cerebral Palsy	5			
	Aphasia	5			
	Down's syndrome	5			
	Learning disabilities	5			
	With harelip/ cleft palate	5			
	Cephalomegaly/ Cephalonia	5			
	With several disabilities	10			
Total points of physical structure & functioning					
A. Average points given by assessors					
<b>B. Activities and Participation</b>	Activities in Daily Living (ADL):	Giving the points through			
	Face washing or brushing teeth	observation or interview.			
	Bathing	Assess levels of difficulties			
	Dressing his/herself	in performing the daily living activities under the			
	Eating	following points range:			
	Moving his/herself from the bed to the chair	Need a helper at all time=3			
	Mobility/moving around the house	Need a helper some time=2			
	Standing (for approximately 20 minutes)	Can do by his/her own self with petty mistakes=1			

	Climbing 10-14 stairs	Can do by his/her own self quite well = 0			
	Using the toilet				
	Instrumental Activities of Daily Living (IADL):				
	Preparation of foods				
	Buying things				
	Financial management				
	Using telephones				
	Housework				
	Studying/working				
	Total points of activities and participation				
	B. Average points given by assessors				
	<b>C. Environmental factors</b>				
		Giving the points through observation & interview.			
	Using of equipment or artificial organs or helping devices.	Using equipment or artificial organs or helping devices= 2, not using =0.			
	Need welfare or support from the government.	Very much need = 2, Partially need = 1, No need = 0.			
	Difficulties of care-givers or helpers in taking care.	Very difficult = 2, A little bit difficult = 1, Not difficult = 0.			
	Need special/ particular educational and occupational resources.	Very much need = 2, partially need = 1, no need = 0.			



	Adaptive abilities.	Unable to adapt his/herself = 2, Partially adaptable = 1, Well adaptable = 0.			
	Capacities in earning his/her own living/income.	Insufficient = 2, Sufficient = 0. High			
	Emotional control	emotional fluctuations = 2, A few emotional fluctuations = 1, No emotional fluctuations = 0.			
	Learning abilities.	At low level = 2, Middle level = 1, High level = 0.			
	Communication abilities.	Unable to communicate = 2, Able to communicate partially = 1, Able to communicate well = 0.			
	Trends to disturb or annoy others.	Very annoy = 2, A little bit annoy = 1, Not annoy = 0.			
	Can work together with others.	Cannot work together with others = 2, Can partially work together with others = 1, Can work together with others quite well = 0.			
	Total points of environmental factors				
	C. Average points given by assessors				



Grand total points (A+B+C)					
Levels of severity of disabilities	( ) Severe (22 points or more.)	( ) Not severe			

Signed \_\_\_\_\_ First Assessor

( )

Title.....

Signed \_\_\_\_\_ Second Assessor

( )

Title.....

Signed \_\_\_\_\_ Third Assessor

( )

Title.....

**Remarks:**

Assessors comprise:-

1. A doctor or medical or public health officer.
  2. A occupational specialist or care-giver who has occupational skills, such as a teacher or head of a charitable home.
  3. Parents/guardians, relatives, close-relationship persons or mentors or care-givers.
- of assessment, it shall use majority of 2/3, and use the points given by those 2 assessors to calculate the average points for such item.



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