The Pattern of Older Persons Organizational Network in the Northeastern Region of Thailand

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Abstract
The works on public policy and policy implementation for the elderly serve as the basis for the research inquiries on the characteristics of the elderly networking agencies *vis a vis* their working pattern. The pattern of older persons organizational network in the northeastern region of Thailand research article aimed to study the characteristics of the older persons working agencies and to study the pattern of working network for the older persons in northeastern region of Thailand by using the quantitative methodology which the data in this research were analyzed by the UCINET 6.232. The findings found that both characteristics and pattern of networking agencies all turn out almost a complete failure.This and this alone can shed some more light on the older persons and their service providing agencies in the years to come.
Keywords: Organizational Network, Older Persons, Northeastern Region, Thailand

Introduction
At the present time we witness that the world society is facing major demographic changes, namely the entry into the older persons society and Thailand is no exception. The proportion of the working-age population and childhood decreases as well as the birth rate and mortality rate also continue to decline resulting from the success of policy implementation on family planning, the progress in economic and social development.What follows are a healthy population, life longevity, a higher education opportunity and having knowledge and skills in the prevention and health care. The result of this tendency was a decrease in fertility and birth rate *vis a vis* structural change of the population transforming into the older persons society which is a matter of great interest and concern both nationally and globally. (Prompuk, 2013)
It was reported from Thailand: National Bureau of Statistics that Thailand has been classified as an older persons society since 2005 with the older persons population of 10.4 percent. In 2006, Thailand had older persons of 10.5 percent. The older persons in Thailand increased to 10.7 percent of the population in 2011. The population increased from 12.2 percent to 14.9 percent in 2014. Also, the Office of the National Economic and Social Development Board confirmed that Thai population structure is transforming into an older persons society. Thailand will have one fourth of the older persons and a perfect older persons between 2008 and 2028. The proportion of people aged 60 and over will increase from 11.1 percent to 23.5 percent of the entire population. (National Bureau of Statistics, 2014: 3).

Thai government recognizes the importance of the older persons by setting out the older persons plan in the National Economic and Social Development Plan as well as by the law. The implementation plan is based on human rights concepts and United Nations policies such as that setting a long-term planning (1982-2001), the legislation on the Rights of the older persons in the Constitution of the Kingdom of Thailand, 1997, the preparation of the older persons Declaration of Thailand, 1999, the national second older persons plan, 2002-2021 and the National Seniors Act, 2003 to serve as a law that encourages organizational structure and management system that support the operations associated with the older persons.

Today, Public services rendered to the older persons in Thailand were many government agencies and organizations involved in serving them. As a result, there is a problem with public service delivery. They all do only their own thing, lacking of systematic integration causing redundancy. The use of resources is not worth it. And because of this, the policy of the government under General Prayut Chan-o-cha (August, 2014-now) is now focusing on an improvement of the quality of life for the older persons. As a result, the government policy is to integrate work and to drive work between and among agencies both in central and regional levels, through the interrelation mechanism among government agencies involved as well as the integration of work of the ministries serving the older persons at the district and sub-district levels in all provinces, emphasizing concrete action. This will begin to integrate work in sub-district areas as a basis for integration in at least 155 districts in 76 provinces in 2015 and will continue to expand throughout the country. The first phase was carried out in each pilot area of 12 areas in 5 sectors: 1) the northern region comprised of area 1, 2 and 3, central region comprised of area 4 and 5, eastern region comprised of area 6, Northeastern Region comprised of area 7, 8, 9, 10 and southern comprised of 11 and 12, a aim for improving the quality of life for the older persons in three areas: health, economic and social. The main units are Ministry of Social Development and Human Security, Ministry of Public Health, Ministry of the Interior, Ministry of Education, Ministry of Science and Technology and the Ministry of Labor. (Ministry of the Interior, 2015)

The northeast is the most numbered of older persons region in Thailand. Working in the northeast to improve the quality of life for the older persons was divided into 4 areas: area 7, 8, 9 and 10. Number of older persons in the northeast, in 2014, listing 3,192,932 older persons people, accounting for 31.9% of the total number of older persons in the country. (National Statistical Office, 2014) with pilot provinces integrating area-based work on the older persons, region 9, consisting of Nakhon Ratchasima, Chaiyaphum, Surin and Buriram. Nakhon Ratchasima is the province with the highest number of older persons in Thailand, with 423,934 older persons in the year 2014 and four provinces with the oldest population in the region. The quality of life of the older persons must be high in the number of older and more older persons in the future. In region 9, which is the most older persons area number in the northeast region. If any, integrated work is lacking, hence it would make public services for the older persons ineffective.

In addition, the study on the older persons working network using the concept of organizational relationship. (Inter-organizational Relationships), if any, are limited, and it is usually qualitative research in nature and is often found in network studies other than drug networks and labor network. In addition, it was found that the use of social network analysis using UCINET 6.232 as a research tool to help identify the characteristics and defects of the network, leading the findings of weaknesses to develop and the utilization of network mechanisms to maximize the effectiveness of the development of the functioning of the older persons are also limited. So study on the pattern of older persons working network in northeastern Thailand, carried out in region 9 composing of Nakhon Ratchasima, Chaiyaphum, Surin and Buriram makes up the organizational style of network of organizations relating to the older persons. Strengths and developmental points from the

research will lead further to strengthening mechanisms for work integrating on older persons efficiency. This research is based on the following research questions: 1) What are the characteristics of the elderlies working agencies in the northeastern? and 2) What is the pattern of working network for the in the older persons northeastern?

Research Objective
This research aims to study the characteristics of the older persons working agencies and to study the pattern of working network for the older persons in northeastern region of Thailand.

Research Scope and Its Limitation
This research covers the research on organizational characteristics related to older persons work, relationship of the elderlies working network and the pattern of working network for the older persons in the northeastern, region 9 in Nakhon Ratchasima, Chaiyaphum, Surin and Buriram. This research was carried out March to October 2017. Viewed from this standing point, one will observe that scope of the study is so narrow and does not cover most of units and regions in analyzing. As such, the findings and its discussion of the older persons will also be limited for. Let alone a generalization on the findings, as will be seen in our recommendations at the end of the study.

The Benefits of Research
This research will help explain and formulate the patterns and relationships of the elderlies working network in region 9, Nakhon Ratchasima, Chaiyaphum, Surin and Buriram and the analysis of the agency working network nature. In addition to the advantages of interoperability between agencies that are lacking in resources, the developmental points can also be found in order to address issues and solutions to improve the development of the working network of the older persons in Region 9 to be effective and responsive to the needs of the older persons. In addition to the study of the successful model of the working-age network in region 9, its modification of the spatial integration model that can serve as a model for working in other regions. It also creates a knowledge of working for the older persons by networking, using the theory of interpersonal relationships that will lead to the extension of the knowledge of public administration in Thailand.

Research Concept and Theory
Policy and Policy Implementation for the Care of the Older Persons in Thailand
Currently, in addition to government agencies related to jobs, one of the main organizations that deal with the older persons is the local government organization. According to the plan and procedure for decentralization to the local administrative organizations B.E. 2542 (1999) and the Act on the Decentralization of the Local Government Organization, 1999 (No. 2) 2006 and the laws of the local government, these laws define the authority of each local government organization in public service, especially for the older persons. When Thailand has the Older Persons Act of 2003, the government has issued the ministerial regulations on the rights of the older persons, such as the notification of the Ministry of Public Health on medical and public health services provided by the Ministry of Public, 2005, Ministry of Education's notice on protection, promotion and support of older persons in the field of medical and public health services, education and information that is beneficial to the lifestyle, career or career training. Ministry of the Interior's regulation provides for facilities in the building for the disabled / handicapped and the older persons, 2005. Department of Land Transport's declaration on reducing fares for the older persons. The National Park

Service's Wildlife and Plant Conservation Department announced the exemption of the national park service fee for the older persons.

There is also the establishment of funds for welfare and social welfare for the older persons from such government agencies as the Social Welfare Promotion Fund, established a fund to spend on social welfare under the Social Welfare Promotion Act B.E. 2546 (2003), as amended by the Social Welfare Promotion Act (No.2) B.E.2550 (2007), established funds for the protection, promotion, and support of older persons with a potential for stability and quality of life. It also supports the activities of the organizations involving in the promotion of the support of the older persons to be continuously strengthened by the Older Persons Act 2003. The Ministry of Social Development and Human Security, defines the criteria, methods and conditions for protection, promotion and support of traditional funeral arrangements provides that relief for the funeral of older persons is a monetary relief for the funeral of a 2,000 baht per one older person. And supporting older persons living in the community is a process to help older persons who suffer from food and/or clothing, not exceeding 2,000 baht and not exceeding three times per person per year. By the fiscal year, helping people with social problems, emergency help and money or otherwise not exceeding 2,000 baht per time per family.

From policies and laws, there are many agencies involving in organizing public services for older persons. General Prayut Chan-o-cha's policy statement on Friday, September 12, 2014, set up policies related to the older persons. "...Reduce the social disparity and the creation of public service access opportunities by preparing to enter the older persons society to promote quality of life and appropriate work or activities. To create and not burden society in the future by providing home care systems, rehabilitation and hospital. It is a partnership of the public, private, community and family sectors as well as the development of financial systems for older persons care..." On March 24, 2015, the Ministry of Interior has conveyed to the governors of all provinces to integrate the development of the quality of life of the older persons by using space as a set. Specifically, the implementation of the main departments are the Ministry of Public Health, Ministry of the Interior, Ministry of Social Development and Human Security Ministry of Education, Ministry of Labor, National Health Security Office, Ministry of Science and Technology, including local administrative organizations to support the older persons club and center for development of quality of life for the older persons etc.

Analysis of the Relationship between and among Organizations

In analyzing the relationship between and among organizations, two dimensions can be considered: organizational size measurement and relationship measurement. For measuring organizational size, Chung (1996: 71-72) pays more attention to measuring of the size of an organization, based on its budget, number of staff, number of volunteers, number of older persons caretakers and the age of the organization, otherwise known as institutionalism. There are 3 types of organization analysis: this is an analysis of the relationship between two organizations and group analysis which the relationship between the latter is more than the former. Main organizations may affect or affected by member organizations. This type of analysis is an analysis of key organizations and directly related organizations and compare the relationship between and among the organizations. (Van de Ven, Walker & Liston, 1979). The analysis is divided into four issues:

1. Agency Agreement, Alter & Hage (1993: 23-31) states that in an analysis of the relationship between and among organizations or a network needs to take into account the agency agreement, which means there are or no agreements in various ways, both informal and informal, among agencies in the network.

2. Agency resource exchange. Levine & White (1961) states that the exchange between organizations is due to a lack of resources. Organizational exchanges mean that two

organizations voluntarily agree with each other because they are aware of their common goals. Reciprocal interdependency is networked with interaction to achieve common goals. (Benson, 1975; Knoke & Kuklinski, 1982)

3. Dependency on agency resources means that an organization relies on resources from other units in the operation to achieve results. If the exchange between organizations is balanced, relationships in terms of exchange and exchange occur. But in reality, relationships in exchange are often unbalanced. Some organizations require a lot of resources, the others do not have the resources. Organizations with few resources depend on highly resourceful organizations. Organizations that provide funding may have more power and authority than funded organizations. So, in analyzing resource, it must be based on both the balance and the imbalance of resources that each organization posses. The assumption of resource dependence is that shortages depend on external organizations. Organizations want to survive by maintaining the flow of resources from the environment. This hypothesis makes it necessary for the organization to interact with each other. (Akinbode & Clark, 1976; Pfeffer & Salancik, 1978; Sheppard, 1995; Yuchtman & Saeshore, 1967). 4) Meetings or interactions are the number of times an organization meets and /or contact each other.

Measure the Relationship between and among Organizations

Analysis of organizational relationships includes the study of resource flow variables, resource reliance, confidence in relationships and centralization of authority (Benson, 1975; Knoke & Kuklinski, 1982). Cohesion is a measure of the service delivery network link. Centralization is a measure of the linkage and control of organizations in the network. According to Chung (1996:71-72) measure the relationship between the organization is measured by the arrangement of cooperation agreements between agencies, agency resource exchange, dependency on agency resources, the interaction or inter-relationships. Chung constructed a six-level rating scale questionnaire based on the Likert scale. There are 6 scoring levels ranging from 0-5, using the social network analysis program or UCINET 6.232 to analysis network density and network hub. So the relationship analysis between and among organizations and Chung's measurement has been used as a guideline for this research which the research concept and theory may be shown as figure 1 below:
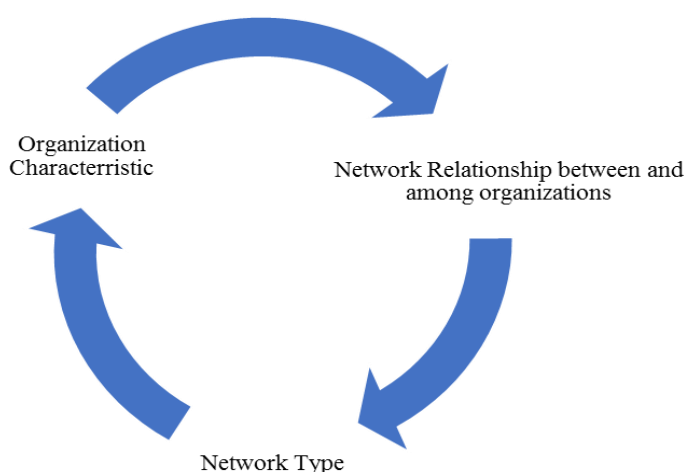

Figure 1 The Research Concept and Theory

Research Methodology
Pattern of Research

This research is quantitative research. The population used in this research are the representatives of the agencies relating to the older persons care in the northeastern, region 9

in Nakhon Ratchasima, Chaiyaphum, Surin and Buriram. There were 92 related agencies. Regional government local level such as hospitals, Local government organizations, Provincial office of the non-formal and informal education, Provincial labour office, Tambon health promoting hospital, Non-profit organization such as the elderlies club and profit organizations.

The tool used is a questionnaire divided into two parts. Part 1 Organizational characteristics consisted of 7 items: 1) The budget of the agency in the past fiscal year 2) the number of staff in the organization 3) The numbers of volunteers 4) The number of older persons in the organization 5) Organization age 6) The length of time that the organization conducts the older persons and 7) The type of agency. Part 2 Network relationship, the instrument was rating scale questionnaire based on the Likert. There are 6 levels ranging from 0-5: 1) Agreement between agencies, from there is no co-operation to there is a common rule / regulation / law. 2) Frequency of contact, from no contact to more than one contact a day. 3) The exchange of resources between agencies, from there is no exchange to the rules / regulations / exchange law 4) Resource Interdependence, from no need to the most demand. To examine the reliability and validity of the questionnaire, IOC overall consistency index ranges from.70 to 1, which means that the questionnaire appropriate for the content and the questionnaire was asked to find out the reliability. The reliability was 0.83. A good questionnaire should have a reliability value of at least 0.75 based on the reliability of the questionnaire.

The questionnaires were collected manually. The returned questionnaire was 100 percent. The researcher used the questionnaire to check the completeness of the responses and to analyze the organizational characteristics and the working patterns of the elderlies. It consists of analyzing the relationship between network and the pattern of network.

Data Analysis

Analysis of data to answer the first purpose of research to study the character of the agency concerned the work of the older persons in the northeast use the data analysis in questionnaire part 1 which is the organizational characteristics of each organization. The statistics used for analysis are frequency, percentage, arithmetic mean and standard deviation.

Analysis of data to answer to the second objective to study the pattern of the older persons 's working network in the northeast region which consists of two steps as below:

1. The analysis of the relationship level of the older persons's working network in the northeast region. The questionnaire was rating scale from 0-6. The mean score of the correlation of the older persons work network in the northeast was as follows: 0.00-1.00 means no network relationship at all, 1.01-1.80 means the lowest level of network relationship, 1.81-2.60 means low network relationship, 2.61-3.40 refers to the relationship of the network at a high level, 3.41-4.20 denotes a high level of network relationship, 4.21-5.00 refers to the highest level of network relationship. After the relationship analysis has been completed the next network analysis, we move to item 2 below.

2. The analysis of the elderly's working network model in the northeast region contains the analysis of using the social network analyzing program or UCINET 6.232 including the two-dimensional analysis followings (Prell, 2011): 1) Network density analysis to show the links between the organization and the relationship of the analyzed network by transforming the mean of the relationship level of the elderly's working network. It is a dichotomized binary data with values of 0 and 1. If the average value is 0.00-1.00, it is classified as a dichotomized data with a value of 0, indicating a lack of linkage between the integration of the agency. If the data is on an average of 1.01 or more, it will be dichotomized with a value of 1, which indicates the link between the integration of the agency. The network density can be interpreted from 0-1.00. If the value is 0, it means that the unit has no relationship between the agency and the network. And if the value is 1 it indicates that the relationship between the

agency and the network is complete. 2) Network centrality analysis to be used to represent agencies that are most integrated with other organizations based on the centrality closeness value of the agency, the criterion for interpretation is 0-1.00. If the value is 0, there is no relationship between the agency and the network. And if the value is 1, it indicates that the relationship between the agency and the network is completely.

Research Result

The character of the agency relating to the work of the elderlies in the northeastern region 9. The type of agency involved in the work of the older persons in the northeast region 9, in terms of type of organizations, it was found that the highest numbers of frequencies were government agencies with the frequency of 45, representing 48.91 percent of the total units (f = 45, p = 48.91). Local government organizations, with the frequency of 44, accounted for 47.82 percent of all units (f = 44, p = 47.82), followed by non-profit organizations with a frequency equal to 2 representing 2.17 percent of all units (f = 2, p = 2.17), and finally profit organizations, with the frequency of 1, accounting for 1.10 percent of the total units (f = 1, p = 1.10). The agency relating to the older persons work in the northeastern region 9, in term of the size of the organization it was found that the average budget was 389,721 baht. The average number of officers was 8, the number of volunteers was 28 persons. The average age of the organization is 14.38 years and that the organization carried out the older persons of 54,748. The average length of time that an organization operates is 5.25 years.

The results of the analysis of the network model of older persons work in the northeast region 9 are based on closeness centrality, network centralization and network density.

The cooperation agreement on the implementation of the older persons

An overview of the network relationships in the implementation of the cooperation agreement on the implementation of the elderlies. The mean is 2.21, which translates as network organizations being associated with low-level engagement arrangements for the older persons with a network-centric value of 0.47 and a network density of 0.12. The network is incomplete. The most centrally located units in each province can be ranked as follows: Maharaj Nakorn Ratchasima Hospital, Nakhon Ratchasima Province (Cl. Value = 0.91), Prasat Hospital, Surin Province (Cl. Value = 0.91), Nong Bua Nai Health Promotion Hospital, Nong Bua Rawe District, Chaiyaphum Province (Cl. Value = 0.68) and District Health Office, Buriram Province (Cl. Value = 0.45), respectively, as will be seen in Table 1 below:

Table 1 The cooperation agreement on the implementation of the older persons policy

Rank	Node	Agency	Closeness Centrality
1	8	Maharaj Nakorn Ratchasima Hospital	0.91
2	13	Prasat Hospital	0.91
3	14	Nong Bua Nai Health Promotion Hospital	0.68
4	10	District Health Office	0.45
		Mean: 2.21, S.D.:.62	
		Network centralization:.47	
		Network density:.12	

Contact to work with organizations

An overview of network relationships in dealing with older persons with organizations. The mean is 1.87, which translates as network organizations having a relatively low level of involvement in dealing with the older persons with low levels of organization, with a network centralization of 0.39 and a network density of 0.17. The network is incomplete. The most centrally located units in each province can be ranked as follows: Maharaj Nakorn

Ratchasima Hospital, Nakhon Ratchasima Province (Cl. Value = 0.91), Prasat Hospital, Surin Province (Cl. Value = 0.91), Nong Bua Nai Health Promotion Hospital, Nong Bua Rawe District, Chaiyaphum Province (Cl. Value = 0.68) and District Health Office, Buriram Province (Cl. Value = 0.45), respectively, as shown in Table 2 below:

Table 2 Contact to work with organizations

Rank	Node	Agency	Closeness Centrality
1	A8	Maharaj Nakorn Ratchasima Hospital	0.91
2	D13	Prasat Hospital	0.91
3	C14	Nong Bua Nai Health Promotion Hospital	0.68
4	B10	District Health Office	0.45
		Mean: 1.87, S.D.:.74	
		Network centralization:.39	
		Network density:.17	

Resource exchange

An overview of the relationship of cooperation networks to exchange resources. The mean is 2.91, which translates as network organizations having a low level of interoperability in exchange of resources, with a network centralization value of 0.23 and a network density of 0.16, indicating an incomplete network. The most centrally located units in each province can be ranked as follows: Maharaj Nakorn Ratchasima Hospital, Nakhon Ratchasima Province (Cl. Value = 0.94), Prasat Hospital, Surin Province (Cl. Value = 0.92), Nong Bua Rawe Health Promotion Hospital, Nong Bua Rawe District, Chaiyaphum Province (Cl. Value = 0.71) and District Health Office, Buriram Province (Cl. Value = 0.45), respectively, as shown in Table 3 below:

Table 3 Resource exchange

Rank	Node	Agency	Closeness Centrality
1	A8	Maharaj Nakorn Ratchasima Hospital	0.94
2	D13	Prasat Hospital	0.92
3	C14	Nong Bua Rawe Health Promotion Hospital	0.72
4	B10	District Health Office	0.45
		Mean: 2.03, S.D.:.61	
		Network centralization:.23	
		Network density:.16	

Resource dependence

An overview of network relationships, the need to rely on resources. The mean is 2.24, which translates as network units being associated with low resource utilization requirements, with a network centralization value of 0.44 and a network density of 0.23, indicating an incomplete network. The most centrally located units in each province are: Maharaj Nakorn Ratchasima Hospital, Nakhon Ratchasima Province (Cl. Value = 0.96), Prasat Hospital, Surin Province (Cl. Value = 0.96), Nong Bua Rawe Health Promotion Hospital, Nong Bua Rawe District, Chaiyaphum Province (Cl. Value = 0.83) and District Health Office, Buriram Province (Cl. Value = 0.65), respectively, as shown in Table 4 below:

Table 4 Resource dependence

Rank	Node	Agency	Closeness Centrality
1	A8	Maharaj Nakorn Ratchasima Hospital	0.96
2	D13	Prasat Hospital	0.96
3	C14	Nong Bua Rawe Health Promotion Hospital	0.83
4	B10	District Health Office	0.65

Mean: 2.24, S.D.:.67

Network centralization:.44

Network density:.23

Resource supporting

An overview of network relationships in resource support. The average was 2.12 which interprets that the units in the network are related to the low needs of resource reliance, with the network centralization value of 0.33 and the network density of 0.16, indicating an incomplete network. The most centrally located units in each province were: Maharaj Nakorn Ratchasima Hospital, Nakhon Ratchasima Province (Cl. Value = 0.94), Prasat Hospital, Surin Province (Cl. Value = 0.92), Nong Bua Rawe Health Promotion Hospital, Nong Bua Rawe District, Chaiyaphum Province (Cl. Value = 0.71) and District Health Office, Buriram Province (Cl. Value = 0.45), respectively, as shown in Table 5 below:

Table 5 Resource supporting

Rank	Node	Agency	Closeness Centrality
1	A8	Maharaj Nakorn Ratchasima Hospital	0.94
2	D13	Prasat Hospital	0.92
3	C14	Nong Bua Rawe Health Promotion Hospital	0.71
4	B10	District Health Office	0.45

Mean: 2.12, S.D.:.59

Network centralization:.33

Network density:.16

Conclusion and Discussion

Based on the research results, can be summarized and discussed the results as follows: The relationship level of the older persons working network in northeastern region 9 in overall was in low level. When considered on a case-by-side basis, it was found to be low in all five aspects, with the highest average to the lowest average as follows: resource dependence, the cooperation agreement on the implementation of the elderlies, resource supporting, and cooperation to exchange resources and contact to work with organizations. When considered the amount of budgets that agencies in northeast region 9 received, the majority will be the health expenditures. Considered by the agencies involved in the older persons work are mostly public health agencies, with an average of about 380,000 baht per year. About eight people are responsible for the older persons with an average of about 28 volunteers, 54,000 caregivers are required to care for the older persons. As a result, older persons care agencies need resources to support their work. Therefore these agencies cannot support resources for other agencies and have no ability to enter into cooperation agreements with other agencies. No resources were exchanged with other entities and no contacts with other agencies were available. Conversely, it can be said that the working system of the agencies in Northeast region do not coordinate between agencies in horizontal which the research results were found in conformed to the pattern and structure between organization concept of Alter &

Hage (1993: 23-31) which described that in analyzing the network relationship is necessary to consider resource dependence, cooperation agreements, resource supporting and cooperation in resource exchanging. In addition the results also conformed to the research results of Patthamapongporn (2012) which found that the cooperative relationship of public network service in local government in overall and in all aspects as resource dependence, cooperation agreement, resource exchanging and working contact were found in low level.

The relationship of the older persons's working network. There is a pattern of social network relationships according to the concept of Starkey (1997: 14-16) which is an incomplete network relationship model. It is a centralized relationship, but with central information exchange. At the same time, there is a network between and among each other. The agencies that play the highest role in the network of each province were Maharaj Nakorn Ratchasima Hospital, Nakhon Ratchasima, Prasat hospital, Surin Province, Health Promotion Hospital Nong Bua Rawe, Nong Bua Rawe District, Chaiyaphum Province and District Public Health Office and Buriram province.However, relationships in various fields are low, showing that the implementation of the policy of the Thai government is based on a top-down approach. Administrative resources, such as budget, rely on resources from central and regional governments. There is no horizontal relationship, hence lack of integration of the elderly work because of the structure of Thai administration focused on centralization. Most of the agencies are represented by the central agency such as the National Health Security Office, Provincial Health Office, Provincial Administration Office, Provincial labor office, etc. There are only two local agencies involved, Don Chomphu Sub-district Administrative Organization and Bing District Administrative Organization.Although Thailand has a statutory plan and decentralization process for local government organizations in 1999, most budgets are still located in the central government. In this kind of government administration structure, although the government of General Prayut Chan-o-cha will have an integrated administration policy, the government agencies related to the elderlies do not harmoniously because there is no change in the management structure and budget allocation method. Such power structures affect the work of the elderlies, i.e., lack of integration of work, insufficient and duplicated budget. Older persons care is a treatment approach more than protection, for example, when the older persons have health problems. The budget for career promotion is limited. This makes the Thai elderlies lack the opportunity to improve the quality of life. The central care approach does not encourage the older persons to be quality and self-reliant older persons which the research results were found in conformed to the results of the research article named collaboration between state and health NGOs in the Kyrgyz Republic by Pugachev (2007) which the results found that most budgets are still located in the central government, no horizontal relationship between organizations, lack of integration in older persons work and the lack of resources increases the cooperation between and among organizations.

Recommendation

Recommendations from the research findings: The network of governmental agencies involved in the care of the older persons being incomplete network relationship. It is a centralized relationship, but with central information exchange. At the same time, there is a network between and among each other. So, government should reform power structure by decentralization to the local government. It is not legal but not practical. The central government should reduce its role as a mentor only to local administrative organizations. The government should allocate budgets to local government organizations in a more developed manner to provide for locally based projects based on the needs of the older persons. It is not a purposeful budget. Because identifying characteristics is equal to central government, it still requires local action on the part of the central government, not a true decentralization. The

government should strengthen the local community, such as the older persons club, to be a mechanism for developing the potential of the older persons, such as being a mentor in the transmission of management principles, educating the rights of members of the club and budget supporting. And the government should encourage volunteering as a mechanism for effective participation in the care of the older persons, such as the preparation of a volunteer database and providing volunteer work benefits to motivate volunteers to work for the public. It also promotes democratic citizenship in the community and society.

Recommendations for the future research: The older persons working network should be explored in other regions of the country and bring the results to compare the working network model. Or it may compare with other networks to lead further structural reform of the administration. It should study the issues relating to the older persons, such as the good membership of the older persons club and the effectiveness of the older persons club to bring about the research results to strengthen the older persons club. This is an important mechanism for developing the potential of the older persons in the community. Qualitative research methods should be used to assist in the study to gain insights on the barriers to the care of the older persons of the relevant agencies and as a guideline for solving problems for the work of the relevant agencies.

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