REVIEW OF DISABILITY DETERMINATION IN THAILAND

UNICEF and Thailand Development and Research Institute

2022

TDRI THAILAND DEVELOPMENT RESEARCH INSTITUTE

unicef for every child

CONTENTS

1 INTRODUCTION

Disability is a condition which includes impairments, activity limitations, and participation restrictions (World health Organization, 2002). Nowadays, the dominant model of disability is the biopsychosocial model which views disability as the outcome of interactions between functional limitations linked to health conditions and contextual factors. The concept of the biopsychosocial model is reflected in the definition of persons with disabilities (PWDs) in both the United Nations' Convention on the Rights of Persons with Disabilities (UNCRPD) and Thailand's 2007 Persons with Disabilities Empowerment Act (PDEA).

Disability is a universal phenomenon, meaning that every human being has some degree of disability (WHO/ESCAP, 2009). However, when providing disability benefits with limited resources, governments may need to set criteria for identifying those who are legally disabled for administrative purposes. "Disability determination" is a process to identify those who can be classified as legally disabled and determine eligibility for various disability benefits. In fact, different programmes may even have different definitions, for examples those targeted at people with high support needs, and those designed to address a broader population. "Disability assessment" is an important step in disability determination, helping to define the kind and the extent of disability a person has (Bickenbach, Posarac, Cieza, & Kostanjsek, 2015). A single disability assessment could be used in the determination process for eligibility to more than one disability program.

Although the definition of disability in the PDEA is in line with the UNCRPD and the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF), the disability determination criteria and process in Thailand is still inconsistent with the biopsychosocial model. Moreover, the determination system is also inconsistent with the approach promoted by the UNCRPD, which recommends that people receive benefits according to their needs (UNCRPD, 2016). Further details of the problems in the current disability determination system are elaborated in Section 4.

These problems, combined with other flaws in the disability determination system, lead to the exclusion of PWDs who require support to access the disability ID card and disability benefits. The results from the most recent disability survey by the National Statistical Office of Thailand (NSO) in 2017 revealed that only 44.4% of PWDs identified in the survey are registered and have a disability ID card. This means that more than half of PWDs are excluded from accessing the disability ID card and the associated disability benefits. The results from the survey identified the disability determination system as the most significant cause of exclusion, a finding which was also confirmed in 2019 by a study conducted by the Faculty of Social Administration, Thammasat University (2019).

This report will examine the current disability determination system and offer possible solutions to ensure that all PWDs, especially children with disabilities (CWDs), are not left out from the disability benefits provided by the Royal Thai Government.

2 OBJECTIVES AND METHODOLOGY

This study aims to examine key bottlenecks of the disability determination process in Thailand and offer solutions to improve the current system to ensure that all persons with disabilities are not left out at the beginning of registration process.

The following methodology is used in this study:

- A literature review on the disability determination process in Thailand and its challenges, as well as international experiences.
- A series of interviews with experts and government officials[1] to gather more information and confirm the findings from the literature review.

[1] The three experts included a member of the Faculty of Social Administration, Thammasat University; a rehabilitation physician from Sirindhorn National Medical Rehabilitation Institute (SNMRI); and an expert from the Washington Group on Disability Statistics (WG).

- A stakeholder consultation workshop, which was organized on 23 March 2022[2] and in which 51 participants took part.

3 DISABILITY DETERMINATION

3.1 CONCEPTS

In this section, important concepts related to disability are presented to build solid understandings about the nature of disability before making an analysis in later parts.

3.1.1 DEFINITION OF DISABILITY

There are two major models which have strongly influenced disability determination: the medical model and the social model of disability. The medical model views disability as a characteristic or feature of a person, directly caused by disease, trauma, or other health conditions, while the social model views disability as a socially-created problem rather than a feature of a person. According to the social model, disability is brought about by an unaccommodating physical and social environment.

The biopsychosocial model has since been created to provide a better model of disability, integrating what is helpful in both the medical and social models (World health Organization, 2002). The biopsychosocial model is reflected in the CRPD, which defines PWDs as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." (UNCRPD, 2006), and in the PDEA, which defines PWDs as "individuals who have limitations to perform their daily activities or to fully participate in society due to visual, hearing, mobility, communication, mental, emotional, behavioral, intellectual, learning and/or other impairments, resulting in different types of barriers, and have special needs in order to perform their daily activities and fully participate in society according to the types and criteria of disabilities prescribed by the Minister of Social Development and Human Security" (Persons with Disabilities Empowerment Act, 2007). It can be seen that the definitions in both laws acknowledge that disability arises from interactions between health conditions and contextual factors, thus reflecting the core idea of the biopsychosocial model of disability.

The WHO created the International Classification of Functioning, Disability and Health (ICF) as a standard language and framework based on the biopsychosocial model for the description of health and health-related states. It has been officially endorsed by all 191 WHO Member States, including Thailand. The ICF provides a conceptual basis for the definition, measurement and formulation of policy for health and disability. It is a universal classification of disability and health for use in health and health-related sectors (World Health Organization, 2002).

[2] The participants included physicians, administrators and staff of the Department of Empowerment of Persons with Disabilities (DEP), social workers, representatives from various associations of and for PWDs, disabled people themselves, and other related government agencies.

The ICF refers to "disability" as an umbrella term covering three dimensions: 1) impairments, 2) activity limitations, and 3) participation restrictions. Each dimension consists of multiple domains. For example, domains under the impairments dimension, which refers to disability at body and body part level, include loss of a limb, loss of vision or memory loss. Activity limitations refer to disability at person level; domains include difficulties in seeing, hearing, walking, or problem solving. Lastly, participation restrictions refer to disability at societal level; domains include restrictions in working, accessing education, and engaging in social activities.

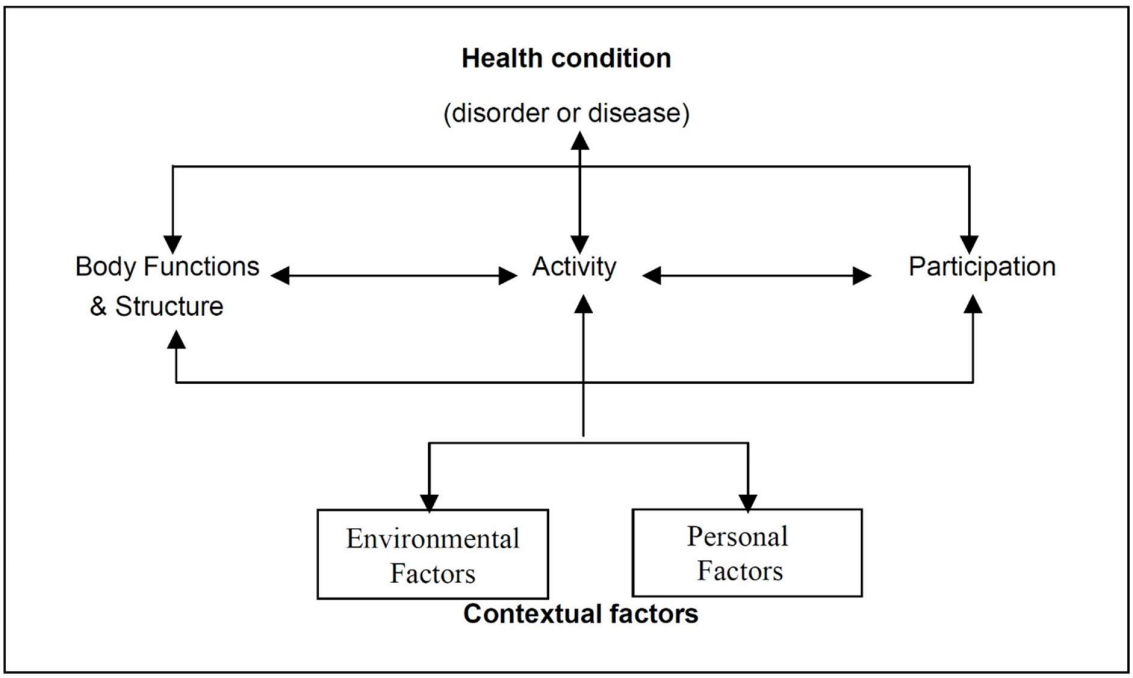
It is worth noting that ICF tends to use the term "functioning" instead of disability, which is a positive notion of disability. Functioning includes body functions, activities, and participations (World Health Organization, 2002).

It should also be noted that these three dimensions of disability are included in the definition of disabled persons in the CRPD and PDEA.

3.1.2 DETERMINANTS OF DISABILITY

Disability and functioning are outcomes of interactions between **health conditions** (injury, disease, and disorders) and contextual factors. Contextual factors consist of external **environmental factors** (e.g., social attitudes, social policy, climate, architectural characteristics) and internal **personal factors** (e.g., gender, education). Figure 1 provides a representation of the ICF model and demonstrates the interactions between these different elements (World Health Organization, 2002).

Figure 1 Representation of ICF model



Source: World Health Organization. (2002). Towards a Common Language for Functioning, Disability and Health: ICF

3.1.3 KEY ASPECTS OF DISABILITY

- Continuous. Disability lies on a continuum from no disability to complete disability. But disability often becomes a binary variable once an attempt is made to classify the population into disabled and non-disabled by people for administrative and policy purposes. It is also worth noting that the threshold used to categorize the population is arbitrary because disability is not a dichotomous phenomenon (WHO/ESCAP, 2009). In fact, the threshold value largely depends on the budget for social welfare in a country (Teng, et al., 2013). It is important to note that different purposes can use different cut-points along the continuum.

- Universal. Disability is not something that only happens to a minority. Every human being has at least one domain of functioning which may be less than perfect. In other words, every human has some degree of disability. Moreover, every human is likely to experience a disability at old age. Hence the ICF is applicable to all people (WHO/ESCAP, 2009; World Health Organization, 2002).

- Context dependent. As disability is the result of interactions between health conditions and contextual factors, two persons with the same impairments may experience disability differently. For example, while an amputated finger might be severely disruptive for a pianist, it may be irrelevant for a shop manager. Similarly, weakened eyesight might not be a problem for a person with access to corrective glasses, but could hamper the day-to-day life of those without access to corrective glasses (Bickenbach, Posarac, Cieza, & Kostanjsek, 2015; WHO/ESCAP, 2009).

4 DISABILITY DETERMINATION PROCESS IN THAILAND AND ITS CHALLENGES

Systematic disability registration was first introduced in Thailand in 1991 with the Rehabilitation of Disabled Persons Act B.E. 2534, which stated that PWDs needed to register for a disability ID card at the Registrar in Bangkok or the province in which they resided in order to be entitled to social welfare and services. In 2007, the Persons with Disabilities Empowerment Act B.E. 2550 extended registration to other places as stipulated by the Committee on the Empowerment of Persons with Disabilities.

PWDs who want to access disability-related services, as well as social welfare and support from government, are required to apply for a disability ID card. In order to receive a disability ID card, PWDs have to go through the following steps:

1. First, PWDs need to obtain medical certification from physicians in public or private hospitals as announced under the regulations. The physician should determine whether the applicant's condition falls into one of seven categories of disability [3] (Ministry of Public Health, Sirindhorn National Medical Rehabilitation Institute and Department of Empowerment of Persons with Disabilities, 2012). There is no further disability assessment after the applicant has obtained a medical certificate (Ibid.).
2. Once a medical certificate is received, the applicant needs to submit the medical certificate together with other documents, e.g., copy of I.D. card and birth certificate, to the Provincial Social Development and Human Security Office, Center for Person with Disabilities and other authorized governmental agencies. The applicant is then granted and a disability ID card is provided (Ibid.).

[3] The seven categories of disability according to the PDEA (with 2012 amendment) are: 1. Visual impairment; 2. Hearing impairment or communication disability; 3. Bodily or mobility impairment; 4. Mental impairment or behavioural disability; 5. Intellectual disability; 6. Learning disability; and 7. Autistic spectrum disorder (Persons with Disabilities Empowerment Act, 2007).

3. Persons with a disability ID card can then apply for various disability benefits including the disability grant. The application process for most disability benefits are either paper-based or through face-to-face interview to identify needs of the applicant (Srisuppaphon, 2019)..

The 2017 Disability Survey revealed that less than half (44.4 per cent) of PWDs had applied for a disability ID card, and a study on the Policy Implementation Analysis on the Disability Grant in Thailand reveals that the main bottleneck occurs during disability determination and assessment.

Based on findings from literature review, focus group discussions and a consultation workshop, we have identified five main challenges in terms of disability determination and assessment in Thailand:

1. Overreliance on medical diagnosis and impairment level

The UNCRPD reviewed the disability determination system in Thailand in 2016 and found that the determination system is not fully harmonized with the CRPD as the eligibility criteria rely heavily on medical assessment (UNCRPD, 2016). This view aligns with experts from Thammasat University and SNMRI who also expressed that, although the assessment and eligibility criteria consider the ability to perform some activities of daily living, the decision is still strongly dominated by medical diagnosis and impairment level. For example, visual disability assessments are based on assessing visual acuity and visual field, while hearing disability is based on audiometry examination.

Srisuppaphon (2019) refers to the disability assessment in Thailand as a partial functional evaluation as not all applicants are assessed on activity limitations and participation restrictions. Only those who might receive a medical diagnosis from a psychiatrist (e.g. those with behavioural, intellectual, learning, and autistic disabilities) are assessed on other dimensions of disability (Ministry of Public Health, Sirindhorn National Medical Rehabilitation Institute and Department of Empowerment of Persons with Disabilities, 2012). This is a significant issue because classification of diseases and impairments alone are not sufficient to indicate levels of activity limitations and participation restrictions; environmental factors and personal factors also play a crucial role in how the diseases and impairments impact the ability to perform activities or participate in life situations (Bickenbach, Posarac, Cieza, & Kostanjsek, 2015; World Health Organization, 2002). Furthermore, the current assessment system results in incomplete information on the disability of each applicant, which impacts on the usefulness of the information to accurately identify the needs of the applicant.

2. Restrictive categorisation of disability

In the current system, an applicant has to satisfy the criteria of one of the seven categories [4] of disability in order to be eligible for a disability ID card. However, according to a recent national disability survey conducted by the NSO, many individuals with disabilities who experience difficulties in daily living do not qualify for official disability status as their conditions do not fall into the present disability categories.

This results in PWDs who do not have impairments which fall into one of the seven categories of disability being ineligible for a disability ID card and therefore unable to register as disabled. This result runs contrary to the true nature of disability, which is multidimensional, contextual, and affected by different components of disability which interact. The following example is provided to give a clearer picture of why this is an important problem. At present, an applicant who is blind in one eye, has hearing loss in one ear, and panic disorder, would not be eligible for the disability ID card since these impairments are not severe enough to be qualified as a person with visual disability, hearing or communication disability, and mental or behavioural disability. But the combined impact from these different impairments may cause the applicant to have equal or even higher difficulties in daily life than someone who is blind in two eyes.

3. Lack of needs assessment

The current disability determination system in Thailand does not include needs assessment which is, in fact, an integral part of disability determination systems in developed countries (Srisuppaphon, 2019). As the needs of the applicant are not identified, there is a lack of knowledge on what disability benefits should be granted to the applicant. Although needs assessment is conducted when a disabled person submits his/her application for some disability benefits (either via paper-based format or face-to-face interview), such as educational support and home modification, flaws in the disability assessment system render this process to be ineffective. As PWDs require a disability ID card to apply for disability benefits, this means that determination of eligibility for disability benefits is not truly based on the needs of PWDs but is instead heavily based on identifying impairments and medical diagnosis.

This is an important issue as the sole purpose of eligibility determination system is to identify the target group, i.e., those who need that particular benefit. At present, there are possibly many PWDs who may require access to disability benefits but cannot access them because their needs have not been identified at the initial stage.

The lack of needs assessment might also explain the why there is a lack of integration between the disability determination system in Thailand and service provision. At present, PWDs are not automatically linked to disability benefits via the disability determination process – except for disability grant and transport concession – but instead have to submit separate applications for each benefit after obtaining a

[4] According to the Persons with Disabilities Empowerment Act B.E. 2550 (2007) and its Revision (Vol. 2) B.E. 2556 (2013), seven categories of disability include 1) visual impairment 2) hearing or communication impairment 3) physical or mobility impairment 4) mental or behavioural disabilities 5) intellectual disabilities 6) learning disabilities and 7) autism.

disability ID card. Since the problems or needs of PWDs are not revealed at the assessment stage, the DEP lacks information which would guide decisions around which disability benefits to grant PWDs.

The expert from SNMRI also pointed out that the lack of needs assessment also impacts on the eligibility criteria and expansion of coverage of disability benefits. At present, because of the lack of needs assessment, it is not possible to provide tailor-made disability benefits; instead, all disability ID card holders are entitled to almost all disability benefits and receive very similar levels of benefits. This has an impact on effective budget forecasting. If the system were to expand to cover more PWDs, the government budget required to provide benefits for newly eligible applicants would be much higher than if benefit levels were adjusted for each PWD according to severity of disability and level of needs. This is a factor that, if left unaddressed, could potentially deter the government from improving the determination programme, as the government will need to allocate much more budget for providing disability benefits as there would be many more eligible PWDs once the disability determination system is improved.

4. Transportation barriers

A study conducted in Phichit revealed that many PWDs decided not to register for a disability ID card because they live in a remote area, or they lack the funds to take a taxi to the registration point (Phumkhachorn, 2019). NSO findings also indicated that transportation barriers are an important factor in excluding disabled persons from accessing the registration system: according to the 2017 Disability Survey, 55,415 PWDs lacked assistance to take them to the registration point, while 45,672 PWDs reported that they did not register due to inconvenient transportation.

5. Misunderstanding among some frontline workers

A study conducted by the Faculty of Social Administration, Thammasat University, revealed that some frontline workers at the Provincial Office of Social Development and Human Security (PSDHS) registration desk believe that they are expected to check the completeness of the document needed for registration and refer to the manual, and that the roles of frontline workers, who are responsible for the issuance of the disability ID card, are not clearly defined (Kotbungkair & Limmanee, 2019). The study found instances of medical certificates being denied at the disability registration stage, as well as frontline workers asking PWDs to go back to the hospital for a revaluation. In extreme cases, frontline workers overruled doctor assessments on account of the doctor in question not being a specialist. This experience was corroborated anecdotally by the expert from SNMRI who took part in writing the Diagnosis and Assessment Manual Guide of Disabilities, who reported that a disability certificate she had provided to a patient was rejected because a frontline worker misunderstood the manual.

5 SELECTED INTERNATIONAL EXPERIENCES OF DISABILITY DETERMINATION

In this section we review disability determination practices in other countries in order to find insights that could shed light on how to resolve the identified problems in the previous section.

5.1 DISABILITY DETERMINATION METHODS

A report from the Academic Network of European Disability Experts (ANED) reviewed disability determination methods in Europe, and found that there are two distinct patterns of how states choose to operate their disability determination programmes: single assessment for single benefits or single assessment for multiple benefits (Waddington, Priestley, & Sainsbury, 2018).

Most countries in Europe use the single assessment for single benefits, such as Belgium, Cyprus, Sweden, Iceland, and the United Kingdom (Waddington, Priestley, & Sainsbury, 2018). Under this method, a specific assessment and criteria are set for disability benefits. The advantage of this approach is that the assessment can be tailored to the specific needs of PWDs, which improves the ability of the assessment to identify the target group of a specific disability benefit. However, the determination process is likely to be time-consuming as it usually requires complex and multi-step assessment from multiple assessors. This creates a burden on both PWDs and the state (Srisuppaphon, 2019). The expert from SNMRI added that the reason why it usually takes other states much longer than the DEP to determine eligibility for disability benefits is the very limited number of qualified assessors in the country.

On the other hand, the single assessment for multiple benefits method reduces the burden on PWDs as it reduces the number of applications that PWDs need to submit and the number of assessment processes that they need to go through to access a range of benefits. The main challenge of this method is how to ensure that the assessment captures the wide range of needs of PWDs.

The states that choose to employ single assessment for multiple benefits can be categorized further into two sub-groups (Srisuppaphon, 2019). First, some states use the single assessment for multiple benefits method as one of many schemes available. Examples of countries in these group are Belgium and Latvia. Latvia has at least two assessment systems, one for granting access to multiple benefits for children, another for disability registration, pension, and other benefits (Waddington, Priestley, & Sainsbury, 2018). These countries usually employ complicated multi-step procedures to determine disability. Even though these countries operate the single assessment for multiple benefits approach, they should not be considered as operating a true one-stop service as there are still many schemes available involving many steps of assessment. Hence, the administrative costs may not be much lower than the countries employing the single assessment for single benefits method (Srisuppaphon, 2019).

Second, some states use the single assessment for multiple benefits as a sole operating system in the country. This group includes Taiwan, Afghanistan, and India. These countries are operating a true one-stop service, the strengths of which are accessibility and simplicity. The assessment process in India and Afghanistan relies on a single medical examination by a physician, while Taiwan uses a multiple-step assessment based on the ICF. However, Taiwan's more complicated multi-step assessment incorporates needs assessment, which might explain why it is able to allocate multiple high-cost benefits to PWDs, such as financial support, caregiver support, and a parking permit, in contrast to India and Afghanistan where the levels of disability benefit are very low (Srisuppaphon, 2019).

To summarize, a more complicated, time-consuming disability determination system tends to offer a more holistic evaluation result which is more useful for needs identification and allocating tailored disability benefits to accommodate the specific, unique needs of PWDs.

The expert from SNMRI viewed the disability determination system in the United Kingdom as an example of best practice because the assessment is tailored to specific services and is able to identify the target group effectively. Another reason is that, as there is no disability registration or disability ID card in the United Kingdom, people only apply for the benefits that they want. She noted that this would reduce the problem of stigmatization. However, she did not see the system in the United Kingdom as a path that Thailand could follow because the social perspective towards disability is very different in the two countries. Moreover, this approach may be not appropriate for Thailand yet because some Thai people might lack the money, time, and knowledge to apply for multiple assessment themselves. Instead, she suggested Taiwan as an example that Thailand could follow because citizens in Thailand and Taiwan share a similar perspective towards disability, and the pre-reform disability determination in Taiwan was quite similar to the current system in Thailand.

5.2 DISABILITY ASSESSMENT APPROACHES

A report published by the World Bank reviewed disability assessment systems in many different countries and categorizes disability assessment into three main approaches: 1) the impairment approach; 2) the functional limitation approach; and 3) the disability approach (Bickenbach, Posarac, Cieza, & Kostanjsek, 2015).

The impairment approach infers the existence and extent of disability from information about impairments and/or health conditions. It is the oldest and the most commonly used disability assessment strategy in the world. The assessment tool used in this approach is the Barame system, which assigns a certain percentage value of disability to each body part. The most complex and sophisticated tool using the Barame system is the American Medical Association Guidelines to the Evaluation of Permanent Impairment (AMA Guidelines).

The advantages of this approach are its simplicity and its practical feasibility since it only requires information on impairments and health conditions and doctors are already trained to perform clinical assessment. But this approach has been widely criticized for decades for its poor capability to predict the existence and extent of disability in other dimensions. The tools associated with this approach are also criticized for their inconsistency, unreliability, and ambiguity in disability rating (Bickenbach, Posarac, Cieza, & Kostanjsek, 2015). Moreover, the assessment is usually performed by medical professionals without input or contribution from disabled persons (Waddington, Priestley, & Sainsbury, 2018). Hence, the countries that choose this approach as the only assessment method are more likely to overlook the needs of PWDs (Srisuppaphon, 2019).

The function limitation approach adds information on the ability of PWDs to perform basic actions – such as lifting, standing, crouching, and talking – to the disability assessment. These functional capacities or basic activities were thought to be important predictors of disability. This approach was developed by rehabilitation professionals in the 1970s in response to criticism of the impairment approach. The commonly used tools associated with this approach are the Functional Independence Measure (FIM), and the Barthel Index ((Bickenbach, Posarac, Cieza, & Kostanjsek, 2015). Many European countries use this approach in the disability determination process (Srisuppaphon, 2019).

In this approach, the gathering of information about basic activities improves the predictive capabilities of disability assessment. But this approach is still insufficient to accurately reflect other domains and dimensions of disability since it ignores the impact of environmental factors on disability. Many studies have found that removing environmental barriers to work can be the most effective way for promoting the return to work (Bickenbach, Posarac, Cieza, & Kostanjsek, 2015). Therefore, while the functional approach enables eligibility determination of "who needs assistance" and who is at the risk of exclusion, it is less helpful when the objective is to determine the "type" and "extent" of support, which requires additional information on environmental factors.

The disability approach assesses all relevant dimensions and domains of disability in a full, direct, non-inferential manner. This contrasts with the previous two approaches which infer disability from a proxy, impairments or functional capacities. High-income countries, e.g., the Netherlands, Germany, France, Sweden, Canada, and the United States, have changed some stages of their disability determination process to reflect this approach. Some less resource-rich countries including Brazil, Cyprus, and Argentina are also adopting the disability approach (Bickenbach, Posarac, Cieza, & Kostanjsek, 2015; World Health Organization, 2013).

The strength of the disability approach comes from its attempt to directly assess disability which, in principle, should yield more rich and accurate information about PWDs to be used for effective policy or programme design. The weakness of this approach is the practical challenge of feasibility, since it requires more information about disability and also information on environmental factors as well. Additionally, it usually involves complex, multiple stages of assessment which require the participation of non-medical professionals. Hence, it is more difficult, costly, and time-consuming to implement (Bickenbach, Posarac, Cieza, & Kostanjsek, 2015).

It is also worth noting that, in many developed countries, the input for disability assessment comes not only from medical and functional examination (which is the case in Thailand) but also from self-assessment, paper-based document review, and face-to-face interview, which can also help to reveal the needs of PWDs (Srisuppaphon, 2019).

To summarize, each assessment approach has its own strengths and weaknesses. There is a trade-off between the quality and the practical feasibility of disability assessment.

6 PROPOSAL FOR IMPROVING THAILAND'S DISABILITY DETERMINATION SYSTEM

This study has identified five main challenges regarding the current disability determination in Thailand: (1) Overreliance on medical diagnosis and impairment level; (2) Restrictive categorisation of disability; (3) Lack of needs assessment; (4) Transportation barriers; and (5) Misunderstanding among some frontline workers.

To address these challenges, it is crucial for Thailand to revise the current disability determination criteria, moving away from a medical-based approach towards a more functional-based approach. We suggest that the disability assessment in Thailand should move from an impairment and partial functional limitation approach, to a disability approach, which can directly and comprehensively evaluate all relevant dimensions and domains of disability. One less costly and more feasible solution is to breakdown the "disability determination" and "disability need assessment" into two stages, with a functional assessment – which is easier to administer – to determine eligibility, and then a disability assessment to collect the additional information on all relevant dimensions – which is essential for a full need assessment. By improving the assessment process, the government will be able to: make the system more

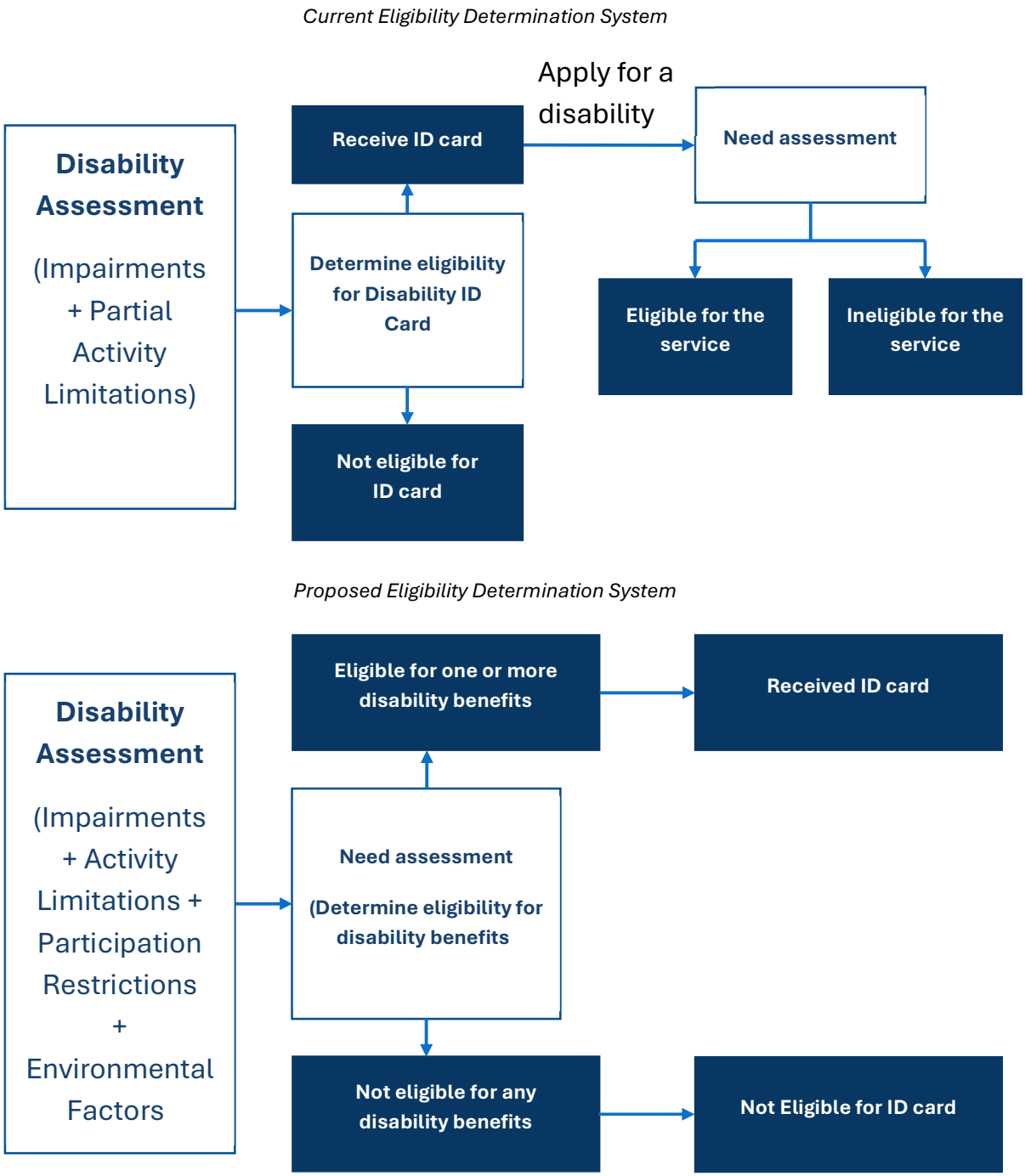
inclusive; identify the specific needs of PWDs and link them with suitable benefits; and gather more information about PWDs, including on different levels of severity, which will allow the government to design better targeted services for PWDs and reduce budgetary costs per person.

To address issues relating to the first three challenges – overreliance on medical diagnosis and impairment level, restrictive categorisation of disability, and a lack of needs assessment – the following recommendations are offered:

- The disability determination system of the Department of Empowerment of Persons with Disabilities (DEP) should remain as a one-stop service (single assessment for multiple benefits) as before to retain the advantages of accessibility and simplicity. This approach also requires less structural changes than introducing a multiple assessment system tailored to each service. As separate applications for most disability benefits will no longer be needed under the one-stop service, access to disability benefits will also be enhanced.
- To reduce exclusion error and increase the assessment's responsiveness to the specific needs of each individual with disability, assessment of the applicant's ability to perform activities and participate in society should form part of the eligibility determination process. This is firmly supported by the UNCRPD recommendation, as well as the consensus among participants in the workshop, and the opinions from all three experts consulted for this study, who all agreed that there should be disability assessment on other dimensions of disability apart from impairments included in the disability determination process.
- The disability assessment should therefore become a multi-step assessment process which includes the following steps:
    - In the first step, an examination is undertaken by physicians to identify the applicant's impairments and diseases.
    - In the second step, the applicant's abilities to perform activities and participate in the society is assessed by qualified practitioners in relevant fields, e.g., social worker, physical therapist, occupational therapist. If possible, information on how environmental factors affect the applicant should also be evaluated.
    - In the third step, information on impairments, activity limitations and participation restrictions, along with information on environmental factors, is used to identify the specific needs of the applicant. An additional interview with the applicant may also be conducted in this step to gather further information.
- Results from the needs assessment should be used to determine the amount of disability grant and type of disability benefits applicable for each applicant. A person who is eligible for at least one disability benefit should receive the disability ID card. This contrasts with the current system, in which an applicant's eligibility for disability services largely depends on whether they are eligible for the disability ID card, which does not adequately take the needs of the applicant

into account. The comparison between the current eligibility determination system and our proposed system is illustrated in Figure 2.

Figure 2 Current Eligibility Determination System and the Proposed Eligibility Determination System



The proposed system reflects the human rights concept or needs-based approach of the UNCRPD. The experts consulted for this study also recommended that the criteria and the assessment system should be guided by the objectives of each disability benefit. This would make the assessment stage more intuitive, since the main purpose of the assessment is to identify the population in need of each provision. The consensus from workshop participants, that persons who are eligible for the disability ID card should be able to receive some disability benefits, also implicitly supports our recommendation.

- Provision of disability benefit according to the needs of each PWD has several advantages, including:
    - Lowering the budgetary costs to provide benefits for each PWD. This is because, under the proposed system, different PWDs would receive different levels of benefit according to their needs. This is opposite to the current system in which applicants who receive the disability ID card are eligible for most types of disability benefit, and the levels of benefit are not sensitive to the level of needs. Under the new system, PWDs with very low needs may only receive a few services and might not be eligible for the disability grant. Hence, the budget needed for providing disability benefits to new applicants will be less than the current budget for those who already have the disability ID card.
    - The lower budget needed for benefit provision will also enable the government to provide higher level benefits to support those with more complex needs. This would enhance the ability of disability benefits to enable more PWDs to participate in Thai society.
    - Increasing access to benefits for PWDs in Thailand. As the budget requirements needed for benefit provision will be lower, this will enable the government to lower the eligibility threshold to allow greater access to disability benefits and the disability ID card.
- For the appeal process, the applicant may request a reassessment from the DEP if they are declared to be ineligible for a service to which they believe they should be entitled. We suggest that the applicant is not required to go through whole process from the start; instead, the applicant should be reassessed only on the domains of disability that are related to the criteria of that particular service.
- The seven categories of disability will be no longer relevant for determining eligibility to receive the disability ID card, i.e., PWDs who does not fall into these seven categories would still be eligible for the disability ID card and disability benefits. During transition to the new system, the DEP may choose to still classify PWDs into seven categories, but the need for this classification will reduce over time.

- Standardized checklists should be developed for assessors to use during the assessment phase. They should be based on the ICF framework or existing ICF-based tools, such as WHODAS 2.0 or ICF Checklists.
- The responsible agencies could use the assessment systems from Taiwan, Brazil, Greece, Mexico and Cyprus as examples for developing the disability assessment tools and process in Thailand. The assessment systems to determine eligibility for benefits in these countries are based on the ICF and are relatively well-documented, especially in the case of Taiwan (Bickenbach, Posarac, Cieza, & Kostanjsek, 2015; Chiu, et al., 2013; Teng, et al., 2013; World Health Organization, 2013; World Health Organization, 2021).
- In addition, Thailand should consider developing a separate assessment tool for children because disability in children is different in nature, intensity, and impact compared to adults. Additionally, disability in children is sensitive to their growth and development. There are currently no widely used assessment tools that aim to evaluate children's participation restrictions. However, one possible good example is in Taiwan, which uses the Child and Family Follow-up Survey (CFFS) to develop the assessment tool for children in Taiwan (FUNDES-Child).

To address transportation barriers, we propose the following recommendations:

- Increase the number and outreach of registration points. The DEP may authorize primary hospitals to be registration points. This would lower transportation costs for those who want to register.
- Applicants should be able to apply online or via telephone. During this stage, basic information about the applicant's disability can be gathered, and those likely to be eligible for disability benefits should be granted a transportation cost subsidy to travel to a registration point. Alternatively, the registration point may arrange transportation for those who are likely to be eligible for disability benefits. A personal assistant may also be provided to accompany the applicant to the registration point. This would reduce access challenges for those who cannot afford to go to the registration point and/or those living in remote areas who do not have a caretaker to accompany them. It may also help in reducing the time needed to perform the assessment.

To enhance knowledge among officers, we propose the following recommendations:

- To be able to expand registration points and accommodate the greater complexity of the proposed, updated assessment process, training courses should be developed to expand the number of qualified assessors who can evaluate activity limitations, participation restrictions, and environmental factors. Trainees should be tested to ensure that they possess adequate knowledge to perform the assessment.
- To prevent misunderstanding among officers, the DEP should update and disseminate clear procedural steps for frontline workers and improve

communication on the roles and responsibilities of officers, e.g., the frontline officers should not overrule the decisions made by assessors.

Lastly, collaboration between key agencies is key to successful implementation. In this regard, we propose the following improvements.

- Categories of disability should be agreed upon among agencies in order to facilitate smooth administrative processes, communication, and service provision. The DEP has a concern regarding consistency of definition and categories of disability among the DEP, the Ministry of Education (MOE), and the Social Security Office (SSO). We propose that the DEP, as the most important disability-related government agency, should be the main actor to initiate discussions with the other two agencies regarding consistency. There should be consistency regarding medical diagnoses, e.g., what constitutes blindness or deafness, and in terms of categorization.
- We also propose that the assessment systems of the SSO and the MOE should be developed to better identify the needs for disability benefits managed by these two agencies. The ability to participate in the school system and work capacity should be evaluated based on information regarding disability in all dimensions, not just impairments and medical diagnosis. The categories of disability also should not be a binding condition of eligibility. Instead, eligibility should be directly linked to the needs of each applicant. If the MOE would like to continue operating its own system (which is much more heavily dominated by the medical model than the DEP system), its disability determination process and criteria must be improved to ensure that disabled children who need educational support are not excluded.

To implement the recommendations effectively, the responsible agencies and relevant stakeholders should collaborate to:

- Review the objectives of each disability benefit to have clear picture of who the target group of each disability benefit is, which in turn will determine the criteria for each benefit. In principle, the criteria should be clear, transparent, and able to identify the target group accurately.
- Decide on which domains of disability should be included in the disability assessment process. This should be guided by the criteria of each disability benefit.
- Develop assessment tools to be used for assessing activity limitations, participation restrictions, and environmental factors. An eligibility determination tool, which can take the results from the disability assessment and align them with the needs of the applicant (including indicating which disability benefits the applicant is eligible for), also needs to be developed.
- Develop a training course for assessors, including a test to assess whether the officers have sufficient knowledge and understanding to conduct the assessment. Workshop participants also suggested that an online training course should be considered, as this would allow officers in remote areas to be trained as well.
- The new disability determination system needs to be piloted, refined, and monitored.

7 CONCLUSION AND RECOMMENDATIONS

The Thai government has already recognized the biopsychosocial model of disability and the importance of a human rights-based approach through the establishment of the PDEA in 2007. However, there are still some significant flaws in the current disability determination system which are inconsistent with the biopsychosocial model and the human rights-based approach. The identified problems in the disability determination system are: (1) Overreliance on medical diagnosis and impairment level; (2) Restrictive categorisation of disability; (3) Lack of needs assessment; (4) Transportation barriers; and (5) Misunderstanding among some frontline workers. These flaws, together with other problems, have led PWDs to be excluded from accessing the disability benefits that they need.

In order to improve the disability determination system to be truly based on the needs of disabled people and resolve other important issues, we propose the following recommendations.

- The DEP disability determination system should remain as a one-stop service (single assessment for multiple benefits) as before to avoid radical structural changes and retain the advantages of accessibility and simplicity.

- The disability assessment should become a multi-step assessment that comprehensively assesses all relevant dimensions and domains of disability. The selection of domains to be included should be guided by the objectives of each disability benefit. Impairments should still be assessed by physicians, while activity limitations and participation restrictions may be assessed by qualified practitioners working in a relevant field, e.g., social worker, physical therapist, occupational therapist.
- Standardized assessment tools should be developed. They should be based on the ICF framework or existing ICF-based tools, such as WHODAS 2.0 or ICF Checklists.
- A needs assessment process should be established which takes information on the disability of the applicant in all relevant domains and translates it into eligibility results for specific disability benefits suitable for each individual's needs. This will also help to establish a clear picture of the target group and clear eligibility criteria for each available disability benefit.
- All PWDs who receive at least one disability benefit will be granted a disability ID card.
- The seven categories of disability should not be relevant for determining the eligibility of the disability ID card, i.e., disabled person who does not fall into these seven categories would still be eligible for the disability ID card and to access disability benefits.
- To address transportation barriers, the DEP should expand the number and outreach of registration points. Cost subsidy, a personal assistant, or a transportation may be provided to the applicant who is likely to be eligible for a disability benefit which was determined in a preliminary assessment via telephone or online channel.
- To enhance knowledge among officers, training courses should be developed to expand the number of qualified assessors. There should also be a test to ensure that assessors possess adequate knowledge to perform the assessment. Additionally. the DEP should set clear procedures and improve communication on the roles and responsibilities of officers.
- To address concerns regarding consistency of definition and categories of disability among the DEP, the MOE, and the SSO, the DEP should be the main actor to initiate discussions with the other two agencies to establish consistency in terms of medical diagnosis and categorisation of disability.

These recommendations will allow more PWDs to access the disability benefits that they need, enhancing the abilities of PWDs to carry out their day-to-day activities and participate in Thai society.

REFERENCES

Bickenbach, J., Posarac, A., Cieza, A., & Kostanjsek, N. (2015). *Assessing Disability in Working Age Population: A Paradigm Shift from Impairment and Functional Limitation to the Disability Approach.* World Bank.

Chiu, W.-T., Yen, C.-F., Teng, S.-W., Liao, H.-F., Chang, K.-H., Chi, W.-C., . . . Liou, T.-H. (2013). Implementing disability evaluation and welfare services based on the framework of the international classification of functioning, disability and health: experiences in Taiwan. *BMC Health Services Research*.

Faculty of Social Administration, Thammasat University. (2019). *Policy Implementation Analysis on Disability Grant of Thailand.* UNICEF.

Ministry of Public Health, Sirindhorn National Medical Rehabilitation Institute and Department of Empowerment of Persons with Disabilities. (2012). *Disability diagnosis and evaluation manual: according to Ministry of Social Development and Human Security Announcement on the category of criteria of disability 2012.* Bangkok: Department of Empowerment of Persons with Disabilities.

Persons with Disabilities Empowerment Act. (2007). Thailand: Office of the Council of State.

Phumkhachorn, K. (2019). *To get a medical certificate of "being disabled", what do Thai people have to confront with?* Unpublished.

Srisuppaphon, D. (2019). Thailand State's perception of disability: an analysis of the disability determination system. *[Master's Dissertation, University of Leeds]*.

Teng, S.-W., Yen, C.-F., Liao, H.-F., Chang, K.-H., Chi, W.-C., Wang, Y.-H., . . . Taiwan ICF Team. (2013). Evolution of system for disability assessment based on the International Classification of Functioning, Disability, and Health: A Taiwanese study. *Journal of the Formosan Medical Association*.

UNCRPD. (2006). Convention on the Rights of Persons with Disabilities.

UNCRPD. (2016). *Concluding observations on the initial report of Thailand : Committee on the Rights of Persons with Disabilities.* Geneva.

Waddington, L., Priestley, M., & Sainsbury, R. (2018). *Disability Assessment in European States ANED Synthesis Report.* ANED.

WHO/ESCAP. (2009). *Training Manual on Disability Statistics.*

World Health Organization. (2002). *Towards a Common Language for Functioning, Disability and Health: ICF.* Geneva: WHO.

World Health Organization. (2013). *How to use the ICF: A practical manual for using the International.* Geneva: WHO.

World Health Organization. (2021). *Uses of the ICF.* Retrieved from ICF e-learning Tool: https://www.icf-elearning.com/wp-content/uploads/articulate_uploads/ICF%20e-Learning%20Tool_English_20211210%20-%20Storyline%20output/story_html5.html