THE PUBLIC SERVICES OF THE MUNICIPALITY OF THAILAND TO IMPROVE THE QUALITY OF LIFE OF ELDERLY PEOPLE

CHAIMONGKHON SUPROMIN

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PUBLIC ADMINISTRATION (PUBLIC POLICY AND PUBLIC MANAGEMENT) FACULTY OF GRADEATE STUDIES MAHIDOL UNIVERSITY 2017

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entitled

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THE PUBLIC SERVICES OF THE MUNICIPALITY OF THAILAND TO IMPROVE THE QUALITY OF LIFE OF ELDERLY PEOPLE

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ABSTRACT

The purposes of this research were: 1) to study the potentials of municipalities to provide public services in enhancing the elderly people's quality of life 2) To compare the needs and *responses* to the elderly people's needs 3) To explore the guidelines and approaches to provide public services to enhance senior population's quality of life. The study was a mixed method research using 513 participants from 442 municipalities. Data was collected using questionnaires, analyzed and presented using frequency, percentage, mean, and standard deviation, and the statistics for testing the differences were t-test, Pair Simples t-test, and F-test (One Way-ANOVA). The qualitative method, the data were collected by in–depth interview, focus group discussions, as well as non-participation observation and analyzed through content analysis method. The results showed that 1) The capabilities of municipalities in public service provision to enhance the elderly's quality of life were at high level. From highest to lowest, the result arrays the aspects of the municipality competencies from leadership and attitudes, management system and regulations, project strategies, participation and networking, to budgeting, respectively. 2) The participants' needs were at high level. The *responses* to the elderly people's needs were at medium level. The comparison between the needs and the responses to the elderly people's needs in the public service provision showed that the elderly's needs were higher than responses that the municipality could provide at a statistical significant ($t= 19.25$, $P = .000$) 3) In regard to the guidelines and approaches to provide public service to enhance the elderly people's quality of life, the municipalities should employ multiple methods of public service provision. This included Traditional model of public services delivery by using the bureaucratic system in planning and managing projects. In addition, New Public Management model of public services delivery could be used by assigning tasks to or collaborating with private sectors. Lastly, the New Public Governance model of public services delivery emphasized on co-production of public services among municipalities and the Ministry of Social Development and Human Security, people sector and communities. The approaches included; the establishment of the Elderly Quality of Life Development Centers, foundation of schools for the elderly, Home visits by volunteers, Referral system for senior people among hospitals, and the creation of community welfares.

KEY WORDS: PUBLIC SERVICES/ MUNICIPALITY / QUALITY OF LIFE OF ELDERLY PEOPLE

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การจัดบริการสาธารณะของเทศบาลไทยในการพัฒนาคุณภาพชีวิตผู้สูงอายุ

THE PUBLIC SERVICES OF THE MUNICIPALITY OF THAILAND TO IMPROVE THE QUALITY OF LIFE OF ELDERLY PEOPLE

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บทคัดย่อ

การวิจัยครั้งมีวัตถุประสงค์เพื่อ 1) ศึกษาศักยภาพของเทศบาลในการจัดบริการสาธารณะเพื่อการพัฒนาคุณภาพชีวิตผู้สูงอายุ 2) ศึกษาเปรียบเทียบความต้องการและการได้รับตอบสนองความต้องการด้านการพัฒนาคุณภาพชีวิตของผู้สูงอายุในการจัดบริการสาธารณะของเทศบาล และ3) ศึกษาแนวทาง และวิธีการจัดทำบริการสาธารณะของเทศบาลเพื่อพัฒนาคุณภาพชีวิตผู้สูงอายุ โดยใช้วิธีวิจัยแบบผสมผสานกลุ่มตัวอย่างที่ใช้ในการวิจัยครั้งนี้ คือ เทศบาล จำนวน 442 แห่ง โดยวิธีการสุ่มแบบแบ่งชั้นและผู้สูงอายุเฉพาะในเขตเทศบาล จำนวน 513 คน โดยวิธีการสุ่มแบบหลายขั้นตอน เครื่องมือที่ใช้ในการเก็บรวบรวมข้อมูล คือ แบบสอบถาม การวิเคราะห์ข้อมูลโดยใช้สถิติการแจกแจงความถี่ หาค่าร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน และเปรียบเทียบความแตกต่างใช้สถิติ t-test, Pair Samples t-test และ F-test (One Way-ANOVA) และการวิจัยเชิงคุณภาพ เก็บข้อมูลโดยการสัมภาษณ์เชิงลึก การสนทนากลุ่ม รวมทั้งการสังเกตแบบไม่มีส่วนร่วม และวิเคราะห์ข้อมูลโดยการวิเคราะห์เนื้อหา

ผลการวิจัย พบว่า 1) ศักยภาพของเทศบาลในการจัดบริการสาธารณะเพื่อการพัฒนาคุณภาพชีวิตผู้สูงอายุโดยภาพรวม อยู่ในระดับมาก โดยเรียงลำดับค่าเฉลี่ยจากมากไปหาน้อย คือ ด้านผู้นำและเจตนคติ ด้านระบบการบริหารและกฎระเบียบ ด้านยุทธศาสตร์และโครงการ ด้านการมีส่วนร่วมและภาคีเครือข่าย และด้านการคลังงบประมาณ ตามลำดับ 2) ผู้สูงอายุมีความต้องการโดยรวมอยู่ในระดับมาก ด้านที่ผู้สูงอายุมีความต้องการมากที่สุด คือ ความต้องการด้านสุขภาพและการรักษาพยาบาล รองลงมา คือ ความต้องการด้านการมีส่วนร่วมและเครือข่ายเกื้อหนุนทางสังคม การได้รับการตอบสนองความต้องการของผู้สูงอายุโดยรวมอยู่ในระดับปานกลาง การเปรียบเทียบความต้องการและการได้รับการตอบสนองความต้องการของผู้สูงอายุจากการจัดบริการสาธารณะของเทศบาล พบว่า ความต้องการของผู้สูงอายุสูงกว่าการได้รับการตอบสนองความต้องการ อย่างมีนัยสำคัญทางสถิติ (t= 19.25, P = .000) 3) แนวทางและวิธีการจัดบริการสาธารณะของเทศบาลเพื่อพัฒนาคุณภาพชีวิตผู้สูงอายุนั้น เทศบาลควรใช้รูปแบบและวิธีการจัดทำบริการสาธารณะแบบผสมผสานควบคู่กันไป คือ การจัดบริการสาธารณะรูปแบบดั้งเดิมโดยใช้กลไกระบบราชการดำเนินงานตามแผนงานและโครงการของเทศบาล การจัดบริการสาธารณะรูปแบบการจัดการภาครัฐแนวใหม่โดยเทศบาลอาจมอบหมายหรือร่วมดำเนินการกับภาคเอกชน และการจัดบริการสาธารณะรูปแบบการบริหารงานสาธารณะแนวใหม่ โดยเน้นวิธีการร่วมผลิตบริการ (Co-production) ระหว่างเทศบาล (ร่วมกับกระทรวงการพัฒนาสังคมและความมั่นคงของมนุษย์) กับภาคประชาชน/ชุมชน โดยมีวิธีการอย่างน้อย 5 วิธี คือ (1) การจัดตั้งศูนย์พัฒนาคุณภาพชีวิตผู้สูงอายุ (2) การจัดตั้งโรงเรียนผู้สูงอายุ (3) การลงเยี่ยมบ้านผู้สูงอายุพร้อมทีมอาสาสมัคร (4) ระบบส่งต่อผู้สูงอายุที่ป่วยไปยังโรงพยาบาล และ(5) การจัดตั้งสวัสดิการชุมชน

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CHAPTER I
INTRODUCTION

1.1 Background and significance of the Problem

During the mid–20th Century, global society encountered the significant changing phenomenon of population structure, i.e. "birth rate was reduced while the aging rate was surging". Many countries are rolling into the "Aging Society". (UN stipulates that any countries over–proportionate of the more than 60–years–old population of above 10 % to the entire population; it is counted they step into the aging societies and becoming the aged societies upon the proportion grows over 20%). The aging society began from the developed countries, such as Japan, UK, and USA including many developing countries such as China, Singapore, and Thailand. They come from the advancement of medicine and public health which prolongs the life of people. Turning to be the "Aging Society" country leads to the national economy and social impacts such as the fiscal budget, public health and workforce and so on.

With the reports of World Population Ageing, United Nations, 2015, it is found that the elderly are continuously escalating. Since 2000, there were 607.1 million and they were increased to 900.9 million people in 2015 and expected to reach 1,402.4 million people in 2030. The rise of the elderly during 2000–2015 reveals that the elderly in the urban areas is greater than the rural areas at 68% compared to just only 25% in Asia. Many countries enter the aging societies like Japan and South Korea. Japan enters this age since 1970 since the Baby Boomers born during 1946–1949 has greater number and allows the Japanese life expectancy reaches 83 years old by average. At the same time, the Koreans enter the aging society since 2000 (Warangkhana Khorkiatphitak & Doungporn Phinyaphan, 2009, p.55) as table 1.1.

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Table 1.1 The rising rate of the aging in some developed countries and in Thailand

Countries	Aging Society (10%)	Aged Society (20%)	Years counted from the aging to the aged society
Thailand	2005	2021	16
S. Korea	2000	2017	17
Japan	1970	1994	24
UK	1929	1974	46
USA	1942	2014	72

Source: Angkhana Chaaywiriya (2013, p.1) and the Research and the Aging Development Foundation and the Population and Social Institute: Mahidol University (2015)

Thailand has entered the aged society since 2005 – Thailand has the aged 10.5% compared to its entire citizen or 6.6 million people (Ministry of Social Development and Human Security, 2006). It comes from the birth rate has been declining and the Thais have more prolong life expectancy because of the medical and public health advancement. The past four Thai population surveys conducted by the Office of the National Statistics reveal that Thailand accommodates the speedily and continuously rising number and the proportion of the aged. In 1994, the aged was 6.8% of the entire citizen or four million and rose to 9.4%, to 10%, to 10.7%, to 12.2% and to 14.9% or 4 million, to 5.9 million, to 7 million, to 8.2 million and 10 million people during, 2002, 2005, 2007, 2011 and 2014 respectively (The National Statistics Office, 2014).

In 2014, Thailand had 64.8 million citizens (the Population and Social Institute: Mahidol University, 2014). Among them there were 10 million aged people or 14.9% (45.1% were males while 54.9% were females) (The National Statistics Office, 2014). There are three groups by population structure–childhood population (less than 15 years of age), working group (15–59 years of age) and aging group. It is estimated that in 2017, the proportion of the Thai children population and the aged

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population will be relative (Viphan Prachaubmoh, 2013, p.2). In 2021, the proportion of the aged population would rise to 20.5% which leads Thailand entering the aged society (the Research and the Aging Development Foundation and the Population and Social Institute: Mahidol University, 2015, p.6).

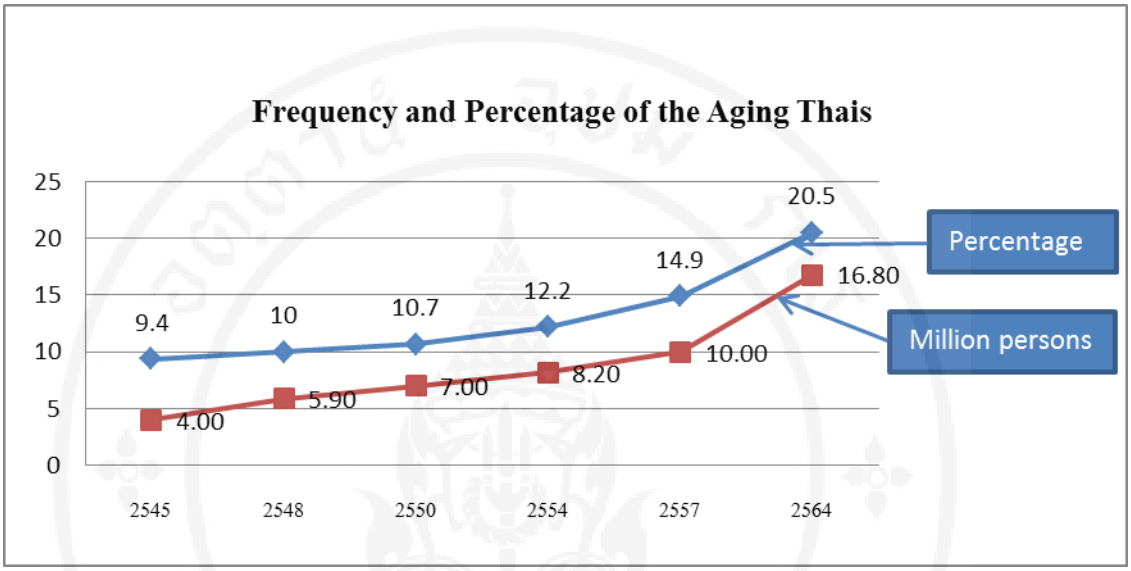

Figure 1.1: Frequency and percentage of the aged population
Source: The National Statistics Office (2014)

The risen number of the aging population affects the country at large in many ways, i.e. the budget the government has to improvised for the elderly, i.e. various pension spending, expenses of developing center of the aging society allowances, the welfare home for the aging, subsistence allowance for the aging and so on. If considering the fiscal budget specifically on social welfare, it is found that the trend is growing. The fiscal budget of 2013–2015 rose from 201,147.5 million Baht or 8.4% to 215,258.9 or 8.5% in 2014 and in 2015, it rose to 227,843.7 million Baht or 8.8% (Brief Fiscal Budgets of 2013, 2014 and 2015: Bureau of the Budget. On the other hand, the government is restricted with the fiscal budget because it is poorly capacitated on tax collection (Phonphat Burākhom, 2013, p.353). Therefore, such the financial situation might unavoidably affect its state financial security in future.

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Second, the direct impact on the aging themselves especially their low life quality reported about the aging in Thailand in 2014 (the Research and the Aging Development Foundation and the Population and Social Institute: Mahidol University

(2015) points out there are many problem of the life quality for the aging Thais. Socially, they are, at gradually higher proportion, inclined to live either alone or with their couples because the Thai households are trended to be smaller while most of their incomes are from their children followed by their working, their saving and the state subsistence allowance (Chuenta Witchawuth et al., 2010, p.10; The National Statistics Office, 2014). However, the social allowance subsidized by the government is inadequate for the living of the aging Thais (Sudarat Soodsomboon, 2014) particularly, among those who live alone. In addition, the aging encounter health problem and are risky to chronic diseases such as high-blood pressure, diabetes, and cholesterol arisen from meal–taking behavior, poor physical exercises, genes and health deterioration (Lek Sombat, Sasipat Yodpet and Thanikan Sakdaporn, 2011; Chuenta Wichawut et al., 2010, p.10) . Therefore, stepping into the aging society of Thailand signals and challenges the government and all sectors to collaboratively plan and urgently take action for them to have better life quality, enabled to lead their lives happily and seen as the family and social burdens.

Besides having the major player in politics and monopolizing public policy-making; the state plays the role in improvised basic services for people, i.e. the national defense, social order guarding, financial administration, and other public utility services (Anusorn Limanee, 2015, pp.172–173). All these missions are the governmental duties, which need being organized for public good called “public service” at the national and local levels (Nantawat Boramanand, 2011). The central governments in some developed countries decentralize to the local government or the local administration to provide public services as the second mission or what is involved with daily life the local people in order to enable the local to solve their own problems with speed and efficiency. As of Bailey (1999, cited in Shah, 2006) advocates, “A Local Administration is an institute to organize public service for maximum benefits and to leverage social quality of the local people.” Financially, the central governments of the developed countries likely high proportion allocate budgets to the local areas. For example, the European countries improvise local budgets at 27–35% of the overall state expenditures. On the contrary, some countries like Denmark allocate budgets to the local administration highly as 64.5%. As such the local administration holds duty to also supervise social allowances, which hikes the local

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expenses higher than other countries (Euamporn Phijaisanit, 2010, p.118 ; Usa Baiyok, 2011, p.153).

Thailand in the past has imposed many policies to significantly improvise allowance for the elderly, i.e. first, endorsing the coded certification of the aging rights in the Constitution B.E. 2540 (1997) and succession by the Constitution B.E. 2550 (2007) demanding the state to take action on a policy to improvise welfare and allowances of the elderly. Second, it is to bill Plans and Procedures in Decentralization to the Local Administration B.E. 2542 (1999) empowering it to service the social welfare and quality life development for the aged. Third, in 2000, Thailand has endorsed "The Declaration on Thailand's Older Person." Fourth, coding the National Senior Act B.E. 2546 (2003) stipulating the state must protect and support the elderly enabling them the rights to access health, economy and social for 10 dimensions. Fifth, it is to prepare the National Senior Plan 2 (2002–2021).

Although the public policy of the aging Thais in the past has gradually been advanced, still there are many problems found from the pursuit and evaluation of actions taken as in the National Senior Plan 2 (2002–2021) on Phase 2 (2007–2011) by College of Population Studies, Chulalongkorn University (2013, p.6). It is found that although the Thai societies and the mainstream agency much paid attention to the aging issues recently, but its success is unlikely–actions taken is retard, passive, and intangible and impractical plans. The most tangible ones for the past five years are subsistence allowances. The critical problems and barriers in taking actions for the elderly are depended upon the national leaders and discontinuity of the policy caused by the frequent changes of the government and the weakness of the aging associations.

With the evaluation of the National Senior Plan 2 (2002–2021), Phase 2 (2007–2011) (2013, p.6) and various researches (Worawan Chandoevwit et al., 2010; the Institute for Population and Social Research: Mahidol University, 2010; the Thailand Development Research Institute and the Office of Elderly Promotion and Protection, 2012; Nareerat Jitramontree & Sawitri Thayansin, 2013), there is a recommendation for taking action on the aging development that the state should support the local administration to play the role in appropriately organize the aging welfare and should promote the roles and task–competence of working on the elderly, which could be the same direction with the proposals of the Ministry of Social

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Development and Human Security (2005). On the proposal of social welfare is "The state should systematize the mainstream and secondary welfare through organizing the local social welfare" which integrates between the mainstream and the secondary social welfare. In addition, many researches propose to drive the policy of the aging person that "the state should encourage all sectors to involve in working on the elderly" through upgrading the capacity of the community, the community organizations, the aging association, the educational institutions, churches, religious organizations and the grouping of the elderly into the network parties in order to drive developments at the community levels. This includes driving motivational measures for business organization to invest in developing communities and societies in terms of social responsibility and tools in developing the capacity and life quality of the elderly (Worrawan Chanduoywit et al., 2010; Lek Sombat, Sasiphat Yodpetch and Thanikarn Sakdaporn, 2011; Sudarat Soodsomboon, 2014; Nareerat Jitramontree & Sawitri Thayansin, 2013; Kanyanat Phaaikham, 2014). Such welfare improvise is called "Holistic Model" emphasizing collaborations from various sectors stressing integrated working through linking multiple models from the mainstream and secondary patterns (Ministry of social Development and Human Security, 2005).

The National Statistics B.E. 2557 (2014) segmented the elderly into two groups, i.e. the municipality residents and outsiders and their population data from 1994, 2002, 2007, 2011 and 2004 reveal that the elderly in the municipality are likely incremental to 18.9%, 31.0%, 28.0%, 33.5% and 40.9% respectively. At the meantime, the proportion of the outsiders in the same municipality tends to decrease during the same periods, i.e. 81.1%, 69.0%, 71.4%, 66.5% and 59.1%, respectively. Part is coming from the migration to urban cities for working and residence. The consequences are the population density in the municipality and the latent population does not move their residential registration. But significantly, it is it might affect the quality life of the elderly residing in the municipality areas where the urban communities are.

The Local Administration Organization is part of the government sector but with different characteristics from the central government. For example, The Department is a vertical administration with narrow functions but the local administration organization is lateral and closed to people, problems and an area–

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based agency covering the local public services in all aspects. They affect the life quality of many people groups such as children, women and the elderly (Direk Patmasiriwat, 2009, pp.263–264). The municipality is the area with economic growth located with government agencies, trading and commercial areas. Being the state agency demanded to localize the policy; the municipality is a local administration organization transferred with functions by the Act to stipulate plans and procedures of decentralization to the Local Administration Organization B.E. 2542 (1999) to fulfill the duties of improvising welfares and to promote the life quality of the elderly. Also its strength is budget–highest proportion of earned from fees compared to the provincial administration organization and the subdistrict administration organization (Wuddhisarn Tanchai et al., 2015, p.9). Therefore, with the strength of the municipality on revenues and laws specifying authority and duty to organize public service for promoting the quality life of the elderly attracts the researcher to conduct a research on "The public services of the municipalities of Thailand to improve the quality of life of elderly people." In order to investigate the extent the municipality readiness and any approaches to organize the quality life service of the elderly. The researcher expects that this work would earn recommendations on policy and practices to the Thai state sector in policymaking and the approaches to address the municipality public service provision for the elderly acquiring the good quality life in future.

1.2 Research Questions

1. What are the capacities of the municipality in organizing the municipality public service provision for the quality life of the elderly?

2. To what extent do the capacities of the municipality public service provision for the quality life of the elderly to meet their wants and the differences between the wants and the responses of the municipality to the elderly?

3. What should be the guides and approaches in organizing municipality public service provision for developing the quality life of the elderly to respond to their wants?

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1.3 Research Objectives

1. To study the capacities of the municipality public service provision for the quality life of the elderly;

2. To compare between the wants with the responses to municipality public service provision for the quality life of the elderly by the municipality; and

3. To investigate the guides and approaches in municipality public service provision for developing the quality life of the elderly to respond to their wants.

1.4 Scope of the Study

1. Content: the study of the "The public services of the municipalities of Thailand to improve the quality of life of elderly people" is an investigation on the capacity of the municipality public service provision for the quality life of the elderly meet their wants and the differences between the wants and the responses of the municipality to the elderly including the specification of its guides and appropriate approaches to municipally develop the quality life of the elderly.

2. The Study Duration: December 2015–September 2017

3. The Sites: three municipalities – city municipalities, town municipalities and the subdistrict municipalities of the five regions in Thailand: the North, the North–East, the Central, the East, and the South.

4. Population: all the three types of municipality in Thailand, i.e. city municipalities, town municipalities and the subdistrict municipalities and the elderly and their relatives/ their caretakers.

1.5 Definition of technical terms

1.5.1. Municipality Public Service is referred to actions taken of the municipalities to provide public service on (1) action taken by the municipality itself, or (2) private sector–cooperated municipality, or (3) civil/community and NGO–cooperated municipality according the authority vested by laws for public good.

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1.5.2. Local Administration Organizations is referred to the organizations established by the government coded to be the juristic body embodied with the local council and the local administrators directly elected by the local authorized to manage its own locality. The present local administration organizations are the local administration organizations of the province, of municipality, of the subdistrict, of Bangkok Metropolis, and of Muang Pattaya.

1.5.3. Municipality is referred to a commonly local administration organization established by the Municipality Act B.E. 2546 (1953). Municipalities are classified into three types according to size of population i.e. City municipalities (thesaban nakhon), Town municipalities (thesaban mueang) and the Subdistrict municipalities (thesaban tambon) structured with municipality council holding the legislative duty while the Mayor holds the administrative duty and being directly elected by the local and having the staff fulfilling the routine mission in order to provide public services.

1.5.4. Capacity is referred to competency and preparedness of the municipality in utilizing the internal resources and collaborating with external organizations to fulfill its policies and authorities stipulated by law in order to achieve the organizational goal through being assesses by five aspects, i.e.

1) Leadership and attitude are referred to administrators with knowledge and ability to indicate directions and goal of the organization, embroiled with determination and sparking morale for the personnel in working to achieve the goals, ability to find new approaches for working, dare to make decision and able to build network to use resources for developing the elderly for successive effectiveness.

2) Finance and Budget are referred to the competency of the municipality on taxation and subsidies from the central government and the sought for budgets from other sources in its allocation into activities and the projects for developing the quality life of the elderly.

3) Strategies and Projects are referred to the strategic plan and annual action plans dressed with activities/ projects of the elderly input in the plans and they have been applied assessed for job development.

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4) Administrative System and Rules and Regulation are referred to systematizing administration to meet the missions of the elderly such as the personnel administrative system, and corporate culture to meet the tasks, having clear laws, rules and regulations, having agencies directly authorized with responsible duties and having personnel development plans on social welfare.

5) Involvement and Networking are referred to mechanization built by the municipality with various sectors to promote the tasks on the elderly styled by the municipality and other networks either formally, e.g. MOU, Contract and other approaches or informally, e.g. seeking collaboration, educational excursion and so on.

1.5.5. Quality of Life is referred to the good living condition of an individual measured by the good physical healthiness and good mental health, educated, and trained for applying in moderate living and having basic means for living including to have social supports enabled to live happily comprised of five elements, i.e.

1) Heath and Medication are referred to having good physical health and good metal health while being able to access the fundamental health services for medication such as annual medicinal checkup and included the public health service center for the elderly.

2) Education and Learning are referred to the community learning centers, IT service centers for the elderly including training to provide appropriate knowledge for the elderly in life spending.

3) Economy and Earnings are referred to career training and development with career promotion by their capacity, earning adequate subsistence allowance and having the community welfare funds and saving promotion for senility.

4) Basic Means for Living and Activity Venue are referred promotion to acquire basic means for living, i.e. shelter, food, medicine, dress and public park and social service centers/ venue to organize activities of the elderly.

5) Social Involvement and Supportive Network are referred to the encouragement by the municipality for families to involve in working about the elderly including to build network with various sectors either formally such as MOU or informally such as seeking cooperation to support the elderly.

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1.5.6. The Elderly is defined as the Thai nationality people aged 60 and over either male or female residing in a municipality. They are divided by their capacity of doing routine work into three groups, i.e. (1) first, the social–bound group is referred to the healthy elderly and favors social activities, self–reliance and able to help others while being able to participate social activities. (2) Second, home–bound group is referred to the elderly who can help themselves in some affairs but reserve with limitations to participate in social activities. (3) Third, bed–bound or the bedridden group is referred to the helpless elderly with chronic diseases and disables to participate social activities.

1.6 Expected Benefits

1. To acquire useful information in developing adequate capacities of the municipality public service provision for the better quality life of the elderly;

2. The Municipality, the Department of Local Administration and the Department of Older Persons can apply the findings as guides in developing the policy of the Thai elderly.

3. To earn data to be as guidelines in policymaking for municipality public service provision on developing the qualify life of the Thai elderly.

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CHAPTER II
LITERATURE REVIEWS

In the study of "The public services of the municipalities of Thailand to improve the quality of life of elderly people", the researcher had probed documents, textbooks, the related researches and collated them for analyses, syntheses and summarization. They have been divided into six parts. First, it involves the concept of public service arrangement. Second, it engages the concept of the public sector administration. Third, it engrosses the concept of quality life and welfare management for the aging. Fourth, it rivets the concepts of decentralization to the local administration organization and the municipal roles of developing the quality life of the aging. Fifth, it occupies related researches and sixth, it summarizes the research conceptual framework. Details are presented as below.

2.1 The Concept of Public service provision

Here occupies the investigations of the public service provision of Thailand and in abroad comprising its meaning, types, organizations managing the public services and the Thai public service arrangement.

2.1.1 The Meaning of the public service provision

The public service arrangement is the direct duty of the state to improvise for people residing in the country for their safety and facilitating their daily living (Nantawat Boramanand, 2011, p.24). The state is the key in the public service arrangement. However when economic status, social and political conditions have changed; the state have to change its methods in organizing public services through optimizing alternated organizations to share in its management in order to increase its efficiency such as by private organization, the state enterprises, public companies and other forms of the organization and so on.

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With literature reviews on the meaning of the public service arrangement, it is found that it has been defined by two groups of scholar, i.e. the public law group and the public administration group. They are briefed as below.

The First Group: The Public Law Group–key men are such as Prayoon Kanchanadul (1995, p.108), Nantawat Boramanand (2011, p.342) and Manit Jumpa (2013, p.107). They explain that the public service provision is the functioning activities under the direction of the state. They are the central administration, the regional administration, the local organization, the public organizations, the state enterprise and the activities the state has assigned some portion to the private organization to take action but under the state or the regulatory administration. As such, functioning the activities to meet the needs of people in common or some parts are non-profit aims such as transportation, education and public health and so on.

The Second Group–they are the public administration scholars such as Shah (2005), Pratchaya Wesaratch (1997, pp.6–7), Pathan Suwannamongkol (1998, p.7), Orathai Kokpol (2009, p.4) and Patcharee Siroros (2013, p.296) define that it is the organization made by the state about the allocation and the distribution of the state resources for the public benefits and to meet their needs functioned by the state itself or hiring private organizations on its procurement.

If the public administration paradigm has been applied to define its meaning; it can be divided into three (3) definitions (Piyakorn Whangmahaporn, 2013, p. 41–42; Denhardt & Denhardt; 2000, p.549–559; Osborne, 2010; Christensen, 2012; Needham, 2007, Brandsen & Pestoff, 2006) as below:

The First Definition: it has been based on the traditional public administration-directly functioning activities of the state through the hierarchical regulatory line of command. The state authority or the state officials being the implementers of the policy have to respond to the politicians who become the public administrators and the policymakers.

The Second Definition: it is based on the concept of the new public management (NPM) – the state functioning activities by itself or by its state agencies or assigning any private sectors or by the state sectors cooperating with the private sectors. As such, the state supervises the private sectors. The state authorities respond

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to the drives of the markets. The state authorities take action and design business enterprise to increase productions and create satisfaction for the people (clients).

The Third Definition: it is based on the new public governance – the functioning of the state incorporate with other sectors, i.e. private sectors, civic sectors and public or community sectors through allowing the other sectors or sometimes called the third sector to participate in the public service arrangement in order to deliver it to the people through the mechanism of "network and partnership". The state authorities change their roles from directing or controlling into the providers of information, facilitation, support and spacing for the citizen to have platforms for exchanging their knowledge, and opinion in order to seek common public interest. The state authorities are not the business owners but he people who own the government and the resources. The state is responsible for servicing people and as the coordinator and the facilitators for its citizen.

From the definition of both scholar groups as above; it could be concluded the "public service arrangement" is contained with three (3) characteristics, i.e.

First, the "public service provision" is the distribution and decentralization of the existing resources by the state regardless the budget, the personnel, lands, technologies and so on. This is to function activities subject to laws or the government to equally distribute to people in various sectors in the country for the purpose of leading to the peace and order of the societies and to enhance people for better quality of life.

Second, the public service is to function activities or to organize services in many characters, i.e. (1) the major organizing services by the state which might be functioned by the central administration (the federal government), the regional administration (States in some countries), the local administration or government, the state enterprises, and public companies. (2) The state might stipulate other alternatives in organizing its public services to increase their efficiency characterizing in the partnership with private sectors or co-production with people such as the civil sectors and communities under the state regulatory.

Finally, the main goal of the public service is to respond to the needs of people or for the public good either physically or mentally.

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In the case of, the currently organizing service for the aging it is compliant with the concept of the traditional public administration. That is the state is the key in functioning through the central agencies which are the Department of Older Persons, the Ministry of Social Development and Human Security, and the Local Administrative Organization. There is an initiative to embrace the concept of new public management (NPM). At the same time, the government allows public sectors engagement such as promoting an establishment of "the Aging Association" within their communities and so on.

2.1.2 Types of organizing public service

It is divided into many types, which are depended on the criteria of its categorization and major ones re as below.

1) The state mission-based public service (Nantawat Boramanand, 2011. pp. 80–81) is possibly divided into two types, i.e.

1.1) The administration–based public service, it involves the activities by nature are the imperative duty of the administrative department to respond to the needs of people. Most of these activities would be safeguarding their safety and peace. The majority of these public services improvised by the state for people are free of charge. In addition, the content of the administration–based public service is the specific duty of the administrative department, which requires special techniques in functioning including its "Special Power" to improvise public service. Consequently, this type of public service cannot be allocated to other or private organizations to take action such as the affairs of keeping internal peace and order, the national defense and finance and so on.

1.2) The industry and commerce–based public service, it is characterized in running the industrial and commercial activities: production or goods distributions and services which private sectors can do and the functions are similar to running the private activities–focusing on commercial service charges for self-fed without relying on the national budget. If profits there be, they would be delivered to the national income. These types are mostly run by the state and they are allocated to the state enterprises.

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2) The state basic mission-based public service is divided into two types (Prayoon Kanjanadul, 1995, p.108), i.e.

2.1) The basic mission is the major basic public service which every state must take action and cannot be ignored because it is the main assurance for basic security and safety of the state. This type of the mission involves the prevention of disputes arisen, safeguarding the order, peace and security within communities and internal security, security of external intrusion such as incursion of foreign military forces along the territory and so on. This mission also includes retaining security and economic stability incorporated with international relations. This basic mission is usually the state affairs for free when people need not directly pay. The state will not allocate them to other organization or the private sector to organize such services.

2.2) the secondary mission of the state is the task or public service organized to promote quality of life and the existence of people with more security and safety. This type of the mission is educational service, organizing welfare, medical service, transportations, sports promotion, cultural promotion and conservation and the public consumption protection and so on. This type of public service can be charged with fees but not for profit. It can be disseminated or assigned to other state agencies or private organizations to take action while the state will be the supervisor to meet the standards, which will benefit people.

2.1.3 The key criteria of the public service arrangement

The major basic criteria of public service arrangement involve three (3) principles, (Nantawat Boramanand, 2010, pp. 350–359; 2011, pp.85–95) i.e.

1) The principle of egalitarianism: it affects the public service and the primary key in its organization because of the state improvises public service aiming at the public interest rather than specifically for someone but for all. Any affairs does the state specifically organize for someone is not the public service arrangement. Every one owns the rights to be treated or benefited from it with equality. The equality here is the equalitarianism to be equally treated either service fees or the service itself, equality to become the state partner in tender for common people to compete with others in order to become the state partner. This includes equality to

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work with the state in admission test to rival with other individuals under some conditions of qualifications on knowledge and basic capability.

2) The principle of continuity–due to public service is the indispensable affair for people; therefore if it is derailed by any causes; the people who are recipients will suffer or be detriment. To this cause, public service is inevitably consistent in taking action. However, this continuity is flexible but the some type of public service must be stable such as internally and externally keeping peace and order in a country. Whereas some type of it is unnecessarily static but it is needed regularly organized through some criteria and conditions. For example, a museum can specify the open and close time. Education can specify learning days and annual leaves.

3) The principle of change–good public service must always be amendable to meet situations and governing necessity to retain public good including to improve to meet the evolution of the common needs from people. This principle is referred to the improvement of public service to always meet the clients so that the public service improvised by the administration responding to the needs of people or the benefit of the mass.

With the categorization of the public service under the basic mission of the state, it is concluded that public servicing for developing the aging quality life becomes secondary. The mission which the state might run by itself or might assign it to other agencies such as private sector to function it for developing the quality life for people to acquire security and safety under the state regulatory adhering to law and standards specified by the state. However, it must abide by the principle of public servicing: egalitarianism, continuity, and change.

2.1.4 Public service arrangement

Generally, most public servicing, the state will organize through using an agency within the Department of Administration but later it has been decentralized to the locality for servicing including establishing an organization with specialty to organize specific public service. As such, it needs workforce, finance and advanced technology. However, such public service by its conditions, the state itself needs not do it but delegates it to the private sector to organize but supervised by the state that its meet the same state standards (Nantawat Boramanand, 2011, p.97). For example,

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the state delegates educational organization and medication through private hospitals and so on but under its regulatory. In addition, some public services cannot be efficiently organized by the state; it has to cooperate with other sectors because they can effectively handle public problems. As such, there is collaboration between the state with the private sectors and civil societies. The public service arrangement is thus divided into three (3) types (Nantawat Boramanand, 2009 A, pp. 53-71 ; 2011, pp. 97-111; Somsak Samukkhethum, 2014; Patcharee Siroros, 2014; Osborne, 2010 ; Cheema,2004 ; Pierre & Peters, 2000). They are:

1) The state–organized public service: it must be under the conditions to be organized by the state only or it is necessity and significantly prevalent to people in general. It is divided into two (2) types: the national level public service and the local level public service.

1.1) The national level public service is what the state has to organize nationwide, which are the security affairs and the social peace and order affairs including social and economic development. It can be divided into seven (7) types, i.e. justice affairs, social safety, national security, education, social affairs, culture, and tourism.

1.2) The local level public service is what the law stipulates to be subject to the local administration organization. For example, in France, there are two types. First, The national level public administration: there is an assignment for the local government to handle it and public service, which is the duty of the local government. There are three levels in France, i.e. the municipal level, the provincial level, and regional level. A law has divided their duties and types of the public service which each type of the local government has to handle. The local level public services are divisible into four types. First, it is the sanitation service such as improvising clean water, and collecting wastes. Second, it is the economic service, such as production and distribution of energy, markets and transportation. Third, it is the social and educational public service, such as social welfares for children, the cripples, the aging, and basic education. Fourth, it is the cultural service, such as curating museum, the national archives, and archeological sites.

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2) The private–organized public service: they are some services that the state might not organize but assign: the private person" to handle them but subject to

the state regulatory such as services with agreement, services with contracts and so on. This is to aim at the efficiency of the public service arrangement improvised for people. Allowing the private body to administrate public service could be in two cases, i.e. direct participation and indirect participation.

2.1) Direct Participation – there are private involvements in the state–organized service with various methods, i.e. election, advisory board, and private–opinions.

2.2) Indirect Participation–there are private involvements delegated by the state because some affairs might need large amount of investment capital or special experts, which the state is unable to complete with efficiency. At present, the private person directly participate in organizing public service in the cases of

(1) Concession–a contract which the department of Administration grants it to organize public service with investment and taking risk by itself. The private person agrees to pay remuneration to the state and it can collect the service fees from clients of the concession, e.g. the concession of expressway construction and permits of collection the pass fees and so on. However, the concession granted must not be the public service of security or safety.

(2) Professional Organization–a private organization which holds the national warrant authorized to control the discipline of the professional practices through variety of measures such as regulating the professional obligations, deliberate issuance of professional license, deliberate penalization upon wrongdoings and deliberate termination the license. In Thailand, such organizations are such as the Lawyer Council, the Council of Engineers and the Bar Association of Thailand under Royal Patronage and so on.

3) The public-civic/community public service–it is the public service which the state collaborate with the civic sector or community or otherwise it is called “co-production”. It is a new model of public service emerged in Europe (Bovaird, 2007, p. 847, Pestoff & Brandsen,2010; Arunee Santhitiwanich, 2014, pp.627-628). Meaning, it is the public service organized by the state, citizen and community under the state as the service provider and the citizen as the clients (user), consumer and the proprietor. It is aimed at to broaden the quality or the quantity of the

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state service. This concept is to alter the public service from the traditional one with reference to the state formal authorization into a new organization with a common goal and characterized with a process of network co-production involved with the state, the private person, the civic sector and the community to share the complex relationship of public issues. It may otherwise say the new model of public service is a public administration transit from hierarchical government to more horizontal governing rather than any longer being monopolized by the state alone (Patcahree Siroros, 2015, pp.82–87). It is however a public service arrangement characterized by offering opportunity for various sectors either the public sector or the private sector or civic sector to share the distribution of the public service in the area in order to achieve their own objectives through trust and reciprocity (Rhodes, 1996).

2.1.5 The Thai Public service arrangement

2.1.5.1 The Development of the Thai Public service arrangement

It has long been developed but apparent during the reign of His Majesty Chullachomklao, Rama V who reformed bureaucracy by establishing ministries in 1887 to modernize and westernize the country. The Thai public service arrangement has been continuously developed and changed in both models and methods in order to meet the economic, social and political changes. The service could be briefed into four (4) phases as below (Peeraporn Boonyaratphan, 2003, pp.24–34; Nantawat Boramanand, 2011, pp.363–365; Piyakorn Whangmahaporn, 2013, pp.43–57).

1) Before 1957: the Era of State Service Monopoly – this era is witnessed in the early Thai Laws in monopolizing and solely restricting public service arrangement such as the Trade Control for the Affairs Affecting the Public Safety and Peace Act B.E. 2471 (1924) during the reign of His Majesty Phra Pokklao.

After the change of absolute monarchy to democracy in 1932, a Constitution an absolute law of the country has been drafted to regulate the national administration. The first Thai Constitution is “The Statute of Temporal Administration of the Kingdom of Siam B.E. 2475 (1932). From this constitution, it entails the draft of “The Statute of Administration of the Kingdom of Siam B.E. 2476 (1933)” during

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the administration of Col. Phraya Paholpolpayuhasena (1933–1937). It has divided the administration into the central government, i.e. ministries, ministerial affairs, and departments; the regional administration, i.e. provinces and districts; and the local administration, i.e. municipality or inter–municipality (the combination of many municipalities for some affairs). As such, the Constitution obviously alludes "The State Policy" for the first time through specifying the state duties in public service arrangement in the "Constitution of the Kingdom of Thailand B.E. 2475 (1932), amended B.E. 2495 (1952). The state duties are to "keeping domestic peace and order, supporting private persons to initiate economy and public affairs, systematizing education and health promotion." In addition, here is an enactment of the "Municipality Obligation Act, B.E. 2476 (1933)" in order to complete public service arrangement for the local people.

Later the administration of Field Marshal Por. Phibulsongkram (1938–1957) has terminated "The Statute of Administration of the Kingdom of Siam B.E. 2476 (1933)" after it has been enforced for 20 years and replaced by the "The Statute of Administration of the Kingdom of Siam B.E. 2495 (1952)". The reason is to organize public service: decentralization with speed and administrative efficiency while improving the local administration which gives rise to "Provincial Administration Organization or PAO". It has been billed into "The Statute of Administration of the Kingdom of Siam B.E. 2498 (1955)" and municipality according to the "Municipality Regulation Act B.E. 2496 (1953) and so on. In addition, it is for restoring economy and social for better advancement, for organizing activities of public good in economy or to help the livelihood. And in improvising services for people, the government has enacted the "Establishment of the Government Organization Act B.E. 2496 (1953)". This law offers an opportunity for the administrative department to establish organizations or agencies to handle the duties to organize public service or called the "state enterprise". It entails many state enterprises in 1955 such as the Glass Organization, the Battery Organization and the Tannery Organization.

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2) During 1957–1977: the Age of Public Service Expansion by Government Agencies and the State Enterprises – after the end of the administration of Field Marshal Por. Phibulsongkram since 1957–1977 under the junta

of Field Marshal Sarit Thanarat (1959–1963) and Field Marshal Thanom Kittikachorn (1963–1973) and under weak administrations with short terms, i.e. the administration of Sanya Thammasak (1973–1975), the administration of Mom Rajawongse (MR) Kuekrit Pramot (1975–1976) and the administration of Mr. Thanin Kraiwichian (1976–1977).

During this age, the public service arrangement for people is resumed. The government offices or by the state have been expanded with offices and the number of bureaucrats and employees are much rising during 1969–1979. The 113 government departments rose to 131 departments. The sub Departments has been expanded from 827 offices into 1,264 sub departments. Bureaucrats rose from 434,000 personnel into 788,000 personnel or almost 7% a year while the national population rose just 2.23% a year. In addition, the permanent employee were rapidly rising from 93,000 personnel in 1967 to 190,000 personnel in 1979 and the part-time employees rose from 80,000 personnel in 1976 to 315,000 personnel (Office of the Cabinet Secretary, 1980:2–13).

At the meantime, after Thailand has announced the First National Economic and Social Development Plan B.E. 2504-2509 (1961– 1966) to the Third Ones B.E. 2515–2519 (1972– 1976) focusing on the national infrastructure development such as roads, water supplies, and electricity. 26 state enterprises have been established to provide the public utility services of energy, transports and social and technology for people such as the Provincial Electricity Authority (1960), the Pharmaceutical Organization (1966), the Metropolitan Waterworks Authority (Thailand) (1967), the Electricity Generating Authority of Thailand (1969), the Industrial Estate Authority of Thailand (1972), the Bangkok Mass Transit Authority (1976) and so on. Therefore, during this period, it accounts the maximum expansion of public services by the state under the form of the state enterprises.

3) During 1978–1997: the Birth of Public service arrangement under Public Companies and Special Agencies–during this period there was a promulgation of the Government Administration Act B.E. 2534 (1981) the state was the key in the public service arrangement. They were the Central Office, the Regional Office and the Local Office. Significantly, Thailand began establishing public organizations enacted by specific laws such as the Health System Research

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Institute (HSRI), Ministry of Public Health under the Health System Research Institute Act B.E. 2535 (1982), and the establishment of the Office of the Thailand Research Fund (TRF) under the Thailand Research Fund Act B.E. 2535 (1982) and so on.

The public organizations established involved 1) the public organization directly under regulatory of the Prime Minister such as Thailand Professional Qualification Institute (TPQI) and 2) the public organization directly under regulatory of ministries such as the Princess Maha Chakri Sirindhorn Anthropology Centre (Public Organization), Ministry of Culture and the public organization established under specific laws such as the Office of Small and Medium Enterprises Promotion, Ministry of Industry under the Office of Small and Medium Enterprises Promotion Act B.E. 2543 (2000).

As of the agencies of special service units, i.e. the Institute of Good Governance Promotion under regulatory of the Office of The Public Sector Development Commission (OPDC), and the Cabinet and Royal Gazette Publishing Office (CGPO) under regulatory of the Office of the Secretariat of the Cabinet.

4) During 1998 – Present: the Era of Public service provision with Diverse Models – under the Thai economic crisis in 1997, it led to many reforms of the public administration under the significant mechanism of "The Constitution of The Kingdom of Thailand B.E. 2540 (1997)" which mattered many public service provision as below.

First, "the government service is still the key in the Thai public services." The reforms of the government system in 2002 during the Pol. Lt. Col. Thaksin Shinawatra administration (2001-2006) though laws have been amended on the government administration, i.e. the Organization of the Government of Thailand Act, and the Reorganization of Ministry, Sub-Ministry, and Department Act B.E. 2545 (2002) for the government administration efficiency and effectiveness. However, the public service arrangement of Thailand still mainly resumed under regulatory of the government service through having reorganization of the ministries from 14 ones to 20 ministries including the government services of not under regulatory of the Office of the Prime Minister and the ministries or the sub-ministries.

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Second, "increasing the roles for the local to organize public service"; the Constitution of the Kingdom of Thailand B.E. 2540 (1997) stipulates a

Section of the local administration (Section 9) and decentralization in order to empower it for public service more for the purpose of promoting its self–dependency and decision-making for its affairs. Later, there was many improvements in the local administration such as upgrading the sanitation status and the establishment of municipality under the Change of the Sanitary Status into Municipality Act B.E. 2542 (1999), the Improvement of the Municipal Law, the Provincial Administration Organization, the Sub–district Administration Organization and the Pattaya City Organization to meet the provisions of the Constitution B.E. 2540 (1997). For example, there were an amendment to allow the local council members and its administrators to come directly from public election. The important thing is the enactment to stipulate the Plans and Procedures of Decentralization Act B.E. 2542 (1999) to empower the local administrations on public service arrangement for the benefits of the local such as educational organization, public health, the infrastructure, career and tourism promotion, social welfare organization and the quality of life development for children, women, the aged and the disadvantageous and so on.

Third, there was an enactment of the Public Organization Act B.E. 2542 (1999) which is the non–government units but a juristic person and the non–profit organizations. As such, if the government designed any specific action plans or policies to organize public services, it might establish special units to maximize resources and personnel but the public organizations were under regulatory of the administration.

Finally, the public service arrangement of Thailand run by the government offices, the state enterprises and the public organizations; the government offices corporate with private sector and the civic sector in organizing public service for servicing people such as the Public–Private Partnership: PPPs. Such model is subject to the Public–Private Partnership Act B.E. 2556 (2013) (Kongkwan Sila, 2010). As of the public service arrangement the state allocates the civic participation called the “Participatory Governance” at the top level in terms of “top public-private participation”; it is not just contributing opinion but to participate in identifying problems, decision making, running projects and evaluating the state performances (Patcharee Sirosos, 2009, pp.301–302).

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2.1.6 Problem of the Thai Public service provision

Though it has been persistently developed to diversely meet the needs of people but it is still found that the public administration is encountering many problems of its administration. It could be summarize into two issues, i.e. the national and the local levels in public service arrangements.

2.1.6.1 The national level in public service provision (Nantawat Boramanand, 2011, p.13), i.e.

1) The unsystematic of the laws related – there were many types of laws to its establishment regarding the Acts, the Royal Decrees and the Cabinet Resolution which created absence of connection and brought repetitiveness in the public service provision.

2) The problem of inefficiency coming from diversity of organization which improvises the public service which weaken the efficient state regulatory. At present, there are government service units, the state enterprises, the special public organizations and the private sectors. For example, some types of state enterprise are facing continuous loss which affect the state budgets for these administrations.

3) The problem of the policy discontinuity such as in some periods the government increases the private roles to public service provision imposing the policy of privatization but in some periods the government reduces private roles. In addition, there are political interference in the state enterprise administration.

2.1.6.2 The local level in public service provisions (Kowit Puongngarm, 2006; Rossukol Rattanasermphong, 2011, pp.15-7-15-8; Direk Patmasiriwat, 2014, pp.197-198; Weerasak Krueathep and Jakkrapong Noodam, 2014, p.617), i.e.

1) The problems of overlapping and repetitiveness in the organization by the central and the regional administrations – the Thai provincial areas are facing the overlapping of public service arrangement between the regional administration with the local administration such as provinces with the provincial administration units having its chief appointed by the central administration and the

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provincial administration organizations having its chairpersons from direct election by people in the provinces and so on.

2) The problems of local power and structure in public service provision– at present the central government cannot appropriately decentralize its power to the local especial the financial decentralization, which most budget is relied on the central government with the area discrimination where there is different growth of economy. It restricts the local on public service administration. As of the structure– the Thai local administration organization has modeled its administration with various types and is different from the developed countries such as Japan where it embraces just only the provincial and the municipal administration.

3) The problems of corruption and transparency – from assessing the public opinion towards the local administration on trust and transparency, it is found that it is unlikely satisfactory. People of various sectors still distrust its transparency and corruption. The study of Kowit Puongngarm (2006) reveals that most corruption in the local administration is with the budget, accounting, purchasing and financing. The root is the local administration disregard the regulations and excuses that it does not know on preparation and not preparation. In addition, in the case of personal corruption, it is found that some local administrators and its council members are cronyism and nepotists on purchasing.

2.2 Concepts and Theories of Public Administration

This section will discuss on the concepts and theories of public administration to explain the development and the phenomenon or the situations of the Thai public administration have dynamic changed. Thailand has embraced many forms of public administration for public administration to be applied for people in various phases by the changes of the contextual situations on economy, social and politics in the Thai and the global contexts.

Considering the paradigms on the studies of public administration, they can be divided into three phases of the public administration theoretical development (Robinson, 2015 b,p.4; Osborne, 2010) as below.

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2.2.1 Traditional Public Administration: (TPA)

TPA has been developed under the public administration context of the19th Century and the early 20th Century and has been accepted and popularly peak during 1945–1979. Therefore, PA has high influence over the public administration since 19th Century and could be applied in solving problems well of the previously inefficient public administration and cronyism including creating the state large size government system (The Research and Consultancy Institute of Thammasart University, 2013, p.34; Somsak Samakkheetham, 2014, p.35). During this period there were four theories applied for public administration, i.e. The Politics/Administration Dichotomy advocated by Woodrow Wilson (1926); Bureaucracy postulated by Max Weber (1949); The Scientific Management contended by Frederick W. Taylor (1911), and "POSDCORB" proposed by Luther H. Gulick and Lyndall Urwick (1937) (Pittaya Borwornwatttana, 2013, p.11).

The traditional public administration is characterized as 1) strictly following the authority and duty stipulated in laws, rules, regulations and obligations through various established government agencies. (2) There is likely evident stipulation of roles between politicians and government officials – politicians design policies while the government officials hold their main duty to implement the policies through recruiting and appointing the personnel by mainly considering the qualification meeting the jobs and being the specialized professional. (3) In public service arrangement, the officials are responsible for the elected politicians but they are restriction in applying discretion. (4) All the government projects have to abide with hierarchical bureaucracy with top-down administration. (5) The public organization is a closed and formal system, therefore it limits people to participate and the core values of the organization are efficiency and rationality (Denhardt and Denhardt, 2007, pp.11–12; Robinson, 2015 b, pp. 5–6; The Research and Consultancy Institute of Thammasart University, 2013, p.34). Since, here were formal studies of the public administration in 1887, it could not be rejected that PA has been popularly implemented in the government organization at all levels specially, the Weber-based bureaucracy either in the security affairs or transportation or public health and so on. However, the world situations have been moved into globalization and the public service conditions become more complex. The "Bureaucratic" administration system

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based on traditional public administration unlikely solve problems with efficiency since 1970 because it likely over adhere to strict rules and regulations creating red tape, and absence of flexibility but focusing more on process rather end-results. It delays working and does not respond to the diversified needs of people. Therefore, it cannot meet the changing situations which consequently erodes its popularity (Jumphol Nimpanich, 2010, pp.75-85; 1983, pp.6–11; Cheema, 2004, p.2). Though TPA has much weakness, but it is accounted as a vital theory which is the fundamental history of the public administration for the following age, and it has been the conventional rules and regulations but becomes more flexible to situations. In short, under TPA, the public sector is still playing its leading roles and duties in the policymaking and the distribution of the public resources.

2.2.2 New Public Management: NPM

The application of bureaucracy in many countries as the mechanism in the public administration during the end of the 19th Century to the early the 20th Century and having been criticize on its inefficiency, delaying, inflexibility and irresponsiveness to the needs of diversified people (Jumphol Nimpanich, 2010, pp.14–15); many countries thus disregarded TPA and attempted on the administrative reform in order to improve its efficiency so as to respond to the needs of diverse people for the purpose of keeping pace with the changing trends of the global contexts.

The trend of the administrative reform rose in the last two decades of the 20th Century under the banner of "the Reform of the Government Administration System" or "the Administrative Reforms". And it became the critical issues to politics and administration of many countries worldwide. Such change has been compared to "The Wave of Public Sector Reform" nucleated towards the end of 1970s to early 1980s in the United Kingdom (UK) and expanded to New Zealand and Australia. This changing wave has swept over other western countries. Until 1990s, this wave swept to other regions of the world, Asia and Africa particularly amid the developing countries (Wasan Luangprapat, 2013, p.178). As such, the critical elements affecting the administrative reform are (1) the trend of globalization, (2) the problems of the economic crises and the problems of the public sector finance, (3) the absence of efficiency in the traditional public administration, and (4) the ideas to minimize role

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and to downsize the public sector and the vigor of the business sector and the civic sector (Hughes, 1994; Lynn, 2006).

The rising current trend of the administrative reform influenced by the new public management (NPM) (Jumpol Nimpanich, 2010, p.96) is a process to create new innovation of management intended to plan for systematically change in the administration, to improve for increasing efficiency and to achieve the end-result. Also, it is to encounter uncertainty and the rapid changes. The important characteristics of the NPM are to focusing on the end-result rather than the process through applying the technique of private sector organization in the bureaucracy.

Ruangwit Ketsuwan. (2013, p.17) has analyzed the meaning of the NPM of the western scholars like Hood (1991, pp.3–5) Kaboolian (1998, p.189) and Lane (2000) and concluded, "NPM" has both theoretical and practical meaning. Theoretically, it is the knowledge, concept, theory, principle, guide, paradigm, innovative set, subject discipline or educational funds, those are internationally accepted. NPM was based on economic and organizational theory. Mostly, it is the principle and solution to crises encountered by the government particularly the public service crises and problems including the problems of working and its traditional administration based on Max Weber. It is to focus on the administrative reform to create competition, saving, effectiveness, efficiency, responsiveness to people and administrative liability. Such courses propose to a private-like administration, embracing market mechanism and system, economic principles, and private–like administrative technique in order to achieve the end-result and administrative liability. In brief, the NPM is the public administrative reform popularly recognized during 1980s leading to extensive discussions, critique and studied. Practically, the NPM is to implement public policies, its activities and its administrative reform, which are procedurally arisen and arrivi9ng at gigantic change in various countries around the world since 1980s. As such, it follows the principle, the concept, the channel or the NPM knowledge accumulated or acquired from the new researches.

Many western scholars diversely propose the NPM, such as (1) the Boston,et.al (1996) – based NPM, which involves 10 elements; (2) the Hood (1991) – based NPM in his article entitled, "A Public Management for All Seasons" in 1991, which involves 7 elements; (3) the Pollitt (2003) – based NPM found in his article

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entitled “Clarifying Convergence: Striking Similarities and Durable Differences in Public Management Reform” involved with 7 elements; (4) the Hughes (1994) – based NPM found in his article entitled “Public Management and Administration: An Introduction” involve 6 elements, and (5) the US NPM Paradigm based on Osborne and Gaebler (1992) in his book entitled, “Reinventing Government” published in 1992 involving with 10 elements.

However, the NPM could be concluded into two major models (Frederickson and Kevin, 2003). First, the Westminster Model–it began in New Zealand during the end of 1970s and diffused to the parliamentary democratic countries, such as Australia, Canada and specially UK. Second, the Reinventing Government Model based on Osborne and Gaebler – it began in USA during 1990s with the main fundamental elements of the NPM (Amporn Thamrongrak et.,al., 2010, p.13; Somsak Samakkheetham, 2014, pp. 37–38; Denhardt & Denhardt, 2007, pp.12–15 ; Cheema, 2004, p.2 ; Osborne, 2010, pp.2-4). They may be concluded as below.

1) The TPA is slow and red–tape rooted in official law and rules which leads to inefficiency. Therefore, it is necessary to embrace administrative knowledge and experiences such as applications of the market mechanism, competition and one–stop service and so on to improve the administrative efficiency.

2) The public administration should focus on outputs rather than inputs and process. Therefore, it evidently embraces KPIs for the performance achievement assessment.

3) It is to offer competition and demonopolization. As such it is necessary to transfer some public services to non-government units (both profit and not–for–profit organization) in the form of contract our or outsourcing or contract and downsizing such as merger, privatization and so on. The government sector changes from the doer to the supervisor.

4) It is the responsiveness to the needs of people – the NPM proposes to change how to look at people from being “the clients” to be “the customers” whom the public sector must be responsive to their services by maximizing satisfaction to customers or people.

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5) The NPM proposes to shorten the line of command, to encourage teamwork and to reinforce learning organization, which will bring the organization

dynamism, rising innovation and adjustability with the environmental changes, which will be responsive to the needs of people.

6) The NPM proposes decentralization and increasing the empowerment to people. The public sector should change its roles as the service–provider to "decentralization and empowerment" for its sub-units to have autonomy of decision–making on their policies and budgets. This includes empowerment to people; community organizations to enable them decide to solve their problems which will reinforce communities and their self-reliance.

7) The public sector personnel management – the government should embrace the private-like model such as contract system or short–term employment and performance-based assessment.

The NPM has been use in the administrative reform in many countries. However, in the past application leads to different outcomes between the developed countries and the developing countries. Most developed countries which are mostly the OECD members (the members of Organization for Economic Co–operation and Development: OECD) are greatly successful in applying the NPM on their administrative reforms in their quantitative changes (lowering the budgetary expenses and the state workforces); and the qualitative changes (working systems, process, values and culture) (Thosaporn Sirisumphand, 2006, pp.125–130). In the quantitative changes, they are found that the proportion of the government spending per GDP (gross domestic product) bay average is gradually alleviated (even though with unequal proportion) regardless in Canada, the Netherlands, New Zealand, Sweden, UK and USA (Pollitt & Bouckaert, 2000, pp.101–105). If considering the changes in the state official workforce/ the state employees or the proportion of the government employment per national total hiring (NTH), it is found that most countries are considerably successful in downsizing the steak workforce except in Finland and in France. The most successful of the workforce downsizing is UK since it comes from the privatization of its large companies during the administration of the conservative party.

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The major success factors in embracing the NPM for reform among the OECD countries are the continuity of the policy direction of the national leaders and the continuity of applying the policy including the cooperation of the officials who

implement the policies (Peter and Savoie, 1998). It is also depended upon the level of economic development, the market-based economic system, rules of law and having efficient bureaucratic structure (Sharker, 2006). However, the NPM has also been applied with in the developing countries but it is found that there are successful countries and unsuccessful countries. The consequences of following the NPM are relaying on specific elements of each country rather than their general characteristics including the application is significantly relying on situation. Many problems found when the NPM has been implemented in the developing countries but likely unsuccessful by the reason that many countries select just some components in their implementation but not its full model and their structuring the bureaucracy is still traditional. Part is the scarcity of political supports. In many cases, the reform project is not convergent with the NPM. It influences just in the discourse or persuasion rather than serious implementation. The critical barriers of the developing countries are corruption and poor bureaucratic efficiency (McCourt & Minogure, 2001; Hope, 2005; Robinson, 2015 b) and having been attacked that it is the administration significantly interested only the dimension of organizing interrelationship within an organization but disregarding or overlooking the importance of the environment context of the public administration which is growing complicated. In addition, it is overlooking the fact that in the public policy process, there are many other players which play important roles, which intertwine with each other (The Research and Consultancy Institute of Thammasart University, 2013, p.36).

2.3.3 The post–NPM (New Public Management)

The public administration after NPM is called the Post–NPM (Christensen, 2012). It began in early 1980s and has been developed until the 21st Century. Here, the New Public Governance: NPG, which is the growingly discussed among the western scholar cycles.

The New Public Governance (NPG)

The NPG has been proposed at the end of the 20the Century to respond to the problems arisen from the public administrative wicked problems and with more violence. The TPA and the NPM emphasizing just the state mechanism cannot

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efficiently solve the problems whereas the NPM embracing the private–like management (competition, performance assessment, and customer satisfaction) might considerably meet success in the West. But if it has been implemented with the developing country group, some restraints have been faced such as the problems of bureaucracy which did not respond to the administrative reform, over emphasizing a private-like organization and disregarding the importance of "equality" and "justice". Also, in the administrative reform in some countries, it is found that many offices have also been entailed. Therefore, to build new perspective in viewing the public administrative phenomenon transit in the 21st Century; scholars have proposed NPG (New Public Governance) mechanized with networks and partnerships seeing that the public affair administration is not monopolized by the state alone. However, there are other sectors like private sector, and civic sector/ community playing the leading role in public service arrangement to be responsive to the needs of people and addressing the public problems with efficiency. It is through minimizing hierarchical line of command and the state has to change from being the "doer" to be the "supervisor" and the "coordinator" with other sectors (Osborne, 2010, Morgan & Cook, 2014; Robinson, 2015 a; Patcharee Siroros, 2014, 2015).

David Osborne (2010) the editor to a book entitled, "The New Public Governance" comments on the NPG that it is not a new paradigm of the public administration to replace the TPA or the NPM or the best concept in designing public service in the 21st Century but it is proposed to understand the growing complexity of public problems and to reflect the fact of the administrative administration in the 21st Century, which it has to encounter diverse societies with diversified dimensions and a plural state.

The public administration follows the concept of "Governance". Amid the Thai scholars, there is no unanimous translation to the word. By The Research and Consultancy Institute of Thammasart University, Amporn Thamronglak (2010) translated "Governance" as "Government Administration" to retain its closest meaning in the public administration course context. Governance is a new concept on government transit from the traditional one, which takes the references to the formal government authority into new governing with common goal characterized with common organizational process in the form of networks where persons involved could

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be the public sector, the semi-public sector, for profit private sector and not-for-profit sector. And the community involves with complex relationship in the public policy issues. The governance is changed from the conventional hierarchical government into more horizontal governing. Therefore, the NPG will not be monopolized only just the public sectors any longer. By the Research and Consultancy Institute of Thammasart University, Wasan Luangprapat et.al. (2013, pp.37–38) translated "Governance" as "the national affairs administration". The concept is based on considering the process of the national affairs administration under the dimension of public governance. This is to propose an analytical view and understanding of the factual situations on the implementation of the public policies and the public service arrangement under the state situation in the 21st Century. The governance has to encounter a plural state related to the works and the complexity to the state affairs and diversified working units and various organizations under the state structure itself. The researcher applies the "Governance" in the meaning of "the national affairs administration". The reason is such translation is extensively implemented and likely formal and it is found in the Royal Decree on the Criteria and the Governance Technique B.E. 2546 (2003) and with minimum ambiguity.

Patcharee Siroros (2013, p.251) uses "Governance" in the terms of "public works administration", which is the NPM involving with the public sector and the non–public sector in the governance, institutionalizing latency, networks, complexity, trust, public deliberation and so on. It can replace the TPA such as state, government and power and so on

The foreign scholars like Rhodes (1996) defines the "Governance" into 6 characteristics, i.e. (1) governance in the term of "Minimal State" using market and semi-market in more public service delivery or privatization, which allows the private sector to provide public service and downsizing the official personnel. (2) The governance in the term of "Corporate Governance" – it is to direct and control the working units to manage works with accountability, disclosure of information and honesty in administration. (3) The governance in the term of "New Public Management" – it is the public administration emphasizing managerialism and the new institutional economics. It management is popularly focused on the private–like technique used o the public sector such as end result- based rather than process, lump

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sum contract, market mechanism and increasing alternatives and so on. Whereas the new institutional economics involves incentive structures such as market competition. (4) The governance in the term of "Good Governance"–it has been defined by the World Bank in specifying loans of the Third World. The governance is then defined as exercising the political power in organizing the national affairs. The good governance involves the public efficiency, freedom of justice administration and the legal system which enforces contracts, to be promptness of liability in administration, respect of law and human rights in all levels in the government and freedom of media. (5) The governance in the term of " Socio-cybernetic System" - it is to view the model of the structure arisen in the socio-political system as the common consequences of the plural society. Such society is characterized centralization through collaboration in various models such as designing common rules, co–organization, and joint venture and so on. As the policy arising, it is not the product of the central government alone but from the collaboration of many sectors. (6) The governance in the term of "Governance as Self–Organizing Networks"–in this meaning, it is the public management by offering opportunity for various sectors either public sector, private sector, and civic sector to participate in public service delivery in the area in order to achieve the objectives of oneself through trust and interdependency.

In this study, the researcher uses the "Governance" defined by Patcharee Sororos (2013, p.251) as "the public works administration or public affairs administration". Therefore, the word, "New Public Governance (NPG)" is referred to the new public affairs administration" to meet the issues of the public service arrangement.

The features of the New Public Governance (Löffler, 2010 ; Obsborne, 2010 ; Christensen, 2012 ; Morgan & Cook, 2014, pp.5–6; the Research and Consultancy Institute of Thammasart University, 2013, pp.39–40; Somsak Samakkheetham, 2014, p.48) are concluded as below.

1) NPG is the public service provision or the public good creation under the state and is the co–production process: a process involves with plural levels and sectors from the public sector and, private sectors and non–profit sectors, community, interest group, academic institutions, and diverse process model. What has been prioritized is the network mechanism through collaboration between the public sector

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and the other sectors where the permanent organization has been established or the temporary co–associate. It entails relationship between associates and will not be formal hierarchical model and free informal line of command but it is the work relying on the either formal or informal model or mechanism. With the formal model, they might be characterized as the Act, or the Royal Ordinance, or the Rules and Regulations. On the other hand, the informal model might rely on mutual trust, discussion, addressing conflict, negotiation, signing MOU and so on. The roles of the public sector are not just regulatory, follow–up, and the distribution of public services still; it is the determinant over the private sector, the civic sector, non–profit organization to be the co–proprietor in administrating public goods, for example, community policing, and the watershed management and so on.

2) NPG emphasizes more decentralization to the local government or the local administration organization and the civic sector. Meaning, it accentuates mission transfer and empowerment in both politics and the resources from the central administration to the local administration organization and the non–public organization. Such decentralization affects people in decision-making and participating in public service arrangement more. It develops the civic sector to become the strong associates/ social partnerships to achieve the goal in developing human capital and the economic and social development.

3) NPG accentuates the goal of actions taken by the government, i.e provision of common good rather than just viewing "effectiveness and efficiency" only.

In the public administration according to the new public affairs administration based on partnerships and networks; the researcher has applied two major thoughts, i.e 1) the public–private partnerships (PPPs) based on Hodge and Greve (2007) and 2) the co-production (collaboration between the public sector with the civic sector and the community) based on Pestoff, (2011) and Brandsen and Honingh (2016). They are concluded as below.

1) Public–Private Partnerships (PPPs)

This idea is the new public management applied in the OECD members during the past decade for their administrative reform for better efficiency. It began in UK as a tool in its administrative reform through increasing the private roles which

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have better performances than the public sector including skills and expertise in servicing people (Silvestre & Araujo, 2012, pp.317–319 ; Jindapa Thirasirikul, 2013, pp.53–54). The reasons are during 1970–1980, Europe met growing public debt. It pushs the idea to embrace private sector to co-produce goods and organize public service with the state sector. In producing goods and services, the state adjusts its roles from the producer into the certifier of quality while the private sector produces goods and services to replace the state because it is efficient in management, owns innovation and able to involve competition (Penkhae Larbying, 2010, pp.1–2). In short, the Public-Private Partnerships (PPPs) is a working model of the public sector allowing the private sector to participate in running the public service project for better efficiency of performance and service focusing on better efficient servicing worthy of the cost than the public sector. The private sector could be the owner or to run it themselves. The PPPs system brings benefits for persons involved, i.e. the public sector acquires technology and innovation and saving the cost in its projects. At the same time the private sector finds more channels to run their businesses while the civic sector earn benefits from the efficient service with affordable price (Kongkwan Sila, 2010, p.3; Jidapa Tirasirikul, 2013, p.55).

As of public-private partnerships, it could be functioned in many models (The Research and Consultancy Institute of Thammasart University, 2013, pp.21–22), i.e. first, outsourcing – having outside contractor or leasing company manned outsiders to work in an organization and when the work or contract ends, the outsider personnel will be returned to the outsourced company. Second, a contract-out – it is a form of an outsourcing invested by the private sector for public service by itself and earns remuneration as fixed rate. This contract-out has many forms, i.e. (1) hiring a subcontractor such as contract according to the regulations of the Office of the Prime Minister on Supplies B.E. 2535 (1992). And in the case of the local administration organization, it is such as hiring security guards for the government offices, cleaning and some technical works which the private sector is more expert and so on. (2) Outsourcing – it is such as Tourism Authority of Thailand hires private sectors to manage its “Downtown Duty Free Shops” and so on and (3) Consignment for private sector to manage the state properties.

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However, the PPPs own both advantages and disadvantages in its investment as follows (Kongkwan Sila, 2010, p.4; The Public Debt Management Office, 2010, p.3). In its advantages, they involve first benefits for the public sector, which is consignment since the start (design, construction, maintenance and operation); it is worth and saving the costs. In addition, it is the distribution of duties in risk management gained from the private sector's knowledge and experiences while reducing the problems of delay and unforeseen expenses of the project because the private sector manages their own expenses and it is the motivation to complete the construction within the possible deadline. Second, the benefits for the private sector itself: the PPPs add the business opportunities in providing public service with efficiency. Finally, the benefits for people – it enables people to access the efficient public services with affordable price under the conditions of appropriate regulatory from the public sector through the management of the private sector as the contracted party. PPS could efficiently achieve its objectives.

The disadvantages of PPPs are first, it is the project regulatory in the form of PPPs, which might be more complicated than the affairs functioned by the public sector. Meaning, the regulatory is important for the PPPs projects and fair for all parties while being evident in the criteria particularly sharing the burdens of risk between the public sector and the private sector. If the operations are inappropriate, it would fail the PPPs projects and inefficiency. For example, in the case of 5M Tool Motorway Project of Hungary, which are 55% lower than what has been estimated, however, the government has to guarantee the minimum uses of the motorway in the contract. Later, the state has to subsidize the private sector participating with the PPPs project in a large amount. In addition, the regulatory must provide benefit from the efficient service for people and with appropriate cost. PPPs operations have to be transparent and their values of money. Second, its risks are many especially the project risks, i.e. the risks of project development, its designs, its construction and its system test. Their risks are the rise of the costs and de-standard servicing and its effects could delay or rising cost in the steps of designs, constructions and the system tests. Finally, it is the risk of income which might come from different needs from the estimation. In addition, there are risks from external factors such as by force majeure/ by the act of god, which comes from uncontrollable causes like the political risks with the

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dethroning and policies might have been changed and it certainly affects the PPPs projects.

As for Thailand, it has embraced the PPPs under the enactment of the Public-Private Partnership Act B.E. 2535 (1992), its Amendment B.E. 2556 (2013). Its principle is delegating private sector to join operation in the public affairs focusing on saving budgets to design the infrastructure and other dimensions of public services and as the guide for public administration which empathized budget saving, and the resources used are worth the price and with efficiency and it is to increase the competitiveness of the country through free trade deals and investments with various countries. Most PPPs involve many models such as the environment resources of Thailand. Such projects are supervised by the local administration organizations, i.e. the Phuket Municipality hires private sector invested by itself or the PPPs in eradicating the wastes through burning and for producing electricity through disposing wastes and so on.

In developing the aging quality of life, the public sector encourages the private sector to participate in operating the aging affairs. For example, it uses the taxation to spur the private sector to hire the aging people to work in some divisions of department store, encouraging private sector to establish a center of quality life development, day care, corporate social responsibility (CSR) such as producing cheap goods for the aging and social works and so on.

2)Public–people – community public service model.

During the past decade, there was the re–interpretation of roles among the policymakers and public service providers. It was explained that the policymaking was not a process entailed from the top–down any longer but through negotiation and many interacting policy systems. It is similar too with public services that it is not the specific matter only from the official professionals but it is a process of the "co–production" entailed from both clients and the community (Bovaird, 2007, p.846). It is believed as a channel to solve the public problems. In the 21st Century, they are very complicated such as the rise of the aging population, the needs of qualified public services, in association with the public sector meets budget restraints (Pestoff, 2011). The idea of "Co–production" might be similar with "Citizen Participation". However, there are some differences in its "value." Meaning, participation of citizen involves the

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power relationship and democracy but its objectives majorly involve effectiveness and the quality development of the public services (Pestoff, 2012; Tuurnas, 2016, p.33).

2.1)Roots and Meaning of Co–production

The idea of "co–production" began fist in 1970 from the study of Elinor Ostrom, et.al. (Ostrom,1972 ; Ostrom et al.,1978). Her team has explained about bureaucratic efficiency and effectiveness finding that public service arrangement improvised by small and medium–sized departments had higher performance than the large units (Ostrom et al., 1972). In addition they found that the roles of citizens on the co-productions such as the roles of delivering information to police upon mishaps in their communities and so on (Ostrom et al.,1978, p.383). Later in 1990, Alford (1998, p.129) proposed that co-production was an option in marketization and contract state. Then in 2000, the idea of co–production became a concept of NPG (new public governance) emphasizing an open government, active citizenship, network and partnership, which became the key components in public administration (Osborne, 2010, Pestoff, 2011; Tuurnas, 2016, p.17). Therefore, the concept of public service arrangement in the early 21st Century has been changed from the "Public Service FOR the Public" into the "Public Service BY the Public"(Osborne,2010 ; Tuurnas,2016, p.16). Consequently, the concept of co–production is the acceptance of the civil roles with enthusiasm and active citizens regarding the policy implementation for the rises of various public services. It is also viewed that "co-production is an alternative to respond to the problems the local administration organizations are facing and enabling them to organize better public services for people. In addition, it also helped the local to address their fiscal constraints by lessening the expenses (Brudney & England,1983, p.59 ; Tuurnas,2016, pp.25–26).

Needham (2009) and Löffler, (2010) explain the drivers of co–production as concluded below.

(1) Technological Innovations and ICT–the innovative development and new technology offer people the alternative more to have public service arrangement such as people services through e-Service and so on. Regarding public health service, through having technological innovation and ICT, it permits more self-reliance for the patients and alleviation from the public sector in some affairs. For example, the patients may buy the blood pressure monitor to gauge their

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own blood pressure at home. It is then unnecessary to go to the hospital for it and it save transportation expenses and so on. (2) The Social Value Change–it is so rapid to the attitude and behavior of people. Griffiths, Foley and Prendergrast (2009) mentioned about the new generation that humans are assertive citizens (self-confidence and self-gain guardian). Modern society drives people to more hedonism. Therefore, the state has to improvise public services to more facilitate people such as the application of e-taxation or the one-stop-service center in order to speed servicing people and so on. (3) The Population Structure Change – specially, in the OECD group, the aging citizen are increasing because of the medical development which lengthen long life to humans. It is not only to demand the state to provide more public services to task care the aged but also to increase the co–production too. (4) The Limitations of the State Budget and the Increased Efficiency of the Public Services are the keys for the concept of co-operation. As such, it is viewed that the only public sector cannot solve the numberless and complicated public problems. Therefore, the public sector should collaborate with other sectors in co-production in order to reduce its state burdens.

"Co-production" is clarified by many scholars as below.

Bovaird (2007) explains that co-production is a provision of public service characterized in long-term relationship between the professional service providers and the service users or the community members and all groups have been supported with resources to organize the public services.

Needham (2009) explains that co-production is a new concept in organizing welfare for people. It is viewed that the service users are enthusiastic to participate with the state with regards to its public service arrangement because they are the important inputs: having property or assets to develop the public service. The property here is not just meant fund but also including skills, expertise and mutual support which they can apply to develop public service for greater efficiency.

Bovaird and Loeffler (2012) defined "co-production" as a process the state and civilians use properties, resources and participation for gaining qualified and efficient public service.

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Bovaird and Loeffler (2012) explain that co-production is the public service arrangement under participation between the expertise and professional state officers with citizens and communities.

Arunee Santhitiwanich (2013) concluded that co-production is the civilian activities as the service users who were willing to participate in its organization incorporate with gaining from the public services. It is consequently the long-term relationship expecting that the public services were more efficient than being provided just by the state alone.

In short, "co-production" is a process of production involvement to produce public service between the public sector as the expert and professional organizer with citizens and communities as the service users who are willing to provide quality and efficient public service for people.

2.2)Conceptual Background Characteristics of Co-production

They could be concluded as below ((Brandsen & Pestoff, 2006: Bovaird, 2007; Needham, 2009; Loeffler & Power 2012; Fledderus, 2015).

1. Co–production prioritizes the service users who own properties (assets, knowledge, and experience) and recourses as the active-asset holders needing to participate with the public sector in organizing public service rather than being just being passive consumers only. By rationale, the state wants to create responsible people and less state–reliance.

2. Co-production promotes the relationship between the state offices with the service users characterized in the "collaborative relationship" rather than paternalistic relationship" viewing that the state is like the parents who have to take care them or the passive consumers, only.

3.Co-production prioritizes cooperation between two parties, i.e the service providers and the service users such as the outcome of the good education is not just only relaying on the quality of the instructors but also relying on learning behavior and positive attitude of the learners. Therefore, if the instructors are good and qualified but students own absence attention, and disregard learning; the educational quality is fruitless.

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4.Co-production is built on equal relationship – people, community and family as the service users and the state as the service provider are reciprocal and equal relationship founded on voluntary cooperation.

5.Co-production can really be built in communities, what matters, is the state has to empower individuals on the political, economic and social rights. If these rights were voided; the co-production is likely difficult to rise.

The concept of co-production is founded on the state collaborates with people and community in servicing and needed mutual trust, and bring about the resources owned to co-organize public services. Therefore, they have to face risk together. Then such relationship helps develop democracy – building "active citizen" in democracy through encouraging people for cooperate in taking responsibility in the public service arrangement rather than being just the passive consumers. This is to promote "good governance" within the public organization because people participate in operating with the public (Arunee Santhitiwanich, 2013, p.629). However, though co-production own many advantage but it is not a panacea and problems might be arisen upon implement it. For example, conflicts might possibly rise either by individual differences on motivation for co-production or unclear division of duty or free riders (Bovaird, 2007).

2.3) Typology and Steps of Co-production

Brudney and England (1983, pp.62-63) divided the co-production into three types, i.e. individual level, group level and collective level. Meaning, at the individual level, it is the co-production with the public sector by oneself or with one's family. At the group level, it involves the specific groups or category of citizens such the group using public parks in communities and so on. As of the collective level, it is the group of co-production with the public sector and the group gaining profits from the service. It is characterized to provide the common profits for the community rather than for any specific groups and viewing that the co-production at the community level is very important because the model is likely advantageous in general for the service users. In this study, the researcher has applied the concept of co-production to explain a municipal public service arrangement because there are criteria stipulating the co-producers and the public service gainers.

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Table 2.1 Typology of co-production

	Individual co-production	**Group co-production**	**Collective co-production**
Co - producers	- Individual/ family	- Group of citizens	- Group of citizens
Gainers	- Individual/ family	- Group of citizens	-Wider community
Examples	- Home-school contract , - Recycling	- Walking buses volunteers for school children - Neighborhood watch schemes	- Community ownership of parks, - Community policing - Time Bank

Source: Brudney and England (1983, pp.63-64) and Durose et al. (2013, p.7)

Co-production activities can be divided into four steps as below (Loeffler & Power, 2012, pp. 8-9).

1) Co-commissioning of services contain co-planning of policy such as allowing people to participate in planning, co-prioritization in servicing such as budgeting and co-financing such as fundraising and co-taxation rating and so on.

2) Co-design of services is co-formulating model and method of public service.

3) Co-delivery of services contains co-organizing such as community organization on property and co-performing services such as community watch scheming.

4) Co-assessment of services contains regulatory and appraisal such as co-evaluating the state personnel's performance with people.

However, in the real practices, the co-production might not organize co-planning, co-design, and co-organizing in every process but just some matters and some departments might play a greater roles. From the case studies on the public service arrangement in the European locals; Bovaird (2007) has divided the co-production into six (6) forms, i.e.

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1) Traditional professional service provision with user-community consultation on service planning and design issues [the state service provider but citizen and community-based planning and designing] such as participatory budgeting.

2) User co-delivery of professionally designed services [the state-based planning and designing of public service arrangement but the citizen and community-based servicing] such as volunteer for taking are the aged, the disadvantageous in the community and so on. The project of Sure Start is a project to mentor new mothers with the trained mothers.

3) Full user-professional co-production [the public-people/community co-production in every step] is the both party participate from co-planning, co-designing and public service arrangement such as the projects of neighborhood watch schemes, the local-police-local state personnel to raise vigilance in preventing crimes and misbehavior.

4) User-community co-delivery of services with professionals, without formal planning or design process [the service users take responsibility to organize activities might request the state agencies to help upon necessity] such as organizing activities for local residents. It is necessary to invite guest speaker with expertise for counseling and projecting to improve the rural environment under the co-production with the central administration and the local administration assigning the latter to take action with the expertise consultant and so on.

5) User-community sole delivery of professionally planned services [citizens and community taking responsibility on servicing with experts as planners] such as home-care services [for the aging], the community-based recycling program.

6) User/Community sole delivery of co-planned or co-designing services such as contract services by the local community group under the regulatory of the state agencies such as contracting home-maintenance and cleaning of the community service center.

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The traditional model and the co-production model are characterized as in Figures 2.1 and 2.2.

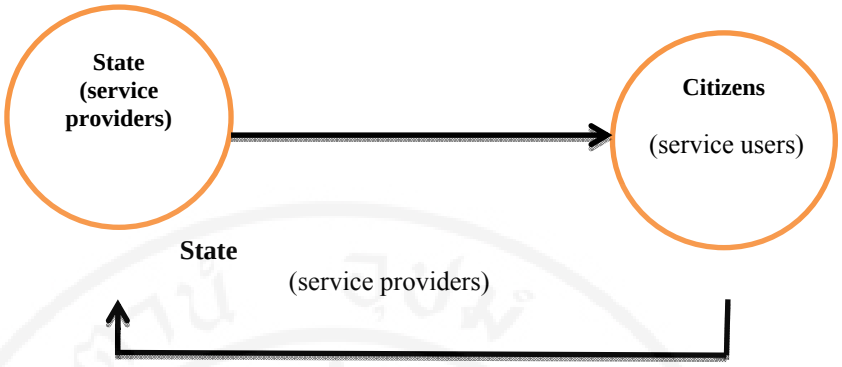

Figure 2.1: Traditional Model

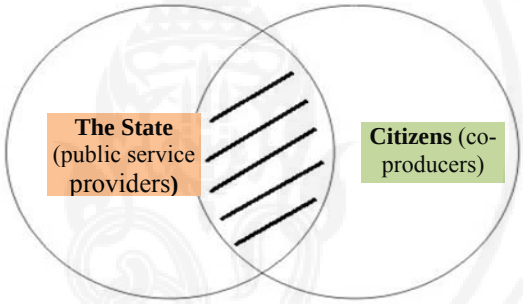

Figure 2.2: The Co-production Model

Source: Brudney and England (1983)

In the traditional model of public service, the relationship between the state and people is evidently divided into two parties. The state becomes the designer of all production and public service arrangement mechanized by regulation, criteria demanded by bureaucracy. On the contrary, people are just the service users or the consumers. All improvements of the public service arrangement arisen are when people provide feedback to the state or the state personnel after the servicing (Fig.2.1). On the contrary, the co-production model is what makes people are enthusiastic to participate in the public service arrangement. And if feedback on public service from people is needed, it could be taken by the internal to public delivery process (Fig.2.2). Therefore, feedbacks could lead to the improvement of the public service arrangement among the process and turning the public services as the

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outcomes of the efficient system better than the traditional model of public service (Brudney & England, 1983, pp.60-61).

2.4) Factors attracting people in co-production

Vanleene,Vershuere and Voets (2015) briefed that factors attracting people to co-production in their study on "Co-production" (Sharp,1978 ; Alford, 2002, 2009; Asquer, 2013; Verschuere at al. 2012 ; van Eijk and Steen, 2014) and it is divided into two groups, i.e. personal motivation and the circumstance motivation, as below.

2.4.1) Personal motivation- it is divided into extrinsic incentives and intrinsic incentive as follows:

(1) The extrinsic incentives are the motivational factors related to gains of money, goods and services including gains changeable into money such as voucher, free goods and non-monetary objects such as safety and so on.

(2) The intrinsic incentives are the motivational factors related and non-related to money which is the incentive arisen from personal sentiments. Alford (2002, 2009) divided these incentives into three (3) types, i.e. (1)solidarity/sociality incentives – it is the sense of identification and sentiments of well-regarded, as such, the co-producers view that it is their gains even if they have to pay some expenses. (2) The normative purposes – they are co-production by belief on rightness and rationale such as the belief in democracy or citizen duty such as believing that they will pay taxes for one's gains of public services. (3) Expressive incentive – it is the sentiment of co-producers viewing that they have done for the common good or for the community good such as being volunteers and so on.

2.2.4 Circumstance motivation – it is divided in to two factors, i.e.

(1) Ease of involvement - Verschuere et al. (2012) explained that easing the public service access came from many factors such as distance, correct information which reduces expenses of co-production.

(2) Salience – it is a motivation related to the importance of public service arisen with co-producers or individuals involved such as the public services on education, the aging and the disadvantageous cares and so on.

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In brief, the concept of co-production has arisen under the scope of new public governance focusing on co-production between public sector and the civic sector/community in order to solve the complicated public problems in the 21st Century. And if it is done by the public sector alone, it may not be efficient enough. In order to develop its quality more be being based on the belief that people are active citizen and voluntarily join the co-production; therefore the co-production should offer gains for both public sector and people. For example, it is to increase efficiency of public service because it is the co-production system. Also, it is to create active citizens in democracy rather than being passive consumers. Finally, it is to reduce corruption and to create good governance (Arunee Santhitiwanich, 2013) because of the involvement in the co-production, people gain various information of the state functioning.

From the conceptual and theoretical reviews on public services developed from the traditional model of public services in to the new public governance in the 21st Century; it is concluded in the overview as in Figures 2.2 and Table 2.2.

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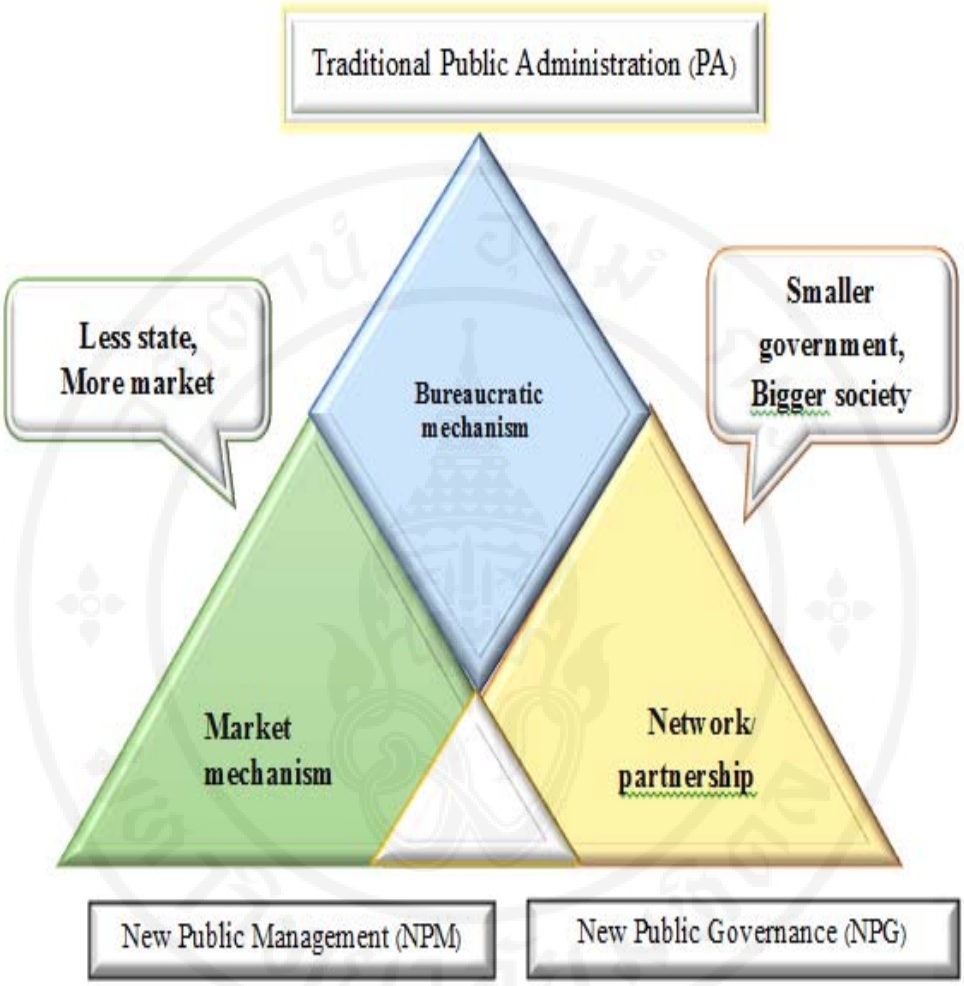

Figure 2.2: The theoretical concept of public administration

Source: The Research and Consultancy Institute of Thammasart University (2013) and Osborne (2010)

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Table 2.2: Comparison between Public Administration (PA), New Public Management (NPM), New Public Governance (NPG)

Dimensions/paradigms	PA	NPM	NPG
Theoretical roots	Political Science and Public Policy	Public Choice Theory/Management Science	Institutional Theory and Network Theory
Focus	Stipulation and Policy Implementation	Arrangement of organizational resources and performance	Negotiation involving values, meaning and relationship
Mechanism of distributing resources and operations	-Hierarchical line of command -by state units	The Market and Classical Contract)	Networks and contracts
Organizational structure	Bureaucratic organization of top-down and issuing control regulation	Decentralized state organization with major regulatory within the state agencies	Public-other sector cooperation structure
Nature of the state	Unitary – the state is the key to organize public services	Regulatory – the state regulate private sector	Plural state having the state and the other sector players in co-production
Service System	Closed system	Opened system	Opened system

Source: Osborne (2010, p.10), Morgan and Cook (2014, p.8); Pakorn Siriprakob (2015, pp.207-209)

If considering the past public administration theory and the Thai administration development, it is seen that Thailand has dynamic changes according to the internal and external facto. Thailand has embraced the western New Public Management and New Public Governance to reform its bureaucracy for efficiency and to more respond to the needs of people. However, Thailand still adheres to the "bureaucracy" adopted since 1932 when it has embraced democracy. It is characterized in hierarchy, adherence to rules, regulations and bureaucratic practices

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under the structures of ministries, sub-ministries and departments where its decision-making is centralized and partly empowered the regional administration. At the meantime, there is decentralization of public servicing power to the local assigning it to simultaneously taking action. This includes organizing the special unit to provide public service according to its specific objectives, i.e. the state enterprises, public companies and service delivery units (SDU). It also stipulates co-servicing between the public sector and the private sector under the concept of new public management (NPM) modeled in PPPS (public-private partnerships).

In conclusion, the Thai public service today is characterized as "Hybrid System" (Christense, 2012, pp.7-8 ; Christensen and Lægreid, 2011; Pakorn Siriprakob, 2016, p.258) and the state is the key player through using bureaucratic mechanism significantly under the traditional model of public services. At the meantime, Thailand has attempted to embrace new Western ideas to reform its bureaucracy for greater efficiency and responsive to the needs of diversified people including to solve the complicated public problems which the state alone cannot efficiently handle by itself alone. They are such as New Public Management Model of Public Services while some affairs are subject to privatization or Public-Private Partnerships (PPPs) and the New Public Governance Model of Public Services through using networks and partnership. Examples are (1) the decentralization of public service arrangement in order to reduce burdens of the central administration; (2) Increasing roles of other NGO sectors i.e. private sectors, and civic sectors to be the partnership with the state but not replacing the state duties in taking action of the public policy (Patcharee Siroros, 2014). Therefore, in this study, the researcher applied the three models of public services as the conceptual framework in order to find diverse models and methods in the local aged cares.

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2.3 The Concept of the Aged Quality of Life and their Welfare Organization

This part explains two critical issues related to the aged, i.e. the aged quality of life and the aged welfare organization, as follows:

2.3.1 The concept of the aged quality of life

2.3.1.1 UN uses the word "Older Persons" who are older than 60 years and they are divided into three levels, i.e.

1) The Aging Society Level is referred to the society or the country accommodating individuals of older than 60 years old and they are more than 10% of the entire population of the country or the population aged older than 65 years who are more than 7% of the entire population. It shows that the country is entering the aging society.

2) The Aged Society Level is referred to the society or the country accommodating individuals of older than 60 years old and they are more than 20% of the entire population of the country or the population aged older than 65 years who are more than 14% of the entire population. It shows that the country is entering the aged society.

3) The Super-aged Society Level is referred to the society or the country accommodating individuals of older than 65 years old and they are more than 20% of the entire population of the country. It shows that the country is entering the super-aged society.

The taxonomy of the aging might be under different criteria. Some countries use aging criteria to stipulate as "The Aging Person". For example, Japan classifies the aging society into three (3) phrases: the early aging (65-69 years old), the middle aging (70-74 years old) and the late aging (older than 75 years old). In Thailand, the Elderly Act B.E. 2546 (2003) enacts that the elderly is referred to individual aged from 60 years old with the Thai nationality. The National Statistics Office classifies classifieds the elderly into three phases, i.e. the early elderly age (60-69 years old), the middle elderly (70-79 years old), and the late elderly (older than 80 years old). However, entering the aging society matters more than the ages by the number of years and their physically changes only. Entering the aging also implies the

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social and cultural changes (Naphaporn Hawanont and Theerawal Watthanothai, 2009, p.9). Therefore, the taxonomy of the aging attributed with health, social and activities of daily living (ADL) enables to classify the aging into three (3) groups (Institute of Health Systems Research, 2010, pp.83-89), i.e.

Group 1: The Social-bound Group – this group can well help themselves and live freely in society while likely involving with social activities and can do ADL, generally having good health, free from chronic disease or risky to diseases or having 1-2 chronic diseases but controllable. Socially, this social-bound group is able and wishes to participate in social activities including able to help other families, other persons, and other societies. They may have or may have not problems or troubles.

Group 2: The Home-bound Elder Group - this group can help itself or needs some help. They have constraints in social activities of daily living and they are the group with uncontrollable chronic disease or with implications, and having many diseases with critical symptoms affecting their free travels. In their health, this group will have evident constraints in their social daily living and might have limitations in some routine basic daily living and thus needs some helps from other persons such as movement. This home-bound elder group cannot walk alone along the smooth route but needs walkers or assistants. Their dining needs help during having meals. Their excretion needs help such as going to restrooms, cleaning after excretion and so on. Socially, they are home-bound and less participating in social activities because they are under risk of endangering such as disabling to participate activities at the temple as before including the group freely travelling outside home but disliking socialization and disabling to participate social activities because of home-bound responsibility such as attending their grandchildren. This home-bound elder group might have or might not have latency to help their families and societies. Empowering this group will help enhance their health and the community latency.

Group 3: The Bed-bound Elder Group – they are disabling to help themselves in their routine daily activities but need help in movement and /or other ADL. This group suffers many chronic diseases and implications. About their health, the bed-bound elder meet constraints in their ADL, cannot help themselves in their ADL and need helps from others in their movement and/or their ADL such as

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their movement. This group meets difficulty to swallow even being fed. They must have nutrition substance by other channels (nose, stomach, or intestine). This elder group excretes in sleeping posture or in bed and puts on pampers all the time. The bed-bound elders suffer comorbidity/multimorbid with either controllability or uncontrollability. There is prolonging chronic illness. Socially, this bed-bound elder group is the group unable to participate socialization by themselves because they have physical limitations. Their health affects their movement, which demands them to rely on their families, others and society. In social participation, this bed-bound elder group might not be latent to help their families and societies. Empowering them, their families, and their caretakers will enhance them and reinforce their caretakers.

2.3.1.2 The meaning of quality of life

The concept on the quality of life has been proposed by UN in 1973. However, it is multi-dimensions relying on many elements such as historical background, the needs of definers, the social context, culture, and social values at that time (Farquhar,1995; WHO-QOL, 1995) from reviewing literatures related to the international levels and the Thai scholars (WHO-QOL, 1995; UNESCO, 1978; Srimuang Palungrit, 2004, p.22; Srimuang Palungrit, Pensri Kawiwongprasert & Sanarm Phuenbua, 2009, p.27; Narisara Puengphosop & Thasook Janprasert, 2012, p.10; Sirinan Kittisuksathit, et. al., 2013, p.20), they have diversely defined quality of life but relevant. They could be concluded that quality of life is referred to the wellbeing condition of an individual measured by good physical and mental health, educated and being trained for daily living, proper income, having basic means for living and social supports to enable happy living.

2.3.1.3 Quality-of-life measurement

With reviews of many researches of Sirinan Kittisuksathit , et., al. (2013, p.16), It is found that the definition on quality of life is not relying on each individual criteria but on the criteria of necessity, needs and each one ‘s aspiration in each locality and society. Therefore, measuring the quality of life should have its index for significant social indicators. There are two major types, i.e. objective wellbeing and subjective wellbeing (Sirinan Kittisuksathit, et al., 2013, pp.17–19; Doossadee Aryuwat, 2005, p.42), as follows.

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1)The Objective Wellbeing Indicators–they involve economic activities aimed at objectives, the national or the household income and various facilities and the national income and economic data are commonly understandable and extensively implemented. Their examples are the rate of literacy, average expected age at birth, types of residence, and the standards of living. Policymakers likely use the objective wellbeing indicators at the levels of household, community, city and nation. Its assessment is usually involved with statistical application. However, the objective wellbeing indicators cannot truly explain social.

2) The Subjective Wellbeing Indicators or the Mental Indicators – they involve the measurement of satisfaction, sentiment, attitude and understanding at the individual level. It looks intangible because it is difficult in specification and measurement. These indicators are designed to measure human happiness and satisfaction. Its concept is related to understanding and attitude of family and peer happy life and the standards of living. Cambell (1980) pointed out that the subjective assessment was based on the reports of understanding, sentiment, and individual responsiveness in general. Its important indicators are good sentiment, good quality of life and sense of happiness.

2.3.1.4 Elements of Quality of Life

They here explain the elements of quality of life of individuals in general including the elderly that the international and the Thai organizations specify similarly and differently, such as:

UNESCO (1978 cited in Sirinan Kittisuksathit, et al., 2013, p.19) stated that the basic quality of life for population was seen from 1) adequate family income for living, 2) job employment, 3) education and rate of literacy among people, 4) opportunity for political involvement, and 5) national sovereignty free from interference by other governments.

Similarly, WHO (WHOQOL Group 1995 cited in Sirinan Kittisuksathit et al., 2013, p.19) stated that quality of life for each individual was relaying on socio-cultural context and values at the moment and having relationship with the goal, expectation and standards that each one specifies them. WHO pointed out the element in the quality of life in its short notes that there were four (4) dimensions, i.e. 1) the physical dimension – an assessment of the individual physical

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perceptions affecting the daily life. 2) The psychological dimension – an assessment of the individual psychological perceptions affecting the daily life. 3) The social relationship dimension – an assessment of the perception on interpersonal relationship with other individuals, and 4) the environmental dimension – an assessment of surrounding affecting the individual daily living.

On the other hand, the European Foundation for the Improvement of Living and Working Conditions (2004, cited in Sirinan Kittisuksathit et al., 2013, pp.17-19) conducted surveys on quality of life in 28 countries in Europe during 2004 under the concepts on quality of life that attitudes and quality of life perception in each individual are relying on each one has to evaluate oneself. However, each dimension on quality of life does not play distinguished roles but are related to each one and entails good quality of life. Therefore, a perfect measurement on quality of life should apply both objective and subjective wellbeing indicators. As such, the dimensions on quality of life according to European Foundation for the Improvement of Living and Working Conditions (2004) involved 1) economic dimension, 2) family dimension, 3) job dimension, 4) social and engagement dimension, 5) health and healthcare dimension, and 6) self-development dimension.

The Office of the National Economic and Social Development Board (ONESD) specifies indicators in evaluating the national economic and social development and calls it “the Thai Wellbeing Index” with 7 elements, i.e. 1) health and sanitation 2) knowledge 3) worklife 4) income and its distribution, 5) family life, 6) environment, and 7) good governance.

National Institute of Development Administration (NIDA) investigated “The Thai Quality of Life in 2012” by analyzing what were relevant to the context of the Constitution of the Kingdom of Thailand B.E.2550 (2007) (NIDA, 2012) containing 1) quality of life on working, 2) quality of life on family, 3) quality of life on health and stress, 4) quality of life on environment, and 5) quality of life on current existence.

Ministry of Interior specifies the service standards for the elderly welfare through processing the welfare organized for the elderly according to the obligations, laws and the authority of the local administration organization. It is divided in to six dimensions, i.e. 1) standards of health and medication 2) standards of

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income, 3) standards of residence, 40 standards of recreation, 5) standards of social security, family, caretakers, and safeguarding, and 6) standards of service creation and supportive network.

From the literature reviews on the elements on the quality of life specified by the international and the Thai organizations; it is concluded that the leading elements proposed by them are the quality of life on economy or income, followed by quality of life on health and sanitation (both physical and psychological), family life, social life (social relationship and engagement), residence and environment.

Measuring the quality of life for the elderly is differed and based on the concept and objectives of the researches (Mukherjee, 1989, p.39 cited in Srimuang Palungrit, 2004, p.22). Therefore, in this study, the researcher specifies five (5) elements on the quality of life, i.e. 1) economy and income, 2) health and sanitation, 3) education and learning, 4) basic means of living and environment, and 5) social engagement and supportive network. It is adhered to the elements on quality of life based on the service standards organized for the elderly welfares under the Ministry of Interior as the principle. Rationally, it is imperative to abide with legal power and authority delegated to the municipality to oversee the quality of life specified by the international and the domestic organizations. As such, it also covers the quality of life dimensions needed objective (economic) and subjective (psychological) measurement shown in Tables 2.3 and 2.4.

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Table 2.3 The elements on quality of life distributed by their sources

International			Domestic		
UNESCO	**WHO**	**European Foundation for the Improvement of Living and Working Conditions**	**National Economic and Social Development Board**	**Ministry of Interior**	**National Institute of Development Administration (NIDA)**
1) Adequate family income for living 2) Employment 3) Education and literacy rate of population 4)Opportunity of political involvement 5) National independence free from interference of other governments	1) Physical health 2) Metal health 3) Social relationship 4) Environment	1) Economy 2) Family 3Working 4) social and engagement 5) Health and healthcare 6) self-development	1) Health and sanitation 2) Knowledge 3)Working life 4)Income and its distribution 5) Family life 6) Environment 7) Good governance	1) Health and medication 2) Income 3) Residence 4) Recreation 5) Social security, family, caretaker and safeguard 6) Service creation and supportive network	1) Working 2) Family 3) Health and stress 4) Environment 5) Current existence

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Table 2.4 Quality-of-life dimension for the Elderly and its indicators

Quality-of-Life Dimensions	Indicators
1. Health and medication	1.Promoting activities for physical and mental health development 2.Organizing public health center or hospital 3.Servicing knowledge and introducing healthcare 4.Helping medical expenses and health insurance 5.Servicing medical check and physical therapy
2. Education and learning	1.Promoting to establish educational or learning centers 2.Organizing local information service centers 3.Organizing training and properly educating the elderly living 4.Creating opportunity for education and learning and consistently developing self-latency
3.Economy and income	1.Promoting and training for the knowledge of career development 2.Promoting free lance career or employment 3.Promoting to establish community welfare fund 4.Promoting to provide proper career fund 5.Facilitating monthly allowance pays
4.Basic means for living and venues for activity organization	1.Supporting the elderly to have appropriate residence for living 2.Promoting to have service center for the elderly to organize physical and mental development and the place of association 3.Providing venues for organizing common activities for the elderly 4. Providing dresses for the needy elderly 5.Providing public parks or places for exercises for the elderly
5.Engagement and social supportive network	1.Promoting the family members and community to see the values and taking care the elderly in the family 2.Having measures and mechanism to promote all sectors to engage in the works for the elderly 3.Establishing the elderly club or the service center for the elderly 4.Promoting to have social supportive networks between municipality with the families, community, civic sector and private sector

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2.3.2 The concept of the Elderly Social Welfare

2.3.2.1 The meaning of social welfare

It covers human wellbeing in various dimensions. “Social Welfare” could be viewed at two levels. First, the individual level - it is referred to the wellbeing, owning rights and happy viewing basic daily living of each individual such as having time to listen to music, or taking trips to the new favorable tourist sites (Euamporn Phijaisanit, 2010, pp.20-21). Regarding the macro-level, the allowance is related to the economic and social policy functioned by the state, which affect the welfare of people around the country. It means activities or jobs aimed at helping and promoting people to have quality of life or well fed during normal time and during the time facing problems. Such assistance comes in many forms either in money or objects and services (Buapun Promphakping, 2013, p.170).

According to the Social Promotion Act B.E. 2546 (2003) Article 3 ; it explains that “social welfare “ is referred to the social service system related to prevention, soling problems, development, and promotion of social security to meet the basic needs of people for greater efficiency and self-reliance with availability., appropriateness and fairness including meeting the standards. This involves education, health and sanitation, residence, working, income, recreation, justice administration and common social services. It has to realize the human dignity, people rights and participation in organizing social welfare for all levels.

To define “social welfare”, it is found that it is to prioritize the social service organization system focusing on social security system for people regarding prevention, solving problems and the development of social service system, which is not any longer the specific welfare. It accounts that social welfare is the basic rights of people deserved from the state the citizen right of a country.

2.3.2.2 Elements of social welfare

In determining the elements of social welfare, there are two models (Wanthanee Wasikasin, Surang Wasinarom and Kittiphat Nonthapattamadul , 2010, pp.2-3), i.e.

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(1)Meaning-based determination involved with “the living condition of people in society”: it has broad meaning containing seven (7) aspects, i.e. 1) good health, 2) good education, 3) having residence, 4) employment with adequate

income to foster oneself and one's family, 5) receiving social security – social assurance and social welfare, 6) receiving social services from the government office and private office, and 7) recreation supporting quality of life and growth.

(2) Determining by activity, project and service having narrower meaning than the previous on - it is based on the Social Security Act 1935. It is divided into three types, i.e. social assistance, public assistance and social service.

In summary, social welfare is the matter for all because welfare is defined of social wellbeing of all and not just the deprived ones. Persons deserved to have "social welfare" do not involve just the poor only but all so the not-poor but are in misery. Social welfare is the matter for all who deserve for it (Phongkrit Mongkolsindhu, 1993, p.33). Its operation might be by the state or by the private sector counted that just only the state, it might have some errors and fail to adequately avail it while the private sector might operate it better in some aspects (Wanthanee Wasikasin, Surang Wasinarom & Kittiphat Nonthapattamadul , 2010, p.2).

2.3.2.2 The model of organizing social welfare system.

The welfare state began firs in UK, Europe, where it attempted to systematically solve poverty or penury. It enacted The Poor Law Act in 1601 stipulating the family caretaking welfare of its members within the family first. Had it been surplus, it was the duty of the county administration. UK has enforced this law for over 200 years. It was amended in 1834 and enforced it ever since. Until the end of the19th Century, it stepped into the age of "Welfare State" and many important laws have been enacted to organize it for people (Rapeepan Kumhom, 2014, pp.62-63). Later, it has been spread over Europe and other countries. Today, each country differently organizes it according to their own economic, social and political contexts.

Andersen (1990) proposed it in his book entitled "The three world of welfare capitalism". It was divided into three (3) systems distributed by its differences found in various countries under the principle of differently regulating the fiscal budget for its different distribution. He included also the impact of the policy with different inequality. His tri-welfare state model is concluded as below (Narong Petchprasert, 2001, pp.12-14; Euamporn Phijaisanit, 2009, pp.41-42).

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1) The liberal welfare system – it is a system to provide assistance for the persons of penury under means-test assistance. It is compared to the

"residual welfare" model – the remained population who suffer misery which their families and the institutions involve cannot further help. At the meantime, this system offers much free market, such as USA, UK and Thailand.

2) The conservative /corporatist welfare system – it is a system based on working and dependent to participation of the workers in paying counterpart funds with their employers to the system or to the welfare state fund. Therefore, only workers hold their rights in this welfare. Its distribution is founded on the Bismarkian Work–based Insurance such in Germany and France in some part of the welfare.

3) The social democratic welfare system – it is a system oriented to all citizens and the state is the key in the prevalent resource distribution incorporate with coverage insurance in all aspects and needs no means-test assistance. All people hold the rights of the welfare under the fund from the collection of universal taxation, such in Sweden and the Scandinavian countries.

However, the welfare state system in Europe is the "Pluralistic Regimes" applied with many concepts. For example, France provides the "Pluralistic Regimes" between the conservative /corporatist welfare system with the social democratic welfare system and consigns private body to partially pay while the rest is paid by the government. For those residual who have been left behind to the hemispheric development, the government will pay this welfare for them (Euamporn Phijaisanit, 2009, p.42). The Andersen model is briefed in Table 2.5 below.

Table 2.5: The welfare system proposed by Andersen (1990)

Types of Welfare	Basic Principle	Index reducing being goods	Impacts on Inequality
Liberal Welfare	Free Market	Low	Low
Conservative/Corporatist Regimes	Workplace	Semi-focusing on national assurance system	Reflecting inequality in workplaces
Social Democracy	Citizenship	High: free service charge	High

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Source: Kitipat Nontapattamadul (2015, p.68)

In 2000, Ian Holliday (2000) a scholar has proposed a new model called “Producttivist Welfare Capitalism”. He rationalized that the Andresen-based model was inexplicable to the welfare in the Five Tiger Countries of Asia (Japan, Korea, Taiwan, Singapore and Hong Kong). By reason, the Andersen disregarded the family mechanisms in significantly co-organizing their welfare in most Eastern Asian countries (Croissant, 2004, p.506). The “Producttivist Welfare Capitalism” holds two emphases (Holliday, 2000, pp.709-710; Lee & Ku, 2007, p.202; Kitipat Nontapattamadul, 2015, p.68), i.e.

1) A social capitalism-oriented system – it grows the state economy. The Eastern Asian Countries are thus enabled to respond to the public needs through using the development state and the private sector-oriented service under the rigid obligations from the state.

2) The family-private welfare-oriented policy – it emphasizes the involvement of the family and private sector but the state plays the directive social policy role. This model is popular in the eastern Asian countries emphasizing the state handles social investment and human capital development such as education, public health, residence, knowledge development, workforce skills training through schools or units involved in workforce development. They focus to develop latency of their population on competitiveness specially Producttivist population to co-play the role of driving their national economic development (Aspalter, 2006, pp.297-300; Saran Soodjai, 2012, pp.85-87).

The western social welfare model proposed by Andersen (1990) and the oriental welfare organization proposed by Holliday (2000) are concluded in Table 2.6 below.

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Table 2.6: The Western Social Welfare Models

Types	Basic Principle	Concentration
Liberal Welfare	[free]Market	-The "Residual" Welfare model specifically for the suffering group - Considerably offer very free market - Having test system for the qualification of the users
Conservative/ Corporatist	Workplace	- Welfare –based on employment coming from the cooperation between the employers with the employees -Working employees/ payers of counterparty funds hold the right in the welfare
Social Democracy	Citizenship	- Welfare for All emphasized servicing all citizens - The state is key to organize welfare covering almost all aspects - The state collects universal taxation at high rate
Producttivist Welfare Capitalism	Social funds for economic development and cooperation between the state with family and private sector	1. Social investment is for economic growth of the state 2. Promoting family and private sector join organizing welfare with the state.

Source: Summarized from Andersen (1990); Holliday (2000) and Kittiphat Nonthapattamadul (2015)

2.3.2.3 The elderly welfare concepts in abroad

The situation and the rise of the elderly in the developed countries have been aware and placed various policies to systematically meet the elderly society. Organizing the elderly welfare in the tree developed countries will be presented with the emphasis on diverse policies. The countries were coming from

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ASEAN, Asia and Europe. In ASEAN, the developed Singapore has been selected and with the highest proportion of the elderly. It emphasized the "Self-reliance and Saving Promotion" model. Japan is selected for the eastern Asia and it has the highest rate of the elderly with prolong experience of the elderly care while having diverse and covering welfare for its people. Finally, in Europe, Sweden was selected and it was the best country to provide the elderly welfare or called the "Welfare State". It specified the central government, the county government and the local government to distribute this mission and co-organize public services for the aged as follows.

1) Social Welfare in Singapore

Singapore is counted the only developed country in ASEAN and accommodates the highest rate of the elderly. In 1970, its elderly aged older than 60 years was 5.7% and rose to 7.5% and 9.1% in 1980 and 1990 respectively (Teo, 1996, p.270). In 2014, Singapore homed 5.47 million populations with 12.45% of the elderly aged older than 65 years or around 678,000 elderly (Department of Statistics Singapore ONLINE).

Due to Singapore has small areas and likely few natural resources since it secluded itself from Malaysia in 1965; the Lee Kwan Yu administration designed its social welfare policy focusing on "self-reliance" and created "saving system" (Irene, 2013). Rationally, the government believed that the state subsidies were eroding its responsibility and self-reliance of people. Over provision of the state welfare might demote working (Rapeepan Kumhom, 2014, pp.183-184). In addition, the state encouraged families and communities to participate in welfare organization for the elderly while the government played as the regulator of the policy rather than being the direct provider and the funder of welfare services. The government played the important role of policymaking and provided subsidy including assistance for those unemployed elderly and were not really supported by their families. However, most social budget was spent on residence investment and education by the government. The key to handle the elderly welfare was Ministry of Social Development, Youth and Sports. The social welfare organization for the elderly in Singapore could be concluded as below.

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1) Income warranty and establishing social security on income through saving in the provident funds systems are the important policy for the Singaporean elderly. The provident funds are the leading instrument to organize welfare for the Singaporean with the objectives of income warranty after retirement, health security, investment and education.

Under the principle of "self-reliance", The Singaporean government thus established the Central Provident Funds (CPF) in 1955 to enforce saving for spending after their retirement. Every month the employed Singapore citizens and those with permanent residence working in Singapore and the employers have to pay the counterpart fund. The rate of the saving of the employees is depended upon their age and salary rate. The saving money deposited in the provident funds is divided into three accounts (Mugul, 1995, pp.5-8; Rapeepan Kumhom, 2014, pp.184-185), i.e.

1. The Ordinary Account – it is the saving account for residential payment, insurance, investment and education.

2) The Medisave Account – It is the saving deposit for medical expenses and health insurance.

3) The Special Account–it is the saving account for old age or spending after retirement.

The provident fund members are older than 55 years old and withdrawable from the special account but have to leave the minimum rate saving during retirement of S$40,000 according to the obligation of the fund.

2.Health Insurance–The Singaporean government initiated the health insurance featuring the "dual [medication] system". It is the medication burden responsible by individuals and the government provides some part of the government subsidy and some specific group of the poor. This is to meet appropriateness and adequacy for the Singaporeans while does not create financial burdens for the government. The health insurance is divided into three (3) systems or the 3Ms, i.e. Medisave, Medishiled and Medifund (Rapeepan Kumhom, 2014, p.186; Office of the International Public Health, 2010).

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1)Medisave – it is a saving project initiated in 1984 to force people to save some part of their salary for medication expenses which might happen

in future according to the specification of the state under the provident fund. In this project, the government subsidizes parts of the medical expenses another part is from the member's provident funds paid under the provident fund system allocated in the Medisave account for the member's medical expenses. The Singaporean can access medication from the public hospital and the hospital joining the project. When the patient has been admitted, expenses will be estimated and compared with the saving in the Medisave account and to debit for medical charges.

2)Medishield – it is a health insurance system designed for chronic patient with prolong retreatment or having deadly disease. The scheme was established on 1990. The Medishield is a health insurance system for the disease with high expenses. Members can spend the Medisave deposit to pay the insurance fees and can leave the project by volunteering. There is clear specification for the medical expense rate. However, it does not cover the deadly disease.

3) Medifund – it is the fund established by the government in 1993 to help patients with low income or the poor patients. They can use this fund through the hospital board and they will be considered case by case.

With the rising number of the elderly in 2007, the Singaporean government conducted the policy to establish the health insurance for the needy elderly patients aged older than 65 years and established the "Medifund Silver" with the first start of S$ 500 million. The needy elderly patient can access the service in the hospital joining the project. The Public Medical Service Center and the Hospital Fund Board and the Medical Institute will decide the level of subsidy (Ministry of Health, Singapore, Online).

3.The Elderly Nursing–Caretaking the elderly in Singapore employs measures of cooperation from families and communities and the legal measures. Regarding the cooperation from families and communities, the government projected two schemes, i.e. the "Senior Citizens Club and the Singapore Action Group of Elders" for the fragile elderly. The Community Hospital Center organized recreation, health check and consultation to the elderly (Teo, 1996, p.282). Legally nursing the elderly, the Singaporean government promulgated The Maintenance of Parent Act 1995 as in many countries such as China, USA, Canada and France and so on. It is to change the idea from the cultural belief or the moral obligation into the

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legal measure for the elderly who are growing in number. This law enacted children to foster parents reaching 60 years old especially monetary supports. The promulgation of this law is likely leading to success in nursing the elderly in Singapore because the law is accepted by people. Also, the Singaporean still believe in the Chinese culture on gratitude towards parents which is counted the moral obligation (Chan, 2004). However, the policy is still under critique too and it is viewed that fostering parents is under law enforcement might create negative impacts such as family disunity when the children is unable to foster their parents and there is litigation. Also, legal enforcement might be likely difficult and inefficient. Therefore , it should be encouraged to apply other measures rather than enforcing laws such as promotions on morals , and culture of gratitude among youth and tax reduction for individuals who foster their parents as in Hong Kong and so on (Ting & Woo, 2009).

2)Social Welfare in Japan

Japan is a developed country and has entered aging society since 1970 and become the aged society in 1995. Japan has reached the top aged society (20% of the total population aged older than 65 years) in 2006. In 2015, Japan homes around 127 million populations and has the 31 million elderly or 25% aged older than 65 years (Ekkachai Piansriwatchara, Online; Sarawudh Phaitoonphong, Online). It is estimated to reach 35% in 2050 and becomes the country with oldest age in the world and relative to Italy (JICA, 2007). Today, Japan is the aged society by have one elderly aged older than 65 years among every five population. At the same time, its children are reducing. With the fast growing elderly population, the Japanese government conducts many policies to provide welfare for its elderly population as concluded below (Thanyawat Rattanasak, 2013, pp.214-245; JICA, 2007, pp.4-6; National Institute of Population and Social Security Research, 2014).

1. The Health Insurance–with the fast growing number of the elderly, Japan has developed two important schemes, i.e. (1) welfare for the elderly according to the Welfare for the Elderly Act 1963. The regulator is the municipality. (2) The Medication Welfare for the Elderly according to the Health and Medical Service Law, 1982. The elderly has to co-pay some parts of the medication and the members of the insurance fund are older than 65 years old.

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2. Long-term Care System – due to Japan promulgates employment laws until 65 years old; it makes the elderly suffers chronic illness. Therefore, in 1989, it launched "Gold Plan" and in 1994, it has been improved into "New Gold Plan". Then, in 2000, Japan promulgated the Public Long Term Care Insurance Law involving the Long-term Care Insurance (LTCI) to solve the growing number of the elderly after retirement and to increase more fringe benefits such as increasing numbers of hospital or Health Service Centers while developing quality of the caretakers about knowledge and skills of caretaking (Ministry of Social Development and Human Security, 2015, p.38). This includes encouraging private organization to engage services under the regulation of the government and the municipality such as workplaces, agricultural corporative, and the non-profit organization and so on.

The long-term care system is under the principles and practices as below (National Institute of Population and Social Security Research, 2014; Thanyawat Rattanasak, 2013).

1) The principle of the Long-term Care System – it relies on the budgets charged from the insurance fees from the insured and from taxes, which comprises three (3) principles, i.e. supporting freedom of the service users: the users can select the public health service as one needs from the service providers and providing social security system and specifying individual aged older than 40 years has to pay security fees with the government.

2) Municipalities and Special Wards will be the insurers because they involve organizing health services for the elderly to meet each local context. The insurers have to coordinate with the Central Government, the Provincial Administration Organizations, and the Fund Organization Unit and to pay the compensation to the service providers.

3) The Japanese aged older than 40 years are the insured and they are divided into two groups, i.e. Category I is the group older than 65 years and Category 2 is the group older than 40-64 years. The first group holds the rights to submit for fringe benefits if passing the evaluation. The second group holds right to have fringe benefit when being evaluated and certified deserving the fringe benefit in the case of sickness such as cancer or dementia and so on.

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4) The services received from this system is divided into two types, i.e. (1) the fringe benefit of preventive services, (2) the fringe befit of care services. The Preventive Services are provided for those who are qualified in the Support Level 1 or 2 whereas the Care Services are provided for individuals who are certified for the Support Levels 1-5. The Preventive Services are designed for the elderly who can help themselves or those who need low level of care which involves home-care and health service centers. The Care Services are generally provided for the elderly who unlikely help themselves involving in-home services, day-care, and care centers such as community-based services. As such, recipients can select the services as they want wither from either public or private service centers.

The municipalities as the insurers and the policy implementers play the leading roles in the LCTI system. Being the insurer, the municipality collects fees for the elderly aged older than 65 years residing in the municipality while allocating 12.5% of the tax collected to National Pooling Finds. During the active period, the insured earns rights of services from the care-unit. The municipality pays 90% of the service fees allocated from the National Health Fund for the service providers. Also, being the policy implementer, the municipality plays the leading role in assessment and certifies the insured on what rights they deserve. In addition, the municipality is authorized to appoint the Long-Term Care Certification Board to discern who deserves what rights.

3.The Pension System – Japan insures income with the pension system which contains three (3) major systems (The Thai Provident Fund (PVD), online; Worrawan Charndueywit, online), i.e.

1) The National Pension System (NPS) –its objectives are to provide basic pension for all who permanently reside in Japan. The applicants of NPS are divided into three groups. The first group is the public and/or private employees aged not older than 65 years. The second group is the marriage couple of the first group aged between 20-59 years old. The third group is others such as the freelance, farmers, physicians, law practitioners, the unemployed, students and the marriage couple of the third group aged between 20-59 years old. The NPS group is currently covering 70 million populations.

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2) The Employees' Pension Insurance: EPI – this is for the private employees. The minimum rate paid into the EPI is equal to the amount paid to the NPS. Therefore paying into the EPI is virtually paid to the NPS. What is over the minimum rate will be depended on their earning. The EPI group is currently covering 35 million populations.

3) The Mutual Aid Associations: MAA - this is for the central administration officials, the local officials and the employees in private schools. The model of payment is similar to the EPI system. Therefore, the officials and employees paying into the MAA system are not necessary anymore to pay into the NPS. The MAA group is currently covering 5 million populations.

4.The Elderly Service and Welfare Centers – Japan systematizes local administration based on cooperation among the local administrations called "Regional Syndicate" through providing many types of the elderly service and welfare centers (Kowit Puang-ngam, 2012, pp.54-56). They include (1) the Elderly In-home Service to take care the aged persons who have met family problems and inadequate money for living. (2) The Day-care Centers are where they provide daily round trip care for nursing health and to prevent disability, counseling, daily living and the round-trip transport services. (3) The Elderly Home Nursing Support and Care Centers are where care and counseling are provided through assigning nurses for in-home care. (4) The Special Elderly Home Provisions are provided for the elderly who have met their physical problem and helplessness or disability such as the provisions of physical therapy and so on.

3)Social Welfare in Sweden

Sweden is the model availing universal welfare including for the elderly too and is called the "Welfare State" for egalitarianism. Key factors to institute a welfare state are the large size public sector with many subsidies and the acceptance of population in high rate taxation. From the financial data during 2007-2009, it is found that Sweden taxed at 48.2% and it is the country allocating the highest sum of budget to paying for social welfare at 29.4% among the Scandinavian countries (Sweden, Denmark, Finland and Norway). Significantly, Sweden is the country with lowest inequality rate in the Scandinavian countries at 0.23 by the Gini

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Coefficient Scale and the OECD group, which reach the average scale of 0.31 (Euamporn Phijaisani, 2010).

Sweden has met the growing number of the elderly population and became the aged society in 2011 among the population of 9.4 million people. It elderly population aged older 65 years is 19% n estimated to reach 24% in 2040. The government has to allocate budget of 3.6% of its GDP to provide long-term care for its elderly and counted as the second rank in the OECD group after Netherlands (OECD, 2013). Its targets are to ensure the elderly their security on income and money, residence, and health care according to the needs of its people. As such people hold their rights to optimize welfare by their needs enacted in the laws on the criteria of welfare provision for the elderly under The Social Service Act 1982 and The Health and Medical Services Act 1983.

Organizing welfare for the Swedish is featured as the "Institutional Model" focused on decentralization. The public sector plays the highest role in prevalently organizing welfare for all groups of the Swedish. It is different from France where various groups of people to handle it either by the public sector or the philanthropic organization or families (Jonson et. al., 2011, p.3). The Swedish central organization, its regional government and its local government share responsibilities in organizing welfare for the elderly. They divide the responsibilities as follows: at the national level, the central administration and the parliament design policies and direction in organizing welfare through applying legal and economic measures together. At the regional level, the 21 country councils are responsible for servicing health and medical care. Finally, the local level, the 290 municipalities are responsible for social servicing, nursing and housing needs for the elderly. The regional councils and the autonomous municipalities organize welfare because of their council members are from election and the central administration empowered them to collect the local taxes under the decentralization law. As such, most elderly care uses their own local budgets- 82-85% of most spending from the local tax and around d10% paid by the central administration while the rest 5-6% comes from fees paid by people (Socailstyrelsen, 2009, p.7). From decentralization by the central administration, the municipalities play the leading roles in organizing welfare for their

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people. AS such some scholars comment that providing welfare for the Swedish is the "Municipal Welfare Regimes" (Kronger,1997) and it is concluded as below:

1)Health-care System – organizing the elderly welfare in Sweden, the government will decentralize its power to the local especially municipalities including private sectors with high potential through providing long term care services, i.e. home care, special housings, day activities, home nursing care, food delivery, delivery service, travels and so on (Fukushima, Adami & Palme, 2010, pp.1-2).

Caring of "Home Help" is such as home cleaning, laundry and cooking and so on. In addition, there is social service such as residence, home medical services, home security, transportation and so on (Socailstyrelse, 2009, p.8). The study of National board of Health and Welfare shows that people in Sweden turn to private sector for their home-care more. Some reasons are the number of the elderly is rising which make patient beds are inadequate. However, the proportion is few because of being restricted (Jonsson et al., 2011, pp.10-12). In the regional level, the public sector provides home medical services and public health services, such as the hospitals for the elderly with severe illness, nursing centers, sanatorium/charter house and other social aids such as home for the aged and so on.

The elderly care is characterized as follows: (1) day-care center servicing the elderly for short stay but organizing activities and just a-day trip, (2) a respite care center for the elderly care to servicing the family without time through temporal care. (3) Intermediate care unit serving the elderly just leaving the hospital for recuperation. Some long-term care for patients, the government provides "special housing" particularly for dementia patients who need long-term care. But by majority, private sectors handle the matter under supervision of the municipality.

2) Pension System - in 1998, the Swedish government endorsed the laws of the national pension improvement and being enforced in 1999. This new pension system was based on full life-time earnings and its taxonomies are as below (Ministry of Health and Social Affairs, 2000).

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1) Income-related pension – 16% will be deducted from the salary to be the pension. This amount is depended on how long the individual has worked; his /her income, fees and tax paid by the employer.

2) Premium pension/Prefunded pension – 2.5% will be deducted from the salary to be the premium pension selected by the individual.

3) Guaranteed pension – it is the pension for individual who is jobless or who earns lower pay. The government allocates some parts from the fiscal budget to fund. The Pension Classes 1 and 2 will be received upon being 61 years old while the Pension Class 3 received upon being older than 65 years old.

In summary, the goal of each elderly welfare system in abroad is mostly analogous through focusing on quality of life, wellbeing and health but with different measures (Ministry of Social Development and Human Security, 2015, p.43). Japan applies Conservative/Corporatist Regimes System and Producttivist Welfare System concentrated on long-term care but not in the sanatorium or the welfare home yet encouraging home-care services. Sweden applies the “Welfare State” concept concentrated on paying long-term provident money, including pension and legal benefits. It is also involving decentralization to the local which plays the leading role in organizing welfare for people because it is he public service arrangement related to their daily life according to the social democratic model. Singapore implements social welfare by concentrating on supports and cooperation from many sectors between public sector, private sector, community and family based on the “Producttivist Welfare” model. The similar welfare feature in every county is the welfare of healthcare and saving for old age proposed by Holliday (2000) as being summarized in Table 2.7.

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Table 2.7: The elderly welfare organization in some foreign countries

Countries	Welfare Organization Model	Features
Singapore	Producttivist Welfare	- Self – Reliance focused and creating saving system by the state and people) - Participatory welfare by the public sector, civic sector, community and family
Japan	Conservative/Corporatist Welfare and Producttivist Welfare	- Long-term health security - The central and the local administration collaboratively organize welfare - The state allocates budgets in the health security system and the national saving system - People co-pay the counterpart funds
Sweden	Social Democratic Welfare or Welfare State	-The state is key to organize welfare for all people. -The state collects high rate of tax. -The central administration decentralizes to the region and the local for organizing welfare

Source: summarized from Holliday (2000)

2.3.2.4 Elderly Welfare Organization Situation in Thailand

It is divided into three parts. First part, it explains the elderly welfare organization development. Second part, it explains the laws related to the elderly welfare organization. Third part, it explains the offices related to the elderly welfare organization. They are as below.

1) Background and Characteristics

Many societies commonly agree that welfare must be accessible for all and receivable because it is the social basic right of all (Nehuaus, 1979, cited in Narong Petchprasert, 2001, p.12). The Thai welfare organization for people is growing in many aspects but inadequate to the basic needs of people. Therefore, some people are relying on the cooperation on welfare organization between the public sector, private sector, family and community for self-reliance and

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reinforcing communities. This is to supplement the state welfare organization and it is called the "Social Safety Net". This arrangement is well modeled in the welfare organized by the community sector such as The Saving Group of Khru Choop Yodkaew, The Saving Group of Amphoe Jana, Songkhla and so on (Narong Petprasert, 2001, pp.7-8; Worawan Chandoevwit et al.,2010). Therefore, the welfare organization in Thailand has integrated various foreign models (Rapeepan Kumhom, 2014, p.201) and closest similar to France.

Had it needed to consider the policy and laws of Thailand in enacting to organize the elderly welfare after its democratization in B.E.2475 (1932); its development might be divided into three (3) phases, i.e.

Phase I: During 1932-1982, it is to conduct the policy of the elderly after the 1932-democratization and having the Constitution as the sovereign law in the national administration until the National Long-term Plan for the Elderly B.E. 2525 (1982). The feature of its implementation for the first 50 years is the government policy has been concentrated upon providing welfare for the deprived elderly and the abandoned ones. It is found being the "given solution rather than prevention". Legally, there are no direct Acts about the elderly rights because of there are the ill-facilitated political, economic and social factors. The policy for the elderly at this period was mostly implemented during the administration of the Prime Minister Field Marshal Por. Phibulsongkram (1939-1944 and 1948-1957). It major policies are (1) the 12th Announcement of the "the Conventions-of-the-State Policy" on Aids to Safeguard the Children, the Elderly and the Disabled, (2) establishing the "Department of Welfare" as a departmental level in 1940 under supervision of Ministry of Interior having the Division of Welfare for the Destitute taking the responsibility for the elderly welfare affairs (Department of Public Welfare, which has been transferred to many ministries until 2002, it is under supervision of Ministry of Social Development and Human Security). In 1942, the government has established Ministry of Public Health to medicate and care for the health of people. Significantly, the government has established the first elderly welfare home called "Ban Bang Khae" in 1953 to undertake the home of the deprived elderly such the abandoned, the homeless and so on.

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There are, a this period, three principal laws to protect and provide welfare for the elderly, i.e. the Beggar Control Act B.E. 2484 (1941) to allocate allowance for the abandoned elderly or the homeless. Later the government issued the Government Personnel Pension Act 1951 to provide welfare for only the government personnel not for the elderly in general. As of the rights protection for the elderly not to be abandoned according to the Criminal Code "Article 37" enacted anyone fail duties by law or by agreement to care for non-self dependable person because of their ages, illness, physical or mental deform, the abandoned of non-self dependability on the rationale of endangering to life; are subject to imprisonment not more than three (3) years or being fined not more than six thousand (6,000) Baht or both (Piyakorn Whangmahaporn, 2003, p.88).

It is claimed that the policy for the elderly has objectively been originated first by seeing the problems of the national leaders. Therefore, policymaking is characterized as the elite model stating that the policy has been specified by the values and preference of the elite (Dye, 2014, pp.23-24). The policy for the elderly in Thailand at this period is just formulated and it is mainly projected on public health and aids welfare (Piyakorn Whangmahaporn, 2003, p.97).

Phase II: during 1982-2002, it is the policy implementation under the National Long-term Plan for the Elderly B.E.1982-2001, which is the first long-term plan until the promulgation of the National Elderly Act B.E. 2003 for the past twenty (20) years. The significant implementation here is the "Appointment of National Elderly Board and the 1st Plan of the National Elderly (B.E.2525-2544 or C.E.1982-2001). The critically external factors are that the government in those days has to design the plans for the elderly under the influence of the United Nation. Meaning, in 1982, the UN has organized a World Convention on the Elderly in Vienna, Austria and designed international long term plan for the elderly incorporate with inviting its members to organize activities for the elderly (Office of the Elderly Promotion and Protection, n.d., p.7).

With these external factors, the Thai government specifies the state policy in the Constitutional Provision B.E. 2521 (1978) determining the state to promote and support the state and private social aids for public welfare and wellbeing including the impacts from the developed countries according to the 1st -4th Plans of

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the National Economic and Social Development. At that time, Thailand has met many social problems such as poverty, and unfair income distribution. Later, in the 5th Plan (B.E. 2525-2529 or C.E.1982-1986), the government more prioritizes social issues and the elderly aids. Therefore in 1982, the administration of Gen. Prem Tinsulanonda has formed the "National Elderly Commission" to undertake the principal duty on designing the National plan for the elderly. And in 1987, there was an announcement to enforce the National Long-term Plan for the Elderly B.E. 2525-2544 (1982-2001) which was the first master plan various organizations related to the implementation of the plan for the elderly. It involved policies and five (5) measures, i.e. the sanitary health services, education, career and income, social and culture (Piyakorn Whangmahaporn, 2011, pp.30-31, pp.40-41).

With the first national long-term plan for the elderly, it led to the establishment of the "Elderly Association" by the Department of Medicine, Ministry of Public Health in 1983 to be the center for organizing elderly activities and mutual helps. The establishment of the "Elderly Council Association of Thailand" was a juristic person instituted in 1989. It later played the important role in driving the policies and laws related to the elderly. Reasons are the association is an interested group cooperated with the government personnel. During the administration of Mr. Anand Panyarachun (1991-1992), the promulgation of the Constitution B.E. 1991 enacted what involved the elderly in the basic policy of the state in Article 89 bis, "The state should help and aid the elderly and the disabled to regain health, spiritual morale and hop in life in order to reasonably live. It is counted that the Constitution is the first one to directly enact about the elderly rights (Piyakorn Whangmahaporn, 2011, pp.45-53, pp.61-63). During the administration of Mr. Chuan Leekpai (1992-1995) he had followed the elderly policies such as in 1993, undertaking a funding project to promote welfare for the elderly and their families in community (the elderly provident fund) to help those who are poor for 200 Bath a month. Later in 2000, it was increase to 300 Bath a month under the responsibility of Department of Public Welfare and constructed the welfare homes in the regional provinces such as the provinces of Phuket, Nakhonratchasima and Cholburi.

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When the Constitution B.E. 2540 (1997) which is the reform copy for many aspect; there are then enactments about the elderly in the Section of "Rights and Liberty". It is the basic warranty of rights for people and in the Section of "the State Basic Policy" which is the framework for the government to implement in the national administration. The Section of "Rights and Liberty" is enacted in Articles 30, 53 and 84. As such, it witnesses the state intention to safeguard the elderly rights while framing the state to organize the saving system for the aging and it covers all and not only the government personnel only.

With the Constitutional Provisions B.E.2540 (1997) enacted the National Elderly Act B.E. 2546 (2003) which protected and guaranteed the elderly rights on health, social, economy and various benefits to access and receive public services. This law enacted to have the "National Elderly Commission" as the national level mechanism undertaking the responsibility to design policies and practices on the elderly (Office of the Elderly Promotion and Protection, n.d.). Regarding the unit responsible for the elderly activities, the administration of Pol. Lt. Col. Dr. Thaksin Shinawatra established "Ministry of Social /development and Human Security" to undertake the responsibility of the social welfare for people having the "Office of the Elderly Promotion and Protection (currently, it is Department of the Elderly Affairs) to undertake the responsibility and developing latency, organizing welfare and protecting the elderly rights.

At the local level, the Constitution B.E.2540 (1997) enacts decentralization in Article 78 indicating, "With this Provisions, the government enacts the Plan and Process in Decentralization Act B.E. 2542 (1999) empowering the local administration organization (the provincial administration organization, the municipalities, the subdistrict administration organization, Bangkok and Pattaya City) to participate in organizing welfare and aids for children, women, the disadvantageous and the elderly at the local level.

Phase III:2002-presnt (2017), it is to implement the policy for the elderly under the framework of (1) the 9th Plan of the National Economic and Social Development (2002-2006), the 10th Plan (2007-2011), the 11th Plan (2012-2016) adhering to the principle of "Development to Equilibrium", "Human-centered Development" and "Sufficiency Economy" in all dimensions, (2) The Constitution B.E. 2540 (1997) and the Constitution B.E.2550 (2007), (3) the 2nd National Elderly

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Plan (2002-2021) and (4)the National Elderly Act B.E. 2546 (2003). From such frames, the government undertakes many projects as following conclusion.

1) Designing the 2nd National Elderly Plan (2006-2021)–it is the principal strategy in functioning the elderly works with new measures to meet and to respond to the changing social situations and the elderly problem conditions such as building disciplines of saving in every age range, allocation of budget to support the elderly activities by the local administration organization, the long-term supports and cares, building the administrative network and the elderly development in the provincial and the local levels and so on.

2) The Plan and Process for Decentralization Act B.E. 2542 (1999), Article 17 (27) demands the local administration organization to be authorized in public services, social welfare, and developing the quality of life for children, women, the aged and the disadvantageous. Therefore, during 2000-2006, the missions of the welfare homes for the elderly and the social service centers have been transferred from the Ministry of Social Development and Human Security to the local administration organization for 13 centers from 20 centers. There are 12 welfare homes and a social service center of Srisukot in Pitsanulok province (The Social and Affairs Development for Children, Youth, Women, the Elderly, the Disabled and the Disadvantageous: Senate, 2012). In 2002, Ministry of Social Development and Human Security transferred its authority of paying allowance to the local administration organization (municipalities, subdistrict administration organization, Pattaya city and Bangkok) in order to facilitate people on receiving monthly allowance in each area.

3)The National Elderly Act stipulated the mechanism to meet the aging society in three affairs, i.e. (1) the "National Elderly Commission" to design policies for the elderly, (2) specifying 13 basic rights for the elderly (Article 13), i.e. paying the elderly allowance, which is the "basic state pension for people". The administration of Mr. Abhisit Vejjajiva later amended the 2nd Elderly Act B.E. 2553 (2010) from the elderly provident to aiding only for the poor with inadequate income for living, being abandoned into the provident for all – paying the provident for every elderly aged older than 60 years at 500 Baht per each one. It is counted as the welfare provided by the state for all elderly (except those who receive regular welfare from the state). Later, in the administration of Ms. Yingluck Shinawatra (2011-2014) has

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improved the equal provident payment for all elderly into “the monthly stepped provident pays” of 600 Baht for the elderly aged 60-69 years old, 700 Baht for the elderly aged 70-79 years old, 800 Baht for the elderly aged 80-89 years old and 1,000 Baht for the elderly aged older than 90 years old (Office of the Elderly Promotion and Protection, n.d., pp. 49-51). (3) There is a demand to establish the elderly funds (Article 13) to spend for protection, promotion and support individual elderly and the elderly organization attributed in group, association or community service center. It includes individual loan grant not more than 30, 000 Baht and in group for the elderly (not less than 5 members) not more than 100,000 Baht a group.

3) In 2011, the administration of Mr. Abhisit Vejjajiva enacted the National Saving Fund Act B.E. 2554 (2011)to have a saving system for spending in elder life and to prevalently secure income after aged older than 60 years for common people and not for the government personnel and the private employees or informal workers who are not protected. It is allowed for those who can be the members upon having the Thai nationality aged older than 15 but not over 60 years old being freelance and not being the government personnel but not the member of the social insurance system. However, it was effective during the administration of Gen. Prayut Chan-o-cha in 2016.

4) During 2013-2014, in the administration of Ms. Yingluck Shinawatra in seeing the importance of the aging condition; she began projecting the “Quality of Life Development and Career Promotion Centers” to be the central area for organizing the elderly activities within communities targeting a center a district which were 876 centers nationwide.

5) In 2015, the government restructured the working units in Ministry of Social Development and Human Security by dividing jobs in the “Office of Welfare and Protection Promotion for Children, Youth, the Disadvantageous and the Elderly” into five departments by missions. The missions for the elderly have been established into “Department of the Elderly Affairs” for direct responsibilities.

In summary, from the reviews of welfare organization development for the elderly in Thailand after its democratization in 1932; there were alternated democratic governments with the junta governments. It is found that the elderly welfare organization in Thailand has begun from top-down demanded in the

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form of policy from the government to the people characterized as the “Elite Model”. As such, it was influenced by pressures from outside the country like UN. It was principally organized in the style of “Social Aids and Public Health” and established offices to undertake the responsibility such as Ministry of Public Health, Department of Public Welfare, and Welfare Homes. Later, plans were designed for the elderly and to promote their association in the form of “the elderly association” until being developed into “the integrated policies” attributed in “social welfare with quality of life promotion and development and the lump-sum-pay welfare organization” for example, provident pay for monthly pension, the Elderly Acts, The establishment of the Elderly quality of life development center, the National Saving Act, and the community welfare organization. Rationally, the internal drivers came from the social inequality in the Thai societies and the growing number of the elderly. The policies on the elderly have been undertaken are concluded as in Table 2.8

Table 2.8: Important policy conducted of the elderly during various governments

Gov./Yr.	Policy conducted/Important Projects	Policy features
Field Marshal Por. Piboonsongkram (1938-1944, 1948-1957)	- Announcement of “The Convention-of-State Policy No.12” on Aids and Protection of Children, the elderly/Destitute - Establishment of Department of Public Welfare in 1940 as a mechanism in organizing welfare for the elderly and Ministry of Public Health in 1942 - Establishment of Ban Bang Khae in 1953 in Bangkok, Chiangmai and Nakhonratchsima - Enactment of Beggar Act BE 2484 (1941) to organize welfare for the abandoned and the homeless elderly and the Government Pension Act, BE 2494 (1951) - Instituting Faculty of Social Welfare: Thammasart University as an academic institute and researches 1953	- Welfare, aiding the destitute elderly or the residual welfare based on liberalism - Initiate the elderly service centers - Establish the state agencies to be responsible for the elderly jobs and educational institutions to support academic works

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Table 2.8: Important policy conducted of the elderly during various governments (cont.)

Gov./Yr.	Policy conducted/Important Projects	Policy features
Gen. Prem Tinsulanonda (1980-1990)	- Appointment of "the national Elderly Committee" to design the national elderly plans - Approval of the 1st National Elderly Plan (1982-2001) -Additional establishment of the Elderly Welfare Home and Social Service Centers in the provinces of Nakhonsawan, Chanthaburi, Nakhonpathom, Chiangmai, and Pitsanulok - Promote non-formal school by mail and provide village reading areas.	- The state- supported elderly welfare and focusing on establishing additional welfare homes and social service centers in many provinces - Having the first elderly plan
Gen. Chartichai Choonhavan (1990-1991)	- Establish "the Elderly Association" to be the joint-activity center of the elderly in 1983 - Promulgate The Provident Fund Act BE 2530 (1987) as welfare for employee after quit. -Establish the elderly Association of Thailand in 1989 - Promulgate Social Insurance Act BE 2533 (1990) to protect workforce in the industrial sector granting many rights e.g. illness, laboring, and retirement pension	- Allow various sectors to play the role in the elderly affairs - Organize welfare for people in the industrial sector in the Corporatist Welfare System
Mr. Anand Panyarachun 1991-1992	- Promulgate the Disable Latency Rehabilitation Act BE 2534 (1991) including the elderly - Enforcement of the Constitution BE 2534 (1991)enacting about the elderly in the state-based policy and counted as the first Constitution directly enacting the elderly rights	- Demand the elderly rights directly and evidently enacted in the Constitution

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Table 2.8: Important policy conducted of the elderly during various governments (cont.)

Gov./Yr.	Policy conducted/Important Projects	Policy features
Mr. Chuan Leekpai (1992-1995)	- Design long-term policy and measures for the elderly (1992-2011) with major projects, i.e. the Fund Project to Promote the Welfare of the /elderly and their Families in Community (200Baht provident allowance /person; The Elderly Health /center Project and so n. - Construct more welfare homes in Chiangmai, Phuket, Tang and the elderly service center in Khonkhaen	- Aiding the destitute on income - Increase the welfare homes for the elderly and the elderly service centers
Gen. Chavalit Yongchaiyudh (1996-1997) Mr. Chuan Leekpai (1977-2001)	- Enforce the Constitution BE 2540 (1997) demanding to promulgate the Plan and Process of Decentralization Act BE 2540 (1997)	- The Constitution enacts the state to activate the elderly policy - Decentralization on undertaking the elderly affairs
Dr. Thaksin Shinawatra (2001-2006)	- Establish Ministry of Social Development and Human Security having Department of Elderly Affairs to undertake responsibility -Promulgate the Elderly Act BE 2546 (2003) - Design the 2nd Elderly Plan (2006-2021) -Transfer the elderly welfare home affairs and social service centers to Local Administration Organization - Specify provident allowance at 500Baht/person just for the ones with inadequate income for living	- Having organizations to directly handle the elderly affairs - Having laws to directly organize welfare for the elderly - Build warranty on the elderly rights

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Table 2.8: Important policy conducted of the elderly during various governments (cont.)

Gov./Yr.	Policy conducted/Important Projects	Policy features
Mr. Abhisit Vejjajiva (2008-2011)	- Amend the Elderly Act BE 2553 (2010) by paying the provident allowance for all at 500 Baht/ person (except those receiving pension from the state) - Enact the National Saving Fund Act BE 2554 (2011)	-Warranty income for all - Promote saving for aging
Ms. Yingluck Shinawatra (2011-2014)	- Improve stepped provident allowance at 600 Bath/month for the 60-69 year elderly, 700Baht/month for the 70-79 year elderly, 800 Baht/month for the 80-89 year elderly and 1,000 Baht /month for the older than 90 year elderly - Project to establish 878 centers for quality of life development	- Increase warranty income / month
Gen. Prayut Chan-O-Cha (2014-present)	- Process by the National Saving Fund Act by allowing individuals who are not in the Social Insurance Fund or are not receiving the state welfare aged 115-60 years old. - Consensus on Nov. 8, 2016 to endorse 4 measures for the elderly, i.e 1) employ the elderly measures, 2) Senior Complex construction measure, 3) The elderly residence credit loan (reverse) and 4) forced saving measures for the formal workers who are not being ht members of provident fund.	- Establish the saving system for aging among all people who do not receive the state welfare

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2) Treaty and Laws Related to the Elderly

From literature reviews, it could be concluded that in running the elderly policy in Thailand, it requires to follow altogether the agreement or the international treaty related to the elderly including laws and the national elderly plans. It is witnessed that there are many frameworks to work about the elderly as briefed in Table 2.9

Table 2.9: Treaty and laws related to the works on the elderly in Thailand

International Treaty	**Laws/ Strategies/ Domestic Laws**
1. United Nations principles for Older Persons	1.Declaration of the Thai Elderly B.E. 2542 (1999) 2.The Constitution of the Kingdom of Thailand 3.The Elderly Act B.E. 2546 (23003) 4. Plan and Process of Decentralization Act B.E. 2542 (1999) 5.The 2nd Elderly Pan (2002-2021) 6. The Standards of the Elderly Welfare of the Department of the Local Administration Promotion, Ministry of Interior B.E. 2548 (2005)

3) Agencies responsible for the elderly affairs

According the Elderly Act B.E. 2546 (2003) amended (B.E. 2553 or C.E.2010); the government has increased responsible agencies from 10 agencies to 32 agencies to servicing the elderly in order they can access the service more. Also, there was an announcement of the Office of the Prime Minister on Identifying the Authorized Personnel Responsible for Undertaking Protection, Promotion and Support for the Elderly in Various Affairs (Office of Promotion and Protection the Elderly, n.d.). They concluded in Table 2.10.

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Table 2.10: Responsible agencies on the elderly affairs in the announcement of the Office of the Prime Minister

The Elderly Rights	The Responsible Agencies	Additional Responsible Agencies
Article 11(1) medical service and public health prepared have to be convenient and specially speedy	-Ministry of Public Health	-Ministry of Defense -Ministry of Education - Office of the National Police - Bangkok
Article 11 (2) education, religion and information useful for daily life: right of education	-Ministry of Education	
Article 11 (2) education, religion and information useful for daily life: right of education		- Department of Religion: Ministry of Culture - Office of the National Buddhism
Article 11 (2) education, religion and information useful for daily life: right of education		-Ministry of Education -Ministry of Interior -Local Administration Org.
Article 11 (3) carry out carrier or appropriate career training	-Ministry of Labor	-Ministry of Education -Ministry of Interior -Local Administration Org.
Article 11 (4) self-development, participation in social activities , association characterized in network or community	-Ministry of Social Development and Human Security	-Ministry of Interior -Ministry of Culture - Local Administration Org.
Article 11 (5) facilitating convenience and safety in the building, vehicles or other public services: the rights to arrange environment appropriate to the elderly.	- Department of Civil Works and City Planning : Ministry of Interior	-Bangkok -Pattaya City

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Table 2.10: Responsible agencies on the elderly affairs in the announcement of the Office of the Prime Minister (cont.)

The Elderly Rights	The Responsible Agencies	Additional Responsible Agencies
Article 11 (5) facilitating convenience and safety in the building, vehicles or other public services: the rights to arrange environment appropriate to the elderly.	-Ministry of Transport - Agencies under supervision of Ministry of Social Development and Human Security	-Bangkok - Local Administration Org.
Article 11 (6) subsidize transport fees with appropriateness	-Ministry of Transport	-Bangkok -State Enterprises
Article 11 (8) helping the elderly who are endangered by tortures and illegal advantage taken by law or by abandonment: deserving the preliminary rights of not more than 500 Baht	- Ministry of Social Development and Human Security	-Ministry of Interior -Ministry of Justice - Office of the Attorney General - Office of the National Police -The Local Administration Organization having welfare home for the elderly care
Article 11 (9) providing advice, consultation and taking actions related to alleged case or solving family problems: the rights of litigation consultation	-Ministry of Justice	- Office of the Attorney General - Office of the National Police - Local Administration Org.
Article 11 (10) prevalent provision of shelter, food and dress by necessity: the rights of helps on temporary or permanent shelter	Agencies responsible for welfare home under the Ministry of Social Development and Human Security	- Local Administration Org.

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Table 2.10: Responsible agencies on the elderly affairs in the announcement of the Office of the Prime Minister (cont.)

The Elderly Rights	The Responsible Agencies	Additional Responsible Agencies
Article 11 (12) welfare on the arrangement of traditional funeral rites: the rights of assistance at 2,000 Baht / corpse	Agencies responsible for welfare on traditional funeral rites under supervision of Ministry of Social Development and Human Security	- Zone Offices under supervision of Bangkok Metropolis - District Offices
Article 11 (13) tourist sites arrangement and organizing sports activities and recreations	- Ministry of Tourism and Sports	-State Enterprises
Article 11 (13) servicing to facilitate on museum, archeological sites, national archive and organizing activities on religious arts and culture		- Agencies servicing museum, archeological sites, national archive and organizing activities on religious arts and culture under supervision of Ministry of Culture
Article 11(13) launching public relation on deserved rights according to the Announcement of the national Elderly Commission		Agencies under supervision of Ministry of Social Development and Human Security

Source: Office of the elderly Promotion and Protection (n.d.)

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2.4 The Decentralization Concept and the Local Governance

The researcher has reviewed literatures of decentralization which involves decentralization, the local management and the municipal governance, as below.

2.4.1 The meaning of decentralization and the local governance

The decentralization and the local governance are coherent. During 1970s, many country embraced centralization and key in the national administration but they met countless problems and limitations such as irresponsiveness to the needs of local people. The impacts of economic development led to social inequality whereas decentralization embraced by the developed countries brought the common good to national development through people involvements in decision-making on the local governance (Roundinelli, 1983, pp.182-185, in corporate with the growing trend of urbanization geared to democratization during 1980s. Therefore, the decentralization concept has been adopted for bureaucratic reforms in various countries.

In the processing the meaning of decentralization, the international and Thai scholars (Brinkerhoff & Azfar, 2006, p.2; Yuliani, 2004; Pathan Suwannamongkol, 2011; Thanet Jaroenmuang, 2008, pp.186-188; Ruangwit Ketsuwan, 2012, pp.146-147; Wuthisarn Tanchai, 2012, p.16) conclude it meaning that it is a national governance which the central administration of the central official empowers some administration and governance to the local administration and other sectors to participate and to be authorized in the responsibility for necessary public service arrangement such as public utility system, education, public health, arts and culture and attending environment. As such the governance has to be under supervision of the central administration. Decentralization is not just to decentralize legal power and administration but also involving the formal and non-formal legal power and traditional practices including dimensions of the informal players and interactions beyond the formal political institution.

In summary, decentralization involves the relationship reset of power between the central administrations adopting centralization with the local embracing decentralization. The former allocates or transfers its power, duties and responsibility to the latter about administration and governance appropriate and coherent to the existing social context. As such, it is to enable the local to govern themselves and to rapidly provide public service while reducing the burdens of the central administration

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and strengthen their own local people (Wutisan Tanchai, 2012, pp.15-17; Yuliani, 2004; Pathan Suwannamongkol, 2011, pp.5-6)

On the contrary, "Local Governance" is academically meant in two dimensions, i.e. local government and local governance. Both inherit different meaning as below explained.

First, "governance" has broader meaning than "government" (Kjaer, 2004, p.7). It has been used in explaining the change of roles in the public sector during its reforms in 1980-1990. The reforms in this period led to change the public sector's roles from "government" which the state owned power over social through hierarchical bureaucracy into adopting duties of "governance" through the method on the Use of market and network system which allow the civic players and community to play more roles especially in the delivery of public service (Bevir, 2009, p.3 ; The Research and Consultancy Institute of Thammasart University, 2013, p.3). It is also referred to the governmental latency to coordinate and to solve the existing complex public problems (John, 2001, p.9).

United Nations Development Program (UNDP, 1997) explains about "Governance" that it is the exercise of political, economic and administrative authority in the management of a country's affairs at all level.

Rhodes (1996), a western scholar explains "Governance" in six meanings but in the last meaning he means "Governance as Self Organizing Networks". In this perspective, the local government becomes the local governance – an administration that draws various sectors apart from public sector such as private sector, civic sector and people sector to collaborate in public service delivery in order to achieve its objectives and to avoid people from state-dependency alone. This will weaken the local governance. The "local governance concept is the local administration concept risen from the new public management during 1980s. In 1990s, the new public governance has been adopted for bureaucratic development in many countries for greater efficiency emphasizing involvements of various sectors in its local governance.

Shah and Shah (2006), the World Bank scholars explain the different meaning between the local governance and the local government. They conclude that the local government is the state institutions or organizations established through the national constitutional provisions (e.g. Brazil, Denmark, India, Italy, Japan and

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Sweden) or through the State constitutional provisions (e.g. Australia and USA) or through the Act provisions of the central government (e.g. New Zealand, England and most countries), or through the provisions of the State Legislative Council (e.g. Canada and Pakistan) or through the Administrative Order (e.g. China) for public service deliveries for people especially in their own locality. On the other hand, the local governance has broader meaning than the local government. It means the direct and indirect administration and functions at the local level exercised by the local administration organizations. It also includes the functions of informal organizations such as community network and various associations with their interactions between the state and the people or between people and people to seek policy decision making and to administrate public affairs for the wellbeing of the people.

John (2001, pp.9-13) explains the roots of governance. It comes from many factors as 1) the internationalization of economics or globalization is the key factor for transition from "local government" into "local governance". This is because it comes the free market system and various economic competitions, which then demand the local to adjust its public service delivery. (2) It is greater demand for the private sector to involve in public decisions such as influencing in economic decision making. (3) It is the new policy challenges, which are the local social and economic problems, which demands the local to change its administration such as the rising number of population, migration and the problems of natural resource and environments. (4) The move to the post-bureaucratic state is emerged under the concept of New Public Management: NPM through reducing bureaucratic system to improve the bureaucratic efficiency rapider responsive to the needs of people.

In summary, the local management is a process to function the local activities together in order to achieve public affairs with the cooperation of the public sectors and the non-state sectors to play the role in decision making and to collaborate in local affairs emphasizing cooperation, compromise, civic dialogue. This involves various stakeholders rather than following the bureaucratic rules and regulation, which is just formal only. Therefore, the local administration is emphasized results, which promotes quality of life among people (Shah, 2006, p.2; Thanet Charoenmuang (2008, p.73).

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Table 2.11: Differences between Local Governments with Local Governance

Essence	**Local Government**	**Local Governance**
Overall feature	Systematizing administration by the government as the center of the system; the government as ruler while people as the ruled	Systematizing administration focusing on people-centered on administration because people is the owner of the administrative power and promoting people to involve in administrative policymaking and decision-making for solving problems
Administrative Structure	Adherence to rules, regulations, and laws in rigid administration	Being bureaucratic paired with promoting cooperation and network association
Network system	Closed/few	Extensive
Political connection	Delegation -focused	Delegation system + other systems
Policy	Conventional regulated by government	Diversified responses to the needs of the local people
Central government	Direct control	Flexible direction
Public participation	Few	Much

Source: John (2001, p.17); Thanet Charoenmuang (2008, p.73); Udom Thumakosit (2009, pp. 206-208)

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2.4.2 Decentralization Model

The local administration organization counted to be the state agency is the closest unit with people. Decentralization for decision making and power to manage resources is a tool to help the public sector to improve models and quality of public service responsive to the diverse needs of people (Hutchinson & LaFond, 2004; Supawatanakorn Wongthanavasu & Tatchalerm Sudhipongpracha, 2013, p.12). Therefore, decentralization is the key to public service delivery for people with best service. There are four types of decentralization (Cheema & Dennis, 2007, p.7; Pathan Suwannamongkol, 2011, pp.8-10), i.e.

(1) Administrative Decentralization – it is referred to the allocation of duties from the central administration to the region or to the local but the overall responsibility is under the national level. The administrative decentralization involves power transfer from the central administration to the local, empowerment and responsibility to any state agencies for their representativeness.

(2) Political Decentralization–it is the decentralization involving organizational arrangement and the process for participation of people in electing their political representatives, the process of decision making on policy, restructuring the government through decentralizing power and duties to the local administration organization, the process of liberalizing association and participation of the civic organization in the process of decision-making.

(3) Fiscal Decentralization – it is to methodologization and mechanization for coordination in seeking revenue among public sector in all level and power transferred to the locality for taxation and addressing the local public expenses including to autonomize the local on finance.

(4) Economic Decentralization – it is power transfer featuring market liberalization, deregulation, privatization and public-private partnerships.

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Table 2.12: Decentralization dimension

Dimension	Feature of Power Transferred	Concept of Management
Politics	- strategized mechanism/community development plan - Election of the local administration	- Strengthening democracy - People involvement principle
Administration	- Various powers and authority - Organizational management	- Responsibility mechanism - Administrative Freedom
Finance	- Revenue collection - Budget administration	- Budgeting efficiency principles - Sustainable finance
Economy	- Conducting local economy	- Local trade supervision - Private partnership

Source: Summarized from Supawatanakorn Wongthanavasu and Tatchalerm Sudhipongpracha, 2013, p.14; Falleti (2005) and Cheema and Dennis (2007)

2.4.3 The development on the policy of decentralization in Thailand

Thailand formally imposed the policy of decentralization since Rama V who initiated to experiment establishing local administration in 1897 ever since until today. It is dividable into three (3) phases (Bukhoree Yeema, 2012, pp.63-82; Kowit Puang-ngam, 2009, pp.135-242; Nantawat Boramanand, 2009B, pp.25-87; Wutisan Tanchai, 2014, pp.29-40), i.e.

PHASE I: The Formulation – the local administration began in 1892 until the democratization in 1932. Decentralization began since His Majesty Rama V imposed grand bureaucratic reform in 1892 to modernize the bureaucracy. At the same time, it was to reinforce centralization more. The internal elements sparking this reform was the inefficient bureaucracy along with the external threats of the giant western imperialism such as England and France attempting to colonize many countries around the world (Bukhoree Yeema, 2012, pp.63-64). The decentralization policy began from His Majesty's first initiative to experiment the local administrative unit in 1897 called "Bangkok Sanitation Administration" through the enforcement of a Royal Ordinance on Bangkok Sanitation Administration, RE 116/B.E.2440 (1897). Later, the Ta Cha Lom Sanitation Administration has been established in 1945 to fulfill the important duties of the local cleaning, prevention and treatment of illness and maintenance of the transport routes. In 1908, His Majesty decreed "The Provincial Sanitation Administration Act, RE127/B.E.2451 (1908). His Majesty Rama VI has

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experimented in establishing “Dusit Thanee” (Dusit City) to be prepared for democracy and the local administration (Kowit Puang-ngam, 2009, pp.135-136). During the reign of His Majesty Rama VII, His Majesty attempted to improve the sanitation administration into municipality as in today. Finally, there was a coup for democratization before the enforcement of the law.

PHASE II: Diversified Forms of Local Administration – it was during 1932-1986 after the turn from the absolute monarchy to democracy in 1932, the administration of Phraya Manopakornnitithada enacted the Administrative Regulation of the Kingdom of Siam B.E. 2476 (1933) dividing the administration into the central administration, the regional administration and the local administration. As of the local administration, there was an enactment of the Municipality Regulating Administration Act B.E.2476 (1933) specifying the municipality as a jurist person and divided it into town municipality, town municipality and subdistrict municipality. Later there was an enactment of the Subdistrict Regulating Administration Act B.E.2499 (1956) with the status of juristic person to fulfill the duty of keeping peace and order for people, prevention and watch on infectious diseases and so on. The reason was the Prime Minister visited USA and Europe and enacted two laws on rural development where there was no municipality and sanitation administration (Kowit Puang-ngam, 2009, pp.125-127; Bukhoree Yeema, 2012, p.74). In addition, in 1975, the government has enacted the Bangkok Metropolitan Regulating Administration Act to impose Bangkok to be a special local administration for its more autonomy while enacting the Pattaya Regulating Administration B.E. 2521 (1978) to establish it as another special local administration. This is to found diverse forms of local administration until today. However, there are many problems such as the internal structure of the local administration is not coming from direct election, its roles and duties are still restricted and overlapping with the central and regional administration. The local still has much scarce latency such as earning less income per service and non-involvement of people in the local administration (Bukhoree Yeema, 2010, pp.334-335).

PHASE III: THE Local Administration Reforms – during 1997-2016, it was the period that democracy was very flourishing at and gradually died out but later derailed because of the Thai bureaucratic culture emphasizing centralization incorporate with coups in 2006 and in 2014 and the disbelief on its transparency of

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decentralization in the local administration. Weerasak Krueathep et al. (2015, pp.39-43) concludes decentralization into three (3) phases, i.e.

The first phase was during 1997-2001, it was the golden era of decentralization because of the Constitution B.E. 2540 (1997) and various laws endorsing the local community rights in autonomy and demanding decentralization such as the Plan and Process of Decentralization Act B.E. 2542 (1999). Master Plan and Practices of decentralization have been designed for the local administration. Then, there were transfers on education and public health.

The second phase during 2002-2006, it was the centralization and the rise of regionalism: CEO province. At this period, there was bureaucratic reform in the administration of Thaksin Shinawatra for efficiency in the national government. But the consequences were found the establishment of new ministries and departments. From 14 ministries became 20 ministries and the changes of the regional administration into "CEO Governor" to become the assistance of the Prime Minister in administrating the provincial areas. Later there was a coup in September 19, 2006 to overthrow the administration of Thaksin Shinawatra. The administration of Gen. Surayud Chulanont amended the decentralization laws into changing income distribution to the local governance at 35% per net income definitely. It was changed that since fiscal budget of 2007 onwards the income of the local governance will be proportioned at not less than 25% of the government income. Therefore, the bureaucratic reforms and the coups delayed the transfers of missions and personnel to the local governance.

The third phase during 2007-2014, it was the political entrapment. In this period, it is the time of devastated political conflicts. The government has instability and often changes (just 7 years, here were 4 Prime Minister,i.e Mr. Samak Sundaravej, Mr. Somchai Wongsawat, Mr. Abhisit Vejjajiva and Ms. Yingluk Shinawatra) turning the government having no time for full decentralization even though the Constitution B.E. 2550 (2014) increased supports for decentralization.

Later there was a coup in May 22, 2014, the National Council for Peace and Order (NCPO) led by Gen Prayut Chan-O-Cha who later became the Prime Minister and imposed the NCPO Order No.85/2014 on the temporal acquisition of the local council members or the local administrators. It affected the new acquisition of

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the local council members, i.e. the subdistrict administration organization, the provincial administration organization and municipality which had to end its term and replaced by the Permanent Secretary. Also the NCPO Order No. 86/2014 on the temporal acquisition of the council members of Bangkok Metropolis and the district council were by the uses of substitution recruitment because all of them were not from public direct election. From these two NCPO Orders, the election of the local council members and the local administrators were voided. Therefore, the denaturalization at this period was derailed or otherwise called "freeze."

2.4.4 The Importance of Local Governance

The local governance besides being decentralization to develop the quality of life for the community areas, it is also the key foundation in democracy of the nation or it is the "school of democracy"(Satoshi, 2010, p.99). Anek Laothamatas (2014) has proposed that democracy should begin at the local the grassroots of the national level democracy as the leading public administration scholars in the past like Robert Dahl and John Stuart Mill have advocated it.

The local governance is important Kowit Puang-ngam, 2009, p.33; Weerasak Krueathep, 2005, pp.14-16; Udom Thumkosit, 2009, pp.236-237) as below.

(1) Local governance is the foundation of democracy development because it is the school to train governance for people and see the importance to use correct citizen rights and duty leading to knowledge and understanding the righteous democracy including to set the firm foundation of democracy.

(2) Local governance alleviates the governmental burdens through decentralization on power of local service delivery which promotes administrative efficiency and the uses of the state resources. By reasons, the local council has been elected by people and specific term of office.

(3) Local governance offers opportunities for people to political involvement and decision making in designing and functioning policies to meet the needs of oneself and dependable at the appropriate level leading to sustainably solving the local problems by oneself in each area which homes differences of social culture and environments.

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(4)Local governance is an important tool to equalize powers within the private sector on decentralization. As such people in community participate in exercise powers for the happiness in the daily affordable life.

2.4.5 Key Elements of Local Governance

There are five elements in the local governance (Uthai Hiranto, 1980, p22; Prayad Hongthongkham, 1980, pp.16-17; Nantawat Boramanand, 2009:B, p.23), i.e.

(1) Having legal status – the local governance is evidently legalization such as it is enacted in the Constitution as in Thailand, and in Japan and so on or it is in an Act like New Zealand and England and so on or it is an administrative order such as in China.

(2) Being a juristic person – it must be divisive as an established unit and an juristic person organization enabling the local to do legal acts and autonomy from the central government but supervised by it in legal practices only.

(3) Having election or appointment of the administration or of the local council – it is necessary to be legally specified on the acquisition method on the local council and the local administrators. As such, it might be from appointment or totally or partially from direct election in order to offer opportunity for the local people to involve in governance and self-treatment.

(4) Adhering to autonomy coupled with supervision – the local governance must be autonomous in itself by law. However, the local governance must be subject to the central government for the common good and the state security.

(5) having its own local budget and income according to decentralization, it is split from the central government authorized for taxations, collecting fees and owning properties with subsidies for the purpose of paying expenses in running its public affairs.

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2.4.6 The local Thai governance

2.4.6.1 The model of the Thai local governance

The current Thai local governance is divided into two models (Wutisan Tanchai, 2014, pp.46-47), i.e.

(1) General Model – it is local governance established analogously attributed or contained like each other in every province, i.e. the provincial administration organization, municipality and the subdistrict administration organization. Each type features or comprises in the same standards nationwide – having law enacted the same methods for establishment, administrative model, power and authority, method of public service delivery, personnel administration, finance and budget, nationwide. (2) Special Model–Bangkok has a status as a large-size local governance equally empowered as a provincial administration organization and Pattya City as a small-size local administration but equally empowered as a municipality and the subdistrict organization as in Figure 2.3.

By the classification of the current Thai local administration organization and it has five (5) types, i.e. the provincial administration organization (PAO), municipality (having three types: Subdistrict municipality, Town municipality, and City municipality), the subdistrict administrative organization, Bangkok and Pattaya City. There were 7,853 Thai local administration organizations by the data of Ministry of Interior, in 2015. They were distributed in to 76 provincial administration organizations, 2,440 municipalities, 5,334 subdistrict administrative organizations and 2 special local administration organizations: Bangkok and Pattaya City (Department of Local Administration Promotion online http://www.dla.go.th/work/abt/) dated March 9, 2015).

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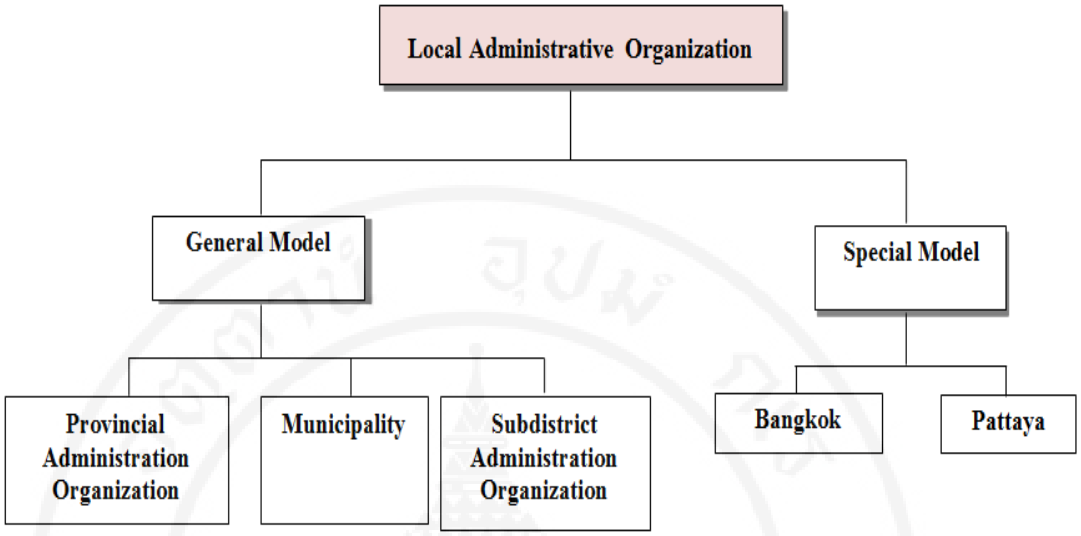

Figure 2.4: Models and types of local administrative organization in Thailand today

2.4.6.2 Structuring and the Thai local administration organization after 1997

It is significantly concluded into five (5) aspects as follows.

1) Task – upon the promulgation of the Constitution B.E. 2540 (1997) and the Plan and Process of Decentralization Act B.E. 2542 (1999), they affected the specification of the tasks and duties of the local administration organization. It was concentrated transfer tasks and duty previously organized by the government agencies for the local administration organization. Such transfer was done together with transfer administrative resource such as budget, personnel and so on (Sakon Waranyuwattana. 2013, p.74). The tasks transferred in the local administration organization involved two types (Direk Patmasiriwat & Kobkul Rayanaka, 2009, pp.12-13), i.e. (1) the tasks typed of "imperative duties" such as assignments and task related to exercising power including tasks of daily life of people or the basic necessary means when the local administration has received the transfers, they are under the responsibility of the local administration organization to resume. (2) The tasks typed of "free choice", i.e. the budgetary plan activities previously assigned and the local administration organization deserves to have free choice it sees necessary.

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The tasks specified transferable by the Decentralization commission involve six (6) aspects totally counted 245 tasks/jobs and relate to 50 department sin 11 ministries. They are (1) the infrastructure with 87 transferred tasks/jobs, (2) quality of life promotion with 103 transferred tasks/jobs, (3) community/society organization with 17 transferred tasks/jobs, (4) Planning the promotion of investment, commerce and tourism with 19 transferred tasks/jobs, (5) Natural and Environmental Management and Conservation with 17 transferred tasks/jobs, and (6) Arts, culture, customs and traditions and local intellectuals with 2 transferred tasks/jobs (Weerasak Krueathep et al., 2015, pp.56-57).

From the transferred tasks of the local administration organization under the Decentralization Commission by Plans 1 and 2; there are 262 transferred jobs/projects/activities or counted 73% progress compared to the previous 2-transferred ones (data on November 2014).

Table 2.13: Progress of mission transferred

Action Plan for Mission Transferred	**Transfer goal (job)**	**Transfer Results (job)**	**Percentages**
Plan 1	245	186	75.92
Plan 2	114	76	66.67
Total	359	262	72.98

Source: Weerasak Krueathep et. al. (2015, p.58)

2) Structuring - after the promulgation of the Constitution B.E. 2540 (1997); many local laws have been amended coherent to the constitutional provisions structuring the local administrators and local council as below.

(1) Stipulating "the administrative organization and the council organization" to invigorate the local administration organization,

(2) Stipulating the local council members come from public election by the local responsive to democratic principles and local intention,

(3) Stipulating the local administrators has to come from direct local election or from the approvals of the local council,

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(4) Stipulating their term of office for the local council members and the local administrators, previously undertaken of four years but not more than two terms. However, the two terms has been amended in the New Local Law B.E.2552 (2009).

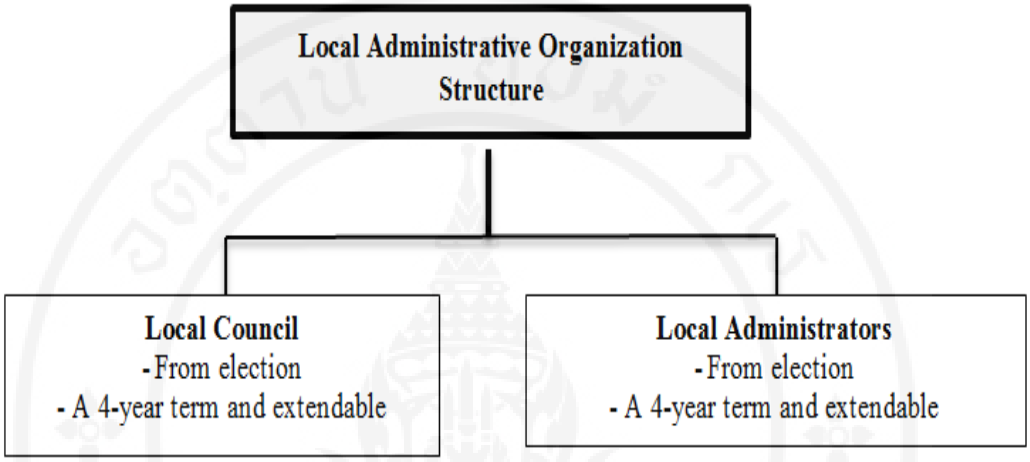

Figure 2.5: Local Administration Organization Structure

3)Financial administration – the local finance is the core in providing public service for the local people because had any localities strong and efficient finance; it allowed public servicing adequate to the needs of people. The word "Finance" is referred to seeking income, public spending, taxation and liability. The real financial problem in the locality is the matter of income, particularly income for tax (Somkid Lertphaitoon, 2005, p.289). Today, income of the local administration organization comes from four (4) parts, i.e (10income collection by the locality - taxes and non-taxes, (2) income collected by the state, (3) income shared by the state, and subsidies, as in table 2.14

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Table 2.14: Income types of the local administration organization

Types of income	Provincial Administration Organization	Municipality	Subdistrict Administration Organization	Bangkok	Pattaya
1. Income collected					
1.1 Local tax collection					
Home and land		✓	✓	✓	✓
Local maintenance tax		✓	✓	✓	✓
Billboard tax		✓	✓	✓	✓
Duty of butchery		✓	✓		
Duty of Swallow nest		✓	✓		
Local tobacco tax , gas and hotel	✓				
Fees, fines and license	✓	✓	✓	✓	✓
1.2 Non-tax income					
Property	✓	✓	✓	✓	✓
Public utility	✓	✓	✓	✓	✓
Miscellaneous	✓	✓	✓	✓	✓
2. Income collected by the government					
VAT	✓	✓	✓	✓	✓
Specific business tax					
Liquor and lacquer tax		✓	✓	✓	✓
Excise tax		✓	✓	✓	✓
Automobile and wheel tax and fees	✓				
Real estate registration fees		✓	✓	✓	✓
Gambling tax		✓	✓	✓	✓
Mineral royalty	✓	✓	✓	✓	✓
Petroleum royalty	✓	✓	✓	✓	✓
Others			✓		
3. Income offered by government					
VAT by Plan and Process of Decentralization Act BE 2542 (1999)	✓	✓	✓	✓	✓
4. Subsidy					
General	✓	✓	✓	✓	✓
General specified objectives	✓	✓	✓	✓	✓
Specific mission	✓	✓	✓	✓	✓

Source: Sakon Waranyuwattana (2013, pp.102-104)

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The financial decentralization has been stipulated in the Constitution to allocate tax and excise between the state and the local administration, and the Plan and Process of Decentralization Act B.E. 2542 (1999; amendment B.E. 2549 (2006)) in Article 30 enacting the fiscal budget Year 2550 (2007) as such the local administration to earn proportionate net income of the government not less than 25% and still targeting the local administration to earn more income not less than 35% proportionate to the government income. However, the income of the local administration during 2008-2016, and it is found that though the Decentralization Act proportionately increases the local income in 2008 from 25.20% to 28.016 in 2016 but the proportion collected in the local is relatively low compared to the income shared by the government its subsidies. In 2016, the local could collect just only 10.67%from the total local earning. It demands the local to be mostly dependent to the state finance and fiscal budget (see Table 2.15).

Table 2.15: Comparison of total income in the local administration organization Year 2008-2016 (unit: Million Baht)

Years	Collected by the local	Collected for by the government	Income offered by government	Subsidy	local total income	Government income	Government income proportion (percentage)
2008	35,223.60	128,676.40	65,000.00	147,840.00	376,740.00	1,495,000.00	25.20
2009	38,745.96	140,679.27	71,900.00	163,057.00	414,382.23	1,604,640.00	25.82
2010	29,110.41	126,589.59	45,400.00	139,895.18	340,995.18	1,3500,00.00	25.26
2011	38,745.96	148,109.04	70,500.00	173,900.00	431,225.00	1,650,000.00	26.14
2012	46,529.72	175,457.28	86,900.00	221,091.79	529,978.79	1,980,00.00	26.77
2013	50,281.54	187,988.46	97,900.00	236,500.00	572,670.00	2,100,000.00	27.27
2014	56,306.25	203,818.75	109,000.00	253,500.00	622,625.00	2,275,000.00	27.37
2015	61,458.00	218,222.00	109,000.00	257,663.78	646,343.78	2,325,000.00	27.80
2016	70,000.00	218,940.00	109,000.00	258,298.00	656,238.60	2,330,000.00	28.16

Source: Office of the Decentralization for Local Organization Commission (http://www.odloc.go.th)

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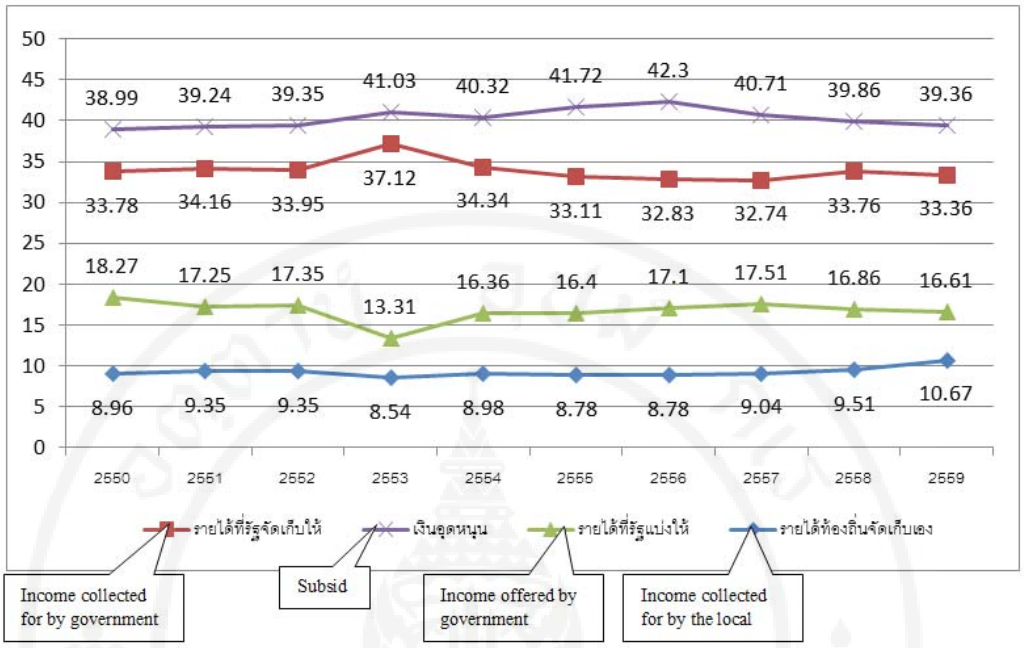

Figure 2.6 The data of the local finance of the Decentralization, it shows that the local finance is featured

Source: Office of the Decentralization for Local Organization Commission (http://www.odloc.go.th)

From the data of the local finance of the Decentralization, it shows that the local finance is featured as below.

1. The proportion income of the local administration , if consider its proportion of the local administration 2008-2016'; it is found that it cannot be financially self-reliance because the proportion collected by the local administration is much lower than what the state can collect, the share from the government and subsidies. It is explicable that the local administration income comes from the governmental collection, shared and subsidized. It is claimed that the core source of the local administration income comes from what the government has collected for, shared, and subsidized more than collected by the local administration itself.

2) The subsidy allocation and proportion – in principle, the state subsidy from the government should be proportionately lower than the local administration income but it increases. It rose from 38.99% to 40% in 2007. In 2008-2014, it reflected the local financial autonomy was still not free while the central government

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still imposed the subsidy measure purposively with specific purposes to follow the government policy in order to meet the central government policy rather than its intention or the needs of the local people. This reverses the intention of the financial decentralization.

3) If comparing the income proportion of the local administration per the government income as in Table 2.15 and the determined target enacted in the Plan and Process of Decentralization Act B.E. 2542 (1999) Article 30 (4) enacting the local administration income proportionately with the government income must be not less than 35% within the Fiscal Budget Year 2549 (2006). But in the past the government can allocate budget to the local administration at 25-28% which reflect the failure of the financial decentralization as being targeted.

4) Supervision – though the Constitution empowered decentralization for diverse public servicing. However, the central government still withholds power in supervision over the local administration in order to keep the local administration right by the principle of the Thai government - the inseparable Sovereign Kingdom (Article 11). The word "the Supervision Power" is the control power specifically with legitimacy. It is the power of the state to control decentralization targeted to specially control legitimacy for not allowing the decentralization unit misbehaves and transgress the law. However, it cannot intervene the decision making control or discretion in decentralization. The supervision power has clear scope but subject to laws. As such, it is for the benefits of the state and the local people (Kittiwat Rattanadilok Na Phūket, 2010, p.59).

Direct supervision involves two major types (Kowit Puang-ngam, 2009, p.134), i.e. (1) the individual / organizational supervision – it is the legal supervision of the individual group or the single individual in the form of the individual group such as in the case the governor sees that the local administrators malpractice with its power and authority or misbehave bringing immoral to the position dignity. The governor could report the Ministry of Interior to order to dethrone the administrator. (2)Behavioral control - it is a supervision under the state and this supervision is demanded to follow laws only such as the governor is the only one who approve the local administration ordinance before its promulgation. Monitored by the central, regional and local government is concluded in Table 2.16.

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Table 2.16: Summarized organizations or power users in regulating the local administrative organization

Local Administrative Organization	Regulators
1.Provincial administrative Organization	Governor
2.Municipality	District chief /subdistrict municipality; Governor/ town municipality, metropolitan municipality
3.Subdistrict administrative organization	District Chief
4.Bangkok	Minister of Interior
5.Pattaya	Governor of Cholburi Province

Source: Kittiwat Rattanadilok Na Phūket (2010, p.313)

2.4.7 The Local Administration Capacity on Public Servicing

The organizational capacity is the key factor to enable an organization to function and achieve its goal. This part explains the meaning and the components of the organizational capacity. i.e.

2.4.7.1 The capacity meaning and its building

It might mean according to the scholars has investigated and explained according to the context they applied. However, from the literature reviews, it defines that "capacity" in the local administration context could be concluded that it is the competitiveness and readiness of a local administration or the local government to use the resources within its organization and the external cooperation. It includes various processes to follow the policy and the empowerment to achieve the organizational goal (McDermott, 2004; Steiner, 2010, p.646 ; Soparat Jarusombat & Waranyoo Senasu, 2014, p.7).

The meaning of "Capacity Building" in the state organization includes the local administration, which means the compet5itiveness development in an organization in pointing out problems, evaluating alternative solution, designing effective policy and properly implementing policies. They enable policy and various activities, which yields good result for economic and social development (MDGD/UMP, 1995, p.1). On the contrary, Cohen (1995) finds that building capacity is to increase capacity for the top executive, /chief of the department, and directors, enabling the government to plan, management, implementing policy and evaluating policy with efficiency. From the explanation above, the different emphasis is first, it

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emphasizes organization. However, the second meaning emphasizes individual. It could be concluded that the capacity building is thus emphasized the institutional competitiveness development, the individual capacity, and the capacity of the individual groups, too. As such it is to abide in the functioning by task with efficiency and effectiveness (Hussein, 2006, p.374).

2.4.7.2 Factors affecting the local administration capacity

The international and Thai scholars have studied the issue of "organizational capacity" including the local administration organization in the form of researches and academic articles. Their analogy and difference are as below.

Conceiving the decentralization concept, its key foundation factor affects the competency of the local administration organization in public servicing for the local people. They involve four (4) major aspects (Cheema and Dennis, 2007), i.e. administrative decentralization, political decentralization, financial decentralization and economic decentralization. The studies of many foreign scholars are coherent such as Grinddle (1996 cited in Steiner, 2010, p.646). He divides the national government capacity into four aspects and if they were implemented with the local contexts, it would haven, (1) Technical Capacity – the local capacity to determine and administrate policy with effectiveness which demand to acquire the policy analysts equipped with knowledge and ability along with the policy designers. (2) Administrative Capacity – it is the ability to structure the physical and social infrastructure to enable achieving routine works such as collecting income, and managing data and information and so on. (3) Institutional Capacity – the ability to organize and enforce laws related to the local politics and economy. (4) Political Capacity – it is the ability responsive to the needs to society, to offer channels in communicating the needs of people and to offer opportunity for people to participate in setting policies and solving the local conflicts.

The studies of Steiner in Uganda, identified two (2) indictors affecting the capacity of the district government on welfare arrangement, i.e. (1) The financial resource – this is because having adequate budget strengthen the work-units otherwise it would be impossible to function their policies, and public servicing for people according to the enactment of duties. (2) The technical capacity, and the district government capacity – it is found that the local with high capacity of finance,

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technique and administration rise the household consumption and enrollment in public school more than otherwise.

McKinsey et al. (2001, pp.33-35) advocate there are seven (7) organizational capacity, i.e. the upper level factors involve three (3) capacity, i.e. (1) the organizational aspiration: organizational vision, mission and goal; (2) organizational strategies and (30 organizational skills – they involve the performance assessment system, planning and various resource allocation. At the same time the lower level involve four (4) factors, i.e. (4) human resources – the personnel with knowledge, ability, skills and experience including the teamwork management. (5) /systems and infrastructure management – they include planning, decisionmaking, knowledge organization and the IT system. (6) It is the organizational structures. And (7) organizational culture – it is the tradition and/or custom, belief and values determined by an organization to be the model of common working.

McDermott (2004 cited by the Secretary Office of the Educational Council, 2012, p.8) defines capacity in the dimension of educational reform of Massachusetts State that it is the organizational capacity to use various resources and process in order to achieve its goal. McDermott (2004) maintains three (3) indicators in evaluating the capacity, i.e. (1) Having target and responsible persons – whether it is to targeting its function and with responsible persons for various tasks or not; (2) structuring the organization for function – it is having human resources, budget, technology, structuring the organization and working process to support the three resources with efficiency. And (3) Perception and comments of the working persons involved – whether it is the opinions of persons involved in functioning to achieve target and adequately allocating the organizational resources or not.

Courtney, White and Deguit (2002) find that the way to build capacity for the local in the coastal resource administration, which contain (1) development, training and educating leaders of both local leaders and community leaders involved; (2) promoting the coastal task administration to become the public servicing organized by the local administration and specifying in the action plan and having endorsed by rules and regulations; and (3) organizing training, and excursion on coastal management for personnel involved; (4) supporting all sectors to participate in the local administration in the form of collaboration either from the central

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government on budget and technique, from educational institution, private sectors and non-profit organization and communities.

Similarly, Thai scholars find the similar factors as the western scholars such as Supawatanakorn Wongthanavasu and Tatchalerm Sudhipongpracha (2013) and the studies of Atchakorn Wongpreedee depict the promptness for the local communities in handling health services into two types, i.e. (1) the Institutional Capacity and Readiness- they involve three factors, i.e. (a) leadership and managerial attitudes, (b) the organizational structure and its managerial system, (c) the financial capacity – an ability to seek income not loan or subsidies. (2) The Citizen Capacity and Readiness – they involve (a) attitude and enthusiasm of people and (b) public collaboration model.

Soparat Jarusombat and Waranyoo Senasu (2014) indicate variables in their studies on the local environment into two (2) types, i.e. (1) the intrinsic variables involving regulation, action plan, ordinance, personnel and budget; (2) the extrinsic variables involving the participatory process in working on environment and community and networks. As such, it comes from the conceptual background under the principle of good governance, social capital and decentralization.

The studies of Orathai Kokpol and Chatrawee Parisuddhiyarn (2009)on tactics in local public administration: a lesson from the King Prajadhipok's Institute award Year 2008 and find that the successful local administration comprises four things, i.e. (1) creative thinking administrator–good thinking, right thinking, prudent thinking, and detachment from the previous frameworks; (2) the work commitment, (3) the connect with people, (4) the continuous improvement, which require evaluation and follow-up. Therefore, the study shows that there are two major factors affecting the success of public servicing among the local administration organization, i.e. Leadership and Public Connection. In the leadership, it is found that the most popular one is the Transformational Leadership Theory during 1995-1999 (Lowe & Gardner, 2000) while in 2000-2012 compared to other theories (Dinha et. al., 2014). However, to the local administration organization, it requires flexibility to solve current problems. The leaders of the local administration demand diverse factors of leadership (Ariel Fiszbein,1997) such as ideology: sense of volunteering to work with

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commitment and dedication including being moral, ethical and honest. The creative thinking factors are inventive innovation and boldness in decision making. The inspiration involves motivating individual to work until success and creating spiritual morale in working. The factors of participatory working culture involve allowing the insiders and outsiders participate in working - teamwork creation and networking according to the Change Theory (Bruns, 1978, Bass, 1985, Bass & Avolio, 1990).

By principle, the participation of people must be characterized full cycle of involvement from the start until the end rather than organizing just once (Orathai Kokpol, 2009B, p.18) – people must engage since the stage of brainstorming, and planning together for solving problems until co-evaluating and benefit receiving together. There are two models in the theory of participation. The First Model is the Eight-step Ladder of Citizen Participation based on Arnstein (1969) – manipulation, therapy, information, consolation, partnership, placation, delegated power and citizen control. Arnstein concludes that the first and the second ladder steps are the nonparticipation. The third, fourth and fifth ladder steps are the tokenism – ritual participation because people are just informers of opinions and yet do not have empower to decision-making. The sixth, seventh and eighth ladder steps are called citizen power when people are empowered in decision-making (Orathai Kokpol, 2009B, p.22). The Second Model is International Association of Public Participation: IAP2 – it is divided into five (5) steps, i.e. information, consultation, involvement, collaboration and empowerment (www.iap2.org.au).

From literature reviews, the researcher concludes that capacity of the local administration organization in public servicing for the quality of life development of the elderly in this research employs five (5) aspects through choosing the optional variables referred by more than two venues/ person and arranging the similar variables to be in the dame group. They are 1) leadership and attitudes, 2) finance and budget, 3) strategy and project, 4) administration and rules and 5) participation and social network as being detailed in Table 2.17.

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Table 2.17: Factorial analysis affecting the municipal capacity in public servicing

Namelist \ Factor	-Leadership and attitude	- Knowledge, skills and determination	-Factors if good governance	- Finance /fiscal budget	- Corporate culture	-ICT	- Policy/ strategic plan	-Organizational structure and administrative system	-Laws and enforcement	-Personnel administrative system/ having responsible person	-Responsive to people needs	-Enthusiasm /and engagement of people	-Network/ civic/private cooperation
Grindle (1996)		✓		✓		✓			✓		✓	✓	
McKinsey and Company (2001)	✓	✓			✓	✓	✓	✓	✓	✓			
McDermott (2004)	✓			✓			✓	✓		✓			
Shabbir and Roundinelli (2007)	✓			✓			✓	✓	✓	✓	✓	✓	✓
Steiner (2010)		✓		✓		✓							
Orathai Kokpol and Chatrawee Parisuddhiyarn (2009)	✓	✓										✓	✓
Mutita Worrakalyakul (2012)	✓	✓					✓	✓		✓			
Chanida Čhittaruttha (2013)	✓				✓				✓				
Sumet Saengnoomnual (2013)	✓		✓	✓				✓				✓	
Supawatanakorn Wongthanavasu and Tatchalerm Sudhipongpracha (2013)	✓			✓				✓				✓	
Soparat Jarusombat and Waranyoo Senasu (2014)				✓			✓	✓	✓	✓		✓	✓
Achakorn Wongpreedee (2015)	✓			✓				✓		✓		✓	
Total	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓

Source: Summary prepared by the researcher

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2.4.7.3 This municipal local administration

1) Municipality background

The Thai municipality was first established after the national democratization B.E. 2475 (1932). It is the first government attempt to seriously establish the local administration organization compared to the sanitation administration established in 1887 during the sovereign monarchy but the commission members were from appointment of the permanent officials only. It allowed the sanitation administration which is the first local administration in Thailand but just only by name (Prayad Hongthongkham, 1980, p.40). In 1933, there was an enactment of the Organization of the Kingdom of Siam Act B.E. 2476 (1933) dividing the administration into the central administration, the regional administration and the local administration. In the local administration, the government enacted the Municipality Regulation Act, B.E. 2476 (1933) structuring the British-like municipality: the Council-Major Form. Its essence was the people in the municipal constituency selected the municipal council member. Then the council members employ majority vote to select its mayor and it municipal commissioners. As such, the local administration has its executives from indirect election (Thanes Jaroenmuang, 1995). The municipality is divided into the subdistrict municipality town municipality and city/city municipality. In 1935, there was an enactment on the Municipality Organization Act B.E. 2476 (1933) upgrading 35 sanitation municipalities into the municipalities and this laws was periodically amended (Kowit Puang-ngam, 2009, p.190). During the administration of Field Marshal Por Phibulsongkhram, there was an enactment on the Municipality Act B.E. 2496 (1953) to replace all the previous municipality law because it needed to increase efficiency and to meet the Constitutional Ordinance promulgated at the time (Wirat Wiratniphaporn, 2008, p.134). Today, the municipal administration is subject to the Municipality Act B.E. 23496 (1953) but there were many amendments to meet each Constitutional Ordinance. Though there were 13 amendments with the last one: the Municipality Act B.E.2496 (153) amended in B.E.2552 (2009); it is to coherent with the Constitutional Ordinance B.E.2550 (2007).

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2) The Types of Municipality

The Municipality Act B.E. 2496 (1953) and the amendments enacted the types of municipality in Articles 9-11 and it was divided into three (3) types, i.e.

(1) The subdistrict municipality - it has its establishment criteria under the Ministry of Interior as:-

1.1. Earning income exclude subsidies in the provisos fiscal budget more than 12,000,000 Baht;

1.2. populated more than 7,000 people,

1.3. The population density more than 1,500 persons/a square kilometer

1.4.Having a royal decree upgrading into subdistrict municipality

(2) Town municipality – its criteria are as below, i.e.

2.1.The area located every city hall must be upgraded into town municipality and unnecessarily consider other criteria for supplementation.

2.2.The locality of not located the city hall, might possibly be upgraded into town municipality with the complement criteria as follows as in 2.3

2.3.The community with more than 10,000 citizens and income deserved to fulfill duties enacted in the municipality laws.

2.4. Having a royal decree upgrading into town municipality

(3) City municipality is with following criteria, i.e.

3.1. Having population more than 50,000 persons

3.2.The population density not less than 3,000 persons/a km^2

3.3.Earning income deserved to fulfill duties enacted in the municipality laws.

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3.4.Having a royal decree upgrading into city municipality

3)The municipality structure

According the Municipality Act B.E. 2496 (1953) currently structures the municipality in to two parts containing the municipality council functioning on legislation and inspection on the administrative performance, and the administration or the mayor.

1.The Municipal Council - it works on legislation: enacting the municipal ordinance and inspecting the municipal administrative performance. Its council members come from public election with the 4-year term counted from the date of election (positionable without limited term). Numbers of the municipal council are different by the municipal types.

1.1. 12 members for the subdistrict municipality

1.2. 18 members for the town municipality

1.3. 24 members for the city municipality

2. The mayor fulfills the duty of administration through local election with a 4-year term (unlimited term by the Municipal Ordinance B.E. 2496 (1953) amendment B.E.2552 (2009). The mayor may appoint deputies who are not the municipal council members in administration by the assignments of the mayor. Practically, the municipality has diverse tasks and thus the mayor might appoint its deputies to help administrating the municipality. The law endorses the deputies as below:

2.1. Not more than 2 members for the subdistrict municipality

2.2. Not more than 3 members for the town municipality

1.3. Not more than 4 members for the city municipality

4)The municipality power and authority on the elderly

The law enacts the municipal power and authority on public servicing in order to develop the quality of life for the elderly into two copies, i.e. (1) the Municipality Act B.E.2496 (1953) enacting the subdistrict municipality in Article 50 (7), the town municipality found in Article 53 (7), and the city municipality found in Article 53 (10) authorized to promote and develop the elderly. (2) The Plan and

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Process of Decentralization Act B.E. 2542(1999) Article 16(10) depicted the Patttaya City Municipality and the subdistrict administrative organization empowered to provide welfare and develop quality of life for the aged in general and moved to the same group of children and women and the disadvantageous.

In conclusion, the laws empowered the municipalities (subdistrict municipality, town municipality, and city municipality) on public servicing of the elderly. Such empowerment involves two characteristics, i.e. "welfare and quality of life development promotion" according to Article 218.

In addition, the action plan of processing the decentralization, it is depicted to transfer the central and the regional tasks to the local administration during 2001-2003 and for the following ten years. The transferred task to the local administration is the elderly welfare, i.e. the welfare homes transferred to the provincial administration, allowance pays transferred to the subdistrict administration, municipality, and Pattaya city. The social service centers for the elderly are transferred to the municipality and the subdistrict administration (Noppadol Kaewsuwan, 2006, p.27).

Table 2.18: Conclusion of municipal power and authority in public service provision for the elderly according to the Municipality Act B.E. 2496 (1953)

Municipal power and authority by law	**Types of Municipality**		
	Subdistrict Municipality	**Town Municipality**	**City Municipality**
1.Municipality Act B.E. 2496 (1953)	Imperative	Imperative	Imperative
2.Plan and Process of Decentralization to the Local Administration Act B.E. 2542 (1999)	Imperative	Imperative	Imperative

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2.5 Related Researches

To this part, it involves collections and research analyses related. It was divided into 2 parts, i.e. the public servicing researches and the senior/elderly person researches.

2.5.1 The Public Servicing Researches

2.5.5.1 The National Level Public Servicing

Nantawat Boramanand (2011) studies "Ways to Enact the Code on Organizing Public Services at the National Level in Thailand" and finds that the four types of public servicing in Thailand under the public agencies, i.e. the bureaucratic models classified into the central administration, the regional administration, the local administration, the state enterprise, public company and special public units. They might have different details in each type. As of the problems in organizing public service are the unsystematic of law related - there are establishment to provide public services with many types of law, e.g. the Act, the Royal Degree, and the Cabinet consensus which are not linked and created repetition. In addition, it is the discontinuity of the policy. In addition, there are problems in designing action plan to develop and improve the system of public servicing which conflict each other in each period of time.

As of, the Thai government administration in general is critically met with its structure: fragmented centralization – the legal authority to execute tasks is clogged in the central departmental administration and rarely decentralized to the region, provincial level, district level, subdistrict and village levels. This includes power transferred to the regional bureau is also delayed. Such centralization is called "Departmentalcracy" by Thai scholars like Chai-Anan Samudavanija, 2002 and Wasan Luangprapat (2016, p.69)

With the problem of the efficiency in the Thai bureaucracy on work delay, it initiates the administration Thaksin Shinawatra to adopt NPM (new public management) to reform the bureaucracy. He amends the Administration Act and the Improvement of Ministry, department and Sub-department B.E. 2545 (2002) and establish a Bureaucracy Development Commission in order to improve the state involving roles, tasks, organizational structure, working system, administrative

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mechanism, laws, rules and the state personnel for greater efficiency and modernization (Thossaporn Sirisamphan, 2006, pp.206-207). Significantly, good governance is embraced through the Good Governance Decree B.E. 2546 (2003) to create transparency in the administration. This bureaucratic reform is focused on performance achievement, rapidly servicing people, and transferring dome duties to private sector (Prayote Songklin, 2008). However, upon considering the achievement, there are some limitations (Somjai Sanghstamp, 2010, pp.144-151). First, after bureaucratic reform, the units are not reduced but larger with the government units, public companies and special units. They are from 14 ministries become 20 ministries and the departments increased another 149 departments. Second, they are the repetitive agencies at the levels of ministry and department such as the agencies responsible for science and technology and the Ministry of Information Technology and Communication. Finally, the bureaucratic reform during 2002-2006 used the CEO provincial administration emphasizing the governor as the assistant to the Prime Minister in the state administration which likely delayed decentralization.

In 2007, the government has embraced the participatory governance in change the way of bureaucratic work and the roles of people sector. It adjusted the greater roles of people from recommendation on opinions into the partnership such as the roles of indicating problem, decision-making, handling projects and evaluating the state performances. As such, the main target of the participatory governance is to create collaboration between the public sector and other sectors. This concept has been experimented for 6 months with the ministries, i.e. Ministry of Public Health, Ministry of Social development and Human Security and Department of Public Relation (Patcharee Siroros, 2009). It is found that there are advantages and disadvantages. The former collaborates as partnership allows friendship relation. Brainstorming for planning brings acceptance of the plan because it meets the need of people and leads to commitment. In addition, it builds capacity and skills of the state personnel in equilibrium-based collaboration with people sector. It will become the long-term collaboration differed from cooperation. Such type of working demands the state personnel to adjust themselves, their attitudes and reinforcing skills when working with people.

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However, participatory governance meets some problems. For example, it is a new administration and difficult to make it seriously and sustainably happen because it is to reduce the state roles but increase the roles of people; it become difficult for the state agencies and personnel to adjust themselves. On the contrary, the people sector has to build capacity and strength and readiness to become partnership with the state because some group of people might not be ready because they have their own routine jobs. The important matter is the role of the administrator in driving the agencies to be the participatory governance organizations is the core to bring this concept for applicability.

From literature review, it is found that in the Thai public servicing involves four (4) models, i.e. the bureaucracy-based public servicing is divided into (1) the central administration, the regional administration, and the local administration; (2) the state enterprise model; (3) the establishment of public company; and (4) the state agency in the special structure for specific case. Later, the government models public servicing into the public-private partnerships: PPPs and the public-private collaboration such as the participatory governance model. However, such governance still meets problems because some people sectors are not ready to participate in the public servicing because they have their routine burdens and the state sectors has no mechanism to seriously make this model seriously happen.

2.5.1.2 The local servicing

The local public service is different from the national public servicing. The former must not involve with the national security but it is the tasks of the local administration are able to function and if it resumes it may affect the local administration and it has been designed to meet the need of the local citizens (Nantawat Boramanand, 2011). The local public servicing has some issues presented as below.

1) The conditions of the local public servicing by the Thai local administration

The overview of decentralization, from the studies of Weerasak Krueathep et al. (2015) in the project to pursue and evaluate the Thai decentralization in the 15 years round (1997-2013), they find that in general, the decentralization for the past 15 years is likely successful but at the same time many

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sectors are unsuccessful. The apparent successful one is first, the local administration organization help people to prevalently access necessary basic public service specially the educational service and basic public utility which evidently differs from the period before decentralization (before 1997). In particular, the grass-root level which previously meet scarcity of opportunities to access necessary public services. The second success is decentralization help the grass-roots help the grass-root to access necessary basic public service more than before decentralization to the poor groups who are highly satisfactory towards various types of public services provided by the local administration and improve the quality of life for the poor groups, more accessibility and help increase income and /or reduce expenses in their daily life. The last success is to lay the foundation on decentralization enabling the functional for the past 15 years. There is endorsement of the community autonomy in the Constitution with other supplementary laws. There are agencies responsible for decentralization with action plan, budget and clear practice system. The administrators of the local administration hold status and are prevalently accepted in the Thai societies.

However, the unsuccessful matters are also evident, i.e tasks transferred, human resources and income to the local, which has been freeze for many years. They much restrict the local administration to play roles in politics and its autonomy. While cities in the region are speedily urbanization with growing problems but the local administration organization cannot handle them because it is powerless and lacks of resources in taking actions. As of the problems in the past decentralization, there are two main roots, 1) the decentralization policies for the past 15 years are not continuous and they are changed by the governments to rule the country. 2) The methods of decentralization are erroneous – most tasks have been transferred to the local administration to the lowest level, which are the municipalities and the subdistrict administration. On the other side, more than 70% of them meet restricted ability and disable to embrace the tasks various agencies have transferred. At the meantime, the government and the state agencies responsible are not interested to upgrade their capacity to handle the matter regardless transferring the personnel, and income or even amendment of laws to empower the local to really take action.

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In the municipality, the study of Surasit Roongruengsri (2003) on “Social Servicing of the Municipalities in Thailand”, he finds that the servicing is

characterized as pursuance in problem solving rather than prevention of the rise of the problems and the services fail to promote social safety net. Also, the state service for people is the bureaucracy-based management, which meets many problems. However, most samples comment that the municipal social servicing is good and deserving supports at the local level especially in the city areas or municipalities with best readiness and capacity. That is the project planning and activities responsive to the needs of people. The second is to orientate the direction in solving problem, budget control, and coordination with the community organization. In addition, the study of Pornthip Kandananond (2010) reveals that municipalities incline to allocate more spending budgets for social welfares such as education, public health and social welfare. The largest amount of budget is allocated to the community housing followed by the general administration.

2) Capacity of finance and budgets

As of the local finance, from the Plan and Process of Decentralization Act B.E. 2542 (1999) and additional Amendment No.2 B.E. 2549 (2006) Article 30 enacts the government to allocate tax and excise, subsidy and other income for the local administration to earn income from the 2007-fiscal budget onwards. As such the local administration earn more income with proportion to the government revenue at the rate of not less than 25% and there is target or the local administration to earn greater proportion to the government revenue at the rate of not less than 35% to impose decentralization for strengthening the local administration in public servicing for people. Therefore various governments allocate budgets to the local administration enacted by laws. In 2013, government has allocated 236,500 million Baht (increased from 2012 at 7%). In 2014, the government has allocated 369, 125 million Baht (increased from 2013 at 9.8%). In 2015, the government has allocated 388,680 million Baht (increased from 2014 at 5.3%). In the fiscal budget 2015, the proportion allocated to the local administration per the government income is at 27.80% (Bureau of the Budget, 2013, 2014 and 2015). However, the studies of many Thai scholars on the financial capacity f the local administration organizations reveal that the local administration organizations have met many financial problems (Sakon Waranyoowattanan, 2014, pp.586-597; Direk Patmasiriwat & Daranee

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Phoomkaew, 2014; Wuthisan Tanchai, 2014, pp.58-59; Weerasak Krueathep et al., 2015. pp.67-68). They are:-

(1) The local administration organization cannot be self-reliant because its main earning comes from the taxation of the government and allocates income and subsidy more than the income collected by the local administration organization itself. The studies are corresponded with the study of Pornthip Kanjananont (2010) revealing that the income structure of the municipality is still relying on the government with high proportion. It has collected it by itself at 7%. The income collected by the city municipality and town municipality is for higher than the subdistrict municipality. The southern municipality collects highest rate per head and the lowest rate collected is in the northeastern municipalities and high level of inequality.

(2) The problems of the local income and tax – it is because the local is restricted with its rights in collecting tax such as the problem of the household tax and the problem of the local maintenance tax.

(3) The problems of law – in the past the enactment and amendment to support the financial decentralization in order to increase the local administration income are not progressed particularly the Secondary Law from the Constitution such as Land and Building Laws, Environment Tax Laws and the laws authorizing the local administration to collect fees/ service charges to take action by power and duty or to amend the signboard tax and so on.

(4) The problem of autonomy – in implementing policy, the central government still uses the subsidy measure to set objectives with the specific subsidy to follow the policy determined by the central government. It is to respond to the central government rather than to serve the intention or the needs of the local people. It reverses the spirit of the financial decentralization. As such, the government subsidy inclines to rise since 2007 at 38.99% to 40% in 2010-2014. It reflects that the local is lacking the financial autonomy.

(5) The problem of income collection – this continues from the national economic structure that the growth is congested only in Bangkok, it premises and the eastern region. It includes the allocation system of the local subsidy in the

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local and in the central government today which benefit just only the large-size local administration and those located in the cities only.

(6) The problem of discrimination on the local finance – the earning collected by each locality is the most discriminated. Among each municipality, the subdistrict municipality least earns and significantly lower than the municipality. In addition, there are two dimensions of the financial discrimination. First the vertical inequality – it is the appropriateness between the tasks and the income. The frequent reflected problem is more tasks but without or inappropriate budget or called unfunded mandates. Second, the horizontal inequality – it is the subdistrict administration has relative areas and population but income is so differed.

With the restriction of the local finance, it is recommend for developing the local income by the studies of Wuthisan Tanchai et al. (2015) on "Policy Recommendations on Innovation of Income Development of the Local Administration Organization", they find that the proportion of income is 2% in the local administration while other countries like Canada and USA, they collect more than 20% of the total revenue. It is recommended that income could be developed from four (4) sources, i.e. (1) the user charges, which the local administration could develop from fees of waste collection, water treatment, parking regulated and natural tourist sites; 2) Commerce Affairs but being the social –oriented: the affairs should be under the supervision of the local administration and the servicing must be aware of public benefits and might need public-private partnerships: PPPs and the civic cooperation. (3) Local economic development and (4) loans and bond distributions but the loan must be by necessity and abided by objectives of the local administration. Such methods need new enactment or amendment of the previous laws.

3) Managerial Autonomy

In the managerial autonomy, by the studies of Surasit Rungreangsilpa (2003) and the studies of Supawatanakorn Wongthanavasu et al. (2014), they find that the local administration is still facing the autonomy restriction in managing public service within its community because it has been mostly subject to the policies from the central administration. As such, it is from the duty taken by the central administration and the local administration characterized as "control and order" rather than "promotion and support" the local administration. In addition, the central

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administration still subsidize the locality with “grants” so as to gain influence in implementing policies and makes the local loses its autonomy (Supasawad Chardchawarn, 2012, pp.165-167) . It is to retain the roles of the central government in the national development rather than making it a mechanism to decentralization development (Sakon Waranwattana, 2016, p.42).

2.5.1.3 Inputs to success and limitations in running the localadministration organization

1) Inputs to success in running local administration organization

From literature reviews in organizing local administration by Surasit Rungreangsilpa (2003); Sucha Phojan (2008), Orrathai Kokphol and Chatrawee Parisuddhiyarn, (2009), Muthita Worakanyakul (2012), Sumet Saengnimnuan (2013), Soparat Jarusombat and Waranyoo Senasu (2014), Katcharin Jiamsriphong et al. (2014) and find that many factors make local administration success in its management , i.e. Strong Executive with knowledge, governance spirit, administrative and practice policy, strategies, organizational structure a n working system, environment, knowledge and capacity, individual skills in the organization, strong teamwork, common values, innovation, good capital, community participation, volunteering spirit, harmony, and local network.

2) Limitations of public servicing - from literature reviews of the local administration conducted by Secretary Office of Educational Council (2010), Patcharee Siroros (2013), Wasan Luangprapat (2016), Assadang Panikabutr (2015), Weerasak Krueathep et al. (2015), Trakul Meechaio, (2015) and Waranit Choknithiniran (2015), they find that the important limitations in organizing local administration are with both structure - centralization, and problem of discontinuous decentralization, and constituencies. These are short-vision executive, lacks of awareness and commitment, limitations of finance and budgets, unskilled local personnel on specialization, especially in the subdistrict administration, problems of IT and genuine population data and cannot connect with agencies, unreadiness of people in public-private partnerships, because some people are passive to participate in working with the local administration and people needs to work for earning their income. People prioritize themselves.

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2.5.2 Researches of the Senior Citizens

2.5.2.1 Policymaking and its implantation on the senior citizens

In setting policy of the Thai senior persons, the studies of Piyakorn Whangmahaporn (2003) on "the Policy of the Thai Senior Persons" and she finds that political stream, policy stream, and problem stream including the policymaker or the policy-driver significantly influences to the entry of policy agenda. The policy of the Thai senior persons under the environment of politics and bureaucratic regime are specified by the state personnel according to the leadership type upon the political condition and democratization. The policy of senior persons is specified by the leadership style in the state agencies involved but the leadership style has been transformed because of the state agencies use the interest groups to work as the representative organization to drive the policy of the senior persons. The policymaking by leadership style restricted the government projects just around medication and welfare home because the drivers are the public health agencies and the welfare agencies. At the meantime, budgets to organize activities for the elderly allocated to the quality-of-life development by other government agencies are unlikely found. This investigation leads to find the model entering the policy agenda, its formulation and its impacts in three important things, i.e.

1. The elderly issues arose in the developed countries. Those issues have been transferred and disseminated by the international organizations to the developing countries through international seminars. They have sparked the ideas among the developing country leaders and the elderly issues have been proposed in the government policy in the developing countries.

2. The formulation of the Thai senior person policy follows the leadership style transformed though delegate organization or the state agencies as the stakeholder and political plays through the interest groups whom they established and supported them with money in order to claim the Thai government to direct the senior person policy.

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3.The impacts of the formulation on the senior person policymaking according to the transformed leadership style divert the budget

allocation for the senior persons emphasizing various projects according the stakeholders who drive and claim for the government policy.

Implementing the elderly policy at the national level is mostly following the national elderly policy No. 2 (2002-2021) specified by the National Elderly Commission, Ministry of Social Development and Human Security. The research on "Projects on Pursuing and Evaluating the Performance in the National Elderly Plan No.2 (2002-2021), Phase 2 (2007-2011) reveals that by overview only 26 out of 51 indicators or 51.0% pass the evaluation. It is mentioned that operating on the elderly for the past five years of the second phase about the elderly plan in the amendment is still passed at the likely low level and needed improvement. Some parts are from readjusting the goal while some have been added after the Elderly Plan has been improved in 2009. It is possible that the standards of the assessment in some indicators are higher than the first round of evaluation.

Considering the strategies, they are found that they fail and are far lower than the targeted specification. The 1st Strategy: "Preparing the Population's Readiness for the Quality Aging" (just 28.6% successful). This strategy is the core for the elderly amended plan since it is specified for the first thing. As such, it is to prepare the people's readiness to become the aging in future to have good quality of life, self-reliance as long as possible and the force for social development. The 3rd Strategy: "The Social Protection System for the Elderly" fails according to the criteria of evaluation (just 33.3% successful). The protection of income, family, caretaker and protection fail by the evaluation. Most indicators of the health insurance measures do not achieve the goal by the specified criteria.

The strategy with indicators highest pass the evaluation is the 5th Strategy (Processing, Developing and Disseminating Knowledge of the Aging and Pursuance, Evaluation and Following the National Aging Plan), followed by the 4th Strategy (Management for Developing the Works on the National Aging and Personnel Development for the Aging) and the 2nd Strategy (Promotion and the Aging Development). The results showed 100%, 85.7% and 53.3% respectively.

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2.5.2.2 Policy implementation on the aging at the local level

The promulgation of the Plan and Process of Decentralization Act B.E. 2542 (1999) and the Elderly Act B.E. 2546 (2003) enact the aging rights

such as medication service, education service, welfare home for the elderly who meet problems, and allowance pay. The local administration has to allocate various welfare for the aging . However, currently the local administration has been transferred three (3) important tasks, i.e (1) subsistence allowance project, under responsibility of the subdistrict administration, the municipality, Bangkok, and Pattaya City; (2) supervision of the social service centers for the aging supervised by the provincial administration organization on health service, organizing religious rites, recreation, earning promotion and education; (3) the Welfare home for the elder management supervised by the provincial administration organization to help the aging who are abandoned and homeless, without patronage, which at this account, Ministry of Interior under the Department of Local Administration has prepared the standards for the aging welfare in 2005. However, it has been already 10 years but no standards have been improved.

Taking action on policy of the aging at local emerges from many factors, e.g. factors affecting the local administration embracing the policy of the aging through prioritization because the local aging need the local politicians to announce it as policy and the policy is enacted in the law that the local administration has to take action while the implementers witness the criticality of the problem that the aging are growing in number in the locality. However, the local administration takes most actions in allocating welfare for them (monthly subsistence allowance) (Piyakorn Whangmahaporn, 2008).

The implementation of the aging policy by the local administration reveals that it was to a certain level successful. For example, the study of Settawat Chokwarakul (2012) shows that its implementation is moderately successful and it brings benefit such as their quality of life, good physical and mental health and income. It is corresponded with the study of Katcharin Jiamsriphong et al. (2014) disclose that the Nonthaburi municipality organizes public services for the aging in many forms e.g. the necessary basic activities such as basic public health service, paying subsistence allowance and activities to promote quality of life, e.g. physical exercises, recreation activities, and knowledge promotion and so on. Most activities for quality of life promotion are servicing at the development center for the aging quality of life, the center management, the center personnel for facilitation. The

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aging recipients have to be the members through annually pay for 300 Baht as the membership fees and they must be the residents in the municipality area. Outsiders pay 600 Baht/ year. In addition, the center offers opportunity for the residents aged older than 45 years to apply for membership but with a bit higher charges. They can have the service from the center in every service in every working hour. The activity trainers within the center are volunteers for free of charge. It is counted as the authentic cooperation from the community.

Regarding responsiveness to need and satisfaction, it is found that the members are very satisfied. The benefits gained by the aging from this center are it is the source of health promotion and strong health and reducing disease, saving medication, bettering quality of life, the venue for association among the aging. It leads to spiritual happiness, easing loneliness, and not being the burdens for their children. In addition, the aging acquire knowledge and skills in many aspects. They are able to disseminate them to other aging and feel worthwhile to society. This center is also a site for excursion from public and private sectors to be the model on organizing activities in other communities.

The success factors of this center involve four major elements, i.e. (1) the organizational policy – it is with clarity to develop and promote quality of life for people to acquire healthiness. The executives prioritize much on public servicing for the aging. (2) Budget – the Nonthaburi municipality has been supported by public and private organization and able to propose project for budgetary supports from the National Health Security Office (NHSO) to support the activities of the aging club located in the community. (3) Personnel – the municipality has quality personnel ready to take action with full capacity. (4) The community cooperation – communities located in the municipality involve in the municipal functions in every form. The operation in the center finds many volunteering as quest trainers with free of charge including the firm aging network in the community and numbers of the aging participate in the club activities.

However, the public servicing of the local administration still meet some limitations. For example, in the study of Waranit Choknithiniran (2015) on "Public Administration on Quality of Life Promotion for the Aging: a case of Bangkok" she finds that even Bangkok has impose its policy responsive to the Elderly

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Act B.E. 2546 (2003) and the Elderly Plan No.2 to promote every aspect of quality of life for the elderly but the previous performances unlikely meet success compared to the growing number of the elderly population. Actions taken discontinue or are likely delayed unlike what it should be. They are more passive rather than active, shortage of plans for implementation particularly the long-term care for them while the organic laws by the Act should be issued for the elderly rights protection. Parts of problem from the practitioners run short of supports on personnel, materials, inadequate budget, delayed disbursement, unsystematic registration for the elderly and no updated demographic database to link to the government offices involved, no place for the poor elderly, the chronic elderly or the last-stage elderly. It is corresponded with the study of Thitiroj Rinros (2007) and Sudarat Soodsomboon (2014) who find that the critical limitations on taking action for the elderly and organizing welfare for them are the personnel- some organizations meet inadequate personnel to match with the elderly who visit for the service in each day. There is shortage of personnel who have direct knowledge and ability to treat the elderly. There is inadequate budget and IT system. Meaning, the function on the policy of the elderly lacks working system, control system, registration and the number of unit of the dead, no linkage of the demographic database. As such, the elderly status checking of migration or death is difficult and might affect paying the subsistence allowance or error in working (Siriwan Sisriboon, Bussarin Bangkaew, & Chanetti Milinthangkoor, 2013; Waranit Choknithiniran, 2015).

In summary, the most evident problems of the local administration in handling the elderly policy are budget, personnel, information technology and discontinuity of the political policy.

2.5.2.3 Policy taken for the elderly through network and people sector

(1) Through family and community– from the study of Somsak Amornsiripopng (2014), he finds that the agencies playing the major role in organizing social welfare for the elderly network involve many units and many sectors, i.e. Sra Si Moom subdistrict administration, subdistrict health promotion hospital, district hospital and the 18th social development center in Nakhonpathom. The arrangement is focused on top-down and mainly by the state. Another welfare

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arrangement is based on community, which is bottom-up and relying on the community-member involvement in developing the quality of life for the elderly. Both approaches demand integration of their collaboration. On the other hand, the study of Srimuang Palungrit (2004) emphasizes the family roles. In the family-based quality of life development for the elderly, family members play much part in this development. Children should be gratitude, affectionate and supportive. As of the community, it should emphasize the principle of strong community involving supports and motivating the community leaders and people to collaborate and to create together the activities as needed and corresponded to their lifestyle. It should emphasize cooperation it developing the quality of life for the elderly. In the study of Sasipat Yodpet (2007) she prioritizes the drive on the elderly welfare for long-term care. Meaning; it is to arrange the consistent health and social services and linking between the elderly care in family, community and institution in order to replace the basic needs of the targeted groups. Also, there are many recommendations such as in servicing it is necessary to adhere to the family-based action, having strong volunteers and having community watch system.

(2) Through the elderly association – the civic sector affects the achievement of the policy taking for the elderly, which is the "elderly association" which has been established in 1963. Until today, its expansion in Thailand is widespread, which is witnessed in the numbers of the clubs under supervision of the Association of the Elderly Council of Thailand under the Royal Patronage. In 1996, there were only 3,487 associations (Banlu Siripanich et al., 1996) but rose to 11,398 associations in 2006. In 2012, there increased into 23,040 associations (Anusorn Udplong, Kriangsak Rojkureesatian, and Phanee Wong-ek, 2013, p.69). However, from the studies of Sasipat Yodpet et al. (2012), she finds that even though the numbers of the elderly association increase but at present, it is found that half of them continue organizing activities while the other half consistently cannot or dissolve. Reasons are the scarcity of support, strong leaders and budget. The successful elderly associations come from the dedicated keyman, capital for the services, self-assessment all the time, regular meeting, transparency and ability to raise funds. Factors inactivating or weakening the elderly associations are conflicts among the committee members, conflicts among the members themselves, shortage of budget, and non-

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transparency. It is corresponded with the study of Suwinee Wiwatwanij (2005) who finds that conditions or factor creating fruitful servicing the quality of life for the elderly are the keyman or the chairman leadership and ability to attract social capital in the community (community strength and engagement of all sectors), the state and outsider supports, roles of the academic associates and the strong elderly association/group. The studies of (Anusorn Udplong, Kriangsak Rojkureesatian, & Phanee Wong-ek, (2013) reveal that key factors to drive the elderly association activities are the internal factors, i.e. attributes of the chairperson, seeing the benefits gained in the activity involvement and the unity of the members. As of the external factors, they are budget and personnel from various working units.

Reviewing documents and researches, it could be concluded that the elderly policy in Thailand comes from the policy trend of the developed countries. Such issue has been disseminated by the international organization to the developing countries including Thailand during the international conferences. They are involving the problems of the growing trend of the elderly in the country. It has been sparked the idea of the developing countries that the issue of the elderly has been proposed in the government policy (political side) in the developing countries including Thailand, which has been critically driven by the government personnel and the interest group such as the Association of the Elderly Council of Thailand under the Royal Patronage to claim for the Thai government to set the elderly policy and stepping further in to the Elderly Act B.E. 2546 (2003).

The local administration organization is the state mechanism at the local level enacted by law to provide public service in order to help the elderly. However, the local public servicing for them is restricted or “solving the immediate problem emphasizing welfare servicing demanded by the central administration and is dependent on the central administration on budget “ (Piyakorn Whangmahaporn, 2011, p.112). The local tasks enacted by law are paying monthly allowance for the elderly, supporting the social service centers and supporting the welfare home for the elderly by the provincial administration.

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Regarding the capacity of the local administration, it is found that there is a certain readiness in public servicing for the elderly but it meets many problems, especially budget and personnel. However, people still need the local to

play the important roles in the public servicing for the elderly because it is an organization closed to people and the elderly policy affects the quality of life for people both with physically, psychologically and economically. Besides, the state agencies, the civil sector especially families, communities and the elderly association are counted the organizations playing the important roles in taking care of the elderly in various areas. Even meeting so many problems but they have been joining the state sectors to develop the quality of life for the elderly.

2.5.2.4 The living condition of the Thai elderly

1) Residence–from the survey of the elderly population conducted by the Office of the National Statistics 2014 and the Report of the Thai Elderly Condition 2013 by the Institute for Population and Social Research: Mahidol University (2014) on the Elderly Residence, it is found that the proportion the elderly living alone and living with the couple is rising. In 1994 there was 3.6% of the elderly living alone and rose to 6.3%, 7.7% and 8.6% in 2002, 2007 and 2011 respectively. The survey in 23014 showed that the elderly living alone was rising to 8.7% (not living alone was 91.3%). At the same time, the proportion of living with children reduced continuously from 65.7% in 2002 to 56.5% in 2011. The family members doing main duty in caretaking the elderly are mostly the female children (while the male is just only the assistants on expenses).

2)Income and employment – from the studies of Chuenta Witchawudh et al. (2010), they find that the elderly population earning more than 100,000 Baht a year is just 15.38% while the poor elderly population (earning less than 20,000 Baht a year) is around 34.13%. It is corresponded with the studies of Suwinee Wiwatwanij et al. (2012) who find that the elderly facing economic problems and earning is when they mostly having lower income meet restriction in career and career working because there were physical restriction. From the reports of the Thai Elderly Situation 2013 (Institute for Population and Social Research: Mahidol University) it finds that children are still the source of the main income for the elderly (including the foster children and the adopted children) at around 40% followed by income from working (30%). Around 11% of the elderly earn allowance pay as their main income while 6% earn pension and not more than 3% of the elderly earn mainly from their saving/interest/other property. The main issue is the elderly group compared

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with other groups with discrimination of the highest income and inclined to continuously increase. By reason, a group of the elderly population is able or having status to facilitate earning in their daily life. On the other hand, the other group cannot earn income adequately for their living because they cannot work and the law ill-facilitates them to continue working (Sawarai Boonyamanont & Papassorn Chaiwat, 2013). It is corresponded with the studies of the Research Institute for Thai Development (2006) on Structure and Opportunity Expansion to Access the Basic Social Insurance for the Elderly, who find that more than 50% of the elderly in the urban and in the rural areas find that they have inadequate income for living. Many elderly are still working. However, most works doing by the elderly are informal such as agriculture, fishery, service, sales and crafts.

3) Health - a report the Thai elderly situation in 2013 (the Foundation of Thai Gerontology Research and Development Institute (TGRI) incorporate with (Institute for Population and Social Research: Mahidol University, 2014) reveals that when an individual grows older; there higher risk the illness is and the elderly is likely to suffer chronic disease and needed close care. The elderly diseases are such as high blood pressure/ hyperlipidemia, followed by diabetes, gout/knee pains, back pain, and heart disease respectively. A report the Thai elderly situation in 2014 by Office of the National Economic and Social Development Board (2015) reveals that the Thais suffer the critical disinfected diseases higher. In 2013, there were 1,047,979 patients suffer high blood pressure, risen from 2012 at 3.8%. The second was 698,720 diabetes patients risen from 2012 at 5.2%. There were 279, 109 arteriosclerotic patients risen from 2012 at 1.6%. As of public health, a study of TDRI (Thailand Development Research Institute, 2006) on “Project of Building and Expansion of Opportunity to Access Basic Social Security for the Elderly, it finds that the rural elderly access he public health service less than the urban elderly . More than 50%/ of the urban and rural elderly find that they have inadequate income for living and many have to work for living.

4) –Preparation in Readiness for the Elderly – a report of the Thai elderly situation in 2013 (Institute for Population and Social Research: Mahidol University, 2014) reveals that the Thais begins to observe that they should prepare for their elderliness just only 67% in all aspects, i.e. finance, health, residence,

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mind and the elderly caretaker. It is witnessed that The Thais begin to take more interest in the aging society. However, in the financial readiness from the 2011 survey, it was found that the proportion of elderly saving in Thailand was so low. 2 in 3 elderly have no saving and the aged (older than 80 years) have least saving. Yet, the government encouraged people for saving according to the National Saving Fund Act B.E.2558 (2015), the elderly will have promising future. The study of Kunthalee Ngowsongtham (2008) on "Preparation to Enter Aging with Latency of Individuals in Ministry of Social Development and Human Security" shows that the samples have the highest level for their physical preparation followed by the financial preparation and residential preparation. As of the success in readiness to become the elderly, the samples have the highest rate on hobby preparation followed by mental preparation and social engagement, respectively.

5) The Elderly Education – from the study of Office of the National Economic and Social Development Board (2009) on "The Routes to Drive the Strategies of Integrating the Elderly Development" finds that80% of the Thais earn basic education at primary level or lower than that which allows just 76.1% literacy. This study is corresponded with the report of The Thai Social Conditions in General 2014 by Office of the National Economic and Social Development Board (2015) reveals that 65.1% of the elderly earn junior secondary level and lower. This restricts the development of the country in future which is directed to high technology development.

From the reviews of documents and researches, it is found that the living condition of the Thai elderly is suffering almost every aspect, i.e. residence is growing to live alone or live with couple. Most elderly suffer the problem of income because of shortage of saving for aging and restrictions in carrying out career. Most elderly rely on their children and provident allowance from the state but some have to work for income. In most health condition, there are congenital diseases, e.g. high blood pressure, hyperlipidemia, diabetes and osteonosus. On the other hand, their readiness preparation is relatively low especially their saving for aging.

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2.5.2.6 The Elderly Needs of Social Welfare and Quality of Life

The elderly have diverse needs and from the review of documents and researches; they could be grouped into two classifications, i.e.

1) The needs of income welfare and employment

From the studies of Suda Silakul (2005), Sujittra Lhormprakone (2010) and Songrat Hiran-uthok (2010), reveal that the elderly greatest need is the income welfare. They require the prevalence of the elderly provident welfare and its increase including the promotion of the elderly career for additional income in the form of employment. It could be arranged in two models (Institute for Population and Social Research: Mahidol University, 2010), i.e.

(1)Self-employment / private working – most are the informal jobs such as agricultural sector as in sufficiency economy and freelances, which most have low cost, invested with their saving or cashflow, low tech production or conventional intelligence, limited markets, ease servicing. However, they unlikely attract the government. But those who work in the formal system are very few.

(2)Group working – most are through organizations in the rural area such as the elderly association, the career groups, community enterprise, and OTOP project. The successful and sustainable groups will have strong leader in management, dedication, teamwork with diverse ages, less problems on markets, supported by many state agencies and the members permanently and regularly earn income.

2) The needs of sanitary health welfare

The studies of Surasit Roongruengsilp (2003), Sirikanya Kaenthong (2005) and Sujittra Lhormprakone (2010) disclose that the elderly require most their quality of life development on sanitary health. As such, health welfare and medication are needed arrangement with consultation on health education for the elderly at least once a year; followed by annual medical check. This is corresponded with the studies of the Ministry of Social Development and Human Security (2015) finding that most elderly earn welfare provided by the state according to the rules or the legal obligations and they use those welfare. Regarding the elderly welfare by aspect, it is found that most of them earn the welfare servicing on health by law and by individuality, by majority.

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From the literature reviews, it is found that the elderly mostly require their quality of life development in many aspects but there are two most required on income welfare and career promotion to create income, sanitary health and medication.

2.6 Conclusion on Conceptual Framework

With the literature reviews above, the researcher has prepared a conceptual framework which has been modified from the following concepts and theories important to this research in five elements, i.e.

2.6.1 Public Service Provision – it is an allocation and distribution of the state resources to run various activities in servicing people. However, most activities are handled by the state and might invite private sector for collaboration. It is divided into two major types, i.e. first, the basic public servicing which the state has to handle them by itself such as the state security, international relation, finance, and public services. Second, it is the task the state organizes to promote the quality of life for people such as education, public health, social welfare provisions and so on. Such tasks, the state might handle them by itself or assigns the private sector to handle. The public health provision has to abide in the principles of egalitarianism, continuation, improvement and changes. There four main Thai public service organizations, i.e. public sector, private sector, state enterprise and Public Company.

2.6.2 Concepts and Theories of the State Sector Administration – they involve three major concepts, i.e. Traditional Public Administration emphasizing bureaucratic system, working by rules and regulations; New Public Management: NPM emphasizing the application of the private-based management in the public sector, e.g. market mechanism, work contract; and New Public Governance: NPG emphasizing public-private partnerships for greater efficiency of public servicing and co-production with the civic sector/community. The state alone cannot efficiently solve the public problems including the public problems in the 21st Century, which are growing complexity while the state is meeting budgetary limits.

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2.6.3 Quality of Life – it is a concept to explain a good living condition of people, having a good physical and mental health, free from illness and having necessary basic means for living, living amid good environment, safety, and able to lead a happy life in society. There are two indicators of quality of life, i.e. socio-objectivity, which focuses on measuring materialism, income and facility and the socio-subjectivity focusing on measuring psychological side or satisfaction. From synthesizing the concept of quality of life by international and domestic organizations, it is concluded that elements of quality of life for the elderly are diverse but coherent and they have been used in investigating its five aspects in this research, i.e.1) health and medication, 2) education and learning, 3) economy and income, 4) basic means for living and activity organization, and 5) participation and social supportive network.

2.6.4 Social Welfare – it is the matter for all in society because it is referred to "wellbeing of people". Social welfare covers multiple dimensions of human wellbeing. Therefore, social welfare arrangements should be concentrated on systematizing social security in both prevention and problem solving. Also, developing social welfare system is not an aid for people only by the state and its model could be concluded in four (4) models, i.e. the liberal social welfare system, the conservative/enterprise social welfare system, the democratic social welfare system or welfare state system, and the productive social welfare system. Various countries embrace various models. Some chooses a single model but some may choose integrated model, which relies on the economic, political and social conditions of each country.

2.6.5 Decentralization and Local Governance - their issues are related. Decentralization involves the matter of power relation between the central government and the local government. The former transfers its power, duty and tasks to the latter to appropriately take actions and coherent to the local context that the local can manage its local resources by itself while being able to speedily solve the local problems and responding to the needs of local people. This can not only reduce the burdens of the central government but also reinforce people. There are four dimensions in decentralization, i.e. administrative decentralization, political power

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decentralization, financial decentralization and economic decentralization. As of the local governance, it is a process that the public sector and other non-public sectors co-play the roles in setting policies and their implementations through collaboration, compromise and civic dialogue. It also relates to the diversified stakeholders rather than formal fixed command alone. From literature reviews, the municipal public servicing in quality of life for the elderly requires intrinsic means, i.e. leader, personnel, budget, strategic plan, administrative system, rules and regulation. The extrinsic means are participation and network in order to function for developing the five aspects in developing quality of life as shown in Figure 2.5

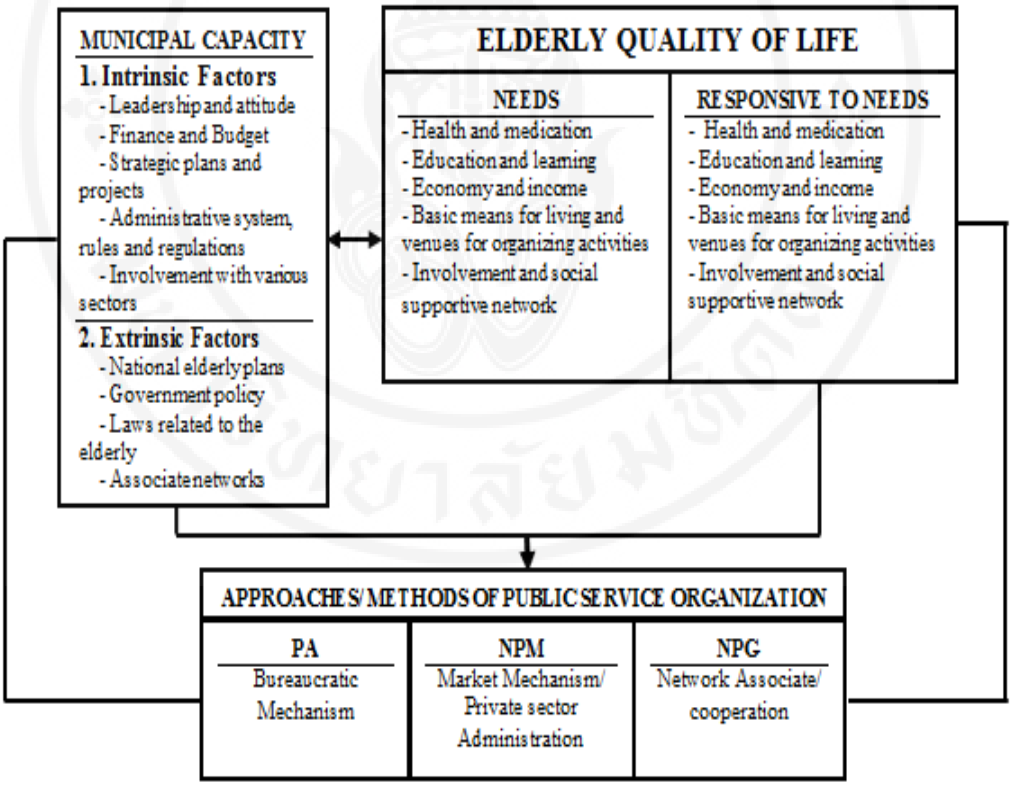

Figure 2.7: Conceptual Framework

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CHAPTER III
RESEARCH METHODOLOGY

In the study of "The public services of the municipalities of Thailand to improve the quality of life of elderly people", a mixed method research has been applied with integrating qualitative approach and quantitative approach (Creswell and Plano, 2011) with following details.

3.1. Research design
3.2. Population and Key Informants
3.3. Research Instruments
3.4. Instrument Formulation and its Validation
3.5. Data Collection
3.6. Data Analysis
3.7. Credibility Check of the Analysis Results

3.1 Research design

This investigation has been designed in a mixed method between integrating qualitative approach and quantitative approach with following procedures.

3.1.1. Qualitative Research was through reviewing literature and related researches for conceptualizing the primary framework and adopted for identifying factors and components, i.e.

(1)It was to identify the factors and the components of the municipality public service provision on the quality life of the elderly in five (5) aspects, i.e. 1) leadership and attitude, 2) finance and budget, 3) strategies and projects, 4) administrative system and rules, and 5) involvement and network. In the aftermath, the researcher the results of the analysis on the primary conceptual framework to seek opinions from experts of the public service provision and the local administration, and welfare provision for the elderly in order to appropriately provide recommendation

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and improvement of the conceptual framework in the terms of "the capacity of municipality public service provision for the quality life of the elderly".

(2) It was to identify the elements of assessing the quality life of the elderly at five aspects, i.e. health and medication, 2) education and learning, 3) economy and earnings, 4) shelter and environment, and 5) social involvement and network. The researcher later sought opinions from experts and scholars of the quality life development of the elderly, the municipality administrators, the elderly/ the elderly caretakers for recommendation and improvement of the conceptual framework in terms of "the quality life of the elderly in the municipality" for better ampleness.

3.1.2. Quantitative Research–the researcher has analyzed and synthesized (1) factors and elements of assessing the municipality capacity in public service provision for developing the quality life of the elderly in five aspects, and (2) the criteria of the quality life of the elderly in five aspects. Then, they have been used to conceptualize the research framework in order to formulate the research instrument. The questionnaire was then divided into two sets, i.e. SET 1 was for measuring the needs of quality life development of the elderly and the comparison of their differences between the needs of quality life development of the elderly and the responses with the public service provision for the municipality quality life development of the elderly. Such procedures taken were to respond to the Research Questions No. 1 and No.2, respectively.

3.1.3. Qualitative Research – the researcher applied this method to analyze and to find the approaches and the methods of public service provision for the quality life development of the elderly. So that, the municipality could properly respond to the needs of the elderly and by the social situations. The research has employed in-depth interviews conducted with key informants, organizing focus group with the elderly group or their caretakers and using non-participative observation during the elderly activities such as the meeting of the elderly association, their physical exercises, their subsistence allowance payment, the activities of quality life development center and the School for the Elderly in order to respond to the Research Question No.3.

3.1.4. The researcher checked the results for validity and trustworthiness through external checking, i.e. submission the results for analysis to (1) experts and scholars of the local administration and the quality life development of the elderly, the

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municipality administrators, the administrators of Department of Older Persons for peer reviews and (2) the elderly as the key informants helped validate the conclusions and the interpretation done by the researcher under their views (Chāi Phōthisitā, 2011). In addition, the quantitative research has been adopted to support the qualitative research for better ampleness. It was applied to compare the significant differences between the municipality capacity and the needs of the elderly within its three types. Then they were supplemented to explain the phenomenon in the statistical figures and for supporting the better validation of the qualitative data because the quantitative approach could not only reduce bias but also create neutrality to the researcher (Somjintana Khoomphai, 2010, p.107).

3.2 Population and Key Informants

The population, the samples and the key informants in this research were categorized by the research methodologies, i.e.

3.2.1. The Quantitative Research

3.2.1.1. The quantitative research to respond to Research Objective No.1

1) Specifying the municipality as an analysis unit on the population, i.e 2,440 municipalities divided into 30 city municipalities, 178 town municipalities, and 2,232 subdistrict municipalities (Office of System Development, Form and Structure: Department of Local Administration, data on March 9, 2015).

2) Samples were 332 municipalities from five regions of Thailand from a formula to analyze the sample size and the population average valuation (Office of the National Statistics, date unquoted, p. 32; Kanlaya Vanichbuncha, 2012, p.12) as below.

$$\mathbf{n} = \frac{NZ^2 \sigma^2}{NE^2 + Z^2\sigma^2}$$

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Whereas,

n = sample size

N = population size

Z = value of confidence at 95% level [here Z earned 1.96]

E = percentage of error from sampling at 0.1 level

σ= Estimated Range value [R], which earned $\frac{X_{max} - X_{min}}{4}$

(Scheaffer, Mendenhall and Ott, 1986, p.54, quoted in Rapin Posrie, 2006, pp.67–68)

Represent $\mathbf{n} = \frac{2{,}440(1.96)^2 \ (1)^2}{2{,}440(0.1)^2 + (1.96)^2 \ (1)^2}$

$\mathbf{n} = 331.90$

Therefore, the sample sizes of 332 sites.

3) Sampling: the researcher imposed the criteria of stratified sampling and proportional sampling as below.

STAGE I: specifying the sample size from the 2,440 sites of population through using the above formula and the sample sizes were 332 sites from five geographic regions.

STAGE II: the sample size of 332 sites was divided into three groups by proportions of the three types of the municipality, i.e. the city municipality, the town municipality, and the subdistrict municipality. The city municipality accommodated less population; therefore all the population in 30 sites has been adopted including 67 town municipalities and 235 subdistrict municipalities. However, practically, the data collection has been extensive throughout the five regions. Its probability to cover all regions was likely impossible. Consequently, the researcher has added another 1/3 of the sample size (Suchitra Punyaratabandhu, 2015, p.175). Therefore, the samples were 332+110 = 442 (see Table 3.1).

STAGE III: Simple random sampling was applied through balloting in order to randomize samples from each municipality group by the sample sizes as calculated in each region from Stage II.

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STAGE IV: A set of questionnaire has been collected from the municipalities and the key informants were the personnel directly responsible for the

task in treating the elderly or the municipality representatives responsible for the task in treating the elderly.

Table 3.1 Municipality population and samples

Geographical Regions	Population	Samples	Sample Distributions		
	Frequency (N)	**Frequency (N)**	City Municipality* (9%)	Town Municipality (20%)	Subdistrict Municipality (71%)
1.Northern	566	108	6	25	76
2.North Eastern	889	160	5	42	113
3.Central	412	73	8	14	51
4.Eastern	226	40	4	8	28
5.Southern	347	62	7	11	44
Total	**2,440**	**442**	**30**	**100**	**312**

* Population group was few, all population in the 30 sites were thus all adopted nationwide.

3.2.2.2. The qualitative research to respond to Research Objective No.2

1) The population here was the 3,155,377 elderly resided in the (excluded the Bangkokian and Muang Pattaya elderly) (data of the Office of the National Statistics, 2014: there are 10,014,705 elderly residing in the municipality at 40.9% and outside municipality at 59.1%).

2) Samples were the 385 elderly from the five geographic regions earned from the formula in analyzing the sample size for estimating the population average valuation (Office of the National Statistics, date unquoted: 32; Kalya Wanichbancha, 2012, p.12) as below.

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$$\mathbf{n} = \frac{NZ^2\ \sigma^2}{NE^2 + Z^2\sigma^2}$$

Whereas,

n = sample size

N = population size

Z = value of confidence at 95% level [here Z earned 1.96]

E = percentage of error from sampling at 0.1 level

σ = Estimated Range value [R], which earned $\frac{X_{max} - X_{min}}{4}$

Representation

$$\mathbf{n} = \frac{3{,}155{,}377\ (1.96)^2\ (1)^2}{3{,}155{,}377\ (0.1)^2 + (1.96)^2\ (1)^2}$$

$$n = 384.11$$

Therefore, the sample size was 385 persons.

3) Sampling–the researcher imposed criteria of multi–stage sampling with following stages.

STAGE I: It was imposing the 385 samples from the Thai five geographical regions based on the municipality data of the National Municipal League of Thailand (http://nmt.demo-cv.com), i.e. the northern region, the north–eastern region, the central region, the eastern region and the southern region.

STAGE II: It was to randomize two provinces in each region for representation through balloting. Chiangmai Province and Lampang Province were balloted from the Northern region. Khonkhaen Province and Kalasin Province were balloted from the North–Eastern region. Nonthaburi Province and Pathumthani Province were balloted from the Central region. Samuthprakarn Province and Rayong Province were balloted from the Eastern region. Songkhla Province and Nakhonsithammarat Province were balloted from the Southern region.

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STAGE III: It was to randomize three municipalities in each province from the three municipality groups, i.e. the city municipality, the town municipality and the subdistrict municipality and a municipality was selected from each group through simple random sampling with balloting.

STAGE IV: It was to calculate the proportion of the elderly residing within the three types of the municipality to acquire representatives from each type. The actual proportions were 91% from the subdistrict municipality, 8% from the town municipality, and 2% from the city municipality.

However, the proportion of the elderly from the three types of the municipality were highly different, which differed the sample size in each type. Consequently, the researcher has imposed new proportion of the elderly under the principle of " the large size sample inclines to be the better representatives than the small sample size"(Suraporn Siansalaai, 2014, pp.5-88; Gravetter & Forzano, 2009, p.133). The new criteria were 60% from the subdistrict municipality, 25% from the town municipality, and 15 % from the city municipality) and 385 persons were sampled. Nevertheless, in practice, the data collection might be incomplete as expected; consequently, 1/3 of the samples were added (Suchitra Punyaratabandhu, 2015, p.175). Therefore, the samples were 385+128 = 513 as in Table 3.2.

STAGE V: It was to impose accidental sampling from the activities organized by the elderly incorporated with the municipalities and were willing to respond the questions on, receiving the subsistence allowance payment, medical checkup, physical exercises, the elderly association, activities in the center of the quality life development for the elderly, activities of the Elderly School, and later the elderly were key respondents.

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Table 3.2 Population and samples of the elderly (in the municipality areas)

Regions	Pop. (prsn.)	F. Sam.	Prov./ Freq.	Municipality Types [Mu]	No. of sample groups	Total	Actually Collected
North	729,183	118	Chiangmai (152,867)	Chiangmai City–Mu.	13	78	54
				Mae–hia Town Mu.	19		
				Nong–hoi Subdist. Mu	46		
			Lampang (78,445)	Lampang City–Mu.	6	40	33
				Khelangnakhon Town Mu.	10		
				Khohkha Subdist. Mu.	24		
North-eastern	923,365	150	Khonkhaen (118,050)	Khonkhaen City–Mu	15	93	67
				Banphaai Town Mu.	23		
				Ban Fang Subdist. Mu.	55		
			Kalasin (72,557)	Kalasin Town Mu.	24	57	44
				Rongkham Subdist. Mu	33		
Central	543,836	87	Nonthaburi (118,954)	Pakkled City–Mu.	7	51	37
				Bangbuatahong Town Mu.	14		
				Bangyai Subdist. Mu	30		
			Pathumthani (82,462)	Rangsit City–Mu.	6	36	25
				Bangkhoowat Town Mu.	9		
				Khlong Phra Udom Subdist. Mu	21		
Eastern	566,028	93	Samuth-prakarn (124,820)	Samuthprakarn City–Mu.	11	68	48
				Paknam Town Mu.	17		
				Bangmuang Subdist. Mu	40		
			Rayong (46,707)	Rayong City–Mu.	4	25	10
				Mabtaput Town Mu.	6		
				Cherngnern Subdist. Mu	15		
Southern	392,965	64	Songkhla (108,039)	Hatyai City–Mu.	7	44	39
				Khorhong Town Mu.	11		
				Thoonglarn Subdist. Mu	26		
			Nakhonsi–thammarat (47,168)	Nakhonsithammarat City–Mu.	4	21	14
				Pakpoon Town Mu.	6		
				Thasala Subdist. Mu	11		
Total	**3,155,377**	**513**				**513**	**371**

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3.2.2 The Qualitative Research

The key informants were to respond the Research Question No.3 to investigate the approaches and the method of public service provision for the quality life of the elderly, i.e.

1) The analysis unit was the municipality divided into three types, i.e. the subdistrict municipality, the town municipality and the city municipality.

2) The key informants were divided into two groups, i.e.

2.1.) 42 key informants for in–depth interview, i.e.

2.1.1) 4 experts of the public sector on public service provision and local public service provision

2.1.2) 3 experts and scholars of welfare organization and quality life development for the elderly

2.1.3) 17 administrators / municipality representatives selected from the outstanding in management municipalities and general municipalities

2.1.4) 2 executives from the Department of Older Persons: Ministry of Social Development and Human Security

2.1.5) the chairperson of Association of the Elderly Council of Thailand

2.1.6) 15 elderly, family caregiver, volunteering elderly caregiver

2.2) 6 focus group discussions had been organized which comprising three meetings from the municipality categorized with distinguished management type and three meeting from the common municipality. The participants for each focus group discussion consist of 5–10 informants including: the president, /vice president of the elderly clubs, the president/ the vice president of the Elderly Quality of Life Development and Career Promotion, the elderly, family caregiver, volunteering elderly caregiver. All participants from the elderly clubs and the Elderly Quality of Life Development Center were selected by the head or president of agencies from those who had been member at least one year and had mixed gender participants in each session (see Table 3.3).

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Table 3.3 List of municipalities for focus group

Outstanding in Management Type	**Provinces/Region**	**General Type**	**Provinces/Region**
Ban Fang Subdist. Mu.	Khonkhaen/N–eastern	Samrong Nue Subdist.Mu	Central/ Samuthprakarn
Sisaket Town Mu.	Sisaket/ N.–eastern	Khelangnakhon Town Mu.	North/ Lampang
Rangsit City–Mu.	Pathumthani/Central	Nakhonsithammarat City–Mu	South/ Nakhonsikthammarat

3) Criteria of selecting municipality for the study, i.e.

3.1) In order to analyze the common conditions of the municipality public service provision for the elderly; it was necessary the regular case covering the city municipality, the town municipality and the subdistrict municipality and having diverse dimensions in various regions of Thailand. Consequently, the purposive sampling was adhered to (Stake, 2000; Chāi Phōthisitā, 2011, pp.118–121) and applying two collaborative methods, i.e. using snowball sampling, and convenience sampling from the municipalities which were willing to provide data as the criteria (Creswell,2007, p.126) and 12 municipalities have been sampled as in Table 3.4, below.

Table 3.4 The common municipalities for the qualitative research

No.	**Provinces**	**Regions**	**Mu.-Types**	**Names**
1	Samuthprakarn	Central	Subdistrict	Samrong Nue
2	Nakhonpathom	Central	Subdistrict	Om–yai
3	Songkhla	South	Subdistrict	Thoonglarn
4	Chiangmai	North	Subdistrict	Nong–hoi
5	Khonkhaen	Northeast	town	Ban Phai
6	Chiangmai	North	town	Mae–Hia
7	Lampang	North	town	Khelangnakhon
8	Pathumthani	Central	town	Bueng–yithow
9	Lampang	North	city	Lampang
10	Nakhonsithammarat	South	city	Nakhonsithammarat
11	Songkhla	South	city	Hat Yai
12	Rayong	East	city	Rayong

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3.2) To analyze, to find approaches and methods of public service provision of the quality life development for the elderly; the outstanding in management municipalities were selected, which would lead to the success in the public service provision. Outstanding or intensity-case municipalities were selected (Patton,1990: 169–170 ; Chai Pothisita, 2011:120). The two parts of outstanding management were the municipality with King Prajadhipok's Institute Award in B.E. 2556-2558 (2013-2015) from the King Prajadhipok's Institute, (2) the municipality awarded by the good governance B.E. 2556-2558 (2013-2015): Office of the Decentralization to the Local Government Organization Committee (ODLOC). With the above criteria; the municipalities were selected as in Table 3.5.

Table 3.5 Municipality samples of the distinguished type for qualitative research

No.	Municipalities	Areas /Provinces	Distinguished Identities	Award Yr
1	Pitsanulok	Pitsanulok	Peace Promotion and Quality Life Development for the Elderly	2557
2	Rangsit	Pathumthani	Good Governance	2556
3	Khonkhaen	Khonkhaen	Public, Private and Civil Network Promotion	2557
4	Kalasin	Kalasin	Public, Private and Civil Network Promotion	2557,2558
5	Khao Samyod	Muang/Lopburi	Quality Life Promotion and Development for the Elderly	2557,2558
6	Sisaket	Muang/Sisaket	Quality Life Promotion and Development for the Elderly	2557,2558
7	Khorkha	Khorkha/Lampang	Quality Life Promotion and Development for the Elderly	2558
8	Cherngdoi	Doi Saket/Chiangmai	Quality Life Promotion and Development for the Elderly	2558
9	Banfang	Banfang/Khonkhaen	Quality Life Promotion and Development for the Elderly	2557,2558

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3.3 Research Instruments

They were:

3.3.1. Two sets of the quantitative research instrument, i.e.

SET I: the questionnaire about the municipality capacity in the public service provision of the quality life development for the elderly; and it was divided in to five (5) parts, i.e.

Part I: General information of the respondents; it was a checklist type.

Part II: Organizational information of the respondents and it was short answer type.

Part III: The municipality capacity in the public service provision of quality life development for the elderly divided into five aspects and it was the rating scale of five levels based on Likert's Scale.

Part IV: The promotional factors and the barrier factors against the public service provision of quality life development for the elderly; and

Part V: Recommendations for developing the municipality capacity in the public service provision of quality life development for the elderly.

SET II: The questionnaire about the needs of the elderly and their responses in the municipality public service provision in order to promote their quality of life, which was divided into three parts, i.e.

Part I: General background of the respondents in the checklist type

Part II: Needs of the elderly and their responses though the municipality public service provision for their five aspects of their quality life development, which was the 5- level-rating scale based on Likert's Scale.

Part III: Recommendations of the municipality public service provision for their five aspects of their quality life development

Scoring criteria and interpretation of the scores from the questionnaire as in the 5–level–rating scale based on Likert's Scale (Thanin Silpcharu, 2014, p.75), were:

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Scoring Criteria

Levels of action/need/response	**Weight/marks**
Most deserves	5
Much deserves	4
Moderate deserves	3
Little deserves	2
Least deserves	1

Scoring Assessment

Meaning	**Average scores**
Most depicts rates between	4.50–5.00
Much depicts rates between	3.50–4.99
Moderate depicts rates between	2.50–3.49
Little depicts rates between	1.50–2.49
Least depicts rates between	1.00–1.49

3.3.2. The qualitative research instruments comprised two sets, i.e.

SET I: A semi–structured interview form was divided into four issues, i.e.

ISSUE I: What were the projects of municipal functions on the elderly activities?

ISSUE II: To what extent was the Thai municipality capable and prompt on the public service provision of the quality life for the elderly, i.e. administrator and attitude, finance and budget for strategies and projecting, administrative system and rules, and the involvement and collaboration from various sectors.

ISSUE III: Supportive factors and barrier factors of the public service provision of the quality life for the elderly

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ISSUE IV: Guides and methods of the public service provision of the quality life for the elderly through (1) Missions carried out the municipality itself or might carry out with other government agencies; (2) Missions might be assigned to

private agencies or cooperated between the municipality with the private sectors and (3) Missions carried out with networks of people, community and civil society, religious organizations, educational institutions to organize the public service provision of the quality life for the elderly.

SET II: Four issues in the focus Group meeting with the elderly and their caretakers, i.e.

ISSUE I: Daily living conditions and routine life

ISSUE II: Needs of the elderly and their responses from the municipality public service provision

ISSUE III: The involvement in the municipality functions on the elderly

ISSUE IV: Guides and methods of the public service provision of the quality life for the elderly

3.4 Instrument Formulation and its Validation

3.4.1. Instrument Formulation

This instrument has been studied, analyzed and synthesized from the documents, concepts and policies about the municipality public service provision for the elderly quality life development and conceptualized them to be the research framework as in the following steps.

1. Reviewing documents and related researches on the concepts of the municipality public service provision and the concepts of the elderly quality development.

2. Defining and scoping the study in each item covering and being congruent to the research objectives

3. Structuring the questionnaire and the interview forms in semi-structuring and the questions for the focus group meeting to cover and be congruent to the research objectives.

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3.4.2 Instrument validation

3.4.2.1.The formulated instruments have been seek for its validity and reliability and the following procedures

1.) Validity Test: their reliability and content validity were testes as follows:

1.1) The instruments have been submitted to 5 experts to assess whether each question serves the research objectives under the following scoring criteria:

Descriptions	Scoring
Precision to the research objectives	+1
Uncertain to meet the research objectives	0
Irrelevant to the research objectives	-1

1.2) The recommendations from the experts would be sought on their index congruent to the research objectives as formula below

$$IOC = \frac{\sum R}{N}$$

IOC represents Index of Item – Objective Congruence

$\sum R$ represents the totals scores of the experts' opinion

N represents Numbers of the experts

1.3) Criteria of selecting questions, i.e.

Any questions having IOC of 0.50–1.00 were relevant.

Any questions having IOC lower than 0.50 were irrelevant

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1.4)The result of the index assessment on congruence between the questions and the research objectives (IOC) of SET. I with

average value of 0.20–1.00 and the Questionnaire SET II having the average values between 0.80–1.00. Consequently, the researcher has improved and corrected the question worth to the recommendations for the final sets.

2) Reliability Test: the researcher has brought e improved sets to conduct pre-test with a group of 30 samples in Nakhonpathom province and test their reliability based on Cronbach's Alpha Coefficient. SET I earned 0.924 while SET II earned 0.964.

3.5 Data Collection

1. Due the units of analysis were municipalities and the elderly spread in many areas; consequently, the researcher improvised three ways of data collection, i.e. (1) mailing, (2) collection by the researcher, and (3) municipality net work.

2. Data collection procedures, i.e.

2.1. The researcher submitted documents to request certification by the Office of the Committee for Research Ethics (Social Sciences): Mahidol University,

2.2. Upon approval, the researcher sought approval letter for data collection from the Faculty of social science and Humanities: Mahidol University to contact samples involved for data collection.

2.3. The researcher mailed letter to the sample group municipalities for responding questions and mailed approval letter for in-depth interview along with individual and agencies data collections as being planned.

2.4. Coordination and appointment have been made with the municipality representatives, the elderly/the caretakers and key informants.

2.5. The researcher visited the sites in all five regions, i.e the north, the northeast, the central, the east, the south as appointments.

2.6. Data collected from questionnaires, interviews, and focus groups have been systematized, analyzed, interpreted and concluded based on the research objectives.

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3.6 Data Analysis

3.6.1. The descriptive statistics were used with the quantitative analysis. Its statistical applications were percentage, means, standard deviation, and inference statistics, i.e. t–test, Pair Samples t–test and F–test (One Way–ANOVA).

3.6.2. The qualitative analysis on data collected from in–depth interview and focus groups was through analyzing content validity. It was through readings to classify major issues, disintegration and links of various issues to find their relationship or to find their core essences until enabled to respond the research questions (Bencha Yoddumnern–Attig & Yupin Vorasiriamorn, 2014, pp.12–21). However, the analysis process would be abided with three procedures (Miles and Huberman, 1994; Chai Pothisita 2011, pp.337–369), i.e. data organizing, data display, conclusion, interpretation and verification.

3.7 Trustworthiness of the data

This process was very significant and thus upon earning the conclusion, it is necessary to validate their precision and credibility through internal and external checks (Chai Pothisita, 2011).

3.7.1.)Internal check: it is to check the quality of the source, i.e population and sites whether they were fit the subject and the research questions. This included the researcher stayed long enough in the sites to ensure whether the data were correct and reliable and whether the data collected were deep and wide, whether what t was the level of their context. In data analysis, whether their findings and conclusions were founded on the secure evidence and prone for acceptance.

3.7.2.)The external check was based three principles, i.e. 1) the primary results must be submitted to experts with expertise of public service and elderly affairs along with peer review. 2) Checking through play–back method proposing the primary results for the key informant to read and comment whether the conclusions and the interpretation of the researcher were congruent or incongruent to the views of the key informants. 3) Applying triangulation was necessary (Cresswell, 2003; Chai Pothisita, 2011), i.e. checking data triangulation to find whether the data earned from various sources of the five regions in Thailand were congruent. It was necessary to impose

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methodological triangulation from data collected from in–depth interview, focus groups and case studies.

The research designed on "The public services of the municipalities of Thailand to improve the quality of life of elderly people" has been concluded to respond to the three research questions as in Table 3.6 below:

Table 3.6 Research Design

Research Design		
Research Question 1 **1.** Review documents and related researches to conceptualize the research framework **2.** Determine factors of municipality capacity of five aspects on public service provision and five aspects of the elderly quality life **3.** Submit both criteria above to experts for opinion and recommendations for improving the conceptual framework and formulation of the questionnaire. **4. Population and samples** were municipalities **5. Research Instrument** was a set of questionnaire **6. Data Analysis** was descriptive statistics, i.e. frequency, percentage, means, standard deviation	**Research Question 2** **1. Population and samples** were the elderly/their caretakers **2. Research instrument** was a set of questionnaire **3. Data Analysis** was descriptive statistics, i.e. frequency, percentage, means, standard deviation and Inference Statistics, i.e. *t*–test, Pair Samples t–test and F–test (One Way–ANOVA)	**Research Question 3** **1. Key Informants** were: 1) Experts of public service provision and local administration 2) Experts and scholars of the elderly 3) Municipal administrators/ representatives 4) Administrators of the Department of Older Persons : Ministry of Social Development and Human Security 5) The elderly and relatives or caretakers **2. Applying the three concepts of public service provisions,** i.e. Classic Public Administration, New Public management, and New Public Governance **3. Research Instrument –** interview forms, questions for the focus groups and non-participative observation **4. Using Content analysis** through data organizing, data display and conclusion and interpretation **5.Results Checked** by experts and key informants

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CHAPTER IV
RESULTS

A study on “The public services of the municipalities of Thailand to improve the quality of life of elderly people” was an integrated approach between a quantitative research and a qualitative research. Its objectives were to investigate the municipal capacities, to compare between the wants with the responsiveness and to investigate the guides and approaches in municipality public service provision for developing the quality life of the elderly to responsive to their wants. Its results are consecutively presented as below.

1.The quantitative analyses of the municipal capacities, the elderly needs and the municipal responsiveness in the public service provision to improve the quality of life for the elderly.

2.The qualitative analyses

442 respondents have been sampled to respond to the first set of questionnaire but just only 319 sets or 72.17 % have returned. 513key informants have been sampled to respond to the second set of questionnaire but just only 371 sets or 72.31 % have returned.

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4.1 The quantitative analyses of the municipal capacities, the elderly needs and the municipal responsiveness in the public service provision to improve the quality of life for the elderly.

4.1.1.The results of the quantitative analyses of the municipal capacities in the public service provision to improve the quality of life for the elderly.

With the reviews of qualitative researches to be used as the conceptual framework in the quantitative investigation and its instrument; the researcher has reviewed literatures related in order to conceptualize the preliminary framework and seek the comments from public service experts and the welfare servicing experts for the purposes of improving its conceptual frameworks and the questionnaire reliable for data collection. The results of the quantitative analyses of the municipal capacities in the public service organization in developing the quality of life for the elderly is divide into three parts as follows:

Part I:The general information of the municipal personnel as the samples

Part II:The data of the municipal capacities on leadership and attitude, finance and budget, strategization and projections, administrative system and rules and participation and network partnership; and

Part III: The data of limitations, supports and recommendation for the public service provision in developing the quality of life for the elderly.

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Part I: The general information of the municipal personnel as the samples

Table 4.1 The general information of the municipal personnel (N=319)

Basic data	Frequency	Percentage
Sex		
Male	125	39.2
Female	194	60.8
Age		
Younger than30 years	13	4.1
30-40 years	101	31.7
41-50 years	139	43.6
Older than 51years	66	20.7
Education		
Voc. Cert./ senior secondary	15	4.7
Bachelor degree	167	52.4
Master degree	130	40.8
Doctoral degree	4	1.2
Others	3	0.9
Work position		
Mayor	9	2.8
Deputy Mayor	14	4.4
Municipal Permanent Secretary	28	8.8
Director of Welfare Division	55	17.2
Director of Public Health Div.	67	21.0
Chief of the Secretary Office	13	4.1
Chief of Welfare Section	22	6.9
Welfare personnel	17	5.3
Community development personnel	94	29.5
Work Experiences		
Less than5 years	37	11.6
5–10 years	107	33.5
11–20 years	119	37.3
More than 21 years	56	17.6
Type of Municipality		
Subdistrict Municipality	202	63.3
Town Municipality	91	28.5
City Municipality	26	8.2
The Elderly Association		
Established	270	84.6
Not established	49	15.4
The Elderly quality of life Development Center		
Established	147	46.1
Not established	172	53.9

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Table 4.1 reveals that most samples are female or 608% while the male is just 39.2%.

Their age is mostly between 41–20 years old at 43.6% followed by 30–40 age groups at 31.7%. The following group is more than 51 years old at 20.7% and the smallest group is aged at less than 30 years old at 4.1%.

Most samples earn bachelor degree and master degree. The baccalaureates are 52.4% while the master degree is 40.8%. Both groups reach 93.2%. Those earning lower than bachelor degree are 5.6% and doctoral degree holders are1.2%.

The largest number of position for the government personnel are the community developers at 29.5% followed by the directors of the welfare section at 21.0%.; the directors of social welfare department at 17.2%. The rest is relatively spread like the chief of social welfare division at 6.9%, the welfare personnel is at 5.3%, and the Chief of the Permanent Secretary Office at 4.1%, respectively. On the contrary, the Administrative Departments of the Mayor and the Deputy Mayor are 2.8% and 4.4% respectively.

It is found with the work experience that the majority has 5–year work experiences by the 11–20 year–work experience group is at 37.3% followed by the 33.5% from the 4–10 year group, 17.6% of the more than 21 year group and the least group is 11.6% from those with less than 5–year work experience.

In the municipal type, it is found that more than half or 63.3% is under supervision of the subdistrict municipality, followed by 28.5% under the city municipality and 8.2% under the city-municipality.

It is found with the establishment of an association that the majority or 84.6% establish the elderly association in the municipal areas while 15.4% do not.

Regarding the elderly quality of life development centers, it is found that more than half or 53.9% do not establish but just 456.1% do.

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Table 4.2 Various sectors' participation (N=319)

Descriptions	Frequency	Percentages
Civil sector		
Yes	268	84.0
No	51	16.0
Private sector		
Yes	40	12.5
No	279	87.5
Non–government organizations (NGO) e.g. club, association		
Yes	18	5.6
No	301	94.4
Religious organizations		
Yes	72	22.6
No	247	77.4
Educational institutions		
Yes	34	10.7
No	285	89.3
Public sector		
Yes	54	16.9
No	265	83.1

Table 4.2 shows that the participation from the civil sectors is at 84.0% while 16.0% do not. 12.5% of the private sector participates but 87.5% do not. 5.6% of the NGO participate but 94.4% do not. 22.3% of the religious organizations participate but 77.4% do not. 10.7% of the educational institutions participate while 89.3% do not.16.9% of the public sector participates but 83.1% do not.

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Table 4.3 Number of the elderly, their responsible takers, and their budgets

Descriptions	Subdistrict Municipality/persons	Town municipality/ persons	City municipality/ persons
The average number of the elderly (only registered and excluded the latent elderly (lowest to highest)	1,272 (300–2,826)	3,096 (1,042–6,930)	9,974 (3,780–23,534)
Key elderly responsible takers	–Department of Welfare and Community Development –Public Health Division –Social Welfare Division	–Social Welfare Division –Public Health Division/Office	– Social Welfare Division –Public Health and Environment Division/ Office
The allocated budget in 2013–2015 (government subsidies and local revenues)	34,430,935 Baht 35,610,994 Baht 46,223,074Baht	157,144,216 Baht 159,935,348 Baht 186,527,855 Baht	446,704,187 Baht 397,658,791 Baht 500,383,535 Baht

Table 4.3 discloses that by average the elderly in the subdistrict municipality is numbered at 1,272 persons counted from 300–2,826 elderly. By average the elderly in the Town municipality is numbered at 3,096 persons counted from 1,042–6,930 elderly. By average the elderly in the City municipality is numbered at 9,974 persons counted from 3,780–23,534 elderly.

The direct key elderly responsible takers are mostly similar. The two main responsible takers in the subdistrict municipality are Department of Welfare and Community Development and the Public Health Division and in some areas establish the Social Welfare Division. In the Town municipality and in the City municipality, the responsible takers are the Social Welfare Division and the Public Health and Environment Division/Office.

As of their budget including the government subsidies and the local revenues during 2013-2015, it is found that it is mostly from the government such as the monthly allowance pays. It is also found that all the three types of municipality

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encounter the lowering budget for their activities while the elderly projects are surging, each year.

PART II: The municipal capacities in organizing the elderly quality of life development

Table 4.4 The municipal capacities of leadership and attitude

The municipal capacities of leadership and attitude	$\bar{X}$	**S.D.**	**Interpretation**
1. The executive identifies direction, goal and supportively promote the personnel responsible for the elderly to achieve the goal.	4.12	1.92	High
2. The executive owns knowledge and ability to administer the jobs of the elderly quality of life development to its success.	3.92	0.63	High
3. The executive invents new ways to work on the elderly quality of life development.	3.66	0.71	High
4. The executive can decide to solve the elderly problems by situation.	3.82	0.71	High
5. The executive spurs and builds morale for the personnel to achieve the goal of the jobs for the elderly.	3.83	0.76	High
6. The executive empowers different departments to participate in the jobs for the elderly.	4.00	0.72	High
7. The executive build network among multi-sectors to participate in the jobs for the elderly.	3.67	0.83	High
8. The executive owns determination and dedication to advance the elderly welfare development.	3.93	0.75	High
The overall views	**3.87**	**0.60**	**High**

Table 4.4 reveals that the average municipal capacities of leadership and attitude are at high level or 3.87 by Likert Scale. By item, it is found that the highest level is The executive identifies direction, goal and supportively promote the personnel responsible for the elderly to achieve the goal (4.12) followed by The executive empowers different departments to participate in the jobs for the elderly (4.0); and The executive owns knowledge and ability to administer the job of the elderly quality of life development to its success (3.92). The lowest level is the executive invents new ways to work on the elderly quality of life development (3.66).

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Table 4.5 The municipal capacities of finance and budget

The municipal capacities of finance and budget	$\bar{X}$	**S.D.**	**Interpretation**
1. The municipal revenues and the government subsidies are adequate to operate the jobs for the elderly.	3.44	0.79	Moderate
2. The municipal achievement on taxing household and land.	3.62	0.74	High
3. The municipal achievement on taxing household and land.	3.61	0.75	High
4.The municipal achievement on taxing sign boards	3.57	0.79	High
5. The municipal achievement on taxing animal slaughter.	2.69	1.19	Moderate
6.The municipal achievement on taxing fees, fine and licenses and permits	3.25	0.87	Moderate
7.The municipal achievement on taxing properties and investment	3.12	0.92	Moderate
8. The municipal achievement on taxing public utility services.	3.25	0.90	Moderate
9. Appropriateness of budgetary allocation for the elderly social welfare and aids.	3.51	0.74	High
10. The increase of municipal annual budgeting to leverage the elderly welfare and aids.	3.37	0.89	Moderate
The overall views	**3.34**	**0.61**	Moderate

Table 4.5 reveals that the average municipal capacities of finance and budget are at moderate level or 3.34 by Likert Scale. Examining by item, it is found that the highest level is the municipal achievement on taxing household and land (3.62) followed by taxing household and land (3.61) and taxing sign boards (3.57). However, the lowest level is the taxing animal slaughter (2.69).

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Table 4.6 The municipal capacities of strategization and projections

The municipal capacities of strategization and projections	$\bar{X}$	**S.D.**	**Interpretation**
1.The municipality analyzes, strategizes and plans the annual actions on jobs for the elderly	3.66	0.74	High
2. The municipality stipulates action plans/ projects for the elderly listed in its strategic or development plans.	3.84	0.67	High
3. The municipality stipulates action plans/ projects for the elderly listed in its annual operation plans.	3.90	0.69	High
4. The municipality takes actions on the elderly plans as in its annual operation plans.	3.86	0.66	High
5. The municipality follows–up and assesses the action plans/ its annual operation projects.	3.67	0.82	High
6. The municipality adopts the assessment results for to improve the elderly operation development	3.65	0.83	High
The overall views	**3.76**	**0.60**	**High**

Table 4.6 reveals that the average municipal capacities of strategization and projections are at moderate level or 3.76 by Likert Scale. Examining by item, it is found that the highest level is the municipality stipulates action plans/ projects for the elderly listed in its annual operation plans (3.90), followed by taking actions on the elderly plans as in its annual operation plans (3.86) and stipulating action plans/ projects for the elderly listed in its strategic or development plans (3.84). On the contrary, the lowest level is the municipality adopts the assessment results for to improve the elderly operation development (3.65).

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Table 4.7 The municipal capacities of administrative system and rules

The municipal capacities of administrative system and rules	$\bar{X}$	**S.D.**	**Interpretation**
1. The municipality has work units e.g. office/department/division to take responsibility over the jobs for elderly.	4.07	0.78	High
2. The municipality has personnel to take job responsibility over the elderly quality of life development	3.86	0.88	High
3. The municipality has plans and personnel development system to promote the elderly welfare.	3.65	0.84	High
4. The municipality prepares perfect and updated database, and information technology of the elderly implementable for planning to take action on the jobs for the elderly.	3.67	0.82	High
5. The municipality regulates practical rules to endorse the job of the elderly quality of life development e.g. the regulations of allowance pay, and the elderly association establishment.	4.14	0.71	High
6. The municipality amends and improves rules and regulations to meet the jobs of the elderly quality of life development.	3.72	0.83	High
The overall view	**3.85**	**0.60**	**High**

Table 4.7 reveals that the average municipal capacities of strategization and projections are at moderate level or 3.85 by Likert Scale. Examining by item, it is found that the highest level is the municipality regulates practical rules to endorse the job of the elderly quality of life development e.g. the regulations of allowance pay, and the elderly association establishment (4.14) followed by having work units e.g. office/department/division to take responsibility over the jobs for elderly (4.07) and having personnel to take job responsibility over the elderly quality of life development (3.86). On the other hand the lowest level is the municipality has plans and personnel development system to promote the elderly welfare (3.65).

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Table 4.8 The municipal capacities of participation and network parties

The municipal capacities of participation and network parties	$\bar{X}$	**S.D.**	**Interpretation**
1. The municipality has mechanism, rules and regulations to promote participation of various sectors to operate the elderly quality of life development.	3.78	0.77	High
2. The municipality pursues cooperation with people sector to develop the elderly quality of life.	3.94	0.76	High
3. The municipality pursues cooperation with public sector to develop the elderly quality of life.	3.81	0.83	High
4. The municipality pursues cooperation with private sector to develop the elderly quality of life.	3.24	1.05	Moderate
5. The municipality pursues cooperation with religious sector to develop the elderly quality of life.	3.56	0.96	High
6. The municipality pursues cooperation with NGO sector (Foundations and Associations) to develop the elderly quality of life.	2.74	1.19	Moderate
The overall view	**3.51**	**0.71**	**High**

Table 4.8 reveals that the average municipal capacities of strategization and projections are at moderate level or 3.51 by Likert Scale. Examining by item, it is found that the highest level is the municipality pursues cooperation with people sector to develop the elderly quality of life (3.94) followed by pursuing cooperation with public sector to develop the elderly quality of life (3.81) and having mechanism, rules and regulations to promote participation of various sectors to operate the elderly quality of life development (3.78). However the lowest level is the municipality pursues cooperation with NGO sector (Foundations and Associations) to develop the elderly quality of life (2.74).

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Table 4.9 The capacities by municipal categorization

Capacities	Subdistrict Municipality (N=202)			Town municipality (N=91)			City municipality (N=26)		
	$\bar{X}$	S.D.	Ranks	$\bar{X}$	S.D.	Ranks	$\bar{X}$	S.D.	Ranks
Leadership and attitude	3.81	0.52	1	3.99	0.79	2	3.91	0.39	1
Finance and budget	3.24	0.57	5	3.54	0.67	5	3.45	0.55	5
Strategization and projections	3.70	0.54	3	3.92	0.73	3	3.71	0.47	3
Administrative system , rules and regulations	3.79	0.57	2	4.01	0.61	1	3.79	0.67	2
Participation and network parties	3.42	0.68	4	3.71	0.76	4	3.52	0.65	4
Overall	3.59	0.45		3.83	0.58		3.67	0.45	

Table 4.9 discloses that the average capacities of the subdistrict municipality are at high level at the average of 3.59. Ranking by items, it begins with its leadership and attitude, followed by its administrative system, rules and regulations, its strategization and projections, its participation and network parties and its finance and budget.

The average capacities of the Town municipality are at high level at the average of 3.59. Ranking by items, it begins with its administrative system, rules and regulations, followed by its leadership and attitude, its strategization and projections, its participation and network parties and its finance and budget.

The average capacities of the City municipality are at high level at the average of 3.59. Ranking by items, it begins with its leadership and attitude, followed by its administrative system, rules and regulations, its strategization and projections, its participation and network parties and its finance and budget.

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Table 4.10 The overall municipal capacities by aspects

The municipal capacities	$\bar{X}$	**S.D.**	**Interpretation**	**Ranks**
Leadership and attitude	3.87	0.60	High	1
Finance and budget	3.34	0.61	Moderate	5
Strategization and projections	3.76	0.60	High	3
Administrative system , rules and regulations	3.85	0.60	High	2
Participation and network parties	3.51	0.71	High	4
Overall capacities	**3.67**	**0.50**	**High**	

Table 4.10 discloses that the average capacities of the municipality are at high level at the average of 3.67. Ranking by items, it begins with its leadership and attitude with the average of 3.87, followed by its administrative system, rules and regulations with the average of 3.85, its strategization and projections with the average of 3.76, its participation and network parties with the average of 3.5. On the contrary, the lowest level by average is its finance and budget with the average of 3.34.

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PART III: The data of limitations, supports and recommendation for the public service provision to improve the quality of life for the elderly.

Table 4.11 Frequency and percentage of limitations to improve the quality of life for the elderly

No.	The municipal limitations to improve the elderly quality of life	N=64	%
1	Few people participate in activities–shortage of cooperation from community and the elderly	33	51.57
2	Inadequate budget for operation	31	48.44
3	The elderly personal problems on health and travel to participate in activities	30	46.88
4	The elderly are home bound with the burden of fostering nieces and nephew since their parents go working while some still have to work.	26	40.64
5	The rules and regulations ill–facilitate working –the Office of the Auditor General of Thailand: OAG views that some tasks are repetitive with the Ministry of Social Development and Human Security.	24	37.50
6	The problem of accessing people because of urbanized society–people are living in housing development.	22	34.38
7	Shortage of personnel with knowledge and specialization / personnel uncared for the jobs for the elderly.	16	25.00
8	The elderly do not know their won rights–absence of PR for them.	14	21.88
9	Policy implementation lacks integration from multi– work units.	13	20.32
10	Shortage of building/ too small and inadequate for organizing activities.	10	15.63
11	The discontinuity and prevalence of welfare policy for the elderly.	5	7.82
12	The municipality lacks direct responsible work units, e.g. Public Health Division (subdistrict municipality)	3	4.69

*** Notes:** more than one optimization

Table 4.11 reveals that respondents views the top–five municipal limitations in providing public services for the elderly quality of life development are 1) 33 personnel or 51.57 % view that the limitation comes from few people participate in activities-shortage of cooperation from community and the elderly. 2)31 personnel or 48.744 % view that the limitation comes from inadequate budget for operation.3) 30 personnel or 46.88 % view that the limitation comes from the elderly

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personal problems on health and travel to participate in activities.4) 26 personnel or 40.64 % view that the limitation comes from the elderly are home bound with the burden of fostering nieces and nephew since their parents go working while some still have to work. 5)24 personnel or 37.50% view that the limitation comes from the rules and regulations ill-facilitate working – the Office of the Auditor General of Thailand: OAG views that some tasks are repetitive with the Ministry of Social Development and Human Security respectively.

Table 4.12 Frequency and percentage of supports to improve the quality of life for the elderly

No.	Supports to improve the quality of life for the elderly	(N=64)	%
1	Vigor of the community elderly group, sacrifice, unity and their association culture	23	35.94
2	Subsidization from the public sectors, e.g. the provincial social development, informal schooling, public hospitals, and other outsider organizations.	17	26.57
3	Policies of the municipal executives	14	21.88
4	Having volunteers in every village help the municipality taking care of the elderly.	11	17.19
5	The policy of the public sector enacting responsible office is Department of the Elderly Affairs	9	17.07
6	The municipal personnel visits, inspects and advises the elderly.	6	9.38
7	Using the elderly existing intellectual to develop and transfer to people and young generation.	3	4.69

*** Notes:** more than one optimization

Table 4.12 shows that that respondents views the top–five municipal supports in providing public services for the elderly quality of life development are 1) 23 personnel or 35.94% view that the supports come from vigor of the community elderly group, sacrifice, unity and their association culture. 2) 17 personnel or 26.57% view that the supports come from subsidization from the public sectors, e.g. the provincial social development, informal schooling, public hospitals, and other outsider organizations. 3) 14 personnel or 21.88% view that the supports come from policies of the municipal executives. 4) 11 personnel or 17.19% view that the supports come

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from having volunteers in every village help the municipality taking care of the elderly. 5) 9 personnel or 17.07% view that the supports come from the policy of the public sector enacting responsible office is Department of the Elderly Affairs, respectively.

Table 4.13 Frequency and percentage of recommendations for the public service provision to improve the quality of life for the elderly

No	Recommendations for the municipal public service provision	(N=64)	%
1	Should support with budget for operating jobs for the elderly	24	37.50
2	Should amend laws to meet current situation and should develop the local laws for enabling effective and efficient implementation.	19	29.69
3	Should create network and the elderly care system in every subdistrict.	17	26.57
4	Should recruit personnel with specialization such as the counseling psychologists for the elderly, the welfare specialists for organizing welfare and the healthcare therapists and so on.	12	18.75
5	Should establish the elderly service center in community.	11	17.19
6	Should reinforce the elderly association operation	9	17.07
7	Every public work unit, Ministry of Social Development and Human Security, Ministry of Interior and Ministry of Public Health should integrate their works for the elderly quality of life.	7	10.94
8	Should support knowledge for the local personnel in working jobs for the elderly	4	6.25
9	Should condition mechanist system for participation from the elderly in providing opinions and participation in organizing appropriate welfare for the elderly.	4	6.25
10	Should strategize the elderly development.	3	4.69
11	Should organize projects and activities appropriate the needs of the elderly.	2	2.35
12	Should organize activities to create relationship between the elderly and their family individuals.	1	1.57

*** Notes:** more than one optimization

Table 4.13 shows that that respondents views the top–five recommendations to the municipality on public service organization in developing the elderly quality of life development are 1) 24personnel or 37.50% recommend the municipality should support with budget for operating jobs for the elderly.2)19

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personnel or 26.69 % recommend the municipality should amend laws to meet current situation and should develop the local laws for enabling effective and efficient implementation. 3)17 personnel or 26.57% recommend the municipality should create network and the elderly care system in every subdistrict. 4)12 personnel or 18.75% recommend the municipality should recruit personnel with specialization such as the counseling psychologists for the elderly, the welfare specialists for organizing welfare and the healthcare therapists and so on. 5) 11 personnel or 17.19% recommend the municipality should establish the elderly service center in community, respectively.

4.1.2 The quantitative results of needs and responsiveness to the needs of the elderly from the municipal public service

There are four parts to present the quantitative results of from analyzing the needs and responsiveness to the needs of the elderly from the municipal public service, i.e.

PART I:General information of the municipal elderly samples.

PART II:Levels of needs and responsiveness to the needs from municipal public service provision.

PART III:Comparison the needs and the responsiveness to the needs from organizing municipal public service by overview and by each aspect.

PART IV:Problems, limitations and recommendations in the municipal public service provision.

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PART I: General information of the municipal elderly samples

Table 4.14 General information of the municipal elderly samples (N=371)

Personal data	N=371	Percentage [%]
Sex		
Male	148	39.9
Female	223	60.1
Age		
60–69years	204	54.9
70–79years	136	36.7
Older than 80 years	31	8.4
Occupation		
Farmer	68	18.3
Trading /business	37	10.0
Employee	42	11.3
Self-employed	29	7.8
Pension official	83	22.4
Housewife	38	10.3
Unemployment	74	19.9
Education		
Uneducated	17	4.6
Primary	206	55.5
Junior Secondary	42	11.3
Senior Secondary	40	10.8
Bachelor degree	58	15.6
Higher than bachelor degree	8	2.2
Type of residential municipality		
Subdistrict municipality	228	61.5
Town municipality	95	25.6
City municipality	48	12.9
Health problem (optimize more than 1)		
High blood pressure	168	45.3
Heart disease or cardiopathy	29	7.8
Hyperlipidemia	82	22.1
Osteoarthritis	130	35.0
Diabetes	56	15.1
Non–congenital Disease	81	21.8

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Table 4.14 General information of the municipal elderly samples (N=371) (cont.)

Personal data	N=371	Percentage [%]
Key caretaker in the family (optimize more than 1)		
Self–care	181	48.8
Descendent	245	66.0
relatives	41	11.1
Hired nurse	3	0.8
Spouse	77	20.8
Cared by others	5	1.3
Co-residence(optimize more than 1)	จำนวน	ค่าเฉลี่ย
Alone	41	11.1
Spouse	196	53.2
Descendent	238	64.2
Relatives	25	6.7
Daughter/ son in law	17	4.6
Other person	11	3.0
Income source (s)(optimize more than 1)		
Working	123	33.2
Contributions from children-niece and nephew	169	45.6
Monthly allowance pension	247	66.6
Saving money	59	15.9
Contributions from relatives	11	3.0
Other sources (.e.g. rent, land rent etc.,)	56	15.6
Adequacy of income		
Ends meet	156	42.0
Income more than expenses	50	13.5
Income less than expenses	165	44.5
The elderly association establishment		
Established	344	92.7
Not established	27	7.3
Application on membership of the elderly association		
Applied	260	70.1
Not applied	111	29.9

*** Note:** more than one optimization

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Table 4.14 reveals that elderly majority is 223 females or 60.1% while there are 148 male or 39.9%.

204 elderly or 54.9% are aged during 60–69 years old. 136 of them or 36.7% are aged during 70-79 years old and 31 of them or 8.4% are aged more than 80 years old.

Their occupation is spread among three groups. The first 83 elderly or 22.4% are the pension officials. 74 of them or 19.9% are unemployment. 68 of them or 18.3% are farmers.

More than half or 206 elderly or 55.5% have been educated primary level. 58 of them or 15.6% are baccalaureate followed by 42 of them or 11.3% have been educated junior secondary level.

More than half or 228 elderly or 61.5% are under supervision of the subdistrict municipality. 95 of them or 25.6%are under supervision of the town municipality and 48 of them or 12.9% are under supervision city municipality.

The elderly meet the first three congenital diseases. 168 elderly or 45.3% suffer high blood pressure followed by 130 of them or 35.0% suffer osteoarthritis. 82 of them or 22.1% suffer hyperlipidemia. 56 of them or 15.1% suffer diabetes. 29 of them or 7.8% suffer heart disease or cardiopathy, respectively. However, 81 of them or 21.8% have no congenital diseases.

In the key caretakers in the family, it is found that 245 elderly or 66.0% are care- taken by their descendent followed by 181 of them or 48.8% are care- taken by their own selves. 77 elderly or 20.8% are care-taken by their spouses. 44 of them or 11.1% are care-taken by their sibling and 5 of them or 1.3% are care-taken by others, respectively.

238 elderly or 64.2% co–reside with their descendants followed by 197 of them or 53.1% co-reside with their spouses. 41 of them or 11.1% reside alone. 25 of them or 6.7% reside with their relatives. 17 of them or 4.6% co-reside with their daughters/sons in-law and 11 of them or 3.0% co-reside with others, respectively.

The income sources of 247 elderly or 66.6% come from monthly pension allowance followed by 169 of them or 45.6% come from their descendents.123 elderly or 33.2% come from working. 56 elderly or 15.1% come from other sources of

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income. 59 of them or 15.9% come from their saving and 11 of them or 3.0% come from relatives, respectively.

More than half of elderly, i.e. 165 of them or 44.5% earn less than their expenses. 156 elderly or 42.0% earn as ends meet and 50 of them or 13.5% earn more than their expenses.

344 elderly or 92.6% are the membership of the elderly association while 27 of them or 7.3% are not.

PART II: Levels of needs and responsiveness to the needs from public service provision from the municipalities.

Table 4.15 Needs and responsiveness to the needs of health and medication

Quality of life on health and medication	**Needs**				**Responsiveness**			
	$\overline{X}$	S.D	Level	Ranks	$\overline{X}$	S.D	Level	Ranks
1.The municipality provides services on knowledge and advices on healthcare	4.36	0.80	High	4	3.75	1.00	High	1
2. The municipality provides health service centers or municipal public health centers	4.46	2.92	High	1	3.59	1.03	High	2
3. The municipality provides public health personnel the elderly home–visits.	4.37	0.79	High	3	3.47	1.03	Mod.	3
4. The municipality provides basic monthly health check for the elderly.	4.41	0.82	High	2	3.39	1.10	Mod.	4
5. The municipality provides medical assistance for the elderly	4.30	0.96	High	5	2.99	1.25	Mod.	5
6. The municipality promotes health security appropriate for the elderly.	4.25	1.00	High	6	2.76	1.27	Mod.	6
Total	**4.35**	**0.85**	**High**		**3.32**	**0.83**	**Mod.**	

Notes: Mod. = moderate

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Table 4.15 reveals that the leading top three needs on health and medication. The first is the municipality provides health service centers or municipal public health centers (4.46).The second is the municipality provides basic monthly health check for the

elderly(4.41).The third is the municipality provides public health personnel the elderly home-visits (4.37), respectively. On the other hand, the least need of the elderly is the municipality promotes health security appropriate for the elderly (4.25). On the other hand, the top three responsiveness to the elderly about health and medication are first, the municipality provides services on knowledge and advices on healthcare (3.75). The second is the municipality provides health service centers or municipal public health centers (3.59). The third is the municipality provides public health personnel the elderly home–visits (3.47). On the contrary, the last responsiveness is the municipality promotes health security appropriate for the elderly (2.76).

Table 4.16 Levels of needs and responsiveness to the needs on education and learning

Education and learning	**Needs**				**Responsiveness**			
	$\bar{X}$	S.D	Level	Ranks	$\bar{X}$	S.D	Levels	Ranks
1. The municipality provides education service center on informal education.	4.02	0.96	High	6	3.15	1.13	Mod.	6
2. The municipality provides data service center, e.g. newspaper and information.	3.97	0.95	High	5	3.36	1.10	Mod.	2
3. The municipality promotes intelligence tanks for the elderly to transfer knowledge to others in the community.	4.16	0.85	High	3	3.31	1.08	Mod.	4
4. The municipality organizes projects to provide education to be ready for entering the aging society.	4.22	0.87	High	2	3.35	1.09	Mod.	3
5. The municipality organizes training on laws related to the elderly.	4.09	0.94	High	4	3.17	1.08	Mod.	5
6. The municipality organizes excursions about natural sources, religious sites and culture.	4.28	0.90	High	1	3.77	1.07	High	1
Total	**4.12**	**0.75**	**High**		**3.35**	**0.87**	**Mod.**	

Notes: Mod. = moderate

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Table 4.16 reveals that the top–three of the average needs on education and learning. The first is the municipality organizes excursions about natural sources, religious sites and culture (4.28).The second is the municipality organizes projects to provide education to be ready for entering the aging society (4.22).The third is the municipality promotes intelligence tanks for the elderly to transfer knowledge to others in the community (4.16), respectively. Nevertheless, the top-three of the average responsiveness to the needs on education and learning is first, the municipality organizes excursions about natural sources, religious sites and culture. (3.77). The second is the municipality provides data service center, e.g. newspaper and information (3.36). The third is the municipality organizes projects to provide education to be ready for entering the aging society (3.35), respectively.

Table 4.17 Levels of needs and responsiveness to the needs on economy and earning

Economy sand earnings	**Needs**				**Responsiveness**			
	$\overline{X}$	S.D.	Levels	Ranks	$\overline{X}$	S.D	Levels	Ranks
1. The municipality organizes projects for career development training for income increased.	4.21	2.20	High	4	3.46	1.01	3	Mod.
2. The municipality organizes projects to educate saving for spending during aging	4.00	0.91	High	6	3.20	1.04	5	Mod.
3.The municipality promotes additional career for earning/employment for the elderly	4.02	0.97	High	5	3.12	1.04	6	Mod.
4. The municipality promotes the elderly welfare fund saving establishment in community.	4.32	0.87	High	2	3.56	1.12	2	High
5. The municipality facilitates paying the subsistence allowance, e.g. office and officers	4.52	0.76	High-est	1	4.22	0.99	1	High
6. The promotion promotes welfare fund for aiding traditional cremation rites.	4.29	1.01	High	3	3.30	1.18	4	Mod.
Total	**4.22**	**0.75**	**High**		**3.47**	**0.80**		**Mod.**

Notes: Mod. = moderate

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Table 4.17 reveals that the top–three of the average needs on economy and earning are first; the municipality facilitates paying the subsistence allowance, e.g. office and officers (4.52). The second is the municipality promotes the elderly welfare fund saving establishment in community (4.32).The third is the promotion promotes welfare fund for aiding traditional cremation rites (4.29), respectively. However, the top–three of the average responsiveness to the needs on economy and earning are first, the municipality facilitates paying the subsistence allowance, e.g. office and officers (4.22). The second is the municipality promotes the elderly welfare fund saving establishment in community (3.56).The third is the municipality organizes projects for career development training for income increased (3.46), respectively.

Table 4.18 Levels of needs and responsiveness to the needs on basic means for living and venues to organize activities

Basic means for living and venues to organize activities	**Needs**				**Responsiveness**			
	$\bar{X}$	S.D	Levels	Ranks	$\bar{X}$	S.D	Levels	Ranks
1.The municipality supports the elderly on residence worth for living	3.99	0.96	High	5	3.13	1.14	Mod.	5
2. The municipality provides the elderly service center to organize meeting and the elderly jobs.	4.33	0.77	High	3	3.70	1.10	High	3
3. The municipality provides venues for organizing the elderly activities	4.51	0.69	High-est	1	4.02	1.00	High	1
4. The municipality procures necessary dresses for the deprived elderly	4.12	0.91	High	4	3.21	1.17	Mod.	4
5. The municipality provides public park/ venues for physical exercises.	4.36	0.82	High	2	3.85	1.01	High	2
Total	**4.26**	**0.63**	**High**		**3.58**	**0.84**	**High**	

Notes: Mod. = moderate

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Table 4.18 reveals that the top–three of the average needs on economy and earning are first; the municipality provides venues for organizing the elderly activities (4.51). Second is the municipality provides public park/ venues for physical exercises (4.36). Third is the municipality provides the elderly service center to organize meeting and the elderly jobs (4.33), respectively. On the contrary, the top–three of the average responsiveness to the needs on economy and earning are first; the municipality provides venues for organizing the elderly activities (4.02). The second is the municipality provides Public Park/ venues for physical exercises (3.85). The third is the municipality provides the elderly service center to organize meeting and the elderly jobs (3.70) respectively.

Table 4.19 Levels of needs and responsiveness to the needs on participation and social supported network

Participation and social supported network	**Needs**				**Responsiveness**			
	$\bar{X}$	S.D	Levels	Ranks	$\bar{X}$	S.D	Levels	Ranks
1. The municipality organizes the elderly to participate meeting to plan and to operate the jobs for the elderly.	4.15	0.79	High	9	3.61	1.00	High	6
2. The elderly participate in collaborate with the municipality.	4.17	0.80	High	7	3.67	0.97	High	4
3. The municipality launches PR or newsletter to allow people to know the job operation for the elderly	4.23	0.77	High	5	3.63	1.02	High	5
4. The municipality has a board collaborating with people in job operation /projects for the elderly.	4.14	0.84	High	10	3.43	1.00	Mod.	9
5. The municipality organizes community hearing in the elderly projects.	4.20	0.79	High	6	3.52	1.00	High	8
6. The municipality organizes traditional activities to recognize the elderly values.	4.47	0.72	High	1	4.05	0.98	High	1

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Table 4.19 Levels of needs and responsiveness to the needs on participation and social supported network (cont.)

Participation and social supported network	**Needs**				**Responsiveness**			
	$\bar{X}$	S.D	Levels	Ranks	$\bar{X}$	S.D	Levels	Ranks
7. The municipality promotes families and community to take care of the elderly.	4.39	0.76	High	3	3.70	1.02	High	3
8. The municipality encourages volunteers to take care the elderly.	4.37	0.77	High	4	3.58	1.08	High	7
9. The municipality encourages private sectors to co–projecting the elderly quality of life development.	4.16	0.87	High	8	3.23	1.11	Mod.	10
10. The municipality encourages the religious sector (e.g. monks and religious leaders etc.,) to participate in projecting for the elderly quality of life development.	4.40	0.80	High	2	3.79	1.04	High	2
Total	**4.27**	**0.60**	High		**3.61**	**0.80**	High	

Notes: Mod. = moderate

Table 4.19 reveals that the top-three of the average needs on participation and social supported network are first; the municipality organizes traditional activities to recognize the elderly values (4.47). The second is the municipality encourages the religious sector (e.g. monks and religious leaders etc.,) to participate in projecting for the elderly quality of life development (4.40). The third is the municipality promotes families and community to take care of the elderly (4.39), respectively. On the contrary, the top–three of the average responsiveness to the needs on participation and social supported network are first, the municipality organizes traditional activities to recognize the elderly values (4.05). The second is the municipality encourages the religious sector (e.g. monks and religious leaders etc.,) to participate in projecting for the elderly quality of life development (3.79). The third is the municipality promotes families and community to take care of the elderly (3.70), respectively.

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Table 4.20 Levels of needs and responsiveness to the needs from the municipal public servicing by overall view and by aspects.

The municipal public servicing	Needs				Responsiveness			
	$\bar{X}$	S.D	Levels	Ranks	$\bar{X}$	S.D	Levels	Ranks
1.Health and medication	4.35	0.85	High	1	3.32	0.85	Mod.	5
2.Education and learning	4.12	0.72	High	5	3.35	0.87	Mod.	4
3.Economy and income	4.22	0.75	High	4	3.47	0.80	Mod.	3
4. Basic means for living and venues for organizing activities	4.26	0.63	High	3	3.58	0.84	High	2
5.Participation and social supported network	4.27	0.60	High	2	3.62	0.80	High	1
Total	**4.24**	**0.57**	**High**		**3.47**	**0.72**	Mod.	

Notes: Mod. = moderate

Table 4.20 discloses that the results of analyzing the needs of organizing public service for the elderly have averagely high level (4.24). Considering by each aspect, the highest level or 4.35 is the health and medication the following aspect is participation and social supported network (4.27); the basic means for living and venues for organizing activities (4.26); the economy and income (4.22) and the education and learning (4.12).

The results of analyzing the responsiveness to the needs of organizing public service for the elderly have averagely moderate level (3.47). Considering by aspect, it is found that there are 2 aspects having high level, i.e. Participation and social supported network (3.62) followed by the basic means for living and venues for organizing activities (3.58), respectively. There are three aspects having moderate level, i.e. the economy and income (3.47); the education and learning (3.35); and the health and medication (3.32), respectively.

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PART III: Comparison the needs and the responsiveness to the needs from municipal public service provision by overview and by each aspect

Table 4.21 Comparison the needs and the responsiveness to the elderly needs on health and medication

Health and medication	**Needs**		**Responsiveness**		**t**	**P-value**
	$\bar{X}$	S.D.	$\bar{X}$	S.D.		
1.The municipality provides services on knowledge and advices on healthcare	4.36	0.80	3.75	1.00	11.67	.000**
2. The municipality provides health service centers or municipal public health centers	4.46	2.92	3.59	1.03	5.63	.000**
3. The municipality provides public health personnel the elderly home–visits.	4.37	0.79	3.47	1.03	15.08	.000**
4. The municipality provides basic monthly health check for the elderly.	4.41	0.82	3.39	1.10	16.82	.000**
5. The municipality provides medical assistance for the elderly	4.30	0.96	2.98	1.25	17.12	.000**
6. The municipality promotes health security appropriate for the elderly.	4.25	1.00	2.76	1.27	19.11	.000**
Total	**4.35**	**0.85**	**3.32**	**0.83**	**18.58**	**.000****

* Significant at level 0.01

Table 4.21 shows that there is responsiveness to the needs of health and medication by overview and by aspect less than the elderly needs by statistical significance at 0.01 levels.

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Table 4.22 Comparison the needs and the responsiveness to the elderly needs on education and learning

Education learning	**Needs**		**Responsiveness**			
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	**t**	**P–value**
1. The municipality provides education service center on informal education.	4.02	0.96	3.15	1.13	13.70	.000**
2. The municipality provides data service center, e.g. newspaper and information.	3.97	0.95	3.36	1.10	10.73	.000**
3. The municipality promotes intelligence tanks for the elderly to transfer knowledge to others in the community.	4.16	0.85	3.31	1.08	15.07	.000**
4. The municipality organizes projects to provide education to be ready for entering the aging society.	4.22	0.87	3.35	1.09	13.93	.000**
5. The municipality organizes training on laws related to the elderly.	4.09	0.94	3.17	1.08	14.45	.000**
6. The municipality organizes excursions about natural sources, religious sites and culture.	4.28	0.90	3.77	1.07	9.06	.000**
Total	**4.12**	**0.72**	**3.35**	**0.87**	**16.41**	**.000****

* Significant at level 0.01

Table 4.22 shows that there is responsiveness to the needs of education and learning by overview and by aspect less than the elderly needs by statistical significance at 0.01 levels.

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Table 4.23 Comparison the needs and the responsiveness to the elderly needs on economy and earning

Economy and earning	**Needs**		**Responsiveness**			
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	**t**	**P–value**
1. The municipality organizes projects for career development training for income increased.	4.21	2.20	3.45	1.03	13.94	.000**
2. The municipality organizes projects to educate saving for spending during aging	3.99	0.93	3.19	1.04	11.03	.000**
3.The municipality promotes additional career for earning/ employment for the elderly	4.00	0.99	3.11	1.06	15.23	.000**
4. The municipality promotes the elderly welfare fund saving establishment in community.	4.32	0.88	3.53	1.13	14.30	.000**
5. The municipality facilitates paying the subsistence allowance, e.g. office and officers	4.52	0.76	4.22	1.00	14.75	.000**
6. The promotion promotes welfare fund for aiding traditional cremation rites.	4.28	1.02	3.30	1.18	8.92	.000**
Total	**4.21**	**0.76**	**3.46**	**0.80**	**15.49**	**.000****

* Significant at level 0.01

Table 4.23 shows that there is responsiveness to the needs of economy and earning by overview and by aspect less than the elderly needs by statistical significance at 0.01 levels.

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Table 4.24 Comparison the needs and the responsiveness to the elderly needs on basic means for living and venues for organizing activities

Basic means for living and venues for organizing activities	**Needs**		**Responsiveness**			**P–value**
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	**t**	
1.The municipality supports the elderly on residence worth for living	3.99	0.96	3.13	1.14	12.93	.000**
2. The municipality provides the elderly service center to organize meeting and the elderly jobs.	4.33	0.77	3.70	1.12	11.03	.000**
3. The municipality provides venues for organizing the elderly activities	4.51	0.69	4.02	1.00	9.67	.000**
4. The municipality procures necessary dresses for the deprived elderly	4.12	0.91	3.21	1.17	13.89	.000**
5. The municipality provides public park/ venues for physical exercises.	4.36	0.82	3.85	1.01	8.80	.000**
Total	**4.26**	**0.63**	**3.58**	**0.84**	**14.80***	**.000****

* Significant at level 0.01

Table 4.24 shows that there is responsiveness to the needs of basic means for living and venues for organizing activities by overview and by aspect less than the elderly needs by statistical significance at 0.01 levels.

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Table 4.25 Comparison the needs and the responsiveness to the elderly needs on participation and social supported network

Participation and social supported network	**Needs**		**Responsiveness**			
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	**t**	**P–value**
1. The municipality organizes the elderly to participate meeting to plan and to operate the jobs for the elderly.	4.15	0.79	3.61	1.00	10.45	.000**
2. The elderly participate in collaborate with the municipality.	4.17	0.80	3.67	0.97	9.39	.000**
3. The municipality launches PR or newsletter to allow people to know the job operation for the elderly	4.23	0.77	3.63	1.02	11.03	.000**
4. The municipality has a board collaborating with people in job operation /projects for the elderly.	4.15	0.84	3.43	1.00	13.03	.000**
5. The municipality organizes community hearing in the elderly projects.	4.20	0.79	3.52	1.00	11.67	.000**
6. The municipality organizes traditional activities to recognize the elderly values.	4.47	0.72	4.05	0.98	8.21	.000**
7. The municipality promotes families and community to take care of the elderly.	4.39	0.76	3.70	1.02	11.77	.000**
8. The municipality encourages volunteers to take care the elderly.	4.37	0.77	3.58	1.08	12.88	.000*
9. The municipality encourages private sectors to co–projecting the elderly quality of life development.	4.17	0.87	3.23	1.11	14.00	.000**
10. The municipality encourages the religious sector (e.g. monks and religious leaders etc.,) to participate in projecting for the elderly quality of life development.	4.40	0.80	3.79	1.04	11.22	.000**
Total	**4.26**	**0.60**	**3.62**	**0.80**	**15.15**	**.000****

* Significant at level 0.01

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Table 4.25 shows that there is responsiveness to the needs of participation and social supported network by overview and by aspect less than the elderly needs by statistical significance at 0.01 levels.

Table 4.26 Comparison of the average values of needs and responsiveness to the elderly needs by aspect and by overall views

The elderly quality of life	**Needs**			**Responsiveness**			**t**	**P–value**
	$\bar{X}$	S.D.	Levels	$\bar{X}$	S.D.	Levels		
1.Health and medication	4.35	0.85	High	3.32	0.83	Mod.	18.18	.000**
2.Education and learning	4.12	0.72	High	3.35	0.87	Mod.	16.41	.000**
3.Economy and income	4.22	0.75	High	3.47	0.80	Mod.	15.06	.000**
4. Basic means for living and venues for organizing activities	4.26	0.63	High	3.58	0.84	High	14.80	.000**
5.Participation and social supported network	4.27	0.60	High	3.62	0.80	High	15.15	.000**
Total	**4.24**	**0.57**	**High**	**3.47**	**0.72**	**Mod.**	**19.25**	**.000****

* Significant at level 0.01 Mod.= Moderate level

Table 4.26 discloses that the analysis of comparing the needs and the responsiveness to the elderly needs reveals that the elderly has been responded by overall views and by aspects less than their needs by statistical significance at 0.01 levels.

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PART IV: Comparison of the average values of the elderly needs in quality of life distributed by sex, age and the municipal types

Table 4.27 Comparison of the average values of the elderly needs in quality of life distributed by sex, aspects and overall view

Sex	**N**	$\bar{X}$	**S.D.**	**t**	**P–value**
Heath and medication					
Male	148	4.26	0.74		
Female	223	4.22	0.91	-1.796	.073
Education and learning					
Male	148	4.03	0.77		
Female	223	4.18	0.68	-1.883	.061
Economy and earning					
Male	148	4.21	0.81		
Female	223	4.24	0.62	.221	.825
Basic needs for living and venues of organizing activities					
Male	148	4.27	0.64		
Female	223	4.21	0.59	-.514	.608
Participation and social supported network					
Male	148	4.21	0.59		
Female	223	4.30	0.61	-1.341	.181
Overall view					
Male	148	4.19	0.58		
Female	223	4.28	0.57	-1.362	.174

Table 4.27 reveals that both male and female elderly similarly need quality of life development by each aspect, i.e. health and medication, education and learning, economy and earning, basic means for living and venues for organizing activities, and participation and social supported network as well as there are similar needs of quality of life by overview by statistical significance at 0.05 levels.

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Table 4.28 Comparison of the average values of the elderly needs in quality of life distributed by age group.

Variance sources	SS	df	MS	F	P–value
Between groups	.818	2	.409	1.241	.290
Within groups	121.251	368	.329		
Total	**122.069**	**370**			

Table 4.28 shows that the elderly with different ages have no different needs in quality of life development by statistical significance at 0.05 levels.

Table 4.29 Comparison of the average values of the elderly needs in quality of life distributed by municipal types.

Variance sources	SS	df	MS	F	P–value
Between groups	.382	2	.191	.577	.562
Within groups	121.687	368	.331		
Total	**122.069**	**370**			

Table 4.29 shows that the elderly living in the different municipality have no different needs in quality of life development by statistical significance at 0.05 levels.

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PART V: Conclusion of the open-ended questions of people/the elderly and the municipality, problems, limitations and recommendations in organizing the municipal public services for the elderly quality of life development

Table 4.30 Frequency and percentage of people/the elderly participation in organizing the municipality for the elderly quality of life development (N=52)

No.	Descriptions	N=52	%
Reasons that people and the elderly participating in the job with the municipality			
1	Meeting and socializing with friends which drive away loneliness and depression	24	46.16
2	To acquire sense of volunteering, determining to participate in taking care of the elderly and to promote the elderly activities in community while doing thing useful for society and to be quest speakers to contribute knowledge to the elderly	20	38.47
3	Knowing information, acquiring new knowledge and gaining useful experience for oneself	17	32.70
4	It is the duty to do because being the community president, deputy president and the committee member for the elderly association and volunteers to take care of the elderly.	15	28.85
5	Activities to enhance the physical and mental health and health check	11	21.16
6	Spending time fruitfully	8	15.39
7	Impression of the municipal job in taking care of the elderly such as providing the elderly center, the elderly school, and home visits by someone	5	9.62
Activities that people/the elderly participate with the municipality			
1	Songkran Day, The Elderly Day and the Water Blessing Day	34	65.39
2	Special Religious Days, New Year Day/ New Year Eve–Night Prayers	33	63.47
3	Activities of the center, the elderly school and the elderly association	30	57.70
4	Monthly meeting/ Committee meeting	28	53.85
5	Excursion activities, homage to various temples	25	48.08
6	Career training, career group for handicrafts and housewife group	22	38.47
7	Home visit activity and distributing things to the elderly	16	30.77
8	Health training / monthly health check	12	23.08
9	The Mother's Day, Loy Krathong, and the local annual festivity	9	13.31

Notes: optimize more than 1

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Table 4.30 shows the top five reasons that people and the elderly participate in organizing activities with the municipality are, first 24 respondents or 46.16% have reasoned that meeting and socializing with friends which drive away loneliness and depression. The second is 20 respondents or 38.47 % have reasoned that it is to acquire sense of volunteering, determining to participate in taking care of the elderly and to promote the elderly activities in community while doing thing useful for society and to be quest speakers to contribute knowledge to the elderly. The third is 17 respondents or 32.70% have reasoned it is to knowing information, acquiring new knowledge and gaining useful experience for oneself. The fourth is 15 respondents or 28.75% have reasoned it is the duty to do because being the community president, deputy president and the committee member for the elderly association and volunteers to take care of the elderly. The fifth is 11 respondents or 21.16 % have reasoned activities to enhance the physical and mental health and health check, respectively.

As of top five activities that people/the elderly participate with the municipality are first 34 respondents or 65.39% participate Songkran Day, the Elderly Day and the Water Blessing Day. The second is, 33 respondents or 63.47 % participate Special Religious Days, New Year Day/ New Year Eve–Night Prayers. The third is, 30 respondents or 57.70% participate activities at the center, the elderly school and the elderly association. The fourth is, 28 respondents or 53.85% participate monthly meeting/ committee meeting. The fifth is, 25 respondents or 48.08% participate excursion activities, homage to various temples, respectively.

Table 4.31 Frequency and percentage of people and the elderly not participating in organizing the municipal public service for the elderly quality of life development (N=52)

No.	Reasons of not-participating	N =52	%
1	Problems of travelling, too distant from the municipality	29	55.77
2	No free time upon caretaking descendent and relatives	25	48.08
3	Health problem, fragile health and suffering congenital disease	17	32.70
4	Work for earning/trading/employment	10	19.23
5	Not knowing about information/ about activities	7	13.47

Notes: optimize more than 1

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Table 4.31 discloses that people and the elderly cannot participate the municipal operation under many reasons. And by descending ranks, they are first 29 respondents or 55.77% decline participation because of problems of travelling, too distant from the municipality. The second is 25 respondents or 48.08% decline participation because of no free time upon caretaking descendent and relatives. The third is 17 respondents or 32.70 % decline participation because of health problem, fragile health and suffering congenital disease. The fourth is 10 respondents or 19.23 % decline participation because of work for earning/trading/employment. The fifth is 7 respondents or 13.47% decline participation because of not knowing about information/ about activities, respectively.

Table 4.32 Frequency and percentage of problems and limitations in organizing the municipal public service for the elderly quality of life development (N=52)

No	problems and limitations	N=52	%
1	Inadequate budget to organize activities/visiting the bed–bound elderly.	15	28.85
2	Activity schedule mismatches daily life –too–long activity/ few activities.	13	25.00
3	Inadequate personnel/ personnel do not see the importance to the job for the elderly.	12	23.08
4	The elderly see it unimportant/non–cooperative / few collaborators.	10	19.23
5	Shortage of markets to absorb the elderly products.	9	17.31
6	Few/inadequate venues for organizing activities	8	25.39
7	inadequate transportation/ problem of travels to participate with the municipal activities	6	11.54
8	The municipal executives rarely visit communities and mostly are their representatives or the community leaders, which fail problem solving.	4	7.70

Notes: optimize more than 1

Table 4.32 reveals top-five problems and limitations in organizing the municipal public service for the elderly quality of life development. By descending ranks, the first is 15 respondents or 28.85% inform that problems and limitations are inadequate budget to organize activities/visiting the bed–ridden elderly. The second is

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13 respondents or 25.00% inform that problems and limitations are Activity schedule mismatches daily life –too–long activity/ few activities. The third is 12 respondents or 23.08% inform that problems and limitations are inadequate personnel/ personnel do not see the importance to the job for the elderly. The fourth is 10 respondents or 19.23% inform that problems and limitations are the elderly see it unimportant/non–cooperative / few collaborators. The fifth is 9 respondents or 17.31% inform that problems and limitations are shortage of markets to absorb the elderly products, respectively.

Table 4.33 Frequency and percentage of recommendations in organizing the municipal public service for the elderly quality of life development (N=52)

No.	Recommendations	N=52	%
1	Upgrade knowledge of healthcare, feeding and monthly health check.	19	36.54
2	Increase the amount of the provident allowance adequately for living	18	34.62
3	Should organize centers or/and the municipal elderly school to organize activities and association while encouraging groupings.	13	25.00
4	Should provide transport to facilitate the elderly.	12	23.08
5	Increase the budget for organizing the elderly activities.	11	21.16
6	Organize diversified activities and interesting, e.g. sports, exercise, music, guest speakers, local intellectual who can share their experiences.	10	19.23
7	Develop livelihood and community economy.	9	17.31
8	Increase amount of provident allowance for the deprived and helpless elderly.	9	17.31
9	Develop capacities of the volunteers on the elderly care to impose aggressive work in order to access the bed-bound elderly.	6	11.54
10	Seek new markets for the elderly product distributions	6	11.54
11	Create awareness and priority that the elderly participate in activities more, and launch prevalent PR on activities.	4	7.70

Notes: optimize more than 1

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Table 4.33 reveals top–five recommendations in organizing the municipal public service for the elderly quality of life development. By descending ranks, the first is 19 respondents or 36.54 % recommend upgrading knowledge of healthcare,

feeding and monthly health check. The second is 18 respondents or 34.62 % recommend increasing the amount of the provident allowance adequately for living. The third is 13 respondents or 25.00 % recommend the municipality should organize centers or/and the municipal elderly school to organize activities and association while encouraging groupings. The fourth is 12 respondents or 23.08 % recommend the municipality should provide transport to facilitate the elderly. The fifth is 11 respondents or 21.16 % recommend increasing the budget for organizing the elderly activities, respectively.

4.2 The Qualitative Results

Results are collected and analyzed from in–depth interviews, focus group and non-participatory observation conducted during organizing activities and project the municipalities provide in their constituencies Activities are the provident allowance pays, health check, training the volunteer for the elderly caretaking, activities of the elderly associations, activities of the elderly schools, activities in the elderly quality of life development centers and their career promotion. They are divided in to six [6] issues, i.e.

1)The Thai municipal context in administrative, economic and social dimensions

2)Rationales that the municipalities organize public service for the elderly;

3)The municipal public servicing models (for the elderly quality of life development);

4) Factors of co–production with the municipalities

5) The municipal public servicing methods (for the elderly quality of life development); and

6)The success factors, the problems, and the limitations of the municipal public servicing (for the elderly quality of life development);

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4.2.1.The Thai municipal context in administrative, economic and social dimensions

Municipality is a Thai local administrative model established according the Municipality Act B.E. 2496 (1953) classified into three type, i.e. city municipality, town municipality and subdistrict municipality by number and density of its population and its local economic growth. In 2017, there are 2,441 municipalities divided in to 30 city municipalities, 178 town municipalities, and 2,333 subdistrict municipalities (data updated on March 31, 2017: Division of Local Legal Affairs, Department of Local Administration: http://www.dla.go.th/work/abt/).

In the administrative dimension, the municipality is a juristic person, which models it administration as the Council – Mayor Form, a model that there are strong mayor forms. It divides the council from the administration conditioning the legal department or the municipal council and the administrative chief (Mayor) has to directly come from election in its constituency. This empowers the administration to efficiently execute its local administration (Udom Thumakosit, 2009, pp.380–381). The municipality organizes all the three models to structure projects in organizing similar public services for the local people. They contain (1) Office the Municipal Permanent Secretary (comparative to Division), (2) the official offices or divisions, i.e. Office of Public Health and Environment, Division/Office of Finance, Division of Education, Division of Social Welfare, Division of Academic and Plan. And if it is a large–size municipality (city/town municipality), it might add departments for servicing people in other aspects such as Office of Water Supplies, Division of Medicine, and Division of Demographic Registration; (3) Internal Auditing Unit.

Regarding the economic and social dimensions they might have some differences in some area by overview but they are concluded as below.

Subdistrict Municipality – it is a small–size municipality. Generally its previous status is sanitary administration or the subdistrict administration organization (SAO). Later it has been upgraded into the subdistrict municipality. Legally, it has been enacted that its population must be larger than 7,000 residents with income more than 5,000,000 Baht exclude the government subsidies. Its general feature is urbanization like “semi urbanized rural”. Meaning, there are integrated of the two areas as an urban area with trading centers, markets, and commerce while the other

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areas are the cultivations of agriculture by majority of people, i.e. paddy fields, farmlands and integrated plantation areas. Therefore, the community lifestyle though urbanized but the subdistrict community still has reciprocal relationship.

Town Municipality – it is a medium size municipality and generally it locates the provincial City Hall or some time it does not. Legally, some areas are upgraded into city municipality if accommodating more than 10,000 residents and earning revenues to meet the municipal expenses by law. The city municipality is featured "semi urbanized rural". Its areas locate department stores, commerce, industries, and government centers. Upon urbanization with economic growth and transportations, migrants move in more which leads to the expansion of the housing development, and rising rented apartments. The urbanized status minimizes the neighborhood bond and common activities which trouble association because all attend to their own business. On the other hand, some areas locate the traditional community (old community) and agricultural communities and hired labors who are still living in the villages or living in the same community for long time. The urbanized society is still less influenced; therefore, reciprocity is still possible and the elderly can easily associate for organizing activities.

City municipality is a large municipality and generally it has highly urbanized condition and must accommodate more than 50,000 inhabitants and adequate revenues to run the municipal affairs. Most areas locate trading areas, commerce, industry and services. There are housing developments, department stores and some areas locate government offices. Likely, it strongly enables taxation while there are fewer areas for agriculture and some place, agricultures are unfound. However, it accommodates dense population and many latent populations (non–registration transfer) migrate for dwelling. Therefore, the public problems are complicated more than town municipality and subdistrict municipality. For example, when there are more migrants it demands expansions of housing development and many more apartments for rent. It hikes individuality because all have to work for themselves and families. Neighborhood bonds are less while the common elderly activities are likely difficult because all are preoccupied with their own businesses.

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Table 4.34 Municipal administrative, economic and social dimensions

Dimensions	Subdistrict Municipality	Town municipality	City municipality
Administration	- the Mayor and the Council come from election - more than 5 million Baht budget excluded government subsidies - Key responsible caretaker units for the elderly are Public Health Division/Job, Social Welfare Division/ Community Development Job - 2-4 elderly caretakers	- the Mayor and the Council come from election - Adequate budget for administration - Key responsible caretaker units for the elderly are Public Health Division/Office, Social Welfare Division/Office - 4-6 elderly caretakers	- the Mayor and the Council come from election - Adequate budget for administration - Key responsible caretaker units for the elderly are Public Health Division/Office, Social Welfare Division/Office and some have Medical Division - 5-10 elderly caretakers
Economy	- Majority is upgraded from SAO or sanitation administration - a Semi urbanized rural with some areas locate business, trading and agricultural lands	- Locate the City Hall or Provincial government centers - a Semi urbanized rural with major areas locate business, trading and commerce with traditional community and some agricultural lands	- High urbanization - Areas of business, trading, commerce and industrial estate, housing development, government centers - less agricultural lands
Social	-Accommodate more than 7,000 inhabitants - Unlikely dense population and less latent population	- Accommodate more than 10,000 inhabitants - population density and begin having more latent population	- Accommodate more than 50,000 population - dense population and many latent population

Source: concluded by the researcher (2017)

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4.2.2 Rationales that the municipalities provided public service for the elderly (quality of life development)

From in–depth interviews, it is found that there are three rationales that the municipalities provided public service for the elderly, i.e.

1) Imposed by law: it is the first reason of the arrangement for the elderly and based on the principle of decentralization. The central government has delegated some powers to the local for organizing secondary public services: public service to promote the quality of life for the local people because the central government cannot prevailing operate by itself under the principle of "decentralization closest to the problem and can handle and solve their own problems." The Municipality Act B.E.2496 (1953), the leading law, empowers the municipality to organize public service for the elderly and to promote the elderly development. Another law is the Plan and Process of Decentralization Act B.E.2542 (1999) authorizes the municipality to prepare public service for the local people by providing social welfare and the elderly quality of life development according to Article 16(10). In addition, the municipality has to also adhere with the ministerial regulations of Ministry of Interior and Ministry of Social Development and Human Security.

The apparent projects/ activities are paying monthly provident allowance for the elderly and organizing the Elderly Day. The municipality is the government local unit delegated to pay monthly provident allowance for the elderly under the Ministerial Rules of Interior under the Criteria of Elderly Provident Allowance Pay in the Local Administration Organization B.E.2552 (2008) and according to the Cabinet Resolution dated December 14, 1982 which announces every Songkran Day: April 13 is the "National Elderly Day". Consequently, the municipality has to organize the annual Elderly Day with arranging the Gratitude Watering for the elderly in order to plead their blessing for fortune and to foster the Thai customs and traditions.

2) The rise of the local population and seeing the importance by the municipal executives on the quality of life for the aging society

With the rise of the elderly population and most of them are dense in the city or the municipal area incorporate with the elected local executives with restricted term of 4-year office. Consequently, the municipal executives elected from many places are demanded to find innovation and methods to organize public service

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responsive to the elderly needs. This is part of the critical votes in the local election such as establishing the “elderly school” and “the elderly quality of life development centers.” This is to take care and to promote the elderly quality of life especially the social adherent group. Some municipalities provide services for the home-bound elderly with the homelessness. This includes the promotion to have the “Village Health Volunteers (VHV) and the Elderly Care Volunteers (ECV)’ to take care the elderly.

3) The elderly drive and need in the locality – in some municipality the local elderly are active citizen and needed grouping for organizing activities together and mutual assistance. Therefore, they establish “the Elderly Association” according to the government rules. The elderly association is civil organization where the local elderly association co–establishes for themselves to participate activities which develop their own quality of life such as health promotion activity, recreation, additional income activity, local customs and traditions activity and so on. The important roles of the municipality are promotion and facilitation on places, personnel, coordination and hosting educational excursion.

4.2.3 The public service models for the elderly quality of life

The qualitative results, literature reviews and in–depth interview reveal that municipalities meet limitations of budget and personnel. Yet the executives are from election, and then the municipal executives should seek approaches and methods to organize public service responsive to the elderly needs for better quality of life. The municipalities integrate many forms of bureaucracy to organize public services in order to develop the elderly quality of life, i.e.

4.2.3.1)Traditional Public Administration – it is to organize activities and projects which are mostly the municipal jobs according to the government rules or the previous year jobs, which the municipality has to take action itself. There are three jobs, i.e. (1) paying the monthly provident allowance either in cash or bank transfer to the recipient; (2) annual heath check organized on the date of paying provident allowance by schedule. Visit the bed-ridden elderly will be with the medical physician team and the nurse team from the public hospital in the town /city level to provide basic health check such as weighting, diabetes check, blood pressure

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and health advice and so on. (3) It is to organize the annual event of the National Elderly Day which is usually on every April 13 for the Gratitude Watering for the elderly and plead their blessings.

4.2.3.2) New Public Management – it is the approach that the municipality does not do itself but delegates or works together with the private sector for its efficiency and effectiveness in doing jobs for the elderly. Activities found are (1) the municipality hires a private company to recruit guest speakers for training in the elderly school, and (2) renting private land to be as a center for the elderly quality of life development. However, these approaches has unlikely been applied with the elderly in the municipal level because it is unclear on rules, regulations and limitation on budget for the small size municipality.

4.2.3.3)New Public Governance – it is to function and network project and partnership with many parties between the municipality and other sectors either with the public sector, private sector, civil sector and community in order to develop the quality of public services. By reason, the municipality meets limitation of budget and personnel (especially with the subdistrict ones). Upon the public–private cooperation as in the concept of co–production, it is as below.

Co-production between municipality with people and community

Considering the activities coproduced by people/community to create the municipal public service; there are three models, i.e. (1) the individual coproduction such as the activities of the elderly school in the Nakhon Rangsit Municipality, and in the Muang Kalasin Municipality; (2) the group coproduction such as additional career activities like Ban Fang municipality, Ban Phai Municipality and so on; (3) Collective coproduction such as activities in the Elderly Quality of Life Development and Career Promotion Center like in the Nong–Ta–Ma Community, Muang Sri Sa Ket Municipality, and the activities of quality of life development centers of Ban Fa Rangsit, Muang Bueng Yi Tho Municipality, and the Community Welfare Project and so on; as concluded in Table 4.35.

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Table 4.35 The coproduction models of organizing the municipal public service for the elderly quality of life development

No	Individual coproduction	Group coproduction	Collective coproduction
1	–Activities of the elderly school e.g. in the Nakhon Rangsit Municipality, and in the Muang Kalasin Municipality and Tambol Cherng Doi Municipality	–Activities of the additional career, e.g. Ban Fang municipality, Ban Phai Municipality and so on	–activities in the Elderly Quality of Life Development and Career Promotion Center like in the Nong Ta Ma Community, Muang Sri Sa Ket Municipality
2	– Activities of the elderly rehabilitation development center, the city municipality of Nakhonsithammarat	–Group activities in the elderly school, e.g. Thai traditional dance group, language learning group, aerobic dance group and so on in the Nakhon Rangsit Municipality	–activities of quality of life development centers of Ban Fa Rangsit, Muang Bueng Yi Tho Municipality
3	–the elderly transfer system from the community to the hospital		–Community welfare project, e.g. saving one Baht a day and Cremation Creation welfare
4			–Public health volunteer home-visits and Volunteers of the Elderly-care in community

4.2.4 Factors attracting the elderly to coproduction with the municipality

The findings show that there are six [6] factors drawing the elderly to coproduction, i.e.

1) Extrinsic Incentives – they are the motivation involved with the benefits in the forms of the earned money, goods and services. Among the key informants and the focus group' the coproduction happened is they are useful for the elderly themselves. For example, in the case of the elderly see that they have applied membership of the elderly association because of they earn creation fees upon death and doing common activities for health promotion like an elderly from Ban Phai municipality comments as below.

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"…our association has been established since 2008 for the elderly-care and peer assistance. At first, none wanted to apply but when the dead earns the cremation fees; many wanted. Meaning, if one dies, we contribute an amount of money to the dead's relatives around 38,500 Baht. At the same time we organize activities during Monday, Wednesday, and Friday. The activities are praying, medication, singing, physical exercises with rod dance….."

Secretary of (Male) Elderly Association: Muang Ban Phai Municipality, July 12, 2016

It is corresponded with the Nakhon Rangsit municipality which reflects the reasons in the focus group that there is health check such as diabetes and blood pressure as follows:

"…At first, it is to have additional knowledge. It is heard that the early batch of the school acquires lots of knowledge – they are new knowledge for daily uses such as saving, health as often found in the elderly and their prevention, sense of volunteering and activities have been organized for the community meeting at the municipality – basic health check, checking diabetes, blood pressure…."

A focus Group: a female elderly: Rangsit Municipality – February 15, 2017

Whereas the elderly from Sri Sa Ket municipality reasons why he joins public service because he join the additional career to raise income group as below.

"…Coming to the center is wishing to have better quality of life. That is after 60 years, it is a downturn. Here we meet friends, join activities, better mood. Good mood lengthens life and finally, we feel not loneliness as other have been – my children works and we are lonely at home. So we come here….."

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A Focus Group: a male elderly: City municipality of Nakhonsrithammarat – July 4, 2016

2) Social factor (Sociality) – the benefit earned by the elderly upon coproduction even though it is not the direct monetary benefit such as sense of having friends and social acceptance. From interviewing and the focus group, it is found that the coproduction elderly is because they have talked, friends, and free from loneliness because it is corresponded to the non-participatory observation in the municipal activities participated by the elderly. For example, in the elderly schools, Rangsit municipality, and Cherng Doi municipality, it is found that the elderly are lavished with enjoying smiles, laughter, pleased, and happy when they have joined the activities such as dancing, singing, and meeting friends as being reflected by the two municipality elderly as below.

> *"….There are 40-50 members regularly attend in our elderly association. It is better here than at home since we have friends, we talk, free from loneliness, unity, exercises, singing and happy…"*
> Deputy President of the Elderly Quality of Life Development Center: Muang Sri Sa ket Municipality – October 4, 2016

> *'…It's good to come here. I am happy, staying alone and my siblings moved out to have their own families. My husband was dead and I stay alone. Coming here, I have friends, talks and asking for advices…."*
> Focus Group, an elderly female: City municipality of Nakhonsrithammarat – July 4, 2016

3)Expressive Incentive – it is the sense of coproducer finding the "values" to create benefits for the common good or the community such as the sense of volunteering activities, sense of public awareness, one's own benefit, and happiness in what one does because of satisfaction rather than reward, and self-pride. From interviews, it is found that such expressive incentive is much found among the volunteer groups and the leader group of the elderly schools, the elderly associations and the capable individuals who have time and earn adequate income for their daily life such as the official retirees (teacher, nurses, military personnel) who are freelance,

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housewives, and farmers. It is witnessed from an interview with the president of an elderly association of Nong Hoi subdistrict municipality:

> *"…Normally, we are volunteers and love this works. We fully cooperate because we quit our business like retiree and our children feed us. Volunteering is like a religious ceremony. We are happy after joining it sour existing ones. We share our happiness for people around us. Therefore, we are attentive to do it…"*
>
> President of Elderly Association/Village Volunteers: Nong Hoi Subdistrict Municipality, Chiangmai– August 27, 2016

4) Ease of Involvement- it is an incentive for "easiness to access public service". It comes from many factors such as distance in travel to receive the service, receiving correct information, and preparing transport for elderly participants. As such, it reduces the expenses of people in coproduction such found in Nakhonsrithammarat City municipality and the Mae Hie Town Municipality and so on.

5) Holistic Development – it is a factor that people are coproducers and help better community and the common development either with public utility or economy or social. Therefore, when the municipality organizes various projects as the community leaders representing the municipality comment that:

> *"….Another thing is the benefit they will receive – like the community itself earns benefits and development even though it may not speedy but better. Meaning, if they do not see their community is not developed; they will regularly participate with us like this…"*
>
> Director of Social Welfare division: Khao Sam Yod Town Municipality – November 21, 2016

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It is corresponded with an elderly in the Sri Sa Ket Town Municipality who comments in a focus group as below.

> *"…We do things here because we want our community growing developed. Now we are the provincial model center and we expand to many communities in our municipality*
> Focus Group: male elderly caretaker volunteer: the Sri Sa Ket Town Municipality – October 4, 2016

6) Transparent Administration and for the Common Good–It is the factor entailed from the municipality administrates with governance, i.e. transparency and for the common good. It attracts the local to participate coproduction as an elderly from the Khao Sam Yod: Lopburi Province comments.

> *"…One thing attract the elderly coproduction is if the municipality is transparent, without hidden agenda, doing for the common good rather than oneself and sincerely working; then we know it works for the common , then we help and are their ears and eyes. People join and do everything. Only just tell, they work and become the capacity of this community ….."*
> An elderly man: Sam Yod Town-municipality, Lopburi Province – November 21, 2016

The coproduction network partnership – significant parties and networks coproduce with the municipality are divided into two parts, i.e.

(1) Main Partnership – it is the key helping the municipality to work for achievement. If the municipality has no main partnership the job for the elderly will be weakened and restricted. There are four main parties, i.e. the public sector, which involves the Ministry of Social Development and Human Security and the National Health Security Office, the Civil Sector (the elderly and community), Private Sector and Religious Sector. Each of their roles are: The Public Sector involves" The Elderly Affairs" under supervision of Ministry of Social Development and Human Security

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plays the main role to handle the elderly affairs. In various provincial areas, there are the governmental establishments at the regional level called “Provincial social Development and Human Security” playing two roles, i.e. supporting budgets and academics to the municipalities under supervision of the National Health Security Office. This enacted in the National Health Security Act B.E.2545 (2002) stipulates to promote the national health security for the local people. It conditions to create the local health security system through establishing “the Local Health Security Fund” (Article 47).

As of the civil sector which is the most important is the elderly association, the community leaders, the volunteer groups, the women groups and the village intellectuals. AS of the Religious Sector, it involves temples and monks such as the Elderly Quality of Life Development Center; Nakhonpanom Province and the Bueng Yi Tho town Municipality is the sample of the network partnership of public–private partnerships. As of, the Elderly School: Cherng Doi Subdistrict Municipality: Chiangmai is the cooperation between the municipality, the religious organization (temple) and civil sector and so on.

(2) Supporting Partnership – it is the sector that the municipality should support to participate in handling the jobs for the elderly for its continuity, stability, and sustainability within the community such as schools, provincial public hospitals, clubs and associations and so on.

The municipality may diversely work based on its capacity and its context are dissimilar, they could be concluded in three features, i.e. bilateral partnership, trilateral partnership and multiple partnerships.

The public service models for the municipal elderly quality of life development can be concluded as in Table 4.36.

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Table 4.36 Municipal public service models for elderly quality of life development

Public Service Model	Operations	Operated activities and projects	Targeted group (elderly)
Traditional Public Administration	Bureaucracy–based self–operation	1) provident allowance pay 2) monthly basic health check 3) organize the Elderly Day	Every group
New Public Management	Assignment by municipality or collaboration with private sector	Hire private company to procure guest speaker to teach in the elderly school	Social bound group and bed bound group of homelessness
New Public Governance	Municipality collaborates with the public sector, people sector, private sector and civic sector	1) Establish the elderly quality of life development centers 2) Establish elderly schools 3)Establish the elderly caretaker volunteer groups 4) Establish community saving fund 5) Establish groups of additional career training groups 6) Organize home-visits	Social– bound groups and home– bound group –bed-ridden groups – every group – social bound group –home–bound and bed–bound groups

4.2.5 Methods of municipal public servicing in the elderly quality of life development

The results show that the municipality embraces multiple methods in its public servicing and it could be concluded in to two methods, i.e. social welfare, and the quality of life promotion and development, i.e.

4.2.5.1)The social welfare model–a method to servicing which most municipalities follow the government rules and regulations as in the municipal project organized annually. This method is passive rather than active and the public sector plays the leading role. Activities/ projects found are (1) the monthly provident allowance paid to the elderly either in cash or transactions according to the ministerial regulation of the Interior; (2) distributions of necessary things such as eye glasses for the elderly in the municipal project by annual fiscal budget.

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4.2.5.2) Quality of life promotion and development model – it is a preventive-based promotion and development to invigorate the elderly, their self-reliance and collaboration–based coproduction. There are five [5] methods, i.e.

4.2.5.2.1. Establish "the Elderly Quality of Life Development Center" – the municipality collaborates with government sector, people sector and private sector to establish the elderly quality of life development center, and it is similar to Day Care – a place in the community allowing the elderly to participate the round trip activities or return during noon by appropriateness but will not admit the elderly to stay in the center. The center is where community allows the elderly to organize common activities to service the social ridden group and the home–bound group with homelessness as following details.

Types of the Elderly Quality of Life Development Center are concluded in to three types, i.e.

A) The co-productive projects collaborated between Ministry of Social Development and Human Security, Ministry of Interior and the Elderly Association of Thailand – this center was active since 2014 during the administration of Ms. Yingluk Shinawatra to be the center for grouping and organize activities to develop the elderly quality of life in community and by the number of districts in Thailand. The center is to provide social welfare for the elderly and using the community as the base while offering opportunities for the elderly, the volunteers, community, the network organization from the public sector and private sector collaborate to drive the center operation supported by the local administration organization. Today, there are 878 centers of the elderly quality of life development and career promotion. Most centers do not collect the membership fees except the center in Nakhonpanom province (Jaren Building: Lady Wanna Siriwattanaphakdee). It is the civil state model center established in Nakhonpanom province under the collaboration between public sector, private sector and people sector in 2016 in order to be the model in organizing standard welfare for the elderly.

B) The Elderly Quality of Life Development Center established by the municipality – as such, it is commonly found in the large-size municipality such as Pitsanulok city municipality, Nakhonsrithammarat city municipality, Lampang city municipality and Bueng Yi Tho town municipality where

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they are strong in finance. They are the centers of trade and industry with many housing developments. Therefore, it allows them to allocate budgets in handling the center's activities. Such establishment allows high municipal expedition in organizing the services for the elderly. Its operation is divided into two features, i.e. (1) establishing the center in specific building such as elderly health center in Pitsanulok city municipality, and Nonthaburi city municipality or it may use the official old building such as the Elderly Rehabilitation Center in Nakhonsrithammarat city municipality. (2) It is to rent private place such the Ban Fa Rangsit center, Bueng Yi Tho town municipality and Lampang city municipality center, and so on. Some center will collect the membership fees but with small amount in order to administrate the center for the purpose of its reinforcement. Some centers do not collect the fees in order to be the service for the elderly in their own area.

C) The Elderly Quality of Life Development Center established by the people sector – it comes from the grouping of the elderly association and the community leaders to have the central area for the elderly to organize activities together, to exchange and learn and organize activities to develop their mind and body such as the Elderly Quality of Life Development Center of Moo Ban Piyawararom, the Bueng Yi Tho town municipality: Pathumthani province and so on.

The qualitative results show that most elderly quality of life centers are Type I – established by the government agencies. But today, they are not adequate and prevalent every municipal areas in Thailand. On the contrary, Types II and III established by the municipality or the people sector are still few. Therefore, in the near future, the government has to speed its policy to establish the centers to cover all areas in the country or at least in every municipality to meet the aged society in 2021 as expected.

Nature of establishing the center in the municipality – with different capacities and the elderly needs in each area; therefore the centers established are different and They are divided into two characteristics, i.e.

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First, a single established center in a municipality–Most municipalities establishes just one center in its area, which is a municipality-based center for the elderly care. It facilitates their gathering and the

municipal personnel can easily manage their activities. Most centers construct new building or rent private or public building for organizing activities such the Nakhonsrithammarat Si city municipality, the Lampang city municipality, the Khao Sam Yod town Municipality: Lopburi province and the Khor Kha subdistrict municipality and soon.

Second, Scattered centers in city corners/ in communities – from samples, it is found that some municipalities establish the centers by city corners /communities. This is to facilitate travels for the elderly or called a community-based center. Such feature strengthens the community, its development and attracts participatory healthcare for the elderly in the community. The Pitsanulok city municipality, Muang Sri Sa Ket Municipality, and the Bueng Yi Tho town municipality. However, such feature is still few because it might come from the financial capacities and the municipal personnel shortage the representative interviewee from Si Sa Ket town municipality comments:

> *"…Any communities are ready to open a center and since we decline top-down approach but when they are ready, we shall then organize civic activity: if we provide servicing, the elderly must participate otherwise it will not be sustained. We need them desire first. Our center is to service the aging society – self service center and non-bureaucratic or round trip a day. It starts at 8.30 Hrs. and ends for return at 16.30 Hrs. Every center has been encouraged to provide career training but not emphasize that an elderly has to find income…since aged but to exercise their hands and brains.*
>
> Director of Social Welfare Division: Muang Si Sa Ket municipality – October 4, 2016

Third, the center management – most operations are in the form of a committee by appointment of the municipality board. The committee includes leading persons in the municipality like the municipal representative, the elderly association, the village healthcare volunteers, the elderly–care volunteers and the subdistrict health promotion hospital. Most centers do not

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collect membership fees in participating their activities except the Nakhonpanom province (Jaroen Building: Lady Wanna Siriwattanaphakdee). It is a civil state model center established under the cooperation between the public sector, the private sector and the people sector in 2016 (three years in future, it will be transferred to the Muang Nakhopanom municipality). Its purposes are to be the model of organizing the elderly standards welfare. Also at the self–established Bueng Yi Tho town municipality, it collects the membership fees and the annual fees but likely low price for the purpose of managing the services in the center and to strengthen the elderly association based on the concept of "user pays principles". It is another way that a local can earn additional income for developing its efficient public services.

In travelling to join the activities in the center, it is found that some municipalities provide transport to facilitate the elderly such as the Nakhonsrithammarat city municipality. But most of them cannot take such action because of rules and regulations in budgeting. Therefore, the elderly have to travel by themselves or their lineages transport them.

The activities in the center are similar and by the municipal capacities and the elderly needs: emphasis on common activities in order to develop their mind, bodies and emotion rather than academics. Some centers organize activities from Mondays to Fridays such as the Nakhonsrithammarat city municipality. Some centers organize on two days a week like the Sri Sa Ket municipality. The majority emphasize developing the mind and body all together, i.e. health, care promotion and development and recreation activities.

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Table 4.37 Characteristics of establishing and operating the municipal elderly quality of life development center

Characteristics	**Type I**	**Type2**
Establishment	A single center near or distant from the municipality	Scattered around communities or villages/municipal city corners
Forms	Municipality-based form	Community-based form
Travel	self-transportation/ by lineage and some centers provide transportation	self-travel since being near the community
Organized Activities	–bureaucratic-based by the municipality/ some centers operate by committee collaborate with the municipality and people sector –the elderly needs-based operation and by local economy and social – activities of health promotion, career promotion, religion, arts and culture and recreation	–Committee operation between municipality and people sector –the elderly needs-based operation and by local economy and social – activities of health promotion, career promotion, religion, arts and culture and recreation
Budgets for establishment and operations	– From Ministry of Social development and Human Security, the elderly fund and National Health Security Office (NHSO) – Donation from private sector and people sector – Municipal budget –From the center activities e.g. rent of the conference room and product selling of the group	–From Ministry of Social development and Human Security, the elderly fund and National Health Security Office (NHSO) – Donation from private sector and people sector - Municipal budget – From the center activities e.g. rent of the conference room and product selling of the group and so on
Examples	Municipalities of Nakhonsrithammarat, Lampang, Mae Hie, Khao Sam Yod, Khor Kha and Ban Fang	Pitsanulok city municipality Yi Tho town municipality Sri Sa Ket town municipality

Source: Summarization by the researcher (2016)

4.2.5.2.2. Establishments of the Elderly School – many municipalities collaborate with the elderly associations and the community leaders establish the elderly schools to promote and develop the elderly quality of life. The schools are also the centers for the elderly to organize activities together and to promote life-long learning. The existing schools are not concentrated on academics as

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formal schools but informal ones focusing mainly on servicing the social ridden elderly. Some municipalities attempt to promote the home bound group who are helpless to join the activities. The purposes are to attract the elderly to participate in activities, socialization, and peer association for their strong health. The learning activities are likely fixed with monthly timetable and semesters, which are different from the activities of the elderly quality of life development centers, which are more resilient.

However, there is no formal rules and regulations to run the elderly schools by the state. Consequently its establishment is diverse in both location and curriculums.

Operations–the most municipal elderly schools are operated by committee containing the local important persons from the municipality, community, and government office such as the municipal executives – Mayor, Deputy Mayor, municipal permanent personnel, presidents of the elderly association from each village, the elderly representatives from various areas, the elderly caretaker volunteer and the personnel from the subdistrict health promotion hospital and so on.

Location – the municipality locate the elderly schools in various locations relying on its capacities. For example, some has been located within the municipal office because of its capacity like the Rangsit city municipality, and the Kalasin town municipality and so on. Some schools needs assistance from the temple because it has appropriate building and compound worth learning such as the elderly school of Sri Sa Ket town municipality using the building of Wat Jiang Ki, the Chala Barn Wuddhiwittayalaya of Cherng Doi subdistrict municipality: Chiangmai, which uses the conference hall of Wat Phra Tat Cherng Doi while some schools use the building of Sam Wai Derm Center such as the Mae Hie town municipality: Chiangmai and so on.

The Elderly School Curriculum /Syllabus – Curriculums are diverse in each municipality relying on the area context of economy, social and culture including the elderly needs in each municipality. However, the main activities cycle around four things, i.e. religion and culture, health promotion, career promotion, and recreation. The additional activities are informal learning, technology

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for communication, and local intellectual transfer. However, the curriculums in the elderly schools are similar in the three major dimensions: life course, career course and academics, respectively.

Budget – mostly it comes from five parts, i.e. (1) the National Health Security Office (NHSO), Ministry of Social Development and Human Security, (3) the municipal budget, (4) budget of the school activities such as selling the elderly products, and (5) other budget such as donations from the learners and from other sectors.

Travel to participating the municipal elderly school activities – three features are found, i.e. (1) mostly travelling by private cars, motorcycles and bicycles; (2) descendent transports and 3) provided by the municipal transports to facilitate the elderly travels such as the Cherng Doi subdistrict municipality, the Mae Hie town municipality, and so on. Handling the elderly school activities are concluded in Table 4.38.

Table 4.38 The municipal elderly school operation forms distributed by samples

Municipalities	Locations	Source of Budget	Curriculums	Study Hours
Nakhon Rangsit	Municipality	MSDHS, NHSO, THPF, municipality, donation	1. The elderly health condition 2. The elderly in the condition of change 3.The elderly communication technology 4.Informal learning	Every Wednesday of the month 09.00 -12.00 Hrs.
Muang Kalasin	Municipality	MSDHS, NHSO, municipality, donation	1.Recreation 2.Social aspects 3. Religion and preservation of arts, culture and customs 4.Sanitary Health Promotion 5.Career and local intellectual 6.Education	Every Thursday of the month

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Table 4.38 The municipal elderly school operation forms distributed by samples (cont.)

Municipalities	Locations	Source of Budget	Curriculums	Study Hours
Muang Sri Sa Ket	Wat/ Temple	Provincial MSDHS, NHSO, municipality, donation	1. Health activities 2. Local intellectual transfer 3. Recreation 4. Religious activities 5. Educational activities	Every Saturday of the month 08.00-15.00 Hrs.
Muang Mae Hie	Sam Wai Derm Center	MSDHS, NHSO, municipality, donation	1.Religious activities 2. Health promotion activities 3. Educational activities 4. Career promotion and local intellectual	Every First and every last Wednesday of the month
Tambol Cherng Doi	Wat/ Temple	MSDHS, Wat/temple, NHSO, municipality, donation	1.Technology 2.Career promotion 3.Health and nutrition 4.Recreation and sports 5.Local intellectual transfer	Every Wednesday of the month
Tambol Khor Kha	Municipality	MSDHS, NHSO, municipality, donation	1.Health 2.Recreation 3.Local intellectual 4.Dharmic principle(Buddhist teaching) for living	Every Wednesday of the month 09.00-15.00HRs.

Source: Summarization by the researcher (2016)

4.2.5.2.3. "The municipal public health service centers" - the large size municipality is the city-municipality and the city municipality are mostly organizing their "public health service centers", which is the primary care unit: PCU under supervision of the Municipal Public Health Division or Municipal Public Health Office. They have physicians, professional nurses and municipal personnel to conduct primary diagnosis and treatments such as distribution of medicine, injections, wound treatment, measuring blood pressure and diabetes. This includes organizing health promotion activities, health education and advice as well as

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home visits for the elderly and so on. If the symptoms were serious, there will be ambulance to transfer them, to hospital in the district or in the province.

On the contrary, the small size municipality – the subdistrict municipality where the public health service center is not yet established but it has professional nurse or the public health scholar and the community developer to coordinate with the subdistrict health promotion hospital (SHPH) located in the service areas to provide health counseling and home visits for the elderly.

Besides counseling on health and basic public health services; many municipalities organize the "transfer system" by providing the ambulance to transport the elderly with emergency to the district or the provincial hospitals for treatment.

4.2.5.2.4. Encouragement on "the Elderly Caretaker Volunteers"- volunteers helping the municipality for the elderly caretakers are divided into two groups, i.e. the public health volunteers (PHV) initiated by the Ministry of Public Health to be assigned to villages in 1979 and the elderly homecare volunteers (EHV) operated by the Ministry of Social Development and Human Security to mechanize the affairs at the grass roots of the communities. Volunteers are the local within their community being trained, skillful with attitude enhancement to enable them to safeguard the rights and to protect the elderly who have none to take care, helpless, abandoned to be alone and deprived. This project has been steered in 2003–2004 among eight provinces (four regions and two provinces each with one subdistrict). In 2007, the government set policy on the elderly and assigned the local administration organizations to be the keys to collaborate with the public sector, the private sector and the local sector while allocated Ministry of Social Development and Human Security to be the supportive office on academics. It main principle is there must be a core office to cooperate as a trio–social partnership, i.e. (1) the generating unit, (2) the local administration organization, and (3) the community leaders. This is to offer a platform for all parties to involve and share ideas and to collaborate to achieve goals: collective benefits building for the local elderly (Office of the Promotion and Protection of the Elderly, n.d, pp. 1–4).

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The main duty of the EHV is helping the municipality for caring the three groups of the elderly, i.e. first, with the social ridden group; volunteers educate, advise and provide information for the elderly such as nutrition, dosing, physical exercises, and the elderly rights knowledge and so on. Second, with the home bound group and third the bed–ridden group; besides educating, advising, providing information, the volunteers have to organize home visits and escort the elderly to meet the physicians by appointment and so on. The majority of the volunteers are female with sense of volunteering, public interest awareness and potential with wealth, physical and spiritual morale but significantly, they must have time for social. Previous career of the volunteers are pensioned retirees by majority such as teachers, nurses, military officers, traders, freelance and even farmers.

4.2.5.2.5. The promotion and support to establish the community welfare fund – there are diverse forms in the municipalities by the local people needs such as “Saving a Baht a Day” and “Cremation Welfare Fund” to guarantee their life security based on self-reliance promotion and reciprocity from birth the grave with rules and regulation to contribute the welfare for the members. For example, a new born child will receive the gratuity bag; or upon illness, the sick will receive payment during recovery period in the hospital; or upon death, the descendent or the close relatives will receive the money for the cremation expenses, and so on. The municipality plays the role to promote the funds such as consultation, budget allocation, personnel and other resources.

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Table 4.39 The municipal public servicing for the elderly quality of life development

Projects and Activities	Quality of Life
1.Social Welfare Model	
1.1. Provident allowance pays	Economy and earning
1.2. Distribute necessary things e.g. eye glasses	Economy and health
1.3 Budget raising to maintain residences	Basic means for living
2.Quality of life Promotion and Development Model	
2.1. The elderly quality of life development centers	Education and learning Health and medication Economy and earning Social network partnership
2.2. The elderly schools	Education and learning Health and medication Social network partnership
2.3. Public health volunteers and the elderly caretaker volunteers	Health and medication
2.4. Public health service centers and transfer system	Health and medication
2.5. Community welfare e.g. saving a day or cremation welfare	Health and medication Economy and earning
2.6. Organize the Elderly Day event	Health and medication

Source: Summarization by the researcher (2016)

4.2.6. The success factors, the problems, and the limitations of the municipal public servicing (for the elderly quality of life development);

4.2.6.1.Success factor of public servicing

The achievement of the elderly quality of life development comes from both the internal and external means and they are concluded as below:

INTERNAL MEANS

1) The organizational leader–this is the Mayor equipped with vision, awareness and prioritizing the elderly with creativity, knowledge and understanding the elderly. With the vision, it is evident that the Mayor announces “the Elderly Affairs” is part of the policy before administration. In administration in the

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aftermath, the elderly policy has been listed in the municipal development plan. The awareness and prioritization, it is apparent that the Mayor welcomes opinions and the elderly needs, regularly participates with the elderly activities such as meeting, the elderly home visits to ask about their wellbeing. The creativity is found by the executive seeks innovation or new knowledge to disseminate to the personnel to develop the jobs for the elderly. These are corresponded with many interviews, i.e.

> *"…Many municipalities are successful because of the leader…..…it is witnessed in the local administration organization in Chom Thong District: Chiangmai province; the new Mayor is a community developer equipped knowledge and capacity. The Mayor is diligent, determination, good presenter and is awarded every year…"*
> Government Official, September 20, 2016

> *"…Factors promoting public services is about leadership. The leader itself must have vision, understanding or have perspective about the elderly. The leader upon elected from the local understand well the local…if seeing the priority, the budget will be allocated to each targeted group and he elderly group, too…"*
> The scholar on the elderly, May 27, 2016

> *"….Factors permits the municipal success on the elderly; firstly, it is the municipal administrative policy. This Mayor exposes himself to the outside world and harvests knowledge and experiences to sell ideas and attempts to find successful methods….like opening the elderly school allowing the potential persons to share and learn what are useful to their daily life…. and opens a professional nurse position to absorb the jobs for the elderly…"*
> Director of Public Health and Environment Office: Kalasin Town Municipality –July 14, 2016

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2) Multiple Administrative Techniques - municipalities successful with jobs for the elderly are found not specifically embracing bureaucratic approach only but adopt other new administrative approaches, i.e. First, they adopt the new public management (NPM), which is referred to embracing private management which focuses on efficiency and effectiveness such as Muang Bueng Yi Tho municipality where it promote housing development projects to participate in handling the elderly quality of life development centers. Second, they adopt the new public governance (NPG) employing partnership and network collaborated with various sectors even the public sector, which are Ministry of Special Development and Human Security, the Health Security Office, public hospitals, people sectors: community leaders, pension officers, private sector and religious organizations to collaborate in handling the jobs for the elderly such as the Nakhon Rangsit municipality, Muang Kalasin municipality, Muang Si Sa Ket municipality, Tambol Khor Kha municipality and Tambol Ban Fang municipality and so on.

3) Organizational Structure and Culture–municipality is a local administration organization enacted to juristic person with autonomy in policy making, budget and personnel of its own. It can liberally set policy and projects for the elderly. Municipalities in general structure themselves to meet the jobs for the elderly given Public Health and Environment Division/Office as the key unit to be responsible for the jobs of the elderly healthcare. As of the Social Welfare Division or the Community Development Department, it handles the career promotion and the community welfare arrangement and so on. In addition, among the municipalities focusing on developing the jobs for the elderly, it is found that they have their organizational culture differently characterized from the common ones. Their organizational culture prioritizes the policy to treat the critical problems in the locality and the focus is optimizing to achieve the goal rather than focusing on rules and regulations only.

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"…in promoting the elderly quality of life, it involve two laws: the Establishment Law enacting to at first establish municipality and the second one is the Decentralization Act B.E.2549 (2006), which is OK…"

The local administration scholar, October 3, 2016

"…Our municipality aggressively handles the job of the elderly since 2006 because trend of the elderly is increasing. Our management sees their hiking problems. The mayor has long views and initiated "the elderly quality of life development center. Now, we have three centers spread in three villages and we have planned to cover four villages in future…"

Director of Public Health and Environment Division: Muang Bueng Yi Tho municipality , November 2016

4) Information Technology – it is found that the municipality handles the jobs of the elderly with efficiency and prepares IT elderly database while enabling them for analysis to set policy and managing the elderly jobs with accuracy and appropriateness. Interviewing the government agencies, it is found that:-

"….many successful municipalities and their information is secure or every Mayor similarly say they must have information first. Having information allows knowing problems, analysis for planning and then imposes implementation while ending with evaluation on its extent of its success…"

Government agencies: September 20, 2016

5) Personnel – most municipalities have their personnel to handle the jobs for the elderly. Key personnel to drive them involve two major work units, i.e. Public Health Division/Office and the Social Welfare Division or the Community Development Department having various promotion and welfare servicing for the elderly such as career promotion, organizing recreation and so on. The

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successful municipalities implement the elderly policy and find that the executives and the personnel view on the public good for the elderly and having service mind.

6) Budget – it is the key in driving the jobs for the elderly. It has two parts, i.e. the municipal annual expense and the external contributed from outside. Though municipalities meet many budgetary limitations; the municipal management prioritizes the jobs of the elderly and consistently allocates the annual budget for the elderly including raising additional funds from the outsiders to develop the elderly quality of life, e.g. Health Security Office from Ministry of Social Development and Human Security, Provincial Administration Organization, private sector, associations, foundations and donations from various sectors.

In short, the success factors demand "Smart and Good Leader imposing multiple management with long range from information; it is focusing on servicing people and raising funds for support."

EXTERNAL ORGANIZATION

1) The national and local policy and laws for the elderly - from reviews literature and interviewing the president of the Elderly Association of Thailand. It is found that the public sector promotes the jobs of the elderly endorsed by law at the national level such as the Elderly Act B.E.2546 (2003) having mechanism to drive the jobs of the elderly, i.e. (1) having the National Elderly Committee presided by the Prime Minister and the president of the Elderly Association of Thailand as the committee member. This committee plays the role of policymaking on protecting the elderly. However, this committee runs short of the representatives of the people sector and the local administration organization, who are the local mechanism. (2) It is to enact the elderly rights according to the Article 11 permitting 13 items of the basic elderly rights such as the state regulates the "monthly provident allowance" or called the "basic pension" for the elderly. (3) It is to establish the elderly funds for their career loans at the individual and group levels such as the associations and organizations working on the jobs of the elderly.

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At the local level, the laws enact the local administration organization to handle the tasks of welfare servicing and developing the elderly quality

of life as enacted in the law such as the Municipality Act B.E. 2496 (1953) and the Plan and Process of Decentralization Act B.E.2542 (1999).

2) The national elderly strategies – Thailand has design the 1st Elderly Development Plan (B.E.2525-2544/C.E.1982-2001) and the 2nd Plan (B.E.2545-2564/C.E.2002-2021) to be as guide for the public sector and the agencies related to handle the jobs of the elderly with specifying various measures to meet the aging society such as building disciplinary of saving in every age group, promoting lifelong learning, supporting budget to organize the elderly activities of the local administration organizations, supporting the lifelong the elderly care, and to build network of the elderly care at the provincial and local levels.

3) The state demands to have "a specific agency to be directly responsible for the jobs of the elderly" - in the Thai bureaucratic reforms in 2002, the government has amended the Reorganization of Ministry, Sub-ministry and Department Act B.E.2545 (2002) through establishing "Ministry of Social Development and Human Security" and demands "The Elderly Promotion and Protection Office" to be responsible for the elderly. Later in 2015, "The Elderly Affairs Department" to promote and develop the capacities, to organize welfare and protect the elderly rights under the integrated collaboration of all sectors involved with the mechanism of the local administration organization and the Elderly Association as the key in handling under the form of "*the elderly development partnership*".

4)Strength and collaboration of the local people sector incorporate with network partnership in organizing public service–key turning the municipal jobs successful is network administration with other sectors, which engulf the main partnership and the supporting partnership. The main partnerships involve public sector – Ministry of Social Development and Human Security, the Health Security Office and the people sectors - the elderly association and the elderly care volunteers. On the other hands, the supporting partnerships are the provincial hospital, educational institutions, temples, foundations, association and the local administration organizations. They are analogous to the two interviewees.

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"Actually, our municipality is successful because of partnership. Here we have been cooperated in whatever we do and it is unending cooperation, especially the community itself. It is the main player, and a cog to mechanize the job for the elderly to success, which win us Governance Award. This is because, if the elderly or the community do not cooperate and not top up our job; it will; not our day…."

Chief of Promotion and Welfare Department: Muang Si Sa Ket municipality – October 5, 2016

"….out network partnership comes from the Provincial Social Development and Human Security which supports us with guest speakers to educate us about the Elderly Acts. The Tambol Heath Promotion Hospital supports us with guest speakers on disease prevention as the elderly healthcare volunteer groups who takes care the elderly at homes and the local service volunteers. For example, the local intellectual trains us how to make Tung [local traditional northern flags]. The career groups train us on plastic flower and the sandalwood flowers for Royal Cremation. Our successful elderly jobs come from the elderly vigor as a part. They are so strong at heart and help us all the time while we talk in the same direction…."

Chief of Community Development: Tambol Khor Kha municipality – August 31, 2016

4.2.6.2.Limitations/barriers in public servicing for the elderly quality of life development

Some municipalities still encounter limitations in public servicing for the elderly quality of life development, which is below concluded:

1) The organizational executive – some mayors see unimportance with the elderly matters. They thus work out what just have been enacted or ordered by the government such as paying the provident allowance and organizing the Elderly Day on April 13, as in the interviews of the elderly scholars below.

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"…Witnessed in many municipalities, If the leaders close down the opportunities, and if without visions; the jobs for the elderly are just paying their provident allowance and some annual activities such as Wan Song Kran: the Elderly Day, only…."

The scholar of the elderly affairs: May 27, 2016

2) The unclear rules and regulations against the jobs for the elderly - Though the Acts enact the municipalities to provide social welfare for the elderly; but there are no clear rules and clear regulations endorse for their practices such as the managements of the elderly schools, the management of the elderly quality of life development center. The municipality practitioners coherently say that:

"…the work limitations on the jobs for the elderly, first is there is no regulations to endorse the municipalities to pay the provident allowance directly to the deprived persons such as the disable persons…."

A community developer : a Subdistrict municipality in the North: August 31, 2016

"…there are many limitations such as no rules and regulations to facilitate the municipality to handle projects such as corpse aids, home repairs for the elderly even though we have budget but we cannot do….some municipalities fear not to do since the General Audit Office remarks that it is not under our authority…"

Director of Social Welfare division, a Subdistrict municipality in the Central region: September 16, 2016

"…We have projects to support but some of them cannot be worked out because of the prohibitions of the regulations. …4-5 years in the past, if it were so, we cannot do about establishing a center for the elderly. We risk it ourselves because we feel it is not a risk and we do it for our people. If it were very lawbreaking; it will not kill us because we work for the majority and they can witness whether it is true or not: we do it for our people…"

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Director of Social Welfare division, a Muang municipality in the Northeastern region: October 4, 2016

3) The shortage of cooperation from the local people and community including working without network partnership – many municipalities cannot firmly provide public service for the elderly because there are shortages of cooperation from the local elderly and their community. Part is from their unawareness of public issue or they are passive citizen incorporate with the Thai structural, economic and social problems. In economy, it is found that some elderly has to work for earning and disables to participate with the municipal activities. In social, it is found that numbers of the elderly have to be home bound to foster their descendent because their family members migrate to work in other provinces.

> *"… In the people part, another problem of the urban elderly is economy –they had to work and if we invite them to join any activities, sometime they are not free. They have to work, trading, fostering their lineage. Another severe problem is they are deprived, no income and have to wait for the provident allowance and from their descendent. They cannot not move anywhere since they have inadequate money.*
> Director of Public Health Office, the Northeastern region: July 14, 2016

> *"…Our problems are our established elderly association is still fragile because we don't have strong leader and shortage of mobilization…"*
> Director of Social Welfare Division, a Subdistrict municipality in the central region: September 19, 2016

4) The budget and personnel limitations – municipalities are restricted with budget because of the national taxation structure incorporate with the municipal capacities themselves in collecting the local tax. In addition, some small size agricultural municipalities cannot collect adequate taxes and have no budget to initiate the local projects of the elderly quality of life. This includes the personnel limitations who are not expert in the jobs for the elderly especially in the Tambol municipalities to take action like the Muang municipalities and the city municipalities where they have more specialists.

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CHAPTER V
DISCUSSIONS

This chapter would discuss the results which are integrated between the quantitative results and qualitative results to respond to the three research objectives, i.e. 1) to investigate the municipal capacities in providing public service for the elderly quality of life development; 2) to compare the needs and the responsiveness to the needs of the elderly to improve the quality in the municipal public servicing; and 3) to investigate approaches and the municipal public service method in the elderly quality of life development. However, the quantitative approach will be applied with the discussion of No.1 and No.2 for overview and add the qualitative results for its validity since it is the in-depth studies through document reviews, non-participatory observation, in-depth interview an focus group. As of No.3, the qualitative approach will mainly be used and complemented by quantitative approach to explain situations in order to validate the qualitative approach more. The discussion will be concentrated on the differences of the municipal capacities and the elderly needs in the three types of municipality whether are there any significance in their differences. Then they will be used to compliment the explanation the statistical numerical phenomenon and to validate the data collected from qualitative approach as below.

5.1 The Municipal Capacities in the Public Servicing for the Elderly Quality of Life Development (QLD)

A qualitative results show that the average scores of the municipal capacities by overall are high. Considering by aspects, they disclose that the average scores of the municipal capacities in four aspects are high, which are the leader and attitude, the administration and regulations, the strategies and projects, and participation and social network, respectively. On the contrary, the average score of finance and budget is in moderate level. This research shows that by overview, the

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municipality is competent and ready to organize public service for the elderly quality of life development and is at high level. It follows the principle of organizing public service which is the secondary task of the government –the public service initiated to promote quality of life and the wellbeing of people. It is better to allocate them to local to take responsibility (Prayoon Kanchanadul, 1995). The Thai government has decentralized its power and resources to the local administration for the purpose of local public service with empowerment of administration, finance and economy (Cheema & Dennis, 2007). As such, the processing the Thai elderly welfare is similar with the developed countries as in Sweden where it depicts the municipality to be responsible for social services, and the elderly Medicare. However, Thailand cannot allocate budgets to the local as in Sweden because it has limitations in taxation which makes the central government earns inadequate income to allocate budget as targeted enacted in the Plan ad Process of Decentralization B.E.2542 (1999). Meaning, the central government has to allocate budget the local administration proportionately with the net income of the local government per the revenues of the central government at 35%. However, this qualitative research shows that it is in the same direction–the elderly view that municipality is a state agency at the local community level possible to seek advice and assistance more easily and more convenient since it is close to the local elderly. This finding is corresponded with the assessment conducted to evaluate the 15 year decentralization of Thailand (Weerasak Krueathep, et al., 2558). They find that the majority of the samples are satisfied with the local government at likely high level. The various types of the services provided by the local government enhance their wellbeing with accessibility and help alleviating their daily expenses.

On the other hand, the least average scores of the municipality are finance and budget, which earn moderate level. It is explicable that though the municipality is highly capable and ready but still it meets restrictions of budget to public servicing on the elderly. It reserves the municipality o to fully address this public service where it should effectively and diversely respond to the elderly needs. This research is corresponded with the qualitative researches which one of the local affairs scholars argues on the municipality capacities, "…*I think that the municipality is so much ready to handle the elderly affairs since the locality is a political organization. As such, it means whatever they and gain votes, they shall and the elderly affairs provide*

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them votes. But technically, and by knowledge, I think that we need to fulfill the local government. Yet if it has little capacity such as financial; we need to help them to work out…." It is explicable that the municipality as a form of government organization but financially inadequate to address public servicing because the Thai state is unserious to really achieve decentralization especially with regard to finance (Shabbir & Dennis, 2007, p.7 ; Pathan Suwannamongkol, 2011, pp.8-10). Causes weaken the local government on finance are;

First, the national financial structure restrict the local budget to provide public services since the municipal income is so highly relying on some parts from the government by proportion (Pornthip Kandananond, 2010). Considering the income proportion of the local government during 2008-2014; it shows that the local income cannot financially reach self-reliance because it income collection is still lower than the proportion collected by the central government for the municipality, income distribution and government subsidies. Meaning, the local government proportionately earning from its local taxation is just 16% by average while the major income is earned by taxation the central government has collected which is 36% by average and the average subsidies are around 30% of the total revenue of the local government (Sakon Waranyuwattana, 2014; Wuthisarn Tanchai, 2014; Wutisan Tanchai., 2015, p.43). This is corresponded with the research conducted to assess the 15 year decentralization of Thailand (Weerasak Krueathep et al., 2558; Trakul Meechai, 2016), which find that decentralization evidently fail in many aspects, i.e. empowerment on finance and personnel affecting the local government to be much restricted in addressing its own community problems.

Second, they are the problems of financial discrimination in Thailand, i.e. the economic congestion in some areas allowing the local "tax base" different by regions and provinces. With the differences of the local collected taxes and the differences of the dividend taxation, the provinces with superfluous taxes earn more dividends (VAT and Excise tax) (Direk Patmasiriwat, 2016, p.9).

Third, the Thai central government allocates budgets to the local in the form of "grants" in order to influence the policy implementation and turns de-autonomy to them in implementing the policy (Supasawad Chardchawarn, 2012, pp.165-167) including to maintain the government roles of the overall view of the

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national development rather than to be the mechanism of promoting decentralization (Sakon Waranyuwattana, 2016, p.42). The grants are divided into two types, i.e. the general grants and the specific grants. The objectives and spending methods have been depicted and fixed. In the fiscal year 2006-2011, it was found that the specific grants allocated by the central government to the local administration tended to increase: 10,388 million Baht for 2006, 21,077 million baht for 2008, and 78,346 million Baht for 2011 (Supasawad Chardchawarn, 2012, p.167).

Fourth, the local administration itself is absent on efficiency and effectiveness in tax collections under the limitations of most people dissent to support the local administration on taxes. Conversely, its management does not also develop its full taxation fearing that it will lose its political popularity (Weerasak Krueathep, 2013).

Considering each aspect, it is found that **the average score of the municipal capacities are very high and the first one is leadership and attitude** ($\bar{x}$=3.87, SD = 0.60), which the respective top four are 1) the municipal management is potential in determine direction, goal and supporting the personnel to achieve the goal of the jobs for the elderly. 2) The management empowers every department to involve in the jobs for the elderly. 3) The management determines and dedicates a progressive elderly quality of life development. And 4) the management motivates and build morale for the personnel to achieve the goal of the jobs for the elderly. As such, the municipality has the highest competence and readiness to organize public services for the elderly with leadership and attitude. It is possible that the law has enacted the mayor as the municipal management comes from election with a 4-year term. Therefore, it demands the municipal management to accelerate its performance in order to gain the wellbeing for its people and its political popularity for the send term. This is corresponded with a qualitative research conducted by the Director of Social Welfare Division in a Muang Municipality of Chiangmai who comments, "*Working to promote the elderly quality of life is counted building popularity to the mayor*" (August 24, 2016). It is observed that the managerial leadership is key in working in public sector for effective functioning including to provide efficient public servicing (Andrews & Boyne, 2010 ; Hassan & Hatmaker, 2014). This is corresponded with the studies of Orathai Kokpol and Chatrawee Parisuddhiyarn (2009) Sumet Saengnimnuan

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(2013) Sopharat Jarusombat and Waranyoo Senasu (2014) who find that strong leader, knowledgeability, and governance mindedness are critical to the success of working in the local administration organization.

In addition, in the qualitative research, it is also found that the municipal group prioritizing the elderly policy which is still likely few, will seek ways and channels to organizing public service for the elderly quality of life such as seeking budget from the external organization. It is to seek from public sector, private sector and people sector such as establishing the elderly quality of life development center and the elderly school to be the elderly daycare center to organize a-day-trip activity for them to apply their knowledge for their daily life. They will not feel desolate but having friends, good metal health and developing career for additional earning. It is similar to a log-term care insurance (LTCI) system of Japan which is focused on long-term care not in the hospital or the welfare home. But it is a home daycare promotion such as a daycare home in every community (National Institute of Population and Social Security Research, 2014; Thanyawat Rattanasak, 2013). In addition, this municipal group promotes to establish "a volunteer group" selected from the community members equipped with capacity and readiness, sense of volunteering for the common good. They shall handle daycare and help the home-bound elderly and the bed-ridden elderly as well as welfare servicing for them like in Singapore where supports and cooperation from various sectors are encouraged especially from the people sector, families, communities, and private organization to vigorously collaborate with the public sector (Teo, 1996, p.282). This research points out that some Thai municipalities begin to implement "the active elderly policy" to respond to the growing number of the urban elderly who have more diverse needs. They attempt to seek collaboration and networking with public sector, private sector and people sector/community such as establishing the elderly schools, the elderly quality of life development centers and the volunteer groups for the elderly daycare. Such functioning is counted the optimization of the local administration in the 21st Century from the traditional "local government" playing the major roles in administrating the locality into the "local governance" (Shah & Shah, 2006, p.1). The latter model plays the role of directing in order to drive working units from public sector, private sector, people sector/community to co-organize public service as co-production and co-

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delivery because the public sector alone has limitations of budgets and personnel (The Research and Consultancy Institute of Thammasat University, 2013: Patcharee Siroros, 2013; Anne Mette Kjaer, 2004). On the contrary, the municipalities uninterested in the jobs for the elderly incorporate with budgetary and personnel restrictions with ambiguous rules and regulations are likely handling the projects and the jobs for the elderly in three major things, i.e. paying the provident allowance, organizing the Water Feast Day for the Elderly and distribution of the aids such as eyeglasses and emphasis mainly on the "social welfare".

The average score of the second rank on the municipal capacity is the administrative system and rules ($\overline{X}$=3.85, SD = 0.60) – the top three are the 1) municipality enacts rules, regulations to endorse the jobs for the elderly such as the regulations of provident allowance pays. 2) Procedural regulations of establishing the elderly association and the municipality have working units such as Offices/ Departments/ Divisions responsible for the elderly jobs and 3) the municipality has personnel to be responsible for the job of the elderly quality of life development, respectively. This research is corresponded with the qualitative approach and finds that regarding rules and procedural regulations, there are laws enacting the municipality to organize public service for the elderly under 2 Acts, i.e. 1) the Municipality Act B.E.2496 (1953) enacts the subdistrict municipality to promote the elderly development in Article 50(7), the urban municipality enacted in Article 53(1), and municipality enacted in Article 56(1). And 2) The Plan and Process of Decentralization B.E.2542 (1999) authorizes the municipality to organize public service for the benefits of the local people through organizing social welfare and the elderly quality of life development in Article 16(10) and to follow the procedural regulations of Ministry of Interior and the Ministry of Social Development and Human Security and in many Acts. From these two laws, the municipality structures its administration to respond to the jobs for the elderly such as the urban municipality and the city-municipality which establish Divisions/Public Health Offices responsible for health service and Divisions/ Social Welfare Offices responsible for social welfare affairs and provide the elderly welfares. As of the subdistrict municipality, it establishes Public Health Division/Social Welfare Division or Community Development Department and the Public Health Department.

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However, in the rules and procedural regulations of practices, many municipal representatives reflect in the same direction that the problems about the jobs for the elderly are "the absence of rule endorsement" which disables the municipality to directly allocate budgets to them. It reflects that the responsible unit in laws such as Ministry of Interior is likely passive to amend the law that the municipality can evidently organize public service for the elderly. In addition, without clear rule endorsement, it weakens the attentions of the municipality to be active since it fears breaking rules and procedural regulations. Rationally, the General Audit Office has inspected and pointed out that some tasks are not their duties and also are repetitive to Ministry of Social Development and Human Security. All theses reflect the problems of the Thai decentralization with some drawbacks while having overlapped tasks with the central, the regional and the local governments. As some local administration scholars point out, "….*The government refuse decentralization with reasons of money will be flooded into the locality. The government is unserious and insincere on decentralization as it should be* (interview dated May 18, 2016). The government representatives point out, "*Decentralization deprives and derogates the government administrative agencies which their ministries, sub-ministries and departments have been firmly established. To deprive their power or what they owns opposed points and they will neither see the benefits nor facilitations of people…"* (Interview dated December 8, 2016).

These findings show that organizing the municipal public services in the elderly quality of life development is paradoxical – the state demands laws at the level of Acts that it is imperative for the municipality to complete the task of promoting the elderly quality of life while declining to issue rules and procedural regulations to endorse it. Such approach seriously restricts the nationwide response to the rising numbers of the elderly. It is coherent with the research of the pursuance of the 15-years decentralization be Weerasak Krueathep et al. (2015) who find that the decentralization by law has been for over 15 years but unlikely mobile. Even though the local government realizes and is minds the challenging problems arisen in their locality; but it is incompetent to handle it because of the legal restrictions and ill-facilitated procedural regulations for practices to the local government. The delayed decentralization on laws comes from the critical roots of 1) the discontinuity of the

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actions on the government policy at the national level; (2) the absence of the driving force and without a host to impose amendments at the levels of ministry, and department since the central agencies view that part of the laws involves the security.

However, since 2016, Ministry of Interior directly responsible for the municipal rules and the procedural regulations is aware the legal issues and releases some procedural regulations such as the regulations of the Ministry of Interior on the "Grants" of the Local Administration B.E. 2559 (2016) enabling it to establish "Grants" for the people sector or philanthropic organizations to pursue the tasks empowered and planned by the local administration. This includes the regulations of Ministry of Thailand on the Disbursement of the Overtime Remuneration in the Local Administration B.E. 2559 (2016) in order to pay the local agents working overtime or working outside the located office of working by shifts.

The average score of the third rank on the municipal capacity is the strategy and the project ($\overline{X}$ =3.76, SD = 0.60) - this research finds that by overview, the strategy and the project are at high level. The top three are (1) the municipality lists the project of the elderly in its annual action plan. (2) The municipality resumes the elderly project depicted in the annual action plan, and (3) the municipality depicts the action plans/projects for the elderly in its strategy and its annual action plans, respectively. It is corresponded with this qualitative research that the municipality strategizes the jobs for the elderly in its strategic plans and its annual action plans including the designing projects and activities of the elderly quality of life development according to the laws imperative to the municipality. However, projecting by the municipality on social service and health is characterized as (1) primary medical service, (2) preventive public health, and (3) supporting the public service system which do not respond to the problem of the rising number of the urban elderly. By overview then the municipal intensity of handling the public service jobs in the locality is unlikely high (Trakul Meechai, 2016, p.29). Parts are from restricted budget and the local personnel who are not only unskilled but inadequate. However, some municipal management ho prioritize the elderly affairs will seek cooperation from outsiders such as cooperation with the Tambol public health hospitals, the district or provincial hospitals to invite professional nurses or physicians to train and educate in the subjects of the elderly health promotion.

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The average score of the fourth rank on the municipal capacity is the participation and the network ($\overline{X}$=3.51, SD = 0.60) - this qualitative research finds that the top three high levels are (1) the municipality adopts the civil participation approach for working the jobs for the elderly. (2) The municipality participates with public agencies on the elderly quality of life development, and (3) the municipality has mechanism, rules and regulation to enable participation from various sectors in the elderly quality of life development . This research is corresponded with the concept of participation and the sample groups view that the top four of best participation are people sector (84%), religious organization (20.6%), public sector (16.9%) and private sector (12.5%). It reflects that the civil sector, religious organizations, government agencies and private sector are the network partnership indispensable to organize public service for the municipal elderly. Similarly, in the opened question, the responses of the samples are in the same direction - the supportive factors in organizing public service for the elderly quality of life development comes from the vigor the elderly group in the community, sacrifice, unity and their collective culture (17.02%) and the supports from the public agencies such as the provincial social development, the informal schools, the public hospitals and other outsider organizations (14.80%).

The average score of the fifth rank on the municipal capacity is the participation and the network ($\overline{X}$=3.34, SD = 0.61) – the top three high levels are (1) the municipality achieves its target of collecting taxes on household and land followed by the taxes on local maintenance and taxes of signboard, respectively. This research shows that the municipal finance is still inadequate to organize public service. By decentralization principles for the strongly organizing services for people, it also demands financial decentralization so that it is competent to collect appropriate income and liberally allocates public expenses under the legal framework (Cheema & Dennis, 2007, p.7 ; Patharn Suwanmongkol, 2011. pp.8-10). This research is corresponded with the works of the local administration scholars' explanation:

"…*With regards to finance and budget, it is found with the large, medium and small sized municipalities are different. The large sized ones earn more budget and likely ready but never support the nearby small size ones. On the other hand, the remote small size ones are rather suffering. The government has to subsidize them*

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which are not ready by dividing some budgets to them or embracing interdisciplinary system or co-investment or collaboration…" (Interview date: May 18, 2016). It is also in the same direction of the report of the Economic and Finance Board, the National Legislative Assembly B.E. 2558 (2014), which finds that the local government income in the fiscal budget of 2012-2014 collected most with taxes of household and land at 24,000-25,000 million Baht, 1,600-2,100 million Baht taxed from signboards while taxes of locality maintenance was annually collected at 900 million Baht annually. The cause of low taxing the local maintenance since it is collected from the outdated basic price of the medium price enacted in 1978-1981. Such tax collection has been exempted in many things. However, the qualitative research shows that even though the municipality meets restricted budget but all types of subdistrict, urban and metro-municipalities allocate more budgets to the jobs of the elderly continuously during 2013-2014. It shows the managerial determination to develop the elderly quality of life better (see Table 4.3).

5.2 The Needs and the Responsiveness to the Municipal Public Service Organization for the Elderly Quality of Life Development

5.2.1.The Needs of the Elderly Quality of Life Development–the results show that the overall needs of the elderly and their aspects are all at high level. It is explicable that the elderly in the municipalities or tin the urban areas need their quality of life development at high level in all aspects by the components of the World Health Organization (WHOQOL Group 1995). They involve four dimensions, i.e. physical health, mental health, social relation and environment. These reasons are explicable from the qualitative results that the Thai elderly meet many problems such as (1) Most elderly suffer congenital diseases of high blood pressure at 45.3%, osteoarthritis at 35.0%, cholesterol at 22.1%, which are coherent with the Thai elderly situation in 2013 (The Institute for Population and Social Research: Mahidol University, 2014). It finds that when individual grows older; risk of illness also grows and the elderly are likely suffer chronic diseases and need close care, i.e. high blood pressure/ high cholesterol followed by diabetes, gouts/ osteoarthritis and heart disease , respectively.

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2) It is found with economy that most elderly (66.6%) rely on monthly allowance, followed by descendent (45.6%). In macro-level, Thailand is not ready with income with this group for so long. It is witnessed with the enactment of the National Saving Fund Act B.E.2554 (2011) but actually active in 2015; though enacted to pay "monthly provident allowance" which is the basic welfare for the elderly according to the Elderly Act B.E. 2546 (2003). Still, it is inadequate for their daily living in the current societies. It pressures some elderly either in urban area or in rural areas to work for their additional income (Thailand Development Research Institute Foundation, 2006). With such current elderly situation in Thailand, it leaves the situation of "aging before rich" and "aging without inadequate support from social welfare system". In the developed countries abroad in Asia such as Japan and Korea; the elderly become "rich before aging" (Somkiat Tangkitvanich & Narit Phisalayabutr, 2013, p.5) because these countries systematize welfare to support the aging group. (3) In livelihood, it is found that the elderly suffer selfcare at 48.8%. It is corresponded with a report of the Thai elderly situation 2015 revealing that the number of the isolate elderly and the isolate elderly couple is likely rising (The Institute for Population and Social Research: Mahidol University, 2016).

By aspects, it is found that **the elderly group needs most about health and medication** ($\overline{X}$=4.35, SD=0.85). Their top-three needs are the municipal health service center, service provision of monthly basic health check and home-visits by the public health personnel. It shows that the quality of life on health and medication is the most imperative upon entering aging period because they suffer physical deterioration. It makes the elderly suffer physical health and some might suffer chronic disease, which is coherent with the concept of physical changes of the elderly physically, mentally and socially. Meaning, their body upon entering aging will be deteriorating. The social change might bring worries and depression and so on (Ministry of Social Development and Human Security, 2015, pp.8-10). With regards to health, this research reveals that there are three worries about the elderly, first, the congenital diseases: high-blood pressure, osteoarthritis, cholesterol, and diabetes. It is corresponded with a survey the Elderly Health in 2013 that the Thai elderly suffer high-blood pressure at 41.4%, diabetes at 18.2% and osteoarthritis at 8.6%, respectively (The Institute for Population and Social Research: Mahidol University,

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2015, pp.41-42). Secondly, the qualitative research finds that the home-ridden group, mobile problem group and some helpless group are found that 2% are bed ridden or helpless, 19% home-bound with mobility (The Institute for Population and Social Research: Mahidol University, 2015: 41-43).However, it is still found in the Thai societies that descendent are the keys of the elderly care in their families (66.0%). However, it is found that 48.8% of the elderly have to attempt selfcare and just only 20.8% are cared by their couples. Third, the isolate elderly with depravity without descendent; the qualitative research discloses that *"the isolate elderly are because of spousal death and their descendent have to leave home either for works or for marriage."* They need people in their community for elderly care (interview with an elderly, Banphai Municipality: Khonkhaen Province, July 12, 2016). Major health problem of the elderly reflects the "the elderly multiple health problems" and the state have to speed its aggressive policy to address their problems, which are complicated and meeting the situations.

The second needs of the elderly is participation and social network ($\overline{X}$ =4.27, SD=0.60). The top four needs are 1) the municipality organizes traditional activity to recognize the elderly values, 2) religious organization promotion such as monks, religious leaders to participate in preparing projects of the elderly quality of life development. 3) The promotion covers families and community for the elderly care and 4) the promotion to have volunteers of elderly care, respectively. This research shows that the elderly need support network for physical and mental care. It is corresponded with the concept of the elderly quality of life, which has many dimensions. i.e. measuring quality of life requires indicators of objective well-being – activities related to economy, income and facilities whereas the indicators of the subjective wellbeing are the mental indicators (Sirinan Kittisuksathit et al., 2014, pp.17-19).

The third needs is **the basic means of living and activity venue** ($\overline{X}$ = 4.26, SD=0.63). The top three needs are, 1) the municipality prepares provide venues to organize the elderly common activities. 2) The municipality provides public parks or places for physical exercise. And 3) the municipality provides the elderly service center to provide necessary service for them. However, the qualitative results show that not even half of the municipalities (46.5%) have established the elderly quality of

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life development centers while 53.5% did not. From interviewing the municipal representatives and scholars reasoned that most municipalities meet budgetary limitations because there are many aspects of the municipal tasks, shortage of specialized personnel and ambiguity of rules and regulations. However, the qualitative research shows that in the situation of rising numbers of the elderly in the municipality; it makes some of them see this problem and seek service method for providing the elderly quality of life development through "network" of public sector and civil sector/community and private sector. For example, an establishment of the elderly schools and the elderly quality of life development centers as if a daycare center for the elderly to mobilize and organizing their a-day-trip activities such as religious activities with prayers, recreation with singing, bass slope dance, physical health activities by physical exercises, educating and training for health by guest speakers, career development for additional income with doing coconut leave brooms, doing coins for donation throws, and the sandalwood flower in cremation and so on. It is found that the social-bound elderly is the largest group and favor to join common activities. The reasons are they can meet friends, not desolate, acquire knowledge for daily living and develop career for additional income.

The fourth needs of the elderly is **economy and income** ($\overline{X}$=4.22, SD=0.75).The top three of this aspect are 1) it is to facilitate in provident allowance pays such as venues, and adequate personnel, and so on. 2) It is to promote the community welfare fund establishment in saving for aging, 3) It is to organize training to develop career for additional income. The data of the establishment shows that 85.9% have been established in the municipality. However, the qualitative research finds that in saving welfare in the community, the elderly earn inadequately high welfare remuneration for living such as a Baht a Day Saving and so on. As of career training, the elderly group in the metro-municipality or the urban municipality with highly developed economy, they are the elderly earning income adequately for their living, such as pension officers, businessmen, freelance and housewives monthly supported by their children; they least need career development for their additional income or if it is, it is for avoidance of "loneliness by associating with friends and to exercise their wrists." On the other hand, the elderly living in the urban and subdistrict municipalities in the agricultural areas or working as labors; they still need career

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development for their additional income. This is because of needs on income for living expenses and to share the burdens of their children. Therefore, if it is to organize activities for the elderly career development, it requires specifying objectives and clear targeted group. The reflection from the career development is "shortage of continuity and after training there are no job markets to absorb them." This is the problems of the government and municipalities to find solutions.

What the least needs of the elderly is education and learning ($\overline{X}$ = 4.12, SD=0.72). It is corresponded with this qualitative research that the municipal representative and the elderly reflects that the elderly have learned over lifetime and it is unnecessary to troublesomely learn academics and establishing the elderly school is to prepare informal schooling rather than sciences but focusing on life and career subjects enabling them their daily living such as bass slope dance and physical exercise for health and so on and doing sandalwood flower for cremation, making brooms for career promotion. In academic activities, it is found that some municipalities organize such as language learning and educational technology. In this research, "the quality of life on education and learning "is least needed by the elderly. It demonstrates that most urban and municipal elderly needs to learn what they can apply for real living rather than to focus on unuseful academics for them. It is corresponded with the studies of the Ministry of Social Development and Human Security (2015) finding that in education and learning, the elderly need less for all academics when they grow older: during 60-69 years old, it is 1.82 by average. During 70-79 years old, it is 1.78 by average and older than 80 years old, it is 1.65 respectively.

5.2.2 Responsiveness to the Elderly Needs in their Quality of Life Development

The results show that the average score of the responsiveness for the elderly by overall is at moderate level. It is explicable that by overall the municipality can less respond to the elderly needs in all aspects. It is possible from either the central government or the local government, i.e. 1). By the central government, it is the delay of decentralization to reinforce the local government on finance and personnel. Ministry of Interior which involves does not evidently regulate procedures. 2) The

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local government itself – the municipality is inefficient in tax collection and does not adequately seek cooperation from the external organizations. From both factors, it allows the municipality run short of efficiency to respond to the elderly needs. It is corresponded with the works of Settawat Chokworakul (2012) who finds that the moderate success in applying the elderly policy by the local government and the pursuance of the performance for 15 years on decentralization by eh Faculty of Poetical Sciences: Chulalongkorn University; it is found that by overall of decentralization meets moderate success. It allows people to access necessary basic public services more than the time of decentralization. However, the local public service makes the people quality of life better (Weerasak Krueathep et. al., 2015).

By aspects, it is found that the first rank of responsiveness to the high needs is participation and social network ($\overline{X}$ = 3.62, SD =0.80) followed by the basic means of living and the activity venues ($\overline{X}$ = 3.58, SD =0.84). It is corresponded with the qualitative approach and explicable that the municipality can use their existing resources regardless being budget, personnel, building, and social network to considerably organize public service for the elderly quality of life development. It is not only to follow the enactment: paying the provident allowance; but also the municipality can organize projects to promote the elderly quality of life development better such as establishing the elderly schools, the elderly quality development centers, providing venues for organizing the elderly common activities, organizing the Elderly Day activities, promoting monks to participate in organizing activities of elderly quality of life in the important Buddhist religious days or to invite monks to teach the elderly in the schools and to promote to mobilize volunteers for the elderly care in the community and so on.

There are three aspects having moderate responsiveness on economy and income ($\overline{X}$ = 3.47, SD =0.80), education and learning ($\overline{X}$ = 3.35, SD =0.80); health and medication ($\overline{X}$ = 3.32, SD =0.85), respectively. The elderly groups have been responded to their economic and income quality of life development. Education and learning and heath and medication are inadequate compare to their high level of needs. The roots might be, 1) most municipalities default of financial capacities – restricted budget especially among the small size/ subdistrict municipality. From analyzing the

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municipal capacities, it is found that the municipality has moderate financial capacities only. Opinions of the samples regarding critical problem on the municipal public service for the elderly quality of life development from the municipality and from the government sector are the inadequate budget for functioning such as home visits for the bed-ridden elderly. (2) As of the personnel: some municipal management does not prioritize the jobs for the elderly, defaults of specialist personnel such as physicians, professional nurses and physical therapists. (3) The problems of ambiguous rules and ill-facilitated the working, and (4) problems arisen from the elderly themselves who are the home-ridden elderly and do not cooperate to join activities or few participants in dome municipalities because they have to work and foster their children at home, the problems of the elderly health and the problems of traveling to join the municipal activities.

The responsiveness to the needs of the samples earns the average score at the moderate level with the lowest score is Health and medication ($\overline{X}$ = 3.32, SD =0.85). It is explicable that projecting the municipal social service and health is featured as the “basic means” (Trakul Meechai, 2016, p.29). They contain (1) primary medication, (2) preventive public health and (3) supports of public health system still needed response to the speedily growing number of the elderly in the urban area. The intensity of working on public health of the local government is unlikely high. Some come from the budgetary restrictions and the local personnel. The study of Trakul Meechai (2016, pp.36-37) reveals that the problems of providing the public social welfare and health comes from the government sector without intention and determination to transfer many public services according to decentralization. This includes the government agencies without action plan to equip the capacity for the local administration. On the other hand, the local itself, it meets inadequate budget to fulfill the tasks transferred and no personnel to run all the missions. However, most Thai elderly earn the state welfare but legal obligations: the Universal Health Coverage or the Golden Card (Ministry of Social Development and Human Security, 2015).

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5.2.3 The Comparison of the Means on Needs and Responsiveness to the Needs Received by the Elderly on the Municipal Public Servicing

Considering the means of the responsiveness to the elderly needs by overall and by aspects, it is found that needs are higher than the responsiveness. It shows that the Thai government is less responsive to the needs of the elderly in all aspects. As such, from thoughts and qualitative research, they reveal that municipalities meet many restrictions in many aspects of public servicing. At the level of the government, they are the delay of decentralization on tasks, budget and personnel. They weaken the government especially in finance and the ambiguity of the procedural rules.

On the other hand, people in some area do not cooperate with their municipalities due to their Thai economy and urban societies where the elderly have to work for earning, home-ridden to foster their descendent and the urban societies where some reside in the housing development and decline to participate with the municipal activities and so on.

This research shows that it is corresponded with the studies to evaluate the Thai decentralization and finding that in the past it has been incomplete in many aspects, i.e. tasks transferred, human resources and budgets has been stagnated for the past many years. These de-autonomize so much the local government on its decisionmaking, scarcity of financial resources and personnel for working (Weerasak Krueathep et al., 2013). Therefore, it is necessary to reinforce municipalities with finance and budgets, personnel and amendments for clearer laws to capacitate municipalities in the public servicing for the local elderly with efficiency.

5.2.4 Comparison of the Differences between the Elderly Needs of the Municipal Public Servicing Distributed by Sex, Age Group and Municipal Residing Types

By Sex - it is found that there are no differences of the needs on elderly quality of life development among the elderly regardless of being either male or female. It is corresponded with Sirithida Sripitak (2009) studying the Needs and Responsiveness to Healthcare from the Nurses Functioning in the Community Health

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Center in Muang District, Supahnburi Province; she finds that by sex distributions there is no differences in needs and responsiveness.

Needs comparison of the elderly on the municipal public servicing distributed by age range; and it is found that there are no differences of needs among the three groups living in the municipal area, which are the groups of 60-69 years old, 70-79 years old and older than 80 years need their quality of life development. Rationally, most elderly are fragile and some might suffer congenital diseases, which allow every age range has no difference in the needs of quality of life development. It is corresponded with the studies of Hattaya Kaewkim and Chorthip Borromthanarat (2012) on People Expectation and Perception toward Service Quality of Tambol Health Promotion Hospital: Nakhonsrithammarat. They find that recipients with different age have no different expectation of the service quality. Yet, it is not corresponded with the studies of Ministry of Social Development and Human Security (2015) that the elderly in three age-range groups have no different needs about the welfare organized on education, social network, income and saving. By reasons, it might have been that in the research there are the elderly groups living either inside or outside municipalities, which might entail indifferent results.

The needs comparison of the elderly toward the municipal public service distributed by different municipalities where the elderly live, which are the subdistrict ,town and city municipalities. It is found that their needs are not different. Rationally, all the three types of municipality are similarly urbanized and with likely extensive-economic development, and countless migrants for working. Therefore, urbanization demands children to leave homes for working and some elderly have to be home-ridden alone. This might bring them loneliness, depression and the burden to foster their descendents. This is corresponded with the qualitative research finding that some municipal elderly cannot participate with the elderly activities because they have burdens to foster their descent at home and some have poor health and cannot leave home to join activities and so on.

The summary reveals that the needs of samples by overall and by aspects are at high level in health and medication, in education and learning, in economy and earning, in basic means for living and venues of organizing activities, in participation and social network. It is also found that the samples perceive the needs responsiveness

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is just moderate. By aspects, it is found that there two aspects of high responsiveness, i.e. participation and social network, and basic means for living and venues of organizing activities. There is moderate responsiveness in economy and earning, in education and learning, and in health and medication. When they are compared to the needs and responsiveness earned by overview and by aspects, it is found that there are difference by statistical significance. When comparing the needs of the samples distributed by sex, age and municipal types, there is no difference.

5.3 Approach and Method of Municipal Public Service Provision for the Elderly Quality of Life Development

5.3.1 Reasons those municipalities must provide public service for elderly quality of life development – the research shows that the municipalities have three (3) major reasons, i.e.

1) Adherence to legal enactment

It is the first reason that the municipality must provide public service for the elderly because it follows the enactment of decentralization on some powers in organizing public service at the secondary level (Prayoon Kanchanadul, 1995). This is to provide public service for quality of life promotion among the local people because the central government cannot prevalently provide and significantly the local government is a state unit closest to people. Upon problems like catastrophes, people will seek help from the locality first (Mophet, 2008, p.3). It is coherent with the local democracy stating, "The local problems demands to empower and responsibility for the local people who are closest to the issue to crack and correct them." (International IDEA, 2013; Wuthisarn Tanchai, 2016 B, p.127). There are two laws empowering municipality on public servicing for the local elderly quality of life development, i.e. 1) the Municipality Act B.E.2496 (1953) empowers subdistrict municipality in Article 50(7), urban municipality in Article 53 (7), and metro-municipality in Article 53 (1) to promote the elderly development. 2) The Decentralization Act B.E. 2542 (1999), Article 16 (10) empowers municipality to provide welfare and develop quality of life

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for the elderly by being grouped in children women and the disadvantageous. In conclusion, the laws empower all types of municipality in public servicing for the elderly. Such power involves two characters, i.e. “welfare servicing and quality of life promotion”

2)The rising number of the local elderly and prioritization of the elderly quality of life from the municipal management

An importance of municipality is the growing economy because it is the areas of industry, trading and education. The consequences are immigration to metropolis or cities for education and job seeking. Such context is commonly found in the developed countries such as Japan. It reduces the local population but rises in metropolis such as Tokyo (Hisakazu Kato, 2014, p.25) and Thailand is in the same direction. Data of the National Statistics Office (2014) reveal that the populace proportion in the municipality is continuously rising. Surveys in 1994, 2002, 2007, 2011 and 2014 find that the rising proportions are 18.9%, 31.0%, 28.0%, 33.5% and 40.9%, respectively. To this point, many municipal executives see the gradual importance of the elderly and their effects such as their depression, descendent-sitters and bed-ridden (interviews with Director of Social Welfare Division, Muang Municipality: Sri Sa Ket Province); Director of Public Health and Environment Division, Muang Bueng Yi Tho Municipality: Pathumthani Province) incorporate municipality is a “political organization” where its management comes from populous election in the locality and rewarded with term of office. Therefore, their working has to respond to the need of people for their popular votes. To his point, it is necessary to seek innovation and method to organize public service for the elderly quality of life such as the initiative of establishing “the elderly schools” and promotion to establish “the elderly quality of life development center.”

3)The drive and the needs from the local elderly

In some municipality, people are active citizens and mostly are pension officer, freelance, housewife group who have time and capacity and desire to form a group in order to organize common activities and mutual help. Therefore, the local municipal elderly group form their “elderly association” enacted in the formal regulations. The elderly association is a civil organization where the elderly establish together under the objectives of allowing the elderly to have healthcare and to be the

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associate point for common activities, mutual help and having a committee board and most activities are health activities (Sasipat Yodpet et al., 2012). The elderly association plays the important role in running projects with their municipality such as being the committee members in running the elderly schools and the elderly quality of life development centers in the municipalities, and so on. The municipality plays the role as a facilitator on venues, personnel, coordination and excursion in order to invigorate the elderly association more. This research finds three reasons on this point and is corresponded with the work of Piyakorn Whangmahaporn (2008) that the implementing policy on the local elderly comes from any factors. What demands the local government to embrace the elderly policy by respective order is the needs of the local elderly, the local politician announce it as their policy, the elderly policy is enacted that the local government has to take action and the practitioner personnel find it is the deadly problem of the rising number of the local elderly.

5.3.2 Public Servicing Model for the Elderly Quality of Life Development

There are three models according to the bureaucratic development, i.e.

1.1)Traditional Public Administration – it is the activity organization and bureaucratic project – by power and duty enacted or by ever organized before. The municipality takes actions in three major things, i.e. (1) paying the monthly provident allowance in cash or by bank transaction for every recipient in every month. (2) Organizing annual health check – the municipality will organize it on the payday or on the community visit specified by the municipality on visiting the home-ridden and /or bed-ridden patients. (3) Organizing the National Annual Feast for the Elderly (April 13) for water blessing s in the Thai tradition. Therefore, such public servicing the municipality has to follow the formal rules and regulations (Weber, 1946 in Jay M. Shafritz & Albert C. Hyde, 2012, pp.39-40). The traditional public administration usually handle by itself relying on its resources, budget, personnel and existing knowledge empowered by the Plan and Process of Decentralization Act B.E. 2542 (1999) and the empowerment of the Local administration establishment law (Wuthisan Tanchai, 2016 A, p.44).

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1.2) New Public Management–a model the municipality assigns private sector to take action or co-handles with private sector for better efficiency (Hood,1991, pp. 4-5). It is found there are two ways in handling the jobs for the elderly, i.e. (1) the municipality hires private companies to organize training in the elderly schools and (2) renting the private land t be used as the elderly quality of life development centers. However, these models are unlikely applied with the jobs for the elderly at the municipal level because of the budgetary restrictions and the ambiguity of rules and regulations for co-handling or delegating to the private sector. The public servicing for the elderly as this model is characterized as the new public managerial concept rather than emphasizing bureaucracy in order to respond to the needs of people as taxpayers (Boston et al.,1996 ; Hood,1991 ; Noland, 2001).

1.3)New Public Governance – it is to run activities, network and partnership between municipality and other sectors either being the public sector or being the private sector or being the civil sector and community. Rationally, the municipality meets restrictions on budget and personnel (especially the small-size municipalities) for better developing the quality of public service (Osborne, 2010, Bogdanor, 2005, p.6). As such, it is very clear that it is the cooperation between the public sector and the civil sector/community as in the concept of "co-production", i.e.

1.3.1) Co-production between municipality with people and community

Considering the activities people/community co-produce with the municipality; there are three models (Brudney & England, 1983, pp.63-64), i.e. (1) individual co-production such as activities organized in the elderly school in Nakhon Rangsit Municipality, and Muang Kalasin Municipality; (2) Group co-production such as the career group activities of Ban Fang Municipality, Muang Ban Municipality; (3) Collective co-production such as activities organized in the elderly quality of life development centers and career promotion as in the Nong Ta Ma Community; Muang Si Sa Ket Municipality; activities organized in the elderly quality of life development center in Ban Fa Rangsit, Muang Bueng Yi Tho Municipality and so on as concluded in Table 5.1.

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Table 5.1 Co-production models of the municipal public servicing for the elderly quality of life development

No.	Individual co-production	Group co-production	Collective co-production
1	- Activities organized in the elderly schools in Nakhon Rangsit Municipality, Muang Kalasin Municipality, Tambol Cherng Doi Municipality	- Activity group for career promotion such as Bang Fang Municipality, Muang Ban Phai Municipality and so on	- activities organized in the elderly quality of life development centers and career promotion as in the Nong Ta Ma Community; Muang Si Sa Ket Municipality
2	- activities organized in the elderly quality of life development center of Nakhonsrithammarat Municipality	- Activities organized in the elderly schools e.g. Thai dance group, language learning group, Aerobic dance group and so on in Nakhon Rangsit Municipality	- Activities organized in the elderly quality of life development center, Ban Fa Rangsit, and Muang Bueng Yi Tho Municipality
3	- The elderly transfer from community to hospital		- Community Welfare Projects, e.g. One Day One Baht Saving, Cremation Welfare Funds
4			- Home visits of the public health volunteer and the community elderly-care volunteers

Source: Summarized by the researcher (2017)

1.3.2) Factors attracts co-production

There are six factors attracting co-production, i.e.

1) Extrinsic incentives–it is a motivation related to money, goods and services received. Key informants and focus group on the elderly co-production is because of their own interest. For example, in the case of the elderly apply as a member of the elderly association because they receive cremation fees if dead, having activities together for health and career promotion and so on.

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2) Social incentives–it is the benefits received upon co-production even though they are not directly related to money, e.g. sense of having

friends and socialization. From interview and focus group, it is found that their co-production brings them conversation, having friends and not desolate. It is corresponded with the observation on the municipal activities collaborated with the elderly, e.g. activities organized in the elderly schools in Nakhon Rangsit Municipality, and Tambol Cherng Doi Municipality. It is found that the elderly faces are lavished with smiles and happiness when they attend activities such as dancing, singing and meeting friends.

3) Expressive incentives–it is the sense of the co-producers view that they have contributed for society or for community, e.g. sense–of–social activities, awareness of public good and they are happy in doing things because they are satisfied and not expecting rewards but self-pride. From interviews, it is found that the expressive incentives are found with the volunteering group and the leader groups of the elderly schools, the elderly associations who are qualified with capacity – having adequate time and income for daily living. They are such as the pension officers, retirees (teacher, nurse and military), freelance, housewives and farmers.

4) Ease of involvement - Verschuere et al. (2012) explain that "ease involvement" comes from many factors, e.g. distance to access for service, receiving correct information, and having transports to join the activities in the elderly center, which helps reduce expenses to involve with the public service for people such as Nakhonsrithammarat City Municipality and Mae Hie Town Municipality in Chiangmai province.

5) Holistic Development Community – it is a factor people see that they co-produce with municipality or better developed in either public utilities or economy or social. Therefore, when the municipality crafts projects, the leaders determine to involve.

6) Transparent administration and for public good - it is as factor the municipality administrates with good governance – transparency, and for the common good. It attracts the local people to collaborate in the municipal activities.

This research reveals that the elderly and people involve in organizing public service because of different incentives, i.e. most common people are attracted by their individuality or by expressive incentives in three areas, i.e. 1) incentives in the form of money, goods and services, 2) social incentives – this is to

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involve in doing activities because they meet friends, not desolate and better socialization better than being home-ridden, and 3) ease of involvement (Verschuere et al., 2012). On the other hand, the community leaders, and volunteer groups are attracted with expressive incentives. It is the sense of doing for the common good or for the community such as sense-of-social activities according to the western thoughts (Alford, 2002, 2009 Verschuere et al.,2012; van Eijk and Steen, 2014 Vanleene et al., 2015). However, this research finds that by the Thai local context, there are other factors affecting co-production, which are the communities, having been holistically developed because people see that being co-producers with the municipality allows the communities or public are better developed either public utilities or economy or social. Regarding the transparency and doing for the public good, it is corresponded with the study of Cooper, Knotts and Brennan (2008) who find that people having highly confidence with the local incline to support their local policy in zoning because municipalities are the government agencies at the local level where public servicing has to be provided based on egalitarianism. That is, it not to do thing for just someone but for all (Nantawat Boramanand, 2010, pp.350-359; 2011, pp.85-95).

5.3.3. Network partnership – this is the network with municipality on the elderly. It can be divided into two parts, i.e.

(1) Main partnership – this is important collaborating with the municipality until the jobs for the elderly successful. Therefore, if there is no main partnership the municipal operation for the elderly will be weakened and restricted. The main partnership collaborating with municipalities in public servicing for the elderly involves four groups, i.e.

Public sector involves Ministry of Social Development and Human Security and the National Health Security Office. Civil sector involves the elderly and community including private sector and religious organization. Roles of each sector are as follows: Public Sector contains the “Elderly Affairs Department” under supervision of Ministry of Social Development and Human Security is the main agency to handle the jobs for the elderly. Regionally, there is establishment of the Provincial Social Development and Human Security in every province and plays two major roles, i.e. budgetary and academic supports. However, at present here is no such

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establishment at the district level. The National Health Security Office by the National Health Security Act B.E. 2545 (2002) enacts is promotion to local people specifying to organize the local health security system through establishing the "Local Health Security Fund" as enacted in Article 47. As such, it follows the principle of "volunteering" in the locality itself and the locality has capacity to subsidize budget enacted by law. The local health security fund is the budget to support and promote public service through emphasizing health promotion, disease prevention, rehabilitation, and primary Medicare for many groups. This also includes the elderly groups. As of people sector – it involves community leaders, volunteer groups, woman groups and the elderly associations. As of the civil sector–it involves the elderly associations, the community committee, local wisdom elites, volunteer groups, and woman groups. Finally, the religious organization involves temples and monks.

(2) Supporting partnership – it is the part that the municipality should encourage to co-production for its consistency, stability, and sustainability amid the community, e.g. private sector, schools,, provincial public hospitals, clubs, association and so on. The municipality functions in many styles but relies on its capacity. Each municipal context might not be similar and concluded into three characters, i.e. bilateral partnership, trilateral partnership and multiple partnerships. For example, the partnership collaborating for the elderly with the municipality in **the case of civil and community sector** is to establish the elderly association under their collaboration in order to organize common activities and all their elderly association spread in various areas – selecting individuals to be the volunteers of elderly care in order to help municipality and to use the municipality to organize activity of physical exercises and to run the elderly schools and so on.

The case of public sector – there are projects of establishing the elderly quality of life development and career promotion centers in collaboration between the Ministry of Social Development and Human Security with the local administration and the Senior Citizen Council Association of Thailand began in 2013-2014, which today this center has spread into 687 centers nationwide.

In the case of private sector – the elderly quality of life and career promotion center of Nakhonpanom province has been sponsored by BERLI JUCKER COMPANY (BJC) by Mr. Charoen and Khunying Wanna Siriwattanapakdi around 18

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million Baht and the Muang Thai Life Insurance supports computers for teaching and learning. The Brain Balancing Company educates and develops the brain of the elderly with full cycles at the Khaoprangam Aging Complex Center: Lopburi Province (King Prajadhipok's Institute, 2016, p.353). The housing development of Piyawararom Elderly center collaborates with the Muang Bueng Yi Tho municipality to establish the elderly quality f life development of the housing development of Piyawararom Elderly Center without monthly rent charges and so on.

The Religious Organizations (Temple and Monks in Communities) – they play the role of spiritual leaders, social welfare and development such as The Tambol Cherng Doi municipality has been supported by the Wat Phradaj Doi Saket to use the meeting of the temple as venues to organize activities of the elderly schools (Chalabarnwuddhi Vidiyalaya School) and the Muang Si Sa Ket has been supported by the Phra Pariyaddidharm, Wat Jian Yi (Jian Yi Temple) to use school building to organize activities in the elderly schools with free of charge. Wat Phra Baht Nam Phu collaborates with the Muang Khao Sam Yod municipality to organize the Recycled Cloth Alms (Pha Pa) projects for campaigning reducing and screening wastes and for reuses, and so on.

This research finds that most municipalities will organize public service of Type 1 as the foundation – applying the traditional public administration (TPA), which is a bureaucratic organization enacted and action taken by the municipality and emphasizing on three tasks, i.e. (1) paying the monthly provident allowance, (2) annual/monthly health check, and (3) organizing The National Annual Elderly Day. Types 2 and 3 are found that action taken is likely restricted and plausible coming from budgetary and personnel restrictions especially the small size /subdistrict municipalities including executives of some municipalities disregard the social policy of the elderly quality of life development and the local people and their elderly disregard participation with the municipalities.

It is concluded that municipalities apply the concept of “Governance” by the government with the collaboration with other sectors (Patcharee Siroros, 2013, 2014; Rhodes, 1996) in organizing public services to achieve the desired results – allowing the elderly to receive more what they need. Organizing public service is thus

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changed for dominance and people are under it into co-production that the government agencies, private sector, community and volunteers collaborate in the elderly care. Similarly, the government agencies previously undertake the elderly care have been changed into facilitation. They fade out their roles while the volunteering caretakers participate more in the elderly caretaking tough claiming for their needs and participate in crafting projects, co-decisionmaking and co-operations (Piyakorn Whangmahaporn, 2016, p.34).

Methods of municipal public service for the elderly quality of life development

The research finds that the municipality uses two methods in organizing the elderly public service, i.e. social welfare model and the elderly quality of life promotion and development as below.

1. The social welfare model: a public service mostly organized by following the government rules and what the municipality has organized each year. It is featured as helps to provide fundamental means for living such as (1) a monthly provident allowance either in cash or in bank account transaction under the Interior Ministerial Regulations, (2) disseminating necessary means such as eyeglasses for the elderly through annual budgeting, and (3) assistance in maintenance of shelters.

2.The elderly quality of life promotion and development–a service emphasizing preventive promotion and development for invigorating the elderly, self-reliance and emphasizing collaboration with the municipality, public sector and civil/community sector which is at least conclude in to five methods.

2.1) Purveying "the elderly quality of life development center"

This research finds that municipality collaborates with public sector, civil sector and private sector to establish the elderly quality of life development centers cooperate to organize activities and is features as a "Daycare" – a day tip or a half day by appropriation in each area and does not admit any elderly in the center. Therefore the center emphasizes the home-ridden groups and the helpless social-redden groups.

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"The elderly quality of life development center" is established in three types, i.e. (1) the elderly quality of life development and

promotion center is the project of cooperation between the Ministry of Social Development and Human Security, Ministry of Interior and the Senior Citizen Council Association of Thailand. The center began in 2014 to provide social welfare for the elderly in community by using it as the base and opportunity for the elderly, the volunteers, community, network partnership from the public and private sectors to collaborate in driving the center operations under the supports of the local administration. Currently, the 878 centers do not collect the fees for participation. (2) Some self-established municipal elderly center have built their specific building or renting from the government agencies or the private sector. Such establishment is mostly found in the large-size municipality where they have adequate budget such as Nakhon Nonthaburi municipality (Kacharin Jiamsriphong, et al., 2014), Nakhonpitsanulok municipality, and Muang Bueng Yi Tho municipality and so on. Such establishment sometime collects annual fees but low price. By principle, "the users pay" for spending on administration and its reinforcement such as the Muang Bueng Yi Tho municipality. (3) The self-established centers by the civil people risen from the gathering of the elderly association and the community leaders to provide the central place for them to organize common activities, knowledge sharing, and organizing activities of physical and mental development, e.g. the Piyawararom quality of life development center for the elderly in the Muang Bueng Yi Tho municipality: Pathumthani province and so on. The services of the center are free of charge in order to servicing the local elderly itself.

This research finds that the municipal elderly centers are mostly is the Type 1 while Types 2 and 3 are very few. In the past, the elderly quality of life development and career promotion projected as the collaboration between Ministry of Social Development and Human Security, Ministry of Interior and the Senior Citizen Council Association of Thailand. They have begun in 2014 until today, there are 878 centers (targeted to cover all 878 districts). However, after 2014, the government has not yet constructed any one to meet the growing number of the elderly around 500,000 persons a year. Reports of the situation of the Thai elderly in 2015 (2016) are expecting Thailand to become the aged society–over 20% of the elderly with older than 60 years in 2021and to be the zenith aged society in 2031 having over 28% of the elderly with older than 60 years. Therefore, in the near future, the

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government has to speed the policy of establishing the elderly quality of life development centers to cover all 2,441 municipalities or all 7,255 tambols (subdistricts). In future, it should cover all 74,695 villages (Ministry of Interior, 2015). This has to impose all measures either being initiated by the public sector itself or the by the collaboration with the private sector and the civil sector.

Two Methods of Municipal Center Establishment:

(1) The municipal single center – most municipalities establish a single center it its constituency as the municipality based center to handle the elderly care. It facilitates the elderly gathering and the municipal personnel can prevailly administrate and organize the elderly activities. Most elderly buildings are specifically separated for the organizing the elderly activities such as Nakhonsrithammarat municipality, Muang Khao Sam Yod municipality: Lopburi province, Tambol Khor Pha municipality: Lampang province and Tambol Ban Fang: Khonkhaen province and so on.

(2) The Community-based centers–it is found from the samples that some municipalities spread constructing their centers around the urban corners or in communities to facilitate the travel of the elderly to join their activities. Such feature reinforces the community, development and the elderly participation, e.g. Nakhonpitsanulok municipality, Muang Sri Sa Ket municipality, and Muang Yi Tho municipality. However, such feature is few which is possible of the scarcity of the municipal budget and personnel. Some municipalities provide transport to join the elderly activities such as Nakhonsrithammarat municipality and so on. Yet mot municipality cannot because of regulations of budgetary spending. Therefore, they have to travel by their own expenses or by the expenses of their lineage.

The Center Management–most activities are organized by committee. The municipality will appoint committee members formed with the municipal key persons, the representatives of the municipality, of the elderly association, of the village public health volunteer, of the elderly caretaker volunteer, of the tambol health promotion hospital. Its main activities are health promotion, career promotion and the intellectual transfers and so on.

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The common activities performed by the elderly in the center are differently focused by areas, by the municipal capacity and by the elderly needs in

each area. Some organize from Monday to Friday, e.g. Nakhonsrithammarat municipality and provided with transports from the communities to join the activities. Some municipalities organize just only two days a week like Muang Sri Sa Ket municipality. The activities in the centers cover all dimensions either physically or mentally or socially and economically. However, this research finds from interviewees that the large–size municipalities like some metro and urban municipalities such as Nakhon Rangsit municipality, and Nakhonsrithammarat municipality are mainly focusing on the quality of life development activities. If added with career promotion activities; they are meant for exercising hand joints and wrists and group activity promotion whereas career promotion is unlikely encouraged. Rationally, it is possible the urban elderly have capacity to earn income more than the rural ones. It is corresponded with the works of Nareerat Jitaramontri and Sawitri Thayarnsilp (2013) finding that the goals of providing welfare for the elderly in abroad are mostly relative–focusing on quality of life, wellbeing, and health but different measures. For example, Japan emphasizes long-term care but not in the hospitals or welfare homes but by home care. Singapore is distinctive as a supporter and collaborators from many sectors especially the private and civil sectors which strengthen the welfare contributed to its senior citizens.

It is found in some municipalities that the elderly are farmers and labors. Therefore, the activities are organized for health promotion and career development in order to raise income coupled with having appropriate jobs for them, e.g. Muang Sri Sa Ket municipality, and Tambol Ban Fang municipality and so on. It is corresponded with the studies of the Institute for Population and Social Research: Mahidol University (2010) that more than half number of the elderly (58%) works for their critical purposes of earning for living or income to foster their families or self-reliance. The second is to spend their free time fruitfully and invigorate their bodies. Also in the works of The Institute for Research and Development: Khonkhen University (2015) finding that the elderly are the informal labors continuously working since their youth and with determination to work until they cannot work even they are older than 60 years. Their activities are mostly emphasized on self earning and alleviating the household burdens.

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It is also additionally found that some municipalities organize public services for the elderly by charging fees (membership fees and annual fees) but unlikely high price in order to help managing, reinforcing and sustaining the center and the elderly association, e.g. Muang Bueng Yi Tho municipality and the Quality of Life Development Center and Career Promotion: Nakhonpanom (next three years, it will be transferred to Nakhonpanom municipality). However, collecting fees as such is very few. It is possible that it increase the burden to the elderly because most of them come from the farming areas with little earning. However, the municipalities with economic-capable elderly like the metro/urban municipalities should collect appropriate fees to strengthen and to sustain the centers under the "User Pays Principle". And it is also another to collect additional fund (Wuthisan Tanchai, 2015, pp.30-35).

2.2) Establishment of the Elderly School – it is a form of public service operated by civil sector and there are few in the central Thailand for numbers of the elderly (Piyakorn Whangmahaporn, 2011 B, p.76). It fist began in some provinces, i.e. Hua Dong Elderly School, Muang District: Phichit Province in 2008, Payow Elderly School established in 2009, Hua Ngom Edlerly School: Chiangrai Province and Loei Elderly School established in 2010. In the aftermath, many municipalities see its importance of "entering the local aging society"; therefore they collaborate with the elderly associations and the community leaders to establish the community elderly schools. It is meant to be the center for common activities, promoting quality of life, strong bodies and happily staying in their communities including the promotion of life-long learning (the Elderly Affair department, 2016, p.6). The school mainly emphasizes to servicing the social-bound elderly but some schools encourage the home-bound elderly to join activities through preparing learning. It is not the formal schooling but informal schooling by emphasizing the elderly needs in ach municipality. However, most school provides learning and activities to cover three areas, i.e. physical promotion (body, mind and mood) such as physical exercises, healthcare, elderly-fit meals, religious rites and cultural promotion, e.g. prayer, traditional festivity, homily, and recreation such as bass slope dance, and Thai dances and so on. At the same time, the additional activities are diverse by areas; they are such as career training, local intellectual transfer, and the technology-uses for

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the elderly and so on. Learning in the school has been fixed as syllabuses and learning timetable for each semester but in practices, they are considerably flexible by situation. However, since there are no enactments for operating the school, therefore, its operations are both similar and different.

OPERATIONS – most elderly schools are run by a committee formed by the community key men from municipality, community and the government agencies like the municipality executives/ the mayor, deputy mayor, the municipal permanent officer, president of the elderly association from each village, and local representatives of the elderly care volunteer, and personnel from the tambol health promotion hospital and so on.

LOCATION – the municipality establishes in diverse location relying on potential areas such as some elderly schools have been located in the municipal compound by its potential like Nakhon Rangsit municipality and Muang Kalasin municipality and so on. On the other hand, some municipality needs supports from the temples (Wats) because they are appropriate for learning like the Munag Si Sa Ket Elderly Schools which uses War Jian Ki, Charabarn School of the Tambol Cherg Doi municipality: Chiangmai using the conference hall of Phra Taj Cherng Doi. Some uses the building of Sam Wai Derm Center (three ages center) such as Muang Mae Hie municipality, Chiangmai province and so on.

SYLLABUSES – curriculums are diverse in each municipality relying on the area context in economy, social and culture including the elderly needs in each municipality. However, there are four main activities in the elderly schools, i.e. religion, arts and culture, health promotion, career promotion and recreation. As of the additional activity, i.e. the local intellectual transfer, the uses of technology, the informal schooling and so on. Yet, the elderly school curriculums are similar in three major dimensions, i.e. life, career and academics respectively.

BUDGET – the budgetary resources used in operating the elderly schools are mostly from five parts, i.e. (1) the National Health Security Office, (2) Ministry of Social Development and Human Security, (3) the municipal budget, 94) budget from the school activities such as membership fees and the elderly product selling, and (5) other budgets such as donation from students and other sectors.

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TRANSPORTATION TO JOIN THE ELDERLY SCHOOL ACTIVITIES – three features are found, i.e. (1) traveling by their own cars, motorcycles and bicycles, (2) lineage transports, and (3) transports provided to facilitate travelling such as Tambol Cherng Doi municipality and Tambol Mae Hie municipality and so on.

Interviews reveal that most learners and activity players are satisfied with activities provided by the elderly schools, happy, and upon graduation they want return to study. Rationally, joining activities in the school make them happy upon meeting friends, joining activities, learning new things for daily life uses, not feeling desolate. This is contradiction with the home-ridden elderly. This research is corresponded with the study of Puangnarin Khampook and Prakaisri Sriroongruang (2015) on Opinion of Persons Involves in Establishing the Elderly School in Tambol Hua Ngom, Amphoe Phan: Chiangrai Province. They find that the local administration is potential in working with other agencies. The participants are happy and strong at heart living during their aging period. These bring their physical healthiness with three values and better quality of life as a saying "Old with Grace and Aged with Quality."

2.3.The Municipal Public Health Service Center" – majority of municipality own "public health service centers", which are the PCU (primary care unit) under supervision of Public Health Division or the Municipal Public Health Office. There are nurses and the municipal personnel to conduct primary medical check such as distribute medicine, injection, wound treatment and checking blood pressure, diabetes and organizing healthcare promotion activities, education, health consultation, home visits for the elderly and so on.

In some small municipality or the subdistrict municipality without such center, there will be public health scholars and the community developers to coordinate with the tambol health promotion hospital or other public hospitals located in the area to provide services in order to educate and advice on health and organize home- visits for the elderly, and so on.

Besides servicing and advising on health and primary health service, many municipalities provide "transfer system" with ambulance to transport the elderly under emergent condition to the district hospital and the provincial hospital

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for medication such in the case of Nakhon Rangsit municipality and the Nakhon Lampang municipality and so on.

2.4) Home Visit by Professional Team and the Elderly-care Volunteers – this focuses on the home-ridden elderly and the bed-ridden elderly. There are two models, i.e. (1) the Interdisciplinary Team – it is a home visit with physicians, nurses, public health personnel, physical therapists and the elderly-care volunteers. (2) it is a home visit with the volunteer group helping the municipality in the elderly – care in their own municipality. The municipal elderly-care volunteer group is divided into two groups, i.e. the village public health volunteer group initiated by the Ministry of Public Health in 1979, and the day care volunteer group initiated by the Ministry of Social Development and Human Security to be the mechanism at the grass root level. Volunteers are selected from the village itself, and then they will be trained, upgrading their skills and attitude reinforcement to enable them to fulfill the duty of safeguarding welfare and the elderly who have none to take care, are helpless, desolate and deprived. The pilot project has been initiated in 2003-2004 in eight provinces (four regions with two provinces each and a subdistrict in each province). In 2007, the government depicts as the elderly policy and assigned the local administration to be the key to collaborate with the public sector, private sector and local civil sector while the Ministry of Social Development and Human Security to be the supporter of academics. It main principle is there must be the core agency featuring 'trio-social partnership", i.e. (1) the initiator, (2) the local administration and (3) the community leaders. As such, it is to prepare a platform for all sectors to participate and share their ideas and collaboration to achieve the goal of shared-benefits building for the local elderly (Office of Promotion and the Aging Protection, n.d., pp.1-4).

The general information of the municipal elderly-care volunteers is found in this research that they are mostly female aged older than 40 years, pensioned officers, such as teachers, nurses, military, traders, freelance, and farmers. It is corresponded with the study of Ekkarin Potavej et al. (2008) finding that the village public health volunteers in Sri Chiangmai District, Nongkhai Province are mostly female or at 77.1% aged between 41-50 years old and most are farmers. In the studies of Zambia-led Prevention Initiative, USAID (2013, p.11), it finds that most

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volunteers are older than 43 years or 76% and more than half live in the urban areas or 60%.

Their main duty is helping the municipality to take care the three elderly groups, i.e. 1) the social-bound group is to complete duties to educate, counsel and provide data for the elderly such as the knowledge of food, dosing, and physical exercise and so on. 2) The home-bound group and 3) the bed-ridden group besides educating, counseling and providing data, they complete the duties of home visit, to bring around medical appointment and so on. It is corresponded with the studies of Worramet Suwannarada et al. (2014) who find that top five activities the local administration perceive most by the elderly-care volunteers, i.e. (1)home visit for safeguard wellbeing, (2) educating, (3) coordination for help, (4) counseling, and (5) bring around to join activities because numbers of the elderly suffer movements.

The leading reason people join volunteering is sense of social, awareness of the local interest and potential – adequate income and need no extra work, healthiness, willpower, having spare time for social and their elderly parents in their families. It is corresponded with Worramet Suwannarada et al. (2014) and Piyakorn Whangmahaporn (2017, p.56) finding that factors supporting working the elderly – care volunteers are from their intrinsic motivation. Meaning, it is the person with the true sense of social, sacrifice, disregarding remuneration, knowledge acquired to take care for oneself and family members, understanding and supported by the executives of the local administration and the government agencies involved such as the tambol health promotion hospitals, Sub-district headman and village headman. Most elderly–care volunteers have their aging parents and live near each other. It becomes the factor thriving them to join volunteering in order to bring back knowledge to attend their parents.

However, it is found that there is different numbers of the elderly-care volunteers and the numbers of the elderly. It is further found that many municipalities meet scarcity of “the elderly-care volunteer groups” who are required for additional specific training for knowledge and elderly care but replaced by the village volunteer group. Rationally, it is a new project recently put into action incorporate with there is no endorsement from legal regulations of remuneration like the village volunteer groups which is paid with 600 Baht a month under the ministerial

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regulation of Ministry of Public Health on its Disbursement B.E. 2552 (2009) No.6. Considering the current economic and social conditions, it is dire necessary to have "specific practical approaches for the volunteers" as incentives for volunteer applicants much required by the community and the locality now and in future by the growing numbers of the elderly in the Thai societies. It is corresponded with the studies of Piyakorn Whangmahaporn (2017, p.49) finding that there are problems of participation in the elderly care among the volunteers attending the home-ridden elderly such as spare time, in adequate volunteers and without compensations. Similarly, Woramet Suwannarada et al. (2014) finding that the work limitations of the volunteers are without income/remuneration but they need to work for living and spare time.

2.5.) Encouragement to establish community welfare fund

–"Saving a Baht a Day" or "the Cremation Welfare Fund" – it is diverse forms in establishing the community welfare fund by the civil needs in each area to secure their life security based on self-reliance and mutual supports in a community since birth until death. The fund committee will set criteria in contributing welfare to its member such as in birth – the new born child will receive monetary gift; in sickness – hospitalized expenses; in death – the descendant will receive the funeral / cremation expenses and so on. The municipality plays the role to promote the fund such as consultation, budget allocation, personnel, resources, and funding supports and so on.

In conclusion, the municipality applies integrated models and approaches to organize public services for the elderly with trio-model of the traditional public administration (TPA) demanded to follow NPM (new pubic management) which is private sector-oriented and NPG (new public governance) which prioritizes network partnership and collaboration of various sectors. However, there are diverse methods in public servicing but they are concluded in to two features, i.e. (1) the government –based social welfare model prioritizes aids to provide basic means for living through regulating the government rules for the municipality to take action. (2) The municipal quality of life promotion and development in public servicing is through collaboration of various sectors of public sector, private sector, civic sector, civil/local community sector for its helps and supports in servicing the elderly with

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regards to their quality of life with their body and mind. The approaches of public service provisions of Municipality in Thailand were concluded in Table 5.2.

Table 5.2 The approaches of public service provisions of Municipality to improve the elderly quality of life (QOL)

QOL	Subdistrict Municipality		Town Municipality		City municipality	
Health and medication	PA	- organize training to educate healthcare for its personnel	PA	- hospital transferred by provide transportation - training to educate the elderly for healthcare by its personnel/ professional nurses - having public service centers	PA	- hospital transferred by provide transportation - training to educate the elderly for healthcare by professional nurses - having public service centers
	NPM	-	NPM	-	NPM	-
	NPG	- Health check with Tambol Health Service Hospital/ the local public hospitals - Home visits with village public health volunteers/ elderly care volunteers - Activities of the elderly association, e.g. physical exercises	NPG	- The elderly health check collaborated with public hospitals - Home visits with village public health volunteers/ elderly care volunteers - Activities of the elderly association, e.g. physical exercises	NPG	- The elderly health check collaborated with public hospitals - Home visits with village public health volunteers/ elderly care volunteers - Activities of the elderly association, e.g. physical exercises

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Table 5.2 The approaches of public service provisions of Municipality to improve the elderly quality of life (QOL) (cont.)

QOL	Subdistrict Municipality		Town Municipality		City municipality	
Education and learning	PA	- Prepare PR documents - Organize training, educating on health and the elderly laws and so on	PA	- prepare PR documents - Organize training, educating on health and the elderly laws and so on	PA	- prepare PR documents - Organize training, educating on health and the elderly laws and so on - self-established the elderly QOL centers (Pitsanulok municipality)
	NP		NP	- the established the elderly QOL centers by renting the private areas (housing development) (Bueng Yi Tho)	NM	- the established the elderly QOL centers by renting government offices/private sector (Nakhonsrithammarat, Lampang) - Hiring private office or provide guest speakers to train the elderly (Rangsit)
	NPG	- the elderly schools collaborate with the elderly association/ Wat/Community/ Tambol Health Service Hospital (Cherng Doi, Khor Kha) - QOL development and career promotion centers collaborate with Ministry of Social Development and Human Security	NPG	- the elderly schools collaborate with the elderly association/ community (Kalasin; Sam Wai Derm enter, Mae Hie) - QOL development and career promotion centers collaborate with Ministry of Social Development and Human Security [MSDHS]	NPG	- the elderly schools collaborate with the elderly association/ community (Rangsit/Pitsanulok)

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Table 5.2 The approaches of public service provisions of Municipality to improve the elderly quality of life (QOL) (cont.)

QOL	Subdistrict Municipality		Town Municipality		City municipality	
Economy and income	*PA*	*Paying monthly provident allowance*	*PA*	*Paying monthly provident allowance*	*PA*	*Paying monthly provident allowance*
	NPM	-	NPM	-	NPM	-
	NPG	- Career training for additional income - QOL development and career promotion centers - Community welfare fund	NPG	- Career training for additional income and grouping to avoid desolate - QOL development and career promotion centers - Community welfare fund	NPG	-Career training focusing on grouping for conversation and exercising wrists and hand joints - Community welfare fund
Basic means for living and activity venues	PA	-Municipal public park - Distribute necessary means, e.g. eyeglasses	PA	-Municipal public park - Distribute necessary means, e.g. eyeglasses	PA	-Municipal public park - Self-established QOL development centers (Pitsanulok) - Distribute necessary means, e.g. eyeglasses
	NPM		NPM	-Established QOL development centers collaborating with the housing development (Bueng Yi Tho)	NPM	- Established QOL development centers through renting government office/private office (Nakhonsrithammarat/ Lampang)
	NPG	- Established QOL development centers collaborating with Ministry of Social Development and Human Security - coordinated by [MSDHS]/ donation of housing maintenance	NPG	- Established QOL development centers collaborating with MSDHS - Coordinate budget with Ministry of Social Development and Human Security / donation of housing maintenance	NPG	- Coordinate budget with MSDHS/ donation of housing maintenance

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Table 5.2 The approaches of public service provisions of Municipality to improve the elderly quality of life (QOL) (cont.)

QOL	Subdistrict Municipality		Town Municipality		City municipality	
Participation and network partnership	PA	Elderly Day activities	PA	Elderly Day activities	NPG	Elderly Day activities
	NPM	-	NPM	-	NPM	-
	NPG	- Volunteers, community, temples, schools, tambol public health hospital, the elderly association	NPG	- Volunteer, community, Temples, schools, district public hospital, housing development, companies, the elderly association, clubs, and associations	NPG	- Volunteer, community, Temples, schools, district public hospital, housing development, companies, the elderly association, clubs, and associations

* PA = traditional public administration; NPM = new public management;
NPG = new public governance

5.4 Success Factors and Limitations of Public Servicing in the Elderly QOL (quality of life)

5.4.1.Success Factors of Public Servicing

This research finds that to successfully develop the elderly QOL, the municipality requires internal factors and the external maintenance factors. They are concluded as below.

5.4.1.1. Internal Factors

1) The leader – this research reveals that the supportive factor on public serving is the leader/ mayor owns vision, awareness and prioritization on the elderly affairs, knowledge, understanding and creativity. The mayor's vision is witnessed from the announcement of "the elderly affair" is the municipal policy and when taking the office, the affair is listed in the municipal development plan, exposed to public opinion and the elderly needs. The mayor offers opportunity for the elderly to participate in municipal affairs such as participating in the meeting for the action

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planning, the elderly activity participation, and organizing monthly home visits for the elderly. All these reveal the mayor's awareness and priority. As of creativity, it is the municipal executives seek to find innovation or new approaches to transfer to personnel and the elderly for developing the elderly affairs. The good leader by the studies of Sumet Nimnuan (2013, p.69) is a person with vision, people-centered goal, and a leader of transformation and sense of good governance. This research finds relative results with the studies of Ministry of Social Development and Human Security (2016 A) on Lessons of the Targeted and Distinct Local Administration in Organizing Social Welfare: Tambol Khun Tha Lae, Nakhonsrithammarat Province and find that its success factors come from prioritizing quality QOL development which is the main policy of the mayor and the executive board along with the consistently working of the mayor. This is also corresponded with the studies of Orathai Kokpol, Wilawan Hongnakhon and Supakit Daengkhao (2010) finding that the policy of the local executive and the municipal leader (the local executive, permanent secretary, and the local council president) affects best the success of the local administration. It is concluded that "leadership" is crucial to local governance (Peter, 2001, p.152) because the leader plays the leading role in decisionmaking on policy and the successful personnel administration by the organizational goal.

2) Multiple management styles – this research shows that the municipal public servicing is met with multiple management styles, which is not just only to follow the government rules and regulations but also implementing new managerial styles such as NPM (new public management), which is the private-based management emphasizing efficiency and effectiveness. For example, the Muang Yi Tho Municipality attracts a local housing development project to collaborate in the elderly QOL center and charges the membership fees for managing the center. NPG (new public governance) is a management style of partnership and network with other sectors to step over the limitations of budget (Osborne, 2010). For example, the establishment of the QOL and Career Promotion Center in Nakhonpanom Province is the cooperation between the public sector led by Social Development and Human Security with Berli Jucker Public Company Limited (BJC), a private corporate led by Khun Charoen Sirivadhanabhakdi and Khunying Wanna Sirivadhanabhakdi donate to construct this center and a philanthropic organization like Sri Kotrabut and civil

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sector, i.e. community leader and pensions officer in the area to promote, develop and leverage the elderly QOL.

3) The organizational structure and culture – This research finds that factors supporting the municipal public servicing are a certain level of autonomy of policymaking, budgeting, and personnel. It can then prepare policy and the projects for the elderly with autonomy. Generally, it is structured to meet the jobs for the elderly enforced by laws. The levels of the City and Town Municipalities, there are divisions/offices of public health and environment including the social welfare division as keys. At the level of tambol municipality (Subdistrict), there are public health department and community development department as the keys to be responsible for the jobs for the elderly in attending their health, career promotion, and saving. It can be explicable that the municipality structures its organization according to the principles of the local administration adhering to autonomy (Prayat Hongthongkham, 1980, pp.16-17; Nantawat Boramanand, 2009 B, p.23).

As of the organizational culture, it is found that the municipality determines to develop the job for the elderly has diverse culture from the common municipality. It has been focused on the task culture and prioritizes the crucial problem of the area. It executives shall emphasize task-oriented achievement for the best outcomes. Though specialist, it can solve the crucial problems with creativity and teamwork rather than regulation-oriented or called "the role culture" (Chanida Čhittaruttha, 2013).

4) Information data – this research reveals that the municipality with effective management on the jobs for the elderly will have the elderly information with accuracy and updatedness and all information are updated every year. It allows the municipality to realize and understand the elderly situation in their locality and enables them to analyze it for policy making and manage the job for the elderly with accuracy and appropriateness. This research is corresponded with the e-government which applies computer technology and network in increase efficiency and the work of the state sector which allows people to access the state services more. People have more channels to access services wit facility and speediness such as education, public health and social welfare. It helps the state to reduce coasts in working and enables the state to build database also used in disaster management and

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to alert disasters to people residing near the sea and so on (the Parliamentary Secretary Office, 2015, pp.1-5; UN, 2016, pp.2-5). From the UN survey in 2016 conducted in the developed countries, Singapore earned 0.97 scores and Korea earned 0.94 scores (UN, 2016, p.84).

5) Personnel – the qualitative research shows that the main agency responsible for driving the job for the elderly is the Division/Public Health Office which plays the leading role to promote and to organize welfare on jobs for the elderly such as career training promotion, recreation, the establishment of the elderly association organizing the structure and the personnel responsible for the jobs of the elderly. There are 37.3% municipalities have work experiences more than 10 years. Successful municipalities in working out the elderly jobs are the permanent personnel at the levels of directors and personnel attributed with "service mind" such as counseling to the elderly upon their visit, and full assistance to them. It is explicable that human resource is imperative to the organizational success. Strengthening public servicing demands administrative decentralization – decentralizing personnel with tasks (Shabbir & Dennis, 2007, p.7; Pathan Suwannamongkol, 2011, pp. 8-10).

6) Budget - it is the imperative means to drive the elderly jobs and there are two parts, i.e. the municipal annual expenses and external given budgets. Though there is limitation of budgeting but the municipal executives prioritize the elderly jobs and allocate the annual budgets for the elderly action plan while seeking additional budget from the external agencies in order to develop the elderly QOL such as Ministry of Social Development and Human Security, the Health Security Office, the Provincial Administration Organization, private sectors, associations, foundations and donation from various sectors. The fiscal decentralization is a main component to the decentralization to enable the municipality on the elderly public servicing with efficiency and effectiveness (Shabbir & Dennis, 2007, p.7; Pathan Suwannamongkol, 2011, pp.8-10). It is concluded that the local administration owns strong finance to guarantee the continuity in public servicing for people at the grassroots level (Weerasak Krueathep, 2011B, p.17).

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4.4.1.2.External Factors

1) Having the national elderly policy and strategic plans– strategization or long-term plan is one of the factors for the organizational success.

The Thai government prioritizes the elderly affairs and demands to have the First National Elderly Plan (1982-2001). Later, the Second National Elderly Plan (2002-2021) has been promulgated in order to meet the elderly society condition such as saving discipline at age range, promotion of lifelong learning, networking for the provincial and local elderly care. Therefore, strategization evidently targets where to move to (Rawat Chatriwisit et al., 2010, p.12). It is concluded that the elderly plan is the compass to direct the government and the local administration to implement the elderly policy for the same direction achievement.

2) Having the national and local elderly laws – the public sector promotes the elderly affairs enacting laws to respond to the national elderly affairs such as the enactment of the Elderly Act B.E.2546 (2003) mechanizing many elderly affairs, e.g. demanding to establish the national elderly commission which has important mechanism, i.e. (1) Demanding the Prime Minister to become the Commission President and the President of the Elderly Association Council Commission of Thailand. The latter commission still lacks representatives for civil and local sectors. (2) The elderly rights are enacted in Article 11 offering 13 basic rights for the elderly such as "monthly provident allowance", which is a "basic pension" for the elderly. (3) It is imperative to establish the elderly fund to support them in developing the individual career or others and to organize group activities, association, service center and the organization working for the elderly affairs in the community.

At the local level, the government demands the local administration to handle tasks of welfares, to develop and to promote the elderly QOL as being enacted in the Municipality Act B.E. 2496 (1953) and the Plan and Process of Decentralization B.E. 2549 (2006) such as handling the monthly payment of the elderly provident allowance and so on. However, in practices, the local representatives reflect with their interviews, "Rules, regulations ill-facilitates their municipal works."

3) The government demands to have "Specific Unit Directly Responsible for the Elderly Affairs" – in the Thai Government Reform B.E. 2545 (2002), the government amends the Ministries, Sub-ministries, Departments Act B.E.2545 (2002) through newly establishing "Ministry of Social Development and Human Security" and enacts to institute "the Elderly Promotion and Protection Office" responsible for the elderly affairs. In 2015, "the Elderly Affairs Department"

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responsible for promotion and development of potentials, organizing welfare and safeguarding the elderly rights under the integrated cooperation of all sectors involved given the mechanisms from the local administration and the elderly association as the keystone in working in the form of " the Elderly Development Partnership".

4) Vigor and the local people collaboration incorporate with networks to share in public servicing -this research shows that keys leading the municipal affairs successful are vigor of the network and the local collaboration. The important network principles are (1) government sector - Ministry of Social Development and Human Security, the Health Security Office, public hospitals and schools; (2) private sector, e.g. companies and shops, (3) people sector - the elderly association, and the elderly care volunteers; and (4) civic sector and the philanthropic organizations, i.e. temples, monks, foundations, and associations. They are corresponded with the quantitative research that 84% come from the people collaboration followed by 20.6% from the religious organization, 16.9% from the public sector and 12.5% from private sector, respectively. It is corresponded with the studies of the Educational Council Secretary Office (2010) finding that the community prioritizes education and is supported by the networks of the external cooperation such as universities, private colleges and variety of foundations attributed in the form of MOU (memorandum of understanding). It becomes the maintenance factor for the success of the local administration in organizing education. This corresponds with the studies of Soparat Jarusombat (2011) finding that handling the local environments must not just become the special organizational burdens of any organizations but the common responsibility of all in the locality, i.e. public sector, private sector, and civil sector. It is concluded that the municipal elderly public servicing under strengthening the Thai local context. It is similar to the studies of education and environment which demands the local network collaboration of either public or private or civil sectors.

5.4.2. Limitations of Public Servicing for the Elderly QOL Development

Though the municipality has many strong points in the elderly public servicing; however, some of them still meet limitations in the elderly QOL development and are concluded as below.

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1) The leader – some mayors do not see its importance and are passive or doing just the law enacts or what the government demands, such as paying the provident allowance, and organizing the annual Elderly Day in April 1. Therefore, it is inadequate to currently develop the elderly QOL with multiple problems such as inadequate income, and health. This research is corresponded with the studies of the Educational Council Secretary Office (2010, p.311) finding that executives without vision, awareness and determination in addressing education become its limitations toward the local administration.

2) Ill-facilitated rules and regulations-though there are laws or the municipality Act B.E. 2496 (1953) demanding the municipality to organize the elderly public services; but in practices, the rules and regulations endorse the municipality to evidently do it such as establishing the elderly schools or the elderly QOL development center. It fears many municipalities to organize the local elderly QOL development or they specifically do the project unriskily to violate rules and regulations though it is useful to the community and the elderly. This research shows that the decentralization is inadequate to provide budget for public servicing. It is corresponded with the studies of Weerasak Krueathep et al. (2015) and they find that the local administration is shortened of motivation to broaden the municipal servicing sphere and the welfare because it has been interfered with laws and some matters of law ill-facilitate in working. In addition, the audit agency such as Office of the Auditor-General of Thailand strictly interprets the roles of the local administration; it fears the local administration to stumble in working on "power and duty" in the public servicing. It is concluded that given unclear rule do practices becomes the barriers to the municipality reluctant to the elderly public servicing with efficiency. Rationally, the agencies involved do not pay importance to enact rules and regulation facilitating the works of the local personnel. The delay of the decentralization is part of the structural problem in the Thai administration and its exercise of power is still centralization especially the units user supervision of various ministerial departments called "Departmentalism" (Chai-Anan Samudavanija, 2002; Wasan Luangprapat, 2016, p.70). Therefore, the current elderly affairs responsible by "The Elderly Affairs Department" whereas decentralization is unlikely prevalent such as paying the provident allowance and so on.

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3) Limitations of budget and personnel–most municipalities especially the small-size ones meet the budgetary limitations because of the national taxation structure incorporate with the municipal potential in taxing in the agricultural locality where they are in adequate to collect taxes to fulfill the elderly QOL development project as well as their limitations on personnel. For example, it is the shortage of specialists on the elderly care for the small-size municipalities, where they meet the problem of employing personnel under the Interior Ministerial Regulations which fix the credit line of expenses on the local personnel in the local administration not exceeding 40%. However, many municipal tasks must be resumed as the city and metro- municipality to cover children, women, the elderly and the deprived. It is corresponded to the studies of Weerasak Krueathep et al. (2015) finding that people in many areas unattended on their problems and QOL development because the local administration has yet been transferring adequate resources enacted in the law. The previous fiscal decentralization is unlikely successful. The local administration is still non-autonomous in finance because it still relies on the central administration which can collect more income. The proportion on net income of the local administration gains the central administration is 25-27 for many decades. And it is never near to what the laws have demanded at 35%. As of decentralizing personnel, it is found that the decentralized personnel are congested in the large-size locality rather than the small-size ones. It is concluded that many municipalities cannot firmly provide the municipal public servicing because the central government does not decentralize to the municipality in both administration and finance. This is to allow municipalities to find the man for the right job and to be able to collect adequate income to serve municipal working (Shabbir & Dennis, 2007).

4) Absence of collaboration from the local people and the absence of network in working - many municipalities cannot strongly provide the elderly public servicing because there is absence of collaboration from the local elderly and community. Part of this problem might come from the feature of the Thai society is simple and non-poverty- stricken; so they become passive citizen incorporate with it is not prevalently investigated in democratic process which demands individual to think of him/herself before common good (Assadang Panikhabutr,2015, p.9). And even the elderly association has been established in many

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communities but some areas are still fragile. Another problem is the Thai economic structure. Some elderly are still working because their incomes are inadequate for living. As of the social problems they are the migrations of their siblings to work in other areas but they keep their children with their grandparents. It becomes the elderly burdens to foster their children and cannot go out for activities. The elderly has reflected their reasons on impossible to join activities. 55.77 % come from too distant for traveling. 48.08% come from fostering their siblings and their relatives. 32.70 % come from health. It is concluded that some elderly are home-stricken, and do not leave their home for participating activities because it is the Thai social structure with regards to belief, family burden, health and economic restriction. Therefore, empowerment of economic, social and political rights is crucial to co-production between the public sector and the people/community sector (Bovaird, 2007, p.855).

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CHAPTER VI
CONCLUSIONS AND RECOMMENDATIONS

This chapter concludes the quantitative and qualitative results. They are divided into three parts. Part I concludes all results. Part II recommends the application of the results and Part II recommends for further studies s being detailed below.

6.1 PART I: The Three Objective–based Results

6.1.1. The municipal capacity on public servicing for the elderly QOL development

By overall, the results reveal that its capacity is at high level and by respective descending average scores are the leadership and attitude, administrative system and regulations, strategization and project, participation and network, and finance and budget. Considering by aspect, it is found that:-

Leadership and attitude- they are at high level and the descending top four factors are first, the municipal executive are ready to set the municipal direction, goal and support its personnel to endeavor the elderly affairs to achieve the goal. Second, the municipal executives empower different departments to collaborate in the elderly affairs. Third, the municipal executives determine and dedicate to develop the elderly welfare affairs for its growing progress. Finally, the municipal executives motivate and create spiritual morale for the personnel to achieve the goals of elderly affairs.

Finance and budget –they are at moderate level and their descending top four components are first, taxation of household and land are best achieved followed by taxation on area maintenance, signboard, and public utility services and so on. On the other hand, the annual allocation of budgets for promoting the elderly social welfare is at moderate level.

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Strategization and projecting–they are at high level and the descending top three components are the elderly projects are in the annual action plans. The action plans have been implemented consistently and tasks specification/ the elderly affairs are in the strategic planning and the annual action plans, respectively.

The administrative system and rules–they are at high level and the descending top three components are the municipality has regulated to endorse the elderly QOL development such as the regulations of provident allowance pays, establishment of the elderly association, which are applicable. The municipality owns agencies such as Offices/Departments/Divisions responsible for the elderly affairs and the municipality hires personnel specialized in handling the elderly QOL development.

Participation and network with various sectors – it is found in the high level and the descending top three components are the municipality encourages the local people sector to participate in handling the elderly QOL development. The municipality collaborates with the government agencies in handling the elderly QOL development. Finally, the municipality own mechanism and regulations enabling it to collaborate with people/private sectors in handling the elderly QOL development.

6.1.2. Comparing the needs and the responsiveness to the needs of the elderly to improve the quality of life (QOL).

The Needs of the Elderly QOL Development – this research shows that the average scores of needs and by aspects are at high levels with regards to health and medication, education and learning, economy and income, the basic means of living with activity venue, and participation and social network. It is concluded that mot elderly groups in the municipality or the urban municipality strongly need their QOL development in all aspects.

As by aspects, they are found that the top average score for needs is health and medication, followed by participation and social network, then by basic means of living and activity venue, then by economy and income, and finally followed by the lowest average score on education and learning. It is then concluded that this research most elderly in the urban and metro-municipality demand QOL development and promotion. If they were sick they need appropriate medication including having social network to support while promoting for their families and communities to take good

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care for the elderly with the elderly-care volunteers since they are the closest persons. This includes organizing traditional events for recognizing the elderly values, promoting auspicious religious days and inviting monks to contribute homilies for the elderly by opportunities.

Responsiveness to the elderly needs on QOL development – the research shows that the average scores of needs responsiveness by overall is at moderate level. It is witnessed that municipality is less responsive to the elderly needs in all aspects. However, considering by aspect, it is found that there are two aspects responsive to the elderly needs, i.e. participation and social network, followed by basic means for living and activity venues. It is explicable that the municipality can use the existing resources either budget or personnel or building of the social network to likely organize public service on the elderly QOL development through having venues in organizing common activities for the "elderly association", e.g. either the events organized for the Elderly Day or encouraging the monks to participate in the activity of the elderly QOL development especially during the auspiciously religious days or inviting monks to give homilies in the elderly school or promoting to have volunteer of the elderly car in community and so on. There are three needs responsiveness which are at moderate level, i.e. economy and income, education and learning and health and medication, respectively. It is witnessed that the responsiveness to the elderly QOL development on the three aspects is inadequate compared to their high level of needs.

Comparing the average scores of needs and their responsiveness on health and medication, education and learning, economy and income, basic means of living and activity venue, and participation and social network, by overall and by aspects, it is found that there are differences by statistical significance in all aspects. It can be concluded that responsiveness in all aspects is at less level than the elderly needs.

6.1.3 Approach and methods of the municipal public servicing for the elderly QOL development

6.1.3.1.Reasons the municipality must organize public service for the elderly QOL development – they are divided in to three roots, i.e. first, it is enacted by law authorizing the municipality to provide public service for the elderly QOL development in its own area containing two laws, i.e. first, it is the law of

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municipal establishment, i.e. the Municipality Act B.E. 25-496 (1953) in Article 50(7), Article 53 (70 and Article 53 (1) empowers the municipality to promote the elderly QOL development; 2) the Plan and Process of Decentralization B.E. 2542 (1999) , Article 16 (10) authorizes the municipality to provide the elderly welfare and the elderly QOL development, which is included into the group of children, women and the deprived persons. Second, it is the rising number of the elderly in the area and seeing the importance of their QOL development among the municipal executives and if categorizing them; they are the social-ridden group, the home – ridden group and the bed-ridden group, respectively. Third, it is the drive and needs from the local elderly groups.

6.1.3.2.The municipal public servicing styles – classifying its styles for the elderly QOL development by the three forms of public administration; first the Traditional Public Administration (TPA), it is to organize activities and projects attributed as in bureaucracy - by power and duty enacted by law that the municipality has to mainly handle them itself and they are the projects routinely fulfilled each year, such as (1) paying monthly provident allowance, (2) annual health check, and (3) organizing annual event of the Elderly Day. Second, it is a New Public Management (NPM)–a form the municipality assigns or collaborates with private sector for efficiency and effectiveness in handling the elderly affairs, which have two features, i.e. (1) the municipality hires the private companies to arrange guest speakers to teach in the elderly schools and (2) the municipality rents the private spaces to be used as the elderly QOL development center. Third, it is the New Public Governance (NPG) – to organize network activities and projects and partnership with network among the public agencies, private sector and people sector to handle projects and activates in order to develop the elderly QOL. The application of the municipal collaboration in handling the elderly public service is the concept of co-production. It is a process that the public sector, and people and the community to utilize resources and collaboration to organize efficient and effective public services. Activities collaborated among people/community to create municipal public service are found in three types, i.e. (1) the individual co-production such as activities organized in the elderly schools in Nakhon Rangsit municipality and Muang Kalasin municipality; (2) group co-production such as the career group activities as in Ban Fang municipality,

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Muang Ban Phai municipality; (30 collective co-production such as activities organized for the elderly QOL development in Nong Ta Ma community, Muang Sri Sa Ket municipality, the Elderly QOL development centers of Ban Fa Rangsit, Muang Bueng Yi Tho and Community Welfare Projects and so on.

6.1.3.3.Six factors attracting people and the elderly to collaborate in the municipal public servicing, i.e. 1) the extrinsic incentives –they are the stimulants in the form of money, goods and services. 2) Individual incentives on social – they are benefits gained by the elderly upon co-production regardless not being money in the direct from such as sense of having friends and socialization when participating in activities organized by the elderly school. 3) The expressive incentives – they are the senses of co-producer who see the "values' they have contributed benefits for the common good or for the community such as being volunteers to the elderly care, which brings happiness to oneself in doing. It is the satisfaction but not aiming at rewards from the affairs. 4) The ease of involvement which is convenience of travel. 5) The community has been holistically developed – it is what people have seen that engaging in co-production with the municipality or collaboration for better development either public utility, economy, and social. 6) It is transparent administration and doing for the common good.

Results reveal that various groups of people are encouraged to participate in public servicing differently. Majority group gains individual incentive, i.e. extrinsic incentives in the form of money, goods and services. Social incentives - they engage in activities because of meeting friends, avoidance of desolation, having socialization is better than being home-ridden, and ease of involvement particularly transports. As of the people group of the community leaders, and the volunteering groups, they usually have expressive incentives and it is the sense of doing benefit for the common good, or for the community such as senses of volunteering activities as in the westernized concepts. However, this research finds that there are other factors in the local Thai societies attracting people to co-production. It is the factor of holistic development for community because people see that co-production with the municipality allows the community or all has been developed either in public utilities, economy, and social. Finally, the factor is transparent administration and to do for the public benefits.

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There are two networks of co-production with the municipality in handling the elderly affairs, i.e.

1) Main Partnership – there are four major groups, i.e. (1) people sector such as the elderly association, the community chairman, the woman groups and the career groups. (2) It is the public sector, which involves Ministry of Social Development and Human Security, and the Health Security Office, which play the leading roles in academic consultation and budgetary supports. (3) It is private sector, such as business sectors, corporate, and housing development projects which play the roles of budgetary and academic supports. (4) Religious organizations (temples and monks in the community) play the roles of spiritual leaders and welfare providers.

2) Supporting partnership – it is the sector to support or to add in handling the elderly affairs for invigoration, stability and sustainability definitely within community such as educational institution, civil sector, association, foundation, and volunteers and so on.

Most municipality organize public servicing in Type I, i.e. bureaucratic public servicing while Types II and III are less implemented.

6.1.3.4Methods of municipal public servicing for the elderly QOL development – municipalities apply multiple approaches in public servicing for the elderly affairs and they are concluded as below.

1. The Social Welfare Approach–most municipalities apply bureaucratic method which adhere to the government rules and regulations or the municipal projects as having been practiced in the previous year such as (1) paying monthly provident allowance for the elderly and it might be in cash or transaction according to the regulations of Ministry of Interior. (2) It is to disseminate necessary things such as cutting eyeglass for the elderly through listing in the municipal projects by fiscal budget, and (3) it is to raise budgetary fund to help repair residence such as from donation and from the Ministry of Social Development and Human Security.

2. QOL Promotion and Development Approach–a method to handle public service emphasizing promotion and development to strengthen the elderly health, self-reliance through participation of the people/community sector and other sectors, which involve five approaches, i.e.

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2.1. Establishment of "the Elderly QOLD Centers" (QOLD: quality of life development)–it is to be the place for the elderly to participate organizing activities. The center is featured a "The Elderly Day Care Center". This is a day trip activities or some centers are just a half day trip center relying on appropriateness in each area but the elderly will not be admitted for caretaking in the centers. The elderly QOLD center is focused on servicing the home-ridden elderly and the social-ridden elderly who are suffering non-dependent conditions.

There are three types of elderly QOLD centers in municipality, i.e (1) The elderly QOLD and the Career Promotion Center a collaborative project between Ministry of Social Development and Human Security, Ministry Interior and the Elderly Association Council of Thailand . It has been initiated since 2014. There are 878 centers today and projecting to establish in every district nationwide. These centers are free of charge for all members except a center in Nakhonpanom Province a prototype collaborated between public sector, private sector and civil sector. The charges are collected for the purpose of strengthening, managing and further sustaining the center. (2) The municipal self-establishment center is commonly found in the large-size municipality is equipped with the financial status as in the urban and metro- municipality such as Nakhon Nonthaburi municipality, Nakhon Pitsanulok municipality, Muang Bueng Yi Tho municipality and so on. (3) The people's self-established center is from the collaboration of civil sector led by the elderly association and the community leaders for the purpose of having a central space for organizing common activities.

The elderly QOLD center established by the municipality is mostly TYPE I – "The Elderly Quality of Life Development and Career Promotion Center" a collaborative project between Ministry of Social Development and Human Security, Ministry Interior and the Elderly Association Council of Thailand. It has been initiated since 2014. There are 878 centers today and projecting to establish in every district nationwide. However, after 2014, the government did not establish any centers to meet the rising number of the elderly. On the contrary, TYPES II and III are very few because of their limitations in budgets, rules and regulations which ill-facilitate their establishments.

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There are two attributes in establishing the Elderly municipal QOLD center, i.e. (1) the municipality-based center – its establishment is featured with mostly construction of new building or a rented on separated from the municipal office for the purpose of organizing the common activities for the elderly. This model eases the management because it has a single place but irresponsive to the growing number of the elderly needs. (2) The community-based center – it spreads in every direction of the city or in community. Such establishment eases involvements of the elderly in their travel since it is near their community. It strengthens the community but such centers are few with the limitations of budget, personnel and restriction of laws.

The Center Management- - most management is in the form of committee. The municipality appoints committee members comprising key persons in it area to represent the municipality, the elderly association, the village public health volunteers, the elderly care volunteers and the tambol health promotion hospital. By overview, their main activities in the center are the health promotion, the career promotion, local intellectual transfer and recreation. However, the concentration activities in each center are differed by the municipal readiness and the elderly needs in each jurisdiction.

2.2.The Establishment of the Elderly Schools – it is a type of the elderly public servicing initiated by civil sector and there are some projects found in Thailand. The first school was established in 2008 at Hua dong, Muang District: Phichit Province. Later, the view of “Entering the Aging Society” was significantly seen by many municipalities. Then they collaborate with the elderly associations and the community leaders to extensively establish the elderly schools because each school is responsive to the elderly needs. The purposes the school is to join the common activities in order to enhance their quality of life with strong body and to happily live in a society while encouraging lifelong learning. The school is focused on the social-ridden elderly group because they can travel to join the activities. Also, the municipality aims at the home-ridden elderly group to attract them to join activities, to meet friends, avoidance of depression and invigorating their health.

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Instructions in the school are informal schooling unlike common formal schooling but it provides informal education incorporate with activities the elderly needs in each municipal constituency. Instructions emphasize three (3) core requirements, i.e health, religion and recreation. Activities are multiply additional by each area like career promotion, the local intellectual transfer and the application of the elderly technology and so on. Instructions will be listed in the semester curriculums and timetable. However, in practices, they are considerably flexible by situation. Yet, there is no regulation in formally running the elderly school; therefore its operations are sometimes similar and sometime different by the local context. But in summary, their activities and instructions are focused on "More Life Course than Academics".

Operation – most school operations are in committee selected from key person ion the municipality, community and government agencies such as mayor, deputy mayor, municipal officers, the elderly president from each village, representatives from various local groups, the elderly volunteer group, and the personnel from the tambol health promotion hospital and so on.

Location–the municipality situates the elderly school diversely relying on the local readiness such as in the municipal building itself because readiness. Some use the building in the temples because they have appropriate buildings for learning and some use the Center of three ages (Sam Wai Center).

Curriculums – they are diverse in each municipality relying on the local context with regard sot economy, social and culture including the elderly needs in each municipality. Four lading activities are found in the elderly schools, i.e religious-arts and cultural activities, health promotion, career promotion, and recreation. The additional activities are career promotion, local intellectual transfer, and technological application and so on. In conclusion, the activities and instructions in the elderly schools are similar within three cycles, i.e. life subjects, career subjects and academic subjects and so on.

Budgets – they come from give major sources, i.e. 1) the National Health Security Office, 2) Ministry of social Development and Human Security, 3) the municipal budget, 4) the school activities like selling the elderly products, and 5) Other begets like donation from the students other sectors.

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Travel to the Elderly School – there are three attributes, i.e. (1) self-travel by cars, motorcycles and bicycles, (2) sibling-lift travel, (3) municipal transports to ease their travel like in Tambol Cherng Doi municipality, Muang Mae Hie municipality and so on.

This qualitative research finds that most elderly students are satisfied with the school activities and happy to meet and converse with participants and having common activities which help avoid desolateness. They learn new thing for daily living. Upon finishing the syllabuses, they want to return to learn. It raises phenomena of "Graduated but Graduated Not"

2.3. "The municipal public service center" - most urban and metro-municipalities organize a "public health center". It is the Primary Care Unit (PCU) under supervision of Public Health Division or Office allocated with physicians, professional nurses and public health personnel handling primary treatment such as medicine distribution, injection, wound treatment, blood pressure check, and diabetes check including organizing health promotion activities, health education and consultation and home visits for the elderly, and so on. On the contrary, the tambol municipalities yet to establish public centers are allocated with professional nurses or public health scholars and community developers to play the role of coordination with the tambol health promotion hospitals or public hospitals located in the locality in order to provide services of health education and consultation while visiting the elderly. In addition, many municipalities provide "transfer system" by having ambulance stand-by in the case of emergency to the district and the provincial hospitals for treatments.

2.4. Promotion to have "the Elderly Care Volunteers" – they help municipalities to take care the elderly in the community and are divided in to two (2) groups, i.e. the village public health volunteers under supervision of Ministry of Public Health, and the Day Care Volunteers under supervision Ministry of Social Development and Human Security, which began its pilot project during 2003-2004. However, most municipalities have the village public health volunteers but many municipalities do not have the Day Care Volunteers. Those are potential to collaborate the affairs for the common good are required to have spare time,, healthy, adequate income for daily living and sense for the common good. They

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are mostly women aged older than 40 years and mostly are the pension officers such as teachers, nurses, military, traders, freelance and even farmers.

The major duty of the elderly Day Care Volunteers is to help the municipalities to take care the three groups of the elderly, i.e. the social-bound groups for the purpose of education, consultation, and information such as food, dosing, physical exercises and the elderly rights and so on. As of attending the home-ridden groups and the bed ridden groups besides education, consultation, and information, they have to visit the suffering elderly at home, escorting to meet physician by appointment and so on. However, it is found that many municipalities run short of "the elderly Day Care Volunteers" who are required to have additional training of specific day care. Therefore, the village public health volunteers have to take the place of the elderly Day Care Volunteers.

2.5.The promotion to support the establishment of the community welfare saving fund – such establishment is diverse by the local people needs such as "Saving a Baht a Day" or "the Cremation Welfare Fund" to provide their life security based on self-reliance and reciprocity until death. The welfare provision for its members has been regulated in the fund establishment such as birth- the new born child will have monetary blessing gift while sickness will have money for the hospitalized expenses. In the case of death, descendent or relatives will receive the cremation expenses and so on. Municipalities play the roles of consultation, budgeting, personnel and resources to support the fund.

In summary, the Thai municipality is ready with leadership and attitude. Meaning, most municipal executives have determination since it is "a political organization" because the mayors come from direct election, autonomous in policymaking and term of office. This demands them on policymaking responsive to the elderly groups in order to gain votes. However, the municipality is unlikely strong enough in its finance because it has to be mostly dependent on the central government and some personnel are still lacking specialization incorporate with the absence of rules and regulation to be the guidance for budgeting in directly handling the elderly affairs. It brings the municipality restrictions in the elderly public servicing and concentrates on the government rules in mainly handling social welfare such as paying the provident allowance, distributing things. Nevertheless, some

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successful municipalities on the elderly public servicing are not just following the bureaucratic system only but also applying new management through seeking collaborations from various networks like public sector (Ministry of Social Development and Human Security, the Health Security Office) , private sector, civil/community sectors and religious organizations in order to enable the municipalities to provide public services for the elderly in the locality with better efficiency.

In conclusion, Thai municipalities applied “mixed” models of public service provision for the elderly. To be precise, Thai municipalities complimentarily used the three models; that is, The Traditional Public Administration model (PA), the municipalities arranged the activities and services for the elderly according to rules and regulations by themselves, in New public Management (NPM) approach, the municipalities focus on the models of private company administration, whereas in New Public Governance (NPG) approach, they run the work through network and partnership with public sector, private sector, civic sector and using co-production model with civil sector/community in the locality such as establishing the Elderly Quality of Life Development and Career Promotion Centers), the school for the elderly and the community volunteers for the elderly for the purposes of expanding the services for the elderly to gain quality of life in various aspects (see Figure 6.1).

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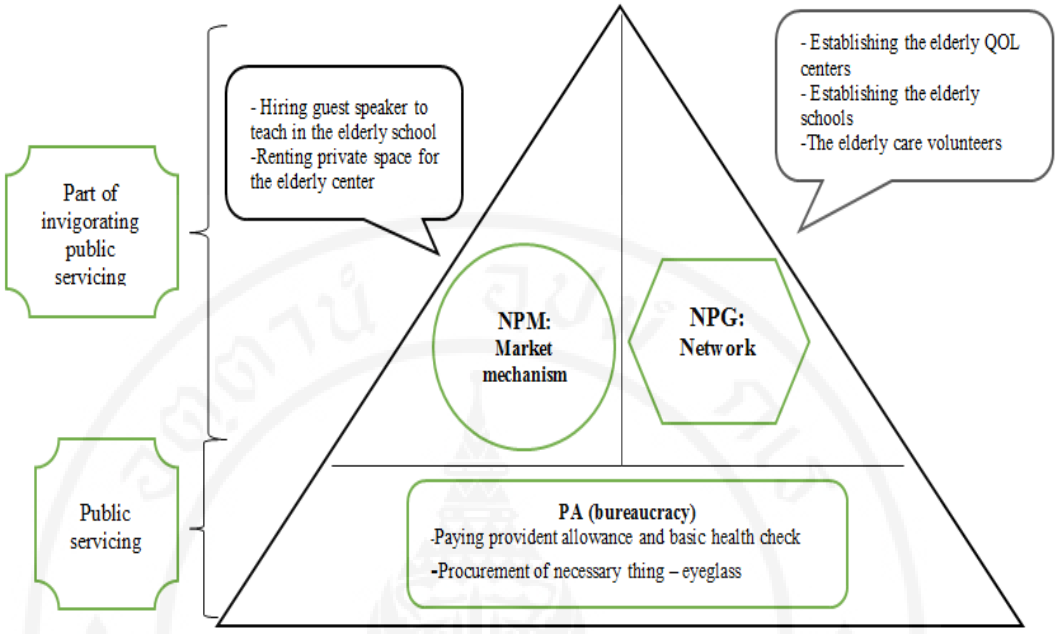

Figure 6.1: The municipal public service approaches to improve the elderly QOL

Source: Modified from the Research and Consultancy Institute of Thammasat University (2013); Osborne (2010).

3 .Success Factors and Barriers in Public Service for the Elderly QOL Development

3.1. Success factor in public servicing – they are intrinsic factors and extrinsic factors. First, **the intrinsic factors** comprise of 1) the organizational leader – it is the one who has vision, awareness, prioritization, knowledge, understanding and creativity on the elderly affairs. 2) Multi-approaches of management- the municipality is not only follows the government rules and regulations but also embracing new public management such as partnership and network with other sectors. 3) The organizational structure and culture – generally, the municipality structures its organization to meet the elderly affairs according to laws, i.e. divisions/offices/departments of public health and environments are the main agencies responsible for healthcare. The social Welfare Department or the Community Development Department is responsible for social welfare affairs. The successful municipality on the elderly affairs finds that there is different organizational culture

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from common municipality – “an organizational culture focusing on task rather than focusing on roles or simply rules and regulations.” 4) Information – the municipality with efficient management on the elderly affairs owns the correct and updated elderly information which allows it to know the situation of the local elderly and enables it to analyze for policymaking to appropriately manage the elderly affairs. 5) The municipal personnel - they are allocated to be responsible for the elderly affairs under supervision of Public Health Division/Office responsible for the elderly care and social Welfare Division/ the Community Development to promote and provide various welfares for the elderly. The successful municipality implementing the elderly policy finds that the municipal executives and personnel with service mind such as given consultation upon the visit of the elderly. 6) Budget - it has been taken from two parts, i.e. the municipal annual budget and the external budget. The municipality prioritizing the elderly affairs will allocate its annual budget in its action plan for the elderly consistently each year including seeking additional budgets from the external agencies in order to better develop the elderly QOL.

There are two components in **the extrinsic factors**, i.e. 1) having the national elderly policy and strategy – the Thai government prioritizes the elderly and prepares the First National Elderly Plan (1982-2001) and the Second National Elderly Plan (2012-2021) to be as guide to handle the national elderly affairs through setting various measures to meet the aging society. For example, it is to create disciplines of saving in every age range, promoting lifelong learning, supporting with budget to organize the elderly activities in the local administration, supporting long-term care. 2) Having the national and local elderly laws-public sector supports the elderly affairs through enacting laws to respond to the national elderly affairs, i.e. the Elderly Act B.E. 2546 (2003) having a mechanism to derive the elderly affairs such as the National Elderly Committee to define the rights of the elderly, the basic rights of the elderly, the elderly funding. At the local level, it demands the local administration to provide public service for welfare and for promoting the elderly quality of development as being enacted in the Municipality Act B.E.2496 (2013) and the Plan and Process of Decentralization B.E. 2542 (1999). 3) There are specific offices directly responsible for the elderly affairs. In 2002, the government established “Ministry of Social Development and Human Security” along with a demand on “the

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Elderly Protecting and Safeguarding" to be responsible for the elderly affairs. In 2015, the "Elderly Affairs department" has been established to promote and develop potential, to organize welfare, and protecting the elderly rights. 4) It is the vigor and collaboration of the local people incorporate with having network to help public servicing. Key factor leading to the municipal elderly affairs successful is collaboration of people and network management with other sectors especially with a) public sector (Ministry of Social Development and Human Security, the Health Security Office, and provincial public hospitals), b) private sector like companies and shops, c) people sector – the elderly association and the elderly care volunteers, and d) civic sector and philanthropic organizations such as educational institutions, churches and monks.

4. Restraining factors for Public Service providing for the Elderly QOL

The barriers are as follows: 1) the organizational leader - some municipal mayors do not see the importance of the elderly affairs and become passive by doing just enactment or demands of the government such as paying provident allowance and organize the Elderly Day event in April 13 only. Therefore, they cannot develop the elderly QOL by their diverse needs. 2) Ill-facilitated rules and regulations to work for the elderly affairs even though the Act has enacted to allocate social welfare for the elderly. However, there are no clear rules and regulations for the municipality to provide the public service for the elderly such as the management of the elderly schools and the elderly QOLD centers. 3) Budgetary limitations – the municipality is restricted with budget because of the national financial structure incorporate with the ability of the municipality to levy in the locality. In addition, the small size municipality like some subdistricts is farmlands where the levy is inadequate. This included the limitations of specialists on the elderly care. Part is from the Interior Ministerial rules on employment. 4) Absence of local people/community cooperation and network – many municipalities cannot firmly organize public service for the elderly because of thee absence in the cooperation of the local elderly /community and other networks.

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6.2 PART II: Recommendations for Application

The research finds that the municipal executives have determination and willpower but shortage of readiness on budget, ambiguous rules and regulations and other limitations. It lessens the municipality to provide public service for the elderly needs by overall view. The researcher recommends as guidelines to develop the municipal public services to meet the local elderly needs into two (2) parts: recommendations on policy and practices, i.e.

6.2.1. Recommendation on policy, i.e.

1) From the finding that the municipality is ready with its leader and attitude – determination to develop the elderly QOL since it is the political organization where its executive or the mayor comes from election but he/she has to set policy to meet the needs of people but it has many limitations especially budget. Therefore, the Decentralization Commission Office and Ministry of Interior have to announced their intent clearly to decentralize according to the decentralization plans through amending the local laws coherent to the constitution B.E. 2560 (2017) Article 250 enacting the local administration to organize public service for the benefits of the local people by the sustainable development principle especially in the matter of the elderly affairs which incline for growing. The government has to potentialize municipality on finance and readiness on personnel particularly the professional nurses and the physical therapists to servicing the elderly on health and basic public health.

2) The research finds that the elderly most need in their quality of life development with regards to health and medication. The municipality has to provide health centers, monthly health check, and personnel for home visits, respectively. In relative to needs of participation and social network, the priority is organizing traditional event to recognize the elderly values, promoting the religious organization like monks and religious leaders to participate in projecting the elderly QOL development, family and community promotion of the elderly care and the volunteers of the elderly care. Therefore, the government has to impose 1) on health – The Decentralization Board Office , i.e. the local administration, and Ministry of Public Health should collaborate in allocate physicians and/or public health nurses to the tambol public health hospitals and the municipal health centers coherent to the number

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of municipal population particularly the subdistrict distant to the public hospitals. This is to provide preliminary health service for the elderly, such as educating on health and organizing the physical exercises to invigorate health, screening the diabetes patients, and high blood pressure which are commonly found among the elderly. (2) The Local Administration Promotion Department, the Elderly Affairs Department and municipalities should create standards in promoting the local people/community to take care the elderly in their community in the form of volunteers with some privileges such as rights of local tax reduction, right of free transports from the municipality, rights of medical services and so on. (3) Ministry of Interior, the Elderly Affairs Department and the Thai municipality should cooperate with "the Sangha Supreme Council", "the National Buddhism Office" and the "Provincial Primate" to promote the religious organizations such as churches, monks, and religious leaders to participate in public servicing for the elderly such as using the church compound to establish the elderly schools, spiritual cultivation with the Buddhist dogmas and contribution sot the elderly and so on.

3) The findings of barriers in working out the elderly affairs are rules and regulations ill-facilitate the personnel to carry out the project and activities for the elderly. Therefore, the agencies involved, i.e. the Office of Plan and Process on Decentralization, the Ministry of Interior and the Ministry of Social Development and Human Security should amend the Elderly Act B.E. 2546 (2003) to allow the local to be the National Elderly Commission and to be an organization to work at the local community level. Rationally, the elderly spread in all areas and it is necessary to draft and amend rules and regulations on the elderly affairs to enable the municipality to organize public services for the elderly with clarity such as budgeting to support the work of the elderly association, the elderly schools and the elderly QOL development centers and so on.

4) The findings of the elderly groups need to participate in activities both in "the elderly QOL development centers and the elderly schools" because they involve in activities to develop their mind and body. Therefore, during **short-term phase** of five (5) years from 2022, the government by the Ministry of Interior and the Ministry of Social Development and Human Security should expand the policy implementation to continuously establish "the elderly QOL development centers and

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the elderly career promotion and/or the elderly schools" at the level of municipality or tambol (subdistrict) since they have been operated to be the Day Care centers (2,441 centers in the municipalities: One Senior Center for One Municipality: OSCOM) to respond to the Thai aged society in future.

In **long-term period** (10 years/ 2037), the government should expand "the elderly QOL development centers and the elderly career promotion and/or the elderly schools" to cover every tambol (subdistrict) (7,255 centers) (Ministry of Interior, 2015). As such, the community will become the community care for elderly. However, it should be by potential and readiness of the municipality through considering and evaluating their potential and readiness on budget, and personnel and so on. The possible approaches are (1) Public sector proceeds by itself through joint-venture with the central administration, the provincial administration and the local municipality. (2) the government should promote and seek measures for private sector to collaborate with the public sector such as tax measures through tax reduction for the organizations donating budget to operate the elderly centers and CSR (corporate social responsibility) and so on. (3) The municipality should promote and seek measures for the civil sector, the community leaders, volunteers, and the churches to collaborate in building and managing the centers/ the elderly schools such as using the church compounds to establish the centers or the elderly schools, inviting the local intellectuals/ pension officers to be the operation committee members.

5) Operating the elderly affairs currently, it is found that there are many agencies involved at the levels of nation and at the local that some jobs are overlapped. Therefore, the government should "improve and amend the authorities of the central administration, regional administration and local administration" to have clarity. Consequently, (1) the central and the regional administration should play the leading role of "the National Planner and Supervisor" through strategizing the national planning, promoting and supporting techniques and academics by conducting researches to seek innovation such as food researches, home designs and appropriate walkways for the elderly, improve and amend the elderly laws, setting standards of working and supervising the local operation to meet the national plans and standards. (2) As of the municipality, it plays the roles of the "Area Operator" – operational planning and solving the local problems by principles, "Who Is Near Problem, He is

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the One to Handle" including to increase efficiency and to ease the elderly on participating activities in the locality. This should be decentralized to the local administration (municipality / tambol administration), for example, paying the provident allowance to help cremation ceremony of the elderly volunteer for the elderly caretaking: QOL development Center and the Elderly Career Promotion.

6.2.2. Recommendation for Practices - they are as follows.

1) Since the metro, urban and subdistrict municipalities cover the area context of different economy, social and culture which might be differently potential and readiness. Therefore, applying the municipal elderly policy should be the "area-based elderly policy. That is, the municipality should apply integrated public services according to the context, readiness and the elderly needs in each area. They might be applied s follows, (1) if it were small-size municipality; it might establish an elderly QOL development center and/ or an elderly school in its constituency. (2) If it were the large size municipality, it might establish an elderly QOL development center in the community which is ready and needs first and later expand to the other areas. (3) Any municipality sizes, if they are potential and ready; they might establish the elderly QOL development center and/ or the elderly school together to develop the elderly QOL which covers social-ridden groups and the home-ridden groups without dependency. (4) It is necessary to promote the establishment the elderly care volunteer in order to help municipalities in providing the home-ridden elderly and the bed-ridden elderly through having some welfare such as the rights to reduce the maintenance taxes, to reduce water supplies pays and so on.

(2) The findings that the municipality successful in the elderly affairs applies integrated management. Consequently, the municipality should apply multi-management especially the new public management with the collaboration with private sector. For example, some tasks which the municipality has no specialists, it should assign the private sector to handle or some it might collaborate with the private sector such as using or renting the private spaces with saving rice to operate the elderly QOL development center and the concept of new public governance. It should be collaborated with network and cooperation with other sectors such as (1) between the municipality with the government agencies of the provincial social development

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and human security, the tambol health promotion hospital and so on including sharing learning on managing the elderly among the local administration, (2) between the municipality and civil sector and community through co-production. As such the municipality can promote people and community for co-production though support different factors such as providing the service responsive to the elderly needs and facilitating for the activity participants and so on.

(3) Regarding organizing public service, it is found that the municipality provides the elderly welfare both in the form of welfare state such as paying provident allowance and community welfare such as career promotion group and the elderly groups and so on. Therefore, the Elderly Affairs Department and the municipality should proceed "the integrated welfare organizing policy" of both forms in organizing western-based welfare by the state since most Thai elderly have in adequate saving but dependent on their descendent. Consequently, the government has to continue paying the provident allowance. However, in future the provident allowance budget will rise according to the number of the elderly and it will certainly be the financial burden. Therefore, the government should promote people and the elderly to become members of the national saving fund in order to have saving money for aging spending. As of the municipal welfare, the municipality should use the social and human capital in the community to mobilize grouping in order to establish a community welfare fund for the elderly under the principle of "Co-Think, Co-Build, for Co-Gain". For example, (1) it is to establish "the elderly QOL development center and the elderly school" for them to organize common activities and help each other. (2) It is to establish "a community saving welfare" such as a saving-a Baht-a day group (or it might adjust higher rate by the community readiness) to be the welfare for the members since birth until death. (3) It is to establish "a community career promotion group" in order to increase income for them who need career training. Nevertheless, the operation should be executed by the community itself (bureaucratic free) while the municipality plays the roles of supporting on academic, personnel, venue, budget including coordinating with other government agencies for the what the elderly need in order to strengthen their group in operations.

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(4) Factors attracting the elderly to co-produce with the municipality – it is found that they are diverse: most elderly groups are attracted by personal motivation,

i.e. extrinsic incentives which are money, goods and services incorporate with circumstance incentives, which is the ease of involvement. On the contrary, most elderly community leaders, the volunteer groups are attracted by expressive incentives to do things for the common good or for the community. The community factor is attracted by holistic development. The factor of organizational management is attracted by transparency while the factor of the municipality is attracted by doing for the public interest. Consequently, the municipality should create those incentives in order to persuade the local people to co-production, which will increase the quality of the elderly public services.

6.3 PART III: Recommendation for Further Study

The researcher recommends

1) The studies of managerial approaches to “The Elderly Quality of Life Development Centers” in various models appropriate to the Thai societies in order to earn data for efficient elderly public service development.

2) The studies to evaluate the entire systems on the service performance of public sector about the elderly aspect in order to gain data for improving public service organization so as to respond to the situation of the Thai aging society.

3) The comparative studies of the public service organization between Thailand with foreign aging society countries how do they execute their policies to respond to their aging societies for the purpose of having innovation and best practices implemented in developing the public service for the elderly in the Thai local level.

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APPENDIX

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In-depth-Interview Form

Title: "The public services of the municipalities of Thailand to improve the quality of life of elderly people"

Part 1 : General information of the informants

1.1 Date of interview……The Place of interview…….

1.2 Name of the interviewee…… Place of Work……..

1.3 Occupation/Position……Duration of work…….....

Part 2 : In your view, How have the Municipalities (City Municipalities, Town Municipalities and Subdistrict Municipalities) of Thailand implemented the policies and projects to improve the quality of life for the Elderly in the community ?

Part 3 : In your view, have the Municipalities of Thailand the capacity and preparedness to provide public service for the Elderly?

3.1) Leadership and attitude

3.2) Finance and Budget

3.3) Strategies and Projects

3.4) Administrative System and Rules and Regulation

3.5) Involvement, Partnership and Networking

Part 4 What public services have your municipality provided for the Elderly? And How have you provided?

4.1 Public services in Healthcare and Medication, Education and Learning, Economy and Earnings, Basic Means for Living and Activity Venue, Social Involvement and Supportive Network

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4.2 Public service provided for the Elderly in different groups such as Home-Bound, Social Bound and Bed-Bound

Part 5 In your opinion, What are the restraining factors and supporting factors for the Municipalities of Thailand to provide public service for the Elderly?

5.1) Supporting factors to provide public service to improve the quality of life for the Elderly 5.2) Restraining factors and problem to provide public service to improve the quality of life for the Elderly

Part 6 What are your recommendations for the government and responsible public organizations (Department of Elder Person, Department of Local government) to strengthening the provision of public service to improve the quality of life for the Elderly in the Municipality? What should the government?

Part 7 In your view, What suggestions do you have for the government and the municipalities do to provided public services to improve the quality of life for the Elderly?

6.1) The Missions those municipalities should operate by themselves or cooperate with the public sectors to provide public services

6.2) The Missions those municipalities should cooperate or co-produce with the people sectors and community to provide public services

6.3) The Missions those municipalities should operate cooperate with the private sectors to provide public services

The researcher would like to thank you very much for providing informants

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Focus group discussion guidelines with the Elderly, community volunteers and the Elderly caregivers

Title: "The public services of the municipalities of Thailand to improve the quality of life of elderly people"

Section 1 Could you explain your conditions of daily life and persons who take care of you or depend upon?

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Section 2 What are your needs and how do the municipality response to your needs by providing public service to improve the quality of life.

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Section 3 Your participation in policy formulation and policy implementation for the Elderly work with the Municipality

3.1 In what older policies have you been involved in policy formulation and implementation?

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3.2 What are the restraining factors and supporting factors for you to participate or to work with the Municipalities?

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Section 4 : Guidelines and approaches to develop the public services of the Municipality for the Elderly

4.1 Guidelines and approaches that municipalities should provide service by themselves or co-operate with government agencies in the area.

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4.2 Guidelines and approaches that municipalities should co-produce with people sector or civil organizations and community.

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4.3 Guidelines and approaches that municipalities should co-operate with private sectors.

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The researcher would like to thank you very much for providing informants

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Questionnaire No. 1
For Municipality

RESEARCH QUETIONNIARE

Title "The public services of the municipalities of Thailand to improve the quality of life of elderly people"

INSTRUCTIONS

1. This questionnaire is aimed to complement a dissertation of "The public services of the municipalities of Thailand to improve the quality of life of elderly people"**,** Faculty of Social Sciences and Humanities: Mahidol University. The researcher pleads response to every item by fact. As such data collected shall be kept top confidential and used only for the usefulness of this research, only.

2. This questionnaire is divided into five parts, i.e.

Part 1: General Data of Respondents

Part 2: Basic Data of the Municipal Elderly

Part 3: Municipal Latency in Public Servicing on the Elderly Quality of Life

Part 4: Supportive and Restrictive Factors in Public Servicing on the Elderly Quality of Life

Part 5: Recommendation in Public Servicing on the Elderly Quality of Life

Extend here my deepest thanks on your assistance to this response.

Chaimongkhon Supromin
Doctorate Candidate
Of Public Administration Program in Public Policy and Public Management
Faculty of Social Sciences and Humanities
Mahidol University

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INSTRUCTIONS: Please mark with ✓ in ☐ or fill in the blanks with fact.

PART I: General Data of Respondents

1. Sex

☐1. Male ☐ 2. Female

2. Age

☐1. Younger than 30 years old ☐ 2. 30-40 years old

☐3. 41-50 years old ☐ 4. Older than 51 years old

3. Education Level

☐1. Secondary/Voc.cert. ☐ 2. Bachelor degree ☐3. Master degree

☐ 4. Doctoral degree ☐ 5. Others (specify).....

4. Present Position

☐ 1. Mayor ☐ 2. Deputy Mayor

☐ 3. Municipal Permanent Secretary ☐ 4. Director of Social Welfare Division

☐ 5. Director of Public Health Division ☐ 6. Chief of Social Subsistence Department

☐ 7. Chief of Office of Permanent Secretary ☐ 8. Social Welfare Personnel

☐ 9. Community developer

5. Work Experience

☐1. Less than 5 years ☐ 2. 5-10 years

☐3. 11-20 ปี ☐ 4. More than 21 years

Part 2: Basic Data of the Municipal Elderly

6. Municipal Types

☐ 1. Tambol/subdistrict (Tessabn Tambol)

☐ 2. Town Municipality (Tessaban Muang)

☐ 3. City Municipality (Tessaban Nakhon)

7. Municipal Establishment of the Elderly Association

☐ 1. Yes ☐ 2. No

8. Establishment of the municipal elderly services

☐ 1. Yes ☐ 2. No

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9. Does your municipality establish any networks for its execution/the elderly project with any sectors?

☐ 1. Civil Sector/community ☐ 2. Private sector

☐ 3. NGO's ☐ 4. Religious organizations (monks. religious leaders)

☐ 5. Schools/educational institutions ☐ 6. Provincial public units

☐ 7. **No establishment of networks**

10. Numbers of municipal elderly..... persons (excluded latent population)

11. Major municipal unit responsible for the elderly, i.e.,

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12. Number of officials and personnel responsible for social welfare and the elderly welfare……persons.

13. Income and allocated budget for the elderly projects and activities (approximation: Baht)

Fiscal Year	**Income**		**Expenses of the elderly projects/activities**
2013	1. Government subsidy		
	2.Tax and duty collections		
	Total		
2014	1. Government subsidy		
	2.Tax and duty collections		
	Total		
2015	1. Government subsidy		
	2.Tax and duty collections		
	Total		

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Part 3: Municipal Latency in Public Servicing on the Elderly Quality of Life

INSTRUCTIONS: Kindly indicate the level of the municipal latency in the elderly public servicing and each level is interpreted as below.

5	means	The municipal latency currently is	at the highest level
4	means	The municipal latency currently is	at high level
3	means	The municipal latency currently is	at moderate level
2	means	The municipal latency currently is	at low level
1	means	The municipal latency currently is	at the lowest level

No.	In your opinion, to what level is the municipality latency in Public Servicing on the Elderly Quality of Life	Levels				
		Highest (5)	High (4)	Moderate (3)	little(2)	Lowest(1)
1. Leadership and Attitudes						
1	1. The executive identifies direction, goal and supportively promote the personnel responsible for the elderly to achieve the goal.	☐	☐	☐	☐	☐
2	2. The executive owns knowledge and ability to administer the jobs of the elderly quality of life development to its success.	☐	☐	☐	☐	☐
3	3. The executive invents new ways to work on the elderly quality of life development.	☐	☐	☐	☐	☐
4	4. The executive can decide to solve the elderly problems by situation.	☐	☐	☐	☐	☐
5	5. The executive spurs and builds morale for the personnel to achieve the goal of the jobs for the elderly.	☐	☐	☐	☐	☐
6	6. The executive empowers different departments to participate in the jobs for the elderly.	☐	☐	☐	☐	☐
7	7. The executive build network among multi-sectors to participate in the jobs for the elderly.	☐	☐	☐	☐	☐
8	8. The executive owns determination and dedication to advance the elderly welfare development.	☐	☐	☐	☐	☐

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2. Finance and Budget						
9	The municipal revenues and the government subsidies are adequate to operate the jobs for the elderly.	☐	☐	☐	☐	☐
10	The municipal achievement on taxing household and land.	☐	☐	☐	☐	☐
11	The municipal achievement on taxing household and land.	☐	☐	☐	☐	☐
12	The municipal achievement on taxing signboards	☐	☐	☐	☐	☐
13	The municipal achievement on taxing animal slaughter.	☐	☐	☐	☐	☐
14	The municipal achievement on taxing fees, fine and licenses and permits	☐	☐	☐	☐	☐
15	The municipal achievement on taxing properties and investment	☐	☐	☐	☐	☐
16	The municipal achievement on taxing public utility services.	☐	☐	☐	☐	☐
17	Appropriateness of budgetary allocation for the elderly social welfare and aids.	☐	☐	☐	☐	☐
18	The increase of municipal annual budgeting to leverage the elderly welfare and aids.	☐	☐	☐	☐	☐
3. Strategization and Projection						
19	The municipality analyzes, strategizes and plans the annual actions on jobs for the elderly	☐	☐	☐	☐	☐
20	The municipality stipulates action plans/ projects for the elderly listed in its strategic or development plans.	☐	☐	☐	☐	☐
21	The municipality stipulates action plans/ projects for the elderly listed in its annual operation plans.	☐	☐	☐	☐	☐
22	The municipality takes actions on the elderly plans as in its annual operation plans.	☐	☐	☐	☐	☐
23	The municipality follows –up and assesses the action plans/ its annual operation projects.	☐	☐	☐	☐	☐
24	The municipality adopts the assessment results for to improve the elderly operation development	☐	☐	☐	☐	☐

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4. Administrative System and Rules and Regulations						
25	The municipality has work units e.g. office/ department/ division to take responsibility over the jobs for elderly.	☐	☐	☐	☐	☐
26	The municipality has personnel to take job responsibility over the elderly quality of life development	☐	☐	☐	☐	☐
27	The municipality has plans and personnel development system to promote the elderly welfare.	☐	☐	☐	☐	☐
28	The municipality prepares perfect and updated database, and information technology of the elderly implementable for planning to take action on the jobs for the elderly.	☐	☐	☐	☐	☐
29	The municipality regulates practical rules to endorse the job of the elderly quality of life development e.g. the regulations of allowance pay, and the elderly association establishment.	☐	☐	☐	☐	☐
30	The municipality amends and improves rules and regulations to meet the jobs of the elderly quality of life development.	☐	☐	☐	☐	☐
5. Participation and Network						
31	The municipality has mechanism, rules and regulations to promote participation of various sectors to operate the elderly quality of life development.	☐	☐	☐	☐	☐
32	The municipality pursues cooperation with civil sector to develop the elderly quality of life.	☐	☐	☐	☐	☐
33	The municipality pursues cooperation with public sector to develop the elderly quality of life.	☐	☐	☐	☐	☐
34	The municipality pursues cooperation with private sector to develop the elderly quality of life.	☐	☐	☐	☐	☐
35	The municipality pursues cooperation with religious sector to develop the elderly quality of life.	☐	☐	☐	☐	☐
36	The municipality pursues cooperation with NGO sector (Foundations and Associations) to develop the elderly quality of life.	☐	☐	☐	☐	☐

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Part 4: Supportive and Restrictive Factors in Public Servicing on the Elderly Quality of Life

4.1. Limitations of the municipal public servicing in the elderly quality of life development

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4.2. Supports of the municipal public servicing in the elderly quality of life development

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Part 5: Recommendation in Public Servicing on the Elderly Quality of Life

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Extend here my deepest thanks on your assistance to this response.

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Questionnaire No. 2
For the Elderly

RESEARCH QUETIONNIARE

Title "The public services of the municipalities of Thailand to improve the quality of life of elderly people"

INSTRUCTIONS

1. This questionnaire is aimed to complement a dissertation of "The public services of the municipalities of Thailand to improve the quality of life of elderly people"**,** Faculty of Social Sciences and Humanities: Mahidol University. The researcher pleads response to every item by fact. As such data collected shall be kept top confidential and used only for the usefulness of this research, only. 2. แบบสอบถามฉบับนี้ แบ่งออกเป็น 4 ตอนดังนี้

Part 1: General Data of Respondents

Part 2 : Needs and responsiveness to the needs of the Elderly from the public service provision of Municipalities

Part 3 People and the Elderly's participation in the activities and projects with the municipality

Part 4 problems, limitations and suggestions for the Municipality to provide public service to improve the elderly quality of life

Extend here my deepest thanks on your assistance to this response.

Chaimongkhon Supromin
Doctorate Candidate
Of Public Administration Program in Public Policy and Public Management
Faculty of Social Sciences and Humanities
Mahidol University

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INSTRUCTIONS: Please mark with ✓ in ☐ or fill in the blanks with fact.

PART I: General Data of Respondents

1. Sex

☐1. Male ☐ 2. Female

2. Age

☐1. 60-69 years old

☐ 2. 70-79 years old

☐ 3. 80 years old up

3. Occupation

☐ 1. Agriculturist/Farmer ☐ 2. Business Person

☐ 3. Employee ☐ 4. Self-employed

☐ 5. Retired Government Official ☐ 6. Housewife

☐ 7. Unemployment

4. Education Level

☐1.Uneducated ☐ 2. Primary School

☐3. Junior Secondary ☐ 4. Senior Secondary School/Voc.cert.

☐5.Bachelor degree ☐ 6.Higher than Bachelor degree

5. The municipality area that your live

☐ 1. Tambol/subdistrict (Tessabn Tambol)

☐ 2. Town Municipality (Tessaban Muang)

☐ 3. City Municipality (Tessaban Nakhon)

6. Health problem (optimize more than 1)

☐1. High blood pressure ☐ 2. Heart disease or cardiopathy

☐3. Hyperlipidemia ☐ 4. Osteoarthritis

☐5. Diabetes ☐ 6. Non–congenital Disease

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7. Key caretaker in the family (optimize more than 1)

☐1. Self–care ☐ 2. Descendent

☐3. Relatives ☐ 4. Hired nurse

☐ 5. Spouse ☐ 6. Cared by others

8. Co-residence (optimize more than 1)

☐ 1. Alone ☐ 2. Spouse

☐ 3. Descendent ☐ 4. Relatives

☐ 5. Daughter/ son in law ☐ 6. Other person

9. Source(s) of Income (optimize more than 1)

☐1. Working ☐ 2. Contributions from children-niece and nephew

☐3. Monthly allowance pension ☐ 4. Saving money

☐5. Contributions from relatives ☐ 6. Other sources (.e.g. rent, land rent etc.,)

10. Adequacy of income

☐1. Ends meet ☐ 2. Income more than expenses

☐3. Income less than expenses

11. The elderly association establishment

☐1. Established ☐ 2. Not established

12. Application on membership of the elderly association

☐1. Applied ☐ 2. Not applied

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<u>Part 2</u> Needs and responsiveness to the needs from public service provision from the municipalities.

INSTRUCTIONS: Kindly indicate the level of needs and responsiveness to the needs from public service provision from the municipalities by insert ✓ into ☐

5 means Needs / responsiveness to the needs at the highest level
4 means Needs / responsiveness to the needs at high level
3 means Needs / responsiveness to the needs at moderate level
2 means Needs / responsiveness to the needs at low level
1 means Needs / responsiveness to the needs at the lowest level

No.	In your opinion, to what level is your needs/ Responsiveness to the needs from public service provided by the Municipalities in the following items	Level of Needs					Level of Responsiveness to the Need				
		Highest (5)	High(4)	Moderate(3)	Little(2)	Lowest (1)	Highest (5)	High(4)	Moderate(3)	Little(2)	Lowest (1)
1. health and medication											
1	The municipality provides services on knowledge and advices on	⑤	④	③	②	①	⑤	④	③	②	①
2	The municipality provides health service centers or municipal public health centers	⑤	④	③	②	①	⑤	④	③	②	①
3	The municipality provides public health personnel the elderly home–visits.	⑤	④	③	②	①	⑤	④	③	②	①
4	The municipality provides basic monthly health check for the elderly.	⑤	④	③	②	①	⑤	④	③	②	①
5	The municipality provides medical assistance for the elderly	⑤	④	③	②	①	⑤	④	③	②	①
6	The municipality promotes health security appropriate for the elderly.	⑤	④	③	②	①	⑤	④	③	②	①

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2. Education and learning											
7	The municipality provides education service center on informal education.	⑤	④	③	②	①	⑤	④	③	②	①
8	The municipality provides data service center, e.g. newspaper and information.	⑤	④	③	②	①	⑤	④	③	②	①
9	The municipality promotes intelligence tanks for the elderly to transfer knowledge to others in the community.	⑤	④	③	②	①	⑤	④	③	②	①
10	The municipality organizes projects to provide education to be ready for entering the aging society.	⑤	④	③	②	①	⑤	④	③	②	①
11	The municipality organizes training on laws related to the elderly	⑤	④	③	②	①	⑤	④	③	②	①
12	The municipality organizes excursions about natural sources, religious sites and culture.	⑤	④	③	②	①	⑤	④	③	②	①

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<u>Part 2</u> Needs and responsiveness to the needs from public service provision from the municipalities.

No.	In your opinion, to what level is your needs/ Responsiveness to the needs from public service provided by the Municipalities in the following items	Level of Needs					Level of Responsiveness to the Need				
		Highest (5)	High(4)	Moderate(3)	Little(2)	Lowest (1)	Highest (5)	High(4)	Moderate(3)	Little(2)	Lowest (1)
3. Economy sand earnings											
13	The municipality organizes projects for career development training for income increased	⑤	④	③	②	①	⑤	④	③	②	①
14	The municipality organizes projects to educate saving for spending during aging	⑤	④	③	②	①	⑤	④	③	②	①
15	The municipality promotes additional career for earning/employment for the elderly	⑤	④	③	②	①	⑤	④	③	②	①
16	The municipality promotes the elderly welfare fund saving establishment in community.	⑤	④	③	②	①	⑤	④	③	②	①
17	The municipality facilitates paying the subsistence allowance, e.g. office and officers	⑤	④	③	②	①	⑤	④	③	②	①
18	The promotion promotes welfare fund for aiding traditional cremation rites.	⑤	④	③	②	①	⑤	④	③	②	①

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4. Basic means for living and venues to organize activities											
19	The municipality supports the elderly on residence worth for living	⑤	④	③	②	①	⑤	④	③	②	①
20	The municipality provides the elderly service center to organize meeting and the elderly jobs	⑤	④	③	②	①	⑤	④	③	②	①
21	The municipality provides venues for organizing the elderly activities	⑤	④	③	②	①	⑤	④	③	②	①
22	The municipality procures necessary dresses for the deprived elderly	⑤	④	③	②	①	⑤	④	③	②	①
23	The municipality provides public park/ venues for physical exercises	⑤	④	③	②	①	⑤	④	③	②	①

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<u>Part 2</u> Needs and responsiveness to the needs from public service provision from the municipalities.

No.	In your opinion, to what level is your needs/ Responsiveness to the needs from public service provided by the Municipalities in the following items	Level of Needs					Level of Responsiveness to the Need				
		Highest (5)	High(4)	Moderate(3)	Little(2)	Lowest (1)	Highest (5)	High(4)	Moderate(3)	Little(2)	Lowest (1)
5. Participation and social supported network											
24	The municipality organizes the elderly to participate meeting to plan and to operate the jobs for the elderly.	⑤	④	③	②	①	⑤	④	③	②	①
25	The elderly participate in collaborate with the municipality	⑤	④	③	②	①	⑤	④	③	②	①
26	The municipality launches PR or newsletter to allow people to know the job operation for the elderly	⑤	④	③	②	①	⑤	④	③	②	①
27	The municipality has a board collaborating with people in job operation /projects for the elderly	⑤	④	③	②	①	⑤	④	③	②	①
28	The municipality organizes community hearing in the elderly projects.	⑤	④	③	②	①	⑤	④	③	②	①
29	The municipality organizes traditional activities to recognize the elderly values.	⑤	④	③	②	①	⑤	④	③	②	①

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30	The municipality promotes families and community to take care of the elderly.	⑤	④	③	②	①	⑤	④	③	②	①
31	The municipality promotes families and community to take care of the elderly.	⑤	④	③	②	①	⑤	④	③	②	①
32	The municipality encourages private sectors to co–projecting the elderly quality of life development	⑤	④	③	②	①	⑤	④	③	②	①
33	The municipality encourages the religious sector (e.g. monks and religious leaders etc.,) to participate in projecting for the elderly quality of life development.	⑤	④	③	②	①	⑤	④	③	②	①

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Part 3 Participation in the implementation of Elderly project with the Municipality

3.1 Reasons that people and the elderly participating in the job with the municipality

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……

3.2 Activities that people/the elderly **participate with** the municipality

……

……

……

3.3 Reasons that people and the elderly **not participating** in municipal public service for the elderly quality of life

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Part 4 Limitations and recommendations for the municipality to provide public service to improve the elderly quality of life

4.1 Limitations of the municipality to provide public service to improve the elderly quality of life ……

……

……

……

4.2 Recommendation in Public Servicing on the Elderly Quality of Life

……

……

……

Extend here my deepest thanks on your assistance to this response.

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BIOGRAHPY

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