International Journal of Innovation, Creativity and Change. www.ijicc.net
Volume 14, Issue 2, 2020

Service Model of the Disability Service Centre: Access to Rights and Social Welfare to Reduce Inequality for People with a Disability in Thai Society

Thijsanu Rodruksa[a], Somsak Amornsiriphong[b], [a,b]Faculty of Social Sciences and Humanities, Mahidol University, Thailand, Email: [a]tanate79@gmail.com, [b]somsak.amo@mahidol.ac.th

The objective of this study is to examine the service model of the disability service centre (DSC) to allow access to the rights, and social welfare services available to people with disabilities (PWD), in order to reduce inequality within the Thai society. The development of the study is made up of the groups of PWD, in the situation of inequality; and the service model at the DSC, also in the situation of inequality. The situation of inequality includes two parts. Firstly, access to the rights, and social welfare services for PWD, and secondly, the service model at the DSC. This study combines quantitative research methods to analyse the data of the questionnaires from 400 respondents with disabilities across four regions of Thailand, including in the Central, Northeast, South, and North, with qualitative research methods to analyse the information from the following sources: documents and previous research, in-depth interviews, group discussions, and workshops. At present, the research results show that PWD in Thai society have been facing inequalities in their access to the rights, and social welfare services, including life security, healthcare, occupations and incomes, social services, housing, recreation, and education. According to the analysis of the data, the most needed public services at the DSC include: information services, basic life supports, claiming services for social welfare, and coordination or supports from government agencies. In addition, the study found that the service models of the DSC to reduce inequality in Thai society should engage the following: the issuance of identification cards for PWD, subsidies, occupational training, social services, recreation, volunteer caretakers for PWD, and medical referrals for PWD. The service mechanisms at

the service centre for PWD should be composed of a network of assistants to support PWD, participation, key people in the local government organisations, and supports for the families of PWD.

Keywords: *Disability services centre, Access to rights and social welfare, Inequality, People with disabilities, Thai society.*

Introduction

Under the current capitalism, people with disabilities (PWD) experience inequality in society. People with disabilities comprise 15 per cent of the world's total population or approximately, 1 billion people around the world. In 2019, the estimated number of PWD was between 110 million (2.2 per cent) and 190 million people (3.8 per cent), while 2–4 per cent of them with significant disabilities faced problems in their occupations (World Bank, 2019). The increased number of PWD is caused by an aging population, and chronic health conditions (World Health Organization, 2018). On average, PWD are more likely to be affected with inequality resulting in worse social situations or more adverse economic statuses than those with no disabilities, including limited educational opportunity, healthcare issues, a low rate of employment, lower incomes despite increased costs of living, a higher rate of poverty, and no financial resources to afford medical treatments, especially in developing countries (World Bank, 2019). Therefore, the protection of the rights in equality is very important, in line with the Convention on the Rights of Persons with Disabilities by the United Nations (United Nations, 2019), and the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, also known as the Incheon Strategy to 'Make the Right Real' for Persons with Disabilities in Asia, and the Pacific (National Office for Empowerment of Persons with Disabilities, 2013).

As a developing country, Thailand is driven with a global and regional influence on the rights for PWD, and corresponding to the Sustainable Development Goals (SDGs) with the important principle: 'no one left behind' (Sub-Commission on Disability Affairs, 2019). While there is the 20-year national development strategy (2018–2037) in place to drive the Thai society to become an 'inclusive society', with social welfare and life security compatible with rapid changes in the world (Announcement National Strategy (2018-2037), 2018), Thailand is pursuing a national agenda of the equality of PWD. As a result, the Government has established the Disability Services Centre (DSC), a social innovation with a creative concept, which requires a network of collaborators from many agencies (Sub-Commission on Disability Affairs, 2019). The increased number of PWD likely causes a higher level of social impacts. According to the latest data in 2020, there are approximately 2,027,500 PWD or 3.05 per cent of the nation's population, which consists of 1,058,405 men or 52.20 per cent men, and 969,095 women or 47.80 per cent women. Regionally, there are 419,739 individuals with disabilities or 20.70 per cent in the central region, 816,609 individuals with

disabilities or 40.28 per cent in the Northeast, 244,301 individuals with disabilities or 12.05 per cent in the South, 447,834 individuals with disabilities or 22.09 per cent in the North, 92,324 individuals with disabilities or 4.55 per cent in Bangkok, and the remaining 6,693 individuals with disabilities or 0.33 per cent are in the process of being confirmed. Physically, there are 1,002,083 individuals or 49.42 per cent with mobile impairment, 382,615 individuals or 18.87 per cent with hearing impairment, 191,965 individuals or 9.47 per cent with visual impairment, 157,003 individuals or 7.74 per cent with mental or behavioural impairment, 138,552 individuals or 6.83 per cent with intellectual impairment, 123,306 individuals or 6.08 per cent with multiple disabilities, 14,563 individuals or 0.72 per cent with autism, 11,898 individuals or 0.59 per cent with learning impairment, and 5,515 individuals or 0.27 per cent are in the process of being confirmed. Socially, there are 71,184 individuals or 3.54 per cent with disabilities and no education or only a basic or lower education, 196,446 individuals or 23.23 per cent with disabilities and no occupation, and 328,309 individuals or 38.82 per cent with impossibly identified occupations (Department of Empowerment of Persons with Disabilities, 2020). In addition, there is an increased number of children with intellectual disabilities or autism who have been sexually abused, as well as those without proper care, due to poverty. One of the major problems now, is the lack of readiness of the DSC at the local administrative organisation level, which is mostly caused by legal issues, regulations, and budgets. Lastly, the most significant limitation and obstacle in the operation of the DSC is inaccessibility to the rights, and social welfare services, including the insufficient number of staff, the limited amount of budget, the inefficient equipment, the lack of coordination among the related agencies to support PWD, and the lack of the access to relevant information.

In summary, the problems of inequality among PWD are caused by inefficient operations at the DSC. Therefore, the researcher aims to find a proper service model of the DSC, which will allow PWD to access the rights, and social welfare services, and in an effort to reduce inequality for PWD in Thai society. The researcher hopes that PWD who are entitled to their rights, and social welfare services, will receive better support from the Government for an improved life quality and according to the principles of sustainable development.

Literature Review

Previously, PWD were separated into groups based on their physical impairment, such as the blind, deaf, and amputee (DePoy & Gilson, 2004). A variety of treatments for PWD in the public divided people into 'the normal', and 'the abnormal', leading to limited opportunities, discrimination, and abuse towards PWD. While PWD were stigmatised as 'incompetent people', they were discriminated in society, starting from being referred to in a negative term. Although the understandings about PWD have become more reasonable at present, negative thoughts, images or definitions towards PWD are inherited in society. Stone (1981) and

McBride (1963) state that disabilities cause people limitations of roles, and occupations, according to social expectation, such as self-care, family, relationship, education, recreation, earnings, and careers because of the abnormal functions of the body as a result of injuries, congenital diseases or disorders. Disabilities may be temporary or permanent. The World Health Organization (1980) announced three definitions of disabilities: (1) an impaired structure and shape of a body, (2) a limitation or a lack of abilities to perform any activity due to any impairment, and a (3) handicap from a disorder and impairment. The disadvantages then reflect the interaction and adaptation to the environment of each individual. However, Hammerman and Maikowshi (1981) explained that PWD may have no disadvantage or limitation, if supported by a family or any physical facilities to remedy or get rid of such disadvantages.

The rights of PWD began in 1922. Many countries jointly established an international society for the rehabilitation of the disabled. In 1948, the United Nations General Assembly adopted a resolution on the universal declaration of human rights, basic freedom, and equality of all human beings without discrimination, with the participation of PWD in society, economy, and politics (United Nations General Assembly, 1948). In 1971, there was a declaration for PWD to be entitled to medical services, education, and vocational training, and the rights to be protected from any abuse, such as insult, and violence (United Nations General Assembly, 1971). In 1975, the standard of treatments for PWD was set according to equality in society, and respects for human dignity (United Nations General Assembly, 1975). In 1977, the United Nations General Assembly established a fund to support activities related to PWD. In 1981, the United Nations declared the International Year of Disabled Persons (IYDP). In 1982, the United Nations World Program of Action Concerning Disabled Persons was a guideline for every country to protect the rights, and welfare of PWD (United Nations General Assembly, 1982). The United Nations announced that the decade of the United Nations for PWD started from 1983 to 1992 (United Nations General Assembly, 1982), and in 2015, the United Nations announced the goals for sustainable development, with one of the key goals being to reduce social inequality (Sachs, J., et al, 2019).

Inequality is related to those who lack opportunities in society, such as PWD, causing injustice. People are born 'with differences' (Ativich, 2015) causing inequality. Nowadays, it is undeniable that Thai society is made up of a high level of inequality because of economy, society, and a limited access to rights. If inequality is caused by those structural problems, the solutions require the power of the State to handle inequality for the underprivileged (Sarinee, 2011). The concept of the DSC includes significant powers and duties in the administration, as well as management of the benefits to promote the rights, and the development of the life quality among PWD, and at every level to be thorough, and fair, without discrimination. Currently, to reduce differences or inequality among PWD in Thailand, is the establishment of a DSC at two levels. Firstly, the provincial DSC established by the provincial office to

promote and support the benefits and development of life quality in the province, and in collaboration with the general DSC, and secondly, the general DSC. The general DSC can be divided into two types. Firstly, established by the organisation related to PWD or any other organisations with certifications for the establishment, and secondly, established by local government agencies to provide particular services for PWD at the local level, according to the type of disabilities.

Research Methodology

The research and development of this study was comprised of the situation of inequality among the groups of PWD, and the service models of the DSC. The two situations of inequality were the access to the rights, and social welfare services for PWD; and the service of the DSC. This research integrated two methods. Firstly, quantitative research to analyse the data from the survey to learn about general information regarding PWD, as well as the current situations of inequality in the access to the rights, and social welfare services at the DSC. Secondly, qualitative research to analyse the in-depth interviews, group discussions, and workshops.

For the quantitative data, the researcher determined the sample groups in four regions of Thailand — the Central, Northeast, South, and North — with a multistage sampling method from a regional level to a local or community level. The formula of Taro Yamane (Yamane, 1967) was applied for calculation. There were 400 respondents in this research. The data was collected within the communities of PWD in the targeted areas. The questionnaires were used to examine the validity, and reliability. In terms of the validity, it firstly examined the contents validity of the set of questions or statements for measurement, if covering the natures of the measured concepts (Polit & Beck, 2008), and in order to represent the complete content of the interests (LoBiondo-Wood & Haber, 2010). Secondly, the validity was assessed in terms of the purpose. The assessment of reliability considered the questionnaires in representing the inequality for PWD on access to the rights, and social welfare services in Thai society, at a rate of 0.972, as well as the questionnaires on the service of the DSC, at a rate of 0.923.

For the quality data, four methods of the analysis were applied as follows: (1) the analysis of documents and research; (2) the analysis of in-depth interviews with different groups of people selected with a specific sampling method, including (2.1) 40 PWD from all regions, (2.2) five academic staff, and (2.3) ten staff who work with PWD; (3) four group discussions divided into 3–5 people per region; and (4) one workshop with 35 experts, with those who work in the field of disabilities, including academic personnel, government officials at the management level or head of government agencies related to PWD, the NGOs, and PWD who work in the public and private sectors. After the analysis and synthesis of the data, the

research results aimed to find a suitable model at the DSC to reduce inequality in Thai society.

Research Results

The research results revealed that people with disabilities (PWD) consisted of women at 53.8 per cent, and men at 46.2 per cent. Most of the PWD were 60 years old or over, at a rate of 30.8 per cent. The rest were made up of those at the age of 20–29 years or 17.2 per cent, as well as those at the age of 50–59 years or 17.0 per cent. A total of 37.5 per cent of PWD had no education, and 49.6 per cent only had a basic education. A further 56 per cent had no career. The physical disabilities were divided into mobile impairment at 50 per cent, hearing impairment at 18.8 per cent, visual impairment at 18.5 per cent, intellectual impairment at 5.2 per cent, mental or behavioural impairment at 2.8 per cent, autism at 2.5 per cent, and learning impairment at 2.2 per cent. The causes of disability were from accidents at 37.5 per cent, from illnesses at 31.2 per cent, and at birth at 28.8 per cent. Most PWD or 62.0 per cent lacked supporting equipment, and facilities.

Inequality among PWD in Current Thai Society

The research results show that PWD are facing the worst inequality in their access to the rights, and social welfare services, as follows. Firstly, an inequality of life security (Mean [$\bar{x}$] = 4.39, Standard Deviation [SD] = 0.78), presented through a lack of understanding in the families, communities, and societies of PWD, resulting in being restricted only in their residences and according to the bias, and discrimination against PWD. Secondly, the inequality of healthcare ($\bar{x}$ = 4.38, SD = 0.74), presented through a lack of caregivers for PWD, resulting in being restricted from performing important living tasks. Thirdly, an inequality of occupations and incomes ($\bar{x}$ = 4.37, SD = 0.88), presented through the high level of unemployment because of their impaired physical conditions, obstructing employers from believing in their capabilities in handling the role responsibilities, and causing the deprivation of occupations, and a lack of work security. Fourthly, an inequality of social services ($\bar{x}$ = 4.32, SD = 0.81), presented through unequal and unfair services when compared between PWD, and without disabilities, especially in legal services, and assistants in lawsuits. Fifthly, an inequality of housing ($\bar{x}$ = 4.29, SD = 0.80), presented in the unsafe, unsuitable, inconvenient, and unhygienic living conditions of PWD, without any assistance from any government agencies to improve or repair their housing conditions. Sixthly, an inequality of recreation ($\bar{x}$ = 4.25, SD = 0.99), presented through a lack of opportunity to access recreation facilities, such as public parks provided by the Government to improve well-being in the community, as well as to participate in any recreations, treatments, and rehabilitation activities, such as exercise organised by a government agency or public hospitals. Seventh, an inequality of education ($\bar{x}$ = 4.23, SD = 0.89), presented through the lack of the rights, and

opportunity to access the necessary information technology, skills, and educational learning process for PWD. Moreover, the majority of PWD are not informed about the rights, and social welfare services due to limited news, and information in public circulation, despite their ownership of television, radio, the internet or online media. Elderly PWD who live in rural or remote areas are informed through the local government organisation about the assistance of the rights, and social welfare services. The persons with disabilities who live alone, face more difficulties than those who stay with their families, due to untimely care or the limited social welfare services provided by the Government. While most PWD are in poverty, an allowance of 800 baht per month is provided by the Government to provide a daily livelihood. Children with disabilities who have been sexually abused, mostly with intellectual disabilities, and autism, lack an understanding of the situations which pose difficulties in pressing charges, while the government agencies may not help the victims in a timely manner.

The Rights and Social Welfare Services to Meet the Needs of PWD

The research results show that the rights, and social welfare services which are most needed by PWD are as follows. Firstly, life security ($\bar{x}$ = 3.12, SD = 0.96), indicating acceptance as part of society, and entitlement of the rights and liberties, as the most important need. Secondly, healthcare ($\bar{x}$ = 3.06, SD = 0.84), by providing volunteer caretakers for PWD, medical visits to the area to treat PWD at their residences, and medical referrals to agencies or hospitals or institutions or organisations equipped with the expertise and supporting devices relevant to each type of disability. Thirdly, occupations and incomes ($\bar{x}$ = 3.04, SD = 0.96), by eliminating discrimination in employment, providing fair incomes, and accepting the competence of PWD. Fourthly, educational and social services ($\bar{x}$ = 2.91, SD = 0.94, 0.88), by providing educational assistance consistent with the present circumstances; the rights of a special basic education at birth, and free of charge; convenient contacts, and fast services facilities; public transportation, including buses, electric trains, and subways, with ramps or braille block footpath or universal toilets for the convenience of travelling, professional training or specialised education; and assistance from a local DSC. Fifthly, housing ($\bar{x}$ = 2.78, SD = 0.89), by providing assistance to repair or improve housing, such as toilets with rails. Sixth, and lastly, recreation ($\bar{x}$ = 2.71, SD = 0.88), by providing opportunities for PWD to participate in sports programs organised by the Government, educational institutions, communities or local administrative organisations for the development of the life quality among PWD, as well as by organising sports clubs or events for PWD.

Current Service of the DSC

The research results reveal that the following services of the DSC are most needed. Firstly, information services ($\bar{x}$ = 3.01, SD = 0.78), for PWD to be provided with more information about benefits, and social welfare. Secondly, basic life supports ($\bar{x}$ = 2.97, SD = 0.90), by providing professional help to PWD. Thirdly, claims ($\bar{x}$ = 2.96, SD = 0.91), which are submitted on behalf of PWD for benefits and social welfare services, the justice process on the cases of sexual assault and abuse, and the rights of medical cares and procedures. Fourthly, coordination with government agencies, and private organisations ($\bar{x}$ = 2.95, SD = 0.94), to provide suitable equipment for PWD, such as wheelchairs, canes, and hearing aids. In addition, the research results indicate that the provincial DSC has propelled the local administrative organisations to establish a general DSC at the local level, in an effort to facilitate access to the rights, and welfare services for PWD in the local community.

Service Model of the DSC

The findings from the content analysis and synthesis, with a careful review of information, lead to the descriptions of the service model at the DSC, as follows. Firstly, the issuance of an identification card for PWD, as the first priority to open a door to rights, and social welfare services. Secondly, a subsidy to help PWD who are experiencing poverty, and difficulties in a rural area, in order to provide the basic necessities to them. Thirdly, the career promotion organised by government agencies in cooperation with the private sector, such as the Department of Employment, and local government organisations in cooperation with private companies to hire PWD to work at their companies. Fourthly, the social services provided by the DSC with fairness, willingness, convenience, and a timely manner to solve problems for PWD, and eliminate discrimination in Thai society. Fifthly, the recreations provided and facilitated by the DSC, such as sports programs or exercise in the park for PWD, and appropriate sport equipment for rehabilitation. Sixthly, developing volunteer caretakers supported by the DSC, by encouraging people in the community to volunteer as caretakers to be eyes and ears in the protection, and assistance of PWD. Seventh, and lastly, medical referrals provided by the DSC to send PWD to rehabilitation centres or public hospitals with expertise to help PWD on a case-by-case basis.

Service Mechanisms of the DSC

The service mechanisms at the DSC consist of social processes in the diverse problems, and needs of PWD, as follows. Firstly, an effective network of volunteer assistants for PWD in collaboration with the Government, private sector, local administrative organisations, civil society, people in the community, and families to systematically integrate cares for PWD in their own communities. Secondly, participation from all parties in the process of helping

PWD, such as community public hearings and recommendations on the solutions and prevention, by involving local people in the opportunity to consider, share, and initiate better guidelines, policies, plans, and practices of the services for PWD. This will encourage the support and intimacy among all people in the community. Thirdly, the leadership of local government organisations to support policy in the field of operations and counselling for those PWD, according to their various needs. Fourthly, an open communication between the families of PWD, and the DSC to create mutual understandings, and strengthen the support system, in all forms, to prevent PWD from being abandoned.

Discussion

The research results reveal that most PWD are the elderly, with the tendency of an increased number in accordance with the report by World Health Organization (2018). This higher number of PWD is caused by an increasingly aging population, and a rise in chronic health conditions. Most people have physical disabilities, in line with the report by the Department of Empowerment of Persons with Disabilities (2020). In Thailand, the number of people with a mobile or physical disability is up to 49.42 per cent, while the current situation of inequality among PWD is at the highest level due to poverty, without any assurance in life (General Assembly of the United Nation, 1975). First, the lack of social involvement among PWD (United Nation, 2006) results in the inequality of life security. Although humans were born with differences, collaboration among individuals in society can reduce inequality (Ludwig, 1998), in line with the recent announcement by the United Nations on "Transforming Our World: The 2030 Agenda for Sustainable Development", as well as the development for PWD to reduce inequality (World Bank, 2020). Regarding an inequality of healthcare, the current discrimination continues to exist in the public. In accordance with Vergunst, R. et al. (2017), PWD are facing obstacles to access healthcare services, especially those in low-income, and middle-income countries. Moreover, there is significant inequality between the countryside, and the city. Likewise, Gudlavalleti V. (2018) suggested that the needs of PWD in healthcare are more important than those without disabilities. A standard of poor health among PWD is often found in countries with low, and middle levels of income. Moreover, Soltani, S. et al. (2017) states that the cultural barriers to healthcare services for PWD is an unwillingness to provide health services, and disrespect for PWD. Sakellariou and Rotarou (2017) have suggested that healthcare reforms, which are based on neoliberal systems, has led to the inequality, and stratification of healthcare services affecting the health of PWD. As to the inequality of careers, and incomes, the problems can include the deprivation of employment due to capitalism, considering PWD are unable to fulfil their responsibilities, and perform well in their duties. Injustice and oppression are clearly suggested (Marx & Engels, 1977), especially through the inequality of incomes. The level of inequality has been increasing since the early nineteen-eighties (Gabriel, 2019), which is like that which has been suggested by Hanass-Hancock and McKenzie (2017). Persons with disabilities are affected

by poverty-related issues, such as lower education, and fewer employment opportunities. Moreover, households with disabilities have significantly lower incomes than those without disabilities, and even worse, in the households of people with severe disabilities. This inequality also varies according to the types of disabilities. The inequality is found through unwilling, and unfair services at the DSC, as a result of a large number of PWD who attend for the service. The inconvenience of services can easily be solved with personnel's willingness for the services (Nicholas, 1975). An inequality of housing, in accordance with the Sub-Commission on Disability Affairs (2019), is solved with a budget for the improvement of housing for PWD. Although, the amount of the budget is limited to meet all the needs. However, government agencies, especially local administrative organisations, have come to help with the housing of PWD, according to basic necessities. On the topic of the inequality of education, Peters S. J. (2008) suggested that PWD are excluded from both the formal, and information educational sector, and it has become a global phenomenon. Vergunst, R. et al. (2017) also suggested that higher education can reduce barriers, and an increased severity of disabilities.

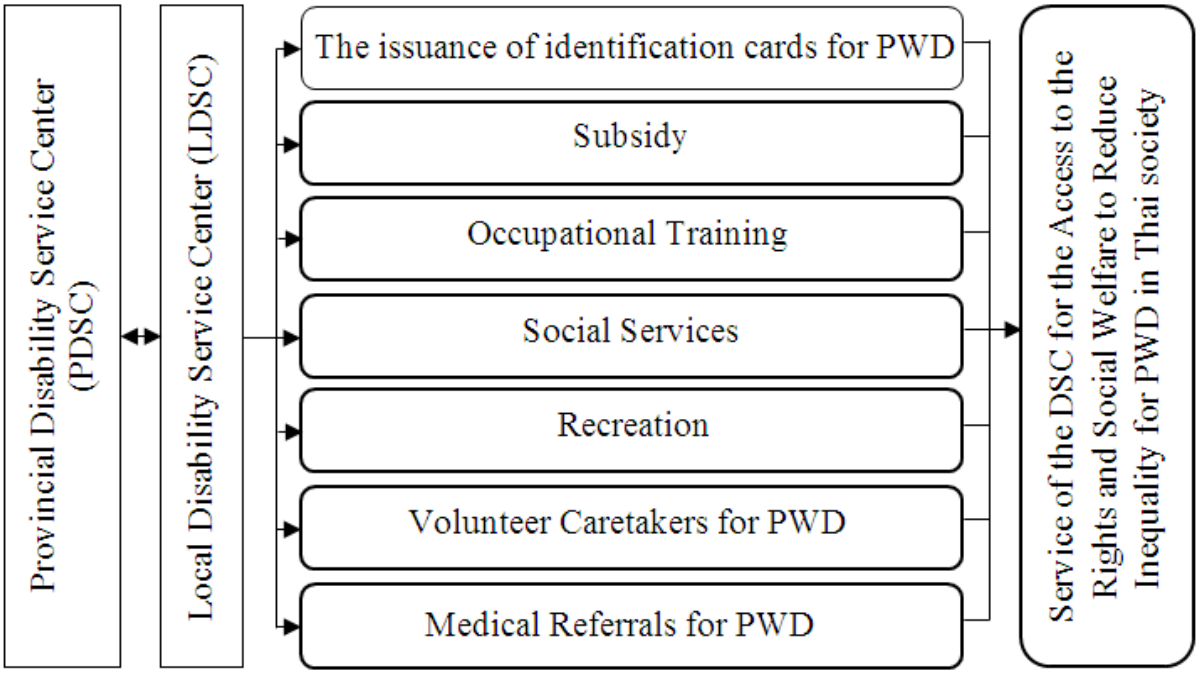
The services at the DSC, especially the provincial DSC, still consist of a large gap. The researcher contemplates that the local administrative organisations should be encouraged in the establishment of a general DSC, at the local level, in line with the National Plan on the Development for the Life Quality of PWD, No. 5, 2017–2021, which supports the establishment of the DSC. Likewise, Ratchanee et al. (2011) state that the forms of rehabilitation for PWD may be established in specific areas. The DSC and the service model for PWD should emphasise on the related institutions, such as families, and people in the community, to help take care of one another. In addition, the issuance of an identification card for PWD should be promoted, while budget and career promotions are provided to increase incomes for PWD. If PWD have access to the services at the DSC, the researchers believe that PWD will have a better quality of life, and one certainly with equality.

Conclusions

The research results do not consider PWD in terms of social work. Instead, the research results aim to promote the rights of PWD in society through access to social welfare services provided by the Government, in the form of the effective performance and operation of the DSC, to reduce inequality among the groups of PWD in Thai society. There are two levels of the DSC. Firstly, the provincial DSC, and secondly, the general DSC. The general DSC can be divided into two types. Firstly, that which is established by the organisation related to PWD, and secondly, that which is established by the local government organisations. Local government organisations are considered more capable of the establishment of the DSC because they are government agencies, which are equipped with local personnel, area restrictions, and knowledge about the people in the local community. Therefore, this research

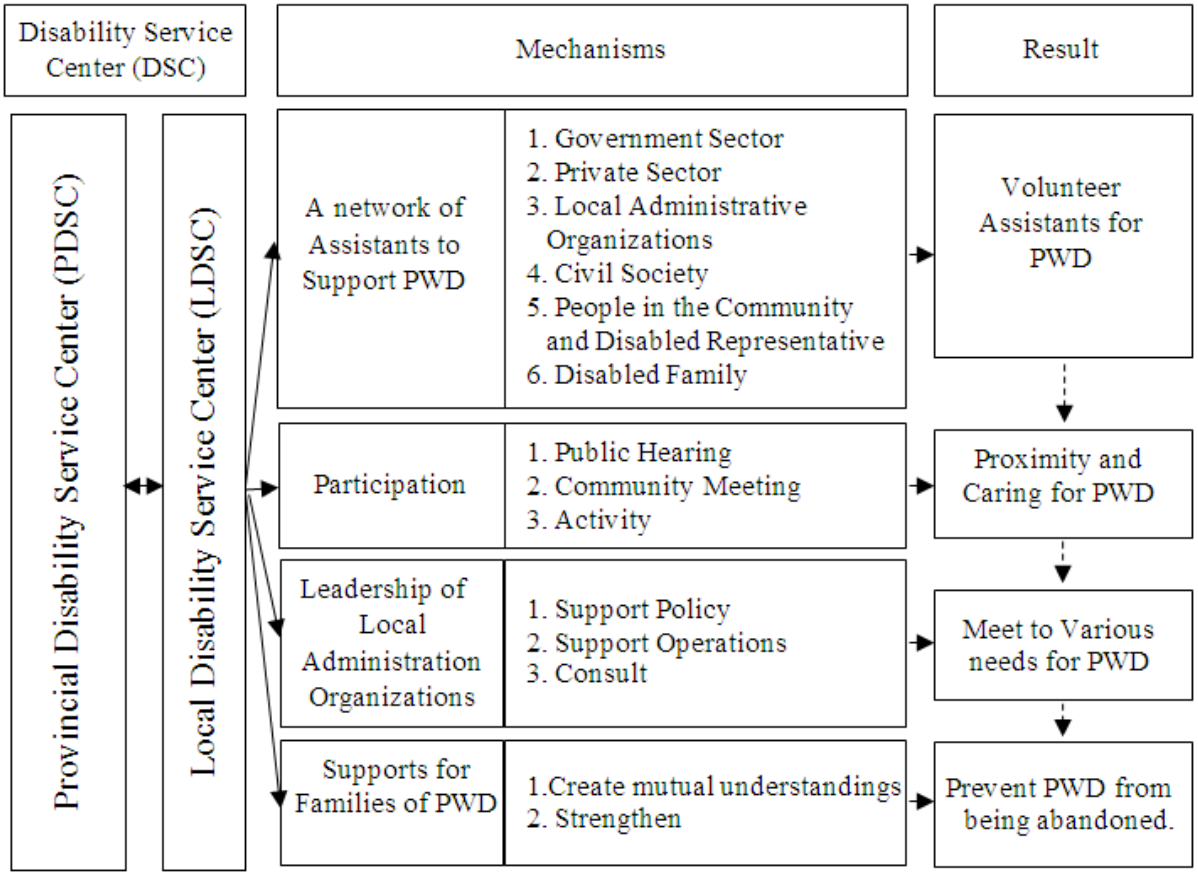
focusses on the general DSC established by the local administrative organisations or what is also called the local DSC, which refers to a select number of establishments nowadays. The provincial DSC, and local DSC must be committed to work together for the development of many aspects, with the systematic analysis, and synthesis of information to crystallise the service model of the DSC. The researcher believes that the continuing implementation will definitely reduce inequality among the groups of PWD in Thai society.

Figure 1. Service Models of the DSC for Access to Rights and Social Welfare Services



In addition, the research results reveal the efficient operating mechanisms of the service models at the DSC to allow the appropriate access to rights, and social welfare services for PWD.

Figure 2. Service Mechanisms with Access to Rights, and Social Welfare Services at the DSC



Recommendations

1. The Government, and the relevant government agencies should set a policy, as a national agenda, to reduce inequality among PWD in Thai society. The continuing implementation of the National Plan for the Development of the Quality of Life among PWD should also comply with sustainable development.
2. The Government, Ministry of Social Development and Human Security, and Department of Empowerment of Persons with Disabilities and Human Security should subsidise more services for PWD, especially those with multiple disabilities, bedridden patients, abandoned people, the elderly, and those experiencing poverty, through the provincial DSC, and general DSC at the local level.
3. The Department of Empowerment of Persons with Disabilities, Ministry of Social Development and Human Security, and the provincial DSC should jointly organise training for government officials, and personnel of local administrative organisations to understand their roles and responsibilities as public service providers for PWD, in order to enhance the capacity of a local administrative organisation in establishing a

DSC at the local level. In addition, the qualifications of officials or personnel at a local government organisation should be specified or require a social work professional license to be compatible with the tasks in providing public services to PWD.

Acknowledgments

The author would like to thank the National Research Council of Thailand (NRCT) for supporting Graduate Research Grants for the academic year 2017, in this research study.

REFERENCES

Department of Empowerment of Persons with Disabilities. (2020). *Report of the situation of persons with disabilities in Thailand*. Data is processed from the Central Persons with Disabilities Database, Ministry of Social Development and Human Security. data as of 31 March 2020. Retrieved from http://dep.go.th/Content/View/6113/1.

DePoy, E., & Gilson, S.F. (2004). *Rethinking disability: Principles for professional and social change*. Pacific Grove, CA: brooks-cole.

Gabriel, z. (2019). global wealth Inequality. Department of economics, University of California at Berkeley, *Annual Review of Economics*, volume 11:109-138. https://doi.org/10.1146/annurev-economics-080218-025852.

Gudlavalleti, V. (2018). Challenges in Accessing Health Care for People with Disability in the South Asian Context: A Review. *International journal of environmental research and public health*, 15(11), 2366-2369. doi: 10.3390/ijerph15112366.

Hammerman, Susan and Maikowshi, S. (1981). *The economics of disability international persection*. New York.

Hanass-Hancock, J., & McKenzie, T. C. (2017). People with disabilities and income-related social protection measures in South Africa: Where is the gap?. *African journal of disability*, vol. 6, pp. 300-306. doi: 10.4102/ajod.v6i0.300.

Lobiondo-Wood, G. & Haber, J. (2010). *Nursing research: Methods and critical appraisal for evaluation-based practice*. 7thed. St. Louis: Mosby.

Ludwig von Mises. (1998). *Human Action: A Treatise on Economics*. The scholar 'edition. The Ludwig von Mises Institute.

Marx, K. and Engels, F. (1977). *Selected Works Vol.1*. Moscow: Progress Publishers.

McBride, *Earl D. (1963). Disability evaluation*: *Principles of treatment of compensable injuries*. 6th ed. Philadeldelphia, Lippincott.

National Office for Empowerment of Persons with Disabilities. (2013). *Convention on rights persons with disabilities*. National Persons with Disabilities Ministry of Social Development and Human Security, Thailand.

Nicholas Henry (1975). Paradigms of Public Administration. *Public Administration Review*, Vol. 35, No. 4. (Jul. - Aug., 1975), pp. 378-386. http://www.jstor.org/stable/974540.

Peters S.J. (2008) *Inequalities in Education for People with Disabilities*. In: Holsinger D.B., Jacob W.J. (eds) Inequality in Education. *CERC Studies in Comparative Education*, vol. 24. Springer, Dordrecht, pp 149-171. https://doi.org/10.1007/978-90-481-2652-1_6.

Polit, D.F. & Beck, C.T. (2008). *Nursing research: Generating and assign evidence for nursing practice*. 8thed. Philadelphia: Lippincott.

Sachs, J., Schmidt-Traub, G., Kroll, C., Lafortune, G., Fuller, G. (2019). *Sustainable Development Report 2019*. New York: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).

Sakellariou, D., & Rotarou, E. S. (2017). The effects of neoliberal policies on access to healthcare for people with disabilities. *International journal for equity in health*, 16(1), 199-206. doi: 10.1186/s12939-017-0699-3.

Sarinee Achavanuntakul. (2011). *Inequality, portable version*. Reform Office Bamrasnaradura Institute Bangkok: 1st edition, Thai Publishing.

Soltani, S., Takian, A., Akbari Sari, A., Majdzadeh, R., & Kamali, M. (2017). Cultural barriers in access to healthcare services for people with disability in Iran: A qualitative study. *Medical journal of the Islamic Republic of Iran*, 31, 51. Volume 31, Issue 1, 1-17 . doi: 10.14196/mjiri.31.51.

Stone, Deborah A. (1981). *The definition and determination of disability in public programmers, in Albrecht, L.* Gary edited Cross National Rehabilitation Policies: Sociological Perspective, Sage.

Sub-Commission on Disability Affairs. (2019). Monitoring of operations at the general service center for people with disabilities. Commission on social affairs for children, youth, women, elderly, the disabled and the underprivileged, national legislative assembly. *Naewna Newspaper, Social Development Station Column, Problems and Obstacles in the Establishment and Operation at the General Service Center for People with Disabilities.* Issue No. 1, 8, 22, 29, June 2019, and Issue No. 6, 13, 20, July 2019. Retrieved on 23 July 2019, from https://www.naewna.com/columnist/1151.

United Nation. (2006). *Convention on the rights of persons with disabilities and optional protocol.* Retrieved from https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

United Nation. (2019). *Disability and development report: Realizing the Sustainable Development Goals by, for and with persons with disabilities 2018*. Department of Economic and Social Affairs, United Nation, New York 2019. Retrieved from https://www.un.org/disabilities/documents/2019/UN-flagship-report-disability-7June.pdf.

Vergunst, R., Swartz, L., Hem, K. G., Eide, A. H., Mannan, H., MacLachlan, M., Schneider, M. (2017). Access to health care for persons with disabilities in rural South Africa. *BMC health services research*, 17(1), 741-745. doi: 10.1186/s12913-017-2674-5.

World Bank. (2019). *Social Development: Disability inclusion*. Context, Apr 04, 2019. Retrieved from https://www.worldbank.org/en/topic/disability.

World Bank. (2020). *Social Development: Disability inclusion*. Context, Apr 01, 2020. Retrieved from https://www.worldbank.org/en/topic/disability.

World Health Organization. (1980). *International Classification of Impairments, Disabilities, and Handicaps*. A manual of classification relating to the consequences of disease, *Published in accordance with resolution WHA29.35 of the Twenty-ninth World Health Assembly*, May 1976.

World Health Organization. (2018). *Fact Sheet Reviewed*. 16 January 2018. Retrieved from https://www.who.int/en/news-room/fact-sheets/detail/disability-and-health.

Yamane, T. (1967). *Statistics, an introductory analysis*, 2ndEd., New York: Harper and Row.