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FINAL REPORT

POLICY IMPLEMENTATION ANALYSIS ON DISABILITY GRANT OF THAILAND

Faculty of Social Administration, Thammasat University
United Nations Children's Fund (UNICEF)
2019

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Acronyms

AUH	Universal Child Allowance
AFC	Contributory Family Allowance Scheme
CDG	Care Dependency Grant
CSG	Child Support Grant
CSO	Civil Society Organization
CWDs	Children with Disabilities
CRPD	Convention on the Rights of Persons with Disabilities
CCT	Conditional Cash Transfer
DEP	Department of Empowerment of Persons with Disabilities
DPOs	Disabled People Organizations
DTH	Disabilities Thailand
FDGs	Focus Group Discussions
MSDHS	Ministry of Social Development and Human Security
MOI	Ministry of the Interior
MOF	Ministry of Finance
MOPH	Ministry of Public Health
NSO	National Statistical Office of Thailand
PWDs	Persons with Disabilities
PSDHS	Provincial Office of Social Development and Human Security
SAO	Sub-district Administrative Organization
SDHS	Social Development and Human Security
SNMRI	Sirindhorn National Medical Rehabilitation Institute
SSF	Social Security Fund
SSO	Social Security Office
TU	Thammasat University
UHC	Universal Healthcare Insurance
UNICEF	The United Nations Children’s Fund
WHO	World Health Organization

Terminology

Persons with disabilities (PWDs)	refers to persons with limitations in performing daily activities or persons who are unable to fully participate in society due to visual, hearing, mobility, communication, mental, emotional, behavioural, 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.
Children with disabilities (CWDs)	refers to children below the age of 18 years who have limitations in performing daily activities or who are unable to fully participate in society due to visual, hearing, mobility, communication, mental, emotional, behavioural, 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.
Disability registration	refers to the action or process of registering with the government as a person with a disability according to the Persons with Disabilities Empowerment Act. B.E. 2550 (2007) as prescribed by the Minister of Social Development and Human Security.
Disability grant/allowance	refers to financial assistance which is one of the rights of persons with disabilities prescribed in Section 20 of the Persons with Disabilities Empowerment Act. B.E. 2550 (2007). Disability grants are a type of cash transfer programme with the specific objective of mitigating the increased costs of having a disability such as the need for medication, transport and lost family income.
Parent of a child with a disability	refers to birth/biological parent, adoptive or foster parent, legal guardian, or carer of child with a disability.

Executive Summary

Introduction

Persons with disabilities (PWDs) are among the most marginalized groups who face various obstacles to access equal rights and opportunities compared to the general population. Children with disabilities (CWDs), in particular, are at risk of being left behind to mainstream development due to lack of access to rehabilitation services, education, as well as social welfare and accompanying support.

Many States Parties, including Thailand, having ratified the UN Convention on the Rights of the Child (CRC) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD). As a signatory to international frameworks which support and advocate for the rights of people with disabilities, including the Incheon Strategy to 'Make the Rights Real' for PWDs and the Bali Declaration, Thailand has taken steps to align their policies and programmes to the underlying goals of inclusion of PWDs in all aspects of community life.

One of the ways governments are attempting to address the issues of exclusion and neglect of CWDs is through various types of cash transfer for the families of CWDs. Thailand is no exception, offering a disability grant designed to relieve the financial burdens caused by disability, with THB 800 paid monthly to all PWDs certified as disabled and registered under the Persons with Disabilities Empowerment Act B.E. 2550 (2007). Financial support alone, however, is not sufficient to support and empower PWDs or families of CWDs, and any cash grant should ideally be supplemented with linkages to services. This is the case in Thailand, where disability registration enables PWDs to access services such as medical support, personal assistants, assistive devices, housing modification, educational opportunities, and career support for families of PWDs including start up business loans for small enterprises. These in-kind benefits are extremely important to a child's development, enhancing levels of functioning and promoting inclusion in society. These services can also help the parent cope with the greater-than-normal care needs a disabled child might require.

Despite this, the most recent National Disability Survey (NDS) in 2017 reported that less than half (44.4 per cent) of PWDs in Thailand had applied for disability registration, highlighting that significant gaps remain in coverage of the disability grant and accompanying social protection services. Therefore, although Thailand has made progress in promoting and improving the quality of life of PWDs, there is scope for improvement. The findings of the 2017 NDS revealed significant discrepancies with respect to disability registration and disability grant uptake, suggesting a need to gain further insight into the experiences of PWDs and their families in accessing key social protection services, especially the disability grant. The following report provides data on the experiences of accessing the disability grant and suggests recommendations for improving the design and implementation of the disability grant programme to improve uptake and more effectively meet the needs of CWDs and their families.

Methodology

This present research reviewed international experiences in implementing social protection policy and programmes for PWDs with a specific focus on disability grant programmes and CWDs and related national legal and institutional framework as the enabling environments of disability policy implementation. Additionally, empirical evidence from stakeholders was primarily gathered by using a mixed-method equity-focused research design to understand policy implementation for the disability grant in Thailand in terms of **organization structure, organization process, and programme performance.** A team of principal researchers from Thammasat University conducted the study in partnership with research assistants, regional coordinators, enumerators representing parents of children with disabilities, and representatives from disabled people organizations (DPOs), with the support of international experts.

The research was conducted in eight provinces: Ayutthaya, Chiang Mai, Chiang Rai, Khon Kaen, Krabi, Nakorn Phanom, Nonthaburi and Phang Nga, which represents Thailand's four geographical regions, with consideration given to the availability of provincial/local DPOs of various types of disabilities in each province. The exhaustive list of registered CWDs in the selected provinces, used as a sampling frame, was supported by the Department of Empowerment of Persons with Disabilities (DEP). The research sample was randomly selected, in combination with consideration on distribution of survey packets proportionately by type of disabilities. The voices of over 400 survey participants, mostly parents of children with disabilities, and over 170 key informants, as stakeholders of the disability grant programme, were collected. Parents of unregistered CWDs, an important cohort as identified in the 2017 survey, were also interviewed.

Key findings

International experiences

A review of cash transfer programmes and linked support services in Argentina, Finland, Japan, the Netherlands and South Africa revealed insights into best practice from which Thailand can learn. Ideally, cash grant design should be inclusive, linked to a clear intent, and the programme performance monitored and evaluated so that, if necessary, the design can be amended to achieve its purpose. Argentina's system demonstrates impressive coverage, making adjustments to take into account the added financial issues faced by specific geographic regions in order to successfully alleviate poverty. Finland's disability registration process is an admirable example of ensuring processes are client-centred, accessible and inclusive for all, linking cash to other services. In terms of managing disability grant value, Japan's example highlights that a tiered benefit system is an effective way to address the additional expenses that a more severe disability may incur, while the Netherlands' system is child-responsive and links the cash transfer amount to the varying needs of a CWD at different stages of the life cycle. Furthermore, South Africa, Argentina and the Netherlands maintain the value of the cash transfer over time through regular adjustment of the benefit rate linked to specific measurable benchmarks (e.g. in line with inflation or consumer price index). In terms of an individualized approach to disability social welfare, the personal budget approach in the Netherlands individualizes the care package to suit the specific needs of the PWD, empowering the PWD (and/or their carer) to take control and make choices about their care and how to spend their budget. Lastly, these country examples highlight the importance of evaluation, which is key to ensuring that the process is running smoothly and having the desired effect.

Enabling legislation and regulations

Using a policy triangle framework and a review of national and international legal frameworks, the study found Thailand to have a strong legislative enabling environment. Thailand's national laws and policies align with the disability-related international and regional frameworks to which it is a signatory. The major disability-specific law is the Persons with Disabilities Empowerment Act B.E. 2550 (2007) and its revision in 2013, while other important legal frameworks are the Persons with Disabilities Education Act B.E. 2551 (2008), the National Child and Youth Development Act B.E. 2550 (2007), and the Child Protection Act B.E. 2546 (2003). The 20-Year National Strategy 2018-2037 emphasizes that underprivileged and vulnerable groups of people still need social protection, and the Strategy on Social Equality includes promoting basic social protection and social security, including health and economic security. Towards achieving social equality under the 20-year National Strategy Plan, Thailand is leading some key implementations such as the recent NDS and the development of the *Handbook for Assessment and Diagnosis of Disabilities* (produced in 2012) to aid disability certification. However, there are still significant gaps in coverage of social assistance and services, leaving CWDs at risk of being left behind and excluded from mainstream developments.

Organization structure

Thailand has a structure in place to support coordination among agencies and the implementation of disability grants. Despite this, some structural factors contribute to problems in policy implementation. Key disability grant policy implementors are the Ministry of Public Health (disability assessment and diagnosis), the Ministry of Social Development and Human Security (MSDHS), which deals with disability I.D. card registration, and the Ministry of Interior (disability grant registration).[1] Disabled person organizations (DPOs) provide peer support and advocacy at national and local level. Although disability assessment and diagnosis, disability I.D. card registration and disability grant registration process were generally rated "good" by survey respondents, the steps to accessing the disability grant and associated social welfare support result in a somewhat complicated process, involving travel to different locations. Distinguishing between the disability services offered at provincial and local level can be challenging and frustrating for families seeking support. Research also suggested that, at present, the disability institutional structure in Thailand encourages vertical silos can lead to limited prioritization of CWDs in government and DPOs and other relevant stakeholders. Further issues are caused by discrepancies between the understanding of doctors and frontline staff at the PSDHS registration desks regarding their designated roles and responsibilities, use of the *Handbook for Assessment and Diagnosis of Disabilities,* and the primacy of the doctor's decision regarding disability certification. The availability and sufficiency of trained and qualified professionals is also limited, with staff at provincial MSDHS offices and local government offices expected to cover multiple roles when needed.

Organization process

The implementation process flows from the central government to the local level through formal communication i.e. regulation, order, guideline/manuals which is primarily top-down. Each ministry involved in the implementation process of the disability grant programme has a different protocol, and evidence suggests that more needs to be done to streamline the communication between the agencies. Frontline staff of all three line ministries noted that the mixture of formal and informal communication channels from policy to practice levels sometimes resulted in a lack of clarity regarding practical understanding of new policies. Each ministry is distinct with its own supervisory line, with an organizational structure which encourages vertical silos in administration and implementation, and staff sometimes unsure about the roles and protocol of other agencies. In terms of client-

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[1] See Appendix 5 for more information on the stages involved and responsibilities of each ministry.

friendly systems and processes, inclusive services such as sign language interpretation are still limited at service centres. Furthermore, a unified disability database that shares information across implementing agencies regarding disability certification, registration and receipt of the disability grant is not yet available. There is also currently no mechanism to follow up and evaluate the disability grant programme.

Programme performance

The grant amount is currently insufficient to meet the needs of CWDs and their families

Both quantitative and qualitative revealed that the disability allowance monthly payment of THB 800, while welcome, was insufficient to cover the various costs associated with caring for a CWD. Families spent an average of THB 1,722 per month to respond to the needs of CWDs such as travel costs to school or hospital, medicines/medical treatment, expenses related to education (uniform, books), food/milk, and diapers. The incongruency between income and expenses reflects the financial challenges of caring for CWDs. The current disability grant amount formed approximately 9 per cent of household income, 5 per cent of household expenses, and covered 46.46 per cent of expenses for CWDs. Therefore, in most cases, the grant is not adequate to meet the needs of CWDs, and it is certainly inadequate for those with severe needs.

The study also revealed that CWDs in Thailand have a range of diverse needs which may vary over time, which indicates that a universal grant amount may not be adequate to effectively cover the costs of caring for a CWD. To be responsive and child-sensitive, the disability grant needs to take into account additional childcare expenses for CWDs such as assistive devices and transport, which most survey respondents reported as being the largest expenses incurred by families. Most parents who participated in an in-depth interview reported having to give up work to stay home and become full-time caregivers for their children, which is another factor affecting household income.

Linkages to other services require further support

Registering to receive the disability grant unlocks access to other services including respite care, parent training, exercise programmes for children and physical therapy sessions, but these are mostly centralized at the district and provincial levels. The study found that the cost and availability of transport is a major barrier for families of CWDs to access the essential services to which they are entitled.

Children with disabilities are missing out on educational opportunities

Although 67 per cent of CWDs surveyed were in education, mostly at primary school (Grade 1–Grade 4), the remaining 33 per cent had either no education or had left school. Factors preventing CWDs from accessing appropriate education included severity of disability, family concerns, inaccessible environment and transportation. Reasons given for being out of education included family concerns about the child attending school, a limited number of special school in the area, and prohibitive education-related expenses (transportation, uniform, materials), again implying that further support needs to be put in place to break down the barriers currently restricting the lives of CWDs.

Lack of knowledge, stigma around disability and current eligibility criteria are barriers to successful disability registration

Parents of unregistered CWDs identified two main reasons for their children not being registered as disabled: eligibility criteria (i.e. believing that their child did not meet the registration criteria) and social attitudes/stigma around disability. A significant barrier was experienced at the disability assessment stage due to the diagnostic approach undertaken with the Handbook for Assessment and Diagnosis of Disabilities and lack of a necessary referral process. This part of the process can lead to the screening out of children who may require support, whereas a more comprehensive examination would not only identify the child's disability but also inform families of further services they could access, or indeed help identify what services are not currently available to support the needs of the population. If a child does not receive disability certification at this stage, parents cannot go further and apply for the disability grant. This is a critical gap in the assessment phase that can lead to CWDs dropping out to the process and prevents the child's necessary health and social needs being identified and linked to the appropriate support services, including financial support. Furthermore, findings showed that societal stigma can dissuade parents from seeking out a disability diagnosis, and that negative attitudes of frontline staff towards disability also form a barrier to families who may require support.

In light of these findings, the following recommendations are offered:

Recommendations

Organization Structure

Improve collaborative work among key actors by using the existing national mechanism

Using the existing National Committee on Empowerment of Persons with Disabilities, the rights and issues faced by CWDs should be emphasized in national plans, strategies and the signing of a memorandum of understanding (MOUs) among responsible relevant ministries and key actors. Such emphasis and the signing of MOUs would contribute towards improved cooperation and coordination among key ministries involved in the disability allowance process to provide more seamless outcomes.

Improve clear procedure and communication about the roles and responsibilities of the officers

Procedure and communication about the roles and responsibilities of officers using the Handbook for Assessment and Diagnosis of Disabilities should be improved to ensure that children with disabilities are not rejected unjustly from the disability registration process by frontline staff questioning the validity of the diagnosis provided by doctors. Doctors, including GPs, should be the final word on who meets the eligibility standards for disability; they do not need to be a specialist in order to determine eligibility, but they are encouraged to seek help if it is needed.

Increase the number of professional social workers

The number of social workers at Disability One-Stop Centres working on disability registration is generally inadequate to meet the needs and demands of children with disabilities and their families. Social workers are an important link for children and families in identifying appropriate support and services, therefore the present study suggests increasing staff capacity for professional workers, especially social workers at the provincial and local government levels.

Organization Process

Improve disability database

There is currently no shared disability database which allows follow up on progress toward receiving the disability grant or other disability welfare. A systematic data management system and combined/synchronized databases linked to the national I.D. card programme would help to ensure ease of sharing information among government agencies, improve case management, and support long-term social protection planning.

Establish a monitoring and evaluation mechanism

Currently, there is no way to comprehensively evaluate the performance of the disability grant. This is vital to make the grant more adaptive and responsive to the needs of PWDs, especially children whose specific age-related needs may be overlooked.

Programme performance

Increase the grant value to meet the needs of CWDs

The current value of the disability grant (THB 800) is insufficient to cover basic needs of children with disabilities. Quantitative results from the present study found that 1,722 THB per month more accurately reflects disability-related expenses for families of CWDs. Therefore, revision of the disability grant value to reflect the diverse needs of persons of disabilities, especially children, is needed. A more responsive grant which can be adjusted through a tiered (high, medium, low) system would be more beneficial than a flat rate, and more child-sensitive as it could be tailored to meet the specific needs of each family. Furthermore, the disability grant value should be linked to an indexing mechanism to adjust the value of the benefit to cost-of-living changes.

Support the establishment and functioning of community-based services

Transportation costs form a significant barrier, preventing CWDs from accessing medical help, education and other social welfare services which are mostly centralized at the district and provincial levels. To counter prohibitive travel expenses or lack of accessible public transportation for families of CWDs, the government should consider rolling out a programme to build more community-based centres to improve accessibility and decentralize programmes that benefit CWDs and their families (including respite care; parent training; exercise programmes for children; physical therapy sessions etc).

Provide transportation services

The study results revealed that transportation is one of the top needs as parents of CWDs identified transport as one of the highest monthly expense incurred and, in most cases, this cost serves as a barrier to accessing services including education and health. Whether community-based services are limited or fully established, transportation for accessing all health and education services for CWDs should be provided by local governments in all regions. Travel costs could also be reimbursed during all stages of disability registration (medical certification, disability ID card and grant registration), to ensure that all potential applicants apply.

Provide early detection and intervention for disability assessment with a full examination

All children who apply for disability certification should have a full examination to ensure that their disabilities are appropriately detected, and should be referred to appropriate rehabilitation services with care developmental plans for CWDs. This will prevent missed opportunities for screening for other conditions and identifying referral services to support the child's long-term functioning. Early intervention and rehabilitation would not only benefit CWDs but also the government in terms of savings on social protection costs in the future.

Raise awareness on disability stigmatization

The study revealed that many children and their families continue to face disability stigma and discrimination within their communities and when accessing key social protection services. In some instances, frontline workers, including medical professionals discourage families from applying for certification and the disability I.D. card, implying that a disability diagnosis would damage future prospects. The government and DPOs should work on national public outreach campaign to address stigma and societal attitudes towards disabilities.

Expand communication channels to disseminate information and improve knowledge on disability

DPOs are a valuable source of support and information for families of CWDs. Findings showed a need to increase knowledge around disability issues, not only to counter societal stigma, but also to ensure that families are accessing all the resources available in Thailand to support CWDs. As well as working with on-the-ground community groups to disseminate information, further information channels such as social media could be used to reach communities with guidelines on how to access services.

Increase the connection to other social services

The current linkage between the disability grant and other services are still limited. Financial support alone, while useful, is insufficient to make a real difference. Linking cash grants to support social services provides a holistic approach to disability. To address the needs of PWDs, CWDs, and caregivers, the government should develop a system to connect other relevant services. The linkage to other services should address the specific needs across gender and age groups due to the unique needs of social service.

1 Introduction

1.1 The importance of social protection for PWDs

Social protection is fundamental to achieving the SDGs, to promoting social justice and to realizing the human right to social security for all. As PWDs are marginalized in many ways, exposing them to multiple risks throughout their life cycle, social protection provides a way to protect persons with disabilities, promote independent living and access to decent work (ILO, 2017). Disability-inclusive social protection guarantees effective access to mainstream schemes for persons with disabilities and plays a central role in combating existing challenges regarding income security, employment opportunities and access to social services such as education, health and public transportation and other support services.

Due to a lack of support services, stigma, and institutionalization, CWDs are at high risk of being excluded from society and are often exposed to violence. Exclusionary practices hinder their development and intensify accumulated disadvantages, including education, skills development and their ability to engage in skilled employment opportunities in the future. Social protection systems therefore play an important role in elevating children out of poverty and improving their health and overall well-being, enabling access to goods and services such as a nutritious food, health care, education, and care services, thus ensuring that children with disabilities, despite their vulnerability, can realize their full potential. Early intervention focusing on CWDs is an effective investment which can break the vicious cycle of poverty and yields results in terms of human capital development.

The role of cash transfers[2]

In recent years, there has been an increased interest and targeted efforts internationally to focus on benefits for CWDs. UNICEF's 2013 report *The State of the World's Children* helped spur heightened attention among funders and researchers concerning how the young generations with disabilities are faring around the globe. This UNICEF report and many subsequent publications have exposed the significant gaps in social protection and evaluated the causes (such as poor data collection), which is critical to making informed decisions in cross-cutting policy issues such as healthcare, nutrition, access to education, and of course, poverty reduction.

Cash transfer programmes are considered appropriate in many situations because they provide assistance to poor and/or vulnerable groups, such as those with disabilities, who run a greater risk of falling into poverty or near poverty. These grants also help mitigate the increased costs of having a disability, including the need for assistive devices; special transportation; medications; and lost family income if a family member has to give up

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[2] For more information on cash transfers, please see Appendix 6.

work in order to care for a person with disabilities. Cash transfers also have the added positive aspects of being easier and cheaper to deliver and administer than certain types of in-kind benefits, such as food assistance, and are aligned with the social model of disability, in which PWDs, as recipients of the payment, are rights holders empowered make decisions about their own lives.

Thailand's commitment to social protection

Thailand has made significant progress towards universal social protection by introducing major schemes to the target population, such as the Universal Health Coverage Scheme (UCS) for those who are not covered by other health schemes, the tiered elderly allowance, and the Child Support Grant.

The disability grant is another social assistant aimed at alleviating financial burdens faced by PWDs and their families. First introduced in 2010 (B.E. 2553), a disability grant of THB 500 was paid monthly to all Thai citizens who registered for a disability ID card. From the fiscal year 2015 (B.E. 2558) onwards, the government increased the allowance for people with disabilities to THB 800 per month, covering all provinces nationwide. Furthermore, under the Persons with Disabilities Empowerment Act B.E. 2550 (2007), registered PWDs are entitled to welfare to access and use public facilities including other welfare and assistance provided by the State such as rehabilitation, education, and employment. PWDs and their caregivers are also entitled to tax deduction or exemption as prescribed by law, and any private entities that provide PWDs with such benefits are entitled to tax deduction or exemption in percentage terms of their expenditure prescribed by law.

1.2 Disability registration process

Systematic disability registration was first introduced in Thailand in 1991 with the Rehabilitation of Disabled Persons Act B.E. 2534, which stated that persons with disabilities needed to register for disability I.D. cards 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.[3]

The disability allowance is a social welfare prescribed by the Persons with Disabilities Empowerment Act 2007 and its Amendment 2013 (Vol. 2). To access the grant, as well as associated welfare services, PWDs in Thailand have to go through a three-stage process:

1. Attend a medical examination and obtain a medical certificate.
2. Use medical certificate to register and receive a disability I.D. card.
3. Register to receive the disability grant.[4]

Disability certification

PWDs who want to register for a disability I.D. card and access disability-related services as well as social welfare and support from government, must first prove their disability by obtaining a disability certificate issued by licensed medical doctors in public or private hospitals.

To gain certification, a PWD must be diagnosed by a doctor to have one of the following seven types of disability according to the Second Announcement of the Ministry of Social Development and Human Security pursuant

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[3] The Committee on the Empowerment of Persons with Disabilities is chaired by the Prime Minister, while the vice chair is the Minister of Social Development and Human Security, and the Director General of the National Office for Empowerment of Persons with Disabilities acts as secretary. The committee is comprised of relevant stakeholders from nine ministries, six experts, and seven DPOs.

[4] For more information on the stages of disability grant application, please see Appendix 5.

to the Persons with Disabilities Empowerment Act B.E. 2550 and its Revision (Vol. 2) B.E. 2556:

1. Visual impairment
2. Hearing or communication impairment
3. Physical or mobility impairment
4. Mental or behavioural disabilities
5. Intellectual disabilities
6. Learning disabilities
7. Autism.[5]

The diagnosis of PWDs is carried out by medical practitioners using the *Handbook for Assessment and Diagnosis of Disabilities*, prepared by SNMRI, Department of Medical Services, the Ministry of Public Health, the DEP, the National Health Security Office and related Thai medical colleges according to the Announcement of the MSDHS on Types and Criteria of Disabilities (Vol. 2. (2012..

Doctors and other healthcare staff receive training on how to diagnose disability using the manual, its main objective being to guide medical professionals to examine and assess disability so that PWDs can use the certification as a proof of disability to register for a disability I.D card.

All public hospitals can issue medical certificates for PWDs, as well as 45 private hospitals nationwide. In cases where the disability is explicitly seen, the authorized officials take pictures of the applicant, whose disability must be clearly visible in the picture.

Disability I.D. card registration

After being issued with a medical certificate, PWDs or their carers can then register with the Department of Empowerment of Persons with Disabilities (DEP. under the MSDHS to gain a disability I.D. card. To access this service, the PWD has to be a Thai national. In the case of a minor, an incompetent or semi-incompetent, or in cases where the PWD is unable to apply by themselves, their guardians, custodians, or caregivers can apply in their place.

The following documentation is required for disability I.D registration:

1. A copy of either documents below:
    a. Disability I.D. card
    b. Governmental official card
    c. Birth certificate for those under 15 years old
    d. Birth certificate as announced by Department of Public Administration, Ministry of Interior;
2. House registration document of persons with disabilities;[6] and
3. A photo taken less than six months ago (two copies of photo are required when PWDs do not request for themselves).[7]

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[5] Persons with multiple disabilities have all classified types listed on the disability I.D. card.

[6] In case PWDs have proof according to house registration which identifies them as a Thai citizen with an identification number, but do not have the documents listed in Article 8 (1), the authorized official shall interview the house owner or a witness (a government official of certain ranks), district headman or village headman to prove that the applicant has his/her name in that house registration documents.

[7] In case of incorrect or missing documents, the authorized official shall accept the request of the applicant to correct or submit missing documents in the specified period of time. If the applicant cannot do this within the specified period of time, the application shall be cancelled.

After verifying the authenticity of the documents and investigating the facts according to the form prescribed by the director-general, if the officer finds that the person is a PWD under Section 4 whose disabilities can be categorized and details can be identified, approval to issue a disability identification card will be sought from a registrar. The law has abolished degrees of disabilities to be qualified for a disability identification card based on abnormality or impairment that may cause hardship or limitation to perform their daily activities or to fully participate in society.

The disability card is valid for eight years from the issuing date. A person older than 60 or who has a clearly visible disability can use their same card for a lifetime. Once the card approaches expiration, the persons with a disability or the person stated in Article 7 can request an official to issue a new card within thirty days before the card expiration.

Accessing disability grant and associated support services

Once the disability card is issued, registered PWDs can then apply to receive the disability grant at local administrative offices where they reside or other places as determined by the local administrative offices. After successfully registering, PWDs should start receiving the disability allowance the following month, and can also access welfare benefits and government support such as medical services; personal assistants to help with routine activities; educational opportunities; career promotion including loans to start up small enterprises; provision of assistive devices; and housing modification.

Right to appeal

If an application for a disability identification card is rejected, a letter of rejection to the application including the reasons for the decision shall be submitted to the applicant within thirty days of the date of the rejection of the application.

In cases where PWDs are denied the right to a disability certificate or disability I.D. card, they can appeal in writing to the central registrar or provincial registrars as mentioned in Section 14 of the Regulations issued by the Committee on the Empowerment of Persons with Disabilities concerning the Criteria, Procedures and Conditions for requesting a disability I.D card. If the application for a disability certificate or disability I.D. card is rejected, the applicant can make an appeal in writing within 15 days after receiving the rejection of the application. The appeal must be resolved within 60 days and the applicants shall be informed of the result within 15 days.

1.3 Situation in Thailand: 2017 Disability Survey findings

Disability prevalence

The National Statistical Office (NSO) has conducted a National Disability Survey (NDS) in Thailand four times, in 2002, 2007, 2012 and 2017. The latest survey identified a person with disabilities as someone who falls in either or both of the following categories: 1) having difficulties performing daily activities or having health conditions that limit the person's functioning (including self-care and regular daily activities); and 2) having a physical, mental, or intellectual impairment. The NSO posed the first question for anyone in the population above the age of two, while the second question addressed all age groups in the population.

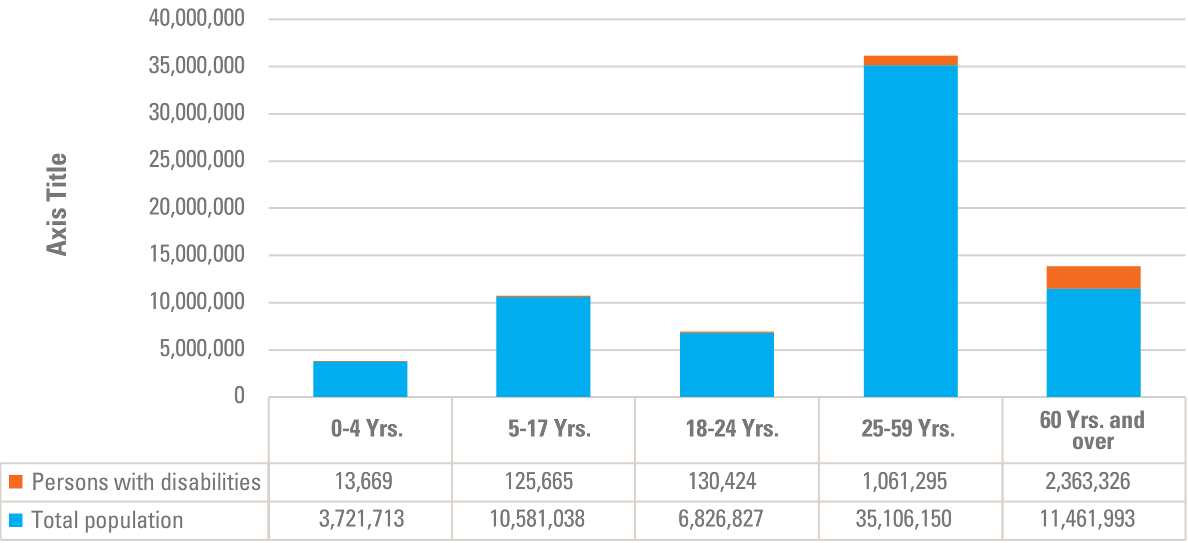
The 2017 NDS revealed the number of persons with disabilities as 3,694,379 people, or 5.5 per cent of the population of Thailand (67,697,721 in total). Compared with the 2012 survey, the number of persons with disabilities increased from 2.2 per cent to 5.5 per cent, which could be due to a general population increase in Thailand, as well as due to the different set of questions asked, and a growing willingness of people to recognize and talk about disability. The 2017 survey used the Child Functioning Module (CFM) developed by the Washington Group and UNICEF, which consists of two question sets, one for children aged 2-4 years and another set for children aged 5-17 years. The CFM considers disability according to difficulties or health problems which affect a child's ability to perform age-appropriate activities.[8] The adaptation of the question set suggests a desire to more fully capture the situation of PWDs in Thailand, especially in regard to functionality. According to the DEP, as of 1 April 2019, the number of registered PWDs was 1,995,767, or 3.01 per cent of the Thai population, which is also lower than figure presented by the National Statistics Office of 5.5 per cent. This discrepancy is mainly due to definition of the disability used and the purpose of data collected.

CWDs in Thailand

As of March 2019, the number of children with disabilities between the ages of 0 and 17 was 110,776, or 5.59 per cent of the entire population (DEP, 2019).

According to the 2017 Disability Survey, the percentage of persons with disabilities was highest among the 60 and over age group (20.6 per cent), while the percentage in other age groups ranged from 0.4 per cent to 3 per cent (see Figure 1).

Figure 1: Number of Persons with Disabilities Compared with the Total Population



	0-4 Yrs.	5-17 Yrs.	18-24 Yrs.	25-59 Yrs.	60 Yrs. and over
🟧 Persons with disabilities	13,669	125,665	130,424	1,061,295	2,363,326
🟦 Total population	3,721,713	10,581,038	6,826,827	35,106,150	11,461,993

Source: National Statistical Office, *National Disability Survey* (2017)

The percentage of children with disabilities under the age of 18 ranged between 0.2 per cent to 1.2 per cent, while the percentage of the population aged 18 and over with disabilities was 6.7 per cent (see Table 1). The proportion of children with disabilities aged 2-17 years was relatively low, possibly due to primary caregivers being unwilling to identify a child as having difficulties or health problems. Furthermore, the difficulties or health problems of young children under the age of 5 might not yet be noticeable or easily identified by a parent or caregiver.

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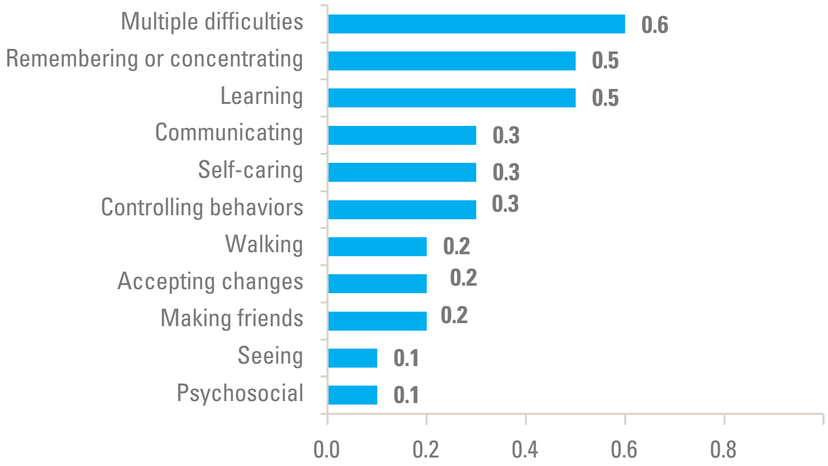
[8] National Statistical Office, *National Disability Survey* (2017).

Table 1: Number of Persons with Disabilities in Each Age Group

Age group	Total		Having at least one disability		Having no disabilities	
	Number	%	Number	%	Number	%
Total	**67,697,721**	**100**	**3,694,379**	**5.5**	**64,003,342**	**94.5**
under 18	**14,302,751**	**100**	**139,334**	**1.0**	**14,163,417**	**99.0**
0-1	1,494,374	100	2,772	0.2	1,491,602	99.8
2-4	2,227,339	100	10,897	0.5	2,216,442	99.5
5-17	10,581,038	100	125,665	1.2	10,455,373	98.8
18 and over	**53,394,970**	**100**	**3,555,045**	**6.7**	**49,839,925**	**93.3**

Source: National Statistical Office, *National Disability Survey* (2017)

Figure 2: Difficulties and health problems of children with disabilities aged 2-17 years



Source: National Statistical Office, *National Disability Survey* (2017)

The 2017 survey reveals that children with disabilities in the 2–17 age group face a number of difficulties or health problems (see Figure 2). Between the ages of 2 and 4, 0.3 per cent of children with disabilities were reported to have at least one difficulty. This rate increased to 0.9 per cent in the 5-17 age group.

Overall, a greater proportion of children with disabilities with one functional disability resided in non-municipality regions (3.9 per cent) relative to municipal areas (3.5 per cent) in the age range between 2 and 17 years. A greater proportion of these children were to be found in households

with four persons (4 per cent) and five persons (4%). The largest proportion of children with disabilities resided in households in the lowest wealth index quintiles, i.e., the poorest (3.9 per cent). The north and south provinces had the highest proportion of children with disabilities at 5.3 per cent and 3.9 per cent, respectively.

About 38 per cent of children with disabilities did not attend school: the primary reason given was being too sick or disabled to do so (65.2 per cent), while travel distances or inconvenient transport ranked fourth (4.6 per cent), and ridicule/stigma/teasing came in fifth (1.9 per cent).

Disability registration rate

The NSO reported that in 2017, less than half (44.4 per cent) of PWDs had applied for disability registration, while 43.8 per cent received the allowance for people with disabilities, and 0.6 per cent had applied for disability registration but did not yet receive the allowance. The 0.6 per cent (20,904 persons) who had registered but did not yet receive the disability allowance identified an ongoing process for disability allowance approval or ongoing process regarding payment as the reason for the delay. According to the 2017 survey, recipients reported not registering as disabled due to their disabilities not meeting the criteria (25.1 per cent); not perceiving themselves as disabled (15.1 per cent); or thinking there was no need for them to register (7.8 per cent). This shows that more needs to be done to increase the knowledge of the general population around issues of disability diagnosis and registration. Due to the fact that some PWDs saw no reason to register, clear and effective communication about the associated benefits which can be accessed once registered and upon receiving the disability ID card also needs to be enhanced.

The low levels of uptake of the disability grant identified by the 2017 NDS need to be further explored. Statistics show that, despite being entitled to such services, CWDs in Thailand still have limited access to quality education and healthcare. Of particular concern in both the educational and health spheres are the issues of access and quality of services given the challenges of accessible (and affordable) transportation, poverty and the limited number of specialized and skilled health personnel to provide the services. Furthermore, there remains stigma attached to a disability diagnosis (expressed by both frontline workers, parents and the wider community) which can impede CWDs from accessing the support to which they are entitled. These issues raise the need for Thailand's social protection systems to become more child-sensitive and responsive to the needs of all children, particularly CWDs.

1.4 Evaluating the design, implementation and efficiency of a disability cash grant

A crucial aspect of administering a national programme of social protection for PWDs is to evaluate how it is working at the local level. This involves looking at whether local offices are following the same rules and implementing policy in the same manner; noting any variations in practice and whether they help or hinder the policy intent; identifying examples of good practice; identifying any bottlenecks or barriers; and assessing whether there is sufficient oversight at the national level to ensure fair and equitable treatment of all families with disabled children.

Regarding the disability grant application process itself, this report aims to get a clearer picture of the experience from the perspective of both the claimant and frontline staff. In particular, it will analyse how easy or difficult the process is, including how many steps the process involves; and whether the system make accommodations for the fact that the applicant family has a child with a disability (e.g. physically going from office to office and the demands this involves for a family of a CWDs). At present, the Thailand disability registration process does not consider the financial burden placed on poor families applying for a cash benefit – for example, transportation costs for doctor visits and application registration. In addition, an examination of implementation should also look at the documentation process, including whether the claimant receive official paperwork as well as verbal explanations, clearly documenting the decisions made and articulating the person's rights; and if denied disability benefit, whether the claimant is provided with written instructions on how to appeal the decision.

The third major aspect for consideration concerns the efficiency and value of the cash benefit amount. The report aims to identify the financial impact of the disability grant in terms of offsetting the additional expenses caused by disability, especially for poor families. It is not enough to assume that a cash benefit, especially a flat-rated one, helps all poor families equally. Instead, the evaluation should consider the effectiveness of the cash benefit for CWDs against a market-basket of additional costs typically encountered by families with disabled children such as diapers; medications; need for special caregivers, therapy sessions; and transportation. Ideally, a cash benefit should be linked to an indexing mechanism to keep the value of the benefit adjusted to cost-of-living changes.

Aims of this report

This research study aims to analyze the implementation process, examine the extent to which programme goals are satisfied, and evaluate how well the policy has performed. The research study findings and recommendations will contribute towards policy discussions and reviews in the field of child-sensitive social protection, social workforce for the child protection system and policies for children with disabilities in Thailand. Ultimately the study seeks to strengthen and make the present social protection system more inclusive, child-sensitive and valuable for children with disabilities and their families.

1.5 Objectives

The objectives are the followings:

1. To analytically review international experiences with policy design, delivery, and the implementation of social protection policy and programmes for persons with disabilities, with a specific focus on disability grants and children with disabilities.
2. To analytically review related statistics and legislative and institutional frameworks for the social protection for persons with disabilities in Thailand, both in cash and in kind.
3. To analyze policy implementation of the disability grant in Thailand in terms of organization structure, organization process, and programme performance to reach all vulnerable persons, with a specific focus on children with disabilities.
4. To provide recommendations for improvement or revisions in policy design, delivery, and implementation of the disability grant, with a focus on equity for children with disabilities.

2

Methodology and participants

A mixed-method equity-focused research design was employed for this study. A team of principal researchers from Thammasat University in partnership with research assistants, regional coordinators, and enumerators representing parents of CWDs and representatives from DPOs with support of international experts conducted the study. Prior to commencing fieldwork, enumerators completed a comprehensive three-day training focused on disability and social protection in Thailand, child-friendly interview techniques and ethical considerations. All instruments of data collection and respective guiding questions, including consent forms, were validated using the Item Objective Congruence (IOC) Index evaluated by five disability/policy experts and approved by Thammasat University's Ethic Committee No. 2 for Social Science.

The study was conducted in eight provinces: Ayutthaya, Chiang Mai, Chiang Rai, Khon Kaen, Krabi, Nakorn Phanom, Nonthaburi and Phang Nga, which represents Thailand's four geographical regions with consideration given to the availability of provincial/local DPOs of various types of disabilities in each province. The exhaustive list of registered children with disabilities in the selected provinces, to be used as a sampling frame, retrieved from the Department of Empowerment of Persons with Disabilities (DEP). The research sample will be randomly selected by using a systematic sampling method, in combination with consideration on distribution of survey packets proportionately by type of disabilities.

2.1 Literature Review

A systematic review was conducted to explore the international experience with policy design, delivery and implementation of disability grants around the globe with a specific focus on the regulations for children, and the legislative and institutional framework for social protection support to PWDs in Thailand, both in cash and in-kind. A review of international experiences examined key elements of cash programmes for CWDs in five selected countries (Argentina, Finland, Japan, The Netherlands, and South Africa) concerning the rationale and design for the policies and subsequent design of the programme(s); the implementation of the scheme(s); and evaluation of the outcomes.

A review of the legislative framework of the disability grant of Thailand was conducted for data related to legal frameworks and policies on disability allowance in Thailand. The data were derived from secondary sources such as the website of Royal Thai Government Gazette, the Constitution of the Kingdom of Thailand, royal decrees, acts, ministerial regulations, and orders and announcements of the government including guidelines and handbooks of related ministries such as the Ministry of Social Development and Human Security, the Ministry of Education and the Ministry of Public Health, and the Ministry of Interior.

2.2 Quantitative Methodology

Quantitative data was collected via survey and administered to parents of CWDs. The data captured included demographic information about CWDs and their families, including experiences of the disability registration process from initial application to receiving the disability grant, as well as how the disability grant is spent and its sufficiency. Locally-recruited enumerators were recommended by DPOs affiliated with Disabilities Thailand (DTH), an umbrella organization covering all types of disability. Enumerators were drawn from candidates with disability survey and research experience.

Study participants were identified through a combination of convenience and snowball sampling. Some participants were purposefully recruited provincially and nationally from different levels and sectors (e.g., policy, education, social services, etc.). Stakeholders from government, child-focused and disability-focused non-governmental organizations (NGOs), parent associations and DPOs and civil society organizations were sought out. Detailed information about the survey sampling method and accommodations for participants e.g. limited reading skills is included in Appendix 4. A total of 422 survey participants participated in the study. This represents approximately 51 participants from each of the eight sampled provinces. Quantitative data retrieved by survey research were analyzed using descriptives, e.g. mean, standard deviation, percentage.

2.3 Qualitative Methodology

Qualitative information was gathered through focused group discussions and in-depth interviews conducted nationwide. A total of 13 in-depth interviews and 24 focus group discussions were conducted with key informants and stakeholders. The number of participants in focus groups ranged from 2 to 17. The total number of focus group discussion participants was 169.

Semi-structured focus groups discussions were conducted to gather qualitative data about the experience of applying and receiving the disability allowance and the administration of associated policies. The range of stakeholders that participated in these focus groups included parents of registered and unregistered children with disabilities, and representatives from DPOs and/or local governments. The duration of the focus group discussions was between 1-2 hours.

Qualitative information on disability policies and social protection programmes at the national level was gathered by using semi-structured in-depth interviews with key agencies including higher-level officers of the MSDSH, controller officers and medical doctors. Prior to the interview, the interview questions were shared with participants to support their preparation.

Qualitative information gathered via focus group discussions and in-depth interviews were analyzed using a deductive approach wherein data were grouped and analyzed based on the policy implementation analysis framework and research questions. Microsoft Word and Microsoft Excel were used for grouping content.

2.4 Study Limitations

Although the research protocol was thoroughly planned, some limitations were encountered during the conduct of the study. For the survey, although prospective participants were sampled from the randomly selected provinces and districts, access to registered PWDs from the list retrieved from the DPD was limited due to out-of-date contact information. In addition, access to prospective participants in remote areas, especially in the northern parts of Thailand, was challenging.

In terms of validity of the gained information, there are two outstanding limitations. Firstly, because the survey questions mostly asked about past experiences in applying for a medical certificate, disability I.D. card and disability grant, the problem of recall memory may affect the validity of the information provided. Secondly, it was found that some survey informants (parent/guardian of CWD at time of survey interview in the home) were not the ones who went through the disability registration and application process. Therefore, the researcher needed to allow them to contact the parent/guardian that had experienced the registration and application process.

For in-depth interviews and focus group discussions, scheduling challenges made it difficult to attain the expected number of participants. An absent sampling frame of unregistered CWDs caused a limited number of participants of this particular group. However, rich information was gained from the participants who were actively involved in the data collection process. The information gained was deemed adequate as all research questions were answered.

2.5 Research Ethics

Ethical approval to conduct the study was sought and granted by both Thammasat University’s Ethics Committee No. 2 for Social Science and UNICEF Thailand Research Committee with the Certificate Approval No. 014/1562 (see Appendix 2). The principles of autonomy (respect of person), beneficence/ nonmaleficence, and justice were upheld throughout the research programme. All prospective participants met the research team and were thoroughly informed about the research programme and protocol. Information sheets with necessary information were provided to each participant for their information and written consent was sought prior to the commencement of data collection. In addition, the study team consulted regularly with the DPO community in Thailand to ensure the participation of PWDs throughout all stages of the study and proposed approaches and methods were appropriate.

3

Disability Benefits for Children: International Context

Part of the study methodology calls for further information to be gleaned from a literature review of international best practices in the design and delivery of disability grants for CWDs. This chapter draws on existing literature and in-depth research on the use of cash transfer programmes for PWDs, with attention to CWDs, offering a review of selected examples of cash transfer programmes for CWDs in five countries. The review examines different approaches to the design, implementation and evaluation of cash transfer programme(s) and their impact on CWDs. Using a comparative approach has the advantage of promoting closer examination of what works well or what the barriers are, as well as contrasting differing approaches to the same issue.

Five country studies were undertaken in order to offer guidance for the review of the cash grant programme for children with disabilities in Thailand. This chapter summarizes the experiences of other countries in terms of cash grants for CWDs to help inform the current research on exemplary practices and identify any notable barriers to success. An analysis of best practice and barriers/pitfalls can then be used to assess the way the current system in Thailand is working and assess possible paths to improvement.

The five countries that comprise the basis of this review are Argentina, Finland, Japan, The Netherlands, and South Africa. These countries were chosen for the following reasons:

1. They display a mix of economic status from the relative poverty of South Africa to the middle-income status of Argentina, to the high-income levels of Finland, The Netherlands and Japan. Although the latter three countries have similar economic situations, their policies and rationales concerning cash transfers programmes for families with disabled children vary significantly. Thus, these varying approaches can serve to suggest new pathways for Thailand to evaluate and adapt its own disability grant;
2. They have been the focus of several in-depth studies on cash benefits for children, including those with disabilities, both by UNICEF as well as other recognized international non-governmental or academic institutions;
3. They have relevant experience for Thailand; and
4. The combination provides an opportunity to look at cash transfer programmes for PWDs in countries on three different continents.

The design of a cash transfer programme should reflect not only the target group(s) who will receive the help, but also the philosophic underpinning of how the transfer relates to the problem(s) it is trying to impact. It is worth noting that no country selected has a perfect model nor is it likely that one exists. Designing and implementing a social protection system that does exactly what it is supposed to do in a way that is high quality, equitable to all applicants and effective in reaching its targets is often more a desired goal than a common outcome. Despite this, the literature search found that several countries excel in certain aspects, details of which are explored below.

3.1 Reducing poverty in Argentina

In 2009, Argentina created its Universal Child Allowance (AUH) programme to address the problem of childhood poverty in the country. One of the major causes for the widespread nature of poverty in Argentina was that families in the informal economy and families of unemployed persons were not covered under the existing contributory programme of family allowances. Hence, in November 2009, Argentina introduced a new cash transfer programme – the Universal Child Allowance (AUH). Through this programme, families who meet the income test who have a disabled child receive four times the normal rate of the universal flat-rated cash benefit payment, which in 2015 amounted to about $360 a month. Families with a disabled child who are covered under the social insurance system receive between 1,811 pesos to 8,123 pesos (USD $110 to USD $493) per month depending on the insured person's income (in some cases including cash benefits) and region.

Three-part system of income support

The AUH is a non-contributory scheme that provides cash benefits for children of workers who are not registered or who earn less than the adjustable minimum living wage; are unemployed; or are in domestic service. The AUH is one element of a three-part system of providing income support to families with children, which targets three different population groups according to the employment status and income of the adults who are responsible for the children. The Contributory Family Allowance Scheme (AFC) is also targeted to poorer families – specifically registered workers in the low and middle wage brackets. With both the AUH and the AFC, if the family has a child with a disability, the cash benefit does not end when the child reaches the age of 18, but instead continues indefinitely.

Near-universal coverage

The Argentine cash transfer scheme for children has been studied extensively by social protection researchers for several years. The overall conclusion is that the AUH, in conjunction with the AFC and a small child tax rebate programme called the ACF, have been very successful in having a significant impact on reducing poverty among children. While the AUH covers around 30 per cent of all children under 18 years and more than 2 million families in Argentina (15 per cent of total households in the country), Bertranou and Maurizio (2012) found that the three schemes combined reach 98 per cent of children and adolescents under the age of 18 (the AFC and the AUH cover 93 per cent between them.) This demonstrates the almost universal nature of the current system.

Impact on poverty

Garganta, Gasparani, and Marchionni (2017) confirmed that the AUH has also served to measurably improve the financial standards of the poor families with children, stating "The real value of the AUH benefit per child, which has remained constant over time, is 14 per cent of the legislated minimum wage and hence a significant rise of the mean household income for unemployed and informal households with children." For a typical poor participant household with three children, the benefit implies an increase of almost 35 per cent in their total household income. These values place the AUH benefit among the largest in Latin America.

Lack of data on impact for families of CWDs

While the data of many researchers who have studied the Argentine cash benefit scheme for children confirm the success of the programme in achieving its intent, there is a missing component. None of the studies mention what impact these targeted cash transfers have had specifically on families with disabled children. The assumption is that they too have benefited, but it is not known to what degree. Poverty and disability are commonly interconnected, with one causing the other. Moreover, having a disabled family member almost always results in additional costs. Therefore, holding everything else equal, the poor family with a disabled child would usually have a greater level of poverty than a poor family without a disabled child. Thus, the CWD family would need to receive a higher benefit amount to receive the same level of financial impact. However, thus far, it does not seem that any of the research has attempted to disaggregate the impact data for families with a disabled child.

Key findings

- Poverty has been reduced: the AUH scheme has improved the economic standards of poor families with children by increasing level of household income.
- Coverage is impressive: the AUH scheme (combined with two other schemes) reach 98 per cent of children and adolescents under the age of 18.
- However, impact on disability not known, as little research has been done to disaggregate the impact for families with a disabled child.

3.2 Client-centred, accessible disability registration process in Finland

The Finnish cash benefit scheme for families, including those with a disabled child, is exemplary for many reasons that are described in much greater detail in the Finland report. As is the case with the other Nordic countries, Finland has a generous and very broad array of cash and in-kind benefits to help all families with children as well as the elderly in the society. A notable achievement is the way in which the system accommodates the client and not the other way around – a consideration that is particularly important when the client is a family with a disabled member. As is the case in most countries, the scheme is national, but almost every service-related aspect is delivered at the local level. Hence, it is instructive to look at many of the steps in the implementation process to understand why Finland is an example of best practice.

Clear and informative material available online

Kela is a Finnish government agency responsible for providing social insurance for everyone living in Finland,[9] including a disability allowance to support the needs of CWDs under the age of 16 (a disability allowance is also available for the over 16 age group, as well as a separate care allowance for pensioners). Kela's website provides citizens with specific, easy-to-understand information, with instructions provided in Finnish, Swedish and English and dropdown menus that demystify the entitlement requirements; the procedural steps; in-kind benefits; client rights etc.

Kela's website provides families with a disabled child with the following questions to help them decide if their child might be eligible for the disability allowance:

1. Does the child have a diagnosed disability or illness?
2. Does the child regularly visit a doctor?

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[9] Information in this section is from the Kela website: https://www.kela.fi/web/en/

3. Does the child need more assistance or supervision than other children of the same age?
    - in activities of daily living, such as eating, getting dressed or personal hygiene
    - with mobility
    - in seeing, hearing or speaking
    - in social interaction, such as self-expression, playing or relations to other people
    - with treatment procedures, such as taking medicines, measuring blood-sugar levels?
4. Does the child have special arrangements or particular assistance in day care or at school, such as a personal assistant or special-needs education?
5. Does the child participate in rehabilitation, such as physical therapy, psychotherapy, speech therapy or occupational therapy?

If the parent answered "yes" to three or more questions, then the child may be entitled to a disability allowance. However, the parent is warned that the questions are only indicative, that every situation is different, and the granting of the allowance is on a case-by-case basis.

Straightforward application process

The application process for the disability allowance for families with children under the age of 16 is generally the same as for any of the other types of child benefits in Finland. The caregiver can download the appropriate form from the Kela website or pick it up at a local office. To apply for disability benefits, the form must be accompanied by a special Medical Statement C issued by a physician within the last six months attesting to the disability and the relevant impact on functioning. The referring doctor does not make any decisions to award or deny benefits – that decision is made by a trained social insurance staff member based on whether the eligibility criteria have been met. However, Kela does have medical advisors who are specialists in insurance medicine who assess the applicant's health status, functional capacity and ability to work and/or need for rehabilitation or treatment. The applicant would sign the form and include the Statement C and mail it in – this type of allowance does not permit online filing.

Flexible and responsive eligibility determination process

The disability allowance is intended to provide support in the daily lives of children under age 16 who have an illness or a disability. The child can be awarded a disability allowance if he or she needs regular care, attention and rehabilitation due to illness or disability. The need of care and attention must be greater than normal and last for at least six months.

1. Need for care and attention greater than normal: The diagnosis for the illness or disability does not in itself determine the child's entitlement to a disability allowance.
2. The entitlement to the allowance and the amount of the allowance are determined on the basis of the extent of care, attention and rehabilitation that the child needs.
3. The standard that is used is whether the need is related to illness or disability and whether the need of attention and care is greater than normal compared to other children of the same age.
4. The need for care and attention can be greater than normal due to e.g.
    - The child's illness attacks and medication
    - Transportation of the child to rehabilitation
    - The child's need of assistance with activities of daily living and schoolwork due to illness or disability
    - The child's greater need of supervision compared to other children of the same age

5. Disability allowance is usually awarded for a specific time period and then it is possible to apply for a continuation of the allowance after the initial time period has ended. The reasoning is that "while many illnesses can last a lifetime, the need of care may change as the child grows and develops."
6. The payment period of the allowance varies according to an assessment of how long the need of care due to illness or disability will continue.

Service user provided with documentation

The Finnish system also provides the claimant with a 'paper trail' – i.e. everything is documented so that they have information and evidence of what has happened so far. Both the website and the interface with the Kela office provide written details, for example, that the cash benefit, if awarded, is usually time-limited, but that the caregiver can apply for a continuation of the allowance after the initial period has ended. A claimant who is denied support is also informed about the right to appeal and how to do so (guidelines for which are also available on the website).

Key findings:

- The Finnish system is transparent and user-friendly, with information available online and each stage of the process explained in clear terms.
- There are no costs incurred in applying as the applicant can receive reimbursement for any travel required (e.g. to attend a medical examination).
- Services are delivered locally but adhere to national standards and procedures.

3.3 Three ways to ensure cash benefit value

The intent of any country providing a cash benefit to a family with a disabled child is to help the family offset the additional costs incurred by the disability. However, the impact of the cash transfer on these families is affected by not only the actual value, but also by the degree to which the amount is tailored to specific family situations. In other words, just providing a flat-rate amount to a family with a disabled child, while arguably helpful, often does not address the actual need or situation. Moreover, the value of such flat-rate benefits is frequently insufficient even for families whose disabled child does not have extraordinary care needs, and certainly so for those who do. The flat-rate approach also does not make any distinction for the age of the child and thus ignores the changing needs that the families of CWDs encounter throughout the life cycle. Hence, the ideal cash benefit programme for CWDs is one that adjusts for care needs, as well as for ages.

Japan: Linking cash benefit rate to severity of disability

While the Japanese cash benefits programme for CWDs leaves much room for improvement, especially concerning the shallow reach of the programme owing to strict eligibility standards, it nevertheless does have some strong points. Specifically, the tiered benefit system is impressive concerning the value of the benefit and the efforts to recognize the impact of disability on the needs of the family.

In recent years, Japan's social protection efforts have become more family-centred, a strategy designed to deal with the country's long-term problem with low fertility rates. As a result, their policies focus on three key aspects: (1) gender equality; (2) life/work balance; and (3) support for families with children. The government's efforts towards families with children have resulted in a universal child allowance scheme that provides age-related cash benefits for each child in the household. Furthermore, governmental efforts to recognize gender equality and work/life balance have led to a child support allowance scheme for single parents as well.

Concerning families with a disabled child, the benefit payment level is linked to the assessment of the severity of the child's disability. In 2014, according to a Japanese government web page, the cash benefit rate for disability at the first degree level was US$460 a month, followed by US$307 a month for disability at the second degree, as well as a welfare allowance for children with a disability cared for at home of US$130.60 per month. Linking the cash value to the level of care needed also serves to acknowledge the principal caregiver's role and their lack of ability to contribute to the family income.

The Netherlands: Linking cash benefit to a child's age

The Dutch system of cash benefits for families takes a comprehensive approach to providing help to families with a disabled child, basing the benefit amount on the age of the child. For example, a family with a disabled child aged between 3-17 may be eligible for double the value of the regular universal basic child benefit (called the AKW) which in 2018 was about €287 (approximately US$ 321) paid quarterly. However, they might also be eligible for the Disabled Child Care Allowance (DCCA). Hence, a family with a disabled child could be eligible for approximately US$642 per quarter at the maximum age rate. For children under age 6, the benefit rate is 70 per cent of the full amount; for ages 6-11, the benefit amount is 85 per cent; and for ages 12-17, the amount is the full 100 per cent.

In the case of a disabled child, the benefit is paid for children from birth to 17 who have long-term physical or mental disabilities who live at home. Again, the payment levels are adjusted for age as follows: from birth until age 6, the benefit is €201 (US$224.50); for ages 6-11, the benefit is €244 (US$272.50); and for the 11-18 age bracket, the benefit is €287 (US$321).

Furthermore, there is also kinderopvangtoeslag (Child Care Allowance), a supplementary benefit to help parents care for their children. It is paid on an hourly basis up to 230 hours per month and ranges from about €6 to €7.50 per hour based on the type of care provided.

South Africa, Argentina and the Netherlands: Linking benefit amount to economic rates

As cash benefits for families with a disabled child have a twofold role – i.e. to help offset both the additional costs caused by the disability, as well as the lost income of the caregiver – it is important that their relative values stays constant with economic changes. The best way to ensure consistency is to adjust the benefit rate at regular intervals and to link the adjustments to specific measurable benchmarks. Different countries use various benefit adjustment methods to maintain the value of the cash benefit. For example, South Africa adjusts the value of social assistance grants annually in line with the inflation rate. In Argentina, the Congress passed a law in 2015 (1141/2015) updating the amount of the Universal Child Allowance (AUH) automatically and semi-automatically. In addition, the law added a prioritization mechanism for families who live in the south of the country, increasing their cash benefit by 30 per cent. This is an unusual example of a country providing a greater level of support to families living in harder hit regions. Lastly, in the Netherlands, all family allowance benefits are adjusted twice a year based on changes in the consumer price index (CPI). The Dutch CPI measures the average price changes of goods and services purchased by average Dutch households (excluding changes in prices of product-related taxes such as alcohol, tobacco or motor vehicle taxes). Thus, regular indexing of benefits helps assure that the value of the benefit to the family with a disabled child is not eroded over time.

Key findings

- A tiered benefit system recognizes the need to address additional expenses that a more severe disability may incur.
- A child-responsive cash transfer for CWDs should account for the varying needs for the child at different stages of the life cycle.
- Regular adjustment of benefit rate linked to specific measurable benchmarks (e.g. in line with inflation or consumer price index) help to maintain the value of the cash transfer over time.

3.4 Finland and Japan – Linking cash to other services

Theoretically, when a family with a disabled child applies for cash benefits, the governmental entity that conducts the assessment should always consider referral to other types of services that could help the child and family, irrespective of whether the cash benefit is allowed or not. Award of the cash grant should automatically trigger an evaluation and referral for other types of services, such as physical therapy, speech therapy, counselling, provision of adaptive equipment and so forth. Unfortunately, this often does not happen, either because no such services exist, or exist only in a limited capacity (e.g. only in certain areas such as large cities). Additionally, it might not happen because the ministry that makes decisions about payment of cash transfers is completely divorced from the one that would be responsible for delivering such services and there is no referral linkage between them. The best practices are those which take a holistic view to wrapping the benefits around the needs of the disabled child and his/her family. In that type of scenario, the cash transfer is part of a package of services that the family can access based on the specific needs occasioned by the disability, as well as the family's challenges providing the needed care. Typically, this more consolidated approach is more likely to occur when only one ministry has the overarching responsibility for adults and children with disabilities, rather than when the responsibilities are scattered among several different ministries.

Both Finland and Japan provide examples of good practices concerning linking in-kind benefits and services to cash benefits. These benefits also exist for CWDs and PWDs even if the cash grant is not a factor.

Finland

The Finnish social insurance system (Kela) offers a wide array of rehabilitation services to PWDs of all ages. One of the major methods is their approach known as a multidisciplinary individual rehabilitation programme. Depending on the illness or condition, an individualized plan and rehabilitation process is prepared including a plan of delivery for the services. Rehabilitation typically is comprised of individual and group-based programmes which are aimed at improving or maintaining the client's ability to cope with everyday tasks (including work and study).

Japan

Japan also provides an array of in-kind services for children with disabilities. These services align with the goal of an inclusive policy for the three types of disabilities recognized under Japanese law: (1) physical; (2) intellectual; and (3) mental. In 2012, the government promulgated a new law to reorganize the services to provide schemes more centred around the person with the disability and lowered or removed cost-sharing according to income levels. The other goal of the legislation was to try to coordinate services among the systems classified by disability type.

The Japanese model appears to be less comprehensive than the Finnish one, especially when it comes to cost sharing, but is strongly influenced by the care needs of the adult or child with a disability. The services are delivered at the municipality level and typically in the person's home. Support includes help with activities of daily living such as bathing, meal preparation etc., as well as services of a more medical nature such as medication management and help with mobility functioning. Other support services include those focused on social inclusion, to help people with intellectual disabilities and visual impairments to go out of their home.

Ideally, cash transfers should be supplemented by other in-kind types of help, not only for the sake of the child with a disability, but also for their caregivers. One type of help not specifically referred to in the literature search but recognized as significant is respite care. A day care centre or visiting in-home caregiver can provide an opportunity for the family member caregiver to take a break, or perhaps do errands or tasks that they would otherwise find difficult to accomplish because of their normal caregiving responsibilities. These types of supplementary services are particularly invaluable to a family with a child who has high care needs.

Key findings

- A holistic approach to disability is desirable; financial support alone, while useful, is insufficient to make a real difference in the lives of PWDs and CWDs.
- Linking cash grants to support services is an effective way to maximize the value of the cash grant.
- In-kind support can benefit not only the child with a disability, but also their caregivers, especially for families with a child who has high care needs.

3.5 The personal budget

A new approach to providing services to families with disabled members including CWDs, has emerged in the last few years in several countries, usually called a 'personal budget' or sometimes 'cash for care'. Variations of the idea were originally created in the 1990s to meet the needs of elderly populations. However, after a short time, it became obvious that while the elderly, in general, were more comfortable with the typical form of service provision, the personal budget approach was being taken up in much larger numbers by working-age adults and young people with disabilities.

Now, several countries, such as Australia, the United Kingdom and the Netherlands, are expanding the breadth and reach of these personal budget programmes. The models differ in many ways, but the underlying premise is to create an individualized personal budget with the PWD (or with the family/carer) tailored to meet the specific care needs of the PWD. The idea is commendable because it provides the person with a disability (and/or their caregiver) with more freedom of choice. The approach challenges the more typical model of benefit provision whereby the consumer is limited to choosing from a fixed menu of possible services which may or may not come close to fulfilling the actual types of services needed. The personal budget concept is also more closely aligned with the notions of free choice and empowerment embodied in the CRPD and endorsed by DPOs.

The Netherlands personal budget

The Netherlands personal budget scheme does not cover most medical treatments because they are already covered under the Dutch health insurance law; however, it does cover all types of personal care, including help with taking a shower; bed baths; dressing; going to the toilet; eating and drinking; and various types of nursing care such as dressing wounds; giving injections; etc.

In the case of a child, he or she would need to have high care needs that is determined by an assessment. If the child has extensive care needs – defined in the Dutch programme as 10 hours or more of care per week because of the illness or disability – the parent or caregiver of a child or adolescent under age 18, makes an application to the local office of an independent Care Assessment Centre. The needs assessment is carried out and a set of weighted tariffs, fixed by the government, is applied to the type and amount of care needed. This creates a budget indication which is valid for up to a year, even if care is required for longer. Applicants can then choose between a personal budget, care in-kind (care provided by an existing healthcare provider), or a mix of both.

The Dutch personal budget payment is 25 per cent lower than the equivalent cost of care in kind, on the grounds that there will be fewer overhead expenses. The budget is paid directly into the applicant's bank account quarterly or monthly depending on the sum allowed. The budget holder chooses and pays for the carer(s) that s/he wants and must account for the monies spent annually if under €5,000 a year or biannually if more, up to 1.5 per cent of the annual budget does not need to be accounted for and any surplus must be repaid.

One notable aspect of the Dutch personal budget scheme is it also allows care users to employ family members. This approach might have value in less developed countries concerning children with high care needs, because it recognizes and compensates the role that family members (for example, mother or grandmother) play in caregiving, and can help offset their inability to contribute monetarily to the family income.

Key findings

- The personal budget approach individualizes the care package to suit the specific needs of the individual.
- The PWD (or their carer) is empowered to take control and make choices about their care and how to spend their budget.

3.6 Design and implementation challenges in South Africa

As well as highlighting the successes of overall programme implementation, it is sometimes helpful to look at what is not working. This focus on problem areas is especially helpful when researchers have been able to pinpoint not only the general causality, but precisely what parts of a programme are problematic. Such an approach allows the government or researchers to deconstruct the delivery model into its various elements and, in so doing, make changes where necessary.

A high proportion of the population of South Africa subsists on a low income, with around 50 per cent of people living on less than US$2.50 a day, and 65 per cent on less than US$5.00 per day (Kidd et al., 2018). The well-recognized interconnectedness between poverty and disability is confirmed in South Africa by data showing that between 2007–2011, 24 per cent of the children aged 0–59 months experienced moderate or severe levels of stunting, meaning that they were below minus two standard deviations for median-height-for-age according to WHO Child Growth Standards. Thus, improving the living situation of families with children was a key intent of the South African Child Support Grant (CDG) – a means-tested grant for poor and low-income families with children – which was introduced about 20 years ago by the South African government.

Families of CWDs excluded from additional financial support

In 2018, Development Pathways conducted an in-depth analysis of South African cash transfer programmes for children. Although the payment rate of the CDG is not very high – in 2017, it was equivalent to about USD $117 per month – it contributes something towards family income. However, the CSG is for families with non-disabled children. For families with disabled children who meet the severity eligibility requirement, as well as the means test, the government provides the Care Dependency Grant (CDG). Children with a disability may be eligible for either the CDG, if their need for permanent care or support services is severe enough, or for the CSG, but not both. This design flaw, which fails to recognize the additional financial burden on a household with a disabled family member, is seen as counter-intuitive by most social protection experts. As Kidd et al. state, "The rational for this exclusion is questionable, since both schemes have different objectives: in effect, children with disabilities are being excluded from a scheme that could make an important contribution to their nutrition" (Kidd et al., 2018, p.5).

ming and onerous application process

As well as this design flaw, research carried out by Development Pathways found many blockages and obstacles related to the implementation of the application process. In contrast to the CSG, for example, where the application process is relatively simple – requiring just an affidavit to prove both income and assets – the disability-specific grant process is lengthy and complex.

To access the CDG, an applicant is required to make four visits to institutions, including undergoing two medical assessments. Firstly, the applicant needs to bring a referral letter from a medical professional to a South African Social Security Agency (SASSA) office as part of the pre-screening process. There is a particular form that the referring doctor must fill out, so the applicant may have to go to the SASSA office to pick up a copy of the form before going to the medical professional. Once the applicant has the appropriate documentation, they are given an appointment for a medical assessment by a government appointed medial officer.

Ideally, the medical assessment should take place within one month from the initial application, but Kidd et al. (2018) state that "researchers found evidence of assessments taking place up to three months after the application, due to the lack of resources." As well as inconvenient waiting times, there are additional costs incurred by the applicant, as no transport costs are covered by SASSA for attending these assessments, even if the local office fails to meet with the applicant who shows up for his/her scheduled appointment. Kidd et al. (2018) also remark that, realistically, little time is devoted to the actual medical assessment: "Overall, very little time is available for Medical Officers to assess patients: even in a scenario of a maximum 40 assessments in an 8-hour day, only around 10 minutes would be available for consultations, and that would include the time spent filling out the form" (Kidd et al., 2018, p.8). The applicant is then informed in writing within three months, if the application was successful or not. If not, the applicant has to start the process all over again.

Navigating the disability application process is therefore time-consuming, onerous and demanding for the potential service user, especially when considering that many people applying will already be dealing with additional expenses and difficulties due to their disability. Not surprisingly, the South African take-up rate, at 131,000, is exceedingly low, a fact acknowledged by the government which is actively attempting to make more people aware of the grant through more effective communications. However, knowing about the grant is one thing, being able to access it is another. As it stands, substantial barriers are impeding PWDs from accessing and benefiting from the grant.

Key findings

- Design should be inclusive and linked to the purpose or intent of the cash transfer.
- Application process should be accessible: a lengthy and complex process will be off-putting and may exclude those the grant seeks to help.
- Evaluation is key to ensuring that the process is running smoothly and having desired effect.

3.7 Conclusion

The issues around how governments can best assist families with disabled members are complicated and there are no easy answers. Families of children with disabilities have pressures that go far beyond the usual demands of parenthood, while at the same time, they need to advocate for the full inclusion of their children. Governments have a responsibility to ensure that these children are not forgotten and that their families are not pushed into poverty or further impoverished by the care needs that are as a result of the disability.

While all countries struggle to get the right mix of funding, programmes and services, some have evolved further than others in crafting viable solutions to providing for children with disabilities and their caregivers. It is hoped that the best practices and innovative approaches discussed in the five countries covered in the literature search will serve as a catalyst for the Government of Thailand to consider next steps to broadening the cash grant for children with disabilities.

What Thailand can learn from these country examples:

- All services should adhere to national standards and procedures, and all regions should be covered, but adjustments can be made to take into account added financial issues faced by specific geographic regions.
- Registration processes should be client-centred and accessible for service users – a lengthy and complex disability grant process will be off-putting and exclude those it seeks to help. There should be no costs incurred for the applicant – any travel expenses (e.g. to attend a medical examination) should be reimbursed.
- A tiered benefit system is an effective way to address the additional expenses that a more severe disability may incur. A child-responsive cash transfer for CWDs should account for the varying needs for the child at different stages of the life cycle, while regular adjustment of the benefit rate should be linked to specific measurable benchmarks (e.g. in line with inflation or consumer price index) to maintain the value of the cash transfer over time.
- Linking cash grants to support services provides a holistic approach to disability; financial support alone, while useful, is insufficient to make a real difference in the lives of PWDs and CWDs. In-kind support can benefit not only the child with a disability, but also their caregivers, especially for families with a child who has high care needs.
- The personal budget approach individualizes the care package to suit the specific needs of the PWD, empowering the PWD (and/or their carer) to take control and make choices about their care and how to spend their budget.
- The cash grant design should be inclusive and linked to a clear purpose or intent. Evaluation is key to ensuring that the process is running smoothly and having the desired effect.

4

Legal and institutional framework review

The chapter reviews the social protection legal and institutional framework with a focus on children with disabilities and disability allowances (both in-cash and in-kind support). The data for the review were derived from secondary sources such as the website of the Royal Thai Government Gazette, the Constitution of the Kingdom of Thailand, royal decrees, acts, ministerial regulations, and orders and announcements of the government including guidelines and handbooks of related ministries such as the MSDHS.

4.1 International and regional frameworks

For the past few decades, disability work in Thailand has made steady progress. In 2001, Thailand received the Franklin Delano Roosevelt International Disability Award for its continuous progress in the implementation of the United Nations' World Programme of Action concerning Disabled Persons since its inception in 1983.

Thailand is signatory to a number of international and regional frameworks which indicates the country's determination to promote an enabling environment for the rights of persons with disabilities. Significantly, children with disability are given high priority in these frameworks. The provision of social protection for persons with disabilities in Thailand has been influenced by international disability movement, especially the United Nation's Convention on the Rights of Persons with Disabilities (CRPD), as well as other regional and sub-regional frameworks that have played important roles in disability policy development.

The Convention on the Rights of the Child (CRC)

Thailand ratified the CRC in 1992. CWDs are specifically mentioned in Article 23 of the treaty, which recognizes their right to live a full and decent life and participate in their communities. In particular, Article 23 mentions the right of the disabled child to special care and assistance for which appropriate to the child's condition and to the circumstances of the parents or others caring for the child. Such assistance should be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities.

Convention on the Rights of Persons with Disabilities (CRPD)

Thailand ratified the CRPD on 29 July 2008, becoming effective on 28 August 2008. The convention is a human rights instrument which states that persons with all types of disabilities must be able to enjoy all human rights and fundamental freedoms. It clarifies how all categories of rights apply to PWDs, identifying areas where adaptations are needed for PWDs to effectively exercise their rights, as well as areas in which their rights have been violated or where the protection of rights must be reinforced.

The CRPD's main objective is to initiate a paradigm shift from a medical model to a social model of disability by changing attitudes towards persons with disabilities (see Box 1). Instead of viewing PWDs as objects of charity, medical treatment and social protection, it seeks to present persons with disabilities as rights holders who can make decisions about their own lives based on free and informed consent, as well as become active members of society.

The CRPD is significant because it recognizes the attitudinal and environmental barriers that can hinder PWDs from achieving full and effective participation in society on an equal basis with others. Of the eight guiding principles set out in Article 3 of the CRPD, the eighth specifies respect for the evolving capacities of CWDs and respect for the right of CWDs to preserve their identities. CWDs are also mentioned in Article 7, which states that all necessary measures should be taken to ensure that CWDs enjoy human rights and fundamental freedoms on an equal basis with other children. Furthermore, Article 24 (concerning education) declares that PWDs should be able to access to an inclusive education system, which does not exclude them on the basis of disability; receive reasonable accommodations towards their individual requirements; and receive support to facilitate their education which is consistent with the goal of full inclusion.

Thailand's commitment to the CRPD indicates the Government's willingness to make Thai society an inclusive and supportive one for PWDs, including CWDs.

Incheon Strategy

In 2012, the governments of the ESCAP region, together with representatives of civil society organizations, including organizations of and for persons with disabilities as well as representatives of intergovernmental organizations, development cooperation agencies and the United Nations system, gathered in Incheon, Republic of Korea, to mark the new Asian and Pacific Decade of Persons with Disabilities 2013-2022. The Incheon Strategy – to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific – builds on the CRPD and the Biwako Millennium Framework for Action and Biwako Plus Five towards

BOX 1

MEDICAL AND SOCIAL MODELS OF DISABILITY

Medical model of disability: Under the medical model, disability is seen as an impairment or difference which needs to be 'fixed' or changed. By focusing on what is 'wrong' with the person, rather than look at adjustments that would enable the PWD to overcome barriers, the medical model leads to disabled people experiencing a loss of choice and control over their own lives.

Social model of disability: This model identifies and removes the barriers (physical or attitudinal) that impact and restrict the choices of disabled people. It identifies barriers in society as the cause of disability and seeks to re-design aspects of society to be inclusive towards disability. This empowers people with disabilities, enabling them to engage with the world around them and access the same opportunities as others.

an inclusive, barrier-free and rights-based society for PWDs in Asia and the Pacific. It consists of 10 goals, 27 targets and 62 indicators.

In keeping with the SDG Goal 1 to 'end poverty in all its forms everywhere', Goal 4 of the Incheon strategy is to 'Strengthen social protection', while CWDs are mentioned specifically in Goal 5, which aims to expand early intervention and education of children with disabilities (see Box 2).

Early intervention and educational of CWDs

There has been relative neglect of the issue of developmental delays and disabilities among children, many of whom are the children of families living in poverty. In much of the Asia-Pacific region, a disproportionate number of children with disabilities have no access to early intervention and education programmes. Early detection of delays in reaching developmental milestones is as important as regularly measuring the height and weight of infants and children. Following early detection of delay in reaching developmental milestones, it is necessary to provide prompt and appropriate responses to optimize the all-round development of children. Such early intervention responses relate to stimulation, nurturing and care, and pre-school education. Investing in early childhood programmes yields higher returns than at subsequent levels of education and training. Government commitment to early childhood programmes can significantly improve development outcomes. Furthermore, it is essential for governments to ensure that CWDs have access to quality primary and secondary education, on an equitable basis with others in their communities. This process includes engaging families as partners in providing more effective support for children with disabilities.

Bali Declaration on the Enhancement of the Role and Participation of Persons with Disabilities (2011) in ASEAN Community and Mobilization Framework of the ASEAN Decade of Person with Disabilities (2011–2020)

At the 19th ASEAN Summit held in Bali Indonesia on 17 November 2011, representatives of ASEAN Member States proclaimed the ASEAN Decade of Persons with Disabilities (2011-2020) to promote equal rights and opportunities of persons with disabilities in all spheres of ASEAN society.

In line with disability-related documents, particularly the CRPD, the Bali Declaration highlights fifteen major priority areas. The Decade aims to promote implementation of disability initiatives by utilizing existing mechanisms and bodies to enhance the quality of life and development of PWDs in ASEAN. The Bali Declaration emphasises services and supporting programmes to meet the needs of persons with all types of disabilities.

BOX 2

INCHEON STRATEGY

Goal 4: Strengthen social protection

Target 4.A: Increase access to all health services, including rehabilitation, for all persons with disabilities

Target 4.B: Increase coverage of persons with disabilities within social protection programmes

Target 4.C: Enhance services and programmes, including for personal assistance and peer counselling, that support persons with disabilities, especially those with multiple, extensive and diverse disabilities, in living independently in the community

Goal 5: Expand early intervention and education of CWDs

Target 5.A: Enhance measures for early detection of, and intervention for, children with disabilities from birth to pre-school age.

Target 5.B: Halve the gap between children with disabilities and children

without disabilities in enrolment rates for primary and secondary education.

The rights of children with disabilities are mentioned in Priority Area 9 (see Box 3):

BOX 3

BALI DECLARATION

Priority Area 9: Children with Disabilities

- Ensure that children with disabilities are provided with disability and age appropriate programmes/ services.
- Ensure that all actions concerning children with disabilities, in the best interests of children, will be a primary consideration.
- Ensure inclusion of children with disabilities in ASEAN's existing programmes/ initiatives for children, such as ASEAN Children's Forum (ACF), and address issues relating to CWDs in ASEAN's related bodies.

ASEAN Enabling Masterplan 2025: Mainstreaming the Rights of PWDs

On November 15, 2018, heads of state attending the 33rd ASEAN Summit in Singapore signed the ASEAN Enabling Masterplan 2025: Mainstreaming the Rights of Persons with Disabilities. This masterplan constitutes ASEAN's first regional action plan for mainstreaming the rights of PWDs in all aspects of its new regional development agenda.

The overall goal of the Enabling Masterplan is to contribute to the enhancement of the implementation of the CRPD at regional level, building an inclusive community where independence, freedom of choice, and full and effective participation of persons with disabilities in all areas of life are realized and sustained. The Enabling Masterplan aims to achieve equality and high quality of life for persons with disabilities, their families, personal assistants and caregivers, where applicable.

The Masterplan serves as a tool for stakeholders at all levels, including ASEAN officials, national governments, and DPOs for ensuring that key elements of the CRPD and regional disability rights documents, such as the ASEAN Vision 2025 Blueprints and Mobilization Framework, are put into practice, supporting disability-inclusive participation in political and economic life, society and culture, and the environment. Children with disabilities are mentioned in ASCC 6 which introduces upstream health and welfare policies and laws, and mainstreams a human rights-based approach for persons with disabilities, particularly women and children with disabilities, to ensure equitable, accessible, and comprehensive quality health care, addressing the challenges and needs of persons with different types of disabilities and affordable rehabilitation programmes in all ASEAN member states.

The ASEAN Enabling Masterplan 2025 is guided by the underlying principle that for all actions concerning persons with disabilities, their interests and needs must be taken into consideration, acknowledging that inclusion and mainstreaming should be promoted. As ASEAN is aiming at embedding sustainable development in line with the SDGs, the Enabling Masterplan serves as a key instrument in steering policies and programmes to be inclusive for PWDs.

4.2 National and legal frameworks

Disability registration was first introduced in Thailand in 1991 as a result of the enactment of the Rehabilitation of Persons with Disabilities Act (B.E. 2534). In 2007, the Persons with Disabilities Empowerment Act B.E. 2550 was deemed the first rights-based disability-specific law which stipulates under Section 20 that PWDs have the rights to access and utilize public facilities and services including medical care, education, employment, disability allowance, sign language interpreters, personal assistants, home modification, information accessibility, and assistive technology.

The rights of CWDs are guaranteed under the legal frameworks and policies shown in Table 2, which are the principles of domestic laws and policies of Thailand ensuring the Kingdom has a strong and enabling environment for PWDs to access their rights.

Table 2: Summary of laws and policies relating to rights and welfare of CWDs in Thailand

Law/Policy	Year	Target Group	Social welfare support	
			Monetary support	Non-monetary support
Persons with Disabilities Empowerment Act	2007, 2013	Any person with disabilities, including children	Disability allowance of THB 800 per month (for registered persons with disabilities)	• Rehabilitation services • Educational assistance • Sign language interpreter service • Assistive devices/service animals (service fee exemption) • Personal assistants • Housing welfare
		Personal assistant/ caregiver for PWD	Loan for self-employment, not more than THB 60,000	• Service fee reduction • Tax reduction • Consulting services, skills training, education skills, career promotion and employment
National Child and Youth Development Promotion Act	2007	Children and youth with disabilities		• Special education provided by the state • Public health services
Child Protection Act	2003	Children with disabilities/ families	Financial support for welfare and protection (in accordance with the budget from Child Protection Fund)	-
Persons with Disabilities Education Act	2008	Children/persons with disabilities	-	• Free education from birth or when identified disabled for life • Education services based on special needs
National Health Security Act	2002	Children/persons with disabilities	-	• Universal Health Coverage Gold Card (T.74) • Free community-based rehabilitation (CBR)
National Health Act	2007	Children/persons with Disabilities	-	• Right to a healthy environment • Health promotion for children/persons with disabilities and people with specific health conditions

Thailand's 20-Year National Strategy (2018-2037)

The National Strategy (2018-2037) is the country's first national long-term strategy developed pursuant to the Constitution of the Kingdom of Thailand B.E. 2560 (2017). The strategy focuses on people-centred development to create better quality of life and healthier living conditions for Thai people. It aims to develop quality citizens who are knowledgeable, skilful, creative, with positive attitudes and a sense of social responsibility, morality and ethics. Under the National Strategy, there are development master plans and strategic issues. Strategic Issue 17 mentions that the inclusive development of equality and social security is essential to guarantee equal opportunities for people of all ages and genders, in order to reduce the gap in social protection and access to rights for the underprivileged and vulnerable groups, including PWDs. However, there is no mention of special relevance for CWDs.

The Fifth National Plan on the Empowerment of Persons with Disabilities B.E. 2560-2564 (2017-2021 A.D.)

According to the Cabinet Resolution of 7 March 2017, the Fifth National Plan on the Empowerment of Persons with Disabilities B.E. 2560-2564 was approved with the MSDHS as the focal point for the implementation of the plan, with cooperation from related ministries and stakeholders. The Secretariat of the Cabinet proposed the Plan to the National Strategic Committee in order to integrate disability issues into the 20-Year National Strategy based on the vision to "make the rights real" for PWDs towards independent living in a sustainable, inclusive society.

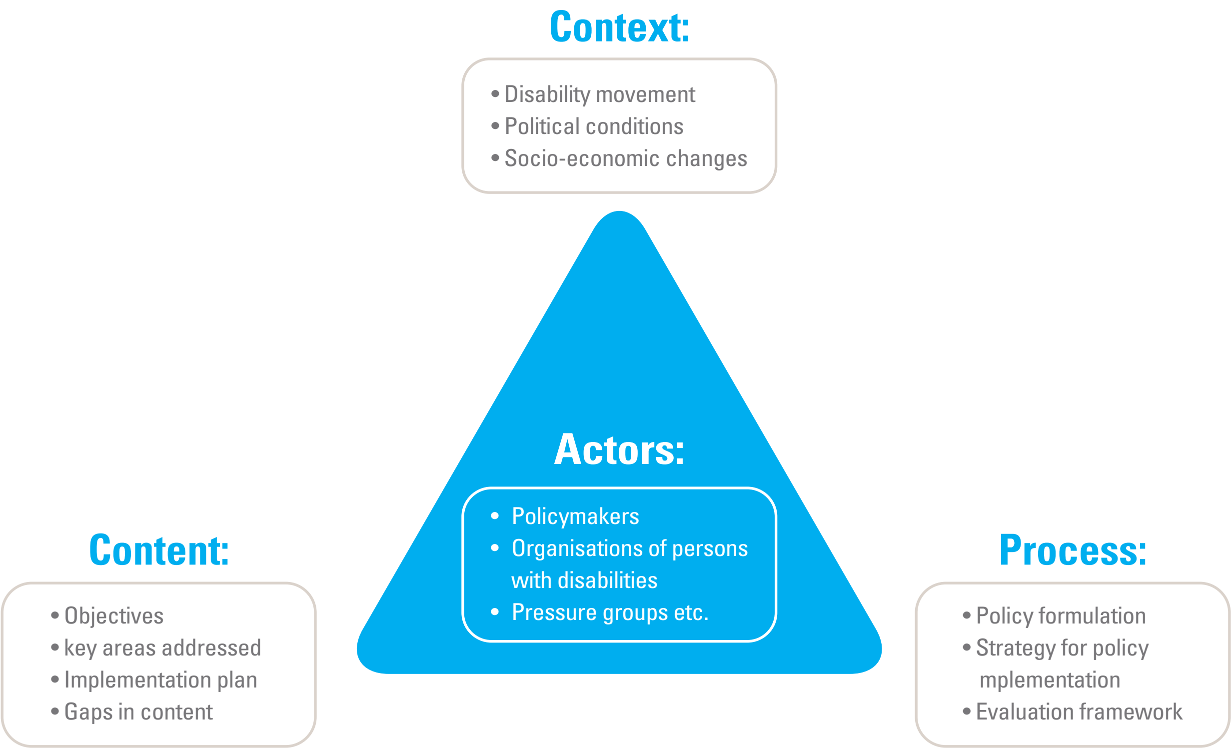
The Fifth National Plan on the Empowerment of Persons with Disabilities B.E. 2560-2564 has six goals as follows:

1. PWDs and caregivers can access and enjoy their rights, social welfare and services, facilities, transportation, information, rights promotion and protection and elimination of all forms of discrimination against PWDs;
2. Disabled People's Organizations (DPOs), disability leaders and networks are empowered and can promote and protect the rights of persons with disabilities;
3. Reform of disability policies, laws and steering mechanism for efficient, international and up-to-date development;
4. Promotion of positive attitudes towards disabilities and PWDs. To become an inclusive and sustainable society, discrimination against PWDs shall be eliminated and the gap shall be narrowed;
5. PWDs can access and use physical environment, transportation, services, education, information, information technology, innovation, assistive technology and reasonable accommodation;
6. Public and private sectors, networks and stakeholders cooperate and utilize resources for the implementation of disability policies and plans.

4.3 Policy triangle framework review

The Policy Triangle Framework of Walt and Gibson (1994) was used to review the conceptual framework[10] underpinning Thailand's disability grant (see Figure 3).

Figure 3: The Policy Triangle Framework of Walt and Gibson (1994)



Source: Adapted from Shumba and Moodley (2018)

From the review of the legal and institutional framework relating to the disability grant, the findings can be conceptualized under the Conceptual Framework on Context, Content, Actors and Process as follows:

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[10] Please see Appendix 7 for more information.

Context

The study found that legal and policy frameworks on disability in Thailand – such as the Rehabilitation of Disabled Persons Act B.E. 2534 (1991) – were initially developed according to the medical approach to disability, with an emphasis on medical rehabilitation. More recently, however, policy has shifted to reflect the change in attitude towards disability from a medical to a social approach. For example, the 2007 Persons with Disabilities Empowerment Act and its revision in 2013, both of which are based on the social approach, emphasize a rights-based, inclusive society which aims to empower the person with disabilities.

The rights of PWDs, including CWDs, are guaranteed and promoted. Social support (both in-kind and in-cash) provided includes the right to education, public health, rehabilitation, and assistive devices.

Disability development in Thailand is in accordance with the international, regional and sub-regional frameworks. As Thailand is a state party of the UNCRPD, it has to submit country reports to the CRPD Committee. This can be a catalyst for the implementation of CRPD and other policies and frameworks and can be one of the mechanisms for consistent self-monitoring and evaluation.

Content

The rights and social protection of children and youth are guaranteed in various laws. The rights of children with disabilities are specifically guaranteed in two main disabilities laws: the Persons with Disabilities Empowerment Act B.E. 2550 and its revision (Vol. 2) B.E. 2556, and the Persons with Disabilities Education Act B.E. 2551 (2008). These laws aim to create an inclusive society that guarantees the rights of PWDs in all aspects: medical and health care, educational, vocational and social aspects, and disability allowances to protect the rights of persons with disabilities and families. The Persons with Disabilities Education Act B.E. 2551 (2008) emphasizes the rights of CWDs to access education at all levels on an equal basis with others, to receive support for their education from birth or as soon as the disability is identified. Aside from laws and regulations, Thailand also has mechanisms to follow up and monitor the implementation of the existing laws and policies related to PWDs in all dimensions.

Actors

To implement legal and policy frameworks on disabilities, various ministries are involved but the focal point of disability work in Thailand is the DEP under the MSDHS. The focal point works closely with other relevant ministries such as the Ministry of Public Health (for health care services) and the Ministry of Education (for education of persons with disabilities). With regards to the disability allowance, three main ministries are involved: the Ministry of Public Health (for the issuance of a disability certificate), the MSDHS (for the issuance of a disability I.D. card) and the Ministry of the Interior through local administrative offices (for the distribution of the disability allowance).

For other kinds of support and services such as employment promotion, access to public transportation and services, environmental access, information access and access to social, cultural and recreational activities, the authorities in charge of each aspect are mentioned in the 5th National Plan on Empowerment of Persons with Disabilities. The implementation of the Plan is monitored by the National Committee on the Empowerment of Persons with Disabilities chaired by the Prime Minister.

Process

The study found that laws and policies in Thailand are up-to-date and can keep up with the dynamic, changing world, especially regarding disability development, at the national, sub-regional, regional, national and global levels. The Rehabilitation of Disabled Persons Act was repealed by the Persons with Disabilities Empowerment Act, which focuses on equal access to the rights of persons with disabilities under the concept of an inclusive society that "leaves no one behind." Domestic laws, policies, plans and strategies are in accordance with the CRPD, with effective follow-up and monitoring mechanisms.

The main actors of the implementation of laws and policies in Thailand consist of the DEP, which is the focal point for disability work in Thailand; the MSDHS; and other relevant departments and ministries including the National Committee on the Empowerment of Persons with Disabilities. However, PWDs, including CWDs, families and caregivers are also important actors. They are key informants on disability issues, especially disability allowances, its implementation and the problems encountered in the process (from getting disability certificate to getting disability allowances). However, the implementation of disability policies is slowed by a non-inclusive approach in which the ministries work independently. Therefore, there should be more cooperation among the government agencies and disability organizations and networks in order to avoid vertical silos and to improve outcomes for PWDs.

4.4 Conclusion

Thailand's disability domestic laws and policies align with international and regional frameworks. Thailand has made good progress and firm commitments which can now be strengthened by practical changes based on gaps identified in this report. Despite this underlying legal and policy framework, more needs to be done to ensure that the rights of PWDs, especially children, are met in practice. As CWDs are not specifically mentioned in some legislation, they are still unable to fully enjoy their rights on an equal basis with their peers, and face difficulties and discrimination on the grounds of age as well as disability. Disability laws and policies in Thailand should be more sensitive to the disadvantages faced by CWDs to ensure that their rights are fully guaranteed.

Lastly, there is a need for an effective mechanism to follow up and monitor the implementation of laws and policies relating to PWDs.

5

Findings from Field Data Collection

This chapter discusses the findings from the survey, focus groups and in-depth interviews conducted (see also Appendix 8).

5.1 Organization Structure

5.1.1 Organizations and agencies implementing the disability grant programme

The three main institutional bodies concerned with implementing the disability grant programme are the Ministry of Public Health, the Ministry of Social Development and Human Security (MSDHS), and the Ministry of Interior. The Department of Empowerment of Persons with Disabilities (DEP) under the MSDHS assumes its major role in examining the access to the rights and benefits of PWDs, providing advice and assistance to enable PWDs to access and utilize facilities, welfare and other assistance according to their individual needs as prescribed under the Persons with Disabilities Empowerment Act B.E. 2551 (2007) and its Revision (Vol. 2) B.E. 2556 in 2013.

The national disability grant policy is formulated mostly by central government. After the official adoption of the policy, the implementation process flows from central to provincial and local level through written regulations/guidelines which are announced/circulated. Regarding the disability allowance, local governments abide by Ministerial Regulations issued by the Ministry of Interior, regarding Criteria in the Payment of the Disability Allowance (Vol. 2) B.E. 2559 (2016). These regulations state that PWDs who carry disability I.D. cards can register for the disability allowance at local administrative offices where they reside, or at other places as determined by the local administrative offices. If a person with disabilities moves to another province, they must register with their new local administrative office. Every January local administrative offices must submit a list of names of PWDs in their areas to the Department of Local Administration for budget plans and allocation. These regulations provide the overall guidance for policy implementation to all related agencies. However, because the three line ministries are distinct with their own supervisory line and protocol, structural factors contribute to problems in policy implementation.

5.1.2 Congruency among implementing stakeholders

Use of diagnostic manual by doctors and frontline staff

Although these three line ministries have a common mission in promoting the well-being and rights of PWDs, there are some incongruities between the different implementing agencies in practice. In terms of issuing medical certificates proving a person's disability, licensed medical doctors conduct a disability assessment using regular medical diagnostic protocol along with the diagnostic manual developed by the DEP, as the disability focal point, in partnership with Sirindhorn National Medical Rehabilitation Institute (SNMRI) and the Ministry of Public Health (MOPH) on types and criteria of disabilities. The manual is designed to be used by medical doctors and staff to strengthen their understanding of disability and aide their assessments so that the person with a disability can use an issued medical certificate as a proof of disability to register for a disability I.D. card. When the diagnosis is completed and if the person qualifies for disability status, a medical certificate proving the disability is issued. PWDs can then take their medical certificate to the provincial MSDHS office to register and receive their disability I.D. card. However, focus group discussions uncovered that PWDs issued with a medical certificate were sometimes denied disability registration at the provincial MSDHS office. Qualitative data revealed that frontline workers at the disability registration desk sometimes make justifications on whether the disability card should be issued even though the disability certificate and all other required documents are in place. This was reiterated in focus-group discussions with parents of unregistered and registered CWDs as well as by frontline workers themselves.

> *"In my case, the central (DEP) said that if a medical certificate is given, all of the cards will be given, which in reality it's not…" (FGD-MSDHS-Central)*

The manual is designed to be used by medical doctors and staff to strengthen their understanding of disability and aid their assessments. Findings suggest, however, that frontline workers at the PSDHS registration desk – who are expected to use the manual to check the completeness of the document needed for registration – may be overstepping their duties, highlighting that the roles and responsibilities regarding issuance of the disability certificate require clarification. In extreme instances, the study found that frontline workers at disability service centres overruled doctor decisions on certification or asked the PWD to return to the hospital for re-evaluation.

> *"If the doctor checks for blindness and doesn't specify anything, then persons with disabilities were advised to go to the medical doctor again to check the good side… not checking the bad side to see if it is clear…there was a way that we asked them to catch a glass of water…button the shirt" (FGD-MSDHS-Central)*

Focus group discussions with provincial MSDHS frontline workers revealed that the validity of the disability certificate was at times questioned when it was issued by social workers, rather than medical doctors, and some frontline workers also reported overruling doctor assessments if they felt that the doctor in question was not a specialist, for example in mental health.

> *"…sometimes a medical certificate proving mental disability was issued by an internal-medicine doctor…we didn't accept…we knew the schedule of the specialist in the hospitals in the areas… for mental disability, the internal-medicine doctor could not issue the certificate." (FGD-MSDHS-Central)*

However, reflections gained from in-depth interviews with medical doctors regarding evaluating and certifying disability revealed different perspectives. Medical doctors were aware that all licensed doctors are qualified to certify disability, and that they are entitled to make a diagnosis on disability even when not specialized in a particular area.

> *Actually any doctor can certify (a disability certificate), but if the doctor is not sure, the doctor will refer to the specialist... a doctor who has a professional certificate is able to certify because he would consider it in accordance with the rules contained in the handbook regarding the issue of a certificate of disability…" (In-depth-Doctor-South)*
>
> *There are specialists e.g. paediatrician, and child and adolescent psychiatrist; however, all medical doctors are able to certify disability certificate when absolute diagnosis made …when doctors issue medical certificate, they are responsible for their medical licenses. (In-depth-Doctor-North)*

Overall, then, the data reveals discrepancies between the understanding of doctors and frontline staff at the PSDHS registration desks regarding their designated roles and responsibilities, use of the manual, and the primacy of the doctor's decision regarding disability certification.

5.1.3 Staff and manpower for implementing policy

Although medical doctors are the key professional group issuing medical certificates, due to their heavy workload they often work with other health professionals, such as psychologists and social workers, to carry out disability assessments.[11] During an in-depth interview, one doctor stated that the main duty of the medical doctor is provide treatment for patients, implying that the issuing of a disability certificate is an additional duty which the doctor needs to perform.

> *"There are two main professions other than doctors who work in assessing or disability certification: psychologists and social workers. Psychologists help with testing to confirm results, and social workers help with advice and assessment of social problems, whether the patient has a real problem or not... such as how the child is developing, or how long the problem has been occurring. Social workers look at the history… and the psychologist will confirm the diagnosis that the IQ test is low." (In-depth-Doctor-Northeast)*

All doctors interviewed for the study reported receiving training on evaluating and certifying disability. A three-day postgraduate training on certifying disability is provided annually or biannually by SNMRI. This training targets health professionals working in hospitals who support referral for medical evaluation, focusing on the guidelines for the assessment of disability.

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[11] In 2019, the proportion of medical doctors to population was 1:1,1771 (NSO, 2019).

Information gained from focus group discussions revealed that due to limited staff numbers, the organizational culture of provincial MSDHS offices expects staff to cover multiple roles when needed. It was reported that sometimes lawyers or even drivers had to help with disability registration. This reflects that there is an insufficient amount of trained and qualified officials to conduct disability registration duties.

> *"The driver came to learn. There are a lot of industries and people with disabilities in my province so sometimes it cannot be done in due course. In order to facilitate, the driver came to check the documents before sending me. I can key in the data straight away and the card was issued" (FGD-MSDHS-Central).*

For registration of the disability grant, the work is mostly under the department of social welfare of each local government. Social workers or social development officers are responsible for disability grant registration. From focus group discussion, it was reported that normally there is a formal assignment for disability grant registration. However, as in the provincial MSDSH offices, staff roles tend to include multiple duties. As all registered PWDs are entitled to the disability grant, frontline workers face less complications in terms of eligibility justification as long as a valid disability card is presented. Local government staff mainly check whether the applicant's residency record is in their area using the MOI database.

5.2 Organization Process

5.2.1 Communication of policies and programmes to practice levels

The implementation process is primarily top-down, flowing from central government to local level through formal communication such as regulation, order, or guidelines/manual.

Focus group discussions revealed that practitioners at the provincial level sometimes raised issues regarding implementation of the disability grant policy, but that the problems identified had not been resolved (FGD-MSDHS-Central). Frontline staff of all three line ministries reported an unclear understanding about the roles and protocol of other agencies.

> *"I would like all concerned agencies to gain clarity regarding the provision of services for persons with disabilities. Whether the rules for issuing disabled cards, criteria for receiving disability grant, etc… for all related agencies to have the same understanding. Today we work in separate parts but actually I want every agency to work holistically" (FGD-MSDHS-Central)*

Field data collection found that representatives from the respective MSDHS agencies (normally the head of the agency and/or respective staff) at provincial or local levels are invited for policy briefings to make sure they understand the policy. However, other informal channels of communication (such as LINE application) are also used between policy and practice levels, which allow faster and more interactive exchange among those involved. Regulations and official internal memos are also circulated through this mechanism. Staff noted that the mixture of formal and informal communication channels from policy to practice levels sometimes resulted in a lack of clarity regarding practical understanding of new policies.

> *"We accept the policy and know what we need to do, what the hospitals need to do, and what the local government needs to do… but in practice it is different…each agency has a different understanding, and this sometimes causes conflict in working." (FGD-MSDHS-Central).*

According to the Department of Local Administration, Ministry of Interior, there are currently 7,852 local administrative offices throughout Thailand. Due to this large number, communication between central administration to agencies at local level is mostly via written communication.

5.2.2 Difficulties faced by implementing officials and resolution

As the implementation of disability grant policy is in accordance with related laws and regulations, practitioners mainly refer to those documents. Since the commencement of disability grant policy, related regulations – such as the Criteria in the Payment of the Disability Allowance (Vol. 2) B.E. 2559 (2016) – have been revised continuously.

Due to an organizational structure which encourages vertical silos in administration and implementation, when problems arise among local government staff, staff tend to consult the provincial office for local administration rather than consult the MSDHS or DEP directly. If they are unsure then they will consult the Department of Local Administrative Development. This is because the disability grant is decentralized to local government.

5.2.3 Mechanisms used to deal with problems faced by the frontline service providers

Frontline service providers identified justification on whether or not persons with disabilities are qualified for disability entitlement as a frequent challenge experienced in their work. The on-site mechanism for addressing this issue was through seeking direction and solution from supervisory officers in high positions. At the PSDHS, the disability registration unit is within the Disability Service Centre, structured by the centre's director and other staff such as social workers, social development officers, and lawyers. The centre's director also has supervision of the Provincial Social Development and Human Security (Por-Mor-Jor). Therefore, when problems are found, staff are drawn to consult with higher level officials or supervisors.

> *"If we couldn't solve the problem, the director and the lawyer would help to mediate the problem…we would look up the regulations and the Director would have the final decision." (FGD-MSDHS-Central)*

However, across all interviews, focus group discussions and desk review, there was no specific indicator or a follow up on evaluation of the disability grant. This is a missing component that requires attention.

5.2.4 Resources mobilized at all levels to support effective implementation

The study found that Disabled People Organizations (DPOs) play an important role in promoting access to the rights of persons with disabilities and families. DPOs support PWDs and their families in all stages of the disability registration process: getting a disability certificate, getting a disability ID card, and registering to receive the disability allowance. They also support PWDs to access health services, education, vocational training, and employment promotion (including self-employment).

DPOs also provide peer support at the national and local levels through national associations and self-help groups for PWDs. Self-help groups tend to work as a link between government and persons with disabilities. Members of DPOs also provide peer support as they have had similar experiences. For example, some parents find it difficult to accept that their children have disabilities, but talking with other parents helps to encourage a more positive attitude towards disabilities. Parent groups also play important roles in identifying children with disabilities in the community. For associations for persons with autism, most members are children and parents (mostly mothers). Strong support groups exist among families of children with autism.

Advocacy is another important role of DPOs. Their role is to guarantee that PWDs in their communities receive their rights on an equal basis and with the same standards that others enjoy.

Focus group discussions mentioned an advocacy success resulting in policy change. In the past, after applying for disability allowance, persons with disabilities had to wait for new fiscal year to receive the disability allowance. DPOs conveyed these complaints to the DEP and, as a result, the policy was changed.

In focus group discussions, participants reiterated the need for Disabilities Thailand (DTH) – an umbrella organization of persons with disabilities – to organize meetings in other provinces in addition to Bangkok so that they can be informed about the challenges faced by PWDs in rural areas.

5.2.5 Effective management system

When the disability grant policy was first introduced, and before the disability database was fully operational, there was a problem with multiple disability grant payments being made when PWDs moved to other regions/municipalities without notifying the former local government office of their change of address. The current Act addresses this issue such that PWDs who move to another province must register with their new local administrative office. After checking with the former local administrative office, the new local administrative officer can then proceed with the disability allowance payments. Therefore, especially at local government level, a reliable and up-to-date disability database allows for effective implementation of the disability grant programme.

> *"If you enter the 13-digit ID card, information will jump up. The database shows if a person with a disability is registered with another local authority. It must be in the domicile area according to the disability card. The areas will coordinate with other local governments to check if the person with disabilities have moved." (FGD-Local Gov.-South).*

However, a unified disability database that shares information about whether a person receives a disability certificate, a disability card, disability grant is not yet available. Combined/synchronized databases linked to the national ID card programme would help to ensure ease of sharing information among government agencies, improving case management, and offering insights which could inform long-term social protection planning.

> *"I think that there should be improvements in technology, like to check if the person has a doctor's certificate and receives a disability allowance…We can set limitations for local government or hospitals in accessing to the data. Right now, MSDHS links with MOI. If the data is linked, there would be less problems." (FGD-MSDHS-Central)*

5.2.6 Availability of client-friendly systems/processes

According to the Persons with Disabilities Empowerment Act, assistive technology should be made available at service centres. However, although sign language interpretation is one of the social welfare services that can be requested by registered persons with disabilities, availability of sign language interpretation remains limited. In a focus group discussion, one local government worker shared the problems faced when seeking available resources to support PWDs.

> *"We have problems communicating with persons who are deaf and children or disabled people with communication disabilities. The municipality has written a letter to the Ministry of ICT to request a TTRS to be installed at the service area from the first floor, to reduce the communication gap." (FGD-Local-Central)*

In one instance during fieldwork, an unregistered CWD with low vision (which can be corrected by wearing eyeglasses) and attention deficit disorder living in the northeast region shared an experience about multiple referrals for diagnosis by specialists. Communication with the child and family was conducted informally via shot memos and sticky notes with little in the name of documentation. This was indicative of the information and referral system, suggesting that there are no formal records and follow up mechanism. Therefore, applicants are not empowered to keep track of the process and the decisions made.

5.3 Programme performance

5.3.1 Overall satisfaction of beneficiaries of disability grant

Review of process to gain a medical certificate

The performance of the application for the medical certificate was evaluated as good by the family of registered CWDs. The survey results revealed that most of the children (51.2 per cent) applied for medical certificates for disability between the ages of 0–4, while 28.8 per cent applied between the ages of 5–9. Most (94.7 per cent) were issued medical certificates without rejection, while 5.3 per cent reported that they had previously been rejected. The persons who took the children to apply for medical certificates were mostly biological parents (93.6 per cent) and relatives (72.4 per cent). Most applicants (96.3 per cent) went to public hospitals to gain certification, and expenses related to the application for medical certificates were mostly for transportation (98.5 per cent). The average amount spent on transportation was THB 1,585 per person. A total of 77.8 per cent of survey respondents received a medical certificate within one day. For those who did not receive a medical certificate within one day, the main reasons were either that the child's disability was "complicated" (45.1 per cent) or that "no specialized doctors" were available (27.5 per cent). This reflects the need for a comprehensive diagnosis and referral system to be put in place to meet the needs of those with less obvious disabilities.

Most families of CWDs received support from officials during the application process (87.4 per cent). The support they got included "explaining the process" (88.6 per cent) and "filling out the forms" (80.1 per cent). The information provided by officials was mostly about the rights of children with disabilities (69.3 per cent), including information on basic rights as prescribed by law (78.4 per cent) and health care services (69 per cent).

> *After giving birth the doctor said that the baby had abnormalities. Then nurses recommend many things whether physical therapy, registration of a disability card, disability grant, and other benefits... They suggest to do it all…very easy...very convenient. (FGD-Registered-South)*

Every part of the medical certificate application process was rated "good" by most respondents. Most (34.3 per cent) defined the process as "Just like contacting other government offices", while 28.2 per cent thought the process was very systematic. The average score for the overall process of medical certificate application was 3.7 (out of 5), meaning respondents thought the process was generally systematic and convenient.

Review of process to receive disability I.D. card (disability registration)

Most children (55.3 per cent) applied for disability I.D. cards between the ages of 0–4, while 32.9 per cent applied between the ages of 5–9. Most families (76 per cent) went to a sub-district administrative office (SAO) to apply for a disability I.D. card. A total of 55.6 per cent of respondents reported some expenses related to the application for disability ID cards, the majority of which were for transportation (98.2 per cent). The average amount spent on transportation was THB 312 per person.

A total of 71.3 per cent of the respondents received a disability I.D. card within one day. For those who did not receive the I.D. card within one day, 34 per cent stated that it was because government staff submitted the documents for them, while 17.9 per cent said it was due to "complicated process" (17.9 per cent). Most respondents received information about the application for disability I.D. cards from hospitals (72 per cent) and local administrative offices such as a municipal office or SAO (23.9 per cent).

When asked whether they got support from officials, most respondents (86.6 per cent) said yes. Support included "explaining the process" (87.6 per cent) and "filling out the forms" (80 per cent). The information given by officials was mostly about the rights of children with disabilities (72.8 per cent), including basic rights as prescribed by law (80.1 per cent) and rights relating to child welfare (65.7 per cent). Every part of the disability I.D. card application process was rated "good" by most respondents, with 35.7 per cent of respondents rating the process "systematic and convenient", while 31.3 per cent thought it was "just like contacting other government offices". The average score on the overall process of medical certificate application was 3.9 (out of 5), meaning respondents thought the process was systematic and convenient.

Review of application for disability grant

PWDs with a disability I.D. card can register for the disability grant at local administrative offices where they reside, or at other places as determined by the local administrative offices.

In total, 98.3 per cent of survey respondents received the disability allowance. Most of them received the disability allowance within one month (54.2 per cent) while 45.8 per cent said it took more than one month to start receiving the grant. For those who did not receive the grant within one month, most of them (27.5 per cent) said they did not receive a back payment. For payment methods, 80.6 per cent of respondents received the disability grant via bank account transfer, while 9.4 per cent received it from mobile units provided by local administrative offices. Most respondents (99.8 per cent) receives the full amount of disability allowance (THB 800) every month. When the parents encounter any problem, they usually turn to other parents of children with disabilities to get advice or to exchange experiences.

> *"The SAO staff come to our houses and give the disability allowance to us directly. In some villages, we have to go to the village hall in the community. We just bring our children there. If the children are not available or cannot go there, the caregiver can go on their behalf." (FGD-registered-Northeast)*

The disability allowance payments were mostly transferred to any bank; however, it was found that in some areas, only certain banks are allowed, so parents were advised by local administrative staff to open an account with certain banks. The focus group discussion found that parents of CWDs paid some annual fees which vary across banks. In some areas, the allowance is paid in cash by local governments. This is either delivered to the homes of PWDs, or recipients are asked to come to mobile units where different kinds of benefits (disability allowance, senior citizen allowance) are paid at the same time once a month. In this way, persons who receive the disability grant do not have to spend travel costs to access their money as the mobile units are near to their home.

Disability card renewal process

Currently, a disability I.D. card is valid for eight years, except for a card issued to someone over 60 years old or someone with a visible impairment, in which case the person can continue using the card for life even though the card has expired. In general, when the card reaches expiration, either the person with disabilities or the person stated in Article 7 of the Act can request a new card to be issued within thirty days before the card expires. However, there is a list of required documentation for disability card renewal, especially the I.D. card and medical certificate proving one's disability. In general, PWDs are not sufficiently well-informed about the renewal process, which may cause distress and arguments. Focus group discussions also revealed that some PWDs were given incorrect advice by officials, such as that the disability I.D. card or driver's license can be used interchangeably (FGD-MSDHS-Northeast). Therefore, more clear information and guidelines on the renewal process should be disseminated to PWDs and their families to ensure a smooth renewal process.

5.3.2 Use and sufficiency of disability grant

The information gained from both quantitative and qualitative methods was consistent in showing that the disability allowance did not cover the costs associated with the needs of CWDs. These diverse needs come with various associated costs, and adjustments may be required to respond to their specific situation at different times in their lives. Parents of registered CWDs expressed enthusiasm for a more responsive disability grant system. During interviews, parents proposed different models of disability grant, such as a tiered grant to reflect the level of impairment, an income compensation programme for carers, or indexing the grant with the minimum wage.

> *"Children with different types and severity of disabilities should get different amounts. It should be considered case by case, based on individual needs." (FGD-registered-Central)*

Work situation of families of registered CWDs

Of the families surveyed, 56.8 per cent of family members were currently working, while 43.2 per cent were unemployed. Of those employed, 32.2% were entrepreneurs; 30.6% were general labourers and 29.2% were private-sector employees. Households received income from various sources, mostly from work (64.5 per cent) and financial support from the government (28.4 per cent). The average income from work was THB 11,107.7 per month while the average financial support from the government was THB 569.4 per month and the average financial support from non-family members was THB 4,163.7 per month. Very few reported getting financial support from a non-family member (3.5 per cent), monthly retirement pension (2.8 per cent), compensation from work (0.3 per cent) or property rent (0.3 per cent).

Most parents who participated in an in-depth interview reported having to give up work to stay home and become full-time caregivers for their children. Regarding level of difficulty in activities of daily living (ADL), 41 per cent of children surveyed had some difficulty, meaning they could do most activities by themselves, while 24.2 per cent have much difficulty, meaning they needed support in most activities, and 19.7% could not do activities by themselves and needed support in all activities. Reflecting the reality faced by many families of CWDs, parents noted that due to the needs of children and the associated cost of care, most families opt to have a family member give up work to provide full time care for the CWD.

> *"This amount is considered compensation for parents who resign from work to take care of their children. We can't work because we have to take care of our children." (FGD-registered-South)*

What the disability grant is spent on

The survey revealed that most respondents (80.8 per cent) used the disability allowance for food and milk, while 47.2 per cent said it was spent on general household expenses and 39.6 per cent said it was spent on expenses related to education. Qualitative data from the in-depth interviews and focus group discussions broadly agreed that the disability allowance was mostly spent on food, supplementary foods and milk, while diapers, transportation to school or hospitals/rehabilitation centres, school fees and savings for the children were also mentioned.

Household expenditure and additional costs for CWDs

The survey findings revealed that the average monthly income was THB 8,784.7 per month, while the average monthly expense was almost twice as much, at THB 15,190.2. The top three household expenses were food, vehicle instalments and house rent, with the average amounts of THB 7,432.5, THB 5,472.5 and THB 5,308.6 respectively. While the disability grant is THB 800, the survey revealed an average expense for children with disabilities to be THB 1,722. Therefore, the disability grant accounted for only 46 per cent of expenses related to the needs of children with disabilities.

Children with disabilities have specific needs compared to other children without disabilities. The survey results showed that the top three needs for CWDs consisted of "Travel cost to school or hospitals", "Treatment/medical care/appointment with doctors" and "Special support for education" with percentages of 85.5, 81.5 and 74.6 respectively. When asked to prioritize the needs of the children, respondents ranked "Foods which are good for health and disability conditions" first, followed by "Travel cost to school or hospitals" second and "Treatment/medical care/appointment with doctors", with percentages of 21.3, 21.7 and 19.4 respectively. Therefore, data clearly indicates that transportation poses a significant financial burden for families of CWDs.

It is important to note that although the cost for assistive devices is covered by the government's Universal Health Coverage Gold Card (T.74), assistive devices received through this scheme tend to be universalized/standardized, which may not be suitable for all children with disabilities. Therefore, families still have to meet costs associated with assistive equipment. The top three highest expenditures were for "assistive devices (wheelchair, prosthetics and orthotics, other devices)", "personal assistants to children with disabilities" and "food/milk" with an average expenditure of THB 4,478.3, THB 4,346.7 and THB 2,829.9 per month respectively.

5.3.3 Linkage of disability allowance to other social welfare benefits and services

In addition to the disability grant, PWDs may receive other social welfare benefits. Once registered, PWDs are entitled to access and utilize public facilities and services including medical care, education, employment, disability allowance, sign language interpreters, personal assistants, home modification, information accessibility, and assistive technology. They may also receive support from non-government agencies. However, although the disability grant links to other services, there is currently no support for travel expenses to access social welfare such as education and rehabilitation. Consequently, families face a further financial burden if they want to access the services to which their children are entitled. This issue of prohibitive transportation costs was identified in quantitative data, in which respondents were adamant of the need for rehabilitation centres in the community, and where possible home services, so that parents would not have to pay for transportation (the cost of which is much higher than rehabilitation services). There was an instance reported during data collection in the northern region of a home rehabilitation service delivered to children with disabilities, but the programme was discontinued.

Sixty-five per cent of survey respondents reported not receiving in-cash support while 35 per cent did. For those who receive in-cash support, 38.8 per cent receive it from the Khun Poom Foundation in the amount of THB 5,368 per month. Some respondents also reported receiving a loan for self-employment (22.4%), the average amount of which was THB 43,545. For in-kind support, most respondents received support (84 per cent). The most popular in-kind support received included health care benefit (T.74 card) for PWDs (79.5 per cent) and basic education (45.7 per cent). However, when respondents were asked if they knew about other kinds of welfare services CWDs could access, 58.6 per cent said they did not have knowledge about other welfare services. This shows that more needs to be done to provide information on additional welfare support. For those who replied yes to this question, 62.1 per cent were aware of the loan for self-employment but could not access it.

5.3.4 CWDs access to educational opportunities

In terms of education, 67.9 per cent of CWDs were currently at school while 21.4 per cent had never received any form of education and 10.7 per cent had experienced education but were not currently at school. For those who were not in education, the top three reasons were "having a health condition or severe disabilities", "Family is too concerned to let the child go to school" and "inaccessible environment i.e. inaccessible transportation" with percentages of 68.9, 32.2 and 21.1 respectively. For children who had education but were not currently at school, the highest level of education they received was primary school (Grade 1-Grade 3) (35.6 per cent), followed by primary school (Grade 4-Grade 6) (26.7 per cent) and junior high school (20 per cent). The main four reasons for not continuing their education were: "Family was too concerned to let the child go to school", "No special education schools for children with disabilities", "Cannot afford educational expenses (transportation, uniforms, study materials)" and "having health conditions or severe disabilities" at 51.1, 44.4, 44.4 and 37.8 per cent respectively. For the children who were currently at school, 43.7 per cent of them studied in regular schools (inclusive education) while 35.3 per cent studied in special education centres and 12.6 per cent studied at schools for students with disabilities. The main problems and obstacles encountered by children with disabilities and families in term of education were "Family was too concerned to let the child go to school", "Cannot afford educational expenses (transportation, uniforms, study materials)" and "No support from school (no appropriate teaching media, no special education teachers)" with percentages of 55.2, 45.5 and 28.7 respectively. Findings therefore suggest that significant barriers – including financial costs and transport issues – are limiting the ability of children with disabilities to access and engage in the education system.

5.3.5 Obstacles preventing unregistered CWDs accessing disability grant

Eligibility criteria

Information gained from focus group discussions and in-depth interviews with parents of unregistered children with disabilities revealed that the current eligibility criteria is sometimes a barrier to accessing disability support, as children with some types of disability/functional limitations experienced difficulties in gaining certification. While some parents whose children were unregistered were unwilling to apply, most parents of unregistered children reported that they had gone through the disability registration process to try to gain a medical certificate to prove their child's disability, but had been informed by medical professionals that their child's condition did not meet the present eligible disability criteria.

Qualitative findings suggest that the criteria may need to be expanded to include children with less visibly 'obvious' health conditions such as Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD), who do not currently qualify for disability registration according to the manual used by doctors to diagnose and certify disability. Parents of children with ADD/ADHD shared that the condition resulted in difficulties in daily life, especially in terms of schooling and social participation, and mentioned that a child with ADD/ADHD's deficit in emotional control may put themselves and others at risk of harm.

> *"In the morning he ran out to the street naked without any fear. When we shouted, he got angry and pulled a knife out to stab us...How can we not get stressed? He has hit us many times already. We want him to go to the psychiatric hospital so we can go to work. "(FGD-Unregistered-South)*

Some parents reported that their children had not been through a comprehensive diagnosis carried out by a specialist, while some focus groups suggested that evaluation was sometimes subjective, and that persons with the same condition may be assessed differently (FGD-Unregistered-South). Furthermore, the Handbook for Assessment and Diagnosis of Disabilities guides a medical diagnosis, but an opportunity seems to be missing during the diagnostic stage as to the functionality and associated needs of the PWD. For example, a person who has one visually impaired eye and one normal eye is not considered a visual impaired person because a diagnosis of visual impairment is based on the better-seeing eye. While a person with one normal eye can live daily life, work, or even apply for a driving license, the PWD may still have some limitations in daily life for which they are entitled to support. This reflects the vital importance of linking the initial disability assessment to further support services to ensure that the needs of CWDs are being met and that opportunities are not being denied to them.

Lack of knowledge about disability and welfare

A lack of knowledge about disability rights and welfare is a significant factor contributing to the low registration rate. At the provincial and local levels, there are mechanisms and resources which can be mobilized to support the disability grant programme, especially in terms of outreach to PWDs in the community. PWDs and their families can gain direct benefits from working collaboratively among related stakeholders at the practice levels.

"One way of working in the area is public relations, such as voice broadcasting in the community...Meeting arrangement for each round we will inform the village headman. a community leader, representatives of Health Volunteers, etc. to help inform the disabled relatives... This because most do not know that rights will occur only after you have registered" (FGD-Local-Central)

Even for registered CWDs, survey results showed in most cases, a child with disabilities was first diagnosed at the age of 0-4 years (46 per cent), while 40 per cent of families replied that their child was diagnosed from birth, and 10.9 per cent reported diagnosis between the age of 5-9 years. Correspondingly, most CWDs received their first disability I.D. cards at the age of 0-4 (56.9 per cent), while 31.2 per cent received their first disability I.D. cards between the ages of 5-9, and 11.9 per cent said they received the card between the ages of 10-14. A delay in disability registration can stem from parental lack of knowledge about disability and the accompanying welfare benefits. For example, some families were unaware that they could access disability benefits after receiving a disability I.D. card, so there was no incentive to proceed with a disability I.D. card application. Focus group discussions also identified that early detection may have been missed by parents due to limited knowledge about disability. This can have a detrimental effect, as some children whose disabilities were not detected early did not receive appropriate treatment until the disability condition had worsened and become severe. Therefore, a thorough and comprehensive diagnosis system which recognizes conditions not currently listed in the manual would be beneficial, along with the opportunity to screen children earlier before their condition worsens. The benefits of this would be passed on not only to families and children with disabilities, but early intervention could also save social welfare costs for the government in the long run.

Societal stigma and attitudes towards disability

Parents fear a disability diagnosis will limit opportunities for their children

Focus group discussions among parents of CWDs revealed that prevailing negative societal attitudes and stigma around disability means that most parents worry about the implications of their child having a confirmed disability status. Despite knowing that disability registration opens the door to social welfare benefits for both children with disabilities and family, many parents of children with disabilities expressed difficulty in accepting their child's disability and expressed concern about the future implications of their child being labelled 'disabled'. A notable example from the fieldwork is illustrative of this, whereby the parents of two sons with disabilities refrained from applying for registration for their autistic son, and only registered the son who had an explicit disability, because they were concerned about the possible negative implications of having a disability status.

> *"I have two sons...the oldest son, who is deaf and has delay development, is registered. The younger son with autism we did not want to [register]. The older son has a physical disability, but the autism cannot be seen… With this mild level, we try to improve and rehabilitate and train him to improve... Up until now we trained him until… no one would recognize him as autistic… We have a deep hope that he will … not have to register as a disabled person. Because it is about his job …we are afraid it will affect his future." (FGD-Unregistered CWDs-North)*
>
> *"The doctor said that it was very good (to get the disability ID card). I actually refused to apply for the card because I was afraid of inferiority for my children." (FGD-Registered-Northeast)*

Frontline staff sometimes express negative attitudes towards disability

Furthermore, focus group discussions suggested that the issuance of a disability certificate was sometimes accompanied by a negative attitude from doctors, who would try to convince the parents not to register their children. Stories shared during a focus group discussion reflected that despite parental willingness to register their child, medical staff sometimes asked challenging questions or expressed negative attitudes which made parents reconsider. While some parents were able to assert themselves in this situation, others withdrew from the process as a result of medical staff dissuading them.

> *"They refused to provide a medical certificate until I begged. I went to the hospital every day to request the document. They asked us, "Do you want your child to be disabled?" (Parents of twin autistic children, FGD-Unregistered CWDs-Central)*
>
> *"The doctor did not encourage me to register my child. He said, 'Once the child had a disability I.D. card, he/she would be labelled as disabled and that's the end! He/she will not be able to do anything…to work, to study…anything. It's the end. You know what I mean?'" (FGD-registered-Central)*

These insights reflect how advice from medical professionals can influence the decision making of parents. The focus group findings also highlight the importance of ensuring that parents are well-informed about disability so that they can make appropriate decisions about the registration of their child, and advocate for their child's right to be assessed for disability certification.

Limited registration centres/outreach programmes

The Empowerment of Persons with Disability Act of B.E. 2550 addresses that disability registration can be done at the provincial Disability Service Centre (under the PSDHS) or by visiting one of seven Bangkok-based agencies. Registration centres are therefore limited and centralized at the provincial level, which may make registration difficult or impossible for some PWDs. It was reported during focus group discussions that there had been some attempts at community outreach programmes, including expanded service centres for disability registration in Nonthaburi, at the Central Westgate shopping mall, and some local governments facilitating disability registration by compiling and delivering the required documentation to PSDHS. However, this approach may cause a delay in the registration process due to the substantive amount and potential incompleteness of the required documentation.

> *"This will not be within a day…it will be delayed…this is often encountered because of incomplete documents and because each province (MSDHS) takes care of many sub-districts" (FGD-MSDHS-Northeast)*

In some sub-districts, SAO staff support PWDs to register for a disability I.D. card by cooperating with the PSDHS office so that persons with disabilities do not have to travel to Provincial Hall. However, this has led to some people mistakenly thinking that local administrative offices have the authority to issue disability I.D. cards.

Transportation is another factor preventing families from registering, especially when poor families or those with severe disabilities live far from a provincial centre. Some local governments facilitate transportation as part of community outreach. A local government representative participating in a focus group discussion shared their good practice in outreach to PWDs who were previously left behind.

> *"For serious cases case where an individual doesn't have a relative, we ask the municipal officer to help with transportation. But every month there will be a doctor visit home... If any village has a case that needs to be assessed for disability, then we have the doctor assess at home. The Sub-district Administrative Organization is the organization itself. The municipality was organized by the doctor from the hospital located in the same area and work together...the hospital of the SAO already visited the house." (FGD-Local Gov.-North)*

From focus group discussion, DPOs recommended that there should be more disability service centres. All local goverments should establish disability service centres to service PWDs in their areas. It was also suggested that online services should be made available.

5.3.6 Mechanism to deal with complaints

Across the disability I.D. card and grant registration process, there are the possible reasons for service dissatisfaction, especially if a service user's application for registration is rejected. The law specifies that in cases where PWDs are denied the right to a disability certificate or disability I.D. card, they can appeal in writing to the central registrar or provincial registrars as mentioned in Section 14 of the Regulations issued by the Committee on the Empowerment of Persons with Disabilities. The applicant can make an appeal in writing within 15 days after receiving the rejection of the application. The appeal must be resolved within 60 days and the applicants should be informed of the result within 15 days.

Additionally, a third party plays an important role in conflict resolution. From focus group discussion, it was found that PWDs can file their complaints through the Damrongtham Centre (Ombudsman's offices), under the Ministry of the Interior, one of the formal channels for submitting complaints. Complaints lodged at the municipal centre are then passed to the Governor who decides whether the case warrants further investigation. There are other channels too; applicants can use the Social Assistance Centre Hotline 1300 (under the MSDHS) or visit the agency in person and lodge a complaint. Issues related to disability registration are mostly sent to PSDHS offices or the DEP for resolution.

Despite these formal channels, PWDs may not be aware of their right to complain due to limited knowledge, or – as families of PWDs or CWDs are often from a lower socioeconomic background – may find it difficult to file a complaint. Clear information, guidelines and support should be given to all applicants on what to do in this situation, so that they can effectively advocate for the rights of their child or family member with a disability.

5.4 Conclusion

Although the disability grant registration process overall was generally found to be systematic and convenient, data revealed several issues which require further attention. There are some incongruities between the missions of the three line ministries involved in the process, and frontline staff are sometimes unclear on roles and responsibilities and protocol of the different main institutional bodies. Furthermore, frontline staff require further clarity on use of the disability diagnosis manual. Parents of registered CWDs reported that the disability grant of THB 800 per month was insufficient to meet the needs of caring for CWDs, and although successful registration should mean disability grant payments start the following month, there can be a delay of up to six months for some. This is partly due to a limited amount of registration centres, staff and outreach services, as well as a lack of online services. While receipt of the disability grant links PWDs to other services, many families of CWDs are not able to access these services, with availability and cost of transportation forming a significant barrier. Children with some health conditions do not qualify for disability status under the current criteria, and the diagnosis stage can be exclusionary, signifying an end point for some CWDs who may in fact require or benefit from referral to other services. For those who are unregistered, findings highlighted a lack of knowledge around disability and registration process, as well as a prevailing stigma surrounding disability (expressed by both parents and frontline workers) which represents a challenge to overcome.

6

Conclusion and Policy Recommendations

6.1 Conclusion

This research gathered data on the disability experience in Thailand, especially in relation to accessing the disability grant and key social protection services. A systematic literature review was carried out alongside field data collection. The key results are concluded here.

International Experiences

A review of international experience revealed that there has been an increased interest and targeted efforts internationally to focus on benefits for children with disabilities. Many States Parties, having ratified the UN Convention on the Rights of the Child (CRC) as well as the United Nations Convention on the Rights of Persons with Disabilities (CRPD), have begun to align their policies and programmes to the underlying goals of inclusion of CWDs in all aspects of community life. Cash transfers are one way to address the issues of exclusion and neglect of CWDs, providing assistance to poor and/or vulnerable groups, such as those with disabilities, who run a greater risk of falling into poverty or near poverty. These grants also help mitigate the increased costs of having a disability such as the need for assistive devices; special transportation; medications; and loss of income due to family members becoming full-time caregivers. Cash transfers also have the added positive aspects of being easier and cheaper to deliver and administer than certain types of in-kind benefits, such as food assistance, as well as providing the recipient with a choice on how best to use the money.

A review of cash transfer programmes and linked support services in Argentina, Finland, Japan, the Netherlands and South Africa revealed insights into best practice from which Thailand can learn. Cash grant design should be inclusive, linked to a clear intent, and programme performance monitored and evaluated so that, if necessary, the design can be amended to achieve its purpose. Argentina's system demonstrates impressive coverage, making adjustments to take into account the added financial issues faced by specific geographic regions in order to successfully alleviate poverty. Finland's disability registration process is an admirable example of ensuring processes are client-centred, accessible and inclusive for all, linking cash to other services. In terms of managing disability grant value, Japan's example highlights that a tiered benefit system is an effective way to address the additional expenses that a more severe disability may incur, while the Netherlands' system is child-responsive and links the cash transfer amount to the varying needs of a CWD at different stages of the life cycle. Furthermore, South Africa, Argentina and the Netherlands maintain the value of the cash transfer over time through regular adjustment of the benefit rate linked to specific measurable benchmarks (e.g. in line with inflation or consumer price index). The personal budget approach in the Netherlands individualizes the care package to suit the specific needs of the PWD, empowering the PWD (and/or their carer) to take control and make choices about their care and how to spend their budget.

Enabling legislation and regulation

Thailand has made progress in promoting and improving the quality of life of people with disabilities. Using a policy triangle framework and a review of national and international legal frameworks, the study found Thailand to have a strong legislative enabling environment. Thailand's national laws and policies align with the disability-related international and regional frameworks to which it is a signatory, especially the CRPD, the Incheon Strategy to 'Make the Rights Real' for PWDs, and the Bali Declaration. The major disability-specific law is the Persons with Disabilities Empowerment Act B.E. 2550 (2007), while other important legal frameworks are the Persons with Disabilities Education Act B.E. 2551 (2008), the National Child and Youth Development Act B.E. 2550 (2007), and the Child Protection Act B.E. 2546 (2003). The 20-Year National Strategy 2018-2037 also emphasizes that underprivileged and vulnerable groups of people still need social protection, while the Strategy on Social Equality includes promoting basic social protection and social security including health and economic security. Specific to social protection, there are regulations in place to provide support to children and families to face the additional challenges of having a disability. However, as favourable as the enabling environment may be, there is scope to make the government's support and implementation more accessible and responsive to the needs of CWDs and their families.

Organization structure and process

Thailand has a structure in place, through the Department of Empowerment of Persons with Disabilities (DEP) at the Ministry of Social Development and Human Security (MSDHS) and Ministry of Interior (MOI), to support coordination among agencies and the implementation of the disability grant. The provincial Disability-One Stop Centre serve an important role within the government's disability support structure providing information on services and rights of children and adults with disabilities.

However, respondent responses suggest that, in some instances, the disability institutional structure encourages vertical silos which can lead to limited prioritization of CWDs by government, DPOs and other relevant stakeholders. Furthermore, organizationally, there is room for improvement. There are currently two databases on persons with disabilities being utilized by provincial and local government, and there are two main types of disability one-stop service centre: at provincial level under the MSDHS (focusing on disability application, registration, and issuance of disability card) and locally through administrative offices which focus on identifying problems and needs of PWDs in their community, providing information on the rights, welfare and benefits. Distinguishing between the provincial and the local centres can be challenging and frustrating for families as they seek disability services including certification, registration and other services for their children. Both the provincial and local disability service centres do not provide referral services.

Lastly, as international best practice shows, evaluation is key to ensuring that the disability grant process is running smoothly and having the desired effect. However, there is no system in place currently to evaluate the disability grant programme.

Programme performance

The study found the disability grant to be insufficient to meet the needs of most CWDs and their families. To calculate adequacy, the study considered how much of the grant covered CWD monthly expenses and in all cases, families were unable to cover all the disability-related expenses with the THB 800 monthly grant. Reflecting the extra costs and challenges of caring for CWDs, families spent an average of THB 1,722 per month on care needs such as travel to school or hospital, medicines/medical treatment, expenses related to education, food/milk, and diapers. The grant amount covered approximately 9 per cent of household income, 5 per cent of household expenses, and 46.46 per cent of expenses for CWDs. Furthermore, for most parents, meeting the needs of their children has meant giving up work to stay at home and provide full-time care. The study findings therefore suggest that the current universal grant amount in Thailand is inadequate to cover the costs incurred by the diverse needs of CWDs and their families. A responsive and child-sensitive disability grant needs to take into account the additional childcare expenses for CWDs such as assistive devices and transport which most survey respondents reported as being the largest expenses incurred by families.

CWDs ability to access education and health services remain limited in Thailand. Significant gaps remain in coverage of services for CWDs, putting them at risk of being left behind or excluded from mainstream development. These challenges include a lack of access to education and rehabilitation services, as well as other social welfare and support, often due to services being centralized and a lack of available or affordable transportation. While 67 per cent of CWDs were in education, mostly at primarily school (Grade 1–Grade 4), the remaining 33 per cent had no education or had left school. Severity of disability, family concerns, inaccessible environment and transportation were important factors preventing CWDs to access appropriate education, while family concerns, limited numbers of special school in the areas, and educational-related expenses (such as transportation, uniform, materials) were noted as reasons for those who did not attend school.

For CWDs who were not registered to receive the disability grant, a significant barrier was experienced at the disability assessment stage due to a diagnostic approach undertaken with the Handbook for Assessment and Diagnosis of Disabilities and a lack of a comprehensive referral process. This can lead to the screening out of children whereas a more comprehensive examination would not only identify the child's disability but also inform families what services may be required. By not passing this stage, parents cannot go further and apply for the grant.

In terms of disability assessment and diagnosis, while the disability assessment handbook is a very important resource for all key agencies involved in the disability grant, the medical diagnosis approach (rather than the functional approach) can, in some instances, immediately rule out eligibility of some types conditions not considered serious enough such as ADHD. However, if a functional approach were used, the need to do a complete assessment would likely illuminate the full extent of how the condition affects the child's functioning and these exclusion errors would be less likely. This is a critical gap within the system as the assessment phase is an important opportunity to identify all the child's necessary health and social needs and services and provide referrals. This gap suggests there is no formal referral service starting at the disability certification stage.

Challenges caused by gaps between policy, guidelines and practice are well documented and not unique to Thailand. As such, the goals of the legislation and policies while espousing inclusion and support for children, the implementing regulations may in practice not work well together and may undermine social inclusion. For example, while the Handbook for Assessment and Diagnosis of Disabilities is a thoroughly researched guide for disability assessments, in practice it does lead to a misalignment between what frontline workers do and what the assessment suggests. Some frontline workers reported overruling doctor assessments (and thus a child's disability certificate) on account that the doctor in question was not a specialist. Most parents of unregistered children reported going through the disability registration process, at least requesting the medical certificate/assessment; however, they were informed their children were ineligible according to the present eligibility criteria. If children are found ineligible for the disability grant, the system appears to drop or turn away children rather than continuing to assess if mild or moderate impairments might still benefit from interventions. In fact, failure to refer while conditions are in the mild or moderate stage can easily lead to conditions worsening.

Finally, findings showed that societal stigma can dissuade parents from seeking out a disability diagnosis, and that negative attitudes of frontline staff towards disability also form a barrier preventing families from accessing support. This suggests that more needs to be done nationally to combat harmful or misguided notions around disability, including training frontline staff, engaging families of CWDs and promoting a positive dialogue across the whole country about the needs and rights of PWDs, including children.

The evidence gathered in this report, alongside the voices of families of CWDs, suggest concrete ways of further improving policies and programmes to fully achieve social equity. These include revision of the disability grant policy, improving disability assessments with comprehensive examinations by medical practitioners, strengthening capacity for frontline practitioners, improved referral to rehabilitation and intervention services and provision of equipment such as wheelchairs, prostheses and other assistive devices, and improving linkage of existing social welfare programmes to meet the holistic needs of children with disabilities.

6.2 Recommendations

Based on the study's findings, the following recommendations are offered as a means to improve the accessibility and impact of the disability grant.

Organization Structure

Improve collaborative work among key actors by using the existing national mechanism

Using the existing National Committee on Empowerment of Persons with Disabilities, the rights and issues faced by CWDs should be emphasized in national plans, strategies and the signing of a memorandum of understanding (MOUs) among responsible relevant ministries and key actors. Such emphasis and the signing of MOUs would contribute towards improved cooperation and coordination among key ministries involved in the disability allowance process to provide more seamless outcomes.

Improve clear procedure and communication about the roles and responsibilities of the officers

Procedure and communication about the roles and responsibilities of officers using the Handbook for Assessment and Diagnosis of Disabilities should be improved to ensure that children with disabilities are not rejected unjustly from the disability registration process by frontline staff questioning the validity of the diagnosis provided by doctors. Doctors, including GPs, should be the final word on who meets the eligibility standards for disability; they do not need to be a specialist in order to determine eligibility, but they are encouraged to seek help if it is needed.

Increase the number of professional social workers

The number of social workers at Disability One-Stop Centres working on disability registration is generally inadequate to meet the needs and demands of children with disabilities and their families. Social workers are an important link for children and families in identifying appropriate support and services, therefore the present study suggests increasing staff capacity for professional workers, especially social workers at the provincial and local government levels.

Organization Process

Improve disability database

There is currently no shared disability database which allows follow up on progress toward receiving the disability grant or other disability welfare. A systematic data management system and combined/synchronized databases linked to the national I.D. card programme would help to ensure ease of sharing information among government agencies, improve case management, and support long-term social protection planning.

Establish a monitoring and evaluation mechanism

Currently, there is no way to evaluate the performance of the disability grant. This is vital to make the grant more adaptive and responsive to the needs of PWDs, especially children whose specific age-related needs may be overlooked.

Programme performance

Increase the grant value to meet the needs of CWDs

The current value of the disability grant (THB 800) is insufficient to cover basic needs of children with disabilities.

Quantitative results from the present study found that 1,722 THB per month more accurately reflects disability-related expenses for families of CWDs. Therefore, revision of the disability grant value to reflect the diverse needs of persons of disabilities, especially children, is needed. A more responsive grant which can be adjusted through a tiered (high, medium, low) system would be more beneficial than a flat rate, and more child-sensitive as it could be tailored to meet the specific needs of each family. Furthermore, the disability grant value should be linked to an indexing mechanism to adjust the value of the benefit to cost-of-living changes.

Support the establishment and functioning of community-based services

Transportation costs form a significant barrier, preventing CWDs from accessing medical help, education and other social welfare services which are mostly centralized at the district and provincial levels. To counter prohibitive travel expenses or lack of accessible public transportation for families of CWDs, the government should consider rolling out a programme to build more community-based centres to improve accessibility and decentralize programmes that benefit CWDs and their families (including respite care; parent training; exercise programmes for children; physical therapy sessions etc).

Provide transportation services

The study results revealed that transportation is one of the top needs as parents of CWDs identified transport as one of the highest monthly expense incurred and, in most cases, this cost serves as a barrier to accessing services including education and health. Whether community-based services are limited or fully established, transportation for accessing all health and education services for CWDs should be provided by local governments in all regions. Travel costs could also be reimbursed during all stages of disability registration (medical certification, disability ID card and grant registration), to ensure that all potential applicants apply.

Provide early detection and intervention for disability assessment with a full examination

All children who apply for disability certification should have a full examination to ensure that their disabilities are appropriately detected, and should be referred to appropriate rehabilitation services with care developmental plans for CWDs. This will prevent missed opportunities for screening for other conditions and identifying referral services to support the child's long-term functioning. Early intervention and rehabilitation would not only benefit CWDs but also the government in terms of savings on social protection costs in the future.

Raise awareness on disability stigmatization

The study revealed that many children and their families continue to face disability stigma and discrimination within their communities and when accessing key social protection services. In some instances, frontline workers, including medical professionals discourage families from applying for certification and the disability I.D. card, implying that a disability diagnosis would damage future prospects. The government and DPOs should work on national public outreach campaign to address stigma and societal attitudes towards disabilities.

Expand communication channels to disseminate information and improve knowledge on disability

DPOs are a valuable source of support and information for families of CWDs. Findings showed a need to increase knowledge around disability issues, not only to counter societal stigma, but also to ensure that families are accessing all the resources available in Thailand to support CWDs. As well as working with on-the-ground community groups to disseminate information, further information channels such as social media could be used to reach communities with guidelines on how to access services.

Increase the connection to other social services

The current linkage between the disability grant and other services are still limited. Financial support alone, while useful, is insufficient to make a real difference. Linking cash grants to support social services provides a holistic approach to disability. To address the needs of PWDs, CWDs, and caregivers, the government should develop a mechanism to connect other relevant services. The linkage to other services should address the specific needs across gender and age groups due to the unique needs of social service.

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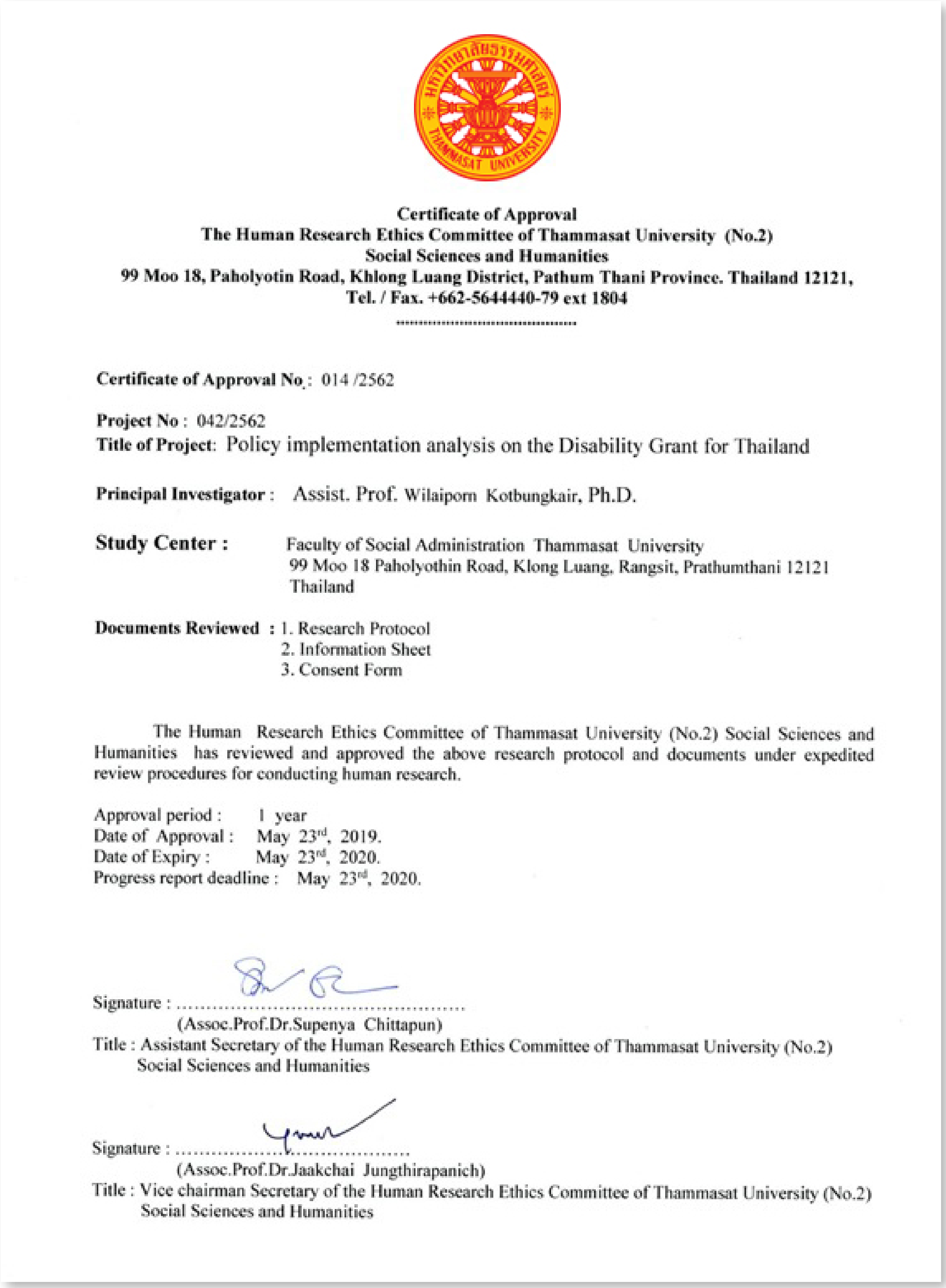
Appendices

Appendix 1: Research Team

Name	Affiliation
Foreign Expert Consultants	
Ms. Ilene Zeitzer	President of Disability Policy Solutions Rio de Janeiro, BRAZIL
Dr. Donald Njelesani	Independent Consultant New York, USA
Researchers	
Asst. Prof. Dr. Wilaiporn Kotbungkair (Principle Researcher)	Lecturer, Faculty of Social Administration, Thammasat University
Dr. Arunee Limmanee (Co- Researcher)	Lecturer, Faculty of Social Administration, Thammasat University
Research Assistant	
Assist. Prof. Preeyanuch Choktanawanich	Lecturer, Faculty of Social Administration, Thammasat University
Dr. Charin Suwanwong	Freelance Researcher
Field Coordinators	
Ms. Pathomporn Santimethi	Doctoral students, Faculty of Social Administration, Thammasat University
Dr. Prinda Tasri	Lecturer, Faculty of Social Administration, Thammasat University
Ms. Jutharat Seangthong	Lecturer, Faculty of Social Science, Prince Songkla University (Pattani)
Ms. Geeratiya Aunjaroen	FSA Alumni and Professional Social Worker at Nakhon Phanom Ratchanakarin Psychiatric Hospital
Administrative Staff	
Ms. Auscharaporn Thongchalaem	FSA Master Alumni

Appendix 2: Institutional Review Board and Ethics Approval



Certificate of Approval
The Human Research Ethics Committee of Thammasat University (No.2)
Social Sciences and Humanities
99 Moo 18, Paholyotin Road, Khlong Luang District, Pathum Thani Province. Thailand 12121,
Tel. / Fax. +662-5644440-79 ext 1804

……………………………………

Certificate of Approval No.: 014 /2562

Project No : 042/2562
Title of Project: Policy implementation analysis on the Disability Grant for Thailand

Principal Investigator : Assist. Prof. Wilaiporn Kotbungkair, Ph.D.

Study Center : Faculty of Social Administration Thammasat University
99 Moo 18 Paholyothin Road, Klong Luang, Rangsit, Prathumthani 12121
Thailand

Documents Reviewed : 1. Research Protocol
2. Information Sheet
3. Consent Form

The Human Research Ethics Committee of Thammasat University (No.2) Social Sciences and Humanities has reviewed and approved the above research protocol and documents under expedited review procedures for conducting human research.

Approval period : 1 year
Date of Approval : May 23rd, 2019.
Date of Expiry : May 23rd, 2020.
Progress report deadline : May 23rd, 2020.

Signature : ………………………………………………
(Assoc.Prof.Dr.Supenya Chittapun)
Title : Assistant Secretary of the Human Research Ethics Committee of Thammasat University (No.2)
Social Sciences and Humanities

Signature : ……………………………………
(Assoc.Prof.Dr.Jaakchai Jungthirapanich)
Title : Vice chairman Secretary of the Human Research Ethics Committee of Thammasat University (No.2)
Social Sciences and Humanities

Appendix 3: Study Objectives and Research Questions

Objective 1: To analytically review international experiences with policy design, delivery and implementation of social protection policy and programmes for PWDs with a specific focus on disability grant and CWDs.

Research questions

a) What legislative or institutional framework of social protection for PWDs and CWDs are in place in the international case examples (countries)?

b) What social protections are provided to PWDs and CWDs? What models do they use? How are social protection policy and programmes implemented or delivered?

Objective 2: To analytically review related statistics, legislative and institutional framework for social protection for PWDs in Thailand, both in cash and in-kind.

Research questions

- Enabling legislation and regulations:
    a) What are legislative, institutional frameworks and work plans of social protection for PWDs and CWDs in Thailand?
    b) What are current policies and major social protection provision for persons with disabilities? What is the overall design of the disability social protection programme?
    c) What are the parameters of disability policy? Are outcomes clearly set?
    d) Who is the target population for social protection? What are the benefits? What are the eligible criteria?
    e) How is social protection administered? Who are the respective entities for social protection implementation?
    f) How and how much public expenditure is spent for social protection for PWDs, especially CWDs?
    g) Is there any existing information on the current status of PWDs and CWDs in terms of accessibility to social protection programmes and results of social protection policies and programmes toward quality of life of PWDs and CWDs in Thailand?

Objective 3: To analyze policy implementation for the disability grant in Thailand in terms of organization structure, organization process and programme performance, with specific focus on CWDs.

Research questions

- Organization structure and process:
    a) What stakeholders are involved in implementing the disability grant programme? What are the roles and responsibilities of implementing stakeholders?
    b) How does the implementation process flow on various levels, from central government to local level and to PWDs?
    c) What are congruencies and incongruities of organizational missions among implementing stakeholders?

d) What is the manpower to implementing the policy? Who are the implementing officials? What are their educational and professional backgrounds? What kind of trainings or capacity-building programmes have been provided to the implementing officials?

e) How have disability social protection policies and programmes been communicated to frontline workers at the provincial and local levels? What communication pattern is used?

f) What difficulties are faced by implementing officials? When facing difficulties, how is decision making undertaken (centralized or decentralized)?

g) How are resources mobilized at all levels to support the effective implementation of the disability grant programme?

- Programme performance:
  a) What are needs of children with different type of disabilities and their families? Have those needs been met by the existing social protection programme? What needs have not been met?
  b) Does the disability grant programme meet the predetermined goals and objectives such as number of CWDs who can access to the grant?
  c) How is the disability grant spent? What is the sufficiency of the disability grant? How does the disability grant help to reduce the vulnerability of CWDs and their families?
  d) What are the obstacles preventing children with disabilities from accessing to the disability grant?
  e) What mechanisms are used to deal with problems faced by frontline service providers?
  f) What is the institutional mechanism for follow up and evaluation of the disability grant programme?
  g) What is the mechanism to deal with complaints?

Objective 4: To provide recommendations for improvement or revision in policy design, delivery and implementation of the disability grant with a focus on equity for CWDs.

Research questions

a) Do social protection programmes, especially disability grant, meet the needs of PWDs and CWDs?

b) How can the implementation of the disability grant programme be enhanced by using the example of international experiences?

c) What are the potential strategies, policies, and programmatic changes which the respective entities should pursue for better access to social protection and better outcomes?

d) What financial, technical and other resources would be needed to promote successful implementation of social protection policies and programmes?

Appendix 4: Methodology

A research team was formed to implement this research programme. The overall process of the policy implementation analysis on the disability grant for Thailand was led by **the principal researcher and co-researcher** who oversaw the overall research design, process, and outcomes. The principle researcher provided technical support by **foreign expert consultants** proposed by UNICEF in terms of conducting a desk comparative review of the international experience with policy design, delivery and implementation of disability grants around the globe with a specific focus on regulations for children; and suggestions on the overall research design and process, from the definition of the research instruments, through pre-testing and monitoring of the data collection in the field, and report writing/editing of the final report.

The field (regional) coordinators were responsible for coordinating quantitative (survey) and qualitative (focus group) data collection in each region. As there were research activities conducted at the regional and provincial levels, it was decided that there should be field coordinators for each region who were familiar with the area and had potential to oversee data collection process in the region.

For **enumerators,** high function PWDs or their family members who were members or staff of DPOs living in the selected location were recruited to serve as the research enumerator for this study. A list of DPO networks gathered by the Department of Empowerment of Persons with Disabilities was utilized for this purpose.

Research assistants coordinated overall field data collection and conducted quantitative data entry and initial descriptive data analysis and **administrative staff** was responsible mainly for logistic management during field data collection and general administrative staff.

Importantly, in order to ensure effective field data collection and validity of retrieved data, prior to field data collection, there was a workshop where researchers, research assistants, field coordinators, research enumerators and administrative staff discussed the overall programme and research protocol. A data collection guideline was developed for everyone involved in the field data collection process to assure standard of practice.

Study Population and Sampling Approach

Survey Research

The main target population of the survey was CWDs registered under the Persons with Disabilities Empowerment Act. B.E. 2550 living in different areas of Thailand, though data was collected from their parents. According to the Department of Empowerment of Persons with Disability (under the Ministry of Social Development and Human Security of Thailand), as of June 2018, there are 1,802,375 persons with disabilities registered under the Persons with Disabilities Empowerment Act B.E. 2550, 81,910 of which are children and youth with disabilities. Therefore, a sample size for this research was calculated based on that figure.

Sample Size: The sample of this research was calculated using the Taro Yamane (Yamane, 1973) formula with a 95% confidence level.

$$n = \frac{N}{1 + Ne^2}$$

$$n = \frac{110{,}776}{1 + 110{,}776 * 0.05^2} = 398.56 \ or \sim 400$$

N = the population
n = the sample
e = the acceptable sampling error

A sample size of 400 CWDs, through their parent as the informants, was expected. However, an additional 6% or 24 survey packets were distributed to ensure appropriate response rate. The total of 424 survey packets were distributed to parents of children with all types of disabilities. The total 422 questionnaires were returned, accounting for 99.5% response rate.

Sampling method: The exhaustive list of registered CWDs in the selected provinces, used as a sampling frame, was retrieved from Provincial Social Development and Human Security (PSDHS) or the Department of Empowerment of Persons with Disabilities (DEP). The research sample was randomly selected using a systematic sampling method, in combination with consideration on distribution of survey packets proportionately by disability type.

Focus group participants selection: Purposive sampling was used to recruited focus group participants. Each focus group expected 8-12 participants[12] from two selected provinces. For the whole project, a total of 20 focus group discussions were conducted. The total participants of focus groups were 40-60 participants per region. Identification of parents of registered and unregistered CWDs for focus group discussion was conducted by snowball method (chain-referral sampling) through DPOs, heads of villages, or community volunteers. However, due to groups of parents of unregistered children with disabilities being uneasy to identify, in-depth interview was used as a substitute for focus group discussion in some regions.

In-depth Interview

In-depth interviews were conducted with eight target interviewees as follows:

1) One high level administrator working at the Department of Empowerment of Persons with Disabilities, Ministry of Social Development and Human Security of Thailand.
2) 1–2 policy level officers working for the Department of Empowerment of Persons with Disabilities, Ministry of Social Development and Human Security of Thailand.
3) 1–2 comptroller officers working for the Comptroller General's Department, Ministry of Finance.
4) Four medical doctors working at provincial levels to examine disability and issue disability medical certificates.
5) Four community volunteers working at community levels regarding health and/or social welfare.

In-depth interviewees selection: In-depth interviewees were selected purposively according the predetermined criteria. Each informant was scheduled for an interview to last approximately one hour.

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[12] According to Guest et al. (2017), focus group size often ranges between 6–12 individuals. Although the saturation of data is related to heterogeneity within a focused group, the complexity of the topic, or the size of a focused group, the systematic study by Guest et al. revealed that 90% of themes could be discovered within three to six focus groups.

Research Instruments

Questionnaire

The questionnaire – which was validated in its content[13] by five disability/policy experts and approved by Thammasat University's Ethic Committee No. 2 for Social Science – was used to gather information from parent of CWDs. The questionnaire format consisted of checklists, Likert-type scales, and short answers. Pre-testing of questionnaires was also done with a closed target group to ensure sound internal reliability of the instrument.

Guiding questions for focus group discussion and in-depth interview

Guiding questions for focus group discussion and in-depth interview were developed according to the research objectives and questions and policy implementation analysis framework mentioned in the previous section. In order to ensure content validity of the instrument, the draft guiding questions for focus group discussion were evaluated by five disability and social welfare policy experts. Revisions were made according to comments/suggestions from the experts.

Five set of guiding questions for focus group discussions were developed for the following groups:

1) Parents of registered CWDs
2) Parents of unregistered CWDs
3) Representatives from DPOs
4) Officials from Disability One-Stop Service Centre or PSDHS
5) Officials from General Disability Service Centres or local governments.

Five sets of guiding questions for in-depth interview were developed for the following groups:

1) High level administrators (MSDHS)
2) Policy level officers (MSDHS)
3) Comptroller Officers (MOF)
4) Medical Doctors
5) Community Volunteers

In addition, UNICEF Thailand had its own related committee which provided additional comments on the research protocol and research instruments. The research protocol and instruments approved by both Thammasat IRB and UNICEF were used.

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[13] Content validity check was carried out by using the Item Objective Congruence (IOC).

Appendix 5: Stages to Accessing the Grant

Stages to Obtaining Disability Grant			
Stage		**Line Ministry**	**Key Issues Reported**
Obtain Medical Certificate	• Disability diagnosis undertaken by medical doctor at every public hospital or 45 private hospitals • Doctors use disability classification guideline established by MSDHS and SNMRI • Upon confirmation of disability, certificate issued • Disability is categorized into seven types according to the Announcement of the Ministry of Social Development and Human Security on Types and Criteria of Disabilities (Vol. 2) 2012	Ministry of Public Health	• Diagnosis and Assessment Guide Handbook for disability is a strong and well-researched resource • Process of certification largely focuses on medical diagnosis of disability and not functioning. In some instances, this can serve as a barrier to families accessing the grant and other services • Missed opportunities to provide comprehensive assessment of child • No systematic and formal referral process • Stigma and negative attitudes towards disability of frontline workers
Disability Registration	• Registration at provincial Disability Service Centre/MSDHS or seven Bangkok-based agencies • Submit required documentation • Disability card issued (valid for eight years) • Not immediately eligible for all benefits e.g. universal health care	Ministry of Social Development and Human Security	• • With concern of non-compliance with the related regulations, in some instances, frontline workers at Disability Service Centre/MSDHS overrule doctor decisions on certification • • Half of survey respondents received disability card in one day but for the rest it can take up to six months to receive card • • Stigma and negative attitudes towards disability of frontline workers
Disability Allowance Registration	• Registration at local level • Submit disability card and proof of address • THB 800 (cash/E-payment)	Ministry of Interior	• Grant is not sufficient to meet the additional costs of child's disability • Majority of parents have to give up work to take care of child • Complementing the disability grant, the range of social protection services *being accessed* by families of CWDs include health care benefit (T-74), education, work and employment, etc.

Appendix 6: Types of cash transfer

The role of cash transfers to aid families of CWDs has become a subject of much interest and significant research has been devoted to assessing the effectiveness, adequacy and quality of these benefits. The World Bank's Social Safety Nets Core Course[14] provides an excellent overview of the variations on the themes, but in essence, it identifies various types of cash transfer programmes with differing objectives:

1. **Poverty-Targeted Programmes ('Last Resort Programmes')**
   - **(1) Unconditional Cash Transfers (UCTs)**

     There are usually no co-responsibilities on the part of the recipient.
   - **(2) Conditional Cash Transfers (CCTs)**

     These benefits hinge on the principle of shared responsibility – i.e. the recipients need to carry out certain stipulated responsibilities. These can include ensuring school enrolment and attendance; health promotion such as prenatal visits; vaccinations; child health monitoring etc. *Brazil's Bolsa Familia* was one of the first programmes in Latin America to link cash transfers and in-kind benefits to school attendance. As such, the programme has been instrumental in significantly decreasing child labour and school dropout rates.
2. **Categorical Programmes**
   - **(1) Social pensions** (non-contributory pensions to the elderly)
   - **(2) Disability assistance**
   - **(3) Family and child allowances**

For the purposes of this discussion, it is instructive to focus on Lindert's discussion of Categorical Benefits for disability assistance:

Objectives: To provide cash assistance to the disabled as a vulnerable group for those not covered by disability insurance

Eligibility: Varies. Universal for all disabled or targeted to poor disabled. This raises two levels for screening:

- **Disability certification.** Classification of disability, institutional set-up/roles, time limits to recertification, etc.
- **Means-testing**/Screening based on (poverty) need

  (Also sometimes focused on disabled children – categorically)

Financing: mostly financed by general tax revenues.

It is also important to mention that the different objectives can be, and often are, combined to address a particular issue such as the co-occurrence of poverty and disability.

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[14] Lindert, K., December 2013, 'Conditional and Unconditional Cash Transfers', Social Safety Nets Core Course (Powerpoint presentation), The World Bank.

Cash transfers for CWDs

Among the countries of the world who provide them, cash transfers (also referred to as 'cash grants') for CWDs vary with respect to the rules for eligibility, such as whether they are means-tested/ categorical or universal/ categorical. Irrespective of the poverty test aspect, they are payable provided that the child has a disability that meets the assessment requirements for eligibility. Other issues that may affect the level of the cash transfer include whether the amount is a flat-rate or adjusted according to severity of the disability or to the poverty status of the family unit. In either case, how governments determine what value to set for the cash grant is another issue that varies greatly, as does any type of adjustment frequency and what it may be linked to, such as minimum wage; cost of living; or family size.

Conditional cash transfers (CCTs) for children

The overall aim of any cash transfer programme is to aid those who are deemed to need the money, either because of poverty or near poverty, or to ameliorate challenges they face, such as those encountered due to old-age or disability. CCTs can form part of the overarching social protection construct that guarantees some form of income and/or in-kind benefits and social services to provide at least a minimum social protection floor for families, senior citizens, persons with disabilities and children. Although CCTs are targeted at certain groups – the conditional aspect – they are also usually financed by general revenues and are in some way, universal in scope because the state guarantees them to all citizens who meet the conditional requirement(s).

In most countries, CCTs complement the contributory side of social protection – i.e. social security that provides social protection to those in the workforce and their dependents. These two components typically constitute any given country's approach to providing social and economic well-being for its citizens. However, the conditional aspect can also have negative consequences, which may fly in the face of the programme's actual intentions. For example, one common construct of CCTs is to link benefit receipt to family income levels. In some countries, the income level is the same for a poor family with a disabled member as for a poor family with one or more disabled members. Such an approach fails to consider and adjust for the additional cost of the disability to the family's overall income and does not allow a higher threshold or one that is sufficiently higher.

Similarly, a CCT programme that attributes values to assets (i.e. a Proxy Means Test approach) often does not consider an asset in terms of how it meets the additional needs of a PWD. Some relevant examples include the need for a basic motorbike so the mother can transport a disabled child who cannot walk to school, or a refrigerator because the child's disability requires medication that must be refrigerated, or because the child's care needs make shopping for food very difficult.

Another common requirement of some CCT programmes for poor families is that in order for the parent or caregiver to receive the cash benefit, the child must be enrolled in and attend school and the parent and school must show documentation to prove it. While education for all children should be a human right, many countries still prevent a child with severe disabilities from attending school. Thus, one social policy goal of improving school attendance can unintentionally discriminate against families caring for a disabled child.

Universal benefits for CWDs

The argument for providing universal benefits to all families with disabled children, irrespective of family income, is to remove stigma around the idea that such benefits are only for poor families. By normalizing the benefit eligibility, the society is acknowledging the across-the-board nature of the need for extra help. However, from a financial impact perspective, universality, especially if it is a flat-rate benefit, has the effect of flattening the monetary impact on needier families.

Appendix 7: Context, Content, Actors and Process of developing the legal and policy conceptual frameworks in Thailand

Policy/Law	Context	Content	Actors	Process
Rehabilitation of Disabled Persons Act B.E. 2534 (1991) *(This Act is repealed by Persons with Disabilities Empowerment Act B.E. 2550)*	Beginning to realize that PWDs are one of the country's resources. Because the condition of disability presents an obstacle in living, occupation, and participation in social activities; therefore, PWDs must be provided with support, development, and rehabilitation.	Strengthen or enhance the ability of persons with disabilities to be in better condition. • The target group is persons with disabilities who are working or person with disabilities who seek employment. • Rehabilitation service for persons with disability by medical, educational, society and career training.	Relevant agencies: • Ministry of Interior (1991-1993) • Office of the Committee for Rehabilitation of Persons with Disabilities, • Ministry of Labour and Social Welfare (1993-2002) • MSDHS (2002-2007) Stakeholders: PWDs, as well as guardians, custodians and caregivers of PWDs.	• Committee for the rehabilitation centre for PWDs recommended policies for better welfare, development assistance and rehabilitation for PWDs. • The Office of the Committee for Rehabilitation of Disabled Persons conducted the collection of the results of the analysis, research, monitoring and evaluation of the performance according to the policy work plan for the development and rehabilitation of PWDs of the government sector and related private sector and then report the results to the Committee. • No evidence of consultation with stakeholders in policy development.

Policy/Law	Context	Content	Actors	Process
National Health Security Act B.E. 2545 (2002)	• Section 52 of the Constitution of the Kingdom of Thailand states that all Thai citizens shall have equal rights in receiving standard public health services and that underprivileged people shall receive free medical services from public health centres. • Section 82 the government must provide and promote Public Health for the people to receive standard and effective healthcare by all means. Therefore, there must be a joint care organization between the government and the people to create a medical system that is effective in the entire country and for the people to have the rights to access standard public health services. • To reduce overall expenses in the public health sector to avoid duplication.	• Guaranteed to receive the rights to standard and effective public health services as specified by law.	Relevant agencies: • Ministry of Public Health Stakeholders: • Everyone who has a gold card (in particular, T. 74 for persons with disabilities)	• National Health Committee sets the standard of public health services of service units and service unit network are determining the national health. • National Health Security Office collects and analyzes the data about the operation of public health services and expenses for public health services according to the board, as well as directing the service units and health care units network for providing public health services in accordance with the standards suggested by law. The Standard and Quality Control Board has rights to control the quality and standards of health care units and network to keep health care standards in Thailand. • Consultation with stakeholders (service providers and service recipients) and listen to their opinions for better services.

Policy/Law	Context	Content	Actors	Process
Child Protection Act B.E. 2546 (2003)	• To repeal Announcement of the Revolution Committee which was out of date • To develop and reform welfare and support system for children to be in accordance with the Constitution, National Economic and Social Development Plan and UN Convention on the Rights of the Child.	• All support must be in the best interest of the child. • Unfair discrimination against children must be prohibited.	Relevant agencies: National Child Protection Committee and MSDHS Stakeholders: • People who have lost a child, orphans, children who are in a difficult situation, children with disabilities, children who are at risk of delinquency, students, parents, guardians, adopted family.	• The National Child Protection Committee proposes comments to the Minister about the policy, plan, budget and measures for relief. Also, promote child behaviour including giving advice and coordinating with the private and public sector that perform work in education, relief, protection and promote child behavioural issues. • The Office of the Permanent Secretary, Ministry of Social Development and Human Security gathers all information from research and analysis and follow up with the implementation of policies and plans on welfare and social protection of children and promote child's behaviour by relevant public and private sectors.
Persons with Disabilities Empowerment Act B.E. 2550 (2007)	The Rehabilitation of Disabled Persons Act B.E. 2534 was out of date and repealed by the Persons with Disabilities Empowerment Act. The content of the Act was in accordance with current situation and could meet the needs of PWDs and improve their quality of life. Rights of PWDs are guaranteed. Access to public places and services and positive attitudes are promoted. Discrimination on the ground of disabilities or health conditions is prohibited.	Having rights to access and to benefit from the public facilities along with other facilities and other help provided by the government.	Relevant agencies: Department of Empowerment for Persons with Disabilities, MSDHS Stakeholders: PWDs, personal assistant of PWDs, caregivers for PWDs.	

Policy/Law	Context	Content	Actors	Process
National Child and Youth Development Act B.E. 2550 (2007)	• National Youth Promotion and Coordination Act B.E. 2521 had been used for too long. There was a need improve the laws for the empowerment of children and youth. According to the new law, there shall be children and youth centres at district level as well as a Children and Youth Council. More participation from local administrative offices is encouraged.	• Children and youth development and the implementation on laws and policies related to children and youth must be in the best interest of children and youth. • All children and youth have the rights to access education at the highest level as stated in the Constitution. • Children with learning disabilities and gifted children have the rights to access education provided by the government in accordance with their needs and their conditions. • Children and youth have rights to standardized health care services.	Relevant agencies: Executive Board Members, Council of Children and Youth, Bureau of Promotion and Protection of Children and Youth, MSDHS Stakeholders: Children and youth	• The National Committee on the Promotion of Children and Youth Development proposes national policies and plans on Children and Youth Development to be guidelines for revising laws, regulations and rules concerning children and youth development. National assembly of children and youth promoted at least once a year to review situation of children and youth development in Thailand and to review the existing mechanisms, knowledge and attitudes and to report to the Cabinet and Parliament at least once a year.

Policy/Law	Context	Content	Actors	Process
Persons with Disabilities Education Act B.E. 2551 (2008)	• Providing education for PWDs is different from providing education for those without disabilities. Therefore, it is important for PWDs to have the rights and opportunity to receive service and support especially via education from birth or from the time the disability was identified. Therefore, it is very important to provide service and support for PWDs in the education sector in every aspect of the education system and every level of education.	• Access to free education from birth or from the time the disability was identified. Moreover, receiving technology, facilities, media, services and other educational assistance. • Ability to choose educational services, educational institutions, systems and educational models, considering the abilities, interests, interests and special needs of that person. • Standard education and quality education including arranging syllabus, learning process, evaluating methods that are appropriate and consistent with special needs of children with different types of disabilities.	Relevant agencies: Ministry of Education, Bureau of Special Education Administration, Special Education Centres, Special Education schools Stakeholders: PWDs, families, caregivers, and special education teachers.	• Committee on the Promotion of Education for Persons with Disabilities proposes policies, strategies and plans for educational provision for PWDs and plans on budget and resources allocation to ensure that persons with disabilities can access education in all forms and all levels. • Assign work and duties to relevant government agencies to set rules and regulations to support PWDs, to provide assistive technology for education to public and private schools as well as special education centres. • Support relevant agencies in providing inclusive education, to promote special education teachers and all teachers to have skills in providing education to PWDs • Bureau of Special Education Administration under Office of Basic Education Committee promotes education of PWDs in all educational settings; evaluates and sends report to Committee on Research and Development of Learning and Teaching Persons with Disabilities; produces and develops assistive technology for education of PWDs; supports public and private schools that provide education for PWDs, including other organizations such as local administrative offices, communities, families, professional organizations/associations, religious institutes, work places, families and individuals.

Policy/Law	Context	Content	Actors	Process
5th National Plan on Empowerment of Persons with Disabilities B.E. 2560-2564 (2017-2021)	- Based on the 1st to the 4th Plan on Empowerment of Persons with Disabilities	- Empower PWDs to access and utilize their rights and facilities; to empower organizations of PWDs so that they can improve quality of life of PWDs and for sustainable development. - Reform administrative systems to ensure that persons with disabilities can access rights; to promote and protect the rights of persons with disabilities; to prohibit all forms of discrimination against persons with disabilities.	Relevant agencies: MSDHS, Department of Empowerment for Persons with Disabilities (DEP) Stakeholders: PWDs, caregivers of PWDs, DPOs.	- Determining guidelines and measures - Determining indicators - Assigning responsible agencies - Allocate budget and carry out work - Follow-up and evaluation
20-Year National Strategy 2018-2037	- Underprivileged and vulnerable groups of people still need social protection. The poverty and gap between rich and poor people still remains.	- Strategy on Social Equality: 1. Basic social protection and social security including health and economic security; 2. Strategies and measures to support specific groups of people.	Relevant agencies: Government Stakeholders: Underprivileged and vulnerable groups	- Set guidelines for the Plans under each Strategy. - Determine the indicators and goals for every year.

Appendix 8: Field data

Table 1: Participants for Quantitative Data Collection: Survey

Region	Province	Returned questionnaires
Central	Nonthaburi	53
	Ayudhaya	53
North	Chiang Mai	53
	Chiang Rai	51
Northeast	Nakhorn Panom	53
	Kon Kean	53
South	Krabi	53
	Pang-Nga	53
Total		**422**

Table 2: Participants for Qualitative Data Collection: Focus Group Discussion

Region	Parents of Registered CWDs	Parents of Unregistered CWDs	DPOs	MSDHS	Local Gov.	Total
Central	11	-	11	7	9	38
North	12	4	17	4	6	43
Northeast	9	3	11	8	10	41
South	14	8	17	2	6	47
Total	**46**	**15**	**56**	**21**	**31**	**169**

Table 3: Participants for Qualitative Data Collection: In-Depth Interview in the Regions

Field	Unregistered CWDs	Medical Doctors	Community Volunteers	Total
Central	4	1	1	6
North	-	1	1	2
Northeast	1	1	1	3
South	-	1	1	2
Total	**5**	**4**	**4**	**13**

Table 4: General Information of the Respondents

		male		female		total	
		number	%	number	%	number	%
Sex							
		78	18.5	344	81.5	422	100.0
Ages							
	20-29	5	6.4	22	6.5	27	6.3
	30-39	6	7.8	88	25.5	94	22.3
	40-49	26	23.5	113	32.8	139	33.0
	50-59	12	15.5	82	23.9	94	22.3
	60-69	23	29.6	30	8.9	53	12.7
	70-79	4	5.1	8	2.4	12	2.7
	80+	2	2.6	1	0.3	3	0.7
Areas/Provinces							
Central	Nonthaburi	7	9.0	46	13.4	53	12.5
	Phra Nakhon Si Ayutthaya	2	2.6	51	14.8	53	12.5
Northern	Chiangmai	8	10.3	45	13.1	53	12.5
	Chiangrai	20	25.6	31	9.0	51	12.0
Northeastern	Nakhon Phanom	10	12.8	43	12.5	53	12.5
	Khonkaen	12	15.4	41	11.9	53	12.5
Southern	Krabi	10	12.8	43	12.5	53	12.5
	Phang-nga	9	11.5	44	12.8	53	12.5
Residence areas							
	Outside municipalities	**38**	**48.7**	**182**	**52.9**	**220**	**52.1**
	Inside municipalities	**40**	**51.3**	**162**	**47.1**	**202**	**47.9**
	- City municipalities	1	1.3	21	6.1	22	5.2
	- Town municipalities	4	5.1	35	10.2	39	9.2
	- Sub-district municipalities	35	44.9	106	30.8	141	33.5
Relationship with the Children							
	Biological parent	42	53.8	223	64.8	265	62.8
	Relative	35	44.9	112	32.6	147	34.8
	Adoptive parent	-	-	4	1.2	4	0.9
	Caregiver with no biological relationship	1	1.3	3	0.9	4	0.9
	Other family members with no biological relationship	-	-	2	0.6	2	0.5

Table 5: General Information of the Families

	number	%
Sex		
male	650	46.0
female	764	54.0
Total	**1,414**	**100.0**
Number of family members (excluding children with disabilities)		
1	23	5.5
2	100	23.7
3	128	30.3
4	85	20.1
5	44	10.4
6	42	10.0
Total	**422**	**100.0**
Relationship with the children		
Relative	831	58.7
Biological parent	551	39.0
Other family members with no biological relationship	15	1.1
Adoptive parent	13	1.0
Caregiver (no biological relationship)	4	0.2
Total	**1,414**	**100.0**
Age		
0-9	121	8.6
10-19	167	11.8
20-29	137	9.7
30-39	224	15.9
40-49	297	21.0
50-59	227	16.1
60-69	154	10.9
70-79	63	4.5
80+	22	1.5
Total	**1,412**	**100.0**

Table 6: General Information of the Families (continued)

	number	%
Family that have persons with disabilities (aside from the children in this study)		
Families that have persons with disabilities	74	5.3
Families that have no persons with disabilities	1,337	94.7
Total	**1,411**	**100.0**
Working status of family members		
No work	609	43.2
Work	802	56.8
Total	**1,411**	**100.0**
Occupations of family members		
Entrepreneur	257	32.2
Private sector employee	233	29.2
General labourer	244	30.6
Government employee	42	5.3
Assistant to family business	18	2.3
Employers	2	0.3
State enterprise employee	1	0.1
Total	**797**	**100.0**
Sources of income		
From work	785	64.5
financial support from government	346	28.4
financial support from non-family members	42	3.5
monthly pension/retirement pension/pension for retired military employees	34	2.8
compensation from work/severance pay	4	0.3
income from property (rent, interest, dividend)	4	0.3
Others	3	0.2
Total	**1,218**	**100.0**

Table 7: Number of Family Members; and Mean, Minimum and Maximum Income

	mean	min	max
Number of family members (excluding children with disabilities) (Person)	3.4	1.0	6.0
Family income (THB)			
- compensation from work/severance pay	15,565.0	960.0	50,000.0
- from work	11,107.7	500.0	100,000.0
- monthly pension/retirement pension/pension for retired military employees	8,464.0	600.0	35,000.0
- income from property (rent, interest, dividend)	8,000.0	4500.0	15,000.0
- financial support from non-family members	4,163.7	400.0	20,000.0
- financial support from government	569.4	200.0	1,900.0
- others	3,000.0	2000.0	4,000.0
Total	**8,784.7**	**300.0**	**100,000.0**

Table 8: Mean, Minimum and Maximum Family Expenses (THB)

	mean	min	max
Average expenses per month	15,190.2	1,400.0	62,000.0
Expenses			
- Food	7,432.5	200.0	30,000.0
- Vehicle instalments	5,472.5	150.0	24,000.0
- House rent	5,308.6	100.0	2,5000.0
- Household supplies	3,784.7	417.0	15,000.0
- Expenses related to vehicle	2,665.0	100.0	20,000.0
- Travel/entertainment	1,600.0	100.0	10,000.0
- Utility/internet	1,575.6	50.0	11,000.0
- Others	3,233.4	100.0	30,100.0

Table 9: General Information of Children with Disabilities

	number	%
Sex		
Male	259	61.4
Female	162	38.4
Not identified	1	0.2
Age		
0-4	35	8.3
5-9	130	30.8
10-14	163	38.6
15-19	94	22.3
Age when his/her disability was diagnosed		
From birth	169	40.0
0-4	194	46.0
5-9	46	10.9
10-14	12	2.8
15-19	1	0.3
Age when the child first applied for disability I.D. cards		
0-4	239	56.9
5-9	131	31.2
10-14	50	11.9
Single/multiple disabilities		
Single disabilities	282	66.8
Multiple disabilities	140	33.2
The child's disability identified in disability I.D. card		
Intellectual disability	231	54.7
Physical or mobility disability	119	28.2
Autism	87	20.6
Learning disability	81	19.2
Hearing or communication disability	75	17.8
Mental or behavioural disability	32	7.6
Visual disability	30	7.1
Level of difficulty in the activities of daily living (ADL)		
Has some difficulty (can do most activities by him/herself)	173	41.0
Has much difficulty (need support in most activities)	102	24.2
Cannot do activities by him/herself and needs support in all activities	83	19.7
Has no difficulty	64	15.2

Table 10: Education and Challenges

	number	%
Current educational status		
Having education	286	67.9
Having no education	90	21.4
Had education but not currently at school	45	10.7
Reasons for having no education		
Having a health condition or severe disabilities	62	68.9
Family is too concerned to let the child go to school	29	32.2
Inaccessible environment i.e. inaccessible transportation	19	21.1
School is too far/inconvenient transportation	14	15.6
Cannot afford educational expenses (transportation, uniforms, study materials)	13	14.4
Too young to go to school	13	14.4
No special education schools for children with disabilities	11	12.2
No support from school (no appropriate teaching media, no special education teachers)	7	7.8
Rejected by school (administrators or teachers)	2	2.2
Others	6	6.7
Level of education (for those who used to have education but not currently at school)		
Kindergarten	8	17.8
Primary school (Grade 1-Grade 3)	16	35.6
Primary school (Grade 4-Grade 6)	12	26.7
Junior high school (Grade 7-Grade 9)	9	20.0
Reasons for quitting school/education		
Family is too concerned to let the child go to school	23	51.1
No special education schools for children with disabilities	20	44.4
Cannot afford educational expenses (transportation, uniforms, study materials)	20	44.4
Having health condition or severe disabilities	17	37.8
School is too far/inconvenient transportation	10	22.2
Inaccessible environment i.e. inaccessible transportation	10	22.2
No support from school (no appropriate teaching media, No special education teachers)	9	20.0
Rejected by school (administrators or teachers)	4	8.9
Others	10	22.2

	number	%
Level of education (for those currently at school)		
Inclusive education (regular school)	125	43.7
Special education centre	101	35.3
Special education school for students with disabilities	36	12.6
Inclusive education (parallel classes)	13	4.5
Inclusive education (non-formal education)	5	1.7
Vocational school	4	1.4
Others	2	0.7
Problems/obstacles encountered in education (for those currently at school)		
Cannot afford educational expenses (transportation, uniforms, study materials)	130	45.5
Family is too concerned to let the child go to school	158	55.2
No support from school (no appropriate teaching media, No special education teachers)	82	28.7
No special education schools for children with disabilities	77	26.9
School is too far/inconvenient transportation	67	23.4
Inaccessible environment i.e. inaccessible transportation	65	22.7
Others	58	20.2

Table 11: The Needs of Children with Disabilities

	number	%
The Needs of Children with Disabilities		
Travel cost to school or hospitals	360	85.5
Treatment/medical care/appointment with doctors	343	81.5
Special support for education	314	74.6
Medicine	246	58.0
Foods which are good for health and disability conditions	238	56.5
Daycare centre	225	53.4
Support in daily activities i.e. eating, urinating/passing stools, taking shower	210	49.9
Personal assistants	207	49.2
House modification	199	47.3
Assistive devices (wheelchair, prosthetics & orthotics, other devices)	154	36.6
Diapers	150	35.6
Others	16	21.9
Priorities of the Needs		
1. Foods which are good for health and disability conditions	87	21.3
2. Travel cost to school or hospitals	86	21.7
3. Treatment/medical care/appointment with doctors	73	19.4

Table 12: Estimated Expenses for the Needs of the Child

	(THB/month)		
	mean	min	max
Assistive devices (wheelchair, prosthetics & orthotics, other devices)	4,478.3	500.0	20,000.0
Personal assistants	4,346.7	400.0	15,000.0
Food/milk	2,829.9	200.0	10,000.0
Expenses related to education (travel cost, uniforms, learning tools & devices)	1,427.8	100.0	11,000.0
Medicines/medical treatment that cannot be reimbursed or get support	1,229.7	30.0	12,000.0
Diapers	1,084.6	70.0	5,000.0
Travel cost for medical appointments	911.4	50.0	5000.0
Savings for the child	813.5	20.0	6,000.0
Others	1,150.4	100.0	10,000.0
Total expenses for the needs of the child	**1,722.0**	**250.0**	**6,800.00**

Table 13: The Needs of Families of Children with Disabilities

	number	%
The needs of the families		
Information on the rights and welfare for children with disabilities	409	97.1
Grants/loans for self-employment	404	96.0
Employment/vocational training	379	90.0
Training on disability child care	365	86.7
Others	24	29.6
Priorities of families' needs		
1 Grants/loans for self-employment	216	51.7
2 Employment/vocational training	179	43.8
3 Information on the rights and welfare for children with disabilities	157	40.2

Table 14: Experiences in Applying for Disability Allowances

	number	%
Did you receive disability allowances?		
No	7	1.7
Yes	414	98.3
Reasons for not receiving disability allowances		
- during application process	4	57.1
- does not need allowances	1	14.3
- others	2	28.6
After the application, how long did it take to get the first payment for disability allowance?		
Within 1 month	224	54.2
More than 1 month	189	45.8
- no back payment	52	27.5
- received back payment from the submission date	19	10.1
- received back payment from the date of approval	11	5.8
Methods of payment		
Transferred to bank account	333	80.6
By cash (at mobile units provided by local administrative offices)	39	9.4
By cash (Local administrative official comes to the child’s house.)	21	5.1
By cash (at local administrative offices)	20	4.8
How often did you receive disability allowances in the past 6 months?		
Every month	412	99.8
Once in 2-3 months	1	0.2
The amount of disability allowances that the child receives		
Receives full amount of 800 baht/month	412	99.8
Not consistent	1	0.2

Table 15: Spend of Disability Allowance

	number	%
Disability allowances are spent for:		
Food/milk	341	80.8
General household expenses	199	47.2
expenses related to education	167	39.6
Transportation/travel cost to hospitals	160	37.9
Diapers	113	26.8
Medicine/treatment	102	24.2
Savings of the child	84	19.9
Assistive devices (wheelchair, prosthetics & orthotics, special devices)	18	4.3
Personal assistants	3	0.7
Others	12	2.8
The person who decides what the allowances should be spent for:		
The person whose name is written on the disability I.D. card as the caregiver of the child	346	83.2
Main caregiver of the child (but the name is not written on the disability I.D. card as the caregiver of the child)	65	15.6
Others	5	1.2
Problems about disability allowances		
Never encounter problems	393	94.5
Encounter problems and seek for advice	23	5.5
Top 3 items that disability allowances are spent for:		
1 Food/milk	261	61.8
2 Transportation/travel cost	67	15.9
3 General household expenses	54	12.8

Table 16: Experiences in Getting Medical Certificate for Disability Approval

	number	%
Age of the child when applying for medical certificate for disability approval		
From birth	37	8.8
0-4	215	51.2
5-9	121	28.8
10-14	46	11.0
15-19	1	0.2
Have you ever been rejected to get medical certificate for disability approval?		
No	397	94.7
Yes	22	5.3
The person(s) who took the child to apply for medical certificate		
- No need to apply for medical certificate because the child's disability was obvious.	19	25.0
- Need to apply for medical certificate. The person who took the child to the office of application was:		
- biological father/mother	309	93.6
- relatives	105	72.4
- adoptive father/mother	5	8.2
- caregiver (no biological relationship)	5	8.2
- others	5	8.2
The place where they applied for medical certificate		
Public hospital	399	96.3
Private hospital	3	0.7
Mobile unit	5	1.2
Others	7	1.7
Expenses related to the application for medical certificate		
No expenses	147	35.5
Some expenses:	267	64.5
- transportation	263	98.5
- medical cost	14	5.2
- fee for issuing medical certificate	9	3.4
- payment to the person who took them to the application unit	2	0.7

Table 17: Expenses related to the Application for Medical Certificate

	(THB)		
	mean	min	max
Expenses related to the application for medical certificate			
- medical cost	1,825.4	30.0	10,500.0
- transportation	1,585.0	7.0	100,000.0
- payment to the person who took them to the application unit	600.0	200.0	1,000.0
- fee for issuing medical certificate	73.7	20.0	300.0

Table 18: Experiences in Getting Medical Certificate for Disability Approval

	number	%
How long did it take to get medical certificate for disability approval?		
Within 1 day	319	77.8
More than 1 day	91	22.2
(For those who answered "more than one day", the average time (mean) is 179 days, with the minimum being 2 days and maximum time 2,190 days respectively)		
Reasons why it took time to get medical certificate for disability approval		
- The child's disability is complicated	41	45.1
- no specialized doctors	25	27.5
- missing documents	22	24.2
- still under treatment for their disabilities	20	22.0
- living in remote areas	6	6.6
- complicated process	4	4.4
- insufficient staff/many users	2	2.2
- The respondents did not submit documents by themselves (i.e. the process was done by staff)	2	2.2

Table 19: Support in the Application for Medical Certificate for Disability Approval

	number	%
Support received in the process of the application for medical certificate for disability approval		
No	52	12.6
Yes	361	87.4
Please specify:		
- explaining the process	320	88.6
- filling out the form	289	80.1
- referring to another unit	243	67.3
- offering transportation	55	15.2
Did you receive information about the rights of persons with disabilities from the office that you applied for medical certificate of the child?		
No	127	30.7
Yes	287	69.3
Please specify:		
- rights and welfare services for persons with disabilities according to the law	225	78.4
- health care services	198	69.0
- child welfare	165	57.5
- rights and welfare services for families and caregivers	137	47.7
- educational services	129	44.9

Table 20: Opinions on the Medical Certificate Application Process

Opinions on each part of the process	Good		Need to be improved	
	number	%	number	%
1. Access to the office building (ramp, signage, etc.)	384	93.4	27	6.6
2. Attitudes of the officials towards children with disabilities and families	377	91.7	34	8.3
3. Application time (from submitting documents to receiving medical certificate)	340	82.7	71	17.3
4. Number of service units and transportation to the service units	302	73.5	109	26.5
5. Knowledge and awareness of the officials about disabilities and persons with disabilities	314	76.4	97	23.6
6. Knowledge and awareness of the officials concerning the medical certificate application process	316	76.9	316	76.9

Table 21: Opinions on the Overall Process of Medical Certificate Application

Opinions on the Overall Process of Medical Certificate Application	number	%	rank
Very complicated	17	4.1	5
Rather complicated	28	6.8	4
Just like contacting other government offices	141	34.3	1
Rather convenient and systematic	109	26.5	2
Very systematic	116	28.2	3

Note: Mean score of the opinions on the overall process of medical certificate application is 3.7/5.0 with the minimum score of 1.0 and maximum score of 5.0.

Table 22: Experiences in Disability Registration (Application for Disability I.D. Cards)

	number	%
Age of the child when applying for disability I.D. card		
0-4	229	55.3
5-9	136	32.9
10-14	49	11.8
The person(s) who took the child to apply for medical certificate		
Biological parent	292	70.5
Adoptive parent	3	0.7
Relative (with biological relationship)	96	23.2
Caregiver (with no biological relationship)	5	1.2
Other	18	4.3
The place where you applied for disability I.D. card for the child		
Social development and human security provincial office	310	76.0
Sub-district administrative office	60	14.7
Department of the Empowerment of Persons with Disabilities	2	0.5
Hospital	26	6.4
Other	10	2.5
Expenses related to disability registration (application for disability I.D. cards)		
No expenses	181	44.4
Some expenses:	227	55.6
- transportation	223	98.2
- payment to the person who took them to the registration unit	4	1.8
- other	3	1.3

	number	%
How long did it take to get disability I.D. card?		
Within 1 day	291	71.3
More than 1 day	117	28.7
Reasons why it took time to get disability I.D. card		
- The respondents did not submit documents by themselves. (The process was one by government staff.)	40	34.2
- complicated process	21	17.9
- missing documents	16	13.7
- living in remote areas	9	7.7
- low-skill staff	6	5.1
- insufficient staff/many users	9	7.7
- complicated disability of the child	3	2.6
- don't know	3	2.6
Sources of information on disability registration		
- Hospitals	304	72.0
- Local administrative offices such as SAO, Municipal Offices	101	23.9
- Government offices under Ministry of Social Development and Human Security	55	13.0
- DPOs Network	48	11.4
- Schools	40	9.5
- Volunteers in the community such as village health volunteers, social development and human security volunteers, social development and human security volunteers on disabilities, health volunteers	27	6.4
- Other persons with disabilities	27	6.4
- Sub-district headman/village headman	20	4.7
- Relatives	17	4.0
- Social media	7	1.7
- Special education centre	6	1.4
- Others	6	1.4

Table 23: Support from the Registration Offices

	number	%
Did you get support from the office that you applied for disability I.D. card for your child?		
No	55	13.4
Yes	354	86.6
Please specify:		
- explaining the process	310	87.6
- filling out the form	282	80.0
- referring to another unit	222	62.7
- offering transportation	83	23.4
- taking care of the whole process	9	2.5
Did you receive information about the rights of persons with disabilities from the office that you applied for disability I.D. card for the child?		
No	111	27.2
Yes	297	72.8
Please specify:		
- child welfare	195	65.7
- rights and welfare of persons with disability according to the law	238	80.1
- rights and welfare of families and caregivers	157	52.9
- health care services	183	61.6
- educational services	145	48.8

Table 24: Opinions on Disability I.D. Card Registration Process

Opinions on each part of the process	Good		Need to be improved	
	number	%	number	%
1. Access to the office building (ramp, signage, etc.)	372	91.6	34	8.4
2. Attitudes of the officials towards children with disabilities and families	377	92.9	29	7.1
3. Application time (from submitting documents to receiving disability I.D.)	351	86.5	55	13.5
4. Number of service units and transportation to the service units	301	74.1	105	25.9
5. Knowledge and awareness of the officials about disabilities and persons with disabilities	314	77.3	92	22.7
6. Knowledge and awareness of the officials concerning disability I.D. application process	318	78.3	88	21.7

Table 25: Opinions on the Overall Process of Disability I.D. Registration

	number	%
Opinions on the Overall Process of Disability I.D. Registration		
Very complicated	2	0.5
Rather complicated	13	3.2
Just like contacting other government offices	128	31.3
Rather convenient and systematic	146	35.7
Very systematic	120	29.3

Table 26: Expenses Related to Disability Registration (Application for Disability I.D. Card)

	mean	min	max
Expenses related to Disability Registration (Application for Disability I.D. Card)			
- transportation	312.3	20.0	2000.0
- payment to the person who took them to the registration units	387.5	50.0	800.0
Day(s) spent for disability registration	35.6	1.0	365.0
Scores of opinions on the overall process of disability registration	3.9	1.0	5.0

Table 27: Experiences in Applying for Disability Allowances

	number	%
Did you receive disability allowances?		
No	7	1.7
Yes	414	98.3
Reasons for not receiving disability allowances		
- during application process	4	57.1
- does not need allowances	1	14.3
- other	2	28.6
After the application, how long did it take to get the first payment for disability allowance?		
Within 1 month	224	54.2
More than 1 month	189	45.8
- no back payment	52	27.5
- received back payment from the submission date	19	10.1
- received back payment from the date of approval	11	5.8

	number	%
Methods of payment		
Transferred to bank account	333	80.6
By cash (at mobile units provided by local administrative offices)	39	9.4
By cash (local administrative official comes to the child's house)	21	5.1
By cash (at local administrative offices)	20	4.8
How often did you receive disability allowances in the past 6 months?		
Every month	412	99.8
Once in 2-3 months	1	0.2
The amount of disability allowances that the child receives		
Receives full amount of 800 baht/month	412	99.8
Not consistent	1	0.2

Table 28: Child Welfare and other Support from the Government or Private Sector

	number	%
In-cash support		
No	273	65.0
Yes	147	35.0
Received in-cash support:		
- Child support grant	10	6.8
- Children's allowance (for children whose parents are under social security system)	19	12.9
- Loan for self-employment	33	22.4
- Tax deduction for caregivers	22	15.0
- Employment according to Section 35 of Persons with Disabilities Empowerment Act (PDEA)	3	2.0
- Financial support from other welfare schemes	32	21.8
- Grant from Khun Poom Foundation	57	38.8
- Others	8	5.4
In-kind support		
No	67	16.0
Yes	353	84.0

	number	%
Received in-kind support:		
- T. 74 card for medical care {XE บัตร}of the child	334	79.5
- Basic education	192	45.7
- Prosthetics & orthotics	29	6.9
- medical care for children of government officials	12	2.9
- Consumer goods	6	1.4
- Personal assistants	4	1.0
- House modification	3	0.7
- Sign language interpreters	2	0.5
Did you know that there are welfare services for children with disabilities that the child does not receive?		
No	246	58.6
Yes. Please specify:	174	41.4
- loan for self-employment	108	62.1
- house modification	24	13.8
- employment under Section 35 of PDEA	23	13.2
- welfare support grant	11	6.3
- medical care/treatment	4	2.3
- education	3	1.7
- tax deduction	3	1.7
- others	13	7.4

Table 29: Mean Scores of Child Welfare and other Support from the Government or Private Sector (THB)

	mean	min	max
- Employment under Section 35 of PDEA	76,333.33	10,000.0	109,500.0
- Loan for self-employment	43,545.5	2,000.0	100,000.0
- Tax deduction for caregivers	35,076.9	3,000.0	100,000.0
- Child support grant	5,370.0	400.0	43,200.0
- Grants from Khun Poom Foundation and other programs	5,368.5	200.0	30,000.0
- Financial support from other welfare schemes	2,593.5	500.0	11,000.0
- Children's allowance (for children whose parents are under social security system)	1,073.7	200.0	13,000.0

Table 30: Comments/Suggestions about Disability Allowances

	number	%
What should be improved concerning disability allowances?		
- Increase disability allowances as the current amount is not enough	334	96.5
- Rights protection for caregivers of children with disabilities	12	3.5
Additional comments about disability allowances		
- Increase disability allowances as the current amount is not enough	158	45.7
- Rights protection for caregivers of children with disabilities	80	23.1
- Support for transportation to schools/hospitals	41	11.8
- Training on disability rights and welfare concerning disability allowances	18	5.2
- Provision of prosthetics & orthotics	12	3.5
- There should be special education schools and specialized teachers.	10	2.9
- All persons with disabilities should be able to access the rights and welfare.	9	2.6
- There should be specialized doctors on disabilities.	7	2.0
- Provision of houses for persons with disabilities and families	6	1.7
- There should be holistic disability service centres	5	1.5

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