

## **The Proper Welfare for Persons with Severe Disabilities in Thailand**

**Dr.Narin Sungruga and others**

### **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 was 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 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. And the amounts were accounted to 239 persons.

From the research it was revealed that event 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 were diminishing, but the increasing rate of its severe cases was more than the increasing rate of Thai population. More over the disabled with physical disabilities or difficulty mobilizations, and mental or behavioral disabilities were also increasing too. These were associated with the changes of social, economic and epidemiological transitions from communicable to non-communicable diseases so called non-infectious or social disease. To calculate the estimated numbers of person with severe disabilities for the next 10 years, they were forecasted to 257,622 persons.

The provision of social welfare services were 3 models as to the institutional welfare model totally performed by government sector, the double welfare model collaborated from two alliances (government and private sectors) and the multiple sectors welfare model integrated on multidisciplinary disciplines and multi-sectoral collaborations. The third was thus mobilized in many forms of informal care, day care model, and arrangements of community welfare services . The Thai social welfare services should be implemented on the mixed models based on self-managed community welfare services for severe disabled persons.

For the 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 of the medical and social criteria to support the increasing trends of persons with severe disabilities.

The government should develop the quality of life for the disabled with 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 the regions both in central, regional and local areas. To respond the basic requirements of the disabled with severity, the government should prepare its readiness to their increasing trends. And this should be firstly started from establishment of the data base system for them.

Furthermore the basic services should be arranged and provided for them in forms of the new improved sustenance allowance, the proper occupational promotions for generating their sustainable incomes and the occupations should be suitable modified or adapted to 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 for the severity cases and poor family.

The government should have 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 with fully impairments or can not help themselves completely. Such as the children should be risen up their values and concerns toward the importance of severe disabled persons living in community. And the rehabilitation service centers should be suitable improved for the disabled who really want the services. Significantly the service system should be developed under the concept of Community-based Rehabilitation Program.

Finally the society must establish the collaborating center namely the National Disability Council to take its responsibilities for protections of human rights and interests especially in the welfare services for severe disabled persons. The council must plays the function roles to invite alliances from many different disabilities-related civic groups, non-profitable organizations, and government organizations to co-work for the interests. The council should be also manipulated to the center of National Labor Institute for Severe Disabled Persons too.

**Key Word :** Proper Welfare , Persons with Severe Disabilities

### **The Principle and Rationale**

Persons with disabilities are deemed as part of the society as these persons perform useful contribution to the Country and the society when they stand the chance and have capacities to do so. However, there is certain persons with disabilities who become burdens to the society as they are unable to perform their living activities. The government, therefore, promulgates the Act on Rehabilitation of Persons with Disabilities, B.E. 2534 (1991) to promote persons with disabilities to acquire the right to access support, development and rehabilitation. Based on data on July 31, 2006, there are 575,391 persons with disabilities who have registered with the government agency in charge of their affair among these persons, there are 225,420 being registered at the levels 3-5 during the period from November B.E. 2537 (1994) to September B.E. 2548 (2005) (the Bureau of Empowerment for Persons with Disabilities, 2005).

The Constitution of the Kingdom of Thailand prescribes the government to provide public welfare to all people in the society; thereby persons with disabilities shall be entitled to receive the right to access the public facilities and other assistance from the State. The policy of the government, therefore, shall mainstream support of disabled persons to be well-being and autonomous. The enactment of the Act on Promotion of Social Welfare, B.E. 2546 as the prototype law in systematizing the national social welfare has the objectives to protect and provide welfare to the vulnerable group and to promote and support integration of social welfare provided by both the government and the private sectors.

For the reasons mentioned above, it is obligatory to study the criteria to measure the levels of severity of disabilities by medical and social means in order to lead to the accurate population forecast and effective using of the information acquired to find out and establish the appropriate form of welfare for the persons with severe disabilities in Thailand.

### **Objectives of This Research:**

- 1.To study the proper criteria to measure the levels of severity of disabilities.
- 2.To forecast number of the existing persons with severe disabilities in the present and number of persons who are risky to become severely disabled.
- 3.To study the proper social welfare for the persons with severe disabilities and the budgets to be expended for an individual with severe disabilities.

### **The Research Methodologies:**

This Research is both the quantitative and qualitative analyses, and carried out by:-

- 1.Documentary Study : from the sources namely books, editorials, textbooks, researches, theses and other relevant documents.

- 2.Field Study : The collation of data is carried out by:-

Interviewing persons with disabilities and other stakeholders about cost and expenses incurred in a family of a disabled person.

In-depth interview with the target groups which consist of academics and field workers who are involved in disabled persons and disabled persons with their families and communities from 4 parts of the Country as well as Bangkok Metropolis, in the total number of 239 persons.

Focus Groups of 30 persons of stakeholders, academics, field workers, disabled persons with their families and communities; as well as arranging the seminar stage for the relevant parties and disabled persons to discuss and exchange their experience.

2.4 The Presentation Processing to receive the recommendations on the result of the Research in order to lead to the policy meeting of the involved parties in Bangkok. There are 100 attendances of the meeting from various agencies which are involved in work concerning disabled persons including the interested target groups.

**The Research Result :** It is found that

### **1. The criteria to measure levels of severity of disabilities**

1.1 Compositions of the Assessment Form comprise the following 3 parts:-

1) The physical structure and functioning compositions consisting of 31 aspects of disabilities, by assessment of the visibly existing disabilities from 0-10 points pursuant to the reference levels of severity stipulated in the disabilities verification attached to the Ministerial Rules, B.E. 2537.

2) Compositions concerning activities and integration consisting of 9 items to assess capacities in performing the activities of daily living (ADL) from 0-3 points pursuant to the range of difficulties in performing of such activities, and 6 items to 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) Compositions concerning environments consisting of 11 items of assessment of the need of social assistance of disabled persons caused by their limited personal status and social status, including how much successfully they can manage to live with others in the society, from 0-2 points pursuant to the range of the necessity, need or ties with their family members or care-givers.

1.2 Assessors : In assessing the severe disabilities, the Researcher likes to propose to have 3 assessors from the following 3 main agencies to work together:

1) A person who works or is a medical specialist or physical and activities therapist or health-care officer.

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

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

1.3 Criteria to decide whether a person has severe disabilities is to calculate the average total points from all assessment compositions marked by all the 3 assessors. If any person gets the points from 22 points onwards from the severe disabilities assessment form, such person shall be considered as a person with severe disabilities shown in Table 2.

### **2. Forecast of persons with severe disabilities**

#### **2.1. 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 B.E. 2524-2544 (1981-2001) carried out in every 5 years by the National Statistical Office, the Ministry of Science and Technology shown in Diagram 1.

Based on Diagram 1, the increase rate in each 5 years after the year B.E. 2534 shows that the number of disabled persons in Thailand is likely to decrease in the group of the not severely disabled persons forecasted based on the medical model got from provision of medical and health-care services and the campaign for prevention from all kinds of accidents. However, the increase rate of the persons with severe disabilities will become higher than the increase rate of the population because the physical disability and the mental disability will have a higher increase rate. This is in compliance with the economic and social change, and the change based on the epidemiology from the contagious disease changing to the non-contagious disease (non-infection illness) and the social disease.

In Diagram 2, The persons with severe disabilities trend to have the increase rate in their number at the constant rate of 0.5-0.8. From the year B.E. 2534 (1991) onwards the increase rate becomes higher at the constant rate of 1.70-1.80, and it is forecast that the increase rate of disabled persons will be higher than the increase rate of the population; whereby persons with physical disabilities will be mostly found, while the index of the Thai mental health as of the years 1998 – 2002 shows that the number of persons with mental disabilities trends to increase from the year 1999 onwards and becomes highest in the year 2002 in comparison with the year 1998 (it is 2 times higher.) The number of persons with disabilities who register with the government agency becomes 2 times higher in the year 2006 compared with the year 1997. It is estimated that there are persons with severe disabilities get registration in the proportions of 39.18% or one third of the total registered disabled persons, while the number of persons with severe disabilities in the next 10 years is forecast to reach 257,622 persons.

### **3. The necessity and access to the social welfare by persons with severe disabilities**

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

#### **3.1. Educational Services**

Education is deemed as the way to grow and strengthen persons, making them to be good people and can get a job. It is, therefore, considered as the first significant door to the chance for persons with severe disabilities. Everyone must have knowledge to live his life in the society, the persons with severe disabilities, therefore, shall have knowledge in several things like normal people. In addition, education is the way to create a profession to persons with severe disabilities like an occupational instrument.

Access to the information or news concerning their living, societies, is rather a problem of all types of disabilities. For example, persons with severe visual impairments will lose the chance to use a computer as no any computer has Braille letters and such persons cannot read, while persons with severe aural disabilities lose the chance to use an interpreter. Persons with severe mental disabilities cannot attend the class together with normal students. Consequently, the access to the public relations of the group/association where such disabled person is a member, the promotion of social learning, manuals of care-giving for disabled persons, the elimination of the cause of disabilities at the early stage, the prevention from several disabilities; shall be all assigned to the explicit parties to be in charge of and shall be more substantially implemented.

#### **3.2. Health-care Services**

Health-care services, like education and professions, are one of the significant factors for normal people and persons with severe disabilities, as well, to access healthiness and well-beings. Health-care giving then is very necessary, whereby the health security (the golden health security card), the access to the necessary medicines, are needed especially for the persons with mental disabilities who have to usually take the medicines. Most of their medicines are not listed in the national major medicines list and consequently are not mentioned in the golden health security card by the Office of Establishment of the National Health Security. Some of persons with severe disabilities have to buy medicines to take by themselves because of going to see the

doctor will incur expenses of 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 persons with aural disabilities, persons with learning disabilities since mostly hospitals do not have any interpreter who can communicate with them, making both sides (the service providers and the service users) misunderstand each other or not really understand what they want to communicate to each other. To service persons with disabilities on an equal basis to others, the significance is to provide convenience; whereby the services must be rapidly rendered, i.e. arranging the Green Channel for the persons with severe disabilities.

### **3.3. Jobs Placement Services**

The most significant point for persons with severe disabilities is that they want to have security or stability in living by being able to earn income for themselves and their families. To have income security, appropriate professions, markets for their products, be employed in an appropriate position with appropriate salaries/wages, access to the occupational training, are all important factors; although there are still many problems that persons with severe disabilities encountering even having the stable career. It is required to give incentives to business enterprises to recognize to promote and support occupational chance for persons with disabilities, including to prepare readiness and promote such proper professions as required in the labor markets.

The most desirable thing is that persons with severe disabilities be able to have their constant jobs which can provide them sufficient income for their living. Such can be implemented through the education, where they will have knowledge and apply to earn income for themselves and their families in order to relieve burdens from others in their families, communities and societies. Based on the relevant data, it shows that disabled persons set priority to their careers, 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 under the flexible conditions that the loans shall be repaid within the timely duration depending on the capacities of such disabled person. In addition, persons with disabilities should access occupational news/information, such as the service link in Nakhonpathom Province, which has already been established in 14 subdistrict administration offices, which are accessible to persons with disabilities.

### **3.4. Social Services**

Mostly, there is differentiation of proportions between the income and expenses of persons with severe disabilities according to the parts of the Country where they live: 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 more chance to access information. Almost all disabled persons have no savings, but have lots of debt; this reveals certain disadvantages of them. Only some leaders/heads of certain of their groups/associations who are capable to administer the groups/associations will have chance to obtain better salaries and welfare provided by the groups/associations. Consequently, we could see that the social administration serves as social safety net.

The forecast of appropriate welfare provision for persons with severe disabilities who cannot help themselves: Based on the data got from the 4 parts of the Country and Bangkok, all kinds of persons with disabilities request sustenance allowance (Baht per person per month) which suits the type of their disabilities. The persons with learning disabilities request the most allowance, i.e. in the sum of 5,100 Baht, while the persons with visual disabilities request the least allowance, i.e. 2,285 Baht; the average sustenance allowance requested by persons with severe disabilities is of 3,459.45 Baht per month as shown in Table 1.

In fact, the group which requests the least sustenance allowance may not have equality between their income and their expenditure, or some of these persons maybe live with their parents/guardians who earn sufficient income or some maybe stay in a charitable home (accommodation) or some like to observe the economic sufficiency principle. However, all these target groups have proposed some significant point concerning the government's welfare provision, i.e. other welfare than the pecuniary welfare, as well as the informal care such as the day care model, the service link center. Above all, the significant point is that all persons with

disabilities especially the persons with severe disabilities should equally, without any discrimination, access the welfare which suits the type of their disabilities.

### **3.5. Recreations**

It is necessary for persons with disabilities especially those who have severe disabilities to access proper recreations, such as exercise, music, sports for persons with disabilities. However, all kinds of recreations especially the sports for persons with disabilities are not sufficiently promoted by the relevant government agencies nor the local administration organizations nor the private sector; as there are a few sports fields, music stages, equipment and musical instruments. Recreation is a means to enable disabled persons to express their abilities to the society. Another way to promote persons with disabilities, especially in sports, we may select anyone of them who is capable in sports to join in any international tournament.

### **3.6. Security Welfare and Acceptance**

The social stability and acceptance shall also be deemed as one of the significant factor since man desires the 4 requisites, namely, foods, housing, clothing and medicine. To happily live our life in the society, we shall have stability, mental healthiness, a sufficiency in life pursuant to the economic sufficiency principle.

It is in the similar way to persons with severe disabilities; they also need to be accepted by others. Most of persons with severe disabilities have capacities but lack the chance to express their capacities. It is, therefore, provided to them the role and the chance to join or participate in the relevant activities to strengthen their values and make others realize their useful contribution to the society.

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

### **4.1. Social Welfare Model**

#### **1) Institutional Welfare Model** is the governmental model:

It is carried out by the government budgets and by the government agencies. This is the model of 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 (to let persons with disabilities earn income).

#### **2) Double Welfare Model is a multilateral model**

It is to provide social welfare with the government budgets, done by the private development agencies and the private enterprises. Presently, it is apparent that either the private associations or 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**

It is the 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 as 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 is 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.

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.

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

**4.2.1. 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 to

service 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 populations by their populations and for their populations without getting help from specialists of any fields. It need only experienced persons. Such process begins from preparation of 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 prevention of them from further or several disabilities, providing education to them 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 are 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 are 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 are 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 likes to propose the CBR operation as shown in Diagram 5

**4.2.2. 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 is a form of community-based rehabilitation arranged by Chiangmai Province. The Mental Rehabilitation Home Project/Foundation is 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 are trained drawing to produce seasons greeting cards. These products are 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 is very useful both to parents and disabled persons/children and is one of the long-term successful rehabilitation of disabled persons under the 4P's marketing principle.

#### **4.2.3. Independent Living (IL)**

The Independent Living of disabled persons is one of the concepts introduced and discussed since B.E. 2531 – 2535 (1988 – 1992). Its pilot study is carried out in our society since 2002 – 2004 in the 3 following provinces, namely Nakhon-pathom, Cholburi and Nonthaburi. It is an organizing under the concept of man empowerment with knowledge and resources. It is to integrate knowledge got 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 right of

disabled persons. That is to provide knowledge of their disabilities to disabled persons making them to accept themselves, 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 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 having to take 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 changing to be the informal care by the public until achieving 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.

#### **4.2.4 Informal Care by Communities**

**1) 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 capacities and competency of communities. 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 disabilities of their type; whereby there shall be supporters and voluntary field workers administration by the board and the funds or financing. The number of staff should suit or according 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.

#### **2) 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 the 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.

### **Recommendations from the Research:**

The Researching Team likes to give recommendations based on this Study in the following 3 clauses:

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

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

1.2. It should study to calculate the real cut point of the output of field study of the assessment criteria to measure levels of severity of disabilities.

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

2.1. Setting up the database of disabled persons as information/data is significant in 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. 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 ease to achieve more efficient administration concerning disabled persons.

#### 2.2. 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.

#### 2.3. 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.

### **3. The proper social welfare for the persons with severe disabilities and the budgets to be expended per each person with severe disabilities**

The government should focus on the protection system of long-term social welfare for disabled persons, expand and extend social welfare services into both the central and the local/provincial administration, which meet with the basic requirements of persons with severe disabilities especially those who live in the rural areas since most of them are poor people. Such 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 disabled persons to be conveniently performed and remove any obstacles of persons with severe disabilities in access to services on an equal basis to others.

The government should prepare its readiness to manage social welfare to cover the increasing number of persons with severe disabilities, whereby there should be database processing and possibility of registration in both the rural and the urban areas throughout the Country, commencing from community administration centers and passing to the service link to identify, classify the suitable welfare for each type of disabilities of persons with severe disabilities, where the term of services should suit their disabilities stage, i.e. critical or short or long term:-

The group of disabled persons who can take care and help themselves: This group may live their life almost the same as normal people. We should provide them health-care services and long life education by emphasizing the multipurpose learning procedure, i.e. physical, mental, emotional and intellectual condition, including how to adapt themselves, occupational training and full-sphere job placement for them based on demand of the labor markets and their need (for both rural and urban disabled persons). In addition, it should promote protection services for life security (operated by the private sector), information services for them to happily live their life, and social activities programs for them focusing on their integration/participation, where they should be promoted to act as mentors, advisers for other members of their group (organized as a peer group).

The group of disabled persons who can partially take care and help themselves: This group is deemed as a group needing support from their families. They may live their life rather difficultly 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. It should promote services in providing education to the

parties involved to know the correct ways to take care disabled persons, encouraging their hope and social support for them, and arranging family day care centers.

The group of disabled persons 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 their life 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. It should promote services by providing education to the relevant parties about the correct ways to take care severely disabled persons, and arranging community day care centers.

The group of disabled persons who cannot take care and help themselves: As 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 their life 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 disabled persons shall be observed and prevented from further disabilities, and severely disabled persons shall be registered. The services provided therein are of one stop service type. Voluntary field workers, relatives and friends, neighbors of disabled persons and people who live in such communities should share their duties in assisting disabled persons 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 will enable disabled persons to access various services of the communities without discrimination. It is also necessary to arrange facilities for persons with severe disabilities in the public places, such as arrange a slope, elevator, car park, and various necessary medias, etc.

In addition, persons with severe disabilities (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, by integration of them 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.

It should promote provision of basic services to disabled persons pursuant to the Act on Promotion of Social Welfare, B.E. 2546 (2003) by focusing on alternative welfare for disabled persons which shall be completely, thoroughly, continually and equally accessible to disabled persons of all 5 disabilities (including persons with learning disabilities (LD)) according to their type of disabilities both in the urban and the rural areas, where their contexts 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 very difficult or the most difficult group of persons with severe disabilities: They earn few or none income, 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 on a basis of free of charge, i.e., the fixed or permanent sustenance allowance or other allowance which enable them to live their life 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 severely disabled persons who have good economic and social status. It should arrange social activities for them, by the government soliciting collaboration from the private sector to arrange activities in the form of experience and knowledge exchange, and promote recreational and sports activities groups/ exercise clubs of disabled persons, including to arrange loan funds/saving, and arrange welfare and facilities which suit their type of disabilities.

- The risky group of persons with severe disabilities, such as those who live alone, remote from the communities, 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, 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 offices and heads of villages, etc., to take a visit to the houses of disabled persons or act as care-givers under community-based rehabilitation.

It should review the payment procedure of the yearly sustenance allowance for severely disabled persons by increasing the sustenance allowance in the proper amount: 3,459.45 Baht per person for 225,420 severely disabled persons who have registered themselves. However, if we carefully consider, we can see that the government takes steps to promote welfare and well-beings of disabled persons, 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 supported to disabled persons; all these the government have expended more than the sustenance allowance for the severely disabled persons. In the meantime, it should promote communities to arrange their welfare by themselves focusing on integration of both the disabled persons and the communities in such program, so 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 trouble groups in both the urban and the rural areas, it can then improve and initiate any other (further) welfare.

It should prepare the government's readiness for the future in all significant arenas such as public health, education, facilities and job placement, etc. to ensure the successful protection and promotion of persons with severe disabilities, whose number trends to increase in the future.

It should promote the job placement services for persons with severe disabilities in order to enable them to access the proper employment which suits their type of disabilities. Furthermore, it should develop persons with severe disabilities to be able to manage their business under the 4P's Marketing Principle, which will make them to 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. It should establish job placement centers in each province serving as the service link with the Ministry of Labor, establish the "National Institution of Disabled Labor" to prepare readiness of disabled persons, provide occupational training, provide occupational chance, employment security and job placement for them.

The Ministry of Social Development and Human Security should coordinate with and encourage 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 as follows:

- Set up and develop the protection system and the services provision for disabled persons especially the severely disabled persons, to be virtually effective and efficient pursuant to the Act on Provision of Social Welfare, B.E. 2546.

- Prepare their readiness in all dimensions to become the society with increasing number of disabled persons: arrange the facilities, watch and observe and prevent the target groups from further or several disabilities, efficiently manage the financing or funds of local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration), allocate appropriate both budgetary and local resources, promote occupational chance, education, social security, welfare/social welfare systems, health-care services, systematize the independent living procedure, arrange community-based rehabilitation, provide education and knowledge to make disabled persons (including severely disabled persons 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 persons with severe disabilities based 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 Disabled Persons and provision of family welfare in various forms to assist the trouble families, especial severely cum severally disabled persons as life quality of disabled persons impacts on life quality of their families. However, it is apparent that some of disabled persons 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 modify 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.

3.9. 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 to serve as the main mechanism in taking care of severely disabled persons, 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 disabled persons 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.

3.10. 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 persons who cannot help themselves as they are ill of the chronic disease. That undertaking should focus on integration of disabled persons into their communities, such as train and provide to the families and the relevant parties the knowledge of care-giving for disabled persons, provide the training and support budgets for field workers who act as care-givers of disabled persons in the target areas, find the appropriate places to establish community day care centers to ably service and implement the policy; that will enable family members to go to work without leaving disabled persons at home alone.

3.11. 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 disabled persons 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, by linking 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 persons in villages.

3.12. 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 persons, by stimulating cooperation among the community and the population mechanisms and enhance representatives of disabled persons to take part in arrangement of the community's welfare to their group.

3.13. 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 persons with severe disabilities and develop such care-giving system to be more effective, by promoting the members of communities 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).

3.14. The government and all agencies involved should promote and support integration of families, relatives, neighbors, friends, care-givers of disabled persons into the community-based rehabilitation pursuant to the basic public health principle, which is 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 disabled persons who are ill of various diseases, i.e. suggestions of how to take exercise, prevention from further or several disabilities, a bed sore or a sore caused by oppressing in case of a person with physical disabilities, as well as the social support, are all necessary. In addition, it should encourage all parts of the society to join in promoting the disabled persons who have capacities and readiness to participate in the community's social activities. Regarding the mental security, it should enhance services which support mental security of disabled persons, i.e. recreations and sports which suit their type of disabilities and their ages, and revive the domestic culture where disabled persons can participate in according to their affordability.

3.15. The government should review and promote to establish more homes (accommodations) which are necessary for disabled persons 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 support 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 (disabled persons 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 to them.

3.16. Regarding the existing homes for all kinds and all ages of severely disabled persons who cannot take care or help themselves, the government has to set up management standards of those homes, where there should be 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.

3.17. The government agencies especially educational institutes in each level should encourage the younger generation to recognize values and contributions of disabled persons to the society, through the arrangement of charitable fairs or festivals, domestic cultural festivals, including enhancing transfer of experience by disabled persons to students, promoting any activities which strengthen the good relationships and understanding between disabled persons 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.

3.18. 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 which meet with 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, by the government's including this as one of the national agendas, which will lead to the successful implementation of the well-beings of disabled persons.

3.19. The government should promote the establishment of the National Council of Persons with Disabilities in the form of a non-government organization to serve as the central coordination center for disabled persons in protection and promotion of their human right and interests, especially the social welfare and services, as well as to serve 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.

### **Recommendations for researches to be carried out in the future**

1. In the future, the researches are suggested to be in the participatory action research (PAR) model in order to pool participation among community leaders, community organizations, and the government agencies. It should be carried out in full sphere procedure commencing from studying and analyzing the situation of disabled persons and the causes or risky factors existing within the target communities, setting priorities of the problems, finding out alternatives to solve the problems, monitoring and assessment of outcomes of the relevant projects/programs and transferring and disseminating the useful information to other agencies and communities.

2. It should carry out researches under the public policy in order to study the government policy on appropriate welfare for severely disabled persons and study the implementation of strategies in provision of appropriate welfare to severely disabled persons in the form of Macro-Micro Linking with the national agenda, the function and the area dimensions.

3. The researches should be the economical research of any proper provision of welfare operated by target communities so as to use as the database for the executives to make decision in successfully implementing such proper welfare providing which will suit the contexts of our Country.

4. The local administration organizations (subdistrict administration organizations, the municipal offices and Bangkok Metropolitan Administration) which have capacities and readiness should carry out a pilot study of the community welfare fund for disability to be extended and expanded to possibly including into their policy.

5. It should carry out a pilot study of appropriate models of integration of the government, the private and the community sectors into welfare provision in the forms of a community unit and a service link with the existing proper social welfare of the government.

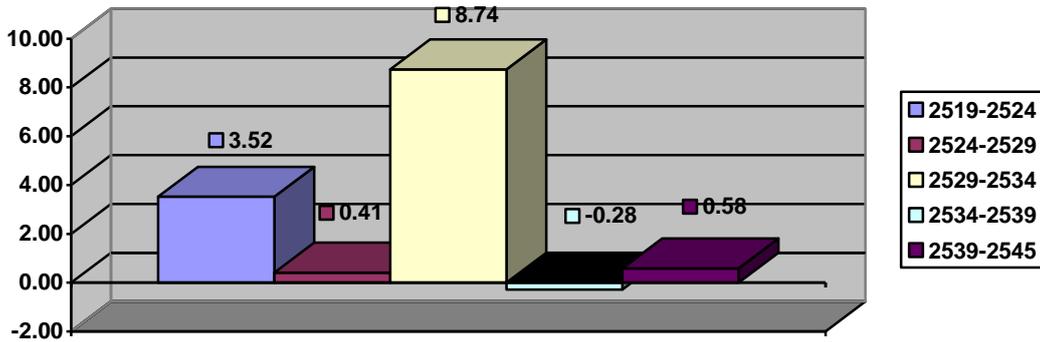
6. It should study the welfare for severely disabled persons in comparison with the existing government funds and the existing social funds of the communities, as well as study how to establish the alliance networks of disabled persons in the Thai society.

7. It should carry out an area based study of appropriate welfare for disabled persons compared with a problem based learning (PBL) study, where there are much differentiation between the social and the cultural contexts, including types, ages and severity of disabilities in all levels both in the urban and the rural areas; so that such comparative problem based research will contain full necessary information and reflect more explicit pictures of the real circumstance.

8. It should study the effective factors of development or empowerment of disabled persons and the community capacity in comparison with rehabilitation of disabled persons arranged by the charitable homes, to obtain the appropriate development or empowerment model.

9. It should further study to improve the assessment form of severe disabilities prepared by our Researching Team to make it more complete and practical.

Diagram 1 showing the increase rate of disabled persons in each 5 years from B.E. 2519-2544.



Increase Rate in each 5 years (Percent)

Source: Data of disabled persons in the project of health and welfare survey as of B.E. 2524-2544 (1981- 2001), the National Statistical Office, 2002.

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

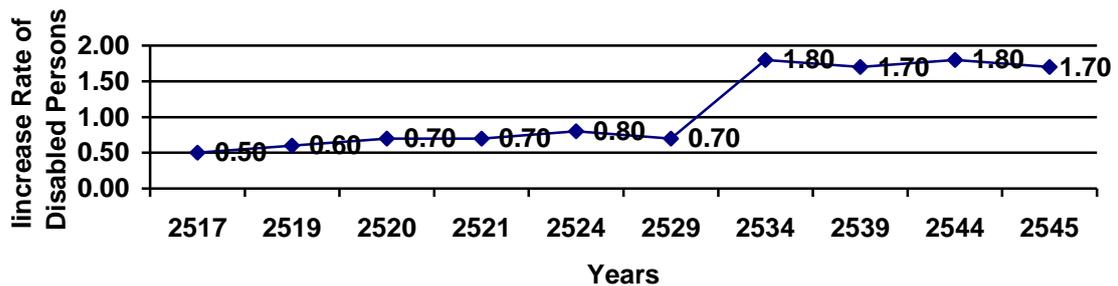


Table 1 Summary of all sustenance allowance requested by all kinds of persons with disabilities.

N o.	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

Diagram 3 shows multiple sectors communities welfare for disabled persons.

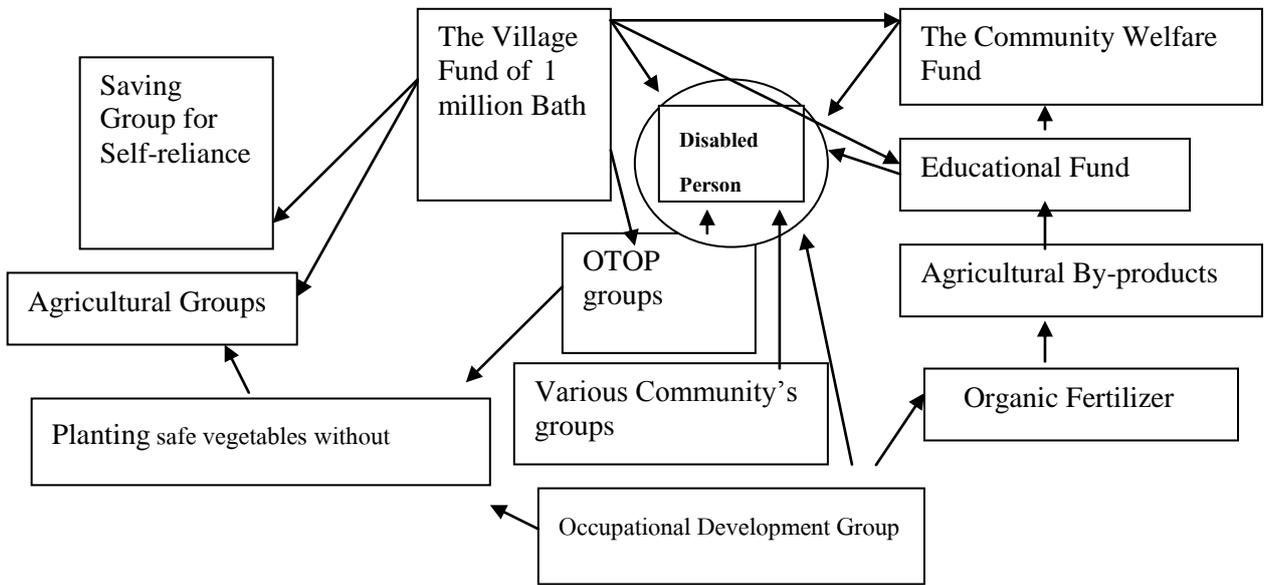


Diagram 4 shows the link between social welfare models for persons with severe disabilities.

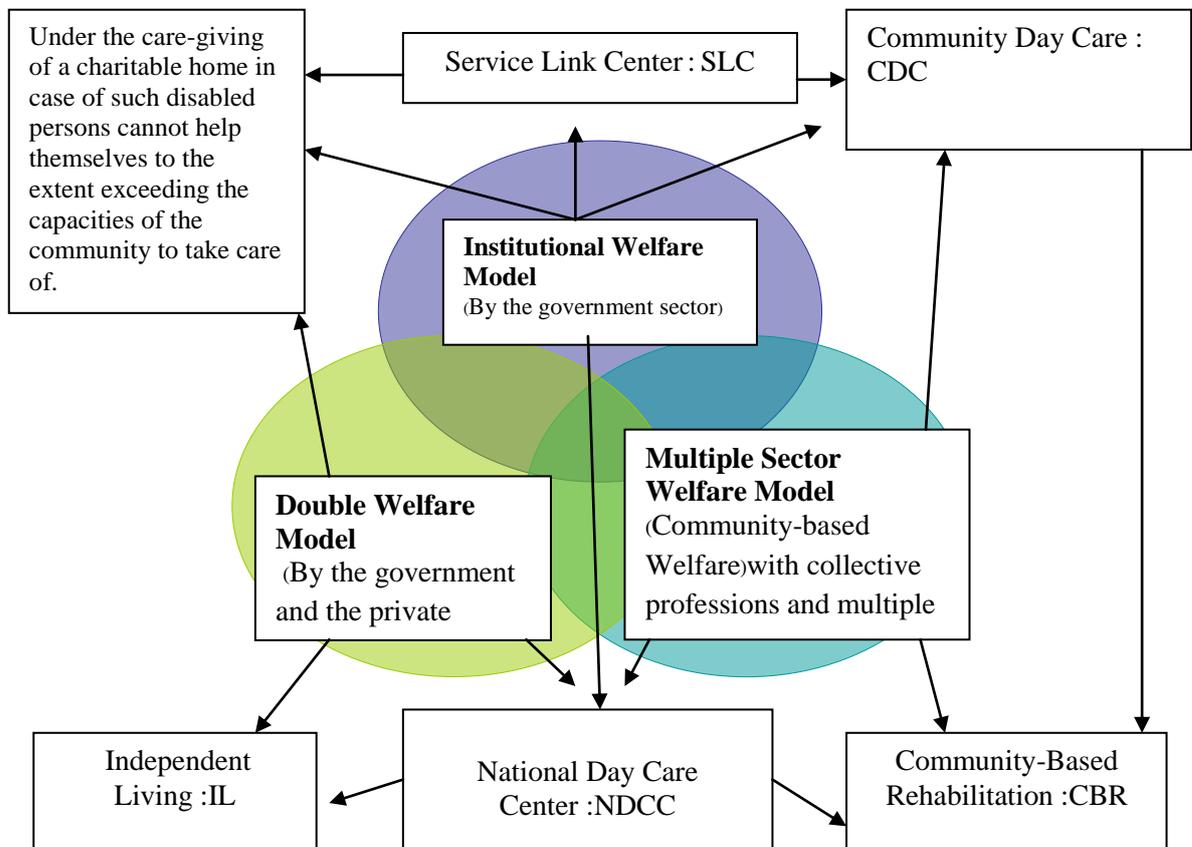


Diagram 5 shows links between steps of rehabilitation of disabled persons.

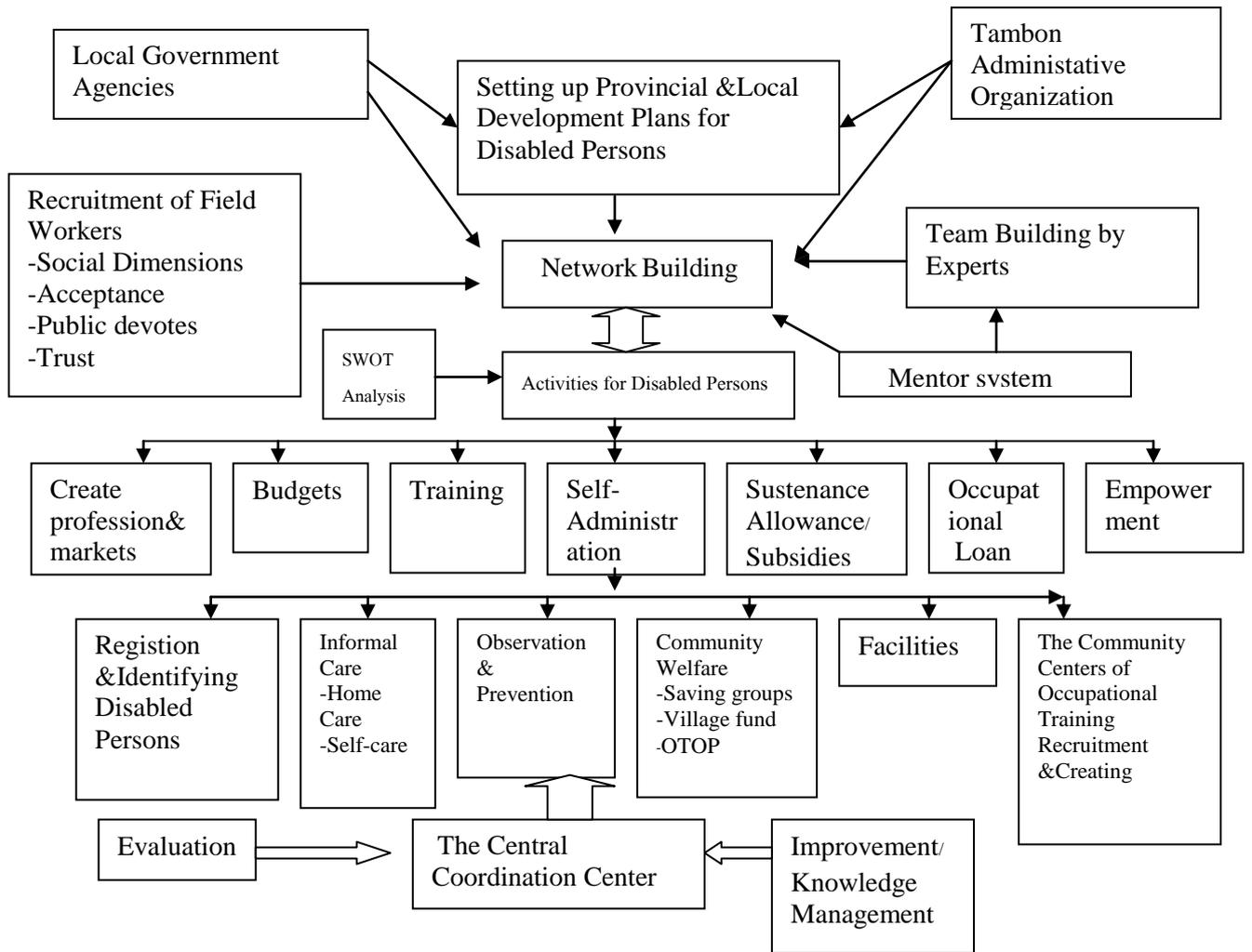


Diagram 6 shows the Independent Living Model for persons with severe disabilities in the Thai Society.

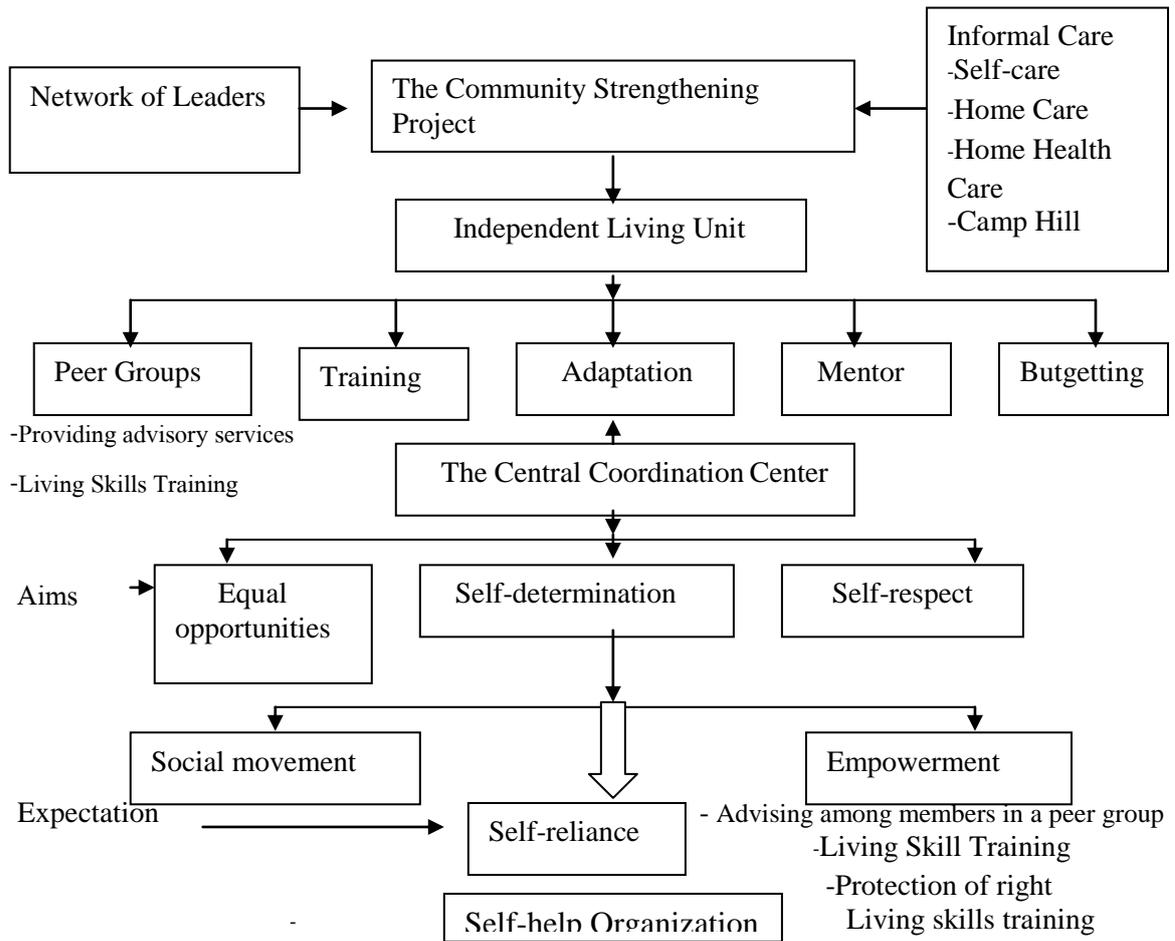


Diagram 7 showing the day care model or community care unit of disabled persons.

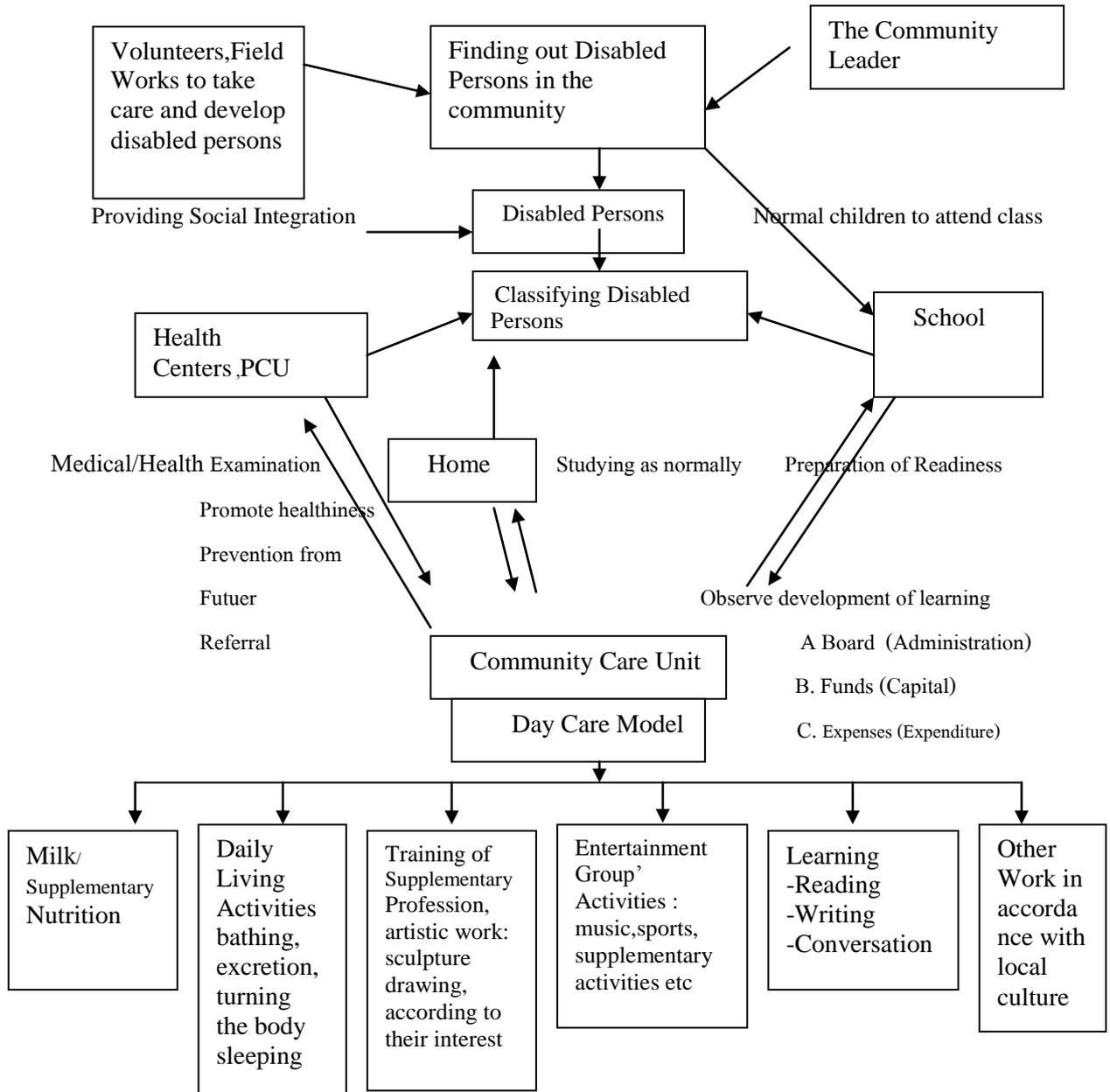
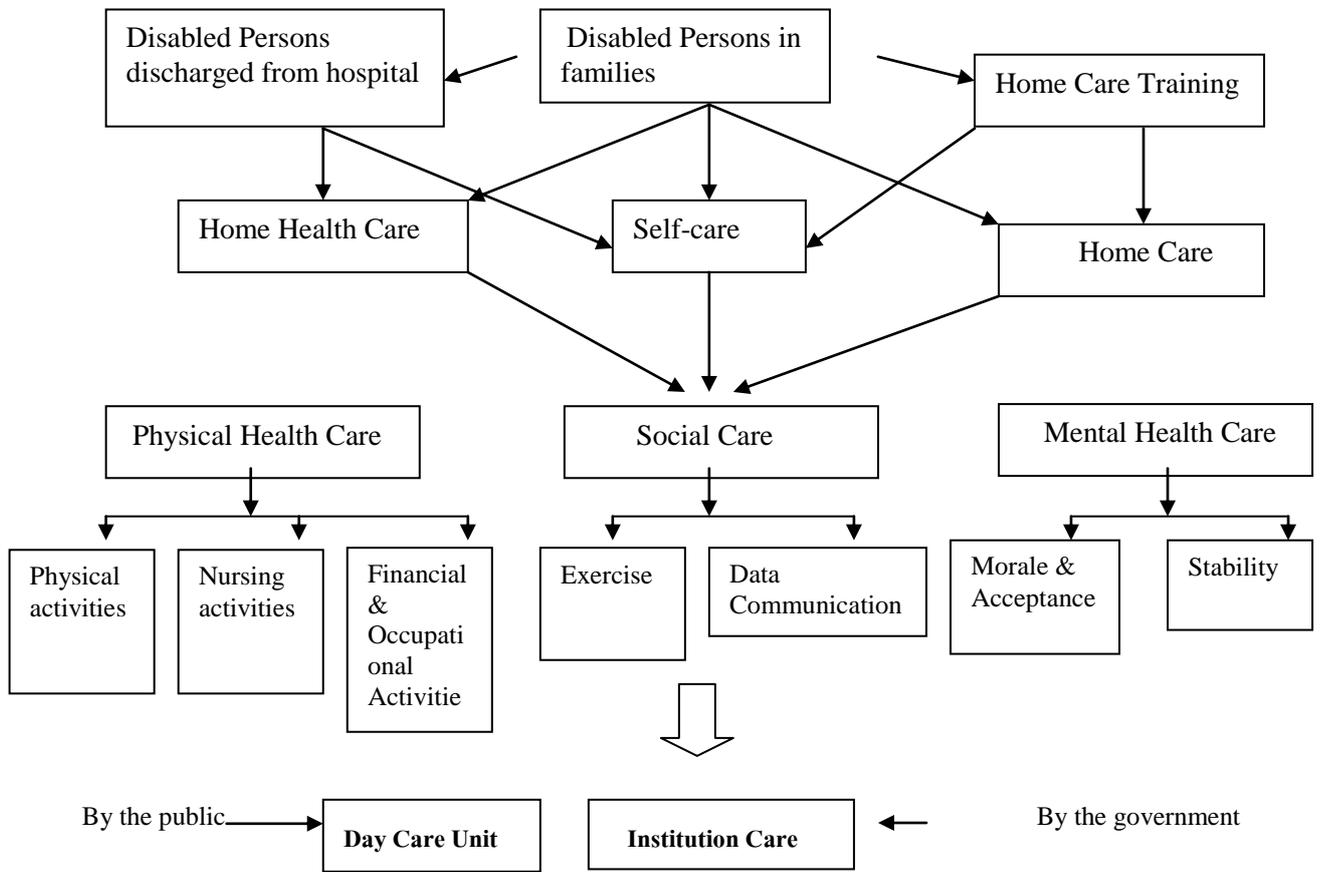


Diagram 8 shows the Home Health Care and Self-care



**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.			
	Emotional control	High 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.
4. If the assessors have different opinions in any item 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.

## References

- Adelman, P. B., & Vogel, S. A. (eds) (1992) *Issues in program evaluation. In Success for college students with learning disabilities* New York: Springer-Verlag.
- Amatayakun, Punpit ; Sumale Dejonkit ; Pimpa Kajontam.(2005). *General about Disabilities and Disable Person* Bangkok : Rajchasuda Collage , Mahidol University.
- Australian Institute of Health & Welfare. (2001) *Australia's Welfare*. Canberra : AIHW.
- .....(2003) *Disability Support Services 2002 , National data on services provided under the Commonwealth/state Disability Agreement* Canberra : AIHW.
- Bickensack., J. E., Chatterji, S., Badley, E. M., & Ustun, T. B. (1999) Models of disablement, universalism, and the international classification of impairments, disabilities and handicaps. In *Social Science and Medicine*. 48, pp.1173-1187.
- Gross, Edward. (1959) *Work and Society*. New York : Thomas Y. Crowell.
- Hagen-Foley, Debra L.; Rosenthal, David A.; Thomas, Dale F. (2005) *Informed Consumer Choice in Community Rehabilitation Programs. Rehabilitation Counseling Bulletin*. 48 (2) : 110-117.
- Kamhom , Rapepan. (2005). *Social Welfare in Thailand* Bangkok : Thamasart University.
- Maleolm, P. (1997) *Community Based Rehabilitation*. London : Saunders.
- Pfeiffer, D. (2001) *The conceptualization of disability. In Exploring theories and expanding methodologies: Vol.2. Research in social science and disability (B.M. Altman & S. Barnart eds.)*, pp.29-52. Oxford, UK: Elsevier.
- Punpeou Kamompan. (ed)(2006). *Independent Living of Disabilities* Bangkok : copy print.
- Smart, J. F. (2004) Model of disability: the juxtaposition of biology and social construction. In , *Handbook of rehabilitation counseling* (T. F. Riggart & D. R. Maki, eds.) pp. 25-49. New York: Springer.
- Patanvanich, Surapon. (2005). *Social Policy the way to Welfare Governance* Bangkok : Chulalongkorn Printing.
- WHO (1991). *Strengthening Self-care Home Regional Officer for South-East Asia* , New Deli India.