

Personal Assistance Service in Thailand

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ABSTRACT

Personal Assistance Service has recently been established in Thailand following the Empowerment of Persons with Disability Act, 2007. According to this Act, persons with disability who registered with the Department of the Empowerment of Persons with Disabilities, Ministry of Social Development and Human Security are entitled to have personal assistance (PA) as required. In 2001, the Department of the Empowerment of Persons with Disabilities set up a pilot project and started to train personal assistants in selected provinces. In 2013, 800 persons had been trained but only 485 persons were registered to work as personal assistants. Persons with Disabilities Service Centers provide services in every province, and only two provinces have Independent Living Centers as an alternative service providers.

This study was part of the Evaluation of the Personal Assistance Project which aimed to monitor and evaluate the outputs and outcomes of the PA system in Thailand. Ten provinces were purposively selected and questionnaires were used to collect data from various stakeholder groups: 53 persons with physical disabilities, 49 person assistants, and 12 service providers.

The results indicated that family members was the main source of support for persons with disabilities because the PA service is insufficient. Most of the PA were females who were recruited from local health workers, often referred to as "Health Volunteers", as they were familiar with caring for patients and the elderly. Most of the persons with disabilities were aged over 60 years with the mean age of 57.7 years. Most of recipients of PA services were satisfied as they felt that the PA kept them company and helped them with instrumental activities of daily living (IADLs) such as buying groceries and organized of some disability related documents. For activities of daily living (ADLs), family members usually assisted with these tasks because most persons with disabilities and caregivers thought that these were their family's responsibility.

In summary, although the PA service has been established for the purpose of facilitating independent living for persons with severe disabilities, most of the PA services in Thailand have been provided under the banner of health care services. The PA services were mostly provided by government organization. Independent Living Centers played a major training role for the PA program but only a minor role in providing PA services. Thus, if persons with severe disability want to have PA service under the consumer-directed concept, the IL centers may have to play more active role in this system.

Keywords: Personal assistants, Personal assistance services, Persons with physical disabilities

1. INTRODUCTION

Ability to do things by oneself, to make one own decision are the main desire for almost everyone regardless of race, ethnicity or disability. However, impairment of body structures or functions limits person's ability to do things of their desires. Limitation to perform activities of daily livings or ADLs is the main cause for persons becoming dependent on someone else, especially their family members. The dependency often leads to lower self -esteem which then lead to low quality of life. Persons with severe disabilities throughout the world have long wanted independence especially in decision making and request their governments to provide services to address their basic needs. In the 1960s, a group of persons with severe disability in California led by Ed Roberts expressed their needs for independent living and advocated for assistance to address their basic needs to carry out activities and participate in society. The first independent living center (ILC) was established in Berkley, California in 1972. The center was managed by Ed Roberts and his friends who were persons with severe disabilities. The ILC aimed to raise awareness in the society regarding the right and ability of persons with severe disabilities. Later on, ILCs have been established in many states around the USA. In 1987 the USA passed the Rehabilitation Act amendment which outlined the government support of ILCs. (Litvak et al, 1987; Zola, 1987; Nosek & Zhu, 1992; Ulicny et al., 2006; Racino,J., 2015)

The Independent Living paradigm has spread to many countries in Europe and Asia. Sweden and Japan were pioneer countries that quickly adopted the Independent Living paradigm and establish ILCs in their countries (Berg, 52005; Ratzka, 2012). Most of the ILCs provide four services: peer counseling, information and transferal, independent living skills training, and personal assistance (PA) services. PA service is an essential service because personal assistants helps persons with severe disabilities with their basic needs and fosters independence (Litvak, 1987). Most of the PA services in Western countries have adopted a consumer-directed model. (Beaty, et al,; 1998)

In Thailand, persons with disabilities have advocated for and mobilized movements for their rights to education, employment and full participation in society. The Rehabilitation Act was the first disability specific law which came into effect in 1991. However, the implementation of this law has not been that successful due to the lack of repercussions for non-compliance. The Empowerment of Persons with Disability Act, the second disability specific law was drafted and implemented in 2007 with the purpose of redressing the deficits of the Rehabilitation Act, 1991. The Empowerment of Persons with Disability Act, 2007 not only outlined the rights of persons with disabilities but also stated the mechanism to make these rights real. One of these rights was the right of persons severe disabilities to receive PA services. Thus, the Ministry of Social Development and Human Security had started PA service as a pilot project in 2001. The short course training was set up with the cooperation of the ILCs. The training consisted of 2 parts; the first part was 24 hours training emphasis on knowledge regarding disability and persons with disabilities, and the second part consisted of 30 hours of practicum in the community. This study was part of the main evaluation project that aimed to evaluate the effectiveness of the PA pilot project by asking the following questions:

- 1) How was the PA service provided and organized?
- 2) Did the PA service meet the needs of persons with disabilities?
- 3) What should be improved to make the PA service available to those with the greatest need?

2. METHODOLOGY

The PA service has only been introduced in a few areas in some provinces as it was still a pilot project. The main evaluation project focused only on persons with physical disabilities. This survey used a non-probability sampling technique and 10 provinces were purposively selected based on geographical location and the availability of PA services. These 10 provinces were: Three provinces in the North (Chiangmai, Pyao and Kamphangphet); two provinces in the Northeast (Khonkhan and Sakon Nakhon); two provinces in the South (Trang and Songkha); and two Central provinces (Nontaburi and

Chonburi). Nonthaburi and Chonburi provinces were included as these two provinces also had PA services from the ILCs.

The questionnaires were used to collect data from various stakeholder groups such as persons with physical disabilities, caregivers, personal assistants and service providers. The participants in the main evaluation project were 96 persons with physical disabilities, 49 personal assistants, 76 caregivers and 12 service providers. Only data from personal assistants and persons with physical disabilities who received PA services are reported in this study (n = 49 and 53 respectively).

3. RESULTS AND DISCUSSIONS

Every province provided PA services through the government sector, specifically the Disability Service Centers. Only two provinces, Nonthaburi and Chonburi had ILCs as an alternative PA service provider. As of 2016, 523 persons had been trained in the short course PA Training program. However, not every trainee became a personal assistant. The recruitment process of trainees was carried out by the local government sector. Most of the trainees were recruited from the readily available local public health volunteers.

3.1 Persons with physical disabilities

As outlined in table 1, there were 53 persons with physical disabilities who received PA services, 31 were females and 22 were males. Almost half were over 60 years of age. Thirteen persons (24.5 %) were over 70 years of age and 32.1 % were aged between 51 and 60 years. The average age was 57.7 years. Nearly half (43.4%) were married, almost one-third (29.5%) were single and the rest were separate/ divorced/widow. Almost two-thirds (60.4%) had completed primary school while almost one-fifth (18.9 %) had never received any formal education. The majority of the persons with physical disabilities (PWPDs) (84.9%) had no occupation.

3.2 Personal Assistance (PA)

As outlined in table 1, there were 49 personal assistants (PAs) who participated in this study. The majority were female (87.8%) and the mean age was 51.3 years. Many of the PAs were older workers, aged between 51 and 60 years (40.8%) or between 41-50 years (36.7 %). About half (54.2%) finished primary education level and 35.4 % finished high school. Forty of the PAs were from the Disability Services Centers while nine were from the ILCs.

Table 1. *Socio-demographic Characteristics of Persons with Physical Disabilities (PWPDs) and Personal Assistants (PAs)*

Socio-demographic Characteristics	PWPDs (n=53)		PAs (n=49)	
	Number	%	Number	%
Sex				
- Female	31	58.5	43	87.8
- Male	22	41.5	6	12.2
Age Group (yrs.)				
- Below 30 yrs.	6	11.3	0	0
- 31 –40 yrs.	3	5.7	3	6.1
- 41 –50 yrs.	11	20.8	18	36.7
- 51-60 yrs.	9	17.0	20	40.8
- Over 60 yrs.	24	45.3	8	16.3
Educational Attainment				
- Lower Primary school level(Grades 1-3)	15	28.3	12	25.0
- Upper Primary school level(Grades 4-6)	17	32.1	14	29.2
- Junior High school level (Grades 7-9)	1	1.9	6	12.5
- Senior High school level (Grades 10-12)	5	9.4	11	22.9
- Higher Education	3	5.7	3	6.3
- No formal schooling	10	18.9	2	4.2
Marital Status				
- Single	17	32.1	-	-
- Married	23	43.4	-	-
- Separated/divorced/widowed	12	22.7	-	-
Source of PA services				
- Disability Service Centers	44	82.7	40	81.6
- ILCs	9	17.3	9	18.4

Socio-demographic Characteristics	PWPDs (n=53)		PAs (n=49)	
	Number	%	Number	%
Occupation				
- No occupation	45	84.9	N/A	N/A
- Employed/Self-employed	8	15.1	N/A	N/A
Main Cause of Disability				
- Accident	17	32.1	N/A	N/A
- Chronic conditions	30	56.6	N/A	N/A
- Others	6	11.3	N/A	N/A

3.3 *Persons with Physical Disabilities' Opinion regarding Personal Assistants*

There were 44 persons with physical disabilities who received PA services from the government sector (The Disability Service Center) and nine who received PA services from the two ILCs. Persons with physical disabilities who received PA services from ILCs tend to be younger compared with those who received services from the government sectors. Most persons with physical disabilities preferred PAs who were female and aged between 30-39 years of age, but educational level of the PAs did not seem to be of any concern. The persons with physical disabilities preferred PAs who were service-minded and experienced with taking care of the elderly or persons with disabilities. Most of persons with physical disabilities who received PA services from ILCs preferred PAs who was not family members as opposed to persons who received PA services from the government sector (77.8 % compared with 35.7%). Some persons with physical disabilities felt more comfortable telling the PAs what they wanted them to do if the PAs were someone from outside the family and could also lessen the burden of caregiving by the family. However, some persons with physical disabilities preferred to have a family member as his or/ her personal assistant because they felt more comfortable having someone in the family helping them with ADLs.

When asking the 53 persons with physical disabilities who received PA services about the type of service they need from their PAs, most indicated that they wanted the PAs to take them to social activities such as religious events, disability day events, taking them to the physician and helping them with disability related documents such as applying for disability identity card or disability benefits.

Table 2. *Persons with Physical Disabilities and their Opinions regarding PAs Characteristics by Source of Services Providers*

Items	Government Center (n=44)		ILCs (n=9)		Total	
	Number	%	Number	%	Number	%
Age of PWPDs						
- Below 30 yrs.	3	7.0	3	33.3	6	11.5
- 31 - 45 yrs.	5	11.6	3	33.3	3	15.4
- 46 - 60 yrs.	11	25.6	3	33.3	14	26.9
- 61 - 70 Yrs.	11	25.6	0	0.0	11	21.2
- 71 Yrs. And over	13	30.2	0	0.0	13	25.0
PWPDs Opinions on PAs characteristics						
- Female	21	50.0	2	22.2	23	45.1
- Male	2	4.8	0	0	2	3.9
- Same sex as PWDs	9	21.4	1	11.1	10	19.6
- Any sex	10	23.8	6	66.7	16	31.4
Age of PAs						
- Below 30 yrs.	5	12.2	0	0.0	5	10.0
- 30 - 39 yrs.	9	22.0	5	55.6	14	28.0
- 40 - 49 yrs.	11	26.8	0	0.0	11	22.0
- 50 - 59 yrs.	8	19.5	0	0.0	8	16.0
- 60 yrs. and over	2	4.9	0	0.0	2	4.0
- Any age	6	14.6	4	44.4	10	20.0
PWPDs' Opinion on Relationship of PAs and PWPDs						
- Not family member	15	35.7	7	77.8	22	43.1
- Family member	22	52.4	0	0.0	22	43.1
- Does not matter	5	11.9	2	22.2	7	13.7

3.4 Experience and Opinions of Personal Assistance (PA)

As outlined in table 3, most of the PAs (85.7%) had experienced working with persons with disabilities or had a family member with a disability. Their experiences came from working in the Public Health system as a local public health worker (Public Health Volunteers). Some PAs had been working as a “Disability Volunteer” under the Ministry of Social Development and Human Security. Most of the PAs lived in the community and still worked as a public health volunteers so they were familiar with the people in their communities including persons with disabilities. When asking about the reasons for working as a personal assistant, most of them (77.5%) cited gave the reason of mercy or because they were already working as a public health worker : “I worked as a volunteer, it made me feel good to help people who were disabled”. Only a few PAs thought that being a personal assistant could become a career to earn a living. Another view was that PAs could be any person who loved to take care of people because it was a job that involved unpleasant tasks such as cleaning people’s body.

Table 3: *Experiences and Opinion of PAs regarding PA services*

Items	Number	%
Experiences with PWPDs (can choose more than 1 item)		
- Never work with PWPDs	6	12.2
- Have worked with PWPDs	42	85.7
- Have family member who is PWPDs	17	34.7
Reasons for working as a personal assistant (can choose more than 1 item)		
- Sympathy/want to help PWPDs	38	77.5
- Already work with PWPDs	31	63.3
- Could be a future career	19	38.8
- Having family member who is a PWPDs	11	22.4
Opinion about relationship of PAs and PWPDs		
- Should be outsider	32	65.3
- Should be family member	4	8.2
- Anyone but should be same sex	5	10.2
- Others	6	12.2

Most of the PA had to provide services for 4-5 persons in a week. The tasks and number of hour working for each person with physical disabilities varied depending on the conditions or needs of persons with disabilities and the budget allocation from the government. Since most PAs also worked as public health volunteer, sometimes they had to reschedule their PA services hours with PWDs to match with the requirement of the volunteer jobs. The tasks that most of PAs did were cleaning PWDs' belonging and living area, preparing medication, buying personal goods and helping with some ADLs. About two-thirds of the PAs (63.3%) were satisfied with the payment they received which was 50 baht per hour with the maximum of 100 hours per month plus transportation cost. However, one-third thought that the rate was too low compared with the tasks they performed. For those who said they were satisfied with the remuneration, most of them were public health volunteers who receive around 1,000 baht per month and thought that working as a personal assistant was another kind of volunteer work so getting this payment was sufficient. The problem that most PAs reported was transportation and safety. Because most of the PAs were female and used motorcycle, it was difficult and sometime dangerous to go to their clients' home especially during the rainy season.

3.5 Satisfaction of PA Services

Satisfaction with the PA service was one of the importance indicators in the evaluation of the effectiveness of the PA service system in addition to ascertaining the quantity of service needed. When asking persons with physical disabilities about their satisfactions with PAs performance, most were satisfy with the PAs in every aspects as shown in table 4. The item that received the highest satisfaction was the ability to keep the client's privacy and the item with the lowest level of satisfaction was the PAs' knowledge about their job.

Table 4. *Satisfaction of Persons with physical Disabilities regarding the Performance and Competency of Personal Assistant*

Items	Number of PWPDs					PWPDs Highly and Very Highly Satisfied	
	Not Satisfied	Low Satisfaction	Moderate Satisfies	Highly satisfied	Very Highly Satisfied	Number	Percentage
1. General Characteristics of PA	-	-	10	6	35	41	80.4
2. Knowledge about their jobs	1	1	10	8	31	39	76.5
3. Work Performance	1	1	6	7	36	43	84.3
4. Manners	-	2	7	10	32	42	82.4
5. Punctuality	1	5	5	9	30	39	78.0
6. Keeping Client's Privacy	1	2	4	10	32	42	85.7

4. CONCLUSIONS

In conclusion, PA was a new government initiative in Thailand. The system was established to comply with the Empowerment of Persons with Disabilities Act, 2007. The concept of this service was originally transferred from the Independent Living model in the USA and Japan. The PA service was started by the ILC as a pilot program but the lack of continuous government support limited the implementation of this service to other areas. When the government took over the responsibility of this area, the sector that was most readily available to provide services was the "Public Health Sector". The public health system well established throughout Thailand and local public health personnel are distributed in every part of the country. The idea of having Personal Assistants to take care of basic personal activities such as ADLs for persons with physical disabilities was similar to taking

care patients and the elderly. Recruitment of public health volunteers who were familiar with working with patients and the elderly seem to be the easiest way to start the PA pilot project. Thus the majority of the PAs were Public Health Volunteers who were acquainted with the medical model or welfare model, not the consumer-driven services model like in Western countries. However, most of persons with physical disabilities were the elderly so their expectations of PAs were to help them with IADLs and keeping them company.

The suggestion from this study was if the persons with severe disabilities prefer consumer-driven services model, the ILCs should play a more active role in the PA service system. The government should fully support the role of ILCs as service providers and make PAs into a career with sufficient hours of work and wage for living.

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