



## Governmental Practice Guidelines for Providing Appropriate Social Welfare for the Elderly in Thailand

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### ABSTRACT

This research paper aimed at examining the governmental practice guidelines for the provision of appropriate social welfare for the elderly in Thailand. The qualitative research methodology was utilized by studying the future image using the EDFR technique. The results showed that the formation of the practices was related to the public policy process, which had been derived from the elite, using the top-down manner. The practice did not include explicit details, which caused it to be inconsistent with the current conditions and the problems of providing social welfare for the elderly. Consequently, when applied in the regional and the local areas, the operations differed according to the understanding of those, who had implemented the practice in the areas. The feasibility trends of the future elderly welfare practices consisted of the following: 1) elderly welfare should be provided in accordance with the design concept for all of the elderly, and its implementation should be conducted in a concrete and comprehensive manner, especially in public areas; 2) the elderly should be promoted to be self-reliant; and 3) the living of people of all ages throughout life was the probable trend, which also showed the highest consistency value based on the experts' opinions.

### 1. INTRODUCTION

In 2021, Thailand will completely become an ageing society, with the elderly consisting of over 20% of the population (13 million people), and the number is going to reach 28% by 2031. As a result, all sectors of society need to prepare, especially the middle-age people, who will need to promote the importance of having savings and to foster the attitude among the elderly that they need to value themselves and recognize that they are not a burden. In addition, people need to receive support on how to care for the elderly, and how to make adjustments to the environments in order to accommodate certain conditions that may be required by the elderly [1]. Furthermore, the government has implemented projects in accordance with the National Elderly Action Plan for both the pre-ageing population and the elderly, such as assembling and training elderly care volunteers, saving money to prepare for entering an ageing society, creating positive attitudes towards the elderly, promoting access to digital resources and knowledge for the elderly, and carrying out the Senior School Project, as well as managing informal laborers, ageing workers, and disabled workers. Likewise, the Japanese have found that the elderly population can become a social problem. The ageing population has increased rapidly and has put pressure on the government's social security system. In addition, the employment protections for

members of the ageing population can result in depriving employment opportunities for other generations of workers [2].

Correspondingly, in order to protect the healthcare of the elderly, China has studied a pension system that only provides assistance to the elderly living in urban areas [3]. Also, the Fiji government has provided welfare for the elderly and is trying to allocate funds to the elderly, who do not have a pension and/or have no protection systems [4]. Welfare for elderly workers in Malaysia has established a savings fund to assist workers, relieve pain, provide financial assistance, and to protect families via the involvement of organizations to protect the elderly's benefits [5].

As noted above, there is currently a lack of studies in which public policy concepts are applied to describe social phenomena with respect to the overview of welfare practices for the elderly. This includes the beginning of the process of setting policies and extends to policy assessment. It is crucial for social welfare management to truly respond to basic human needs, as well as respond to the needs of the target group in society under the principles of human rights, which reflect that all people deserve to be treated as human beings. This is consistent with the concept of welfare, which creates a sense of fairness among people in society and does not foster prejudice, discrimination, or

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oppression. In order to accomplish this, cooperation from all sectors of the country at the central and regional levels, as well as at the local levels is required.

## 2. LITERATURE

### 2.1 Welfare of the Elderly

Thailand has the 4th highest proportion of older adults in Asia and second in ASEAN. The word elderly refers to the population aged 60 years and over and has Thai nationality [6]. The situation and increasing statistics of the elderly have prompted the government to make the elderly a national agenda. There are approaches in the National Elderly Action Plan covering both the pre-aged (25-59 years) and the elderly (60 years and over). In Thailand, the welfare of the elderly can be classified into three categories: social security, grant, and social service.

#### 1) Social Security

There are various examples of social security: Social Security Fund for Old Age by the Ministry of Labor, which promotes savings for workers employed in the private sector; Government Pension Fund, which is compulsory savings for civil servants; Provident funds for permanent employees of registered government agencies, which provides the pension after retirement from their savings; Old Age Savings Fund by the Ministry of Finance which is a voluntary primary aging savings fund.

#### 2) Grant Assistance

The progressive monthly allowance is provided to an individual senior based on the age; 600 baht is for 60-69 years old senior, 700 baht is for 70-79 years old senior, 800 baht is for 80-89 years old senior and 1,000 baht is for over 90 years old senior respectively. Department of Local Administration, Bangkok Metropolitan Administration, and the City of Pattaya are 3 central units responsible for this welfare.

#### 3) Social Services

There are various examples of social service: Universal Health Insurance, which is a welfare-based on the fundamental rights of the people, covering the field of health examination, medical treatment and health promotion and disease prevention operated by the National Health Security Office; Housing and Care policy, there are currently 21 state aid facilities provide a nursing home service for the elderly that covers four factors and healthcare, physical therapy, religion, hobbies, recreation, and cultural promotion activities. For example, there are also other services, Promoting Lifelong Learning for The Elderly; Value Building and Sustainable Development for The Elderly; Strengthening Collaboration for the Strength of the Elderly Organization; Promoting Employment and The Elderly Club. The social service format for the elderly

is progressively developed recently. The Elderly Club is a social group of the elderly who share interests and common ideologies in improving the quality of life of the elderly, especially the building of physical, mental, and social attributes to make life valuable and beneficial for themselves families and society. The Senate Council and the Ministry of Public Health provide the budget, whereas the primary management and operation are performed by the elderly group that operates the network elderly club. The Social Welfare Promotion Act 2003 defines welfare for the elderly in 7 areas; health, housing, income, employment, education, recreation, and general social services [7].

### 2.2 Thailand Elderly Welfare Operation

This segment addresses the explanation of Thailand Elderly Welfare Operation.

In 1953, when Field Marshal P. Pibulsongkram framed the concept of social welfare by establishing several important policies to promote a good quality of life and living for people in the society, he, for the first time, assigned the Department of Public Welfare to establish a nursing home called Ban Bang Khae [8].

1982 United Nations General Assembly approved the international action plan, which focused on the elderly. This was the first international measure to, in a concrete way, formulate the main concept as policies and projects involving the elderly. In that same year, the World Assembly, approved the plan in Vienna, Austria, called the Vienna Plan, which focused on the elderly. The plan's purpose was to provide stability through the capacities of the state and society in order to effectively manage the elderly via regional and international cooperation.

After that, a national long-term plan was established as a master plan for agencies to serve the elderly in the years 1982-2001. The plan included clear policies and strategies for an operational network for both the international assistance organizations for the elderly and the governmental organizations. The plan was based on the concept that the elderly population represents the people, who used to benefit or contribute to society in their former careers. Therefore, when they become elderly, society should, in return, provide for them.

Moreover, elderly citizens are full of intellectual power and have a multitude of experiences that can still be useful and beneficial for society. The quality of life of the elderly depends upon continuous preparation beginning in childhood. Therefore, this National Plan for the Elderly focuses on setting policies and measures that can prevent problems and solve problems related to the elderly in various dimensions, such as health, sanitation, education, income stability, working conditions, social & cultural interactions, and social welfare. Only some tentative indicators have been established, which means that the goals of each of the indicators have never truly been set and

assessed.

In 2002 the National Long-term plan for the Elderly was announced as the Second Edition (2002-2021), including the vision: "Older People are the Milestone of Society". This Second Edition places emphasis on the elderly living with value, having dignity, experiencing quality of life, being self-reliant as long as possible, and participating in social development. The strategies of the plan vary according to the following target populations: 1) the young; 2) those of the age to labor (or the future elderly); 3) the elderly people, who are still self-reliant; 4) the elderly people, who have to rely on others; and 5) the policy makers, executives, and workers, who are focusing on care for the elderly at both the national and local levels. The plan focuses on it being implemented by relevant agencies so that the National Elderly Plan can be converted and used as strategic plans and action plans within organizations.

In 2003, the work on the elderly was successful again when the Elderly Act of 2003 was announced in the Government Gazette under Section 54 of the Constitution of The Kingdom of Thailand. This phenomenon was a part of every national economic and social development plan, which resulted in widespread announcements about regulations focusing on the elderly from the Ministry and related agencies [9]

According to a literature review of the related research, it was found that Thailand has established several programs, rules, and laws, which are related to the elderly and which seek to guarantee quality of life for them in accordance with the Elderly Act of 2003 under Section 11, which sets forth the rights of the elderly to receive assistance from the state. Yet, with respect to accessing the rights of the elderly, problems and obstacles still exist. For example, the law has not yet established measures that would help the elderly by empowering them to transfer their knowledge and experiences in order to prevent them from being lonely and depressed. In addition, no methods and details on how to get people with legal knowledge to provide concrete assistance, which could help to alleviate the troubles of the elderly in the terms of the law and could provide them access to justice, have been clearly stated. Moreover, the standard rate of living allowance, which is allotted by the law, is not consistent with the standard of living expenses [10].

There are 3 aspects of operations related to the elderly. Firstly, there is Social Security, which mostly focuses on the implementation of the policies of the Ministry. Secondly, Public Assistance focuses on helping the elderly cope with difficult situations on a case-by-case basis without continuous and follow-up assistance. For example, the pension service is a service that divides the elderly into 3 groups:

**Group 1** consists of the poor elderly, who are the most likely to receive the premium. **Group 2** consists of elderly individuals, who belong to the middle class, live with their children, and who are not experiencing difficult

circumstances, but who have local relationship with the village committee. This is the second group to receive the living allowance. **Group 3** is composed of the poor elderly, who live alone and who are the least likely to receive the living allowance because they belong to a "marginalized" group within the community. The living allowance service is a service in which governmental power and political mechanisms are used to intervene in the operations of the authorities. Thirdly, The Social Service is a passive operation, which supports activities, which were previously carried out because the Social Service Strategic Plan is a policy set by the Ministry as a guideline for operations. In particular, the modular services of Social Service, such as housing services, separate the elderly from their families and communities. These services are characterized by the lack of development of service content by which the elderly can become self-reliant and can develop social security. Furthermore, the separate services deprive the elderly of long-term spiritual development. Consequently, the elderly can only live their lives by 'surviving' instead of 'living well' and thriving [11].

### 3. STUDY AREA AND METHOD

The researcher carried out a qualitative research methodology with the study of the feasible future image using the Ethnographic Delphi Futures Research method [12]. In addition, the concept of public policy processes was applied to describe the details of the formation of the policy and stakeholders [13]- [14] -[15].

The 25 experts involved in this study were purposively sampled and divided into 3 groups: 1) 9 experts with roles and duties in the development of models and guidelines for welfare arrangements for the elderly, both directly and indirectly, 2) 10 experts with roles and responsibilities in providing welfare services for the elderly in provincial, and regional and local levels and 3) 6 academic personnel on welfare arrangements for the elderly. Criteria for selecting informants were position and experience. The research instrument was an interview which passed the quality-audited from 3 experts. The content validity index was 1.00, and the questionnaire had a consistency index of 1.00. The data had been analyzed 3 times.

The researcher carried out the first round of data analysis by synthesizing and then categorizing the data obtained from interviewing the experts.

The second round of the data analysis was carried out by using the statistical values of median, mode, the difference between median and mode, the 1<sup>st</sup> and 3<sup>rd</sup> quartile values, and the interquartile ranges in order to find the most likely trends and the consistency of the opinions of the experts. Next, the data was summarized as future practice guidelines.

This research was certified by the Center for Human Research Ethics. Khon Kaen University.

## 4. 4. RESULTS OF ANALYSIS

### 4.1 Practice Policies

Practice policies for providing welfare for the elderly are derived from related laws, such as the Constitution of the Kingdom of Thailand 1997, the Constitution of the Kingdom of Thailand 2017, the Elderly Act 2003, the Elderly Act (No. 2) 2010, the Elderly Act (No.3) 2017, and the National Elderly Plan No. 2 (2002-2021). All of these have noted the problem that Thai society is becoming an ageing society, which is indicated by constant warning signs, such as a falling birth rate, an increase in the number of elderly citizens, an increase in the operating costs for the elderly, and an increase in the dependency ratio, etc.

The ageing population problem is a clearly structured problem. The people, who are involved are from many sectors, such as governmental organizations, administrative departments, and lawmakers, who jointly cooperate in determining appropriate public policy alternatives that need to be implemented. The practice formation is in line with the public policy process in which the formation was from the elite with top-down policies [16]. The plans and implementation mechanisms cover the missions of many agencies.

Present laws and practices are determined as a broad conception without clear details of implementation. This makes it inconsistent with current situations and problems with respect to the provision of social welfare for the elderly since the concept is that the policy has been established from the upper structure of the social system, which prefers to maintain administrative and decision-making power at the central part. Although Thailand has an important law to guarantee the rights of the elderly, namely the Elderly Act 2003 and the law was revised in 2017. The law is still amended on the original basis focusing on elderly welfare by providing subsistence allowance to low-income elderly without protection measures and supporting the elderly to be able to be “self-reliant” [17]. However, Thailand has applied Buddhism and self-reliance principles to promote the quality of life of the elderly. In the past, it was applied through dharma practice places or temples as the main mechanism for enhancing the physical and mental health of the elderly or through mechanisms from government agencies that came to support and promote activities for the elderly, which are sometimes supported by external agencies that organize projects, which cannot meet the real needs of the elderly. Because the elderly have various characteristics, such as physically healthy elderly people, elderly people with mental health problems, elderly people who are bedridden, elderly people without careers living in nursing homes, and most of the operations are short-term projects with no continuity of implementation. This is because what is set up is considered to be a broad practice, which is implemented differently depending on the understanding and the decisions of the leaders in each area.

Furthermore, in some cases regional and local leaders are unable to exercise their decision-making power, but when this occurs, such cases must be sent to the central administration for consideration, which can take a long time. Ultimately, those problems cannot be immediately responded to or resolved.

### 4.2 Expert Perspective

When interviewed, 25 experts agreed that the feasibility trend for the future elderly welfare practice was at the highest level of all 5 guidelines as shown in Table 1.

**Table 1. Results of the Feasibility Analysis for the Elderly Welfare Practices in the Next Decade**

No.	Feasible trends for elderly welfare practices over the next decade	Mo.	Med.	QR.
1	Elderly welfare should be provided in accordance with social principles for all.	5.00	5.00	0.25
2	Elderly welfare should be provided in accordance with the design concept for all and thoroughly implemented in a concrete manner, especially in the public areas.	5.00	5.00	0.00
3	Buddhist concepts should be applied to the provision of elderly welfare.	5.00	5.00	0.25
4	The elderly should be promoted to be self-reliant.	5.00	5.00	0.00
5	Life-long cohabitation of individuals of all ages should be promoted.	5.00	5.00	0.00

From Table 1, the experts expressed the opinion that all five of the feasibility trends for the future elderly welfare practices were highly possible at the highest level, and the experts agreed on all of them. The feasibility trends with the highest probability and highest values of the consensus of experts were as follows: 1) elderly welfare should be provided thoroughly according to the design concept for everyone in a concrete manner, particularly in the public areas (Mo. - Med. = 0.00, QR. = 0.00); 2) the elderly should be encouraged to be self-reliant (Mo. - Med. = 0.00, QR. = 0.00); and 3) the cohabitation of people of all ages should take place throughout life (Mo. - Med. = 0.00, QR.

= 0.00). These were followed by: 1) elderly welfare should be consistent with the social principles for all (Mo. - Med. = 0.00, QR. = 0.25) and 2) Buddhist concepts should be applied to the provision of elderly welfare (Mo. - Med. = 0.00, QR. = 0.25).

## 5. DISCUSSION

1. The provision of elderly welfare is a clearly structured problem, involving many groups of people, such as government organizations, administrative departments, and legislative departments, etc. All of these participate in determining the appropriate public policy alternatives that should be implemented. The formation of the practice policy is consistent with the public policy process, which is formed by the upper class through a top-down policy that has a broad set of laws and practices that lack the clear detail of the practice guidelines. As a result, the practices are inconsistent with the conditions and problems of providing social welfare for the elderly at the present time. In other words, the policies, which have emerged from the elite, are formulated by a small number of people and do not meet the needs of all classes of people [18]-[19].

2. The concept of policy-making has originated from the upper structure of the social system that desires to maintain administrative and decision-making power within the central part. The practice of the policy is, therefore, only a theoretical concept that lacks the welfare principles in which human dignity is a main concern, in which there are design principles for all, there is the promotion of self-reliance, there is the application of sufficiency economy philosophy, and in which there are Buddhist concepts, which are used as guidelines in formulating policies, which target the rights of the elderly and access to elderly care. In addition, since the practice guidelines are considered to be a broad concept, which is taken into practice by leaders in each area, there has never been the transfer of the practice guidelines to leaders in the regional and local areas. As a result, the practices vary according to different degrees of understanding by the leaders in each area. In some cases, when regional and local leaders are unable to exercise their decision-making power, such considerations must be sent back to the central administration so that decisions can be made. The process is time-consuming, resulting in delays in responding to and resolving the problem in the timely manner. The policy-making process is complicated because there are many policy makers, which can cause a gap in policy formulation and implementation [20]-[21].

3. The feasibility trends of the elderly welfare practice guidelines in the future consist of the following: Firstly, elderly welfare should be provided according to the design concept for all and should be thoroughly implemented in a concrete manner, especially in the public areas. The design principles should focus on combining welfare with flexibility [22]. The design of the areas should also reduce dangers. Secondly, the elderly should be promoted to be

self-reliant. Thirdly, the cohabitation of people of all ages should take place throughout life. These practice guidelines were the trend with the highest probability and highest values of the consensus of experts. They were followed by: 1) elderly welfare should be consistent with the social principles for all [23] and 2) Buddhist concepts should be applied to the provision of elderly welfare through caring for the elderly with goodness, actions, and routines, such as giving alms, observing precepts, and saying prayers [24]. The concept of Buddhism aims to encourage older people to appreciate their values and to understand the conditions and laws of nature [25]. It is called "Majjhimāpatipadā". Therefore, the dharma principle in Buddhism is a Buddhist philosophy that Thais believe in and has long been followed, such as the Threefold Training (Trisikkha), the Noble Eightfold, and Brahmawihan IV. The principle of self-reliance is a principle that adopts a sufficient economic philosophy, focusing on moderation, reasonableness, good immunity, being knowledgeable and virtuous by encouraging the elderly to learn about themselves. The reason for living is to be suitable for the body, to be mindful, and to be able to live, such as through the consumption of food, walking, exercising, the daily routine, work planning, building good relationships with family and society, and emotional control. The proposed approach to Buddhism and the self-reliance of this research is focused on the elderly, and the mechanism of the group level is that families and communities that are close to the elderly requirement constant support for the elderly and the self-reliance principles. In order to promote the design of the welfare management of human dignity in accordance with the act of promoting social welfare, 2003, the elderly can live fully, with dignity and a good quality of life.

## 6. CONCLUSION

In Thailand, the elderly welfare covers 7 areas: health, housing, income, employment, education, recreation, and general social services. All experts agreed that a centralized operating mechanism managed welfare for the elderly in Thailand in health, housing, income, and employment. At the same time, the aspects of education, recreation, and general social services were jointly operated by a centralized operating mechanism together with provincial and local sectors. This mechanism reflects a diverse number of stakeholders.

The information on the elderly consistent with current conditions will make it more appropriate to analyze the need for elder welfare. However, the centralized operation's actions affect regional and local implementation. The policy is implemented differently at different levels, making it impossible to understand social conditions changes. Therefore, the provision of welfare for the elderly in the future should allow the operating mechanism in central, provincial, and local levels to be flexible in their operations. There should be a

decentralization of authority and decision-making to localities in the implementation. Due to the complications of regulations and laws, the elderly cannot understand and follow them correctly. Therefore, the law should be revised to be flexible and consistent with current conditions.

Therefore, the practice guidelines for the provision of elderly welfare in the future should be as follows:

Firstly, there should be the formation of policies from many parties using 3 networks with 3 working groups, namely one government group and 2 social groups, which would participate in formulating the practices, which include goals, resources, exchange of views, and the shared responsibilities for designing clear practice guidelines.

Secondly, the provision of the elderly welfare must be continuously driven and should not be used as a political policy for political purposes and benefits. Rather, it is a public policy designed by public participation with constant implementation in all governments.

Thirdly, relevant regulations for the provision of elderly welfare should be established and should be consistent with the principle of decentralization to local government organizations by setting clear roles, taking responsibility, undertaking the powers of action, and carrying out decision-making processes.

Fourthly, the method of planning the entire process should only be adjusted by the government. In other words, instead of providing welfare, the government should allocate subsidies to people so they can choose to receive the best welfare.

This allows welfare providers (both government agencies and private sectors) to compete in receiving the right to provide the welfare. Meanwhile, people have choices and can make their own decisions about receiving the most appropriate welfare, and they have the ability to allocate reasonable spending on the subsidies that they receive from the government so that the monopoly of administrative and decision-making power from only one party can be reduced.

## 7. RECOMMENDATION

1. To improve health welfare for the elderly, human resources should be developed for the care of the elderly at the community level. Community volunteers who care for the elderly should have practical skills. The compensation and welfare system for health service personnel should be improved because it is a difficult task that needs a lot of patience and specific skills, and it should be a pluralist form.

2. To improve housing welfare, partnership management should be encouraged among government, private and public sectors. In Thailand, there are no significant and sustainable partner welfare with government, private and public participation. Most of them are temporary and specific partnerships. The policy should be stable to continue the operations, not changing according to political changes or interest groups, or campaign policies. It will

achieve sustainability and provide continuous welfare successfully.

3. To improve employment welfare, the laws on employment should be amended. There shall be clearly defined definitions of elderly workers, types of work, and wages for the benefit of the elderly, which is the role and authority of the Ministry of Labor.

4. To improve the information management for the elderly, there should be an updated database of the elderly, and it should be information that government agencies at all levels can access. The up-to-date data can prevent disclaiming and provide the elderly with accurate information on receiving benefits. It is the Department of Older Persons' role and authority under the Ministry of Welfare and Human Security.

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