

ข้อเสนอแนะต่อนโยบายการเสริมสร้างศักยภาพญาติผู้ดูแลผู้สูงอายุ ที่มีภาวะพึ่งพิงในชุมชน

Policy Recommendations Regarding Potential Strengthening for Family Caregivers of Dependent Elderly in Community

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บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อศึกษาข้อเสนอแนะต่อนโยบายการเสริมสร้างศักยภาพญาติผู้ดูแลผู้สูงอายุที่มีภาวะพึ่งพิงในชุมชน ใช้วิธีการวิจัยแบบผสมวิธี ดำเนินการ 3 ขั้นตอน คือ ขั้นตอนที่ 1 กำหนดประเด็นปัญหาข้อเสนอแนะเชิงนโยบายเพื่อเสริมสร้างศักยภาพญาติผู้ดูแลผู้สูงอายุที่มีภาวะพึ่งพิงในชุมชน โดยศึกษาจากเอกสารและงานวิจัยที่เกี่ยวข้องรวมทั้งศึกษาจากกลุ่มบุคคลผู้ให้ข้อมูลเชิงปริมาณจำนวน 277 คน และผู้ให้ข้อมูลเชิงคุณภาพจำนวน 109 คน รวมทั้งสิ้น 386 คน แล้วสังเคราะห์เป็นประเด็นปัญหาการพัฒนา ขั้นตอนที่ 2 การสังเคราะห์ทางเลือกข้อเสนอแนะต่อนโยบายการเสริมสร้างศักยภาพญาติผู้ดูแลผู้สูงอายุที่มีภาวะพึ่งพิงในชุมชน โดยนำผลการศึกษาจากขั้นตอนที่ 1 มาสร้างแนวคำถามนำและสัมภาษณ์ผู้ทรงคุณวุฒิจำนวน 9 ท่าน ทำการวิเคราะห์ข้อมูลเชิงเนื้อหา ขั้นตอนที่ 3 สังเคราะห์ข้อเสนอแนะต่อนโยบายการเสริมสร้างศักยภาพญาติผู้ดูแลผู้สูงอายุที่มีภาวะพึ่งพิงในชุมชน ผลวิจัยพบว่า

ข้อเสนอแนะต่อนโยบายมี 3 ประเด็น คือ 1) จัดระบบและกลไกการสนับสนุนการเข้าถึงสวัสดิการสังคมในทุก ๆ ด้านที่จะส่งผลถึงคุณภาพชีวิตของญาติผู้ดูแลผู้สูงอายุที่มีภาวะพึ่งพิง มีมาตรการ 3 ข้อ 2) จัดระบบการเสริมสร้างศักยภาพแก่ญาติผู้ดูแลผู้สูงอายุที่มีภาวะพึ่งพิงจากหน่วยงานภาครัฐ และเอกชน มีมาตรการ 3 ข้อ และ 3) ส่งเสริมการสร้าง ความมั่นคงทางเศรษฐกิจ และอาชีพให้กับญาติผู้ดูแลผู้สูงอายุที่มีภาวะพึ่งพิง มีมาตรการ 3 ข้อ รวมทั้งสิ้น 9 ข้อ

ดังนั้นกระทรวงการพัฒนาสังคมและความมั่นคงของมนุษย์ และกระทรวงแรงงานต้องพัฒนาระบบการสร้าง ความมั่นคงทางเศรษฐกิจและอาชีพให้กับญาติผู้ดูแลผู้สูงอายุที่มีภาวะพึ่งพิงเพื่อให้มีรายได้ มีอาชีพที่มั่นคงและสามารถสร้างรายได้ทั้งในขณะดูแลผู้สูงอายุที่มีภาวะพึ่งพิง และสร้างอาชีพได้ภายหลังจากผู้สูงอายุที่มีภาวะพึ่งพิงได้เสียชีวิตไปแล้ว

คำสำคัญ: ผู้สูงอายุที่มีภาวะพึ่งพิง ข้อเสนอแนะต่อนโยบาย ญาติผู้ดูแล

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Abstract

This study aimed to develop policy recommendations for the promotion of family caregivers of dependent elderly in community. This study had three phases. In phase one, a literature review was performed, as well as a quantitative study with 277 informants and qualitative study with 109 informants. The interview questions were revised by 9 experts. Content analysis was done. During phase two, after analysis, policy recommendations on strengthening of family caregivers for dependent elderly in community were developed. At phase three the policy recommendations were summarized.

Those policy recommendations are divided into three aspects: 1) the system and mechanism for multi-dimensional accessibility to social welfare for the family caregivers of dependent elderly (three measures), 2) the provision of potential strengthening system for the family caregivers of dependent elderly from the government and private sectors (three measures), and 3) the promotion of economic and professional stability for the family caregivers of dependent elderly (three measures), for a total of nine measures.

Therefore, the Ministry of Social Development and Human Security and the Ministry of Labor should develop a system to create economic and occupational stability for family caregivers of dependent elderly while caring for dependent elderly and after death of the dependent elderly.

Keywords: Dependent Elderly, Policy Recommendation, Family Caregivers

Introduction

The world population is rapidly increasing in age. It can be seen from statistics for the year 2021 that there is a total global population of 7,875 million people, of which 1,082 million are elderly people aged 60 years and over, or 14 percent of the total population. In the ASEAN region, there are 11 percent of elderly people, and Thailand has the second highest number of elderly people in ASEAN, with 19 percent of elderly people (Foundation of Thai Gerontology Research and Development institute [TGRI], 2021). The society, economy, and public health of the country Since it is the 21st century, where technology has progressed and the elderly society has entered, it is necessary for the elderly care system to be connected to the digital world and take advantage of the current reality. to care for the elderly. However, the situation of the elderly raises the issue of health vulnerabilities across age groups. The increase in the proportion of elderly people is continuous and rapid, resulting in increased health, social, and economic dependency characteristics as well (Artsanthia and Pomthong, 2018). The situation of dependent elderly people is a major public health problem in Thailand. From the results of the survey in 2021, it was found that 1.3 percent of the elderly were bedridden and 1.8 percent were stuck at home, an increase of 1.5 times more than in 2015 (National Statistical Office of Thailand, 2021). The government must accelerate the development of the care system for the elderly who are dependent to have a better quality of life by creating fairness and reducing inequality in every dimension. (Department of Elderly Affairs, Ministry of Social Development and Human Security, 2023) The government must increase spending

on social welfare and medical care under the long-term care system. (Parliamentary Budget Office, Office of the Secretariat of the House of Representatives, 2019)

Long-term care is a public health service. and social welfare. To meet the assistance needs of the elderly who are dependent. It has both formal and informal formats. This replacement service is a social welfare service for the elderly who are continuously dependent in order to have a good quality of life. able to live happily in society (Boonyaratkasin, 2018). Although the development of the long-term care system for the elderly that the government has provided for the Thai people is quite complete and The most concrete is from the past, which allows people related to the elderly who are dependent to receive social welfare, such as a group of volunteers taking care of the elderly. Village health volunteer group Public health officials at all levels Local government organizations, etc. These groups are groups of people who care for the elderly and are officially dependent on them (Sarai, Senanuch, & Karnasutta, 2019). But at the same time, the group of people who care for the elderly What is unofficial is A group of relatives who care for dependent elderly people take care of them day and night. You must sacrifice yourself physically and mentally to care for dependent elderly people continuously without leaving them without receiving welfare, care, and potential development. The same is true for the official group of administrators (Fongkerd, Klungtumneum, & Natetanasombat, 2019).

The literature review suggested that the relatives who are the caregivers of the dependent elderly are directly affected by their caregiving roles and duties. Specifically, they are likely to have exhaustion, distraction, insufficient rest, difficulty sleeping, lower self-esteem, and deteriorated social roles (Shiouh-Chu, Hengh-Sin, & Shu-Yuan, 2012). According to Kasemkijwattana & Praisson (2014), devoting most of one's time to caregiving for the dependent elderly is a burden that could cause tiredness and distress, possibly leading to health problems for the caregivers, as well as a change of lifestyle, financial problems, or personal problems as time passes without any given assistance. Overlooking such incidents among the caregivers of dependent elderly could cause the health, social, and economic problems to rise to a higher level. Therefore, human resource development is important for their quality of life by modifying the system development for the caregivers of dependent elderly in the community with an emphasis on continuous proactive welfare services so that the caregivers can access the equity of social services. It is also believed to be a crucial instrument for improving the quality of life among caregivers with wealth, stability, and sustainability (Saengsee, 2013).

Recommendations for policy on the potential support of family caregivers of the dependent elderly in the community accordingly require participation from the government and private sectors to promote the quality of life for the caregivers of dependent elderly with human dignity, happiness, and the protection of society. For this reason, the researchers became interested in investigating how policy development for the potential enhancement of the family caregivers of dependent elderly in the community should be done and how such development could be the most efficient based upon certain community contexts so that it would be implemented on larger levels in Thailand.

Objective

The present research aimed to provide recommendations for policy concerning the potential support of family caregivers of the dependent elderly in the community.

Conceptual Framework

To acquire the overall and precise policy recommendations for policy development of potential enhancement for the dependent elderly's caregivers based on the community contexts, which are true with the real problems and needs for better quality of life of both the patients and caregivers, the present study applied the mixed method as the foundation of the policy recommendations, as shown in Figure 1.

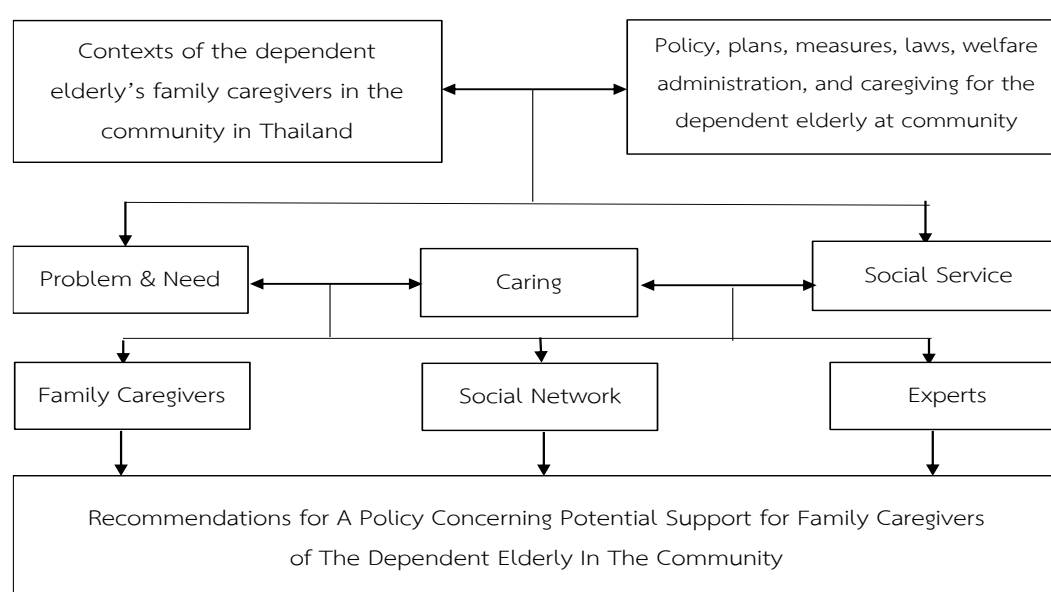


Figure 1 Conceptual framework for the present study concerning recommendations for policy on the potential support of family caregivers of the dependent elderly in the community

Methodology

The present research applied the mixed method and used a multi-phase design as the basis of the study, with three main steps as follows:

Step 1. Assignment of topics of problems and suggestions in terms of policy recommendations to enhance the potential of the family caregivers of dependent elderly in the community

1. Quantitative Study

Population and Sample

The total population used in the study comprised 1,333,755 people, with samples of 277 individuals who served as representatives of family caregivers from all five regions of Thailand. The researcher used the purposive sampling selection criteria from the area by selecting the provinces with the highest number of elderly people in each region as representatives at the regional level. All 5 regions were selected from district representatives from the provinces representing the region

by selecting from the districts with the largest number of elderly people and selecting representatives at the sub-district level with the highest number of elderly people as a sample group as follows: Nakhon Ratchasima Province, 55 individuals; Chonburi Province, 56 individuals; Suphanburi Province, 60 individuals; Chiang Mai Province, 52 individuals; and Nakhon Si Thammarat Province, 54 individuals. The study was conducted with the entire population of dependent elderly people in each subdistrict, which was a sample group that the researcher had already the purposive sampling selection.

Research Instruments

Quantitative Study: Questionnaires were employed at this stage of the study, which consisted of 127 quantitative questions and 15 qualitative questions, as follows.

Part 1. Questions on general information for family caregivers and the dependent elderly in the community are divided into two sections:

Section 1. Family caregivers were given 10 items on a checklist about gender, age, marital status, educational level, profession, income, caring expenses time spent caring of the elderly, knowledge about caring for the elderly, and the relationship between the caregivers and the dependent elderly.

Section 2. The dependent elderly were also given six items on a checklist about gender, age, marital status, educational level, congenital disorder, illness duration, profession before illness, and income before illness.

Part 2. The questionnaire for this part was designed to collect information about the general health conditions of the family caregivers and the dependent elderly in the community, which was also divided into two sections:

Section 1. The questionnaire on the general health conditions of the family caregivers, was modified to fit the context of the sample and adopted from the Thai version of the General Health Questionnaire (Thai GHQ 28) in 28 items (Department of Mental Health, 2002).

Section 2. The questionnaire on the general health conditions of the family caregivers, which was modified to fit the context of the sample, was adopted from the Health Problem Evaluation and Screening Test in 12 items (Department of Health, 2016).

Part 3. Questionnaire on Problems and Impacts and Need of Assistance in Caregiving for the Dependent Elderly in the Community, which was designed by the researcher according to theoretical concepts and the literature review about the problems, impacts, and need for assistance in terms of caregiving for the dependent elderly, containing 15 items.

Part 4. The questionnaire on the perception and accessibility of the social welfare of the dependent elderly and caregivers, which was also created by the researcher based upon notions concerning social welfare and the literature reviewed for 24 items, was categorised into four aspects including welfare for health and medical treatment in 4 items, income in 4 items, welfare for residence in 4 items, welfare for recreation in 4 items, welfare for social security, family, caregiver, and protection in 4 items, and welfare for services and support networks in 4 items.

Section 1. The questionnaire on potential enhancement of the dependent elderly's family caregivers in the community, which was created based upon notions about potential

enhancement and the literature reviewed for 20 items, was divided into two aspects: self-potential development in 9 items and potential development from other sources in 11 items.

Section 2. The quality of life index assessment of the dependent elderly's family caregivers in the community, which was adopted from the brief Thai version of WHOQOL (BREF-BREF – THAI) (Department of Health, 2016) to fit the context of the sample for 26 items, was divided into four aspects: physical health in 7 items, mentality in 6 items, social interaction in 3 items, and environment in 8 items.

Validity and Reliability of the Research Instrument

The research instruments were tested for validity. There are 3 experts, including 1 nursing lecturer and 2 social work and social welfare lecturers. It was found that the item-objective congruence (IOC) scores for the instruments used in the quantitative study were evaluated in the range of .08 to .97. Moreover, the scores for reliability and Cronbach's alpha coefficient were in the range of .72 to .79.

Data Collection

The data for the quantitative study in this research was collected from 277 samples who were representatives of family caregivers from all five regions of Thailand. The researcher took letter from Huachiew Chalermprakiet University to the provincial public health offices in each province for approval to conduct research; the researcher collected the data personally.

Data Analysis

Analysis of quantitative data using computer programs with descriptive statistics was achieved by calculating percentage, frequency, mean, and standard deviation.

2. Qualitative Study

Participants

A total of 109 participants were selected to represent the sample in the qualitative study, including carrying out focus group discussions and interviewing. The primary informants consisted of the elderly's family caregivers, community leaders, volunteers, village public healthcare volunteers, bed-bounded patient caregivers (CG) and nurses or care managers (CM), healthcare authorities, and community developers, which were selected with purposive sampling in provinces with the biggest numbers of elderly population from five regions of Thailand, comprising 20 people from the northern region, 20 people from the north-eastern region, 20 people from the central region, 20 people from the western region, and 20 people from the southern region. And nine experts.

Research Instruments

The questions in this part consisted of three topics: family caregivers in 5 items, community-related groups in 5 items, and experts who gave suggestions on policy development and potential enhancement for the family caregivers of dependent elderly in 5 items. A voice recorder was used for recording during the questions leading the group discussions, which should be mentioned for validity testing. Further, the data record forms were used in research and to create lead questions for focus groups. In addition, the researchers provided equipment and semi-structured interviews for collecting data.

Data Collection

The researcher is a research instrument that must be in close interaction with the informant(s) to build relationships with informants to develop trust and get the most reliable information. The researchers passed a qualitative research workshop and training in data collection and analysis of qualitative data from the National Research Council (NRCT) and training courses on qualitative research data analysis from the Researchers Association of Thailand. There are currently several qualitative research papers published in national journals. The data for qualitative study, focus group discussion, and observations with voice recordings and note-taking were collected from every focus group meeting. To elaborate on this, the focus group discussion allowed two groups of representatives from each region, which were 1) the current family caregivers and former caregivers of the late dependent elderly of 10 persons, and 2) the community-related informants who were community leaders, volunteers, village public healthcare volunteers, bed- bounded patient caregivers (CG) and nurses or care managers (CM), healthcare authorities, and community developers of 10 persons. To sum up, the samples of focus group discussions included 20 informants from five regions of Thailand, and in-depth interview included nine experts, which represented 109 people in the qualitative study.

Data Analysis

Analysing qualitative data with content analysis and categorising the results for accuracy revision with methodological triangulation after each interview were carried out based on the notions of Colaizzi's method (Colaizzi, 1978), as was eliciting data by continuously encoding, grouping, and linking the data into the same storyline.

Step 2. Analysis of recommendations for policy on the potential support of family caregivers of the dependent elderly in the community

Together with the findings from Step 1, the researcher used the study results to generate questions for interviewing nine experts with questions on the following issues:

- 1) What is your opinion about the situation (Problems, severity, impacts, needs, and quality of life) concerning the dependent elderly in Thailand?
- 2) What is your opinion concerning the welfare of relatives who take care of dependent elderly people in Thai communities?
- 3) What are your thoughts on current support for caregivers and dependent elderly people in Thailand?
- 4) What organisations do you think should be involved in strengthening the capacity of dependent caregivers in Thailand's communities for sustainable development? What is the role of that organisation, and how can it participate?
- 5) What policy recommendations do you have for the potential enhancement of the family caregivers of dependent elderly in the community? How would they work?
- 6) What policy suggestions do you have for appropriate welfare arrangements for dependent caregivers in the community? How would they work?

After that, the researcher transcribed the interviews, analysed the content, categorised data, and synthesised the draft policy recommendations for the potential enhancement of the family

caregivers of dependent elderly in the community. Subsequently, the researcher forwarded the draft policy recommendations for the potential enhancement of the family caregivers of dependent elderly in the community to nine experts to verify the content and make further recommendations. After receiving suggestions from all nine experts, the researcher revised and improved the draft policy recommendations for the potential enhancement of the family caregivers of dependent elderly in the community. Before drafting any policy recommendation, the experts conducted a final assessment.

Step 3. Synthesis of recommendations for policy concerning potential support for family caregivers of the dependent elderly in the community

Together with the findings from Step 2, the draft of policy recommendations for the potential enhancement of the family caregivers of dependent elderly in the community was presented to nine experts using connoisseurship methods. Specifically, who were the healthcare authorities, local administrative organisations, community developers, village healthcare volunteer presidents, and family caregivers for the second time for comments that were based upon the criteria of six aspects of coverage, appropriateness, relevance, accuracy, benefits, and possibility? Finally, the draft of policy recommendations was revised for the second time.

Ethical Consideration

The researcher realised the importance of data collection. This was because the research instrument required close interaction with the informants since the stage of bonding with the informants was to establish familiarity and reliability to acquire accountable information. It was noticed that the research procedures of focus group discussion and interviewing involved access to personal information, feelings, thoughts, and observations, which could inevitably violate the privacy of the informants. Therefore, the researcher had to strictly consider research ethics to maintain privacy, secrets, and safety. That is, this research did not have questions that could harm the emotions, feelings, or self-respect of the informants. This study was granted approval for research ethics in humans from Huachiew Chalermprakiet University with Certified Number 499/2563 on March 5th, 2020.

Results

1. Topics for recommendations concerning policy on the potential support for family caregivers of the dependent elderly in the community

1.1 The research findings concerning the conditions of caregiving for the dependent elderly in the community revealed that the health conditions for the majority of the dependent elderly were likely to be totally and severely dependent, with ADL scores ranging from 1 to 11 points. Meanwhile, most of the family caregivers had problems with social dysfunction and somatic symptoms. Moreover, it was also found that the main problem among the family caregivers was a lack of sufficient knowledge in giving care to the dependent elderly, which had a mental, social, and economic impact. As for perception and accessibility to social welfare, the findings revealed that the family caregivers had perception and accessibility to social welfare at the highest level, though their

perception and accessibility to the stability of society, family, caregivers, and protection were at the lowest level. In addition, the informants revealed that they received more self- potential development than potential development from other sources, especially from the government and private sectors. Regarding the quality of life, the results showed that the family caregivers had overall quality of life at a medium level. When asked about the need for potential development, the family caregivers indicated that they required economic and professional stability after the passing of the dependent elderly. Additionally, they expressed a desire at the highest level to receive information about caregiving for the dependent elderly and use their experience to register as caregivers without having to join a training course offered by the Ministry of Public Health.

1.2 The synthesis of the policy recommendations for the potential enhancement of the family caregivers of dependent elderly in the community showed that the origin of policy recommendations for the potential enhancement of the dependent family caregivers in the community arose from five topics of causes, which were 1) a lack of proactive healthcare staff for elderly caregiving to take turns with the family caregivers, 2) a lack of mechanisms for continuously promoting knowledge concerning elderly caregiving, 3) a lack of a supportive system to facilitate accessibility to social welfare in every aspect, 4) a lack of potential enhancement from other sources such as from the government and private sectors, and 5) a lack of a system to enable economic and professional stability for the family caregivers of dependent elderly.

2. Analysis of options for recommendations concerning policy on the potential support for family caregivers of the dependent elderly in the community

The results from the draft presented as policy recommendations for potential enhancement of the dependent family caregivers in the community and the comments from the experts could be described into three aspects: 1) the system and mechanism for multi-dimensional accessibility of social welfare for the family caregivers of dependent elderly in eight measures, 2) the provision of potential enhancement systems for the family caregivers of dependent elderly from the government and private sectors in five measures, and 3) the development of economic and professional stability for the family caregivers of dependent elderly in four measures.

3. Synthesis of recommendations for policy concerning the potential support for family caregivers of the dependent elderly in the community

The results from the second revised draft and the comments by the experts were categorised into three topics of policy recommendations that were in accordance with the assessment criteria earlier on. These included: 1) the system and mechanism for multi-dimensional accessibility of social welfare for the family caregivers of dependent elderly in three measures, 2) the provision of potential enhancement systems for the family caregivers of dependent elderly from the government and private sectors in three measures, and 3) the development of economic and professional stability for the family caregivers of dependent elderly in three measures.

Discussion

1. Regarding the first policy recommendation of the system and mechanism for multi-dimensional accessibility of social welfare for the family caregivers of dependent elderly, it was

revealed that Thai society still has social inequity that originates solely from the economic system. Explicitly, politics is the key factor causing lowered competition in the private sector as the power of business becomes more highly concentrated. Corruption occurs easily, especially when benefits are offered. The factors that caused inequity in social welfare accessibility emerged from disparities in age, society, opportunity, and human dignity (insults or hatred toward the poor). These problems later resulted in economic inequity. Furthermore, the more these factors were found, the greater the gaps became. This is because Thailand does not have a system or mechanisms that promote accessibility to social welfare in every dimension for the family caregivers of dependent elderly. Besides, the caregivers do not have adequate knowledge concerning how to contact the government authorities related to social welfare services. This idea is similar to the study by Sudsomboon (2014), which found that Thailand offers social welfare services for the elderly in four types: the Social Security Fund, public assistance, social services, and assistance from the public sector. Moreover, the study also revealed that Thailand's social welfare administration still had many problems and obstacles, such as 1) a lack of integration and continuity, which referred to the exclusion of operative works for healthcare and social administration and the distribution of responsibility of the government sector, 2) a lack of actual implementation of policy, 3) a lack of budget readiness and authorities with knowledge of elderly care, and 4) insufficient allocation of social welfare by the government for the needs of the elderly, thus not enabling appropriate responses to the actual problems or the ability to cover every elderly population in society.

2. As for the second policy recommendation, the allocation of potential enhancements for the family caregivers of dependent elderly from the government and private sector should be provided for the community. This suggestion illustrates that Thailand still does not have sufficient support for the potential enhancement of the family caregivers of dependent elderly in the community. Particularly, there are currently no funds that provide scholarships for those who are interested in training courses for caregivers of the dependent elderly. Additionally, the government and private sectors do not provide networking systems for assisting family caregivers or the dependent elderly so that they can connect and coordinate with one another in terms of social networks. The private sector should play a part in taking responsibility for the neighbourhood in five kilometre areas. Therefore, the government and private sectors joining to help their local communities would result in correspondingly improving the system that promotes the potential enhancement of the family caregivers of dependent elderly in the community by providing the funds that enable scholarships to the caregivers and establishing a social networking system among the family caregivers and dependent elderly. At the same time, family caregivers and the dependent elderly should be encouraged to participate in the implementation of social networking by the administration. Similarly, Amornsiripong & Nomnian (2017) found that local entrepreneurs and investors should be responsible for the informal welfare services provided to the elderly workforce. This is considered under the pillar of social partnership and assistance to reduce the economic gap and improve social welfare. They should operate under the notion of corporate social responsibility (CSR), which returns the interest to the community and compensates for their consumption of resources. This idea could change or affect the lifestyles of the informal elderly workforce in the

community where the businesses are located. It can be performed in various forms such as founding mutual funds between entrepreneurs and investors as well as local people through social welfare, supporting the products of the elderly groups in the community, or establishing educational institutes that would generate graduates for the personnel market by granting rights for local students to study and work in business. Although it seems like the entrepreneurs have to invest in the process, the products of this idea will, in the end, return to the entrepreneurs as a sustainable corporation among the entrepreneurs, investors, and local community members.

3. The third policy recommendation concerns the development of stability in the economy and professions for the family caregivers of the dependent elderly. This point suggests that Thailand still lacks a system that can create economic and professional stability for the family caregivers of dependent elderly. According to the results of the present study as well as previous studies, it has been unclear how social welfare is administered for the family caregivers of dependent elderly. However, stability in the economy and professions for the elderly were reported to be provided by the government. Amornsiripong & Nomnian (2017) pointed out that social welfare is necessary to ensure economic stability for the informal elderly workforce in terms of appropriate career creation and savings. This topic is related to the pillar of social assistance to lessen the economic gap in society, which could be encouraged and materialised through professional training for the elderly workforce. Furthermore, it was found that the family caregivers received various types of social welfare in the economy and profession. First, they receive a deduction for elderly residential care expenses. However, they must be legal caregivers according to the laws of support and development of quality of life for the disabled; the names of the caregivers are identified on the disabled identification card. Second, the assistants of disabled persons are required to pass standard training. Third, there is a loan service for the disabled or the caregivers of the disabled via the support and development of quality of life for the disabled fund for the profession. In the event of damage to the profession due to any natural disasters, the loan could be considered for write-off. Fourth, the Ministry of Labour also encourages companies and government organisations to hire the disabled at a ratio of 50 employees to 1 disabled person. If any organisation does not hire disabled employees, they must contribute to the support and development of quality of life for the disabled or support independent careers for the disabled or the caregivers of the disabled, such as enfranchising them to sell their products or services, hiring, training, or providing any form of assistance for them. Even though the government organisations that do not hire disabled persons do not have to pay for the funds, they are obliged to support independent living for the disabled or the caregivers of the disabled as well (Empowerment of Persons with Disabilities Act, B.E. 2550, 2007). Jaikhamwang, Juksuphan, Noiuar, Choomchumpoo, & Trakoonrerk (2019) pointed out that the caregivers of dependent elderly had the same needs for financial assistance in terms of expenses for taking care of the disabled as caregivers. There is hope for them to have better care for the elderly. In contrast, the need for inquiry or problems becomes lessened when they have more experience caring for the dependent elderly. However, the needs of the caregivers of dependent elderly are framed by their real-life conditions and contexts, such as family status, economic status, household relationships, health conditions of the elderly, the healthcare network, etc. These constraints force the caregivers

to accept their limitations and not expect that all the problems will be solved. Therefore, the characteristics of the family, the conditions of caregivers, and sharing of the workload within the family could contribute to the conditions for the caregivers to realise their household management situations.

Implication of the Results

1. The Ministry of Social Development and Human Security should provide the opportunity for the caregivers of dependent elderly to be able to access to social welfare services.
2. The Ministry of Public Health and Ministry of Interior, through local administrative organisations, should offer a system of potential development for the caregivers of dependent elderly with cooperation among the government and private sectors so that the family caregivers can continuously improve their potential.
3. The Ministry of Social Development and Human Security and the Ministry of Labour should develop a system to create stability in the economy and professions for family caregivers so that they have income, stable careers, and prosperity while taking care of the dependent elderly and after they pass.

Recommendation for Further Study

This study is only a study of recommendations for a policy concerning potential support for family caregivers of the dependent elderly in the community. Further studies should develop policy recommendations for a policy concerning potential support for family caregivers of the dependent elderly in the community. It aims to study and analyze policy elements and important measures of policy recommendations and conduct studies with experts and policy administrators of the Ministry of Social Development and Human Security. So that the research results can be transferred and put to practical use.

References

- Amornsiripong, S., & Nomnian, A. (2017). "ELDERFARE Model": Model and mechanism of social welfare to reduce social inequality. For the informal elderly workers in the special economic zone, Sa Kaeo Province. *Journal of Social Communication Innovation*, 5(2), 29 -40. (in Thai)
- Artsanthia, J., & Pomthong, R. (2018). The trend of elderly care in 21st Century: Challenging in nursing care. *Journal of The Royal Thai Army Nurses*, 19(1), 39-46. (in Thai)
- Boonyaratkalin, P. (2018). Long-term care for the dependent elderly in the community: the nurse's role. *Thai Red Cross Nursing Journal*, 11(1), 47-59. (in Thai)
- Colaizzi, P. (1978). *Psychological Research as the Phenomenologist Views it*. In Existential – Phenomenological Alternatives for Psychology (Valle R. & King M. eds). London: Oxford University Press.
- Department of Elderly Affairs Ministry of Social Development and Human Security. (2023). *Action Plan for the Elderly, Phase 3 (2023-2037)*. Retrieved July 21, 2022 from http://www.dop.go.th/download/laws/th1653553501-843_0.pdf (in Thai)

- Department of Health. (2016). *Evaluation form for Long-Term Elderly Health Problems in the Community*. Nonthaburi: Department of Health, Office of the Permanent Secretary, Ministry of Public Health. (in Thai)
- Department of Mental Health. (2002). *General Health Questionnaire Thai Version (Thai GHQ 12 - 28 - 30 - 60)*. Nonthaburi: Project to create a package of mental health survey in the area of 2002, Department of Mental Health, Ministry of Public Health. (in Thai)
- Empowerment of Persons with Disabilities Act, B.E. 2550 (2007). *Royal Gazette*, Volume 130 / Section 30 A / page 6.
- Fongkerd, S., Klungtumneum, K., & Natetanasombat, K. (2019). The self-health care experiences of caregiver's older adult with bedridden patients. *Journal of Boromarajonani College of Nursing, Surin*, 9(1), 69-89. (in Thai)
- Foundation of Thai Gerontology Research and Development institute (TGRI). (2021). *Situation of the Thai Older Persons 2021*. Nakhon Pathom: Institute for Population and Social Research, Mahidol University. (in Thai)
- Jaikumwang, N., Chaksupan, W., NoiJuan, W., Chumchumphoo, S., & Trakulruek, I. (2019). Potential of elderly caregivers who are dependent Khung Taphao Sub-district, Muang District, Uttaradit Province. *Academic Journal of Applied Science and Science*, 2019(1), 1-19. (in Thai)
- Kasemkijwattana, S., & Praison, P. (2014). Family caregiver of chronic patients: risk groups that should not be overlooked. *Journal of Nursing Council*. 29(4), 22-31. (in Thai)
- National Statistical Office of Thailand. (2021). *Executive summary, Survey of the elderly population in Thailand 2021*. Retrieved July 21, 2022 from http://www.nso.go.th>summary_excusive_64 (in Thai)
- Parliamentary Budget Office, Office of the Secretariat of the House of Representatives. (2019). *Guidelines for Managing Social Welfare Expenditure Budgets for Caring for the Elderly. Academic Report of the Parliamentary Budget Office No. 5/2019*. Retrieved July 21, 2022 from http://www.Parliament.go.th/ewtadmin/ewt/parbudget/ewt_dl_link.php?nid=639. (in Thai)
- Saengsee, K. (2013). *Social Welfare for the Elderly of the Local Government Organization in Buriram province*. National Academic Conferences and Research Presentations Academic Rajabhat University, Nakhon Ratchasima Rajabhat University. (in Thai)
- Sarai, K., Sananuch, P., & Kannasoot, K. (2019). Model of long-term care for the elderly in industrial areas. *HCU Journal* 23(2), 229-241. (in Thai)
- Shiouh-Chu, S., Hengh-Sin, T., & Shu-Yuan, L. (2012). Social support as influencing primary family caregiver burden in Taiwanese patients with colorectal cancer. *Journal of Nursing Scholarship : An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, 44(3), 223–231. doi.org/10.1111/j.1547-5069.2012.01453.x
- Sudsomboon, S. (2014). Social welfare of the elderly in Thailand. *Southern Journal of Technology*, 7(1), 73-82.