

A Social Welfare Model Provided for the Disabled by the Local Administrations at the Commune Municipality level in Thailand

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Abstract

The purpose of this documentary research was to study a social welfare model provided for the disabled by the Local Administrations at the Commune Municipality level in Thailand (LACMTH). In this study, operation and models of social welfare provided for disabled was focused on social welfare services in the following aspects: 1) health, 2) education, 3) occupation and income, 4) accommodation, 5) recreation, and 6) social service. The sample included 59 research reports on management of the social welfare for the disabled in the LACMTH. They were selected by purposive technique, which was synthesized from theories, concepts, and research results. Data were analyzed by content analysis. The results showed as follows. 1) The LACMTH provided social welfare for the disabled by using local networks in some aspects such as health, occupation, and income promotion. 2) This service was organized abased on a traditional model which problems of the disabled were solved and justice was redistributed. Thai government was the major organizer so social welfare provided was not succeeded and not covered of all social welfare services because of limited budget. 3) Therefore, LACMTH have to provide social welfare by using the social development model, building collaboration between government and private sectors at the Commune Municipality level and using the pluralism model. The government has to empower the disabled networks and lack of opportunity groups, so they will gather together and help themselves. This will correspond to the Disabled Recovery and Development of the Disabled's Quality of Life Act of 2013 which Local Administrations should be able to work independently by allocating budget and set up funds to promote and develop the disabled's quality of life.

Keywords: Social Welfare Model, Disabled, Local Administrations, Commune Municipality, Thailand

Introduction

The disabled are considered as a valued human resource of the country, and many countries realize their human rights and equality of opportunities and rights in society (World Health Organization, 2007). The United Nation declared the rights of the disabled on December 9, 1975, and Thailand did so in 1997. This is the first constitution for Thai disabled, and it was improved from the Disabled Recovery Act of 1991. The Code 80 states “The government must assist or support the disabled, so they have quality of life and be independent...” Then the government declared the Act to recover the competence of the disabled on September 27, 2007 (Ministry of Social Development and Human Security, 2007). The aim of this Act is to empower or to maintain the competence and ability of the disabled. This can be conducted by the process of medicine, religion, education, occupation, or others, so the disabled have

chances to work or live in society competently and successfully. To conform to the Act, social welfare provided for the disabled is changed radically. For examples, group welfare, community welfare, and local welfare are arranged (Faculty of Social Administration, 2004). The Disabled Recovery Act was co-responded to the Local Decentralized Act which the Thai government empowers the Local Administrations in 1999 by allowing them to organize education, training, and develop the quality of life of people in each area according to their environment and context appropriately. The Thai government declared the Disabled Recovery and Development of the Disabled's Quality of Life Act of 2013 (Version 2). The Act promotes the Local Administrations to establish the disabled's center to help and provide social welfare services for the disabled. The Local Administrations should allocate their budget and set up funds to promote and develop the disabled's quality of life (National Office for Empowerment of Persons with Disability, 2013). To follow up the results of the Disabled Empower and Recovery Act of 2007, this study was conducted to explore how the Local Administration at Commune Municipality in Thailand provided social welfare to develop life quality of the disabled, and how the Local Administration at Commune Municipality in Thailand used the model of social welfare provided for the disabled. The results of this study will be used as a guideline for developing social welfare of the disabled in Thailand.

Research Objectives

The objective of this study was to study the model of social welfare provided for the disabled by the Local Administrations at Commune Municipality in Thailand.

Literature Review

Literature and related documents of the disabled, social welfare, and a social welfare model were reviewed. Details are described as follows:

The A.D. 1997 was the first Thailand's constitution to signify equality of females, males, the disabled, and the deprived for the sake of life quality and self-sufficiency for all groups of residents. In addition, Thailand has announced the Life Promotion and Development for the Disabled Act (2007) and its revision (the 2nd version in 2013) aims at promoting capability and ability of the disabled in all aspects such as to leverage life quality and to promote accessibility to public facilities, welfare, and some other assistance from the state. Moreover, the Act also signifies that the local government must have its role in promoting and developing better life quality for the disabled (National Office for Empowerment of Persons with Disability, 2013).

Classification of the Disabled: The Ministry of Social Development and Human Security announced "Types and Classification of Disability (2nd version) A.D. 2012, classifying 7 categories of the disabilities: 1. Visual disability, 2. Auditory disability, 3. Mobility disability, 4. Mental disability, 5. Cognitive disability, 6. Learning disability, and 7. Autistic disability.

The Social Welfare Theory: The Social Welfare Theory was coined in Germany due to the growth of industrial factor. The government released the Social Welfare Act, which included job promotion, workforce protection, and social security. In 1883, Germany was the first country in the world to issue the Health Insurance Act (Midgley, 2003). According to this issuance, Germany was considered as the first country to have Social Security System in the world. The idea of social welfare was spread to Europe and America. However, there are two concepts of social welfare. The socialist countries believe that the state welfare should be based on social security, while the liberal countries believe that the state welfare should be in the form of providing public benefits as social basic right. The liberal and conservative views agree that social welfare should be in line with marketing mechanism, while does not impede production and consumption of the resources. The government, thus, must not allocate huge

budget for social welfare. This perspective views poverty and misery as individual problems caused by failure and inadequacy of the individual. Therefore, the social welfare should focus on responsibility, rights, equality, and fairness to cover three universal necessities i.e., social works, social security, and social services (Titmuss, 1974).

The Social Safety Net is a view of Neo Liberalism, which was originated during the second World War. This idea states that the social welfare must be provided at the level that the poor could survive, and emphasizes on helping individuals or those in needs. Moreover, the private commune sector should systemize its own commune welfare before asking for assistance from the state. This view was widely accepted during 1990s, which considered as a transition from the view of social welfare for all to social welfare for supporting basic necessities based on the principles of Right and Social Responsibility, Social Equality, and Freedom. The idea of community welfare has been developed from the Social Safety Net, which emphasizes on participation and organization of the welfare by the private sector and its community (Hartman, 2005).

Social Welfare and Models of Social Welfare Provided for Disabled: In this study, operation and models of social welfare provided for disabled was specified based on the 4th Development Plan for Social Welfare and Social Support. The plan included social welfare services in the following aspects: 1) health, 2) education, 3) occupation and income, 4) accommodation, 5) recreation, and 6) social service (National Office for Empowerment of Persons with Disability, 2008).

Models of social welfare: Macarov (1995) classified models of social welfare into 4 types. Types are described as follows:

Traditional model: This model aims to solve existed problems. Help and support are provided for individual or communities by offering activities for solving interpersonal relationship or mental problems. The government will be a custodian for those who are eligible.

Redistributive justice model: This model aims to offer the justice for all, so structures of society and economics are reconstructed.

Social development model: This model focuses on developing society. Institutes are encouraged to collaborate to each other, so they will become self-support groups while networking with others. These groups also empower persons who are lack opportunities.

New world order model: This model emphasizes on restructuring structure of society, economics, politics, and ecology. All persons have chances to participate and to develop, so the basic needs are served.

Senanuch (2010) proposed an example of social welfare for the disabled in the countries with economic and political securities. Those countries emphasize on better lives for the disabled. For example, Singapore has its policy, a number of plans and projects to provide benefits for the disabled under the concept of "Many Helping Hands", responsible by the Ministry of Social Development, Youth, and Sport, incorporation with the National Social Services and Organizations for the Disabled. These organizations cooperatively provide social welfare for the disabled such as special education, training, housing, landscape and environmental management, and transportation support. These activities emphasize on cooperation of family and community to take their roles to take care, provide assistance, open opportunity for the disabled to rely on themselves for the living.

Japan has issued the Basics for the Disabled Act in 1993, mentioning about right protection for the disabled in terms of living, opportunity to engage in social activities, and roles of local government in protecting and developing of social welfare for the disabled. People must cooperate in not to discriminate the disabled. Moreover, the government determines the Disabled Week in December. During this week, the local government must prepare sites, equipment, and facilities for education, healthcare, work and job, housing, and some other infrastructures that the disabled can make use of, information support, cultural and sports

activities. Moreover, the Act 2005 also promote the idea of normalization where everyone can live together without discrimination. The local government has its responsibility to take care of the disabled in the community. The national and local governments must assist the disabled in terms of living expenses by promoting and supporting jobs for them (Matsui, 2009).

The United States has provided various social welfare systems at both national and local levels. The Social Security Act-SSA was issued in 1935, and later modified to cover all aspects including health insurance, job security, and income security. Under the Social Security Act in 1996 (Kollman & Solomon-Fears, 2002). The USA issued the Personal Responsibility and Work Opportunity Reconciliation-PRWORA to promote job opportunities for the disabled, instead of passively receive the welfare from the government. Moreover, the act included the Supplemental Security-SSI scheme to provide benefits for all. The income security scheme was to guarantee the last source of income for people, which could be adjusted to the inflation rate. This scheme is under that idea that social welfare would decrease if the general people and the disabled could earn more income.

Thailand has provided types of social welfare for the disabled under the Rehabilitation for Persons with Disabilities Act 1991, which was later revised to match with social and economic situation (Department of Life Promotion and Development for the Disabled, 2017). In 2008, the Life Promotion and Development for Persons with Disabilities was issued with the aims to promote better life for the disabled, and in an agreement with the National Constitution, designating that all disabled persons are encouraged to access and make use of social welfare, public facilities, and state assistance such as education, healthcare, housing, and recreational activities. Following the Act, Thailand announced the revised version of the act to focus more on accessibility of public facilities and other kinds of public assistance such as medical rehabilitation, medical expenses, education and alternative education for the disabled, career rehabilitation, protection of the workforce and promotion of freelancer, participation of social activities, legal assistance, reception of information and technology for convenience, support of sign language interpreters, rights to have and bring accompanying animals, devices, and equipment to public area, adjustment of living environment, and financial support for living allowance. Moreover, Thailand has designated its vision in the 5th Life Promotion and Development for Persons with Disabilities Plan (2017-2021) of “the Disabled are accessible to Rights, Independently and sustainably co-living in the community”. This vision was set under the “Equal Strategy”, including empowerment of the disabled and organizations for the disabled, development of service quality, quality management, understanding, accessibility, and linkage. The key ideas in the plans of life development for the disabled were as follows: The first plan (1997-2001) focused on promotion of providing health, job, equal living, with an emphasis in 4 rehabilitating aspects including health, education, job, and accessibility to social services. By the end of this plan, the state still failed to provide what mentioned in the project. The second plan (2002-2006) focused on self-reliance, better life quality, living happily with all members in the society. This period there was law development to protect rights of the disabled, promote strengths of organizations for the disabled, and participation in determining policy for the disabled.

The third plan (2007-2011) developed law mechanism to promote and develop better life for the disabled. The laws issued in this period including the Life Promotion and Development for Persons with Disabilities Act 2007, the Educational Support for Person with Disabilities Act 2008; the Mental Health Act 2008. These acts were used to move life development for the disabled in many aspects such as health, education, job and career, accessibility to technology and facilities, and sign language interpreters, guided animals, living allowance, support for living environment, and assistance support. The fourth plan (2012-2016) focuses on promotion of independent living with all members in the society, accessibility to equal

rights, and amendment of the Life Promotion and Development for Persons with Disabilities in 2013 (Department of Life Promotion and Development for the Disabled, 2017).

Research Methodology

The methodology of this qualitative research based on documentary research, aimed to study the model of social welfare provided for the disabled in the Local Commune Municipality level in Thailand (LACMTH). The population of this study included 59 research reports on management of the social welfare for the disabled in the LACMTH from Thai Digital Research Collection of the National Research Council, the Thailand Research Fund, and ThaiLis, and they were the sample of this study.

The 59 research reports were selected by the purposive technique with condition as follows:

- 1) The reports were the studies on management of the social welfare for the disabled.
- 2) The reports were published during 2009 to 2019.

The research instrument: The researcher reviewed literature on social welfare services and models of social welfare for the disabled and constructed to be a semi-structured recording form with the guidelines were as follows:

- 1) What and how do the Local Commune Municipality level in Thailand (LACMTH) provide social welfare for the disabled in the following aspects: health, education, occupation and income, accommodation, recreation, social services and others.
- 2) What and how do the Local Commune Municipality level in Thailand (LACMTH) provide models of social welfare for the disabled in the following aspects: Traditional model, Redistributive justice model, Social development model and New world order model.

Data Analysis: The data were collected from 59 research reports on management of the social welfare for the disabled in the Local Commune Municipality level in Thailand, the research did content analysis of data by categorizing and presenting all emerged topics in descriptive and synthesized to theories of providing and model of social welfare for the disabled.

Research Results

The model of social welfare for the disabled by Local Administrations, Commune Municipality level in Thailand (LACMTH) was described in 6 aspects: health, education, occupation and income, accommodation, recreation, and social services.

1) Health: The LACMTH co-operated with health personnel from district government hospitals to do physical examination and provide treatment for the disabled. If a disabled person got a severe sickness, he or she then would be referred to a provincial hospital where medical doctors and equipment are more sufficient. If the person is a severe disabled person or is a bed-ridden patient, the person could request for an assistant. However, this welfare does not cover what the person really needs due to tight budget from the government. Moreover, the LACMTH would provide assistance to those who got difficulty for transportation and expenses incurred during the trip to the hospital. Health budget was limited, so one policy of the LACMTH was to put social welfare management into the Health Security System. The LACMTH planned to join the Health Security Fund of the National Health Security Office.

To summarize, the LACMTH integrated three models into their practice. First, the Traditional model was applied by the LACMTH, so they were representatives of Thai government to provide social welfare for the disabled. The LACMTH emphasized on justice by providing health care based on “Health for All”, so Redistributive justice model was used. Finally, the Social Development Model was adopted. The LACMTH networked with other institutes, so these institutes could help the LACMTH to develop society and to provide

better social welfare. The explicit examples were the co-operation of district hospitals and province hospitals. The former provided primary health care; whereas, the latter provided Prosthesis and Orthosis (PO) and secondary or tertiary care. Moreover, the LACMTH will join the Health Security Fund for being supported the health care cost. Social welfare provided was considered as the Institution Model because it was done by the co-operation of government institutes.

2) Education: Regarding social welfare of education for persons with disabilities, most local governments in Thailand do not provide such welfare. However, there are some types of welfare that can be considered as educational welfare. For example, inclusive classrooms are provided for those disabled who can share classroom environment with other normal students. If the person has some types of specific disability, the Provincial Social Development and Human Security Office would provide educational welfare to the disabled school children by placing them in a special school for the disabled in the province or the region. Some local administrations support scholarships for disabled children in primary and secondary schools. Local businesses in the area sometimes offer scholarships for the disabled-related through local administrations such as a training for rights of the persons with disabilities, a training of independent living of persons with disabilities, a training to assistants to the disabled persons and their families and so on.

To conclude, the LACMTH integrated two models into their practice. First, the Redistributive Justice Model was applied by emphasizing on justice. Second, Social Development Model was conducted. The LACMTH networked with a private enterprise, and it offered educational fund for the disabled.

3) Occupation and income: The LACMTH provided social welfare on occupation and income very little. The major incomes of the disabled came from government i.e. monthly salary (800 Baht or 25 USD). If the one is a senior disabled, he or she will get a life support for the senior as well (600-1000 Baht or 19-31 USD). The LACMTH encouraged the disabled to join the local occupation groups called OTOP to produce local products and sell. This group included both normal persons and the disabled; they allocated some job for the disabled. It is impossible to have only the disabled to do the job.

The LACMTH also encouraged the disabled to gather as a group and work together. Though the budget of the LACMTH was low, the LACMTH allocated some for the disabled so they will have additional income. The examples are producing artificial flowers for decoration and funeral as well as hair bands.

The LACMTH provided occupational training courses for the disabled according to their needs and interests. The disabled were trained at various occupational training centers or trainers were invited to train the disabled. Moreover, the LACMTH supported some fund for the disabled.

The LACMTH integrated two models into their practice. First, the Traditional Model was applied by the LACMTH, and they were representatives of Thai government to solve primary problems. The LACMTH distributed monthly salary which was welfare for the disabled. Second, Social Development Model was adopted. The LACMTH networked with private institutes by asking occupational groups to participate in arranging occupational welfare. The disabled had chances to join OTOP groups, to be trained from invited speakers from both government and private sectors. Lastly, the LACMTH encouraged the disabled to work together.

4) Accommodation: The LACMTH mostly provide accommodation welfare for the disabled by repairing their houses. The LACMTH built the houses for the disabled only when getting budget from the Ceremony of the King Bhumibol's Birthday Project. The LACMTH also cooperated with government to provide a house for the disabled who were homeless but none was supported.

In summary, the LACMTH integrated two models into their practice: Traditional Model and Redistributive Justice Model. First, the Traditional Model was applied by the LACMTH and they were representatives of Thai government to solve the problems of accommodation welfare for the disabled. The LACMTH built or repaired their houses and the budget was allocated by the government to the LACMTH. If the LACMTH could not afford, other government institutes were asked to help. Social welfare provided was considered as the Institution Model because it was done mainly by the government institutes.

5) Recreation: The results of analysis showed that none of recreation welfare was done particularly for the disabled by the LACMTH because it was difficult to arrange and the cost of expenses and the risk were very high. Moreover, the number of the disabled was much lower than normal persons, so it was not worth to invest. As a result, mostly, the disabled were encouraged to join normal persons for recreation.

In brief, the LACMTH integrated the Redistributive Justice Model into their practice. The LACMTH considered the equal rights when organizing recreational welfare. This welfare was not achieved because risk and dangerous may be occurred. If the disabled played sports with normal persons, the disabled could not participate well and may have accidents and injury or even dead.

6) Social services: The LACMTH arranged social services for the disabled. For examples, the LACMTH provided transportation vehicles for the disabled to get services from government institutes such as the Provincial Social Development and Human Security Office and the Provincial hospitals. Transportation vehicles were also provided for taking them for register as the disabled, election, seminar, training courses or doing some activities which were organized by other groups.

Indeed, the LACMTH integrated two models into their practice: Traditional Model and Redistributive Justice Model. First, the Traditional Model was applied by the LACMTH, and they were representatives of Thai government to solve the problems of social services welfare for the disabled. The LACMTH considered the equal rights when organizing social services welfare.

According to the above social welfare arrangement done by the LACMTH, it can be concluded that three models were integrated. See below.

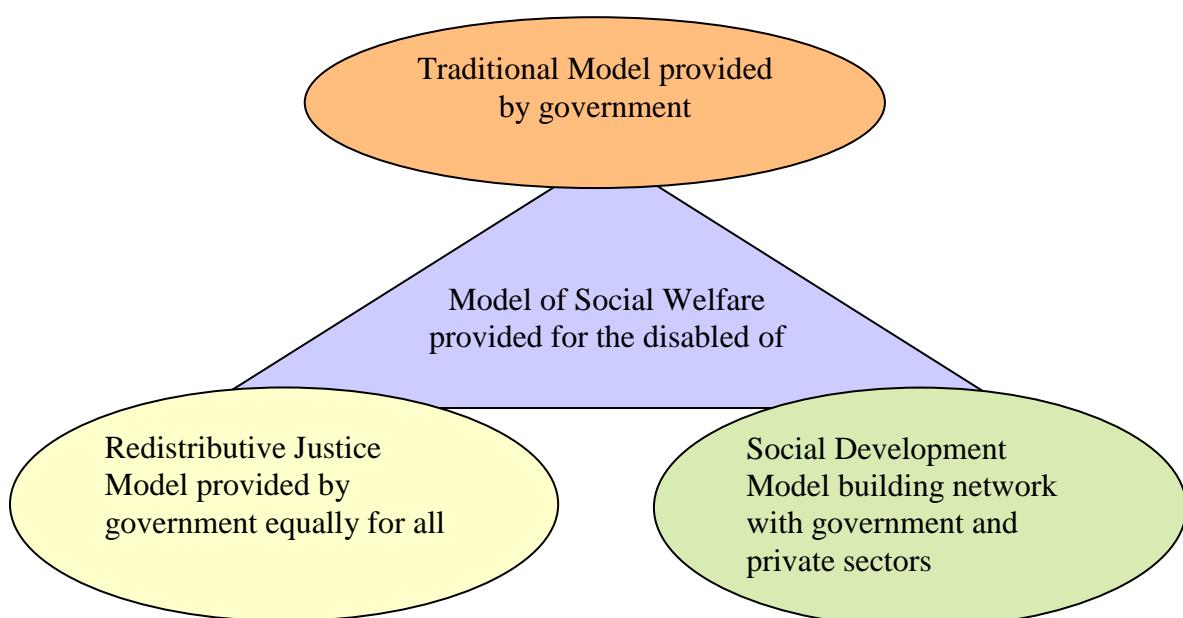


Figure 1 Diagram of Social welfare model of the LACMTH

The results of the data analysis can be concluded that the Social welfare arrangement provided by government and focused on equality (Laosuwan, 2017), and depending on the availability and potential of the LACMTH for management (Thanathiti et al, 2012). The details of the LACMTH provided models of social welfare for the disabled were summarized in Table 1.

Table 1 Details of Social welfare arrangement

Aspects	How
Social welfare arrangement	Health Integrate 3 models: Traditional Model, Redistributive Justice Model, and Social Development Model. Social welfare is provided by government.
	Education Integrate 2 models: Redistributive Justice Model and Social Development Model. Social welfare is provided by government and private sectors.
	Occupation and income Integrate 2 models: Traditional Model and Social Development Model. Social welfare is networked with private sectors.
	Accommodation Integrate 2 models: Traditional model and Redistributive justice model. Social welfare is provided by government.
	Recreation Apply 1 model: Redistributive justice model. Social welfare is provided by government and focused on equality.
	Social services Integrate 2 models: Traditional model and Redistributive justice model. Social welfare is provided by government.

Discussion and Conclusion

The results of data analysis can be summarized and discussed in two folds: models used for operating social welfare and how to solve social welfare problems.

Models Used for Operating Social Welfare: The social welfare model provided by the LACMTH comprised three models: Traditional Model and Redistributive Justice Model, and Social development model. The first model was done to solve problems of health, incomes, accommodation, and social service. The second model was operated to distribute equity to all. This conformed to democracy. The budget allocated for the LACMTH was small, so the LACMTH applied the third model to increase its capacity by building networks with both government and private sectors. A perceived strength of the Social development model is that it is socially and politically located in disabled people's movements and activism for social change (Campbell & Oliver, 1996). The former was done with hospitals at the primary, secondary, and tertiary levels as well as with the Provincial Social Development and Human Security Office in order to get support of medical care and Prosthesis and Orthosis (PO). The latter was done very few, and it was donation from one company and sent the disabled to co-work with occupation groups. Finally, how the LACMTH empowered communities and built social welfare network were not explicit. The results of this study corresponded to the study done by Buraganon et al (2010) and Thanathiti et al (2012) which recovery of the disabled mostly were provided by the government agencies and the disabled networks were very few.

How to Solve Social Welfare Problem: To solve social welfare problems in each community, the LACMTH has to establish community fund for social welfare. This will

correspond to the Disabled Recovery and Development of the Disabled's Quality of Life Act of 2013. The Act promote the Local Administrations to establish the disabled's center to help and provide services for the disabled. The Local Administrations should allocate their budget and set up funds to promote and develop the disabled's quality of life (National Office for Empowerment of Persons with Disability, 2013). Fund may be raised from community members, private sectors, or allocation of local income tax (Dunsirichai and Grisanaputi, 2013). All members have chances to participate and be volunteers, and then they will empathize and help each other. Finally, criteria for providing social welfare to each member should be set. In addition, the welfare provided by the LACMTH should cover the aspects of health, career promotion, social services, and it must be well managed for sustainable operation. The results of this study corresponded to the study done by Wetchayachai and Nonthapathamadol (2003); Senanuch (2011); Thanathiti et al (2012) and (Laosuwan, 2017) To sum up, social welfare provided for the poor, lack opportunities, and the disabled has to build local social network and establish community fund for social welfare. Community members have chances to participate and be volunteers and set up criteria to provide social welfare.

Recommendations

The research findings point out that The LACMTH cannot cover all of the social welfare services because of the limited budget. And the success of the social welfare system depending on the availability and potential of the LACMTH. The following recommendations for the LACMTH carry on are as follows:

- 1) The LACMTH needs to apply the Social Development Model into their work more than before and promote collaboration from various institutes.
- 2) The LACMTH should establish their community fund of social welfare. Their members should donate their money for this fund. A helping system for members in their community should be instituted. Members should try to help themselves first before asking outsiders.
- 3) Government should construct and develop mechanism which will push and pull community fund of social welfare forward and upward. Moreover, community fund of social welfare should be extended to all districts in the country.

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