



Strategies for Addressing Inequality in Access to Social Welfare for Elderly Individuals with Disabilities, through Participatory Multisectoral Involvement in Uttaradit Province

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Abstract

The purposes of this research were to investigate the conditions and factors influencing inequality in access to social welfare for elderly individuals with disabilities in Uttaradit Province; to develop strategies; and to formulate policy recommendations for strategies addressing the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit Province, utilizing a research methodology that integrates both quantitative and qualitative approaches. Through quantitative research, the study focused on a sample group comprising 205 elderly individuals with disabilities. The sample was selected using a Multi-stage Sampling method. Data were collected through questionnaires and analyzed using frequency distribution, percentage, mean, standard deviation, and Multiple Regression Analysis. For the qualitative research component, in-depth interviews were conducted with four groups of social actors: administrators, operational personnels, community leaders, and local representatives of the elderly or caregivers of the elderly with disabilities in the Uttaradit Province, totaling 20 individuals. The strategies were developed in a focus group, while the evaluation of strategic suitability was performed by experts who specialized in provision of social welfare for elderly people at local and national levels. The data were analyzed with Content Analysis methods. The research findings revealed that the overall situation of inequality in access to social welfare for elderly individuals with disabilities in the Uttaradit Province was at a moderate level. Factors related to policy support, local-level management, service resources, collaboration among relevant organizations, and perception of personal rights contributed jointly to predict the inequality in access to social welfare for elderly individuals with disabilities in the area, accounting for 42.3%. The six formulated strategies included 1) establishing a policy mechanism to promote access to social welfare for elderly individuals with disabilities at the local level, 2) enhancing the quality of social welfare management to meet standards, 3) promoting and connecting collaborative networks across all sectors, 4) advocating proactive measures to promote comprehensive and equal access to social welfare rights, 5) developing knowledge, databases, technological innovations, and community-friendly amenities to support daily living, and 6) monitoring and evaluating the outcomes of social welfare access based on participatory principles. The developed strategies presented a feasible and appropriate overview for practical implementation. With regard to policy recommendations at local level, it should establish canons, ordinances, or regulations for supporting and enhancing the quality of life for elderly and disabled individuals, encourage supplementary occupation, foster saving as well as investment, and expand social care systems for the elderly. At provincial level, it should connect operational plans both departmental and ministerial levels with provincial development plans, empower the support for network partners as well as entrepreneurs to create technology and innovation for rehabilitating elderly individuals with disabilities. At governmental level, it should focus on the integration from operations across multiple sectors to solve the inequality in access to social welfare for elderly individuals with disabilities under dimensions of health, lifelong learning and education, vocational promotion and income, housing, recreation, justice process, and general social services.

Keywords: Strategies for Addressing Inequality, Social Welfare, Elderly Individuals with Disabilities

Introduction

Thailand has transitioned into a Complete Aged Society since 2021, and it is anticipated that by the year 2578 B.E. (Approximately 2035 A.D.), the elderly population will constitute around 30% of the total population (Foundation of Thai Gerontology Research and Development Institute (TGRI), 2022). This demographic shift is



attributed to advancements in medical and public health sciences, leading to increased life expectancy. However, as the population ages, the likelihood of susceptibility to illness, infectious diseases, or disability to the extent of being unable to care for oneself also increases. According to the report on the situation of persons with disabilities in Thailand as of December 2022, there are 1,219,036 elderly individuals with disabilities, accounting for 56.61% of the total disabled population nationwide that the majority of the disabled elderly face mobility or physical disabilities, totaling 702,094, followed by those with hearing or communication impairments and visual impairments, respectively (Ministry of Social Development and Human Security, 2022). In addition, most of the elderly with disabilities are likely to be bedridden patients or require cares and assistances because their body conditions have been declining by age. This risks to individual health and acquires extra care over other age ranges, together with those in retirement with no income or earning income less than working age (Foundation of Thai Gerontology Research and Development Institute (TGRI), 2017). As a result, the elderly population increasingly relies on health and various social welfare services provided by the government.

While during the recent period, the government has formulated policies and various measures with a focus on creating entitlements to ensure that the elderly can access comprehensive social welfare across the four main pillars, namely social services, social insurance, social assistance, and social enterprise support, within the scope of social services in seven dimensions. These dimensions include education, health, housing, employment and income, justice processes, recreation, and general social services. It should be noted that the provision of social welfare for the elderly may involve varying operational approaches and development intensity across different domains (Foundation of Thai Gerontology Research and Development Institute (TGRI), 2022). However, a review of research in Thailand evaluating the government's provision of entitlements for the elderly or disabled individuals reveals that only 19.1% of the elderly perceive their entitlements according to the Elderly Act at a high level. In addition, 41.1% perceive the low level of personal rights. Importantly, a significant majority, 97.6%, are aware of and utilize their entitlement to receive a livelihood allowance (Lophongpanit, 2017). For other welfares, the accessibility has been relatively low such as suitable occupational training or employment, convenient and safe facilities for elderly individuals in buildings, transportations, or public services that limit the majority of the elderly to access those rights (Bunpool, 2021). The mentioned issues highlight the inequality in accessing state welfare based on the rights of the elderly or persons with disabilities. This may stem from limitations due to disabilities or a lack of awareness regarding their rights, coupled with mobility issues such as paralysis, motor impairment, visual impairment, or optic nerve damage from diabetes, among others. Additionally, the inability to interact or participate in activities with others is a contributing factor. This is compounded by the existing public health and social service systems that are intermittently responsive and characterized by temporary relief efforts (Department of Older Persons (DOP), 2020). Furthermore, policy support factors reveal inequality, particularly in the entitlement to healthcare under the health insurance system. Insufficiencies in resources for service provision, including facilities, personnel, and equipment, are evident. Notably, there is a lack of comprehensive public relations concerning the social welfare of elderly persons with disabilities. Moreover, there is a deficiency in proactive measures to facilitate the utilization of various rights. Management factors at the regional level vary based on available resources, and service recipients often lack perception of their personal rights. Consequently, the inability to access social welfare adversely affects the rehabilitation of physical capabilities for elderly persons with disabilities, which is a crucial initial step towards accessing other entitlements (Lophongpanit, 2017).



The critical policy gap lies in the strategic management that mitigates the severity of factors contributing to the inequality in accessing social welfare for elderly individuals with disabilities. Emphasis should be placed on proactive initiatives to create opportunities for stakeholders to actively participate in shaping policies related to enhanced welfare provision. This approach aims to reduce the level of inequality in accessing assistance programs provided by the state (Satidporn et al., 2017). Specifically, local government organizations should strategically plan, formulate annual action plans, and allocate budgets to support various welfare aspects for the elderly in their respective areas. This involves fostering collaboration with relevant agencies and aligning measures with the National Agenda on the Elderly to serve as a framework and guide for the development of elderly-focused initiatives (Bunpool, 2021). In light of these reasons, establishing appropriate measures is a crucial mechanism to enable elderly individuals with disabilities to access state services and welfare comprehensively. Beyond improving the quality of life for disabled elderly individuals, it also effectively addresses the inequality in accessing social welfare. This aligns with the constitutional principles of the Kingdom of Thailand, as stipulated in Article 27, emphasizing equality before the law, rights, freedoms, and protection under the law without discrimination based on factors such as origin, race, language, gender, age, disability, or any other grounds that violate constitutional provisions (The Secretariat of the Senate, 2021). Additionally, it is in line with the Persons with Disabilities Empowerment Act of 2007, emphasizing the importance of care by delineating rights and welfare to facilitate convenience in accordance with the inherent rights of persons with disabilities.

Uttaradit Province is located in the lower northern region of Thailand, and it has experienced notable expansions in the realms of economy, society, and technology. According to the report on the situation of the elderly in Uttaradit province, in the year 2021, the total population reached 448,745 individuals. Among this population, there were 99,772 elderly individuals, constituting 22.23 percent of the total population. Additionally, there were 14,003 elderly individuals with disabilities, with the highest prevalence of disabilities related to mobility or physical impairment. Subsequently, there were disabilities related to hearing or communication, followed by visual impairments (Uttaradit Provincial Social Development and Human Security Office, 2021). From the report on the development plan of Uttaradit province for the years 2018–2022, it has been pointed out that the proportion of elderly individuals in Uttaradit province has been rapidly increasing. This has resulted in a notable shift in the economic dependency ratio among different age groups. Traditionally, the population relied more on the working-age population than on the elderly. However, in the near future, there will be a higher dependence on the working-age population by the elderly. The ratio of the working-age population to the elderly is expected to decrease to only 2 individuals for every 1 elderly person in the next 30 years. Meanwhile, the readiness of government agencies in the region of Uttaradit province to accommodate the aging society remains insufficient. While there is an increasing awareness and involvement of communities in providing welfare and care for the elderly, generally, there are still weaknesses in terms of awareness of issues and long-term preparation. The issue of healthcare standard facilities remains concentrated in urban areas and has not been universally extended to remote districts, particularly in Ban Khok District, Uttaradit province. This district is one of the nine districts in Uttaradit province located at a considerable distance from the provincial center, approximately 174 kilometers. The district of Ban Khok is situated in a high plain area adjacent to Laos with the number of 419 elderly individuals with disabilities. The district encounters diverse flows of flash flood, landslide, and drought. These issues exacerbate the hardships faced by the elderly in accessing social welfare. The information is therefore a crucial variable that apparently illustrates the existing situation, particularly the clear inequality between urban and rural populations that impacts



their quality of life and access to government services (Strategy and Information for Provincial Development Group, Uttaradit Province Office, 2019). Hence, urgent tasks to align with the provincial development plan are to provide social protection for elderly individuals in remote areas to become self-dependence. To appropriately establish an infrastructure system for living is essential for elderly individuals with disabilities to access social welfare comprehensively, equally, and justly.

From the above issues, the researchers focuses on studying the situation and factors influencing the inequality in access to social welfare for elderly individuals with disabilities in Ban Khok district, Uttaradit province. This study aims to provide fundamental information for developing strategies to address inequality in access to social welfare for elderly individuals with disabilities. It emphasizes the importance of collaborative participation involving various stakeholders in Uttaradit province, including the Uttaradit Office of Social Development and Human Security, the Community Development Office, local government organizations, community hospitals, private sector entities, and communities. As a policy proposal for the inclusive network, this aims to execute policies into practical implementation, elevating the quality of life for elderly individuals with disabilities. This involves genuine participation from all sectors in the area. The knowledge gained from this study can serve as a pivotal mechanism to drive social welfare operations and become a model for addressing inequality in access to social welfare services. This, in turn, contributes to the enhancement of the quality of life for elderly individuals with disabilities efficiently and sustainably.

Objective

1. To investigate the situation and factors influencing inequality in access to social welfare for elderly individuals with disabilities in Uttaradit Province.
2. To develop a strategy for addressing inequality in Access to Social Welfare for Elderly individuals with disabilities, through participatory multisectoral involvement in Uttaradit Province.
3. To evaluate and formulate policy recommendations for strategies addressing inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province through participatory multisectoral collaboration.

Methods and Materials

In this research, the researchers employed a mixed method approach, integrating both quantitative and qualitative research methods. The research process was divided into three phases as follows:

Phase 1: Studying the Situation and Factors Influencing Inequality in Access to Social Welfare for Elderly Individuals with Disabilities in Uttaradit Province.

1.1 Quantitative Research: To examine opinions regarding factors influencing inequality in access to social welfare for elderly individuals with disabilities in the Ban Khok District, Uttaradit Province with research methodology as follows:

1.1.1 Research Population: The study population consisted of elderly individuals with visual, hearing, or communication impairments, as well as those with mobility or physical disabilities, of both genders, aged 60 and above, residing in the Ban Khok District, Uttaradit Province. The total number of participants was 419. The sample size was 205 individuals, selected through multi-stage sampling, with the sample size determined using Taro Yamane's formula at a margin of error of 0.05.



The inclusion criteria of the sample were both male and female elderly individuals over the age at 60 with visual, hearing, or communication impairments, as well as those with mobility or physical disabilities, residing in the Ban Khok district, Uttaradit province. They voluntarily consented for research participation. The exclusion criteria were in case that the sample had sudden illness, died during the research period, and relocated from the research area.

1.1.2 Research Instruments: The research utilized a questionnaire addressing factors influencing the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province. The questionnaire developed by the researchers comprised 4 sections:

Section 1: General information of sample group included gender, age, marital status, religion, educational level, employment status, income, type of disabilities, registration status of disabled person, living arrangement, ability to self-dependence, supports from government agency, and problems from necessary welfare for living. All questions were open-ended and multiple-choice formats.

Section 2: Factors influencing the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province. The questions were 5-level rating scale based on five dimensions of research factors: policy support, local-level management, service resources, collaboration among relevant organizations, and perception of personal rights.

Section 3: Inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province, developed by the researcher based on the framework of service accessibility by Penchansky and Thomas (1981 as cited in Lophongpanit, 2017). The questions consisted of 5 components: accessibility to service sources, adequacy of services, convenience and facilities, payment ability of service recipient, acceptance or satisfaction of service recipient to related social security, public assistances, and social services. The questions were 5-level rating scale based on seven dimensions of research factors: health, lifelong learning and education, vocational promotion and income, housing, recreation, justice process, and general social services.

Section 4: Other recommendations on strategies to promote the accessibility to social welfare for elderly individuals with disabilities in Uttaradit province. The questions were open-ended format.

The questionnaires were examined the content validity by 3 experts with Index of Item Objective Congruence (IOC) ranging from 0.66 to 1.00. Internal consistency reliability by using Cronbach's Alpha Coefficient Method was tested with the reliability of the whole questionnaire at 0.81.

1.1.3 Data Collection: The research involved the preparation of an informed consent document to obtain the permission to this participation. The research team conducted interviews with the sample group, explaining the method to respond the questionnaire in order to ensure the understanding of participants. Following this, data completion was verified, and the data were analyzed by using statistical methods.

1.1.4 Data Analysis: The data were analyzed by using statistical techniques, including frequency analysis, percentages, mean values, standard deviations, and multiple regression analysis to explore relationships among variables. For the interpretation criteria of the mean scores, relying on the conceptual framework of Srisa-ard and Ninkaew (1992), the meanings of mean scores were categorized as follows:

- 4.51–5.00: Signifying a significantly high level of inequality in access to social welfare services.
- 3.51–4.50: Indicating a high level of inequality in access to social welfare services.
- 2.51–3.50: Denoting a moderate level of inequality in access to social welfare services.
- 1.51–2.50: Representing a low level of inequality in access to social welfare services.



1.00–1.50: Reflecting the lowest level of inequality in access to social welfare services.

1.2 Qualitative Research: To explore the perspectives of social actors regarding the situation of inequality in access social welfare for elderly individuals with disabilities, covering the situations of the problem, the natures of the problem, causes, and important measures to solve the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province. The research methodology was outlined as follows:

1.2.1 Key Informants: The significant informants were individuals associated with the provision of social welfare to enhance the quality of life for elderly individuals with disabilities in the Uttaradit province. A total of 20 individuals was selected by purposive sampling from sub-district representatives of Ban Khok District, Uttaradit province, with each sub-district contributing 5 individuals. The selected individuals represented social actors in four groups, including 5 administrators, 5 operational personnel, 5 community leaders, and 5 local representatives responsible for caring of elderly individuals with disabilities in Uttaradit province under the criteria of key informant's selection as follows:

- 1) Administrator who is responsible for setting policy and plan to drive social welfare policy for elderly individuals with disabilities in Uttaradit province such as head of government agency in related area.
- 2) Operational personnel who is responsible/operates for providing elderly individuals with disabilities in Uttaradit province such as local government officer, public health volunteer in the village, and community nurse.
- 3) Community leader in the area such as community leader, sub-district headman, village headman, and chief of the elderly club.
- 4) Local representative of the elderly or caregiver who is responsible for elderly individuals with disabilities in the area of Uttaradit province.

1.2.2 Research Instruments: In-depth interviews were conducted as the research instrument.

1.2.3 Data Collection: Data were collected by preparing consent forms from the identified key informant groups, consisting of the four aforementioned groups. The interviews were conducted by the researchers, and data were recorded by audio tapes.

1.2.4 Data Analysis: Content analysis were employed to derive conclusions regarding the perspectives of the key informants from all four groups regarding the situation of inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province.

Assertion the Rights of Sample Group

The researcher asserted the rights of the sample group by introducing himself, explaining the research objectives as well as procedures, signing individual consents and asking the participation in the study. The researcher explained that it was the rights of participants to withdraw their participation from this research at any time. The researcher also informed that there was no disclosure causing any negative impacts from the participation in this study. Apart from presenting the overall research findings, the participants were assured that the study results would be applied for academic purposes in order to apply as a strategy for formulating policy; then, solve issues faced by elderly individuals with disabilities in society. The Human Research License was Approved by the Ethical Committee of the Uttaradit Rajabhat University, Thailand on November 1, 2022 (URU-REC No. 068/65).

Phase 2: Development of Strategies to Address Inequality in Access to Social Welfare for Elderly Individuals with Disabilities in Uttaradit province through Participatory Multisectoral Collaboration.

Building upon the findings in Phase 1, which studied the situation and factors influencing inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province, the researchers utilized the gathered information as fundamental data for strategy development. This involved analyzing the internal and external environment through a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) and drafting strategies through Focus Group Discussions (FGD) with academic experts and professors in the region. Representatives from various organizations, including government, private sector, and civil society networks, totaling 12 individuals such as academics, university-level professors, and representatives from relevant local agencies. Informants were required to have one of specific qualifications: being a government administrator responsible for planning and formulating policy to provide social welfare for elderly individuals with disabilities, being an officer who involved in the operation of providing social welfare for elderly individuals with disabilities, being a scholar with expertise and experience related to provide social welfare for the elderly in order to reduce the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province.

The strategy formulation process integrated strategic planning techniques and Balanced Scorecard (BSC) analysis. The draft strategy included six components: vision, mission, objectives, strategic issues, and measures/guidelines.

Tools used for data collection were in the form of meeting result documentation for drafting the strategy, employing the techniques of strategic planning and Balanced Scorecard (BSC) analysis. These tools consisted of 1) Environmental Analysis Matching Form, 2) Strategy Drafting Form, 3) Interconnection of Strategy Components Form, 4) Strategy Specification Form from a Conceptual Perspective (Balanced Scorecard Model), and 5) Strategic Map Form.

The data analysis utilized Content Analysis, connecting the components of the strategy, determining strategies from the perspective of the Balanced Scorecard Model, developing strategies according to the Strategic Map, creating descriptions for the specified indicators in the strategy, and compiling the components of the strategy. The results were summarized for the vision, mission, objectives, strategic issues, strategies, and development measures/guidelines.

Phase 3: Evaluating and Formulating Policy Recommendations for the Strategic Solution to Address the Inequality in Access to Social Welfare for Elderly Individuals with Disabilities in Uttaradit Province through Participatory Multisectoral Collaboration.

The researcher utilized the summarized results from the strategy development to create an evaluation instrument. This instrument was employed by five experts using the Expert Judgment method (Ashcroft et al., 2016). To evaluate the developed strategy by experts who had relevant qualifications and experiences in policy formulation and planning in order to promote and develop the elderly's quality of life with disabilities at local and national levels were engaged. These experts evaluated the appropriateness of each strategic issue and measures/guidelines that could concretely solve the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province. The evaluation involved Index of Concurrence (IOC) technique from experts' opinions. The evaluation criteria of the strategy were under 3 categories: Appropriate (+1), Uncertain (0), or Inappropriate (-1) by IOC values which were equal to or greater than 0.5 (Kanjawasee, 2007). The findings from the expert evaluation were then refined and compiled into policy recommendations for solving the inequality in access to social welfare for elderly individuals with disabilities at local, provincial, and governmental levels.



Results

1. Situation and Factors Influencing the Inequality in Access to Social Welfare for Elderly Individuals with Disabilities in Uttaradit Province

1.1 Results from Quantitative Data

From the study, situation and factors influencing the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province from 205 disabled elderly in the area of Ban Khok district, Uttaradit province. The research results were shown in the Table 1–3.

Table 1 Results of Inequality in Access to Social Welfare for Elderly Individuals with Disabilities in Uttaradit Province, Classified by Each Dimension and Overall

Inequality in Access to Social Welfare for Elderly Individuals with Disabilities in Uttaradit	\bar{X}	S.D	Level of Inequality	Ranking
1. Health	3.35	0.23	Moderate	4
2. Lifelong Learning and Education	4.18	0.29	High	2
3. Vocational Promotion and Income	4.24	0.33	High	1
4. Housing	3.29	0.27	Moderate	5
5. Recreation	3.84	0.26	High	3
6. Justice Process	2.70	0.45	Moderate	7
7. General Social Services	2.89	0.53	Low	6
Total	3.50	0.16	Moderate	

From Table 1, it showed that the overall situation of inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province was at a moderate level (Mean = 3.50, S.D = 0.16). When examining specific dimensions, it was found that the highest level of inequality was in the vocational promotion and income (Mean = 4.24, S.D = 0.33), followed by lifelong learning and education (Mean = 4.18, S.D = 0.29) and recreation (Mean = 3.84, S.D = 0.26) respectively.

Table 2 Results of Level of Opinions on Factors Influencing the Inequality in Access to Social Welfare for Elderly Individuals with Disabilities in Uttaradit Province, Classified by Each Dimension and Overall

Factors Influencing the Inequality in Access to Social Welfare	\bar{X}	S.D	Level of Opinion	Ranking
1. Policy Support	3.99	0.20	High	1
2. Local-level Management	3.74	0.24	High	3
3. Service Resources	3.94	0.22	High	2
4. Collaboration Among Relevant Organizations	3.42	0.31	Moderate	5
5. Perception of Personal Rights	3.59	0.67	High	4
Total	3.74	0.16	High	

From Table 2, it showed that the level of opinions regarding factors influencing the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province was generally high (Mean = 3.74, S.D = 0.16). When analyzed by specific dimensions, it was observed that policy support was the highest (Mean = 3.99, S.D = 0.20), followed by service resources (Mean = 3.94, S.D = 0.22), and local-level management (Mean = 3.74, S.D = 0.24) respectively.

Table 3 Results of Factors Influencing the Inequality in Access to Social Welfare for Elderly Individuals with Disabilities in Uttaradit Province by Multiple Regression Analysis

Model	Inequality in Access to Social Welfare for Elderly Individuals with Disabilities in Uttaradit Province (Y)						
	B	SE _b	β	t	Sig.	Tolerance	VIF
Constants	1.679	.341		4.921	0.000*		
Policy Support (X1)	.221	.051	.277	4.304	0.000*	.918	1.089
Perception of Personal Rights (X5)	-.062	.016	-.253	-3.986	0.000*	.944	1.059
Service Resources (X3)	.144	.047	.193	3.079	0.000*	.970	1.031
Local-level Management (X2)	.095	.043	.140	2.202	0.000*	.936	1.068
Collaboration Among Relevant Organizations (X4)	.071	.034	.132	2.099	0.000*	.956	1.046

$r = .493$, $R^2 = .423$, $SE_{est} = .146$, $F = 12.750^*$, $Sig. = 0.000$

* $p < .05$

From Table 3, prior to examining the Multiple Regression Analysis, testing of the Multicollinearity was performed. It revealed that all Variance Inflation Factor (VIF) values were below 10, and every Tolerance value was over 0.1. This showed that the independent variables had no relation and there was no multicollinearity issue. The data were valid for Multiple Regression Analysis.

The data analysis were found that there was F-value at 12.750 with Sig. value at 0.000. This showed a statistically significant linear relationship between the independent and dependent variables at the .05 significance level. Regression analysis could then be applied that had variables to predict the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province with statistical significance at .05 level. The multiple regression coefficients of the predictors in raw scores were .221, -.062, .144, .095, .071 respectively. The multiple regression coefficients of the standardized scores were .277, -.253, .193, .140, .132 respectively. The multiple correlation coefficient was .493, with a statistically significant predictive power value of 42.3% at the .05 significance level. The standard error of prediction was .146, and the constant value of the predictive equation in the form of raw scores was 1.679. The predictive equations in the forms of raw scores and standardized scores showed that the predictive equations in the forms of raw score and standard score could be presented as follows: $Y^{\wedge} = 1.679 + .221(X_1) - .062(X_5) + .144(X_3) + .095(X_2) + .071(X_4)$ and $Z^{\wedge} = .277(X_1) - .253(X_5) + .193(X_3) + .140(X_2) + .132(X_4)$.

1.2 Qualitative Data Findings

1.2.1 The situation of accessing to social welfare for elderly individuals with disabilities in Uttaradit province was explored through qualitative research involving four groups: administrators, operational personnels, community leaders, and local representatives of caregivers for elderly individuals with disabilities in the area. The overall perspective suggests a high level of inequality. Although recent government policies and measures aimed at creating benefits to enhance the access to social welfare, social services, social insurance, social assistance, and social enterprise support, it is observed that some elderly individuals with disabilities still face challenges in accessing various services according to their rights. This is attributed to limitations in their disabilities or perception of their personal rights. Mobility issues and the inability to interact or participate in activities with others, especially in terms of accessing government services and essential infrastructures, hinder their daily lives and occupational pursuits. These challenges are more pronounced in the urban areas of the province.



1.2.2 The natures of the problem, causes, and trend of problem severity on the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province were explored. From the interview of 4 groups of social actors, there was a consensus that elderly individuals with disabilities in the area primarily face challenges of inequality in accessing welfare services, particularly in the vocational promotion and income. According to the group of administrators, this issue is attributed to an uneven distribution of income, resulting in financial inequality among families with elderly individuals who have disabilities in the area. This, in turn, has severe repercussions on the normal course of life for elderly individuals with disabilities in the region. Therefore, every sector should expedite support or create opportunities for continuous vocational engagement and sustainable income for the elderly population with disabilities in the area. This includes supporting knowledge enhancement to increase skills for occupational pursuits, promoting occupational group inclusion, as well as strengthening community capacity and financial resilience based on the principles of sufficiency economy. This is aimed at enabling communities and groups of elderly individuals with disabilities in the area to become self-dependence. Meanwhile, the working group in the area perceives that in recent times the situation of inequal accessibility in vocational promotion and income has started to show a declining trend, as local government agencies in the area have implemented various projects reflecting assistance and development for the elderly with disabilities in the area. However, the working group still holds varying perspectives, viewing that the mentioned inequal accessibility issues persist in the area. Partly, this arises from natural disasters, as the Ban Khok District, Uttaradit Province, being a high plain area, often faces challenges such as diverse flows of flash flood, landslides, and, in the dry season, encounters drought, significantly impacting agricultural activities, the primary economic structure, and main source of income for the local population. Coupled with the trend of increasing issues related to the elderly entering the society in Uttaradit province, reflecting a significant proportion of the elderly population, it highlights the potential decrease in the workforce, affecting the productivity of goods and services as well as other economic activities. Additionally, the increasing dimension of various infectious diseases adds to these challenges. These issues are on an upward trend. The community leadership group perceives that the problem of inequality in access to social welfare in terms of vocational promotion and income for the elderly with disabilities in the area mainly stems from a lack of opportunities to develop skills or enhance capabilities for employment. Additionally, there is a deficiency in support for knowledge related to financial planning before retirement, effectively provided by relevant government agencies. Furthermore, there is a lack of opportunities to access and benefit from information technology and production technology, particularly the absence of promotion for entrepreneurship. Moreover, there is a shortage of marketing channels that serve as alternatives and enhance opportunities to generate income. Therefore, the majority of community leaders perceive that the aforementioned inequal accessibility significantly impacts the normal life of elderly individuals with disabilities in the area. According to the community leaders, the government should prioritize the formulation of social welfare policies at the local level that align with the economic situation and provide employment opportunities for elderly individuals with disabilities. Private organizations, in particular, should play a role in promoting and supporting income generation for disabled elderly individuals who are still capable of working, such as purchasing products produced by the elderly with disabilities and their communities. In addition, activities that generate income for the disabled elderly or their caregivers should be organized to instill pride and self-worth, with emphasis on stress-free activities such as manufacturing dishwashing liquid or bath shampoo. The group of local representatives of caregivers for elderly individuals with disabilities in the area shares a similar perspective with administrators, operational personnels, and community leaders in the region.



They perceive that the problem of inequality in access to social welfare, particularly in vocational promotion and income, has severe repercussions on the lives of elderly individuals with disabilities in that area. This issue is often linked to the economic hardship faced by the elderly and their families, primarily stemming from the lack of land rights for subsistence farming, considered a crucial factor in occupational pursuits. Additionally, the lack of skills and knowledge in supplementary occupations exacerbates the situation. The income of elderly individuals with disabilities in the area is mostly derived from agricultural activities, with some earning income through agricultural labor contracts. In contrast, others receive welfare payments provided by the government on a monthly basis.

The group of local representatives for caregivers of elderly individuals with disabilities in the area believes that to address the aforementioned issues, relevant government agencies in the region should develop plans and allocate budgets for the continuous development of skills and the promotion of knowledge about various occupations for elderly individuals with disabilities in the area. It is crucial to promote opportunities for elderly individuals with disabilities to participate in vocational training and receive knowledge in different occupations from relevant local organizations. Vocational opportunities should be promoted based on the interests and aptitudes of the disabled elderly. Importantly, efforts should be made to encourage savings and investment for elderly individuals with disabilities in the area on an ongoing basis. Therefore, to alleviate issues of inequality in access to social welfare in these areas, the government should expedite support or create opportunities for continuous vocational engagement and sustainable income for elderly individuals with disabilities. This involves proactive operations, community-level or local-level public relations through mechanisms such as Village Health Volunteers (VHV) and members within the community network. Furthermore, essential mechanisms that facilitate access to these welfare services should be emphasized. All these efforts should focus on inclusive participation from all stakeholders in the region to prevent elderly individuals or families of elderly individuals with disabilities from perpetually falling into the cycle of poverty.

1.2.3 Patterns and key measures to solve the inequality in access social welfare for elderly individuals with disabilities in Uttaradit province. In the past, government agencies were the main drivers in implementing projects/activities to reduce the inequality in access to social welfare for the disabled elderly in the area such as the project for enhancing the quality of life of the elderly and disabled, elderly living allowance program, support for supplementary money to the elderly and disabled, and vulnerable groups effecting from COVID-19 epidemic. In addition, there was cooperation among private sectors, public charitable organizations and communal organizations in the area to execute projects/activities for reducing the inequality in access social welfare for elderly individuals with disabilities in the area such as school project for the elderly, project to educate about rights as well as benefits and rehabilitate health for the disabled, caregiver for disabled persons and disabled person's network, and project for environmental adjustment and facilities to safely and appropriately suit with the elderly.

2. Strategies for Addressing Inequality in Access to Social Welfare for Elderly Individuals with Disabilities through Participatory Multisectoral Involvement in Uttaradit Province

Results from strategy development comprise six sub-strategies and fourteen strategies:

Vision

Elderly individuals with disabilities should have comprehensive and equitable access to social welfare, promoting justice. This is achieved through the active participation of all sectors to drive systematic and sustainable improvement in the quality of life.



Missions

1. Establish a policy mechanism to promote access to social welfare for elderly individuals with disabilities at the local level.
2. Enhance the quality of social welfare management to meet standards, aiming to improve efficiency in providing social welfare services for elderly individuals with disabilities in the area.
3. Promote inclusivity and collaboration in building a network of cooperative social welfare efforts across all sectors, integrating agencies, social organizations, and local networks. This is to drive social welfare services for elderly individuals with disabilities in the area.
4. Advocate proactive measures to enhance access to rights, welfare, public services, and other assistance from the government on a universal, equitable, and fair basis.
5. Develop knowledge, databases, and technological innovations suitable for community-based living, local cultures, and contextual factors.
6. Monitor and evaluate access to social welfare for elderly individuals with disabilities in the area to indicate progress, identify issues, and address operational challenges in implementing inclusive social welfare services.

Strategy

Strategy 1: Establish a policy mechanism to promote access to social welfare for elderly individuals with disabilities at the local level, comprising two sub-strategies:

1. Strengthen community capacity for caregiving and rehabilitation of elderly individuals with disabilities, utilizing the community as a foundation.
2. Advocate and drive policies to address the issues of inequality in accessing social welfare for elderly individuals with disabilities, promoting fair practices.

Strategy 2: Elevate the quality of social welfare management to meet standards, consisting of two sub-strategies:

1. Develop a system that promotes and enhances the quality of life for elderly individuals with disabilities.
2. Promote and support the development of the capabilities of personnel working in the field of elderly individuals with disabilities at the local level.

Strategy 3: Promote and connect collaborative networks across all sectors, comprising two sub-strategies:

1. Encourage inclusive participation in caring for elderly individuals with disabilities in the community.
2. Connect and strengthen the collaborative power of network cooperation at the local and provincial levels.

Strategy 4: Advocate proactive measures to promote widespread, equal, and just access to social welfare rights, consisting of three sub-strategies:

1. Promote access to comprehensive community health services.
2. Promote access to occupations and income that support community-based living.
3. Promote equal access to information, media, and information technology.

Strategy 5: Develop knowledge bases, databases, technological innovations, and suitable conveniences for community-based living, comprising three sub-strategies:

1. Support and develop knowledge, research, and technological innovation to drive social welfare for elderly individuals with disabilities.
2. Develop systems and databases for elderly individuals with disabilities in the area.
3. Distribute resources for services that facilitate access to social welfare for elderly individuals with disabilities.



Strategy 6: Monitor and evaluate access to social welfare based on inclusivity, consisting of two sub-strategies:

1. Develop a monitoring and reporting system on the status of access to social welfare covering all aspects of enhancing the quality of life for elderly individuals with disabilities.
2. Implement an evaluation strategy for community-involved care for elderly individuals with disabilities in the area.

3. Evaluation Results and Policy Recommendations for the Strategy to Address Inequality in Access to Social Welfare for Elderly Individuals with Disabilities through Participatory Multisectoral Collaboration in Uttaradit Province

The evaluation of the strategy, through the determination of the conformity index of expert opinions, reveals that, overall, the six main strategies and fourteen sub-strategies developed by the researchers are appropriate and feasible for practical implementation. In light of this, the experts suggest that this strategy can be considered an 'innovation in driving policies to promote access to social welfare for elderly individuals with disabilities'. It has been developed through the collaborative participation process of public, private, and social sectors in the Ban Khok District of Uttaradit Province. For policy recommendations, they aim to effectively drive the implementation of social welfare for the elderly with disabilities and balance all dimensions under holistic and integrated aspects as follows:

3.1 Policy Recommendations at Local Level

Organizations in the area such as local government organizations should establish canons, ordinances, or regulations for fostering and enhancing the quality of life for elderly and disabled individuals. This ensures that these individuals in the area can access and benefit from their rights according to the law. This includes creating mechanisms for collaboration and networks at local level such as Village Health Volunteers (VHV) in order to coordinate and facilitate the access to social welfare of the disabled elderly in the area. Additionally, policies should encourage supplementary occupation based on aptitude and interests. This includes providing some place to sell the goods produced by the disabled elderly in the area, gathering career groups in the community to organize activity for earning extra income, fostering saving and investment for the disabled elderly in the area, educating knowledge about the usage of information technology for data retrieval, promoting the receiving information about rights as well as social welfare from sources regularly, supporting and expanding social care system for the elderly along with social prevention and warning for the elderly with disabilities through the participation of people, community, and locality. This empowers local people to effectively care and assist the disabled elderly within the community, particularly enhancing the safety from online media in order to decrease the chance to be a victim from cyber robbery and fraud to the disabled elderly in the area.

3.2 Policy Recommendations at Provincial Level

Various organizations at provincial level should connect operational plans both departmental and ministerial with provincial and local development plans in order to drive the issue of elderly individuals with disabilities to be a collective mission of all responsible sectors. This includes encouraging education and research to continuously develop knowledgeable concept of promoting the accessibility to social welfare from the disabled elderly, particularly analyzing economic, social, environmental, and health data in the area in order to apply for formulating policies to implement social welfare effectively, and solve the inequality in access to social welfare by elderly individuals with disabilities in Uttaradit province. Additionally, this empowers the support for network



partners and entrepreneurs to create technology and innovation for rehabilitating elderly individuals with disabilities under the integration of local wisdom in the area.

3.3 Policy Recommendations at Governmental Level

3.3.1 Health: Relevant government agencies should urge to provide facilities such as adjustable beds, anti-bedsore mattresses, hearing aids, body support devices, and wheelchairs, ensuring adequacy and alignment with physical condition and type of the elderly's disabilities to help for their daily living life as normal. Additionally, the government should review healthcare coverage extending to common illness condition among the elderly including the support for necessary medical welfare for the disabled elderly's health issues.

3.3.2 Lifelong Learning and Education: The government should support elderly individuals with disabilities to have opportunity for education and learning as appropriate such as participating the elderly's school activity in the community to continuously promote learning as well as skill development of the disabled elderly.

3.3.3 Vocational Promotion and Income: The government should establish long-term economic warranty with stability and sustainability for elderly individuals with disabilities by studying the feasibility to increase elderly living allowance and allowance for disabled person in order to utilize the amount for spending in their lives in accordance with current economic circumstance in Thai society. This ensures to foster and widen the employment opportunity for the disabled elderly who have good health and are capable to work without any harm to their healthiness and safety in order to earn some incomes and become self-dependence sustainably.

3.3.4 Housing: The government should advocate for the improvement of housing conditions and support government agencies in the area to adjust residential environment to suit with the type of the elderly's disability. This includes the enforcement of laws, regulations, and building codes adhering to the universal design principles for accessibility and utilization by the disabled elderly under the strict compliance by officials.

3.3.5 Recreation: The government should support the establishment of learning and recreational centers in the communities in each province nationwide in order to assist the disabled elderly to actively participate social activity with other people and foster their self-esteem and social recognition.

3.3.6 Justice Process: The government should consider amending laws, regulations, and enforcements for community to access and utilize resources comprehensively, particularly the distribution of land rights and subsistence for the elderly's family farmer who have no land in order to access and make use for their career and strengthen economic stability sustainably. This includes the support for the protection and assistance by law to the disabled elderly without any discrimination.

3.3.7 General Social Services: The government should review the past concept of welfare as a sole duty by the government to seek collaborative partners among the government, private sector, and civil society by emphasizing on the community involvement to strengthen the social welfare system. Additionally, proactive policies should be implemented to deliver services to communities or areas with the disabled elderly in order to reduce inequality in access to social welfare.

Discussion

1. The Situation of inequality in access to social welfare for elderly individuals with disabilities in Uttaradit Province is generally at a moderate level. This may result from the consequences of budget limitation and lack of collaborative efforts among various relevant agencies in the area to facilitate access to the rights for elderly individuals with disabilities. This has become a major cause of the inequality in access to social welfare for the



disabled elderly in the area. Even though there has been the expansion of services to wider access for elderly individuals with disabilities through local mechanisms such as Social Development and Human Security Volunteer/Village Health Volunteers, assistant for disabled persons and other public media to gain higher understanding about their rights. Other rights in specific details for different types of disabilities are still insufficient and not widespread. Especially for elderly individuals with disabilities residing in rural areas, access to various services by themselves is relatively difficult depending on other people. As a result, the opportunities for elderly individuals with disabilities in the area to access social welfare are somewhat limited including medical services, education, or vocational promotion. Vocational training is often provided, but becoming a professional is not substantial. Even there is a source of career loan, some people are reluctant to take on debt and lack of confidence in marketing their own products. This aligns with the interview findings from stakeholders involved in social welfare operations for elderly individuals with disabilities in the area. In the past, although the government has established policies and various measures aimed at creating entitlements, ensuring that elderly individuals with disabilities have access to comprehensive social welfare services, including social services, social insurance, social assistance, and community-based social support, the practical implementation has faced challenges. The stakeholders perceive that, despite the policies and measures, there is still room for improvement to achieve a more inclusive and comprehensive approach to address the inequality faced by elderly individuals with disabilities in accessing social welfare services. Nevertheless, it is still evident that some elderly individuals with disabilities in a certain area are unable to access various entitlements according to their rights. Due to the limitations of disabilities, perception of personal rights awareness, the problem of mobility impairment, they impact to interact or participate social activities of the elderly. In accordance with research results by Brink and Stones (2007); Kauffman (2019); Meulenkamp et al. (2019); and Shukla et al. (2021), it was shown that disabled elderly with visual and hearing impairments had a significant impact on their social inclusion level. Furthermore, the inability to access social welfare stems from the lack of public communication and proactive practices by relevant agencies in the area to facilitate for utilizing the rights of elderly individuals with disabilities. In alignment with the research findings of Aksornprom and Rungrojwanich (2018), it was revealed that gaps in information perception regarding social welfare significantly impacted the access to social welfare for families with the highest number of elderly individuals. Additionally, the study conducted by Arsarin and Pienkhuntod (2022) found that enhancing access to occupational welfare for disabled individuals by the state through networking groups enabled them to access vocational welfare. This not only assists disabled individuals in accessing financial support for vocational training from government agencies but also facilitates access to interest-free loans for occupational ventures. In this regard, relevant organizations should review their roles and duties in providing social welfare for the elderly. There should be an analysis of plans related to social welfare for the elderly to integrate these plans into a unified framework with a common objective. It is essential to support the increase in access to services provided by both public and private sector organizations, with a particular emphasis on enhancing knowledge and understanding of the various rights that the elderly should be informed accurately and comprehensively (Tangseng & Wongwatthanaphong, 2021).

2. Factors influencing the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit Province. It was found that policy support, perception of personal rights, service resources, local-level management, and collaboration among relevant organizations—these five factors jointly predict the inequality in access to social welfare for elderly individuals with disabilities in the area by 42.3%. This indicates that efficient access to social welfare for elderly individuals with disabilities in Uttaradit Province requires several crucial



components. Particularly, the government should prioritize the formulation of social welfare policies at the local level that align with economic conditions and address employment opportunities for the disabled elderly by promoting public relations activities in collaboration with charitable organizations. Additionally, there should be an emphasis on promoting the rights to receive financial assistance and rehabilitation for elderly individuals with disabilities facing isolation, lack of caregivers, or familial challenges during hardship. There should be the establishment of centers or schools for the elderly to create activities aligned with objectives and goals that promote and support the quality of life for elderly individuals with disabilities. This encompasses physical health, mental health, social well-being, and intellectual health. Furthermore, administrators of relevant organizations should possess the ability to connect operational plans regarding social welfare with provincial as well as local development plans. This is to ensure that the social mission for the elderly becomes a shared responsibility across all sectors. The development of a mechanism for caring for the elderly should focus on inclusive multi-stakeholder participation between government agencies with local entities. This is in line with the concepts presented by Jantanukul and Kenaphoom (2016), who argue that effective social welfare provision leading to genuine sustainability relies on the collaboration of various stakeholders with the support from governmental, private, or societal organizations. Particularly the essential role of community involvement depends on several factors, including community leadership qualities and the active participation of community members. Aligned with the findings of Thanee et al. (2022), it is evident that key factors influencing the success of social welfare for the elderly include the emphasis on policy-making by local government organizations and strong support from agency leaders. This encompasses effective coordination, resource mobilization, and collaboration with communities and relevant entities from both the public and private sectors. If local government organizations prioritize social welfare for the elderly as a policy focus, in line with their responsibilities, and actively foster inclusivity through collaboration with stakeholders from various sectors, it could significantly enhance the effectiveness of elderly's social welfare initiatives.

3. Strategies for addressing inequality in access to social welfare for elderly individuals with disabilities through participatory multisectoral involvement in Uttaradit province consist of six key strategies focusing on: establish a policy mechanism to promote access to social welfare for elderly individuals with disabilities at the community level; elevate the quality of social welfare management to meet standard; promote and connect network collaboration across all sectors; drive proactive measures to promote comprehensive, equal, and just access to social welfare; develop knowledgeable concept, databases, technological innovations, and facilities suitable for community-based living; and monitor and evaluate access to social welfare based on inclusive participation. These strategies from the integration of the elderly's social welfare and factors influencing the inequality in access to social welfare for the disabled elderly through collective opinions as well as shared learning from relevant stakeholders that lead to a consensus and enable to the implementation the strategies concretely. This aligns with the result of strategy evaluation by experts regarding the suitability and feasibility for implementation. Mostly, the experts agree with the strategy and plan/project from this study. It is possible that these developed strategies are different from the past strategy for the elderly individuals that solely formulates by the government without the involvement from related stakeholders in the area and excludes elderly individuals with disabilities. For this strategy, it focuses on higher proactive local-based strategy with the participation from stakeholders in local and provincial areas in order to be in line with the current inequality in access to social welfare with disabilities then be ready for the future change. This emphasizes on the development under the concept of area basis to drive the



operation in all sectors through elderly individuals with disabilities including the community as the center of the development. This includes building up the participation across every sector in Uttaradit province to effectively implement with the real community involvement not only using as a tool to set up and formulate measures to solve the inequality in access to social welfare of the disabled elderly in the area but also utilizing as fundamental data to drive the implementation of social welfare for elderly individuals in the area and the province. This is in accordance with Uttaradit development plan which aims to provide social protection for elderly individuals residing in remote areas to be self-dependence by establishing a suitable infrastructure for the lives of the elderly, allocating the balance of income and expenditure especially for post-retirement income, and leveraging technological opportunities to accommodate an aging society. Each developed strategy aligns with the 20-year national strategies, strategy to foster the fairness and reduce social inequality according to the National Economic and Social Development Plan (12th ed.), the Elderly Act of 2546 B.E., and its amendment (3rd ed.) of 2560 B.E. Aligned with the findings of Potiwan and Bamroongboon (2015), suitable strategies for organizing social welfare for the elderly include: 1) Developing an inclusive network for organizing comprehensive social welfare for the elderly in Maha Sarakham Province, 2) Implementing a strategy for enhancing the standardization of systems for providing welfare to the elderly, 3) Establishing a strategy for linking networks of information systems for managing social welfare for the elderly, 4) Strengthening the development of a network to enhance the capabilities of personnel working in elderly social welfare, 5) Creating strategies to promote collaborative welfare initiatives among organizations, and 6) Developing a database strategy for effective management of elderly welfare. The challenges of inadequate access to social welfare for elderly individuals with disabilities in Uttaradit province may be attributed to the absence of a policy mechanisms promoting concrete and systematic access to social welfare for the disabled elderly. There is a lack of a comprehensive human resource development system geared towards proactively supports for the elderly in the area. Furthermore, the absence of efficient database system linking various organizations for utilizing to set up social welfare plan and driving for practical implementation. The deficiency in connecting action plans for social welfare to the elderly with local and provincial development plans to drive the issue of elderly individuals to be a collective mission of all responsible sectors. Thus, efficient and good management is a crucial factor to drive the implementation of social welfare for the disabled elderly under the integration among multiple sectors covering government, private sector, and people. This includes follow-up measure and the evaluation for the implementation of social welfare for elderly individuals with disabilities to be an indicator of progress, challenges, and obstacles in the execution of social welfare to effectively promote the accessibility to social welfare for elderly individuals with disabilities in Uttaradit province. Consistent with the research findings of Sriboonyaponrat (2019), measures to promote the quality of life for elderly individuals with disabilities include implementing measures to monitor activities and establish quality of life standards to empower elderly individuals with disabilities, promoting social equality with indicators reaching disabled households in old age, and measures related to residential welfare, amenities, daily living, occupation, training, and education to enhance and develop the quality of life for elderly individuals with disabilities.

4. The evaluation results of the strategy for solving the inequality in access to social welfare for elderly individuals with disabilities through participatory multisectoral involvement in Uttaradit province reveals that in overall the strategies were deemed appropriate and feasible for practical implementation. The majority of experts agreed with all strategies, tactics, and development guidelines. It was demonstrated that the developed strategies could be a mechanism to effectively drive for the operation to solve the inequality in access to social welfare for



the disabled elderly in the area through planning process, area analysis, and goal setting for appropriate action. This may be attributed to the development process of the strategies under theoretical foundation, which align with the concepts of social welfare and social inequality, based on community-based approaches. The aim is to achieve balance and equality across all dimensions of social welfare provision for elderly individuals with disabilities, focusing on the involvement by every sector in the area to ensure comprehensive, equal, and just access to social welfare by the disabled elderly in the area. This is supported by the recommendation from the study result of Satidporn et al. (2017) that a project operation to advocate citizens in terms of welfare should provide an opportunity for stakeholders to thoroughly involve in policy setting to reduce the inequality in accessing state welfare project for citizen assistance.

With regard to policy recommendations for solving the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province, research results proposed comprehensive policies covering local, provincial, and governmental levels to sustainably solve the inequality in access to social welfare for the disabled elderly through three research phases, each supported by rationale. In the first phase, which studied the situation and factors influencing inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province, it found that policy support was the most influential factor affecting access to social welfare by elderly individuals in the area, particularly setting social welfare policy in local level in accordance with economic situation and the lack of opportunity to work of the disabled elderly in the area. Local policies; then, were recommended to relevant organizations to support and enhance the quality of life the disabled elderly in the area by fostering on supplementary occupation and saving as well as investment. This aligns with the research result by Boonsingha (2020) that recommended the government to emphasize on the formulation of social welfare in local level in accordance with economic condition and no vocational opportunity for the elderly and the disabled. Moreover, the study result from the second phase regarding the development of strategies, it discovered that policy mechanisms for enabling elderly individuals with disabilities in the area to access social welfare included the community-based empowerment to rehabilitate the disabled elderly and strategic policy advocacy for driving to solve the inequality in access to social welfare for elderly individuals with concrete practice. Provincial policies; then, were recommended to relevant organizations for connecting operational plans in departmental and ministerial levels with provincial and local development plans to support the issue of elderly individuals with disabilities to be a collective mission across every sector in provincial level with collaborative responsibility. This includes fostering network partners as well as entrepreneurs to create technology and innovation for rehabilitating elderly individual with disabilities. Policy recommendations were also supported by experts who evaluated the third phase of developed strategies. The experts considered that solving the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province was deemed appropriate and feasible for practical implementation. It should focus on the integration of operations from multiple sectors. Government policies; then, were recommended to solve the inequality in access to social welfare for elderly individuals in the area under dimensions of health, lifelong learning and education, vocational promotion and income, housing, recreation, justice process, and general social services. To illustrate, the government should review the past concept of welfare as its sole duty to seek collaborative partners among the government, private sector, and civil society. Proactive policies should also be implemented to deliver services to communities with the disabled elderly in order to reduce inequality in access to social welfare in the area. It was aligned by the recommendation from research result of Mooldamart and Pienkhuntod (2022) that the government should foster the access in social welfare for the disabled elderly individuals through the



supports of local mechanism such as public health volunteer in the village and local network member including other key mechanisms for facilitating to access in social welfare for the disabled elderly. Additionally, it was proposed to utilize these mechanisms as tools for knowledge distribution on rights, welfare entitlements, and caregiving skills for elderly individuals with disabilities.

Conclusion and Suggestions

The research findings can be summarized as follows: 1) The situation of inequality in access to social welfare for elderly individuals with disabilities in Uttaradit Province is generally at a moderate level, 2) Analysis of factors influencing the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province revealed that factors related to policy support, perception of personal rights, service resources, local-level management, and collaboration among relevant organizations collectively contribute to predict the inequality in access to social welfare for elderly individuals with disabilities in Uttaradit province at a rate of 42.3%, 3) strategies for addressing the issues of inequality access to social welfare for elderly individuals with disabilities. Through a participatory approach in Uttaradit province, six main strategies have been developed. these include policy mechanism creation strategy to promote access to social welfare for elderly individuals with disabilities at local level, quality enhancement strategy to elevate the quality of social welfare management in accordance with the standard; network promotion and integration strategy to promote and connect collaborative networks involving all sectors; proactive measures advocacy strategy to advocate proactive measures for comprehensive, equal, and just access to social welfare; knowledge, database, innovation, and technology development strategy to develop knowledge, databases, innovations, and technologies suitable for community-based living; monitoring and evaluation strategy to monitor and evaluate the outcomes of social welfare access based on inclusive participation.

The research recommendations are provided as follows: 1) Policy recommendations at local level: establish canons, ordinances, or regulations for supporting and enhancing for the quality of life for elderly and disabled individuals, create mechanisms for collaboration and networks at local level, set a policy for supplementary occupation, foster saving and investment, promote the receiving information about rights as well as social welfare, support and expand social care system for the elderly along with social prevention and warning for the elderly with disabilities through the participation of people, community, and locality, 2) Policy recommendations at provincial level: connect operational plans both departmental and ministerial levels with provincial and local development plans to drive the issue of elderly individuals with disabilities to be a collective mission of all responsible sectors, develop knowledgeable concept of promoting the accessibility to social welfare for the disabled elderly continuously, support network partners and entrepreneurs to create technology and innovation for rehabilitating elderly individuals with disabilities under the integration of local wisdom in the area, 3) Policy recommendations to the government: Health: urge to provide adequate facilities in accordance with physical condition and type of the elderly's disabilities, foster necessary medical welfare with common illness condition among the disabled elderly. 1) Lifelong Learning and Education: support elderly individuals with disabilities to have opportunity for education and learning as appropriate, 2) Vocational Promotion and Income: establish long-term economic warranty by studying the feasibility to increase elderly living allowance and allowance for disabled person, 3) Housing: adjust residential environment to suit with the type of the elderly's disability including the enforcement of laws, regulations, and building codes adhering to the universal design principles, 4) Recreation: support the establishment of learning and recreational centers in the communities nationwide, 5) Justice Process: consider amending laws,



regulations, and enforcements for community to access and utilize resources comprehensively, particularly the distribution of land rights and subsistence for career and the strengthen of economic stability, 6) General social services: seek collaborative partners among the government, private sector, and civil society by emphasizing on the community involvement to strengthen the social welfare system.

Future Research

1. To develop indicators for monitoring and evaluating the outcomes of solutions on the inequality in access to social welfare for elderly individuals with disabilities in local, provincial, and national levels.
2. To research and examine strategies of solutions on the inequality in access to social welfare for elderly individuals with disabilities to be a model in practice for further implementation.
3. To study the inequality, social welfare, challenge by elderly individuals with disabilities under dimensions of health, accessibility, and utilization for public health system from local government organization, infirmity or relevant organizations.

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