



RESEARCH ARTICLE

The Integration of the Model of Disability into Disability Services at General Disability Service Centers in Thailand

Atitaya Chompoonimit^{1*}, Mana Nakham², Nomjit Nualnetr³

¹Department of Development Sciences, Faculty of Humanities and Social Sciences, Khon Kaen University, Khon Kaen, Thailand

²Department of Social Development, Faculty of Humanities and Social Sciences, Khon Kaen University, Khon Kaen, Thailand.

³School of Physical Therapy, Faculty of Associated Medical Sciences, Khon Kaen University, Khon Kaen, Thailand

ARTICLE INFO

Received: Apr 24, 2024

Accepted: Jun 13, 2024

Keywords

Disability stereotypes
Providing services for persons with disabilities
Community-based rehabilitation of disabled people

***Corresponding Author:**

achompoonimit@gmail.com

ABSTRACT

Disability models are fundamental concepts important in disability work that influence the treatment of persons with disabilities. Thailand is a society with a wide range of disability stereotypes. This research aims to investigate the integration of disability models in the development of services for persons with disabilities at general disability service centers. Data was gathered from relevant research documents and field data collection, including in-depth interviews, participatory observation, and group discussions with stakeholders and key informants such as government organization representatives, community leaders, private sector representatives, and a network of 61 disabled individuals and caregivers involved in the management of 13 general disability service centers. The study revealed that general disability service centers can deliver services aligned with the objectives of community-based rehabilitation by combining disability models to promote equal opportunities and social participation. The integration of diverse perspectives on disability arises from the collaboration of stakeholders, leading to an inclusive approach. The primary focus of General Disability Service Centers is to proactively enhance opportunities for persons with disabilities to access services. Therefore, community involvement is essential for the provision of services at these centers. Operators should embrace diverse viewpoints through collaborative learning and create avenues for active involvement of persons with disabilities in the operations of general disability service centers.

INTRODUCTION

At present, the world population is approximately 7.7 billion people (United Nations [UN], 2023), with more than 1 billion persons with disabilities, or approximately 15 percent of the total population. Among them, 110-190 million people live with severe disabilities. The World Health Organization estimates that the number of persons with disabilities will increase to 2 billion by 2050 (World Health Organization [WHO], 2023). As the world's population grows older and the number of chronic diseases increases rapidly, persons with disabilities are adversely affected economically and socially more than people without disabilities. For example, they tend to have lower levels of education, face health problems, struggle to find employment, and are often poor (Jenkins & Rigg,

2004; Jam et al., 2018; Laskar, Gupta, Kumar, Sharma, & Singh, 2010). Disabilities impact individuals' ability to perform roles and fully participate in society due to social and physical environmental barriers (WHO, 2023). According to the World Bank, 20 percent of the world's poor are disabled, and 80 percent of persons with disabilities in developing countries live below the poverty line, with most residing in rural areas (World Bank, 2023). Disability models in Thai society have continuously developed, partly influenced by globalization and the incorporation of disability concepts in the development of disabled people.

Four types of disability patterns are prominent in Thai society:

1) The public assistance or philanthropy charity model explains that persons with disabilities are seen as victims of illness or impairment and are viewed as pitiful individuals who have suffered. Persons with disabilities are considered vulnerable and dependent on others. Assistance is provided to support persons with disabilities to continue living their lives immediately or temporarily (Yeo, 2001).

2) The medical model emerged with the advancement of medical knowledge in the health sciences, technology, and pharmaceutical industry. It explains that a disability is an impairment resulting from an abnormality of a bodily system or the presence of a permanent pathological condition in the person. Therefore, experts or professionals aim to fix these problems as close to normal as possible (Gilson & Depoy, 2000).

3) The social model originated in the 1960s with the movement of persons with disabilities in England protesting medical practices that oppressed them, leading to their separation from society and lack of power to determine their own destiny. As a result, the social movement of persons with disabilities emerged and introduced a new definition of disability, stating that disability is not an individual problem but arises from social and environmental obstacles (Oliver, 1990).

4) The citizenship model is influenced by the concept of human rights and is a continuation of the social model. It explains disability through a comprehensive framework of human rights, civil rights, and political, economic, social, and cultural rights.

Persons with disabilities often face difficult situations in their lives, so these factors must be taken into consideration in the development process. Opening identity politics space for persons with disabilities and protecting their rights is crucial (Degener, 2017). Disability stereotypes are created based on the period and culture of a society, happening from different thinking biases, beliefs, and perspectives on disability, which shape the acceptance of disability and influence people's knowledge and ideas towards persons with disabilities (Rerief & Letsosa, 2018). These different perspectives also lead to various ways of treating and responding to the needs of persons with disabilities. Each plan has its weaknesses or limitations, explaining the cause and assistance of each model. There are conflicts between these models caused by the evolution and modification of old models to new ones to meet the changing needs of persons with disabilities (Smart, 2009). In Thai society, there are various and mixed patterns of disability, with no single clear pattern. Each model has strengths that can be applied to the care of persons with disabilities. An important strategy for the development of persons with disabilities in Thailand is the introduction of the concept of community-based rehabilitation (CBR), which is a strategy under community development. The goal is to rehabilitate disabled people, promote equality of opportunity, and encourage participation in unity within society. Community-based rehabilitation of disabled people relies on the cooperation of persons with disabilities, their families, organizations, and communities, as well as health, education, vocational, social, and other services from relevant public and private organizations (WHO, 2010). The CBR

concept focuses on helping persons with disabilities develop their potential, empowering them to access various basic services and participate as members of society. This includes promoting daily life skills, creating awareness, understanding, and positive attitudes in the community to eliminate social barriers, both physical and environmental, and creating an atmosphere for full participation. Promoting living in society through joint ownership (stakeholder involvement) is essential (Thomas M & Thomas, 2003). Operations among persons with disabilities to achieve the goals of CBR are therefore a significant aspect of improving the quality of life for persons with disabilities in Thailand. As of December 31, 2020, there are 2.08 million registered disabled people in Thailand, accounting for 3.12 percent of the total population (Department of Empowerment and Development of the Quality of Life of Persons with Disabilities, 2020). The problems faced by disabled people in Thailand are multifaceted.

Most desire rehabilitation in the fields of medicine, education, occupation, society, and adjustment to the living environment (Tongsiri, 2022). Although the government has policies to promote and develop the quality of life for persons with disabilities by providing welfare and assistance services, these services are still insufficient and cannot fully meet the needs of persons with disabilities. Especially, those in rural, remote, and poor areas still face barriers to accessing services (Cheausuwantavee, 2005). Establishing a “Disabled Persons Service Center” is therefore a mechanism to help increase opportunities for persons with disabilities to access services. Under the Act on the Promotion and Development of the Quality of Life of Persons with Disabilities, 2007, and the amended No. 2, 2013, the focus is on promoting equality and participation of persons with disabilities. Disabled service centers are divided into two types as follows: 1. Provincial Disabled Service Centers: These centers play a role in promoting, supporting, and coordinating the provision of services at general disabled service centers. 2. General Service Centers for Persons with disabilities: These can be operated by local government organizations, government organizations, and disabled people's organizations that have received standard certification from the Department of Promotion and Development of the Quality of Life of Persons with Disabilities to provide services to persons with disabilities (Yokoyama, 2021).

General service centers for persons with disabilities play a crucial role in providing services at a high-level area or community level. There are 3,328 general service centers established across 77 provinces, with 333 centers set up by private organizations and 2,995 by local government and government organizations. These centers offer information on benefits, assistance, coordination, and referrals for necessary services. Each center is managed by a committee representing various sectors to cater to the needs of persons with disabilities. Project plans are tailored to the context of the organization that established the center (Kampempool, et al., 2022; Kanval et al., 2024; Rashid et al., 2023). The services offered by general disability service centers vary based on the organization's capacity and expertise, making it challenging to establish clear service standards. Collaboration and community involvement are essential for developing services for persons with disabilities. This study examines the service activities of general disability service centers from a disability stereotyping perspective to understand practitioners' viewpoints and the influence of stereotypes on service provision. The evolution of service patterns is shaped by societal changes and the adoption of Western ideas, guiding the development of perspectives, definitions, meanings, and support for persons with disabilities in Thailand. While the Thai disabled care system has transitioned from a welfare or charity model to a medical model and then to social stereotypes and civil rights plans, elements of each model persist. A combination of disability models is evident in both concept and practice to ensure comprehensive care for persons with disabilities. Therefore, the purpose of this study is to examine the combination of disability models that create services for persons with disabilities at general disability service centers.

Research Objectives

To study the provision of services at general disability service centers that respond to the goals of community-based rehabilitation using analysis through the integration of disability models.

RESEARCH METHODOLOGY

This research is a qualitative study on the services provided at general disabled service centers that align with the objectives of community-based rehabilitation. The analysis involved examining disability patterns by selecting specific study areas, including general service centers for persons with disabilities in Khon Kaen Province established by local government organizations, 9 locations, 2 organizations for persons with disabilities, and 2 hospitals, totaling 13 locations. This study has received approval from the human research ethics committee, with certification number HE643147.

Key Informant

Key informants included the operating committee of the general service center for persons with disabilities and stakeholders involved in operations. They were selected based on their willingness to provide information. A total of 63 individuals participated in the study, possessing the ability to communicate and comprehend the issues being investigated. This group comprised the President of the Provincial Disabled Service Center (1 person), members of the community leadership committee, village health volunteers, medical personnel, disabled individuals, and caregivers of disabled persons (22 people), community managers and developers (11 people), users of the general service center for the disabled (including both disabled individuals and caregivers) (15 people) and collaborating networks (5 people). Data collection took place from August 2021 to August 2022.

Research Tools

In this study, the researcher played a crucial role in collecting data through various methods in the field of education:

- 1) Documentary study, which involved analyzing project documents, reports, and committee appointments.
- 2) In-depth interviews.
- 3) Participatory observation, where the researcher actively participated in observing activities at general disabled service centers.
- 4) Focus group discussions: The researcher utilized data triangulation to ensure the accuracy and completeness of the data. This involved cross-referencing information obtained from different sources to verify consistency and saturation of information for analysis.

Data Analysis

Content analysis was used to organize the information into main points. The sub-issue for this research focuses on the status and development of disability patterns by analyzing them in connection with disability models and the goals of rehabilitation for persons with disabilities.

RESULTS

The research study area is divided into different organizations as follows:

1. General Service Centers for Persons with Disabilities Established by Local Administrative Organizations: There are 9 locations that offer services for persons with disabilities, including coordinating referrals, adjusting the living environment, and providing emergency

- assistance. These centers serve as a platform for the community to address the issues and needs of persons with disabilities and are the organizations closest to them.
2. General Disabled Service Centers Established by Disabled People's Organizations: There are 2 locations, including organizations that provide educational services for the blind established by groups of persons with disabilities in the form of foundations, and the Association of Parents of Autistic Persons.
 3. General Disability Service Centers Established by Hospitals: 2 hospitals function as public health service units, offering proactive services and collaborating with community networks.

The operations of the General Disabled Service Centers are carried out by the General Disabled Service Center Committee, which consists of government organization officials, community representatives, network representatives, volunteers, persons with disabilities, and caregivers. The secretary acts as the coordinator. Meetings are conducted 3-4 times per year to prepare project plans to present to provincial disability service centers. The centers operate and provide services for persons with disabilities according to their potential by working as part of a collaborative network, including both internal and external networks of the general service center for the disabled, as shown in Figure 1.

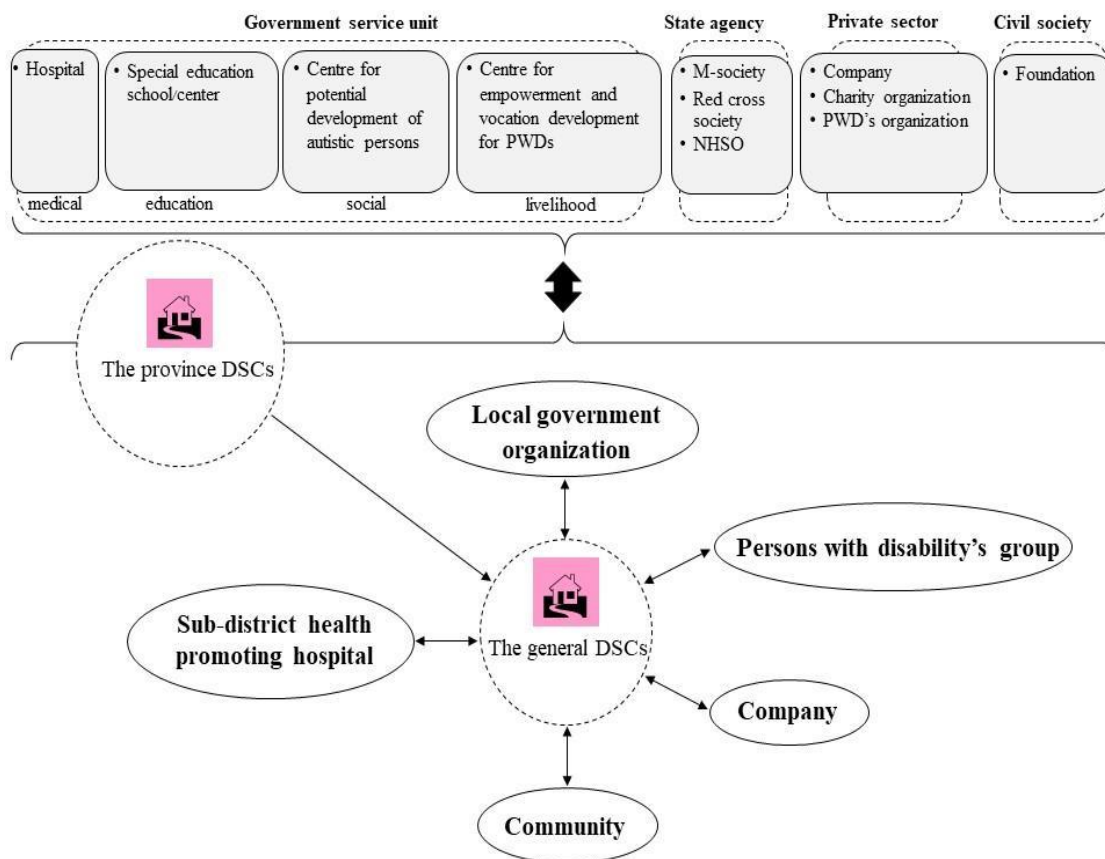


Figure 1. Cooperation network of general service centers for persons with disabilities.

The provision of services at general service centers for the disabled has been defined according to 16 service missions. These missions depend on the aptitude and potential of the established organizations and avoid duplicating the existing service systems of those organizations. Therefore,

each general service center for the disabled provides a variety of different services. In addition, to mission services, general disability service centers can create project plans to train or develop the skills of persons with disabilities by proposing projects each year, as shown in Table 1.

Table 1: Arrangement of services according to the service missions of general disabled service centers.

Arrangement of services	Subdistrict Administrative Organization			Municipality				Disabled people's organizations				Hospital	
	A	B	C	D	E	F	G	H	I	J	K	L	M
1) Evaluating the potential of persons with disabilities and making plans to develop the potential of individual persons with disabilities before providing services.										✓	✓		
2) Training in familiarizing with the environment and movement (Orientation & Mobility: O&M).										✓			
3) Assistance services for persons with disabilities.													
4) Sign language interpreter service.													
5) Adjusting the living environment for persons with disabilities.	✓	✓	✓	✓	✓	✓	✓	✓	✓				
6) Physical rehabilitation.								✓	✓		✓		
7) Developing Self-directed improvement skills.											✓		
8) Development of speaking skills.											✓		
9) Development towards health situations.											✓		

10) Behavior managing.												✓		
11) Developing hearing skills.														
12) Development of visual skills.											✓			
13) Strengthening development.												✓		
14) Prosthetic equipment services, including rocking chairs, and white canes.									✓	✓	✓			
15) Forwarding coordination service fee.											✓	✓		
16) Expenses for transportation to take persons with disabilities to receive services according to their rights.									✓	✓	✓	✓		
17) Training projects.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

The General Disabled Service Center's mission includes providing specialized services that require skilled professionals. However, Subdistrict Administrative Organizations may lack the expertise to offer these services independently and must collaborate with networks to refer persons with disabilities. Municipalities with health service units can provide physical rehabilitation services, but only local government organizations have the resources to adjust housing environments for disabled individuals. Disabled Persons Organizations have the expertise to offer specialized services, such as training in daily living skills and social participation. They tailor programs to everyone's abilities and create supportive environments for disabled individuals.

General disabled service centers established by hospitals, which already provide medical rehabilitation services, cannot fully provide services under the mission of disabled service centers. Therefore, they adjust their work to include collaboration with persons with disabilities and communities, focusing on livelihood, social integration, and empowerment of persons with disabilities. They promote activities, such as peer counseling and creating disabled people's clubs, allowing those with the concept of independent living to join the hospital's disabled people's work. From an interview with a member of the operating committee of a general service center for persons with disabilities, it was found that their operational guidelines are consistent with the goals of rehabilitation for persons with disabilities in the community. As stakeholders in the care of persons with disabilities, they reflect various perspectives and treatment approaches as shown in the four disability patterns, such as relief or charity schemes, medical models, social stereotypes, and civil rights plans. The researcher presents actual phenomena in the community, concentrating on the combination of disability patterns that influence the provision of services at general disability service centers. Each service can be linked to several goals of rehabilitation for persons with disabilities in

the community. However, this study focuses on services with outstanding characteristics or main objectives that respond to these goals as follows:

Combining disability models for the goal of rehabilitation for persons with disabilities

Rehabilitation of persons with disabilities is encouraging their abilities to improve their condition or maintain their existing skills. This is achieved through medical procedures, religion, education, social services, vocational training, or any other process, enabling persons with disabilities to work or live in society to their fullest potential. The General Disabled Service Center provides the following services for persons with disabilities:

1) Assistance with medical equipment.

A public health system provides proactive services to help persons with disabilities have greater access to medical services. However, there are still budget limitations for providing welfare, causing medical rehabilitation to require assistive devices, medical equipment, materials, and technology that are insufficient to meet the needs of persons with disabilities. This is especially true for disabled people with illnesses or health conditions requiring long-term care, or elderly disabled people who are unable to help themselves. This necessitates using more healthcare resources for this group of disabled people. Most persons with disabilities are poor and face economic problems, experiencing decreased income and increased expenses from equipment used for their care, such as disposable diapers, disability assistive devices, medicines, and medical supplies. The General Disability Service Center has therefore coordinated with communities that still have welfare or charity plans based on mutual assistance and compassion within the community. They organize fundraising activities or donate essential items to persons with disabilities to relieve distress and provide immediate assistance. As one agency leader recalled:

“Last year, we organized a running event that connected to the community. The community participated in the run, and the income generated was used to provide basic assistance to disabled individuals, the elderly, and bedridden patients. Some people couldn't participate, so we innovatively created wheelchair accessories using the budget from the running event. For example, I visited someone who needed a bench with wheels or even bedridden monks living in a temple hut. Some people needed a wheelchair. The funds raised from the event were used to help them because our state budget couldn't cover these expenses. Therefore, we had to raise funds.

(In-depth interview President of the Subdistrict Administrative Organization, January 25, 2022)

2) Establishment of a prosthetic bank.

Prosthetics and assistive devices are essential for the rehabilitation of persons with disabilities, helping them carry out daily activities normally or close to normal according to their potential. These devices also facilitate the lifestyle and participation in social activities of persons with disabilities. However, there are still limitations, as the quantity of devices is insufficient to meet the demand, and the quality of prosthetics provided is often not suitable for the abilities of the recipients. Therefore, there is an idea to use local resources for maximum benefit by combining welfare or charity plans with medical plans as a way of helping each other within the community. This includes donating prosthetic equipment to rehabilitate and enhance the abilities of persons with disabilities. As one professional said:

“This kind of initiative works by circulating the equipment. If a disabled person needs to use it, they can borrow it. Some people who have used the equipment or bought it for family members who have either passed away or recovered donate it here. This way, the equipment remains available for use within the community.”

(In-depth interview Professional nurse at the Municipal Health Service Center, September 29, 2021)

3) A comprehensive survey of the problems of persons with disabilities.

The general service center for persons with disabilities surveys the problems and needs of persons with disabilities to create operational plans. Therefore, it uses assessment methods that are diverse and cover all dimensions to analyze the problems of persons with disabilities. Some have adopted the concept of international accounting for functional classification. Disability and health international classification of functioning, disability, and health (ICF) is a concept that combines medical and social models. As one professional said:

"Where did the problems in his area come from before? They come from doing ICF and then pulling them into SWOT analysis. What problems do you want to solve?"

(In-depth interview with Physical therapist, October 7, 2021)

4) Working as friends helping friends.

People in the initial stages of disability are those who have not yet experienced disability and therefore rely on knowledge from experts or professionals. However, as persons with disabilities learn about their conditions through direct experience, their experiences can be shared with others, leading to joint learning with professionals. Therefore, persons with disabilities participate with professionals in the rehabilitation process by forming peer-help groups (self-help groups), which combine medical and social approaches to promote Independent Living (IL) for persons with disabilities. As one disabled person stated:

"So, there was a turning point when we saw friends with disabilities become volunteers. Friends invited us to join group activities. So, I decided to join in, making them see that they were valuable and benefited society. We continued to do it and joined the hospital team in various projects for the disabled. Sometimes, we went out to visit the disabled ourselves to encourage them"

(In-depth interview, disabled person, July 20, 2022)

5) Establishment of a rehabilitation center for persons with disabilities in the community.

It is a collaboration between government organizations, but it is a service in the pilot area only. This example is set at a community health service center in a sub-district municipality because it is an area ready for operations. It has a suitable location, enough personnel to carry out the work, a budget, and vehicles for pick-up and drop-off services for disabled people in the community. Establishing a rehabilitation center for the disabled in the community combines the medical model and the civil rights model to develop the medical service system to another level, which is a combination of a proactive service model and a reactive service model. This is due to the participation of the community in pushing forward the agenda for persons with disabilities, reflecting on their problems, and participating in the preparation of local development plans. This makes government organizations realize the importance of and promote public services for persons with disabilities. As one professional said:

"He probably saw it as an area that had the potential to be done. But in the area, why do you respond? Because we feel that doing this is beneficial to the people in the community"

(In-depth interview with Professional nurse, September 29, 2021)

6) Adjusting the living environment for persons with disabilities.

This is one of the benefits for persons with disabilities. However, there are budget constraints that make it impossible to provide adequate services for them. Operating under a limited budget requires assistance from various sectors. The way to allocate the use of rights fairly and appropriately is to involve the community in the decision-making process. As one scholar has said,

“Persons with disabilities in the area are in poor condition. The environment is not conducive to living for persons with disabilities. Therefore, we consulted with the Social Development and Human Security Department of Khon Kaen Province to see if we could get a budget to repair or adjust the environment for persons with disabilities. The response was that they had a budget. Therefore, we surveyed information on disabled people who need to adjust their homes. Then we let the community join in selecting those in need to receive help first because there is a limited quota of assistance”

(In-depth interview with Community Development Officer, August 4, 2021)

The project to adjust the living environment for persons with disabilities receives government funding and uses operations at the local level to drive the project in both design and development. Construction repair, and coordination of the cooperation of various sectors, with the local government organization having a plan designer. Medical personnel provide advice on how to optimize the environment for persons with disabilities. Private companies provide additional budget support and construction materials. Including the community's cooperation during construction.

7) Providing caretakers to help persons with disabilities.

The General Disability Service Center works with village health volunteers who have been trained in caring for persons with disabilities. These volunteers play a role in coordinating and forwarding information, providing recommendations, spreading knowledge, planning, and supporting public health work. This includes the initial assessment of health problems, coordinating referrals, following up, and reporting results to public health officials, etc. As representatives from the community said:

“Village public health volunteers wait to receive orders on what to do each month. For example, if a patient needs physical therapy, we'll be the ones to take over. If they can't walk or their arms and legs are paralyzed, we help them. Next time, we follow up on their symptoms and report the results, such as How are their symptoms? Are they getting better?”

(In-depth interview with Local care volunteers, September 16, 2021)

Providing services for persons with disabilities to meet the goals of rehabilitation is a crucial objective in rehabilitating individuals with physical, mental, and social disabilities. It was found that every general service center for the disabled has the potential to provide services by focusing on community participation and maximizing the use of local resources. This approach combines disability models from the perspective that disability is both an individual and a social problem, rooted in Thailand's foundation of disability work, which relies on primary public health efforts and official service provision, including doctors who go out into the community (outreach services). As a result, the goal of rehabilitation for disabled people is primarily medical rehabilitation. This view, based on the medical model, focuses on addressing impairments to restore as much normalcy as possible, requiring medical resources and technology. However, due to budget constraints and insufficient adequate resources, mobilizing community resources and cooperation is essential. The community helps under the welfare or charity scheme, where members assist each other, especially considering that persons with disabilities are often viewed as pitiable and struggling. Every sector in

society collaborates to offer assistance according to their potential or available resources. Relevant government organizations play a role in implementing policies under the rights of persons with disabilities, while organizations of persons with disabilities help stimulate and promote self-advocacy among their members. Therefore, this results in a combination of all four disability models, creating a comprehensive approach to achieving the goals of rehabilitation for persons with disabilities.

Incorporating disability stereotypes for the goal of equality of opportunity.

Incorporating disability models for equality of opportunity uses a perspective that views disability as a social problem caused by societal barriers. These barriers can be abstract, such as attitudes, viewpoints, and policy structures, or concrete, such as the physical environment, technology, and tools to assist with disabilities. This approach leads to demands that persons with disabilities be treated according to human rights principles and have the same rights as other citizens. Activities and operations under this model include the following aspects:

1) Employment of persons with disabilities in the community.

The Quality-of-Life Promotion and Development Act of 2007, along with its amendments No. 2 of 2013, have facilitated the employment of persons with disabilities, including their recruitment in business establishments. Supporting the Disability Fund and encouraging the employment of persons with disabilities within the community through various job opportunities, general service centers for persons with disabilities are now open for persons with disabilities to undertake diverse roles suitable for them. This initiative involves selecting persons with disabilities who demonstrate potential within the community. It also provides avenues for persons with disabilities to learn and work alongside agency staff members who serve as mentors, overseeing and offering assistance as needed. As expressed by persons with disabilities:

“The Subdistrict Health Promoting Hospital has advertised job openings for persons with disabilities. These opportunities were publicized through various channels to attract qualified candidates. Many individuals applied, and I am grateful to have been selected. I believe I was hired because of my high school education and proficiency in reading, writing, and computer skills”

(In-depth interview, disabled person, October 7, 2021)

2) Increasing market opportunities to promote careers for persons with disabilities.

Promoting career opportunities for persons with disabilities primarily includes vocational training across various sectors, such as agriculture and handicrafts. However, there is a remarkable absence of sales and marketing promotion for products and services appropriate to persons with disabilities. Therefore, the advancement of careers for persons with disabilities remains challenging and lacks sustainability. General Disability Service Centers are urging persons with disabilities to naturalize a marketing-oriented approach to exalt the competitiveness of products and services catering to this demographic. This adjustment covers refocusing projects to reiterate product sales and promotion for persons with disabilities. As expressed by one individual with a disability:

“The prevailing societal perception of pity is the primary hurdle obstacle to career opportunities for persons with disabilities. This perception provides products appropriate for persons with disabilities unable to compete effectively in the market. Some individuals purchase these products out of pity but ultimately do not use them. Such attitudes can be disheartening for persons with disabilities. Therefore, I recommend you purchase these products based on genuine appreciation for the work of persons with

disabilities. By purchasing and actively using these products, you not only support persons with disabilities but also instill a sense of pride within this community”

(In-depth interview, disabled person, October 7, 2021)

3) Designing for all people.

The General Disabled Service Center, functioning as a community-level service hub for persons with disabilities, exemplifies inclusive facility provision, offering amenities, such as disabled-accessible bathrooms, ramps, and designated parking spaces. These accommodations increase accessibility and ensure equal opportunity for persons with disabilities to avail themselves of the center's services. Inclusive design principles focus on the involvement of all stakeholders in creating environments that give importance to diverse needs. Overcoming physical environmental barriers is essential for developing societal inclusion for persons with disabilities. As expressed by a community developer:

“Current policies regarding persons with disabilities are commendable, particularly in terms of facility provisions. It is now standard practice for all organizations to incorporate facilities catering to persons with disabilities. Ensuring the presence of amenities like disabled-accessible bathrooms and ramps is a fundamental requirement stipulated by the Building Control Act. Compliance with these regulations reflects a commitment to upholding the rights of persons with disabilities”

(In-depth interview with Community Developer, March 10, 2022)

4) Career and Social Skills Development Center.

It is about the establishment of general disability service centers that work with autistic individuals. Rehabilitation for autistic individuals is a process in which parents play a crucial role in their development. Some individuals are dependent and require lifelong caregivers, while others can be self-reliant to varying degrees. Rehabilitation primarily focuses on communication and social skills training. Therefore, the Career and Social Development Center was established as a place for learning and practical training for both caregivers and persons with disabilities. It also aims to prepare persons with disabilities for employment and careers, offering training in five main work groups which are: office work, beverage preparation at a beverage shop, kitchen work, such as cooking, agricultural work, and cleaning work. For instance, agricultural work training includes various learning bases, such as vegetable growing, mushroom cultivation, and poultry farming. Each of those assigns specific tasks to persons with disabilities to follow as planned, to evaluate the effectiveness of the operation, there is a process for exchanging knowledge about problems and obstacles between trainers and parents.

5) Pick-up and drop-off service-Disabled people receive medical services. The objective is to increase access to medical services for persons with disabilities by engaging with the public sector to advocate for local government organizations to offer public services that meet their needs. This is because a significant portion of persons with disabilities are economically disadvantaged. Traveling is more challenging for them compared to able-bodied individuals, leading to increased expenses. The cost of hiring a car is higher than usual due to the inability to use public transportation. As one official stated:

“The issue lies in the expense persons with disabilities incur when hiring a car to reach the hospital. For instance, a trip to Sirindhorn Hospital costs around 300 Baht. Despite the short distance, persons with disabilities face increased costs solely because of their disability. If one needs to make this trip weekly, the cumulative cost becomes a burden, amounting to 1,200 baht per month. Also, the

challenge of transportation discourages persons with disabilities from seeking services regularly, ultimately resulting in missed opportunities for rehabilitation”

(In-depth interview with Professional nurse, September 29, 2021)

Providing services for persons with disabilities aims to create equal opportunities by offering support tailored to their needs. This includes designing facilities, offering social skills training, and providing medical rehabilitation or assistive technology. The goal is to help persons with disabilities access the same opportunities as those without disabilities. By combining social and civil rights approaches, society can be encouraged to provide accommodations such as transportation services for persons with disabilities. The General Disability Service Center plays a key role in ensuring fair distribution of assistance and policymaking for persons with disabilities in the community. This includes promoting employment opportunities and facilitating access to information for persons with disabilities.

Incorporating disability stereotypes for the goal of social inclusion.

Incorporating disability models for the goal of social inclusion uses a civil rights model lens as the basis for integration with medical and social models. However, it was found that there were no activities that were combined with relief or charity schemes. This is because the goal of the participation of persons with disabilities is based on human rights. Persons with disabilities decide to participate and engage in various activities autonomously, as follows:

1) Providing opportunities for persons with disabilities to join the operating committee.

The General Disability Service Center provides opportunities for persons with disabilities to join the operating committee, allowing them to drive initiatives and participate in social activities. It starts with creating a space led by disabled leaders or role models who are self-sufficient, have careers, and play active roles in society, such as representing persons with disabilities, doing volunteer work, or serving as group presidents. Persons with disabilities work with community representatives according to missions assigned by the General Disability Service Center, reflecting their perspectives in planning assistance. They also serve as models for independent living in the community. The goal is to promote a positive societal attitude toward persons with disabilities, enabling them to have more opportunities and roles in society. As one person with disabilities said:

“Talking is what keeps us socialized. Discussion can lead to acceptance, and we are friendly and united here. In our group, all 17 villages, including the officials, have no bias towards each other. We work with neutrality, primarily connected to the people, focusing on the underprivileged. Then we bring out each person’s ideas and present what should be done. When we finish talking, the permanent secretary summarizes the message for us to reach a common conclusion”

(In-depth interview, disabled person, September 5, 2022)

2) Promoting integration and networks of persons with disabilities.

General Disability Service Centers promote the integration of disabled individuals through various social activities, such as peer support groups and clubs. By becoming members of the Disabled Persons Organization, persons with disabilities learn about benefits and laws, contribute to society, and raise public awareness. For example, one individual who became disabled due to a drunk driving accident joined a rehabilitation program at the encouragement of friends and later became involved in a network of drunk driving victims. This experience led him to work with disabled friends to reduce road accidents. By actively participating in the operations of disability service centers,

persons with disabilities can promote social integration and equality of opportunity. This approach, combined with a civil rights model based on human rights and dignity, empowers persons with disabilities to contribute to society and collaborate with other sectors.

DISCUSSION

The combination of disability models is diverse, depending on the potential of the organizations that establish general disability service centers. Each general disability service center has a different context and potential for providing services to persons with disabilities. For example, most local government organizations care for all types of disabled people within their area of responsibility. In addition, there is often insufficient personnel with expertise in providing services to persons with disabilities, as well as an insufficient budget to provide public services according to the needs of the people (Khongsatjaviwat and Routray, 2015). The work for disabled individuals primarily involves providing information, coordinating services, and referring them to other organizations. Local government agencies operate at the community level, forming networks with Subdistrict Health-Promoting Hospitals, community organizations, and volunteers. These networks enhance the services offered by general service centers for disabled individuals. The operation of these centers involves collaboration among community representatives, government officials, private sector entities, disabled people's organizations, volunteers, and caregivers. Planning and brainstorming activities consider diverse perspectives and attitudes. This study utilizes four disability models to analyze operations from different perspectives.

The first perspective on disability sees it as an individual issue that requires the person to take responsibility for solving problems. This includes welfare and medical schemes. Welfare and charity perspectives are often driven by volunteers and community representatives who have firsthand experience of the challenges faced by persons with disabilities. They show compassion and support by donating essential items for daily living. The traditional medical perspective is typically provided by professionals from medical service units, offering projects like medical rehabilitation and care services for disabled individuals at home. While this perspective addresses immediate needs and reduces suffering for persons with disabilities, it focuses on individual solutions (Yeo, 2001). The traditional view of disability focuses on short-term integration and inclusion but may not address long-term solutions for individuals to become self-sufficient. This approach can be oppressive and overlook the potential of disabled individuals, perpetuating their dependence on society. In contrast, the social model of disability recognizes that disability is a result of environmental barriers, requiring adjustments to create a more inclusive and supportive environment for persons with disabilities (Shakespeare, 1993).

The social convention view, advocated by representatives of persons with disabilities, emphasizes the importance of independent living and societal changes to support persons with disabilities. In contrast, the traditional civil rights perspective, typically promoted by government officials, focuses on policy implementation and providing welfare and benefits. While these views have helped improve the role of persons with disabilities in society, many still face challenges such as poverty, lack of access to services, and inadequate housing. Basic living assistance and proactive medical services are essential to address these issues (Nualnetr and Sakhornkhan, 2012).

General disability service centers operate with a network that combines disability models to provide appropriate services for persons with disabilities, aiding in their rehabilitation. These centers are linked with community-based rehabilitation efforts, involving stakeholders and promoting community participation. The services provided align with the goals of community-based

rehabilitation, focusing on rehabilitation, equality of opportunity, and participation in society. A study identified three types of disability combinations in service activities:

1. Rehabilitation-focused disability models
2. Equality of opportunity for persons with disabilities
3. Unity in society through disability models (Figure 2).

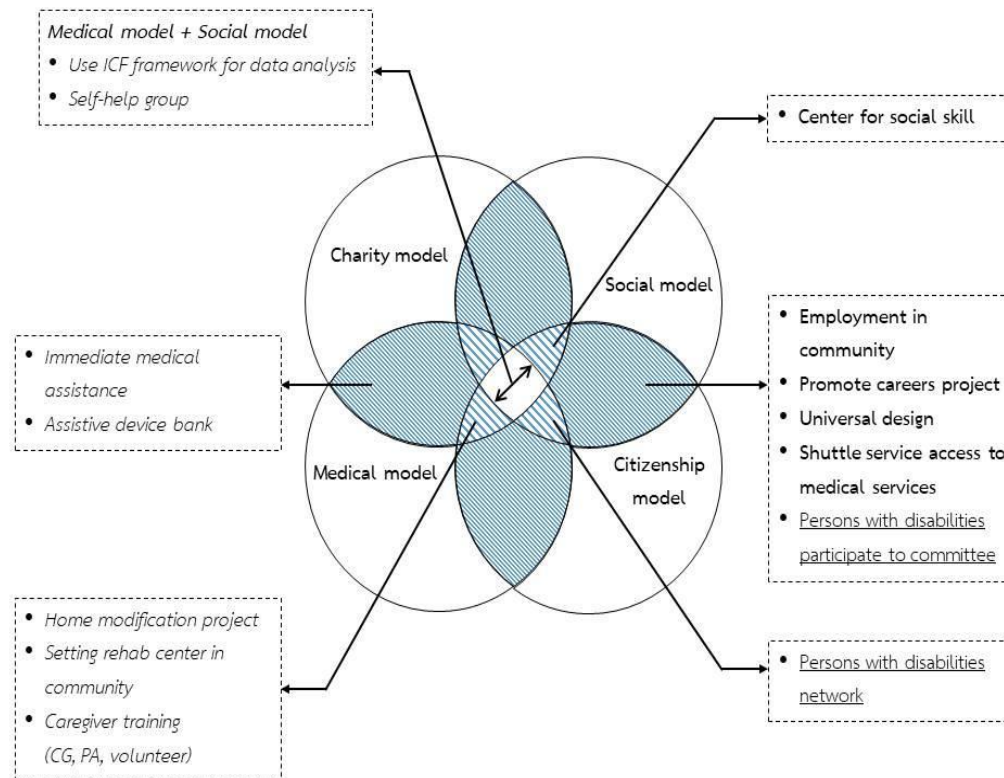


Figure 2: Model of combining disability models that respond to the goals of community-based rehabilitation for persons with disabilities.

Note: Italics refer to services aimed at the rehabilitation of persons with disabilities.

Bold indicates services aimed at equality of opportunity.

Underlined means services that aim to contribute to unity in society.

The network primarily focuses on medical rehabilitation services for persons with disabilities, as it collaborates with public health volunteers who have basic medical knowledge. Most participating organizations are public health entities like hospitals and medical service units. Most disabled individuals require medical rehabilitation due to age-related issues and the need for caregivers. While the services are based on the medical model with professional involvement, resource constraints pose challenges. To address this, a combination of disability models is needed to enhance service provision and support for persons with disabilities. "Yai" is a community volunteer who provides charitable assistance and supervision to persons with disabilities (Yokoyama and Punpuing, 2023). Medical and charity programs offer support to persons with disabilities by providing essential medical equipment and supplies. Many disabled individuals, particularly the elderly or bedridden, struggle to afford the necessary care items like disposable diapers, pressure sore care equipment,

and assistive devices. Fundraising efforts are conducted to acquire medical equipment, donate supplies, and establish a prosthetics bank for collecting disability aids such as crutches, wheelchairs, and beds. These initiatives are prevalent in countries with limited social protection systems, where access to assistive devices is insufficient (Cote, 2021).

The combination of the medical model and the social model is applied at the disability concept level using the ICF concept, which addresses the problems of persons with disabilities beyond just abnormalities. Looking at the impact on physical functioning and participation by considering internal and environmental factors that are obstacles to persons with disabilities, a more social perspective has been applied in the analysis of the abilities of persons with disabilities in Thailand (Tongsiri and Riewpaiboon, 2013). Organizations working with people with disabilities have expanded the concept of independent living. We collaborated with a disability service center to collect and analyze data and make policy recommendations. Medical professionals trained in this concept have a broader understanding of disabilities. Working with individuals who embody independent living principles enhances understanding of disabilities. The General Disability Service Center promotes self-directed improvement groups for people with disabilities to enhance social participation. By combining welfare, medical, and civil rights models, government programs are successful through collaboration between government and communities (Viripiomgool et al., 2014).

Projects include improving living environments, establishing community-based rehabilitation centers for persons with disabilities, and caregiver training programs. These initiatives aim to empower communities to provide care for persons with disabilities with support from government agencies and medical expertise. By focusing on addressing the medical needs of persons with disabilities, these projects are interconnected. They integrate a disability model to promote equality of opportunity, combining social and administrative civil rights models to ensure appropriate welfare services for persons with disabilities. This approach enables equal access to government services, including education, employment, and public health services (Gooden and Starke, 2021). The social model of disability identifies environmental barriers as the main hindrance for disabled individuals and advocates for their removal. This model promotes independent living and empowerment of persons with disabilities through leadership and advocacy organizations. Social development centers are established to provide support and services for disabled individuals, with a focus on promoting their inclusion in society and increasing employment opportunities. This approach combines relief, charity, and civil rights models to address the needs of disabled individuals and ensure their rights are fully recognized and respected (Degener, 2017). People with disabilities are active participants in society and play a crucial role in the general service center for the disabled. By involving them in the operating committee, they can contribute their unique perspectives and experiences to improve services for patients with disabilities. This collaboration between persons with disabilities and medical personnel enhances the support and empowerment of persons with disabilities, creating a network to address their specific needs and challenges.

CONCLUSION

Combining different disability models allows for a more comprehensive and effective approach to serving persons with disabilities. By leveraging diverse perspectives and collaborative networks, disability service centers can operate more efficiently and provide a wider range of services to meet the complex needs of persons with disabilities. This collaboration is essential as disability is a multifaceted issue that requires input from various sectors.

In Thai society, disability models have evolved from welfare and medical models to incorporate a more holistic approach that considers societal beliefs, values, and conditions. Despite advancements

in medical science and technology, persons with disabilities still face inequalities and require support in areas such as education, healthcare, social integration, and employment. International conventions on civil rights and human rights have influenced Thai society to adopt more inclusive practices and policies for persons with disabilities.

By combining different perspectives on disability, organizations and individuals can create more inclusive and effective services for persons with disabilities. This approach aligns with the goals of community-based rehabilitation, which aim to enhance the overall well-being and development of persons with disabilities. Collaboration among stakeholders with diverse perspectives is key to providing tailored and responsive services that meet the needs of persons with disabilities.

Limitations and recommendations

This study is limited to the general disability service center of one province, which has a different context from other areas. Therefore, there are limitations to the study that do not cover all types of disabilities, each of which may have different problems and needs. Studying disability patterns in Thai society should also focus on the development of disability patterns to gain an understanding of disability patterns in each society and to integrate disability models into the work of stakeholders with disabilities.

ACKNOWLEDGEMENT

This study was partially supported by a graduate school, Khon Kaen University. The authors are very grateful to all participants and persons with disabilities who provided documents and collaborated for the success of this study. My advisors are advised complete to this article.

References

- Cheausuwantavee, T. (2005). Community-based rehabilitation in Thailand: Current situation and development. *Asia Pacific Disability Rehabilitation Journal*, 16(1), 51-67.
- Cote, A. (2021). Social protection and access to assistive technology in low- and middle-income countries. *Assistive Technology*, 33(sup1), S102-S108.
- Degener, T. (2017). A new human rights model of disability. In V. Della Fina, R. Cera, & G. Palmisano (Eds.), *The United Nations Convention on the Rights of Persons with Disabilities: A Commentary* (pp.41-60). Cham: Springer Nature.
- from file:///C:/Users/Admin/Downloads/
- Gilson, S. F., & Depoy, E. (2000). Multiculturalism and disability: A critical perspective. *Disability and Society*, 15(2), 207-218.
- Gooden, S., & Starke, A. (2021). Social equity and public administration. In *Handbook of theories of public administration and management* (pp. 43-53). Edward Elgar Publishing.
- guidelines. WHO Press.
- Jam, F. A., Singh, S. K. G., Ng, B., & Aziz, N. (2018). The interactive effect of uncertainty avoidance cultural values and leadership styles on open service innovation: A look at Malaysian healthcare sector. *International Journal of Business and Administrative Studies*, 4(5), 208-223.
- Jenkins, S. P., & Rigg, J. A. (2004). Disability and disadvantage: Selection, onset, and duration effects. *Journal of Social Policy*, 33(3), 479-501.
- Kampempool, P. et al., (2022). Annual report 2022 [in Thai]. Bangkok: Department of empowerment of persons with disabilities
- Kanval, N., Ihsan, H., Irum, S., & Ambreen, I. (2024). Human Capital Formation, Foreign Direct Investment Inflows, and Economic Growth: A Way Forward to Achieve Sustainable Development. *Journal of Management Practices, Humanities and Social Sciences*, 8(3), 48-61.

- Khongsatjaviwat, D., & Routray, J. K. (2015). Local Government for Rural Development in Thailand. *International Journal of Rural Management*, 11(1), 3-24.
- Laskar, A. R., Gupta, V. K., Kumar, D., Sharma, N., & Singh, M. M. (2010). Psychosocial effect and economic burden on parents of children with locomotor disability. *Indian Journal of Pediatrics*, 77(5), 529-533.
- Nualnetr N, Sakhornkhan A. (2012). Improving Accessibility to Medical Services for Persons with Disabilities in Thailand. *Disability, CBR & Inclusive Development*, 23(1):34-49.
- Oliver, M. (1990). The new politics of disablement: The contribution of Mike Oliver. Retrieved March 15, 2021, from <https://socialistproject.ca/2019/03/new-politics-of-disablement-contributionof-mike-oliver> Printing Press.
- Rashid, A., Jehan, Z., & Kanval, N. (2023). External Shocks, Stock Market Volatility, and Macroeconomic Performance: An Empirical Evidence from Pakistan. *Journal of Economic Cooperation & Development*, 44(2), 1-26.
- Rehabilitation, 75(2), 3-11
- Relief, M., & Letsosa, R. (2018). Models of disability: A brief overview.
- Shakespeare, T. (1993). Disabled people's self-organization: A new social movement? *Disability, Handicap & Society*, 8(3), 249-264
- Smart, J. F. (2009). The power of models of disability. *Journal of SSRN-id1754542%20(1).pdf*
- Theological Studies, 74(1), 1-8
- Thomas, M., & Thomas, M.J. (2003). Manual for CBR planners. National
- Tongsiri, S. (2022). Scaling-up community-based rehabilitation programs in rural Thailand: the development of a capacity building program. *BMC Health Services Research*, 22(1), 1070. doi: 10.1186/s12913-022-08458-5.
- Tongsiri, S., & Riewpaiboon, W. (2013). Using the ICF to develop the capability-oriented database of persons with disabilities: a case study in Nakornpanom province, Thailand. *Disability and Rehabilitation*, 35(13), 1078-1086.
- United Nations. (2023). International Day of Persons with Disabilities. <https://www.un.org/en/observances/day-of-persons-with-disabilities>. Retrieved 20/01/2023
- Viripromgool, S., Ksarntikul, S., Thamma-apipol, K., Suthisukhon, K., & Peltzer, K. (2014). Needs Assessment of a Disability Rehabilitation Centre in a Sub-District of Ratchaburi Province in Thailand. *Journal of Human Ecology*, 47(2), 147-154.
- World Bank. (2023). A billion persons experience disabilities worldwide - so where's the data? <https://blogs.worldbank.org/opendata/billion-persons-experience-disabilities-worldwide-so-wheres-data>. Retrieved 20/01/2023
- World Health Organization. (2010). Community-based rehabilitation: CBR
- World Health Organization. (2023). Disability. https://www.who.int/health-topics/disability#tab=tab_1. Retrieved 05/06/2023
- Yeo, R. (2001). Chronic poverty and disability. Retrieved January 20, 2021,
- Yokoyama, A. (2021). Institutional capacities and collaboration with communities of disability service centers in Thailand from the perspective of the "Social model of disability". *Interdisciplinary Research Review*, 16(4), 24-32.
- Yokoyama, A., & Punpuing, K. (2023). Have Thailand's Personal Assistance Services for Persons with Disabilities Evolved? *Disability, CBR & Inclusive Development*, 34(3), 86-103.