

SERVICES FOR CHILDREN WITH DISABILITIES IN THAILAND:

Situation, Challenges, and Ways Forward



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1

INTRODUCTION

People with disabilities (PWDs) and children with disabilities (CWDs) have a right to equal opportunity and full participation in society. Social services play a crucial role in ensuring these rights are met. Children with severe disabilities, for example, may require the help of others to perform daily tasks. To equate them with other children, a personal assistant (PA) may be necessary to support the child and their parents in performing daily activities. Education is essential for any child to reach their full potential, and it is especially important for children with disabilities. With quality, meaningful education, they can develop their physical and mental talents and later apply these skills to participate in society.

While the significance of these services is well recognized, there are numerous challenges in providing them, such as education inaccessibility for children with disabilities, the quality and adequacy of personal assistants, and the availability of accessible transportation for children with disabilities. Further insight is still needed to ease these challenges. As such, this situation analysis intends to provide an insightful review of the current situation and practical policy recommendations to improve the lives of children with disabilities in Thailand.

2

OBJECTIVES AND METHODOLOGY

This analysis aims to identify and review the gaps in social services for CWDs in Thailand and propose solutions to strengthen social services for children with disabilities.

Statistical analysis, literature review and focus group discussions were the main methods used to achieve the objectives of this study. A review of relevant documents and literature, e.g., reports from civil society organizations (CSOs) for the UN Committee on the Rights of Persons with Disabilities or the government's handbook for PWDs, was conducted to understand the current state of services for CWDs in Thailand. These facts, accompanied by analysis from the 2017 Disability Survey conducted by the National Statistical Office (NSO) and certain administrative data, allowed us to understand further the difficulties faced by CWDs on important issues such as accessibility and adequacy of services. International practices were also analysed to find useful lessons upon which to make policy recommendations on improving the accessibility and quality of the services in Thailand. Lastly, a focus group was conducted to engage in dialogue with stakeholders on the benefits and the practicality of the proposed recommendations.

3

SITUATION AND CHALLENGES

Services refers to governmental measures intended to improve well-being of CWDs. When deciding which services to offer, there are two common approaches. The first is a right-based approach, in which society's members agree on the rights of CWDs collectively. These rights may be found in international agreements such as the Convention on the Rights of Persons with Disabilities (CRPD) or in domestic legislation. Another is an objective-focused approach, which provides services targeted at enhancing recipients' development or productivity. The two approaches do not have to be mutually exclusive. Education, for example, is a CWD right that also promotes development and productivity. The focus of this paper is on services that fall under CWD rights according to the CRPD. In other words, we mainly follow the right-based approach.

According to Srisuppaphon, Sriboonroj, Riewpaiboon, and Tangcharoensathien (2017), the Thai government reported to the Committee on the Rights of Persons with Disabilities in 2012 that it has legally complied to almost all rights of PWDs and CWDs (Articles 10 to 30). The exceptions are Article 29 relating to participation in political and public life, to which Thailand has not legally complied, and another two articles on habilitation and rehabilitation (Article 26), and participation in cultural life, recreation, leisure, and sport (Article 30), on which the report does not state Thailand's legal compliance status.

Although, overall, legal compliance is nearly complete, there has been an implementation problem in organizing services to uphold the rights of PWDs and CWDs. In 2012, reports by CSOs identified several problems commonly experienced by PWDs and CWDs, such as schools not admitting CWDs using the unavailability of special teachers as an excuse, inadequate provision of PAs, and limited accessible transportation.

However, as these reports were written more than ten years ago, the information provided might be out of date and the situation may have improved since then. The next section will look at more recent data, as well as the national 2017 Disability Survey, to gain more insights about the current situation and practices of services for CWDs.

3.1 Existing services

The Thai constitution and numerous legislations specify CWD services and rights. The following table summarizes information on current services for CWDs according to each law using data from Kotbungkair and Limmanee (2019) and the Handbook of Rights for People with Disability.

Table 1 Summary of services for CWDs

Law/Policy	Services or monetary support	Eligibility *
Empowerment of Per-sons with Disabilities Act	<ul style="list-style-type: none"> • Rehabilitation services • Educational assistance • Consulting services, skills training, education skills, career promotion and employment • Sign language interpreter service • Assistive devices/service animals • Housing welfare • Personal assistants • Disability allowance • Loans for self-employment 	Being a PWD as prescribed by the Ministry of Social Development and Human Security (MSDHS) ¹
Education Provision for Persons with Disabilities Act	<ul style="list-style-type: none"> • Free education from birth or when identified as disabled for life • Education assistances such as technology facilities, media, services • An individual education plan created at least on yearly basis 	Being a PWD as prescribed by the Ministry of Education
Child and Youth Development Promotion Act	<ul style="list-style-type: none"> • Special education provided by the state in accordance with the conditions of the children • Public health services 	Not stated
National Health Security Act	Universal Health Coverage Gold Card (T.74)	Being a PWD as prescribed by the MSDHS
National Health Act	Health promotion for CWDs, PWDs and people with specific health conditions	Not stated
Transportation fee dis-count	<ul style="list-style-type: none"> • Fee exemption when using trains operated on the BTS, MRT, and Airport Link system • Fee exemption when using express boats in Bangkok • 50% discount for bus travel in Bangkok and on the inter-province route • 50% discount for train journeys operated by the State Railway of Thailand 	Having a disability card (i.e. being a PWD as prescribed by the MSDHS)

*Eligibility: Definition of disability used as eligibility criteria for the services covered by this law/policy.

Sources: Kotbungkair and Limmanee (2019) and the Handbook of Rights for People with Disability (Department of Empowerment of persons with Disabilities)

¹ Ministry of Education also has their own disability criteria. Annex 1 gives more details and comparison with types and criteria as prescribed by the Ministry of Social Development and Human Security (MSDHS).

Ministries or agencies are assigned different authority and duties under each law. For example, the Empowerment of Persons with Disabilities Act assigns the MSDHS considerable responsibility in providing general and social services for PWDs/CWDs, while the Persons with Disabilities Education Act assigns the Ministry of Education’s Special Education Bureau a major role in organizing education for CWDs. This underscores the importance of cooperation among agencies in providing efficient services.

Furthermore, it is worth noting that each law is focused on its objective. As a result, it may adopt different definitions of a PWD. This could create the effect of someone having access to certain services while being denied access to others. The in-depth statistics in the later section will show a high possibility of this phenomenon, as well as other concerns.

3.2 Characteristics of children with disabilities

The NSO’s 2017 Disability Survey was used to analyze the characteristics of households where PWDs (including CWDs) live, allowing for a better understanding of their living situation and environments. According to the survey, there are 3,694,378 PWDs, including 716,263 persons with severe disability, in Thailand. Of this number, CWDs comprise 139,334 persons, including 35,190 children with severe disability. CWDs account for 0.9 per cent of children aged 0-17 years. This analysis examines four dimensions or characteristics of PWDs and CWDs: location, household type, household income, and whether they have a disability card.

3.2.1 Location of PWDs

Due to limitations of MSDHS data, separating CWDs from PWDs has not been possible. Therefore, the information on the location of PWDs has been used as a best available proxy for the location of CWDs².

According to the 2017 Disability Survey, most PWDs reside in Bangkok and the central region of Thailand (~32 per cent). However, according to MSDHS data, the north-eastern region was the region with the most registrations for a disability card. Comparing data from the 2017 Disability Survey and 2018 MSDHS data on disability card holders, we found that the estimated error was high in high income areas such as Bangkok, and the central and southern regions.

Table 2 Number of PWDs according to location

Region	Number of PWDs			Estimated error*
	NSO (2017)	MSDHS (Sep 2018)	Difference	
BKK and Central	1,209,131	502,168	706,963	58.47%
Northern	790,878	454,466	336,412	42.54%
North-Eastern	1,202,471	821,113	381,358	31.71%
Southern	491,899	235,212	256,687	52.18%
All	3,694,379	2,012,959	1,681,420	45.51%

Note: Estimated error is calculated by difference divided by the number from NSO. This ‘estimation’ assumes that the NSO data is more accurate as PWDs did not need to register to be recorded as having a disability.

Source: NSO, 2017 Disability Survey, and annual report of Department of Empowerment of Persons with Disabilities

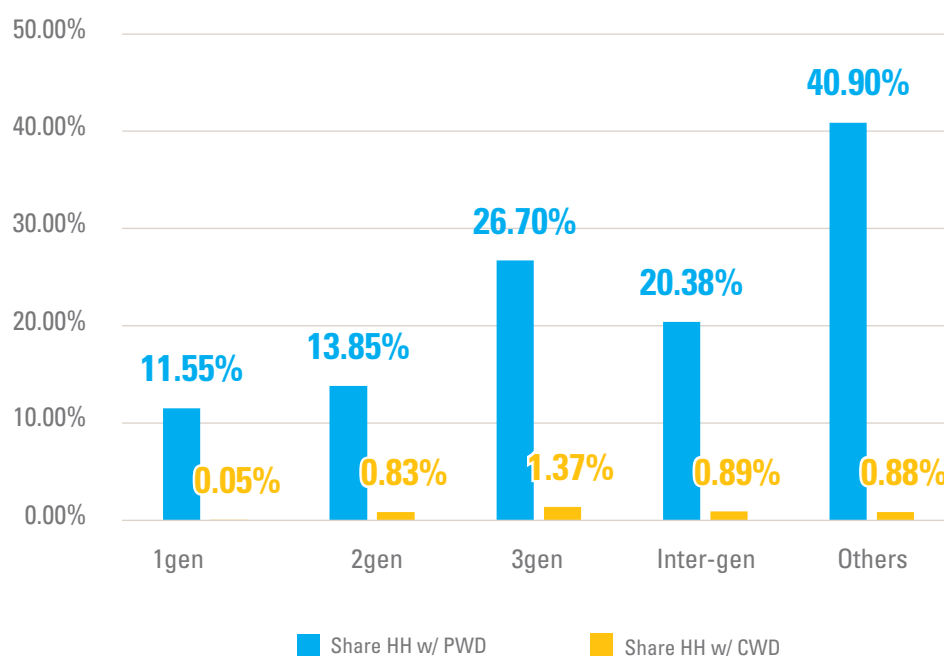
² Please note that this sample does not include the institutionalized or homeless populations.

3.2.2 Household type

Another dimension considered in this report is household type, which has been classified based on household members. The first household type is a single generation household where members in household are not the parent, grandparent, children, or grandchildren of any other members in the household. If a CWD lives in a household with both parents and children, the household is categorized as a two-generation household. Similarly, a household which has grandparents, parents, and children living together is classified as a three-generation household. Lastly, household where grandparents live with their grandchildren is considered an inter-generation household.

Using this classification, the three-generation household is the most common household type with the greatest proportion of CWDs. Considering households with PWDs, the type that does not fit into any of the preceding categories ('Others') is the most common.

Figure 1 Proportion of households with PWDs and CWDs classified by household type

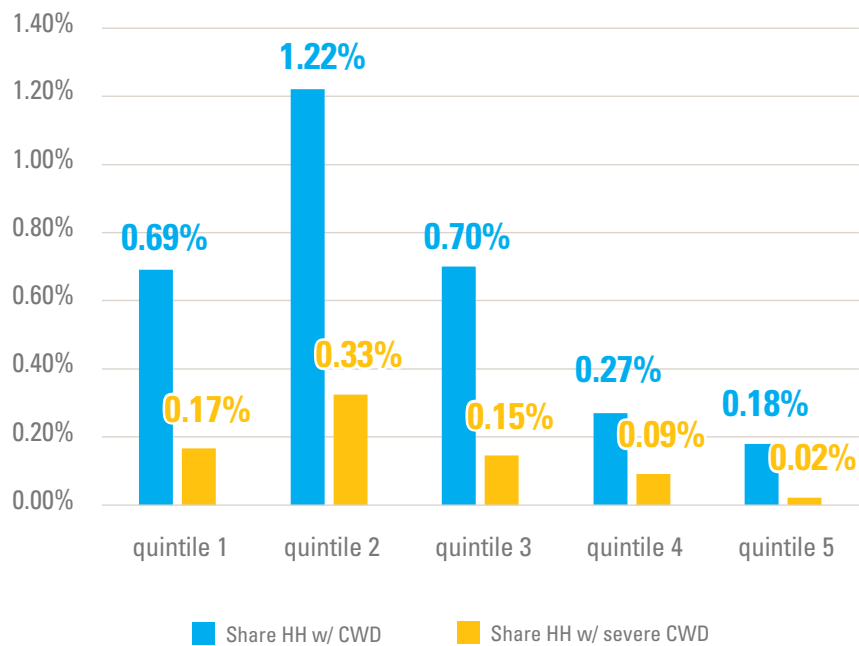


Source: NSO, 2017 Disability Survey

3.2.3 Household income

CWDs were mostly observed in low-income households (those in the first- or second-income quintile). The pattern of households with CWDs and households with CWDs who have a severe disability is similar in that they both peaked at the second income quintile.

Figure 2 Proportion of household with CWDs and severe CWDs classified by income quintile



Source: NSO, 2017 Disability Survey

3.2.4 Disability card

The major reason for PWDs and CWDs not having a disability card is the perceived “inadequate” level of disability to meet the criteria. However, the second most stated reason for PWDs and CWDs not registering for a disability card differs: for PWDs, it was unwillingness to register, which might be due to stigmatization, while a lack of information was the secondary reason for CWDs.

Table 3 Proportion of CWDs and PWDs categorized by reasons why they do not have a disability card

Do you have a disability card?	CWDs	PWDs (Incl. CWDs)
Yes	53.71%	44.36%
No, because of insufficient level of disability	17.20%	25.13%
No, due to a lack of information	10.89%	3.56%
No, because I don't consider myself as disabled	8.10%	15.06%
No, because of unwillingness to register	7.88%	7.79%
No, because no one could bring me to the registration centre	0.97%	1.50%
No, because of other reasons	0.82%	1.09%
No, because of inconvenient transportation	0.28%	1.24%
No, because my name is not in my house registration document	0.11%	0.07%
No, because I do not have an ID card	0.05%	0.20%

Source: NSO, 2017 Disability Survey

As stated in Section 3.1 on existing services, CWDs require a disability card to be eligible for most services. Without a disability card, CWDs miss out on receiving the disability allowance and lack access to other services, which is the crucial challenge discussed in the next section.

3.3 Challenges faced by children with disabilities

3.3.1 Accessibility

Accessibility of services is a key challenge for CWDs in Thailand. The government must reduce the inaccessibility in order to assure CWDs' rights to access those services. Besides the rights-based argument, accessibility is also important to enhance service efficiency. Many services are likely to improve the well-being of CWDs, but their worth is questionable if CWDs cannot use or access them.

To improve accessibility, it is necessary to identify current difficulties and challenges. When it comes to assessing accessibility, administrative data is limited since people who do not have access to services are unlikely to be found in administrative data. Fortunately, the 2017 Disability Survey allows us to analyze which services are most needed but remain inaccessible for CWDs and PWDs, Noting that the reasons for inaccessibility may be due to physical, informational and communicational factors.

Table 4 Needs for services according to self-assessment of CWDs and PWDs

Which public services do [respondents] consider necessary but have yet to receive?	CWDs	PWDs (Incl. CWDs)
None	72.49%	78.81%
Educational assistance	12.92%	0.78%
Personal assistant (PA)	3.26%	5.76%
Occupational loan	2.21%	3.99%
Counselling/guidance	2.21%	2.14%
Support for business/self-employment	2.14%	2.05%
Others	2.09%	1.38%
Increase in old-age allowance	1.35%	1.48%
Home renovation	0.93%	2.83%
Legal aid	0.30%	0.77%
Sign language interpreter	0.10%	0.02%

Source: NSO, 2017 Disability Survey

As shown in Table 3.4, the majority of CWDs and PWDs did not specify any need for additional public services. There are a few reasons why caution is recommended when interpreting this figure as a positive indicator. Respondents might answer “None” because they do not trust the quality of government-managed services or are unaware of the benefits of such programmes in improving quality of life. Both, if true, are not a sign of an acceptable situation.

Moreover, even a minor share of inaccessibility in society is not compatible with the concept of rights-based services, which all PWDs and CWDs have a right to access. Although the figure might initially appear promising, the underlying reasons for answering the question in such a way suggest that the government still has a lot of work to do to improve the accessibility of services, including information around how to access such services.

A total of 5.76 per cent of PWDs and 3.26 per cent of CWDs identified a personal assistant (PA) as a necessary service for their needs which is currently difficult to access. Due to the fact that training PAs is a strenuous process, there has been a persistent PA shortage in Thailand, which is clearly an issue affecting both PWDs and CWDs alike. This issue is discussed in more detail in Section 3.3.3.

Another service in need of improved accessibility for CWDs is education. Unlike PWDs, almost 13 per cent of CWDs identified educational assistance as a pressing need. Because of the significance of education and the difficulties in providing appropriate learning for CWDs, the need for educational assistance unsurprisingly surpasses the demand for other services, including PA support. Section 4 provides some lessons learnt from international experience that could be applied to Thailand to improve the existing services and make education more accessible for all.

In conclusion, for those CWDs who still lack public services, educational assistance and access to PAs stand out as the two most needed services. Following a rights-based approach, every CWD should be entitled to appropriate services, especially these two services. Reasons for the inaccessibility of these critical services for CWDs are discussed in the next section.

3.3.2 Educational challenges

According to the 2017 Disability Survey, educational assistance is the most demanded service for CWDs. The inaccessibility of educational assistance is not only a problem in itself, but also negatively impacts the education level of CWDs and their prospect of employment and income earning. While approximately 30 per cent of the overall population has graduated with a high school degree or higher, the figure is only 9 per cent for PWDs. A lack of support for CWDs to access education prevents them from achieving the highest level of education possible and reaching their potential.

To fully understand the inaccessibility of educational assistance and how it translates into low levels of education, the context of the education system for CWDs needs to be elaborated. According to the Handbook of Rights for Persons with Disability, there are seven forms of education for CWDs:

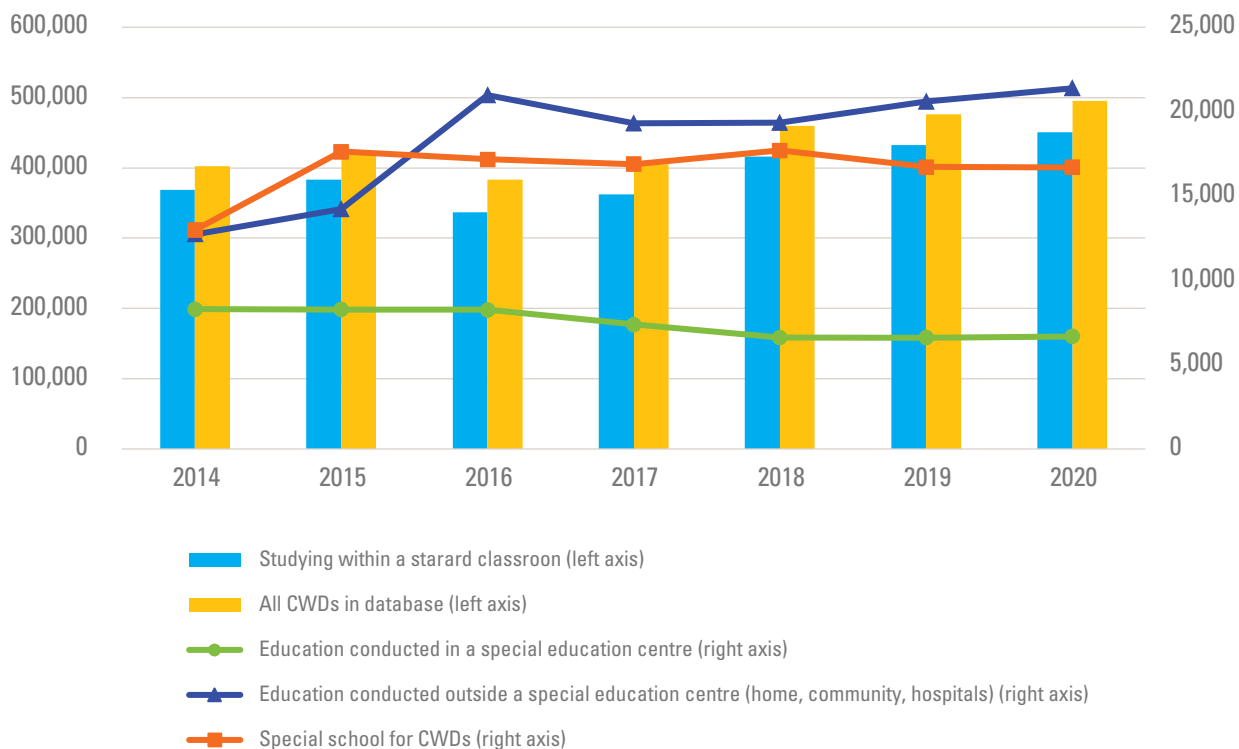
- (1) Studying with non-disabled students within a standard classroom
- (2) Special school for CWDs
- (3) Education conducted in a household
- (4) Education conducted in a community
- (5) Education conducted in a hospital
- (6) Education conducted in a special education centre
- (7) Non-formal and informal education

These different forms of education for CWDs are overseen by several government agencies. The key agency is the Ministry of Education's Special Education Bureau, which regulates special education centres and collaborates with each Educational Service Area Office to promote CWD education in a regular classroom (forms 1 to 6). Another important agency is the Office of Non-Formal and Informal Education, which administers non-formal and informal education for CWDs (form 7). The Office of Vocational Education Commission oversees vocational schools and vocational education, which is part of the 12-year basic education (form 1).

When the amount of CWDs in each type of education is analyzed, data from the Special Education Bureau under the Ministry of Education shows that the majority of CWDs in its database (~90 per cent) study with non-disabled students within a standard classroom, while the other five types of education serve only a small percentage of CWDs.

Furthermore, each form of education for CWDs also has a different trend over the six years' observable data available from 2015 to 2020. The number of CWDs attending a standard classroom and education conducted outside a special education centre (household, community, or hospital) has increased since 2015. On the other hand, CWDs studying in a special education centre or a special school for CWDs have slightly declined over time.

Figure 3 Numbers of CWDs classified by form of education received, 2015-2020



Source: Special Education Bureau, Ministry of Education

Following an understanding of the existing education system and the status of CWDs, this analysis will explore two interrelated problems, namely, why CWDs are unable to obtain educational assistance and why they have a low level of education. As aforementioned, data from the 2017 Disability Survey and the focus group discussion are utilized to investigate the root causes of the problem.

There are three main reasons why CWDs cannot access educational assistance: 1) lack of information on how to access the service; 2) transportation difficulties; and 3) lack of time to get the service. Collectively, these three reasons are the cause of inaccessibility for 88 per cent of CWDs. The result is in accordance with Kotbungkair & Limmanee (2019) who conducted the survey and found that 97.1 per cent of CWDs’ families want more information on the rights of CWDs and associated services. When asked about the needs of CWDs, transportation fee assistance (85.5 per cent) and educational assistance (74.6 per cent) were also among the top three.

Table 5 Reasons behind CWDs' lack of educational assistance

Why does [respondent] not receive educational assistance?	CWDs
Lack of information on how to access the service	58.16 %
Transportation difficulties/long distance	15.85 %
Lack of time to get the service	14.75 %
Limitation of service providers	2.62 %
Have no one to take me to the services	2.62 %
Have no confidence in service providers	2.45 %
Do not have enough money for transportation	1.66 %
Long queue	1.30 %
Others	0.50 %
Have received the service, but it is insufficient	0.10 %

Source: NSO, 2017 Disability Survey

Some may assume that disability inevitably presents barriers to education for PWDs, which is why CWDs have lower levels of education than peers. While this is true for nearly three quarters of CWDs in the interested population (see Table 3.6), the remaining 25 per cent face challenges that are not primarily due to disability. These include behavioural problems (6.5 per cent), difficulty travelling to school/transportation difficulties (5.3 per cent), being bullied at school (2.2 per cent), and worried family members (2.2 per cent). The latter two issues are interlinked with the behavioural issues of CWDs. For example, in the focus group discussion, a representative from the Autistic Thai Association, an association for parents of autistic children, described children's experiences with bullying in schools. Parents were concerned that their children's unique behaviour or needs might not be understood by other students and that they would become targets for bullying as a result of their disability or difference. This kind of experience worries parents of CWDs and can deter them from sending their children to study with other children.

As mentioned earlier, having appropriate transportation also affect CWDs' ability to access educational assistance. The result is supported by Kotbungkair & Limmanee (2019), in which transportation difficulties were also found to be one of the main reasons why CWDs do not have an education. These issues must be addressed in order to provide suitable education for all CWDs.

Table 6 Reasons why CWDs do not study

Why does [respondent] not study?	CWDs*
Too sick or disabled to study	75.7 %
Behavioural problems	6.5 %
Hard to travel to schools/transportation difficulties	5.3 %
Has the capacity to study but being bullied at school	2.2 %
Worried family	2.2 %
A lack of financial resources	1.8 %
Others	6.3 %

*Note: This table present data of CWDs who are not studying or have not graduated or are too young to study

Source: NSO, 2017 Disability Survey

The above two problems, the inaccessibility of educational assistance and low educational levels of CWDs, can be linked in several ways. Firstly, the lack of educational assistance inevitably impacts on CWDs' low levels of education. When CWDs do not receive adequate support to fully participate in a regular classroom environment, it creates the risk that CWDs or their families might consider themselves 'too disabled to study' and therefore not enrol in any type of education. The second linkage operates through low levels of education which, in turn, hinders CWDs and their parents from understanding how to access educational assistance. The two-way relationship between level of education and accessibility of educational assistance could, therefore, constitute an ongoing cycle which is hard to break.

In conclusion, within several available tracks of education for CWDs in Thailand, most CWDs learn within regular classrooms with other non-disabled students. However, they are still facing many unresolved problems which make educational assistance inaccessible, leading to low levels of education. The major causes of these problems are a lack of information on how to access assistance, transportation difficulties, and bullying in school. Lessons learned from international experiences will be discussed in Section 4, in order to alleviate these issues, promote accessible educational assistance, and increase CWD education levels.

3.3.3 Personal assistant (PA) support

Access to support from a PA is another essential service for many CWDs. Children and people with severe disabilities rely heavily on PAs for daily tasks. Despite being the most needed service for PWDs and the second most needed service for CWDs according to the 2017 Disability Survey, the availability of PAs is limited. Many factors, including the training process and the low pay rate, contribute to the low number of PAs and result in insufficient coverage. Moreover, other issues such as a lack of information and transportation difficulties also contribute to the problem.

In 2017, the estimated number of people and children with a severe disability was 716,263 (including CWDs) and 139,334, respectively. Meanwhile, according to MSDHS data in May 2022, the current number of PAs working in Thailand is 1,406, out of which 1,246 are active. Assuming that the number of people and children with a severe disability has not changed much over the years, the number of PAs only covers 0.2 per cent of people with a severe disability, which is insufficient in comparison to the prospective demand from severely disabled people.

This confirms that the likelihood of publicly provided PAs in giving assistance or care to CWDs is extremely limited. It is not surprising that for almost all CWDs (98 per cent), family members and relatives take on the main caring responsibilities. Even when considering the small number of CWDs whose primary carer³ is not a family member, PAs provided by the government have statistically played no role in assisting these CWDs, as the majority of these cases involve volunteers and private PAs as primary carers.

CWDs lack access to a PA for a variety of reasons. Some of them, such as a lack of information (49.65 per cent) and transportation difficulties (13.59 per cent), are the same barriers as seen in the case of CWDs' access to education, while limited service providers (14.95 per cent) emerged as an additional major factor on the supply side impeding CWDs' access to PA services.

Table 7 Reasons behind CWDs' lack of personal assistant services

Why does [respondent] not receive personal assistant services?	CWDs
Lack of information on how to access the service	49.65 %
Limited service providers	14.95 %
Transportation difficulties/long distance	13.59 %
Have no one to take me to the services	10.00 %
Lack of time to get the service	3.78 %
Long queue	2.54 %
Do not have enough money for transportation	2.40 %
Have received the service, but it is insufficient	1.94 %
Others	0.62 %
Have no confidence in service providers	0.57 %

Source: NSO, 2017 Disability Survey

On the supply side, problems identified in the focus group discussion and literature include low wages for PAs and the low frequency of training for PAs. Parents of CWDs said during the discussion that the pay for PAs – which is around 50 baht per hour with a maximum of 6 hours per day – is too low to attract people to the role. The government, therefore, may need to spend more resources to recruit more PAs for the needs of CWDs. For PA training, each qualified PA must attend 24 hours of lectures and practice on real cases for 30 hours. Currently, training for PAs is directly managed by the Department of Empowerment of Persons with Disabilities, which has limited capacity to organize more training. Rondthong (2021) collected opinions from PAs and regional officers who mostly agreed that government should organize more training to produce more PAs.

In short, CWDs do not have access to adequate PAs because the central government capacity to organize training is constrained, and the pay is insufficient to attract new workers. Other problems prohibiting access to PA services include a lack of information on how to access the assistance and transportation difficulties for PWDs or CWDs wanting to access the services. These issues need to be tackled well in order to improve PA accessibility.

³ Carer in this context is the main person with caring responsibility according to the 2017 Disability Survey, and is not the same as the official term 'carer' who has to be registered with the MSDHS.



4

INTERNATIONAL EXPERIENCES ON SELECTED SERVICES

The situation analysis from the previous section helped to identify the rights that CWDs have not received, such as the right to education assistance and personal assistants, as well as the causes for the inaccessibility of these services. The government should take the necessary measures to improve the current situation and enable CWDs to access their rights.

This report draws on relevant experiences and practices from other countries to gain insights into how Thailand can improve the accessibility and coverage of essential services for CWDs.

4.1 Lack of information

Many CWDs have not registered for and obtained a disability card due to a lack of information. Without the card, CWDs are ineligible for many services, including fare discounting, special health care coverage, and access to a PA. In the case where a disability card is not a requirement for the service, such as educational assistance, a lack of information remains a primary reason why CWDs did not obtain these necessary services.

In interviews with specialists and the focus group discussion, it was found that hospitals where CWDs' disabilities were diagnosed, as well as disability card registration centres, are the primary sources of information on CWD rights. According to the survey, these two locations are insufficient to provide information to the target group. This is most likely due to the fact that registration centres are dispersed and mostly concentrated in the centre of each province, meaning that carers of CWDs may find them difficult to reach. While some hospitals may provide information on CWD rights, this is not their primary role, and there is little incentive for hospitals to invest significant resources in doing so well.

The Thai government, as a services provider, must make greater efforts to ensure that CWDs and their carers receive adequate information to access the appropriate services. There are several lessons that the Thai government can learn from other countries' methods of raising awareness and providing information about CWDS services and rights. In the United Kingdom and Finland, for example, local authorities play a pivotal role in providing information to people and children with disabilities, while in British Columbia (BC), Canada, non-government organizations (NGOs) are another source of information besides government agencies.

In the United Kingdom, certain services for CWDs or parents are provided at the local authority (LA) level, and they are divided into two categories: services mandated by law and discretionary services determined by each LA. The latter results in each LA having different services, which may cause confusion for parents and CWDs. The Children and Families Bill 2014 requires local authorities to publish a Local Offer, a webpage on their website that provides information on services for CWDs and their parents, as well as who and how to contact for more information. Accessible and comprehensive information provided in a Local Offer aims to assist parents and CWDs in learning about existing rights and services in their community. Furthermore, local governments are legally obliged to involve parents, children, and service providers in the preparation and review of a Local Offer, and this collaborative process could well support in the spreading of information (Department for Education and Department of Health and Social Care, 2015).

Similarly, in Finland, most services are provided at the local level. There are two types of services: those with subjective rights, to which all eligible PWDs must have access, and those bound to appropriations, access to which depends on a municipality's resources (Finnish Institute for Health and Welfare, 2022). The central government also provides a handbook containing information on available services, statistics and regulations related to PWDs for every municipality. The Personal Service Plan is an additional feature in the Finnish system which assesses the need for services that all PWDs can request, although the municipality or government are not obligated to provide the services outlined in the plan. As a result, the plan should include information on all services deemed appropriate for each PWD.

In BC, Canada, Local Child and Family Services Offices provide information on services available for children and youth with support needs, including CWDs. NGOs such as Inclusion BC and Disability Alliance BC also provide information and free assistance to families of people with disabilities who are applying for disability benefits and services. Additionally, family-to-family organizations, such as the Family Support Institute of BC, connect the families of PWDs/CWDs with other parents/peers to share experiences and guide them towards the right resources. The opportunity for families of CWDs to talk to other parents going through similar experiences not only provides them with useful advice and information, but also makes them feel less alone (The Family Support Institute of BC, 2022)

4.2 Transportation difficulties

Most services for PWDs and CWDs require them to travel to another location, which can be problematic if transportation is poorly designed and/or does not meet the needs of CWDs and PWDs. To make these services accessible to everyone, public transportation must be inclusive and universal. Additional support targeting CWDs could be employed to facilitate them to receive the services.

In other countries, as in most interventions, transportation support for CWDs operates at the local level. In Finland, the city of Helsinki provides certain transportation supports for both disabled and non-disabled children to attend school. The city also provides generous assistance to CWDs, such as a high-value travel card known as the multi-use travel card. In London, UK, in addition to a generous pre-paid travel card, the city of Westminster organizes independent travel training for children with special needs and/or disabilities that is tailored to their individual needs and abilities (City of Westminster, 2021). It also allows for more flexible travel arrangements for each family through the Personal Transport Budget, which can be used to pay for public transportation, fuel costs, or taxi fares.

The transportation subsidy provided by the city of Westminster is more flexible and can be used for a variety of modes of transportation compared to the subsidy provided in Helsinki, Finland. This reflects the unique nature of each city and its underlying infrastructure, which a local authority understands better than other organizations. Local authorities should therefore play a major role in supporting CWDs' mobility and access to necessary services (such as education, health, PAs, etc.) since they have the ability and knowledge to help PWDs and CWDs navigate the available transportation systems.

To the best of our knowledge, at least two local authorities (Subdistrict Administrative Organizations or SAOs) in Thailand are currently providing additional travel assistance to CWDs: Khanajue in Tak and Bang Bua Thong in Nonthaburi. Since the law already allows a local authority to issue legislation and organize transportation supports, there are no legal limitations to other local authorities doing the same. The government should publicize the practices of these two local authorities in order to inspire other authorities to take action.

4.3 Bullying at school

According to the 2017 Disability Survey, one of the primary reasons preventing CWDs from attending school are behavioural problems, including bullying at school. During the focus group discussion, parents shared their concerns about CWDs' bullying experiences in schools, which makes them hesitant to send their children to school. Schools and the government must address the issue of bullying if these children are to return to school.

In the United Kingdom, members of a school such as teachers, headteachers and governors have the autonomy to decide how to respond to students' behavioural issues. The Office for Standards in Education, Children's Services and Skills (Ofsted) is a non-ministerial government department responsible for inspecting schools to improve the quality of education. Additionally, to help school members, the Department for Education (2017) outlines measures for dealing with bullying at school, recommending the following practices that benefit both children with and without disabilities:

- Creating an inclusive environment and an ethos of good behaviour where children treat others and school staff with respect.
- Using disciplinary sanctions to teach bullying's consequences and raise awareness that bullying is unacceptable.
- Collaborating with other members of the community, such as the police and children's services, to develop a clear approach to cases where bullying is particularly severe or persistent, and where a criminal offense may have been committed.

- Schools should do everything possible to keep bullied children in school because removing them from school makes it difficult for them to later reintegrate. This could include using a separate on-site provision that gives bullied students respite while still allowing them to progress in their education.
- Only in extreme cases, when reintegrating children back into school is impossible, are they transferred to another mainstream school, and as a last resort, they are transferred to non-mainstream education, such as Alternative Provision. The transfer decision is made collectively by parents, children, and the school's interdisciplinary team.

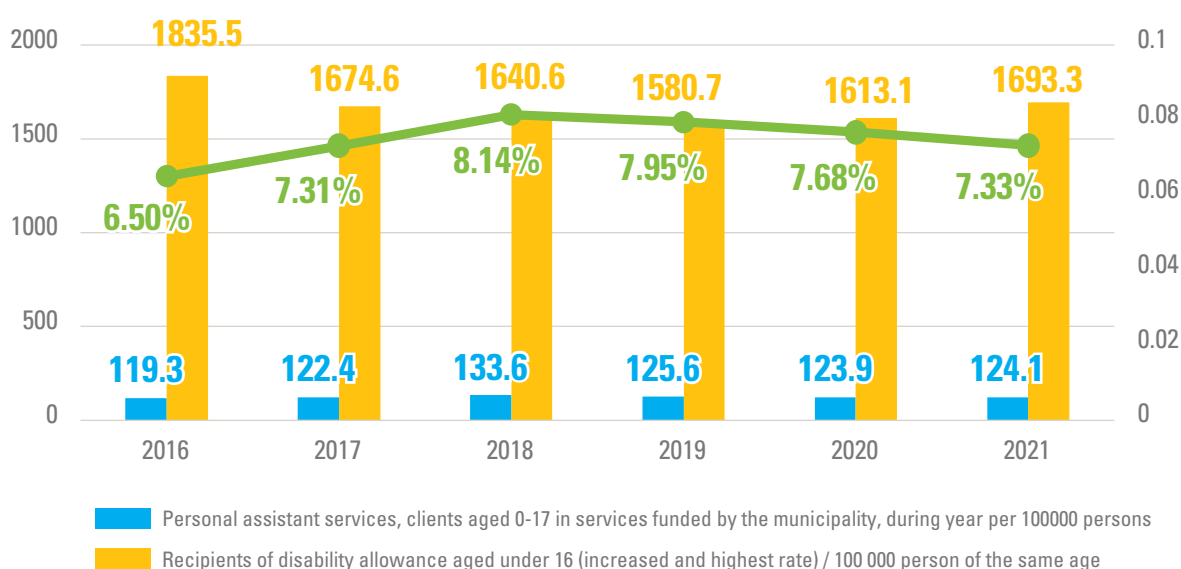
The measures outlined above could be implemented in mainstream schools in Thailand to create a safe and inclusive environment for CWDs. It is necessary that adequate resources, including special education teachers and financial support, are available for these practices to be effectively implemented. While most bullying is handled at the school level, the Ministry of Education can also play an important role in disseminating evidence of best practice to other schools in order to reduce behavioural issues and encourage CWDs to return to school.

4.4 Shortage of PAs

Several reasons for CWDs not receiving personal assistant services were identified in the previous section: these include the government's limited capacity to organize PA training; low pay to attract workers; a lack of information; and transportation difficulties. Some issues have already been addressed directly or indirectly in the preceding subsections. This section will primarily focus on how other countries offer PA services, as well as alternative methods of caring for CWDs.

In our search for useful international experience, we found that Finland has better PA service coverage for CWDs than Thailand, where the number of PAs is only 0.2 per cent of people with a severe disability. According to data from the Finnish Institute for Health and Welfare, there are approximately 1,700 children with severe disabilities, while 120 personal assistant services are delivered, and coverage is estimated to be 7.33% in 2021. Despite imperfect PA coverage, Thailand can draw lessons from the experience of Finland on how to provide PAs.

Figure 4 The numbers of CWDs and PA services in Finland, 2016-2021



Source: Sotkanet.fi, the Finnish Institute for Health and Welfare

There are two models of PA service in the city of Helsinki (City of Helsinki, 2021). The first one is the employer model in which PWDs act as the employer of a PA and determine when and where the assistance will be provided. In this model, the PA's salary is reimbursed by the disability service in a municipality and PWDs can recruit a PA from the personal assistant centre (Sentteri) which also has its own PA recruitment process.

The second, and more recent, model is based on the use of a service voucher, which is a municipal payment that can be used to pay for services provided by private service providers. The role of the city of Helsinki in this model is to inspect and monitor the quality of service providers. The municipality may withdraw approval if a service provider fails to comply with regulations and/or maintain a minimum level of service quality. To use the service voucher, CWDs and their families have to browse the website (Palse.fi) for approved service providers and contact them directly. The ability to select private service providers empowers people with disabilities as consumers who can select the best option for themselves, while also promoting the market for PA services. When the private sector takes the lead in recruiting and providing a PA service, as in Helsinki, government training capacity is no longer a constraint.

Another distinction between the Finnish and Thai models is the qualifications needed to become a PA. In their job postings, Sentteri and other private service providers state that PA work is not nursing work and that no special skills or training are required. They emphasize the right attitude towards the work of an assistant as a more crucial factor (Sentteri, n.d.; Aarre Avustajat, n.d.) With less stringent qualification requirements, the Finnish model could be used by Thailand to attract more people into the profession and improve its PA coverage.

Furthermore, many alternative models for providing care and assistance to CWDs are in use in other countries. In the Netherlands, for example, CWDs receive cash-for-care, care in kind, or a combination of the two (Rijksoverheid, 2022), which is similar to the Finnish model whereby the government provides a subsidy for PWDs to purchase care services in the private market. Another model is the informal care model, in which parents or family members of CWDs are financially supported by the government in order to hire a PA for their children. The European Network on Independent Living (2015) conducted a personal assistant service survey in 20 European countries and discovered that ten of these countries permit a family member to be hired as a PA for CWDs, although some may impose additional conditions, such as lower-than-usual pay or work hours. The use of these alternative models as an additional solution to Thailand's PA scarcity should be investigated further.

These country examples of various ways to offer a PA service provide Thailand with three relevant insights. Firstly, with the limited capacity of government to train PAs, the private sector could be useful in recruiting, training, and customizing the user experience. In this instance, the government's role would alter to instead become a regulator and inspector of the service. Secondly, the government should consider the benefits of relaxing the training requirement for PAs in Thailand. According to our understanding, the main purpose of the requirement is to control the quality of services, but it also has a disadvantage in that it discourages and limits the production of new PAs in large quantities. The Finnish model, which focuses more on PA attitudes, may attract more people to become PAs and benefit society more than having a small number of high-quality PAs. Thirdly, the government should look into alternative ways to promote care for CWDs. If government-subsidized PAs are unable to serve CWDs in need, the option of subsidizing care work directly to family members could work if properly regulated. These three lessons, hopefully, will guide Thailand to better ways to organize and deliver PA services to CWDs.



5

CONCLUSION AND POLICY RECOMMENDATIONS

Although Thailand's disability legal and policy documents are in line with the UNCRPD's principles of human rights, justice, and non-discrimination of PWDs, including CWDs, findings gained from this situation analysis reveal that the current services are insufficient to meet the needs of CWDs in practice.

Analysis of the 2017 Disability Survey results show that educational assistance and PA services are the two most important services that CWDs desire, the current provisions of which are inadequate. Yet PWDs and CWDs face a number of barriers to accessing these services.

In terms of educational assistance, a lack of information and transportation issues were identified as key obstacles impeding CWDs and their families. CWDs also face issues related to behavioural issues which makes them vulnerable to bullying and make their families worried about them attending school.

Regarding PA support, the analysis found that there is a severe shortage of PAs in Thailand compared to the demand from people and children with severe disabilities. This is reflected in the fact that 98 per cent of CWDs are cared for by a family member. Factors influencing this situation include the low wage rate for PAs, and a lack of training opportunities provided by the Department of Empowerment of Persons with Disabilities, which has limited capacity to organize more training. The main barriers to accessing PA services identified in the analysis were lack of information, limited service providers and transportation difficulties for CWDs.

To address these barriers, several policy recommendations based on the situation analysis and international experiences of service provision for CWDs are offered below.

1. Enhance access to information

To address the lack of information currently available regarding services for CWDs, the government should empower local authorities to communicate information about existing rights and services for CWDs. It should aim to expand the coverage of general disability service centres in every Subdistrict Administrative Organization (SAO) in Thailand as a first step toward more providing more accessible information services. Another measure which could be employed alongside this is to encourage CWDs and their families to join a disability organization. This will allow the government to connect with the target audience more easily and aid the smooth exchange of up-to-date, accurate and relevant information. Communication modes should also be taken into account to ensure that information is fully distributed, including communication in braille, sign language, screen readable, and easy-to-read formats.

2. Improve educational access and reduce transportation barriers

Local government and schools are key players in supporting CWDs to access meaningful education. Assigning a staff member to take on responsibility for disability-related issues in each school will benefit students with disabilities by providing a clear point of contact for them to approach and discuss their needs. To alleviate transportation barriers, local governments should provide financial support or subsidies to contribute towards transportation costs, so that CWDs can attend school, including those who may have specific transportation needs. The government should expand existing local aid by providing guidelines and examples of best practice to other SAOs. A similar approach of providing more information and guidelines could also be utilized to improve how behavioural issues are managed in schools.

Apart from transportation issue, other accessibility bottlenecks should also be addressed, such as 1) Accessible physical and communication infrastructure, 2) pre- and in-service training for teachers, 3) accessible materials, 4) flexible curricula and assessment procedures⁴.

3. Increase the provision of PA services

Finally, as Rondthong (2021) suggests, allowing local authorities to conduct training and approve PAs in their jurisdiction appears to be a promising policy choice. Instead of relying solely on the government to produce PAs, another option is to draw on the untapped potential of the private sector by subsidizing private PA services. Following this model, the government should transform itself into a service regulator and inspector to ensure quality. In the current situation of severe PA shortage, an experimental approach, such as financially supporting family members to provide informal care for CWDs, may also be worth further investigation. And regardless of how PAs are provided, it is important also to note that people with disabilities need to have autonomy and power in choosing, monitoring, and directing their PAs.

⁴ For more details on inclusive education see: education. <https://www.bing.com/images/search?view=detailV2&ccid=iYo62Lqi&id=E04A-040E43C480574D8A41DCCC2AC27B808E2ADF&thid=OIPiYo62LqinoxV29LW5pHNcwHaE9&mediaurl=https%3a%2f%2fth.bing.com%2fth%2fid%2fr.898a3ad8baa29e8c55dbd2d6e691cd73%3frik%3d3yqOgHvCKszcQQ%26riu%3dhttp%253a%252f%252fwww.iiiep.unesco.org%252fsites%252fdefault%252ffiles%252fframework.png%26ehk%3dx0Lt5SAg8d94EDLUHX28DWQoBRaefATBoyttl5qSljw%253d%26risl%3d%26pid%3dlmgRaw%26r%3d0&exph=808&expw=1205&q=unicef+inclusive+education+framework&sim-id=608012768000242593&FORM=IRPRST&ck=4B8671C76A19BB4BF9976DC014F2924B&selectedIndex=1&ajaxhist=0&ajaxserp=0>

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ANNEX Types and Criteria of Persons with Disabilities Prescribed by Different Ministries

In Thailand, there are two ministries which prescribe types and criteria of persons with disabilities including the Ministry of Education and the Ministry of Social Development and Human Security (MSDHS). The main difference of prescriptions between these two ministries is that the Ministry of Education and MSDHS define 9 and 7 types of disabilities, respectively. This is because the Ministry of Education separates speech and language (i.e. communication) impairment into different category of disability from hearing impairment, and the MSDHS does not include multiple impairments as one of disability types as the Ministry of Education does.

Within each type of disability, other differences are observed. First, although both ministries define blindness and low vision using visual clarity measurement, different criteria are adopted, and the MSDHS also adds a criterion of visual field. Second, different hearing loss thresholds are determined across ministries. Note that in terms of communication impairment, the Ministry of Education includes all defects of speech production aside from inability to speak prescribed by the MSDHS and differentiates them from defects in understanding. Third, regarding physical and motor impairment, the Ministry of Education also includes persons with health-related disabilities. Fourth, regarding intellectual impairments, the Ministry of Education explicitly defines social skills upon which are benchmark to determine those defects and developmental delay. Finally, although the Ministry of Education clearly defines persons with multiple impairments, the MSDHS does not define this group of persons in its notifications. Detailed information is presented in **Table A1**.

Table A1 Types and Criteria of Persons with Disabilities Prescribed by the Ministries

Disability	Ministry of Education (MoE)	Ministry of Social Development and Human Security (MSDHS)
Visual impairment	<ul style="list-style-type: none"> • Blindness: Individuals with visual clarity measurement of less-severe eye after correction being 6/60 m. or 20/200 ft. until unable to recognize light • Low vision: Individuals with visual clarity measurement of less-severe eye after correction being 6/18 m. or 20/70 ft. 	<ul style="list-style-type: none"> • Blindness: Individuals with visual clarity measurement of less-severe eye with ordinary glass being 3/60 m. or 20/400 ft. until unable to recognize light or having a visual field narrower than 10 degrees • Low vision: Individuals with visual clarity measurement of less-severe eye with ordinary glass being from 3/60 m. or 20/400 ft. to worse than 6/18 m. or 20/70 ft. or having a visual field narrower than 30 degrees

Disability	Ministry of Education (MoE)	Ministry of Social Development and Human Security (MSDHS)
Hearing or communication impairment	<p>Hearing impairment</p> <ul style="list-style-type: none"> • Deafness: Individuals with loss of hearing at 90 decibels or more • Hard of hearing: Individuals with loss of hearing between 26 and 90 decibels <p>Speech and language impairment</p> <ul style="list-style-type: none"> • Individuals with defects in speech production such as those having abnormal speed and rhythm of speech • Individuals with defects in understanding or using spoken language, writing, communication, including format, content, and functions of language 	<ul style="list-style-type: none"> • Deafness: Individuals that when testing hearing at frequencies of 500, 1000, 2000 and 4000 Hz using specialized equipment in certified hospitals, the better ear incurs loss of hearing at 80 decibels or more • Hard of hearing: Individuals that when testing hearing at frequencies of 500, 1000, 2000 and 4000 Hz using specialized equipment in certified hospitals, the better ear incurs loss of hearing between 40 and 80 decibels (or 35-80 decibels for children aged under 15 years) • Individuals with communication impairment such as those with inability to speak, speak or hear without being understood. Example includes patients without larynx, cerebral palsy, severe dysarthria, stroke, accident attacking brain, aphasia, dysarthria, or apraxia, degenerative change in the nervous system such as Parkinson and Dementia
Physical and motor impairment	<ul style="list-style-type: none"> • Individuals with physical or motor impairments such as those with disproportionate or missing organs, abnormal bones or muscles and movement obstacles (possibly due to neurological, muscular or skeletal disorders from congenital conditions, accidents or infectious diseases) • Individuals with health-related impairments such as those with chronic diseases, requiring continuous treatment which hinders education and necessitates special education 	<ul style="list-style-type: none"> • Individuals with movement disabilities such as those with impairment or loss of ability or organs to move due to paralysis, weakness, missing limbs, or illness affecting functionality • Individuals with physical disabilities such as those with abnormalities of head, face, trunk that are externally explicit
Psychological and behavioral impairment	<ul style="list-style-type: none"> • Individuals with behavioral or emotional impairments include those with severe deviations from normal conditions due to mental or brain disorders affecting perception, emotions or thoughts such as schizophrenia, depression or de-mentia 	<ul style="list-style-type: none"> • Individuals with limitations in performing daily life activities or participating in social activities due to psychological or mental disabilities affecting emotional or cognitive perception

Disability	Ministry of Education (MoE)	Ministry of Social Development and Human Security (MSDHS)
Intellectual impairment	<ul style="list-style-type: none"> • Individuals with intellectual abilities significantly below average, as well as limitations in adaptive skills in at least 2 out of the following 10 skills, which are manifested before the age of 18: <ul style="list-style-type: none"> • Communication • Self care • Living in household • Social skills and interaction with others • Ability to use communal resources • Self control • Ability to use knowledge in daily life • Work • Free-time usage • Health care and security 	<ul style="list-style-type: none"> • Individuals with developmental delays below average intelligence which are manifested before the age of 18
Learning impairment	<ul style="list-style-type: none"> • Individuals with abnormalities in certain areas of the brain for learning processes in one or more aspects such as reading, writing and calculation despite having normal intelligence levels 	<ul style="list-style-type: none"> • Individuals with brain abnormalities affecting impairments in reading, writing, calculation and basic learning processes below age-appropriate standards and intellectual levels
Autistic impairment	<ul style="list-style-type: none"> • Individuals with abnormalities in some brain functions affecting language, social, relationship development, behavioral and emotional aspects which are identified before the age of 30 months 	<ul style="list-style-type: none"> • Individuals with developmental delays in social, language and communication, behavior and emotions due to abnormalities in the brain which are manifested before the age of 2 and a half years, including other autistic spectrum such as Asperger
Multiple impairments	<ul style="list-style-type: none"> • Individuals with more than one type of impairment or disability in the same person 	<ul style="list-style-type: none"> • Not identified in the ministry's announcement

Source: Notification of the Ministry of Education Regarding Determination of Types and Criteria for Person with Disabilities in Education, B.E. 2552; Notification of the Ministry of Social Development and Human Security Regarding Types and Criteria of Disabilities B.E. 2552 (No. 1), 2555 (No. 2), and 2565 (No. 3)

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