

# **Readiness and Development of Readiness in Social Welfare Work for the Disabled of Tambon Administration Organizations, Nakhon Pathom Province, Thailand**

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## **Abstract**

This research was aimed to study the readiness and development of readiness in social welfare for the disabled of Tambon administration organization, Nakhon Pathom Province. The mixed methodology used in this study included both quantitative research and qualitative research and it was divided into 2 phrases: (1) to study the readiness of Tambon administration organizations (TAOs) in Nakhon Pathom Province to provide services for disabled persons in terms of knowledge, attitude and participation and (2) to develop the readiness in terms of knowledge and attitude as well as to transfer how to provide services for disabled persons by means of seminars with specialists. The population of this study included administrators and staff of TAOs in Nakhon Pathom Province, and they were the sample of this study. This sample was selected by the purposive sampling technique. The sample group of First phrase was composed of two groups: (1) 146 administrators of Tambon administration organizations, and (2) 1,247 officer of TAOs in Nakhon

Pathom Province. Second phrase was 67 participants in seminars, was composed of administrators, officer of TAOs in Nakhon Pathom Province and people working for or related to the disabled.

The research results revealed as follows. The readiness of TAOs in Nakhon Pathom Province to provide services for disabled persons in terms of knowledge of the disabled and how to provide appropriate service was rated at the high level. The attitude to provide services for disabled persons was at the highest level. TAOs in Nakhon Pathom Province participated in providing services for the disabled at the high level in terms of health and social services only. The other welfares matters such as education, occupation, and income; lodges; and recreation were rated at the low level. The problem was budget for managing welfare because it was insufficient and did not co-respond to the real practice of local welfare management. Moreover, the administrators of TAOs in Nakhon Pathom Province did not set the operation of social welfare for the disabled at the high level. The disabled also did not realize their rights and did not co-operate in doing some activities. The researcher developed the readiness TAOs in Nakhon Pathom Province to provide services for disabled persons by means of seminars, and participants stated that the seminars provided were useful and they gained some more knowledge.

***Key Words:*** Readiness; Social welfare; Disabled person; Tambon Administration Organization

## **Introduction**

Thailand has implemented the B.E. 2550 Act on Life Quality Development of the Disabled since September 27, 2007. Major contents of the act on rehabilitation of the disabled include improving or maintaining competency or ability of the disabled by means of medical, religious, educational, social or vocational processes in order to provide them an opportunity to work or maintain their livelihood in the society with the fullest extent of their potential. Additionally, the contents on improving their quality of life include rehabilitation, providing welfare, promoting and protecting their rights, supporting their independent livelihood, having honor of being humans and equality, and fully and effectively participating in social activities under the conditions accessible and beneficial to the disabled. The 2542 B.E. Local Administration Decentralization Act authorizes local administration organizations to provide local people education, training and development of life quality suitable to local contexts. However, works on social welfare for the disabled at the local level have not clearly been materialized regarding policies and measures on the provision of welfare and services to improve the quality of life of the disabled. This may be due to the lack of readiness on knowledge about the disabled and on principles of suitable welfare management for the disabled. In order for social welfare works for the disabled to materialize, it is imperative to investigate readiness and development of readiness in social welfare work for the disabled of Tambon administration organizations (TAOs), Nakhon Pathom Province as a pilot project in order to provide a guideline for other provinces to implement.

The objectives of this investigation were to examine readiness in social welfare works for the disabled of TAOs in terms of knowledge, attitude and participation of TAO members concerning the issue, and to develop readiness of TAOs on the issue by means of training.

## **Literature Review**

### **Human Rights and Development of the Disabled's Life Quality**

According to human right, the disabled are essential resources as same as normal persons, so development of the disabled's life quality has been mission for all countries, including Thailand. Thus, the Act of 2007 for promoting and developing of the disabled's life quality was promulgated on September 27, 2007. The main purpose of this Act is to arrange rehabilitation of the disabled i.e. promote or to maintain the ability of disabled by using a health care system, religion, education, society, or occupation, so disabled will have opportunities to work and live in their society efficiently. Moreover, their quality of life is also promoted and developed. For examples, provide rehabilitation, arrange welfare, promote and maintain human right, support independent living and human dignity as same as others, and encourage social participation completely and perfectly so the disabled can access and use facilities for their benefit (The Ministry of Social Development and Human Security, 2007).

### **Needs for Welfare of Disabled**

The following theories and concepts related to needs for welfare of disabled are described.

#### **Maslow's Hierarchy of Needs**

Maslow's hierarchy of needs is illustrated the shape of a pyramid. The fundamental levels of needs is the largest and the most so it is at the bottom; whereas, the need for self-actualization is at the top of the pyramid. According to Maslow's, needs of disabled is also in a hierarchy. First, they need to be healthy, and then they need to have safety and security in terms of daily life, society, and environment. Therefore, government and related organization need to arrange welfare for the disabled.

#### **ERG Theory of Motivation**

Alderfer (1972) developed *ERG Theory of Motivation* based on Maslow's hierarchy of needs. Alderfer's ERG Theory differs from Maslow Need Hierarchy Theory in that the former divides needs into

three types: existence, relatedness, and growth. People have foundation needs for survival and they also want to grow up in their career so government needs to respond to the disabled's need and tries to make it equally to normal persons.

### **Welfare Models for Disabled**

The Ministry of Social Development and Human Security (2007: 210-223) conducted research on Welfare models for severe disabled in Thailand and three models were developed.

#### **1) The Institutional Welfare Model**

The Institutional Welfare Model refers to a government model. Government arranges welfare and subsidizes together such as education, health care, occupation, and incomes.

#### **2) The Double Welfare Model**

The Double Welfare Model refers to a model which both government and private sectors cooperate to arrange welfare for the disabled who registered with government. These organizations provide services for the disabled in 7 aspects: education, health, occupation, facilities, society, recreation, law, counseling, and assistance for their fundamental survival.

#### **3) The Multiple Sectors Welfare Model**

The Multiple Sectors Welfare Model refers to a model which government, communities, and people from many organizations cooperate to arrange welfare for the disabled and this model functions as Community Welfare. The aims of this model are to strengthen and to develop quality of the disabled's life in community and to provide suitable welfare for the disabled. The welfare provided are based on budgets, production, ideology, and religion of each community.

### **Theory Related to Readiness Development**

Learning theory developed by Edward Lee helps to explain readiness development. People will success or failure depend on their behaviors. They have to be ready to do, practice, and reinforce. Learning depends on the learning theory developed by Thorndike (Thorndike, as cited in Curren, 2003).

Law of Readiness: Behavior and learning are influenced by the readiness. If they are ready to learn or do any activity, they will learn or do happily.

Law of Exercise: If persons do or practice more frequently, they will be better and skilled (Law of Use).

Law of Effect: If persons do activities and they satisfy, they will do those activities again. They will do more if they are reinforced positively.

The Law of Readiness was applied in this study by taking into account that the extent to which administrators and staff of TAOs in Nakhon Pathom Province were ready in terms of knowledge, experiences, skills, attitude, and participation for arranging the disabled's welfare. If the readiness of these persons were low, then the law of Exercise will be conducted by providing useful and related experiences for them. Consequently, these persons will be able to provide welfare more effectively.

## **Methods**

Mixed methodology both quantitative research and qualitative research was used in this study. Details are below.

### **Population and Sample**

The population of this study included administrators and staff of 101 TAOs of 7 Amphurs (Muang, Kamphangsen, Nakhonchaisri, Dontoom, Banglane, Samphran, and Bhudamonthon) in Nakhon Pathom Province, and they were the sample of this study. This sample was selected by the purposive sampling technique. The sample of this study comprised 3 groups and was described as follows.

1. The sample for quantitative study included 1,393 subjects, and they answered questionnaires and were selected by purposive sampling.

2. The sample for qualitative study (in-depth interviews) included 14 subjects. They were administrators and staff who worked on welfare for disabled of TAOs in Nakhon Pathom Province and selected by purposive sampling.

3. The sample of the third group (67 subjects) was used for developing their readiness to operate welfare for disabled and these subjects were selected by purposive sampling.

The study process was divided into two phases.

**Phase 1** examined readiness in social welfare works for the disabled of TAOs

The investigation focused on readiness in knowledge, attitude and participation of TAO members in social welfare works for the disabled. Both qualitative and quantitative methodology was used to collect the data from the sample group: TAO members in the province

#### ***Quantitative Methodology***

This is to survey readiness of TAOs in social welfare works for the disabled by using the questionnaires in regard to readiness in knowledge, attitude and participation of TAO members in the social welfare works. There were 1,393 respondents, divided into 146 TAO administrators (presidents, vice presidents and secretaries) and 1,247 state officers in offices of TAOs in the province.

#### ***Qualitative Methodology***

This is to investigate opinions on problems in carrying out social welfare works for the disabled and their solutions. The data were collected by using open-ended questionnaires with 1,393 respondents, divide into 146 TAO administrators and 1,247 state officers in offices of Tambon Administration Organization.

In-depth interviews were conducted with 14 respondents, divided into seven TAO administrators and seven officers in offices of TAO. The interviews focused on current situations and problems in providing social welfare to the disabled in the province.

**Phase 2** was the development of readiness of TAOs in social welfare works for the disabled by conducting a seminar.

The seminar on a guideline on providing community-base welfare to the disabled was organized on January 20, 2010 at the Institute of Asian Languages and Cultures, Mahidol University. The purpose was to equip TAOs with knowledge, attitude and principles on providing

welfare to the disabled. The two keynote speakers were Khun Jeerasak Sriphromma, from Office of Nakhon Prathom Social Development and Human Security, and Asst. Prof. Dr. Tavee Cheausuwantavee, a lecturer from Ratchasuda College, Mahidol University. There were 67 participants attending the seminar.

### **Research Instruments**

Before developing research instruments, researchers reviewed literature and studied theories and concepts which were related to welfare for disabled. Then information was analyzed and synthesized for developing questionnaires and semi-structured interview questions.

#### **1. Questionnaires Included 6 Sections**

**Section 1** asks the subjects about their background, including gender, education levels, duration and position of working at TAOs in Nakhon Pathom Province, and members of any organization.

**Section 2** asks the subjects about their knowledge of the disabled and welfare arrangement for disabled. Six questions were included and ranked into 3 scales: high, moderate, and low.

**Section 3** asks the subjects about their attitudes to welfare arrangement for the disabled. Ten questions were included and ranked into 5 scales: highest, high, moderate, low, and lowest.

**Section 4** asks the subjects about their participation in welfare arrangement for disabled in terms of health (5 questions), education (4 questions), occupation and income promotion (5 questions), accommodation (4 questions), recreation (4 questions), and society service (4 questions). These questions were both multiple choices and rating scale which was ranked into 3 scales: high, moderate, and low.

**Section 5** asks the subjects about their co-operation with other organizations in welfare arrangement for disabled. Questions were both multiple choices and open-ended.

**Section 6** asks the subjects about problems, obstacles, and solution in welfare arrangement for disabled. Questions were both multiple choices and open-ended. Questions were open-ended.



## **2. Semi-Structured Interview**

Two main questions were prepared and used for opening discussion and then researchers asked additional questions based on the interviewee's responses in order to gain more details on the topic. See two questions below.

### **1. Current situation of working on welfare for disables**

How does your TAOs arrange welfare for the disabled in terms of health, education, occupation and income promotion, accommodation, recreation, and society service?

### **2. What are problems and obstacles in welfare arrangement for disabled? And how do you solve these problems and obstacles?**

## **Reliability and Validity of Instruments**

Questionnaires developed by researchers were verified by two disabled experts: Asst. Prof. Dr. Tavee Cheausuwantavee and Dr. Dollaporn Phuakkhong who worked at Rajchasuda College, Mahidol University. These two experts were specialized in rehabilitation of the disabled who lived in communities. Moreover, both questionnaires and in-depth interview were reviewed and accepted by Mahidol University IRB before being used for collecting data.

## **Data Analysis**

The questionnaire responses were analyzed by using the Statistic Package for Social Science (SPSS). Descriptive statistics used in this study were frequency, percentage, arithmetic mean, and standard deviation.

All in-depth interviews tapes and all open ended data were transcribed and analyzed by using content analysis. Then these data were categorized with open and axial coding. The results of analysis were described.

## **Research Results**

The research results are divided into three parts. They include demographic data of the sample group, readiness of TAOs in providing welfare to the disabled and development of readiness of TAOs in providing welfare to the disabled by means of a seminar.

### **Part 1** Demographic data of the sample group

It is found that, of the officers from 101 TAOs who were the sample group, 55.60% were females, 56% had bachelor degrees with an average working period of four years, and 70.80% worked for their respective TAOs for less than five years. Additionally, 85.80% were operational staffers. In terms of being membership of local groups or organizations, 81.80% were not members of any group, whereas 7.30% were members of village councils.

**Part 2** readiness of TAOs in providing social welfare to the disabled

### **Knowledge about the Disabled**

It is revealed that general knowledge about the disabled of TOA members was at a high level (88.10%). Regarding specific knowledge, it is found that knowledge about disabled people and provision of welfare to the disabled was at a high level, 89.80% and 88.20% respectively.

### **Attitude toward Social Welfare Works for the Disabled**

The analysis reveals that attitude of the sample group toward the provision of social welfare for the disabled was at the highest level.

### **Participation in Providing Social Welfare for the Disabled**

It is revealed that participation of the sample group in providing social welfare to the disabled in general was at a low level (43.80%). For participation in specific areas, it is found that participation in providing health services and social services was at a high level, 58.70% and 56.50% respectively. Participation in other fields was at a low level, including education (52.60%), career and income promotion (50%), shelter (48.20%), and recreation (57.80%).

## **Current Situations and Problems in Providing Social Welfare to the Disabled**

Qualitative data for this section were collected by using in-depth interviews with personnel of the participating TAOs in terms of health services, education, vocational and income promotion, shelter, recreation, and social services. The results are as follows.

### **Health Services**

TAOs provides health services to the disabled by providing mobile medical services at their homes or specified areas in collaboration with local medical personnel in order to give medical check-ups and preliminary treatments. Moreover, TAOs planned to incorporate community health care systems with the state health insurance system, the state –sponsored Health Insurance Fund. In cases of serious health problems of the disabled who required specialist care, TAOs would coordinate with district or provincial hospitals to request for specialists.

### **Education**

TAOs did not directly provide the disabled educational scholarships. However, only Thung Kraphanghom Tambon Administration Organization, Kamphaengsaen District, provided scholarships to the disabled to attend training at its vocational training center. If there were any scholarships, they would be through local schools and most recipients were regular students. Nevertheless, there were short training courses conducted by external specialists, with topics ranging from the rights, adjustment to livelihood of the disabled.

### **Vocational and Income Promotion**

Most TAOs provided welfare on vocational and income promotion to the disabled. The main income source of the disabled was the state subsidized 500-bath monthly allowance. For other vocational activities, the disabled were encouraged to participate in the production process of local vocational groups. If they were not skillful vocationally, training courses were organized with the help of external specialists. After the training, financial and technical supports were provided to the trainees. Furthermore, the disabled were encouraged to form into vocational

groups in order to request financial supports from concerned state agencies.

### **Shelter**

Most TAOs provided housing repair services to the disabled. In cases of housing construction, it would be incorporated with the *Ban Therd Thai Project* with a requirement that the disabled must be owners of the land. The project was one of many that celebrated his Majesty the King, with the construction cost of 100,000 Baht. In cases of those without homes or relatives, TAOs would coordinate with concerned state agencies in order to provide shelters for them.

### **Recreation**

TAOs did not specifically organize recreational activities to the disabled, but to the public in general. This was because the disabled were not both interested in and cooperative with the organizations. Furthermore, they were afraid of accidents related to such activities.

### **Social Services**

Most social services were in the form of transportation to facilitate the disabled in carrying out necessary activities, such as registration of the disabled, requesting wheelchairs from concerned state agencies, opening bank accounts for their monthly allowances, elections, attending meetings or seminars, or participating in group activities for the disabled.

### **Coordination with Concerned Agencies to Provide Social Welfare to the Disabled**

For registration and equipment assistance, TAOs would coordinate with the office of Nakhon Pathom Social Development and Human Security. As for health services, coordination would be with private agencies like the provincial Rotary Club for assistance on equipment and other facilities for the disabled.

### **Problems in Providing Social Welfare to the Disabled and their Solutions**

The data for this section were collected from open-ended questionnaires and in-depth interviews with administrators of TAOs and other officers. The findings are summarized as follows.

### **Budget Problem**

TAOs in the province are mostly of medium-sized organization, with an income of 6-20 million bath excluding subsidies. Consequently, operational budget was relatively limited and little was allocated for social welfare. Nevertheless, they would request budgets for community social welfare every year. In principle, budget proposals must pass a public resolution of the community. Generally, the elderly would better be able to form into groups to get budget supports from TAOs than the disabled. This is because the latter is more individualistic due to their physical disabilities and health problems, making it more difficult to communicate with one another and to form into groups to receive financial support.

### **Solution Guidelines**

It is recommended that TAO officers seek budget support from other concerned agencies. They would also like the government to increase financial support for social welfare works for the disabled besides the monthly allowance. It is further suggested that each TAO allocate more budget for community welfare operations.

### **Problems on Cooperation from the Disabled and Caretakers**

It is found that most disabled people were not aware of and did not protect their rights as community members. They usually did not participate in activities and relatives or care-takers did not take welfare of the disabled seriously. This is partly due to their physical disabilities, which make it difficult to contact TAOs. Movement of the disabled is regarded as a burden by relatives and caretakers. Furthermore, relatives or guardians took a fair share from monthly allowances of the disabled.

### **Solution Guidelines**

It is recommended that effective communication between TAOs and the disabled should be improved. Disabled people should be made aware of their rights in getting welfare from local administration organizations. In case of transportation problem, transportation should be provided or services should be served at their homes. As for caretakers,

more public relations should be launched to make them aware of the rights of disabled people. They should take those under their care to be registered in order for them to be eligible for welfare services from TAOs.

### **Problems of Personnel Shortages in Charge of Social Welfare Works**

From the open-ended questions and in-depth interviews, it is revealed that there was only one officer, a community development officer, in charge of social welfare works and activities for the elderly, the disabled and the youths in the communities. Therefore, he/she was unable to supervise and carry out all welfare works. Another problem was that the officer lacked knowledge about welfare for the disabled because he/she was not specialized in this field and did not get additional training from concerned state agencies.

#### **Solution Guidelines**

It is recommended that more personnel in charge of welfare and health care services of the disabled be recruited. Furthermore, current personnel should be trained and equipped with knowledge about welfare works for the disabled, so that such knowledge could be used as a guideline for providing welfare services to the disabled in their respective communities.

### **Problems of TAO Administrators Neglecting Welfare Works for the Disabled**

It is found that TAO administrators did not perceive welfare services for the disabled as important. Therefore, budget for the welfare works was hardly allocated, making welfare services for the disabled fewer than those for other groups in the communities.

#### **Solution Guidelines**

It is recommended that administrators realize problems and hardship of the disabled first hand by working with responsible officers in the field. The action would raise their conscience in truly dealing with problems of the disabled in their communities.

### **Problem of State Subsidies**

It is found that allocation of state subsidies had not covered all disabled individuals in the communities. Furthermore, the government had not allocated welfare budget for the disabled to local administration organizations with low incomes.

### **Solution Guidelines**

It is recommended from TAO members that the government systematically transfer social welfare works to TAOs and allocate sufficient budgets for the operations of welfare services to the disabled. It is further recommended that TAOs collaborate with local administration organizations, the private sector and foundations in providing welfare services for the disabled and others in their respective communities.

**Part 3** Developing readiness in social welfare works of TAOs by providing knowledge

A seminar on a guideline for providing community-based social welfare for the disabled was organized with 67 TAO members. The topics included assisting disabled people, registering disabilities and the rights to receive state assistance, and principles in providing welfare for the disabled. The details are as follows.

#### **Assisting Disabled People**

Assistance provided for the disabled is divided into three areas: social services, social assistance and social insurance.

Assistance on social services includes the following:

1. Access to the rights of the disabled by registering their disabilities
2. Public health, e.g., community-based medical rehabilitation, the 30-baht medical scheme and promotion of physical well-being
3. Education, e.g., preliminary assistance and preparation and educational promotion by coordinating with schools for the disabled, regular school, and non-formal and informal educational institutions
4. Labor and income, e.g., cooperating with state and private businesses for employment of the disabled and hiring disabled persons in the communities

5. Other services, e.g., protection of the rights of the disabled and social and social welfare development of the disabled by cooperating with the private sector in the community

Social assistance includes the following:

1. Educational assistance, e.g., school lunch/supplementary food, scholarships, instructional media, educational facilities, and school buses

2. Social welfare assistance, e.g., financial and non-financial support, devices and equipment for the disabled, allowances, and coordinating with state welfare institutions for residential and vocational assistance

Social insurance includes the following:

1. Requesting assistance from the Social Insurance Fund  
2. Requesting monetary compensation in case of work-related accidents

Registration of disabilities and rights to receive state assistance

Qualifications for disability registration are as follows:

1. Disabilities designated and proven by medical professionals  
2. Visually evident disabilities, including complete visual, auditory and physical impairments that make such people unable to depend on themselves

The rights to receive state assistance are as follows:

1. Financial assistance without interest for career establishment  
2. Vocational support  
3. Disability allowances for those registered since April 2010  
4. Other state assistance  
5. Shelter provision for those without caretakers

Principles in providing welfare for the disabled

Community-based rehabilitation has the following characteristics.

1. It is organized by and within the community.  
2. It is about rehabilitation (welfare provision).  
3. It is about the equality of opportunity and social co-habitation.  
4. Disabled persons, their families and the community must be actively involved.



5. It aims at helping and developing disabled persons in four major areas, namely health, education, vocation, and social services.

In providing welfare for the disabled, it must be based on the six principles, namely inclusion, participation, sustainability, empowerment, self-advocacy, and barrier-free environment

Feedbacks from the participants of the seminar revealed that the contents of the seminar and their application were interesting and beneficial to social welfare works of TAOs at the highest level. The guest speakers were knowledgeable and their delivery skills to facilitate easy understanding were at the highest level. They were able to answer questions at a high level. The results indicated that the seminar was successful in developing knowledge, attitude and welfare implementation principles of the participants.

## **Discussion**

### **Readiness of TAOs in Social Welfare Provision for the Disabled**

It is found from the investigation that personnel of TAOs in the province were knowledgeable about disabled persons and providing welfare for the disabled at a high level. The finding points out that the personnel were aware of basic human rights stated in the constitution and were interested in providing welfare for the disabled in their communities. Their attitude toward the welfare provision was at the highest level, which would lead to effective and efficient welfare works. The finding is in line with that of Narong Phetprasert (2001:16-40), revealing that community-based welfare starts from belief and idealism before implementation. It is a creation of an ideal society, which affects and changes lifestyles, consumption, production and commercial behavior, and mentality as well as attitude toward life. It depends largely on confidence, devotion and cooperation of community leaders as well as public interest-oriented administration. As a consequence, if such conditions prevail in the TAOs, provision of social welfare for the disabled will be effective and efficient, improving the quality of life of

disabled persons.

Nevertheless, implementation of and participation in social welfare works for the disabled was at a low level in general. Welfare on health and social services was at a high level by coordinating with local health centers and hospitals. Public health personnel were asked to give medical check-ups and provide preliminary treatments. Serious cases were sent to the hospital. The welfare is in a form of local network. The finding is line with that of Aphisak Theerawisit et al. (2009: abstract), revealing that welfare works were operated via local community sub-committees with an emphasis on local networks and greater flexibility.

Social service provision was mostly in the form of transportation for the disabled to carry out activities. Other welfare provision included vocation and income generation, recreation and shelter, which were at a low level due to problems of both parties. TAOs had limited budgets for overall operations. A part of the budget was allocated for welfare of other groups like the elderly, children and youths, and women. There was none exclusively allocated for the disabled. Moreover, each TAO had only one community development officer in full charge of welfare provision. The most important problem was that TAO administrators did not pay attention to welfare of disabled persons. The finding is in line with that of Narong Phetprasert (2009:16-40), stating that for social welfare provision to become effective, it required faith and devotion of community leaders. If TAO administrators did not pay serious attention to welfare of the disabled, it would be difficult for the provision to become materialized and successful.

Problems of the disabled stemmed from the fact that they were not aware of and protect their rights as community members. They were not cooperative in participating in activities. Furthermore, relatives or caretakers did not perceive the importance of welfare of the disabled. This is because their health problems, disabilities and restricted freedom of movement make it difficult to take part in activities. Such restricted mobility is perceived as burdensome. The finding is in line with that

of Withayakorn Chiangkul (2003: abstract), revealing that poor and underprivileged persons had low self-esteem and felt intimidated when contacting state agencies for their welfare. Thus, it is recommended that TAOs encourage the disabled to form into a group to get more involved with the organization. Additionally, disabled persons should be made aware of their rights.

For welfare provision for disabled persons to become successful, state, private and local sectors must be rigorously involved. Aphinya Wetchayachai and Kitiphath Namthatpathamadul (2003: abstract) recommended that, in order to provide welfare for the poor, the under privileged and the socially risky groups, it was imperative to shift the paradigm, which was the problem of social structure. The establishment of community welfare funds should be supported as a financial source to help one another. Socially problematic individuals with potential should be encouraged to get involved in managing the funds. Additionally, the state sector must be sincere in allocating budgets for community welfare that was in line with actual local contexts. The findings from this investigation reveal that TAO personnel would like to get more budgets and fully transfer welfare provision authority to these local organizations. This means that the state provides sufficient budgets so that TAOs are able to manage in accordance with actual social welfare works.

Due to a limitation of budgets, allocation to cover all kinds of community welfare might not be possible. One way to make welfare for the disabled effective is to cooperate with local state and private sectors as an operation network. A community welfare fund should be established in order to support community welfare works. These practices are in line with the concept of social welfare provision for the disabled devised by the Ministry of Social Development and Human Security (2006: 210-223). The ministry recommended a multiple sector welfare model, which is the social welfare provision between the state and private sectors. Budget is provided by the government while welfare operations are carried out by non-governmental organizations

and the public sectors. It is community-based welfare that empowers communities and improves the quality of life of community member. Suitable welfare provision for the disabled should involve multiple social sectors that empower a community-based welfare system. The system is based on local financial and production support as well as an incorporation of social and religious idealism.

### **Developing Readiness in Providing Social Welfare to the Disabled by a Seminar**

The first phase of the investigation revealed that TAO members wanted knowledge on social welfare provision. Thus, a seminar was held on January 20, 2010 and the evaluation revealed that the attendants' knowledge on the issue increased. The finding is in line with Thorndike's Learning Theory (Thorndike, as cited in Curren, 2003), stating that success of personal behavior depends on consequences of actions, which include readiness to take actions, practice and reinforcement. Organizing the seminar according to their needs was a kind of knowledge management. Once they were equipped with necessary knowledge, it is expected that providing social welfare to the disabled in their communities would be more effective.

## **Recommendations**

### **Support from the State Sector in Providing Social Welfare for the Disabled**

The research findings point out that the state sector has not paid serious attention to improving the quality of life of the disabled. Allocation of monthly allowances for disabled persons is not thorough and insufficient. Other welfare services have not been provided. The following recommendations are for the government to carry out.

1. Budgets for other social welfare services for the disabled should be allocated to local TAOs and work force for welfare operations of the local organizations should be sufficient.

2. Social welfare works and authority to manage the budget for the purpose should be fully transferred to the local organizations. The

practice is in line with the decentralization acts.

### **Support from TAOs in Providing Social Welfare for the Disabled**

1. Administrators of TAOs should pay more attention to social welfare works for the disabled, since they play a crucial part in maintaining and developing social welfare works in their communities.

2. TAOs should encourage the disabled to form into groups and provide them community space to participate in community activities.

3. TAOs should support the establishment of community welfare funds in order to help community members and suitably allow disabled persons to get involved in management of the funds.

4. TAOs should implement the multiple sector welfare models by coordinating with local private and state agencies in providing social welfare to the disabled. The practice would empower community-oriented welfare based on local resources and incorporation of religious and social idealism to create a sustainable welfare system.

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