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Social Welfare for Older Persons in Thailand: Policy and Recommendation

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Abstract

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Social welfare is an essential service system for older persons in Thailand, especially when Thailand has become an “Aging Society”. Knowledge on social welfare for older persons enables nurses to provide high quality of care for older persons. This descriptive study aimed to explore the perceptions of key stakeholders about the factors contributing to success and the barriers to the current social welfare system for older persons in Thailand. A total sample of 45 from snowball sampling included 30 key informants from various sectors (government, private sector, and non-government organization), 10 Thai older persons, and 5 community leaders from 4 main parts of Thailand. Data collection included in-depth interview and stakeholder meeting. Interview guideline and main issues for public meeting were used for data collection. Data were analyzed by content analysis and thematic analysis.

The findings revealed that the factors contributing to success of social welfare for older persons in Thailand included self-reliance, updated data, and community participation. The barriers to social welfare for older persons were the implementation of the policies, lack of integration in practices, the administration of the community saving fund, and accessibility to health services. Recommendations for policy makers and practitioners for developing a suitable social welfare system for older persons in Thailand include planning for income security, promoting self-reliance, improving social welfare for older persons’ health, and supporting well-being and dignity of older persons.

Keywords: social welfare, older persons, Thailand, policy

สวัสดิการสังคมเพื่อผู้สูงอายุในประเทศไทย: นโยบายและข้อเสนอแนะ

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สวัสดิการสังคมเป็นระบบบริการที่จำเป็นสำหรับผู้สูงอายุในประเทศไทย โดยเฉพาะเมื่อสังคมไทยกำลังเข้าสู่ “สังคมผู้สูงอายุ” การมีความรู้เกี่ยวกับสวัสดิการผู้สูงอายุจะส่งเสริมให้พยานาคดูแลผู้สูงอายุได้อย่างมีคุณภาพ ยิ่งขึ้น การวิจัยเชิงบรรยายครั้งนี้เป็นการศึกษาความคิดเห็นของผู้มีส่วนได้ส่วนเสียเกี่ยวกับระบบสวัสดิการสังคมผู้สูงอายุในประเทศไทย ในประเด็นปัจจัยสนับสนุนความสำเร็จและอุปสรรคของระบบสวัสดิการสังคมที่มีอยู่ในปัจจุบัน กลุ่มตัวอย่างคัดเลือกแบบสโนว์บอลรวมทั้งสิ้น 45 คน ประกอบด้วย บุคคลที่ทำงานเกี่ยวข้องกับระบบสวัสดิการสำหรับผู้สูงอายุ ในหน่วยงานภาครัฐ องค์กรเอกชน และองค์กรอิสระ 30 คน ผู้สูงอายุ 10 คน และผู้นำชุมชน 5 คน จาก 4 ภาคของประเทศไทย เก็บข้อมูลด้วยการสัมภาษณ์ระดับลึกกลุ่มตัวอย่าง ตามแนวคิดตามที่สร้างขึ้นและระดมสมองข้อเสนอแนะเกี่ยวกับประเด็นที่สำคัญจากผู้มีส่วนได้ส่วนเสียเกี่ยวกับสวัสดิการสังคมผู้สูงอายุในประเทศไทย ที่เข้าร่วมประชุมเวทีสาธารณะที่จัดขึ้น วิเคราะห์ข้อมูลโดยการลดบทเรียนและสรุปประเด็น

ผลการศึกษาพบปัจจัยสู่ความสำเร็จคือ การพึงต้นทาง ข้อมูลที่เป็นปัจจุบันและการมีส่วนร่วมของชุมชน ส่วนอุปสรรคของการจัดสวัสดิการสังคมสำหรับผู้สูงอายุในประเทศไทย ได้แก่ การนำนโยบายลงสู่การปฏิบัติ การปฏิบัติแบบแยกส่วน การบริหารกองทุนสวัสดิการชุมชน และการเข้าถึงบริการสุขภาพ ข้อเสนอแนะสำหรับผู้กำหนดนโยบายและผู้ปฏิบัติงาน เพื่อการจัดระบบสวัสดิการสังคมที่เหมาะสมสำหรับผู้สูงอายุในประเทศไทย ได้แก่ พัฒนาระบบประกันรายได้ สนับสนุนการพึ่งพาตัวเอง ปรับปรุงระบบสวัสดิการด้านสุขภาพสำหรับผู้สูงอายุ และสนับสนุนการดำเนินชีวิตของผู้สูงอายุในสังคมอย่างผาสุกและมีสักดิศรี

คำสำคัญ: สวัสดิการสังคม ผู้สูงอายุ ประเทศไทย นโยบาย

Introduction

Social welfare arose from westernized democratic processes as a system of providing an assured level of state services to people aiming at supporting social, financial, educational, and health needs¹. The literature review revealed that the goals of providing social welfare services of most countries were similar. The system aims to promote quality of life, well-being, and health. However, strategies of each country in providing services are different. For example, Sweden provides universal welfare²; Japan promotes home care over institutional care^{3,4}; Singapore focuses on coordinating private sectors with communities⁵⁻⁷; Australia and the United Kingdom promote post retirement employment⁸⁻¹⁰. Recently, most countries promote various forms of retirement savings such as Pension Insurance in Japan³, Central Provident Fund in Singapore⁵, and Aged Pension in Australia.⁸ Further, most countries improve health services by means of meeting older persons' needs and improving convenience, waiting time, and accessibility. For instance, Japan focuses on the home care based on Public Long-Term Care Insurance³ while Singapore provides residential care and non-residential care by stressing on the quality of services, accessibility, and continuing services.⁵

Thailand has now shifted to an "Aging Society"¹¹. The aging population (60 years and over) comprises 14.73% of the total population in Thailand.¹² The potential support ratio is expected to decrease from 7.0 to 2.4 in 2000 to 2030.¹³ Thai women, in particular, are no longer able to undertake a caregiving role for their parents, due to multiple role demands such as work, family, and education. Older persons are more susceptible to chronic illnesses and have become more

dependent. There are more nuclear families. These changes have resulted in a higher stranded of living of older persons, particularly those with poverty. As such, a suitable social welfare for older persons in Thailand is an urgent need.

Thai society has a unique social value of gratitude, called "Katunyu". The social welfare system in Thailand has been developed based on the concept of "alleviating problem" (Residual Model of Social Welfare). These services did not strengthen abilities of older persons to live independently. Instead, older persons were viewed as burden of society, worthless persons, and persons without dignity. Later, the government changed the social welfare system to deinstitutionalization by enhancing an awareness of self-care.¹⁴ Currently, older persons (60 years and over) with poverty have the rights to receive social welfare with dignity.¹⁵ In Thailand social welfare can be categorized into 3 types 1) Social Insurance 2) Public Assistance, and 3) Social Services. Social insurance refers to the system of security assurance. Public Assistance is the system of help. And social services are services supporting basic human needs including health, education, housing, employment and income, social activities, and recreation.¹ The social welfare system in Thailand might not be similar to that in other countries because of the difference in tax payment system.¹⁶

Nurses, as part of a multidisciplinary team, are also responsible for older person care and to work closely with persons taking care of them. Learning about social welfare will support high quality of nursing care for older persons. The research question was "What are the perceptions of key stakeholders about the factors contributing to success and barriers

to the current social welfare system for older persons in Thailand?”. The aim of this study was to develop recommendations based on the experiences of key stakeholders.

Methods

Sample

Snowball sampling was used for recruiting all key informants, Thai older persons, and community leaders. The researchers searched for projects relevant to social welfare for older persons in Thailand. The names of the leaders of the certain projects were identified or confirmed with the experts in social welfare. Then, the stakeholders of the projects were listed by the leaders. The key informants from various sectors (government, non-government organization, and the private sector) who were responsible for social welfare for older persons in areas of social insurance (community saving fund: honest saving for 1 baht a day), public assistance (Local Administration: old-age government subsistence allowance), and social services for health (Institute of Geriatric Medicine, National Health Security Office), and social services for activity and recreation (Ministry of Social Development and Human Security), the multi-purpose center at Sakon-nakhon as well as the Learning Center for Natural Agriculture at Sakaeo, were selected for in-depth interviewing. A total sample of 45 included 30 key informants, 10 Thai older persons, and 5 community leaders from 4 main parts of Thailand.

Interview Guideline

The guidelines for an in-depth interview were derived from literature review. These guidelines were approved for content validity by three experts

in social welfare. The ethical committee of Mahidol University also evaluated the guidelines for ethical issues. Key topic areas were: 1) purposes of the activities, 2) strategies of the activities, 3) factors contributing to success, 4) problems and barriers to social welfare services, and 5) recommendations for a suitable system for older persons in Thailand.

Data Collection and Analysis

After getting an approval from the ethical committee at Mahidol University, data were collected in Sakon Nakhon, Chiang Mai, Sakaeo, and Songkhla provinces representing 4 main parts of Thailand. Data were collected by in-depth interview with key informants, older persons, community leaders, and brain storming recommendations in a stakeholder meeting. A public meeting was held in Royal City Hotel, Bangkok, Thailand. More than 150 participants including academic professors, older persons, community leaders, policy makers from government sector, and local administration attended the meeting. The information from public meeting was recorded. Data from the in-depth interview and the public meeting were analyzed by content analysis and thematic analysis.

Results

This study explored the social welfare for older persons in Thailand in three main categories: social insurance, public assistance, and social services.¹ The social insurance was the community savings fund; the public assistance was the old-age government subsistence allowance; and the social services included the health care services, the lifelong learning, the home for the aged, and the multi-purpose center for older

persons. The perceptions of the key stakeholders of the social welfare for older persons in Thailand in terms of factors contributing to success and problem/barriers to social welfare services were as follows.

Factors Contributing to Success of Social Welfare Services for Thai Older Persons

The findings revealed lesson learned for making social welfare services success as follows.

1. The social insurance was successful because the community savings fund (honest saving for 1 baht a day) was set up by the community for the community (self-reliance) as a financial safety net for each member.

2. The public assistance through the old-age government subsistence allowance by the local administration reduced the inaccuracy of payment. In the previous system, the allowance payment was done by the central government and relied on outdated data of older persons in communities, resulting in numerous errors.

3. The social services for supporting the social activities and recreation such as the lifelong learning of older persons, the multi-purpose center for older persons succeeded by way of the community participation including older persons, the active and sacrificed community leaders, the integration of local wisdom, the integration of various funds/ budgets, the partnership working process, and the empowerment for working group. In addition, the collaboration among various projects as networking and the sharing of experiences enhanced the creativities and the effectiveness of the projects.

Problems and Barriers to Social Welfare Services for Thai Older Persons

Though, a number of social welfare services for older persons were successful, the following obstacles of some services were identified by the stakeholders of such services.

1. There was a problem of the implementation of policies. Some policies included unclear concepts, complex practice guidelines, and impractical practices.

2. The social welfare services were provided without integration among various sectors. A number of government sectors were responsible for social welfare services. Each department worked separately for health and social aspects of social welfare.

3. The anticipated problems of the community savings fund were identified. The community savings fund (honest saving for 1 baht a day) may encounter an economic crisis in the future as the pension owed out-weighs the budget pooled by members.

4. Though Thai older persons reported that they were satisfied with the old-age government subsistence allowance, in the near future, the government may not have sufficient budget to carry this burden as the number of older persons in Thailand has increased-dramatically¹¹.

5. There was a limitation of accessibility to health care services of older persons. A fast track for older patients in the hospitals/ health centers did not provide the older patients convenient accessibility, but causing more crowdedness in one line. The older persons had also a hard time getting transportation to see doctors in the hospitals/ health centers.

6. The social services for housing did not support older persons to live with dignity. Older persons are disrespected for receiving free-of-charge service at homes for the aged.

Discussion

The results of the study showed that the social welfare as social insurance, and social services (education and recreation) were most successful, whereas further investigation and improvement of the public assistance and social services for health and housing were needed.

The community savings fund as the social insurance for older persons in Thailand was successful. However, in the future the savings fund may encounter the problem of payment for pension. Suwanrada and Chanduoywit¹⁷ explored needs for income security of Thai older persons and proposed the national pension system. They compared the advantages of the old-age government subsistence allowance payment and the national pension system. They suggested the government to motivate Thai people to participate the national pension system. They proposed that participating in the national pension system, Thai older persons will receive more money as monthly pension, lifelong disability security, funeral cost; and their family will inherit their lump sum pension. In 2012, the government initiated a new voluntary retirement savings plan as the National Savings Fund (NSF). Thai people, particularly informal workers, would benefit the most from this pension scheme. Recently, the NSF is in the parliamentary process¹⁸.

The social services for education and recreation were also successful. In addition to the leadership of the project leaders and the partnership working

process, the participation of the older persons made the projects active. They were satisfied with the activities provided at the centers. These results may imply that the social activities made the older persons joyful, which were congruent with the theory of aging. The activity theory proposes that the older persons continuing their activities in daily life would be successful aging¹⁹. Further, the second national plan for older persons B.E. 2545-2564 (revised version), put emphasis on the participation of older persons as the significant persons in the society²⁰. The active projects operated by the older persons could apply for the support from the Older Fund²¹.

The existing social welfare as the public assistance for the older persons is the old-age government subsistence allowance. The payment by the local administration with the regular revision of data of older persons in community made this service accurate to the updated data. However, the concern was the capability of the government continuing to pay this allowance as the number of older persons and the amount of money for this payment have been dramatically increased^{11,22}. Social welfare to promote a retirement saving is, therefore, needed.

The problem of social services for health was accessibility including the fast track for the older persons in the hospitals/ health centers and the barriers to transferring older patients to hospitals. As mandate by the Older Persons Act B.E. 2546, older persons have the rights to receive the fast and convenient health services²¹. In practices, the fast track provided by the hospital for the older person had a long line of older patients because most were older patients with chronic diseases. The practical support for convenient accessibility to health care for the

older persons, therefore, needs further study. Another accessibility problem was that the family had a difficulty with transferring older patients to the hospitals, especially the stroke patients. The barriers may stem from lack of a suitable vehicle and the cost of the transportation. Jitramontree, Thongchareon, and Thayansin found that the rehabilitation center that provided physical therapy in the community alleviated this problem²³. The stroke patients and their family caregivers found that it was easier to go to the rehabilitation center in their community than to take a taxicab to the hospital.

The existing social services for housing did not meet needs of the older persons. Living in an institution as service receivers did not support the sense of worth and dignity. Older persons deserve one's dignity with autonomy, and unconditional and noncomparable values²⁴. In other words, family, community, and society give older persons honor, respect, and human rights, while older persons present themselves in a society appropriately with honor. As the social value of gratitude (Katunyu) remains strong in Thai families²⁵, social welfare focusing on a support of family care rather than institutional care is most suitable for Thailand.

Recommendations

The following recommendations were derived from the data from the key stakeholders of the social welfare and the literature review. Recommendations for policy makers and practitioners in providing the suitable social welfare services for older persons in Thailand were as follows.

1. Planning for income security for older persons
 - 1.1 The National Savings Fund for older persons should be implemented in the near future.
 - 1.2 The alternative model of income security for older persons should also be explored.
2. Promoting self-reliance of community and older persons
 - 2.1 Government officers should serve as the facilitators of the projects in community. The participation of the community in social welfare services and networking should be enhanced.
 - 2.2 The community participation in social activities through the senior citizen clubs and the multi-purpose centers for older persons should be promoted.
 - 2.3 The retirement saving should be encouraged through the National Savings Fund and the sufficiency economy philosophy.
3. Improving social welfare for older persons' health
 - 3.1 The older persons reported that they had difficulties with transportation to the hospital. The local administration should set up effective transportation for doctor visit including a referral system in case of an emergency.
 - 3.2 The implementation of the fast track for older patients in the hospital needs further investigation. The duration of necessary doctor appointments for older persons with chronic diseases should be explored. This would lessen the burden of doctor visits for older persons/ caregivers and relieve the crowdedness of older patients in the hospital.

3.3 The potential of community health centers and primary care units in providing care services should be promoted. The professional nurse positions in these units should be placed as well.

4. Supporting older persons living with well-being and dignity

4.1 The Ministry of Education should integrate the content relevant to aging into the curriculum at all levels. This would promote positive attitudes toward aging and also prepare successful aging among older persons in the future.

4.2 The lifelong learning projects should be operated more in senior citizen clubs. This would promote quality of life of older persons in Thai society.

4.3 A long-term plan for housing for older persons should be established. Affordable senior housing community with an age friendly environment, wherein a care manager present, should be developed for older persons. The older persons living alone in their own home would live in this type of house with safety and dignity.

Nursing Implication

1. Nurse educators should integrate social welfare for older persons in a nursing curriculum. This would allow nurses to give older persons high quality of care through community participation. For example, supporting community to set up a senior citizen club as social activities and recreation would enhance quality of life of older persons.

2. Nurse administrators should develop a health service system based on the national policy relevant to social welfare for older persons. For instance, an effective green channel for older patients is challenging.

3. Nurse researchers should study the gap of social welfare for older persons in practices and then make the recommendations to policy makers and practitioners.

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