

A Pluralistic Social Welfare Model for Local Government Organizations: Lessons Learned from Elderly Welfare in Nakhon Pathom Province.

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Abstract

Thailand is becoming an increasingly aged society because of changes in its demographic structure. The elderly population will comprise twenty percent of society in 2024. Local Government Organizations are charged with taking care of the elderly's quality of life. Local Government Organizations (LGOs) were established by the Act of Thailand Decentralization in 1999. Many missions were transferred to Local Government Organizations from central government and ministries to develop the rural and urban areas, covering infrastructure work, public health, education etc. In the case of social welfare and social work missions, a "Pluralistic social welfare" was viewed as the most appropriate social welfare model for Thai Local Government Organizations because there are many constraints to developing the quality of life and well-being in the elderly Thai communities, such as budgeting constraints, government officer numbers and constraints regarding knowledge about social welfare. As a result, Local Government Organizations best serve their missions by acting as facilitators and coordinators. In addition, Local Government Organizations should combine local resources, local wisdom, social capital and people from other organizations in each community, not only business organizations but also formal and non-formal community organizations to fulfill the need of each social welfare target. Furthermore, Local Government Organizations can sustainably drive the social welfare mission by instigating social mechanisms, such as social networks, community welfare centers, community learning centers etc. In Nakhon Pathom Province, there are many LGOs that provide local welfare for the elderly but they cannot work alone so there are several social partners that collaborate together with LGOs for the efficient service of welfare provisions for the elderly.

Keywords: social welfare, elderly, Local Government Organizations, local welfare

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Background and Research Objectives

1.1 Background

Thai society will become a more aged society very soon because of changes in its demographic structure. By 2024, the elderly will total twenty percent of society. The demographic forecast is that the number of newborns will be decreased from 15.95 million in 1990 to 9.54 million in 2030. The birth rate will drop considerably. In contrast, the population of those in old age will eventually increase from 4.02 million in 1990 to 17.74 million in 2030 (Office of the National Economic and Social Development Board cited in Kiriboon Jongwutiwes, 2010). Therefore, this suggests that the government has to allocate a much greater annual government statement of expenditure for the elderly. Alongside this, local finance provisions need to be addressed due to the greater future expenditure required to maintain the quality of life of the elderly.

Local Government Organizations are the organizations that work closely with local people and take care of the elderly's quality of life. How are they to deal with the problems? In Thailand, there are many social problems that adversely affect the elderly's quality of life, for example poverty, social inequality, violence, homelessness, unemployment etc. These problems are inter-related and are social structural problems. In respect to these aforementioned problems, the LGOs seem to be the nearest havens for the local communities. They possess the potential to find solutions and prevent, protect and relieve the elderly people from these problems. Unfortunately, in reality they do not manage to effectively do this because of many constraints. It is, however, important to highlight that the present issues cannot be effectively and efficiently solved by LGOs alone. Other social partners in the local areas should also participate in social welfare management, for the benefit of their communities. Local government organizations (LGOs) were established by the Act of Thailand Decentralization in 1999. Local government organizations are very close to people in the communities and must be responsible for the quality of life and well-being of people in those communities. Local government organizations were transferred many missions from the central government and ministries to develop the rural and urban area, for example infrastructure work, social and public service, public health, education and, in particular, social welfare and social work missions etc.

The above mentioned demographic structure and responsibilities of LGOs, especially in reference to the elderly, indicate a need to address how to deal with the problems of the elderly under the existing constraints and a need to decide what are the appropriate social welfare models and methods for assisting the elderly served by local government organizations. There are various types of social welfare models such as the residual welfare model, the welfare state model or institutional model, the social work model, the preventive model, the protective model, the remedial model, the developmental model, the advocacy model and the rehabilitative model. But which is the most appropriate social welfare model for the elderly being served by local government organizations?

1.2 Research Objectives

The research has three objectives, as stated below:

To analyze the role of social partners in the community to serve local administrative organizations and the local welfare of the elderly.

To study the problems and constraints of social welfare management served by local government.

To study the most appropriate social welfare models and methods for elderly welfare management served by local government organizations.

Methods

2.1 Key Informants and Research Tools

The research methodology is qualitative research which is mixed between documentary study and synthesis, in-depth interview and focus group discussions. The key informants for in-depth interview are the executives of local government and community leaders in Sasimum Sub-district and the key informants for focus group discussion are the elderly in Sasimum Sub-district. In addition, the researcher employs the research tools of open ended questions for both in-depth interview and focus group discussions, in order to fulfill the research questions.

2.2 Data Analysis

The researcher analyzes data by using the methods of content analysis, data typology and taxonomy. Then, the researcher also illustrates and presents findings by descriptive writing, using diagrams and tables.

2.3 Areas of Study

Sasimum Tambon is a sub-district located in Kampangsan District, Nakhon Pathom Province and is about seventy kilometers from Bangkok. The area is still a rural area and comprises twenty four villages (or communities). It was selected as a research area because there are groups of the elderly in each village that form an elderly network in Sasimum Sub-District to run activities for the elderly's quality of life, such as exercising, health checks and recreation. This is done together with other social partners in the area, such as LGOs, non-formal and informal education centers, social development centers, the Thai Song Dam (Black Tai) ethnic group center, Tambon Health Promotion Hospitals, groups of public health volunteers and religious institutes (Wat or Temple).

Results

The research results are presented in three parts including; 1) the role of social partners in the community to serve the elderly in local administrative organizations and local welfare for the elderly in Nakhon Pathom, 2) problems and constraints of social welfare management served by local government organizations and 3) a "Pluralistic Social Welfare Model": the appropriate models and methods for elderly welfare management, which are served by a local government organizations.

3.1 The Role of Social Partners in the Community to Serve the Elderly in Local Administrative Organizations in Sasimum, Nakhon Pathom

The research finds that there are many social partners in the community, not only the governmental partners but also other social partners, such as local government organizations, sub-district health promotion hospitals, social development centers, civil society etc. that offer social welfare services for the elderly in Sasimum sub-district, Nakhon Pathom.

Table I: Partners and the Roles of Public and Private Sectors to Serve Social Welfare for the Elderly in Sasimum Sub-district, Kampangsan District, Nakhon Pathom.

Sectors	Partners	Roles
Public Sector	Local Government Organization (Sasimum Local Government Organization)	Providing support to develop the quality of life of the elderly such as, monthly pensions and coordinating and facilitating with other offices and organizations to run activities such as career training, health checks and promoting and traditional activities (such as water - pouring on the hands of the revered elderly and asking for blessings)
	Tambon Health Promotion Hospitals (Nong Pong Krang Hospital and Sasimum Hospital)	Promoting and providing preventive care for the elderly's health because it should be responsible for the local public health and it is a link between communities and district or provincial hospitals for transfers, in cases that exceed their ability
	Non-Formal and Informal Education Center of Nakhon Pathom	Providing education or career training to the elderly, especially for careers and special earnings of living.
	Social Development Center of Nakhon Pathom	Providing any dole or allowance to the poor and collaborating with LGO and Non-Formal and Informal Education Center for career training

Sectors	Partners	Roles
Private and Social Sector	Thai Song Dam (Black Tai) ethnic group center	Provide an area and building for Thai Song Dam (Black Tai) ethnic and cultural activities. There are many Thai Song Dam ethnic people from not only inside Sasimum sub-district but also outside the area, who come and join ritual activities together. It functions to conserve and pass down the local wisdom of the Thai Song Dam (Black Tai) ethnic group to the next generation.
	Groups of Public Health Volunteers from Twenty Four Villages	Working proactively and voluntarily with Tambon Health Promotion Hospitals to promote and support activities in the health system, such as blood glucose monitoring, home visits, giving knowledge about healthcare to people in communities, communication and public relations for official news to people in the communities etc.
	Religious Institute (Wat or Temple) (Wat Rasdornpiromwararam or Wat Ladprakao)	Providing a place for the elderly and people to come to make merit and practice meditation on Buddhist holy days and important Buddhist observance days like Vesakha Puja day, Makha Puja day etc.
	Family and Relatives	Provide all fundamental and helpful support to the elderly in daily life. Not only the physical support, such as income, nutrition, housing, transportation, and travel but also spiritual support.
	Neighbors and Community Leader	Provide support in case the family and relatives cannot or the elderly are left alone in their communities. It works with social capital in the area.

3.2 Problems and Constraints of Social Welfare Management Served by the Local Government Organization, Sasimum Sub-District, Nakhon Pathom

3.2.1 Problems of Social Welfare Management for the Elderly

The research finds that there are many kinds of problems for the elderly, such as poverty, health problems, inequality in getting social resources, homelessness and loneliness. However, the research in the first phase also finds that there are social welfare interventions for the elderly welfare, such as community based welfare, family based welfare etc. In addition, the research finds that the elderly's problems in Sasimum sub-district are related to further conditions, such as pollution and subsequent health problems.

In Sasimum sub-district there is a vast garbage land fill site, which is operated by the private sector and is owned by a local politician. A large amount of garbage is transported from nearby Nakhon Pathom districts, and beyond from Bangkok and other neighboring provinces. Because of the huge pile of garbage in this area, there are several kinds of pollution, such as air pollution, water pollution, soil pollution as well as heat that affect the people in the community, especially the elderly. The chemical substances from the garbage mountain always penetrate the soil whenever the rain falls and subsequently flow through a canal in the village. This causes illness and impacts the health of the elderly because they have to stay at home and work at home with or without their nephews and/or nieces. Besides this, the soil and the underground water cannot be used to grow any plants effectively.

In addition, the elderly do not participate continuously in activities hosted by community health promotion hospitals, such as exercising, Tai Chi and health care training because the locations of their houses are scattered and far from the hospital. The elderly cannot come and join these activities by themselves so their families have to provide transportation for them. But it is not always possible to do so. The dispersed geographical location of habitations is the main obstacle for social welfare management regarding the elderly.

3.2.2 Constraints of Social Welfare Management Served by the Local Government Organization, Sasimum Sub-District, Nakhon Pathom

As previously mentioned, in regards to the functions and missions of local government organizations, the research found that LGOs have many constraints in providing social welfare to the elderly and that they have to collaborate with other organizations and other social partners in order to do so. The research found that a "Pluralistic Social Welfare

Model” may be the most appropriate model for providing social welfare for the elderly. Due to many constraints imposed by the central and local governments, especially in respect to budget and staff limitations, other local social partners, not only Non-governmental Organizations (NGOs) and Business Organizations but also the local population and community organizations must participate and share welfare resources in order to achieve social efficiency, effectiveness and sustainability.

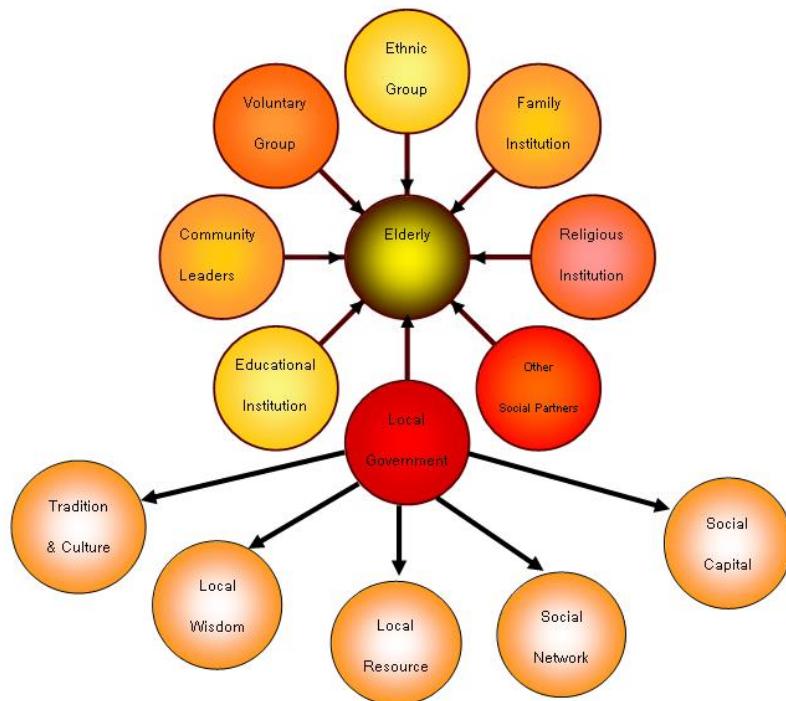
There are various models of social welfare management for the elderly but every model needs the people’s and social partners’ participation, such as local organization officials, social development centers, professional groups, community welfare groups, elderly groups, business organizations etc., in order to cooperate and coordinate social welfare services. The social welfare model will be a successful model if the social welfare partners and providers set up mechanisms in the form of social networks linked to other social organizations or social groups. The social welfare providers have to realize that some social welfare services in each area are not the same because of the differences of their area’s context. Before providing social welfare, it is very important to survey and study the area’s context, environment in the community, culture and tradition, local resources, local wisdom, way of life and other potential factors of the specific area, in order to apply and integrate these factors with the social welfare services. However, the elderly will inevitably participate in and join the welfare programs, projects, and activities. Therefore, elderly-oriented welfare is very significant to the model because this can reflect what social welfare they need and the social welfare can also meet the needs of the target group.

The role of Local Government Organizations should be as “Coordinators” and “Facilitators”, due to a number of reasons. Though LGOs have their own power by law to manage social and public services, actually they also have many restrictions and constraints, such as budgets and officer numbers. Therefore they should combine and integrate with local resources and local officers from others organizations in order to initiate suitable social welfare programs, projects and activities in the community. Local government organizations can implement a welfare program through the education system, which they can support with a budget while they control and monitor, especially the welfare for the elderly in communities. In practice, the welfare programs through this segmentation can also be integrated with local wisdom, local resources, and local culture and traditions.

3.3 A Pluralistic Social Welfare Model for Local Government Organizations to Serve the Elderly in Sasimum Sub-District, Nakhon Pathom

Due to the above mentioned constraints of Local Government Organizations (LGOS), a “Pluralistic social welfare model” is the most appropriate social welfare model for local government organizations to serve the elderly. A Pluralistic Social Welfare Model is defined by the researcher as an integrated model involving the participation, collaboration and sharing of resources from all available stakeholders and social partners for ensuring the social welfare provisions in a community. From the literature review and documentary synthesis in the first phase of the research, the researcher found many results and recommendations from the related literatures and studied research reports and dissertations that reflected the pluralistic welfare models. This ascertains that social welfare should be participated in and cooperated by other social partners and local government organizations especially community organizations and people in the community. In this phase, the researcher developed the conceptual model of pluralistic social welfare where there are many social partners to manage and arrange the social welfare in local areas, such as family institutions, educational institutions, religious institutions, social development centers, business organizations, non-government organizations (NGOs), local government organizations and children and young people. This conceptual model must be integrated or combined with social capital, local resources, local wisdom, local tradition and culture and social networking. The researcher can clearly illustrated the model in the diagram shown below:

Diagram I: Illustration of Conceptual Social Welfare Pluralistic Model in Sasimum Sub-district, Kampangsan District, Nakhon Pathom



In the second phase of the research, The resulting conceptual pluralistic social welfare model from the first phase was experimented on in Sasimum Tambon Administrative Organizations (TAOs) The research result in the second phase also reinforces and confirms that the most appropriate social welfare model to serve the elderly in the community is a “Pluralistic Social Welfare Model” with the elderly’s participation.

In Sasimum Tambon Administrative Organization the researcher started the model experiment by informing people who took part in the focus groups, such as informal community leaders, Tambon administrative organization delegates, the elderly groups, delegates of community organizations, doctors from health promotion hospitals, and delegates of the Provincial Social Development Center about the conceptual model the researcher found in the first phase. Then the participants gave recommendations and shared their opinions concerning the social welfare programs and activities for the elderly. There are two

activities from Sasimum Tambon Administrative Organizations, career training and health checkups. Both activities reflect the pluralistic social welfare model by LGOs and other social partners in collaboration. Sasimum Tambon Administrative Organization cannot provide and cover the basic needs of social welfare for the elderly. Nevertheless, all activities are related to local wisdom, local resources and local tradition and culture.

Firstly, career training is an activity for the elderly that provides social welfare involving five social partners, including; Sasimum Tambon Administrative Organization, the Non-formal and Informal education center, the social development center, the Thai Song Dam (Black Tai) ethnic group center, and a religious institute (Wat or Temple) (Wat Rasdornpiromwararam or Wat Ladprakao). All share resources to provide the activity for the elderly, such as money, training materials, a venue and trainers under the facilitation and coordination of Sasimum Tambon Administrative Organization.

Table II: Social partners and resource allocation for career training

Social Partners	Resources Allocation
Sasimum Tambon Administrative Organization	Budget and Coordination for the elderly and other organizations
Non-formal and Informal Education Center	Trainers and Training Program
Social Development Center	Budget and materials for training
Thai Song Dam (Black Tai) ethnic group center	Local wisdom and building for training
Religious Institute (Wat or Temple) (Wat Rasdornpiromwararam or Wat Ladprakao)	Area for training

Secondly, health checks are also an activity for the elderly that provide basic social welfare involving four to five social partners, not only those inside but also those outside Sasimum sub-district. They include; Tambon Health Promotion Hospitals (Nong Pong Krang Hospital and Sasimum Hospital), Sasimum Tambon Administrative Organization, Groups of Public Health Volunteers from twenty four villages, family or relatives of the elderly and Kampangsan District Hospital (outside social partner).

Table III: Social partners and resource allocation for health checking up

Social Partners	Resources Allocation
Sasimum Tambon Administrative Organization	Budget and Coordination for the elderly and other organizations
Tambon Health Promotion Hospitals (Nong Pong Krang Hospital and Sasimum Hospital)	Health promotion program, checking health for hypertension diabetes and hyperlipidemia and etc. and transfer the elderly, in case of overcapacity, to Kampangsan district hospital.
Groups of Public Health Volunteers from twenty four villages	Man power to help and support Tambon Health Promotion Hospitals for home visits, health checks and public relations.
Family or relatives of the elderly	Transportation to hospital and other welfare venues.
Kampangsan District Hospital (outside social partners)	Public health and treatment

In addition, the research finds there is a mechanism to sustainably drive forward the social welfare programs and activities in Sasimum sub-district. This mechanism is a social network of the elderly in which the social network's members are the elderly from all villages in Sasimum sub-district.

Moreover, the official staff of both the Tambon Administrative Organizations (TAOs) should themselves function as coordinators and facilitators in social welfare activity management while other social partners in the area provide support via resources, such as money, materials, equipment, knowledge etc. As stated above, regarding the budget and staff constraints, these are major reasons why the pluralistic social welfare model is suitable for local government organizations in Thailand. However, the staffs who work for the social welfare mission from both of the TAOs are not professional social workers or community developers. They do not have any knowledge and skill about the mission. This is a major reason why the mission cannot be executed as successfully as it should be.

Indeed, the social welfare programs and activities in communities, villages and the Tambons cannot take place if Tambon Administrative Organizations do not set up the social welfare policy and planning in a one-year plan or even three-year plan. This is because the budget of Tambon Administrative Organizations should only be spent for the planned program and activities in an official policy and plan.

Moreover, the research also finds that there are four layers of social welfare providers for the elderly from both the public and private sectors. The first layer is “immediate family”, which is the closest social welfare provider for the elderly. This social welfare mostly covers the basic, daily life needs of the elderly such as housing, income, food and transportation. The second layer is “extended family relatives and neighbors”, which provide social welfare much like a family, but it will function instead of immediate family in the case of family dysfunction. The third layer is “community leaders”, which function on behalf of both the public and private sectors. Most of them are positioned as government officers of local government organizations and are representative of each village. The fourth layer is “local government organizations and other public sectors”, which provide social welfare in the form of the public policy from any legislation and Acts such as those related to elderly pensions and health protection programs (thirty baht for all illnesses) etc.

Social welfare management comes from two tracks. The first track is from public policy, which is called “Top-Down Social Welfare Management”. This kind of social welfare has many constraints, such as budget and manpower limitations, and might not meet the needs of the elderly. Hence, there should be another track from social capital, local wisdom, culture, local resources etc. This is called “Bottom-up Social Welfare Management”. This kind of social welfare management always fulfills the needs of the elderly.

The research will illustrate this in diagram II.

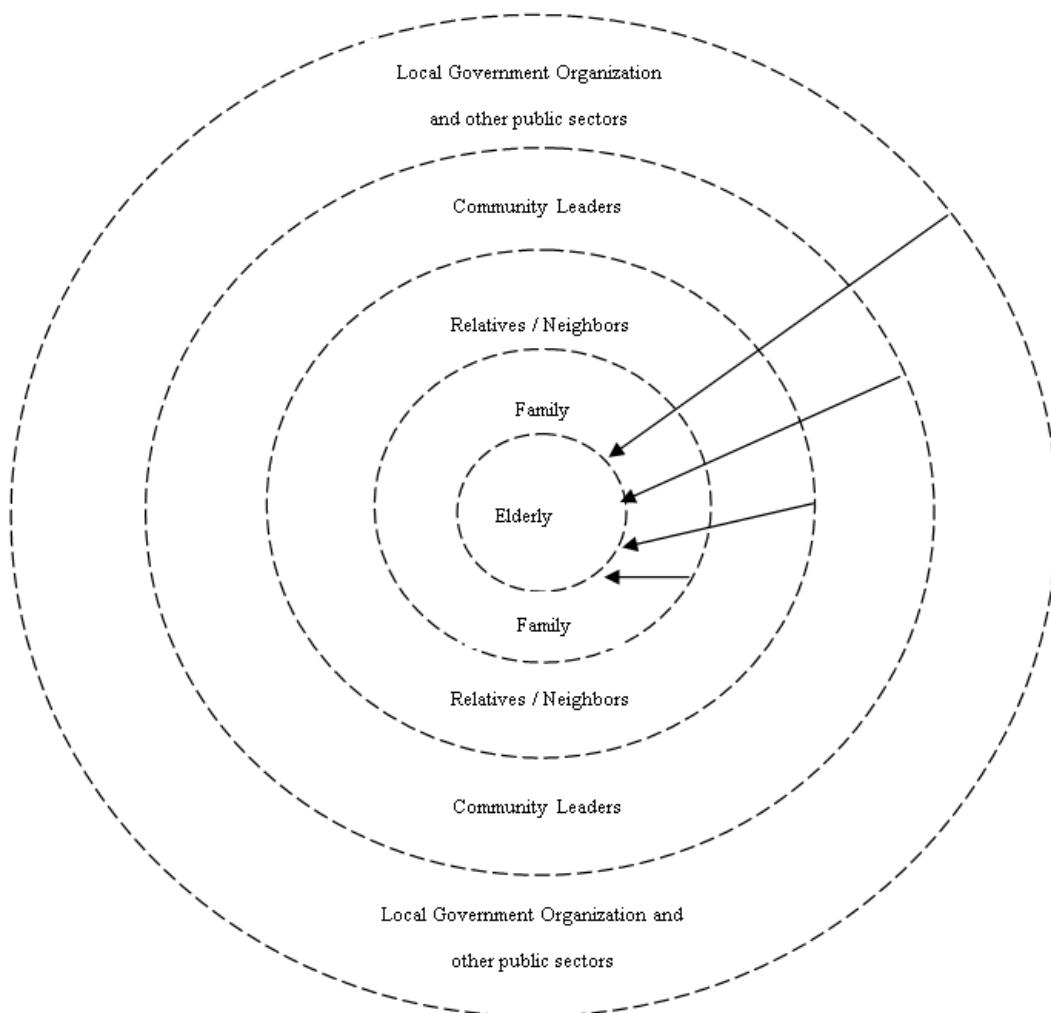


Diagram II: Level of Social Welfare Management for the Elderly

3.3 Conclusion and Discussion

This research can conclude that the most appropriate social welfare model for the elderly, served by local government organizations is “the pluralistic social welfare model” because of many constraints, such as budget and government officers and staffs limitations, to run the mission. In addition, the social welfare schemes for the elderly have to integrate local resources, local wisdom, local traditions and culture, social capital, social networks and social mechanisms. The findings are in congruence with Thidaporn Boonmen’s research findings (2014) that the social welfare management of the elderly networks consists of two types; firstly, top down social welfare management from local government authorities and secondly,

bottom-up social welfare management from community participation.

In Addition, the research finding about the role of local administrative organization is similar to the research findings of Shaman, 2008; Grawcode, 2009; Caro and Morris, 2002 (cited in Cahney Paul, 2016) in term of devolution creativities abundant opportunities for creativities in addressing local needs and Babara De Roit (2007) in term of families intergenerational solidarities within families is the traditional source of support.

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