Research Article

INTEGRATING BUDDHIST PRINCIPLES WITH FACTORS AFFECTING ACCESSIBILITY TO DISABILITY WELFARE RIGHTS AND CARE FOR CHILDREN WITH LEARNING DISABILITIES

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Abstract

Background and Objectives: The data in 2020 from the Office of Special Education Bureau, Office of the Basic Education Commission and the Department of Empowerment of Persons with Disabilities revealed that, based on the announcement of the Ministry of Education, there are more persons with disabilities than those with learning disabilities covered under the Persons with Disabilities Empowerment Act B.E. 2550. Therefore, facilitating the identification and support of children with learning disabilities in their access to disability welfare rights enables these children to receive rights tailored to their specific disability type to ultimately promote and develop their potential equally and comprehensively. This research aims to study the factors affecting access to disability welfare rights for children with learning disabilities as assessed by the Ministry of Education, examine the specific caregiving needs of children with learning disabilities, and propose guidelines for promoting and facilitating access to appropriate welfare rights for children with learning disabilities.

Methodology: This qualitative research employed an interview form with the Indexes of Items-Objective Congruence (IOC) equaled to 1.00. In-depth interviews were conducted with four distinct target groups: Ten parents of children with learning disabilities, four medical professionals, four educational professionals, and four informants involved in the field of social welfare for disabled persons. In addition, group discussions were held with ten children with learning disabilities. Both content and inductive analysis were subsequently performed with the perspectives and opinions of the key informants to synthesize the research results.

Main Results: It revealed that the factors affecting the accessibility of welfare rights for children with learning disabilities, as assessed by the Ministry of Education, had encompassed educational, medical, and family factors. The caregiving needs to parents for children with learning disabilities encompassed educational requirements, medical necessities, and the imperative need to uphold fundamental rights.

Involvement to Buddhadhamma: The factors affecting the accessibility of welfare rights for children with learning disabilities as assessed by the Ministry of Education, took on a different perspective in Buddhism. In the context of Buddhism, a truly compassionate society was one where people understood persons with disabilities realistically and were willing to create what was necessary and appropriate for their well-being. Buddhism offered to teach that promoted social support for persons with disabilities, underpinned by principles to affirm and support the inherent value of life for the disabled. These Buddhist principles included Kalyānamittatā, Brahmavihāra, Saṅgahavatthu, Sāraṇīyadhamma, and Bojjhaṅga. Moreover, the caregiving needs of parents for children with learning disabilities within the framework of Buddhism were categorized into two parts: 1) Good or wholesome needs, referred to as "Chanda," 2) Unwholesome needs, known as "Tanhā". Both concepts carried distinct perspectives on the role of desires or needs. However, Buddhism predominantly viewed Tanhā in a negative light, as it could have led to negative consequences when used as a motivator without wisdom to guide it. While Tanhā could have sometimes served as a motivation for action, Buddhism consistently cautioned against its unwise use. The findings indicated that the needs of parents seeking support for children with learning disabilities, particularly about disability registration and access to welfare rights were influenced by both "Chanda" and "Tanhā," which impacted the decision-making process within the system of disability welfare.

Conclusions: It found that factors affecting accessibility to disability welfare rights and care for children with learning disabilities required cooperation among individuals and various agencies such as the Ministry of Education, Ministry of Social Development and Human Security, and the Ministry of Public Health. This collaborative effort was essential in fostering the development of a comprehensive model to care for children with learning disabilities. The integration of Buddhist principles played a pivotal role in this approach. These Buddhist principles included the Four Saṅgahavatthu (Dāna, Piyavācā, Atthacariyā, Samānattatā), The Four Noble Truths (Dukkha, Samudaya, Nirodha, Magga), and the Four Brahmavihāra (Mettā, Karuṇā, Muditā, Upekkhā).

Keywords: Children with Learning Disabilities, Welfare Rights of Persons with Disabilities, Needs

Introduction

On February 12, 1992, Thailand signs the accession letter to the Convention on the Rights of the Child. As a result, the Thai government commits to ensuring that all children in Thailand are entitled to the rights outlined in the convention. In the case of the child with disabilities, the government sector needs to provide attention and support to ensure that they enjoy the same right to life as children without disabilities.

The current issue lies in the reporting of the number of students with disabilities enrolls in the Primary Education Service Area Office. These students have undergone assessment and screening under the Ministry of Education's guidelines for categorizing and setting criteria for persons with disabilities in education (Sungsin, 2019). Sections 3 and 4 of the Education Provision for Persons with Disabilities Act of 2008 reveal that the count of co-learning students with learning disabilities increases each year. However, the numbers do not correspond to persons with learning disabilities under the classification of persons with disabilities under details in Persons with

Disabilities Empowerment Act B.E. 2550 and Department of Empowerment of Persons with Disabilities, as shown in Table 1.

Table 1 A comparison between the number of co-learning-disabled students with learning disabilities under the classification of persons with disabilities under the Persons with Disabilities Empowerment Act B.E. 2550.

Year	Students with Learning Disabilities			Disabled Persons with Learning Disabilities		
	Male	Female	Total	Male	Female	Total
2560	261,135	87,076	348,211	6,316	2,714	9,030
2561	264,734	88,720	353,454	7,248	2,967	10,215
2562	275,903	95,307	371,210	8,290	3,279	11,569
2563	288,185	103,367	391,552	9,233	3,555	12,788

From the aforementioned report, it is evident that the number of students with learning disabilities, as reported by the Ministry of Education, surpasses those categorized as having learning disabilities under the Persons with Disabilities Empowerment Act B.E. 2550. However, individuals with disabilities stemming from learning disabilities are distinct from those with empirical disabilities; They represent a separate category apart from intellectual disabilities (Saksiripho, 2020). A significant portion of this group encounters learning challenges. Unfortunately, parents and members of society often lack accurate knowledge and understanding regarding these disabilities that originate from learning difficulties, leading to a lack of awareness regarding relevant information. Consequently, they remain unaware of the welfare rights to which they are entitled and encounter difficulties accessing the various services mandated by law for people with disabilities (Announcement of the Ministry of Education regarding the classification and criteria for persons with disabilities in education B.E. 2552, 2009).

Furthermore, in Thai society, the term "Disability" often carries negative connotations. Individuals with disabilities frequently face rejection and stigma. Children diagnosed with disabilities are sometimes regarded as having limited prospects for the future. In contrast, in developed countries, society has shifted its perspective, viewing disability not as an illness or inherent disorder but as a condition stemming from societal constraints placed on the lives of individuals with disabilities. These constraints manifest through inadequate environments, hindrances to accessible facilities, and educational systems that fail to consider the unique characteristics and diversity of individuals. This contradicts the fundamental principle that states should strive for social equality by establishing various facilities to ensure that everyone can access public services and live together in discrimination-free societies (Pavasuthipaisit et al., 2016); (Sanigampongsa, 2007). Moreover, some individuals lack understanding of persons with disabilities, and some even view them solely for entertainment. Regrettably, regardless of a disabled individual's mental or physical condition, they may become subjects of ridicule among peers. Such mockery has a historical precedent, as evident in the saying from the Buddha's era: "Among six Bhikkhus, some engage in guessing games, and some imitate the handicapped" (Vi.Mahā.(Thai) 1/431/460, Vi.Cū.(Thai) 6/21/40) (Mahachulalongkornrajavidyalaya University, 1996A). This issue underscores the importance of fostering a more inclusive and understanding society, not limited to individuals with disabilities alone. There are various teachings and parables about disabilities, including the story of the blind man examining an elephant (Khu.U.(Thai) 25/54/293-294) (Mahachulalongkornrajavidyalaya University, 1996A), the blind person and the one-eye blind person (Ang.Tik.(Thai) 20/29/179) (Mahachulalongkornrajavidyalaya University, 1996A), and the person with a cleft nose giving gifts (Khu.Chā.A.(Pali) 4/-/53-55) (Mahachulalongkornrajavidyalaya University, 1996B).

Therefore, the task of identifying and assisting children with learning disabilities in gaining access to the disability welfare rights process for individuals with disabilities necessitates collaboration among various stakeholders closely connected with these children. This includes parents residing in proximity to the children, medical professionals, educational experts, and individuals engaged in the realm of social welfare for persons with disabilities. Through such collaborative efforts, children with learning disabilities can access welfare rights tailored to their specific needs, ensuring that the government can deliver appropriate equality and inclusivity. Consequently, children with learning disabilities are allowed to unlock their potential suitably. This, in turn, enables them to lead fulfilling lives, recognize their intrinsic worth, actively engage in society, enjoy a high quality of life, and ultimately become valuable citizens contributing to the nation's future. These critical factors serve as the driving force behind this research.

Objectives

This research aims to study the factors affecting access to disability welfare rights for children with learning disabilities as assessed by the Ministry of Education, examine the specific caregiving needs of children with learning disabilities, and propose guidelines for promoting and facilitating access to appropriate welfare rights for children with learning disabilities.

Methodology

This qualitative research employed an interview form with the Indexes of Items-Objective Congruence (IOC) equaled to 1.00. In-depth interviews were conducted with four distinct target groups: Ten parents of children with learning disabilities, four medical professionals, four educational professionals, and four informants involved in the field of social welfare for disabled persons. Additionally, group discussions were held with ten children with learning disabilities. Both content and inductive analysis were subsequently performed with the perspectives and opinions of the key informants to synthesize the research results.

Results and Discussion

Data from the sample groups and involved parties could have summarized the research results according to the following objectives as shown in Table 2.

Table 2 Factors affecting access to disability welfare rights for children with learning disabilities.

Educational Factors	- The availability of schools and specialized teachers (Special Education Teachers) prepared to accommodate children with learning disabilities was limited and did not cover all geographical areas. - In cases where schools failed to provide an appropriate learning environment, children with disabilities might have been inclined to avoid attending classes, resulting in absenteeism or truancy. When exposed to peers with negative behavior patterns, this could have led to social problems. - Teachers responsible for the care of children with learning disabilities often faced heavy workloads. Consequently, it became challenging to provide comprehensive support and development opportunities for these children. A homeroom teacher involved in the care of children with learning disabilities expressed: *"...In our schools, we have special education teachers, but at times, they are also assigned to kindergarten classes. Some even take on administrative roles due to a shortage of teachers. This means that regular special education teachers have multiple responsibilities..."*
Medical Factors	- Hospitals and medical professionals responsible for treating children with learning disabilities were in short supply and did not cover all regions. Consequently, parents often endured travel restrictions when seeking treatment for their children. A Village Health Volunteer (VHV) expressed their concern: *"...There is an insufficient number of personnel with expertise and their distribution is primarily concentrated in urban areas. Children with learning disabilities are found everywhere, not just in urban centers. Therefore, there is a need to increase the presence of medical professionals within the communities, ensuring that children with learning disabilities have a better chance of accessing welfare benefits..."*
Family Factors	- Parents' knowledge and understanding of learning disabilities varied, with some parents perceiving them as not a significant issue necessitating medical treatment. Learning disabilities, unlike diseases with clear and visible symptoms, might not always have manifested obvious signs. A social worker noted this by saying: *"...When it comes to a child needing to see a psychiatrist or receive psychiatric services, the terms "Psychiatrist" or "Psychiatric hospital" are sometimes associated with mental illness. Some parents are reluctant to seek such services because they may not fully comprehend the nature of the condition..."*

This was consistent with the research conducted by Kantharit (2018) on factors related to the social welfare needs of disabled people in Nonthaburi province. The study found that disabled individuals in Nonthaburi province had significant social welfare needs with the most pressing ones being related to health and employment or income. These were followed by education, social services, and overall health. The research revealed a high demand for social welfare services, and it identified factors significantly related to the social welfare needs of the disabled at the 0.05 level. These factors included gender, age, education level, marital status, average monthly income, occupation, and type of disability. As a recommendation, government agencies should have developed comprehensive plans for managing social welfare services, with a strong focus on addressing the needs of people with disabilities. Encouraging the formation of disabled persons' groups or clubs to provide mutual support on the Day of Persons with Disabilities was suggested. Furthermore, promoting increased access to education for persons with disabilities, conducting regular evaluations of the work of relevant government officials, and establishing medical teams to provide ongoing support, including information about medical rehabilitation, were recommended steps, as shown in Table 3.

Table 3 Caregiving needs of children with learning disabilities.

Education	- Schools should have established a plan for developing an Individualized Education Program (IEP) for children with learning disabilities. The IEP was an educational plan tailored to the specific needs of individuals with disabilities, outlining guidelines for their education. It included provisions for appropriate facilities, resources, services, and any additional educational support required. Government school special education teachers emphasized this by stating: *"...Assessment and evaluation should align with the child's capabilities, as defined in the Individualized Education Program (IEP) organizational plan. This plan should incorporate various tools, technologies, and facilities to aid children in their academic development according to their abilities..."*
Medical Care	- The availability of personnel and medical facilities responsible for treating children with learning disabilities should have been expanded to encompass all provinces, ensuring easy access for the general public. This could be achieved through coordinated efforts between the Ministry of Public Health and the Ministry of Interior, utilizing models such as sub-district health-promoting hospitals or Village Health Volunteers (VHVs). Primary treatment for children with learning disabilities should have been prioritized, along with community education initiatives aimed at increasing awareness and understanding of learning disabilities. The goal was to foster a positive attitude towards coexistence, acceptance, and the avoidance of stigmatization of children with learning disabilities.
Fundamental Welfare	- It was particularly ensuring access to welfare benefits offered through various government projects. Historically, children with learning disabilities were unable to avail themselves of these rights due to a lack of qualifications matching the specific criteria for each project. Therefore, the government needed to make these benefits accessible to children with learning disabilities just like the general public. This group should have been recognized as a vulnerable population in need of special care and consideration.

This was consistent with the research conducted by Riewpaiboon et al. (2016) on problems, needs, and accessibility to services for children with disabilities in the community and the situation of the rehabilitation workforce. The research findings revealed that the healthcare needs of children and families dealing with these disabilities, from the perspective of parents or family members, exhibited considerable variations that could be summarized into three distinct groups: Group 1: Families in this group might not recognize or comprehend that a problem exists, and as a result, they were unaware of the assistance or services they required; Group 2: Families in this category might recognize that their children were facing challenges or abnormalities, but they remained uncertain about the specific services or support needed and where to access them. While some families might have sought services, they often found that these services did not adequately address their understanding of their children's needs, resulting in remote services, wasted expenses, and unnecessary or ill-advised service-seeking; Group 3: Families in this group acknowledged their children's challenges. Simultaneously, they grappled with additional difficulties in other areas. For these families, their service requirements tended to revolve more around financial assistance, scholarships, or other forms of social welfare than direct healthcare services, as they aimed to provide holistic support for their children's well-being. Riewpaiboon et al. (2016) also proposed that the service model addressing the issues and requirements of children and their families should have been both diverse and flexible to cater to the unique needs of each group. Presently, services and support for children with disabilities and significant developmental challenges were operated within fragmented systems, lacking integration across education, social assistance, welfare, and medical services. This lack of coordination led to accessibility problems in accessing services. Furthermore, the demand for treatment and rehabilitation services for disabled children often went unnoticed or was denied by parents or guardians. Behavioral deviations such as slow learning, reading disabilities, math difficulties, mood swings, and more were frequently regarded as common childhood phases by parents. Some believe these issues would naturally resolve as the child grows. What was crucial to note was that if someone pointing out these abnormalities was not trusted or accepted by their family, or if the term "Children with disabilities" or "Special needs children" was used, it could have exacerbated resistance from parents or guardians. In certain cases, even if a family acknowledges the child's disability or abnormality, they may have to choose not to seek treatment or enroll the child in a special education school. All of these factors contributed to further hindrances in accessing services for children with these conditions.

Guidelines for promoting and facilitating access to appropriate welfare rights for children with learning disabilities were as follows:

1. Development of criteria for evaluating disabled people with learning disabilities according to the Persons with Disabilities Empowerment Act, 2007 was clear and consistent with the assessment criteria of the Ministry of Education.

2. Coordination and collaboration among the Ministry of Education, the Ministry of Public Health, and the Ministry of Social Development and Human Security established clear criteria and standards for delivering adequate support for the welfare and rights of children with disabilities.

3. Establishing regulations, laws, or acts on the welfare rights of individuals with learning disabilities guaranteed that all certified disabled children received an Individualized Education Program (IEP).

4. Expanding the special education teacher workforce in every school, including sub-district, district, and urban levels ensured sufficient support for children with learning disabilities, thereby reducing school absenteeism and transportation barriers.

5. The school should have conducted meetings or training sessions for teachers and parents to enable them to effectively observe, understand the behavior of children with learning disabilities, provide suitable care, and support.

6. Schools should have designed curricula that prioritized practical skill development over academics to equip children with learning disabilities for future careers by considering that some disabled children might have faced circumstances that led to school dropout and a lack of educational qualifications.

7. Promoting awareness and acceptance without stigma educated the general public about learning disabilities.

8. Utilizing various public relations media included billboards, TV ads, and online platforms to educate the public about the welfare rights of children with learning disabilities.

9. Implementing online consultation channels for multidisciplinary teams provided accessible, convenient, and cost-free support for parents without the need for travel.

10. Providing travel assistance for medical treatment to children with learning disabilities and addressing the income challenges faced by many families had ensured that they have access to necessary healthcare.

11. Expand the community-level medical personnel workforce with a proactive approach included home visits and close follow-up to guide parents of children with learning disabilities.

This was consistent with the research conducted by Sungsin (2019) on "Access to the Rights of Disabled Persons under the Empowerment of Persons with Disabilities Act, 2007, in Muang, Phetchaburi district, Phetchaburi". The study revealed that the level of access to rights for disabled individuals was generally high. They had the highest access to medical rehabilitation services, followed by disability premium welfare arrangements, recognition and participation in social activities, and vocational rehabilitation. Conversely, the aspect with the lowest level of access to rights was assistance in accessing policies and receiving information, as well as education as mandated by the law. The key factors influencing access to rights among persons with disabilities included the specific needs of individuals with disabilities, the effectiveness of officials, the accessibility of procedures and processes, and the availability of equipment or assistive devices for disabled individuals. Sungsin also proposed several recommendations to enhance the access of people with disabilities to medical rehabilitation rights: Skills training and development: Provide support for individuals with disabilities and their caregivers to acquire necessary skills; Legal education: Promote and support lifelong legal education for people with disabilities, beginning from birth or upon the onset of a disability, ensuring they have access to educational resources; Vocational training: Government agencies should have facilitated vocational training and promoted job opportunities, offered career guidance services, and actively gathered information on employment needs for people with disabilities; Economic inclusion: Support people with disabilities to fully participate in economic activities, fostering their inclusion in the workforce; Legal assistance: Establish legal teams to provide advice and facilitate discussions, offering legal knowledge to individuals with disabilities. Increase disability allowance: Consider increasing disability allowances to improve the living conditions of disabled individuals.

Originality and Body of Knowledge

Finding and assisting children with learning disabilities in accessing disability welfare rights through Buddhist principles by recognizing and supporting children with learning disabilities to access their disability welfare rights aligns with Buddhist principles, which emphasize recognizing the value and potential of every individual, including disabled children. It is essential to provide care that enhances the quality of life for individuals with disabilities, fostering their confidence, hope, patience, and perseverance. The development for their quality of life can be categorized into four aspects: 1) Physical development; 2) Social development; 3) Mental development; and 4) Intellectual development (Chanta, 2011). These findings are consistent with the research of Pijanan et al. (2021), who identified four key challenges faced by individuals with disabilities: 1) Physical health: Persons with disabilities often face limitations and may need to rely on others for assistance; 2) Psychological aspect: Persons with disabilities reject illness and loss of confidence; 3) Social aspect: Persons with disabilities feel different and isolated within society; and 4) Intellectual aspect: Persons with disabilities struggle with concentration and focusing on tasks. In the context of Buddhism, a compassionate society is one that realistically understands the experiences of individuals with disabilities and is committed to creating the necessary support systems for their well-being. Buddhism offers teachings that promote social support for individuals with disabilities, grounded in principles that affirm and uphold the intrinsic value of life for disabled individuals. These Buddhist principles include Kalyānamittatā, Brahmavihāra, Saṅgahavatthu, Sārānīyadhamma, and Bojjhaṅga. These principles are closely tied to factors affecting access to welfare rights for individuals with disabilities, including children with learning disabilities, as well as the needs of parents caring for children with disabilities. Educational institutions aim to facilitate the inclusion of children in the disability welfare system to ensure they receive the necessary care and support tailored to their specific needs. However, there exists another group of parents who are reluctant to have their children enter the disability welfare system due to concerns about the potential stigma associated with being labeled as disabled. Some families are capable of providing adequate care for their children without relying on state welfare. Moreover, within the framework of Buddhism, the caregiving needs of parents for children with learning disabilities are categorized into two parts: 1) Good or wholesome needs, referred to as "Chanda," 2) Unwholesome needs, known as "Tanhā" Both these concepts carry distinct perspectives on the role of desires or needs.

However, Buddhism predominantly views "Tanhā" in a negative light, as it can lead to negative consequences when used as a motivator without wisdom to guide it. While "Tanhā" can sometimes serve as a motivation for action, Buddhism consistently cautions against its unwise use. The research results indicate that the needs of parents seeking support for children with learning disabilities, particularly about disability registration and access to welfare rights, are influenced by both "Chanda" and "Tanhā," which impact the decision-making process within the disability welfare system, as shown in Figure 1.

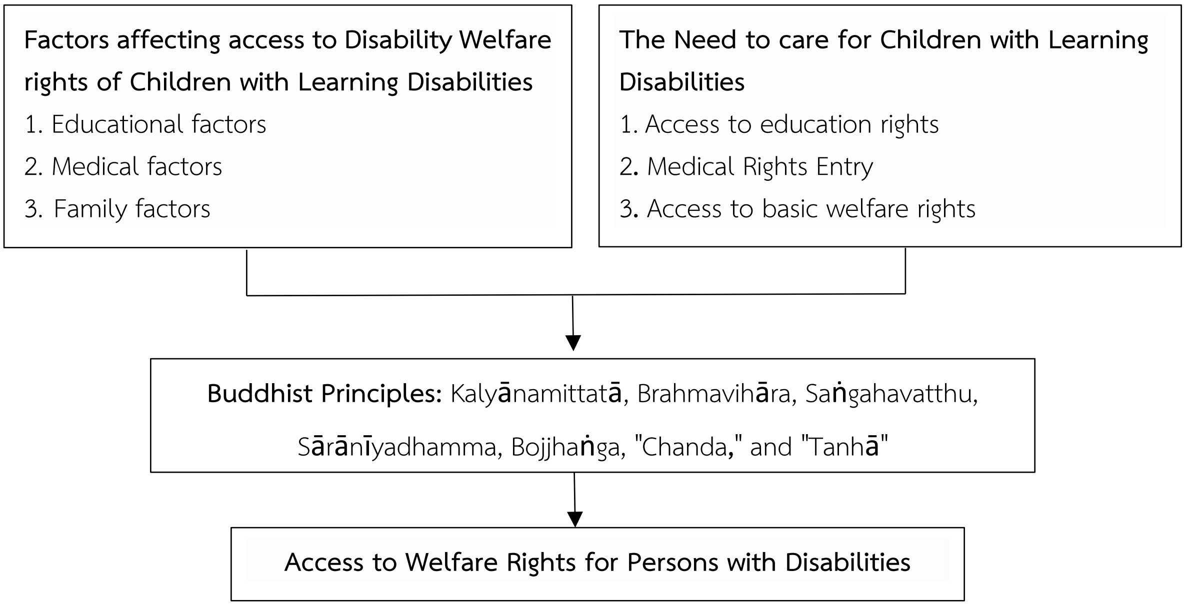

Figure 1 Integrating Buddhist principles with factors affecting accessibility to disability welfare rights and care for children with learning disabilities.

Conclusions and Recommendations

Numerous Buddhist principles aligned with public service and were applicable in various public social work contexts. These principles could have encouraged individuals to cultivate virtue by relying on the refinement of both individuals and social institutions over time. The foundation of these virtues often began within the family, temple, school, and other social and religious institutions. The process involved learning and the creative inheritance of these values, particularly at the local level, which was closest to the people. Instilling Buddhist principles into individuals and organizations by making them a way of life, was paramount importance. Therefore, to ensure that children with learning disabilities had equal and comprehensive access to disability welfare rights. The collaborative efforts of relevant agencies were crucial. The researchers would like to propose recommendations for the application of Buddhist principles to promote and support children with learning disabilities in accessing appropriate welfare, as follows: 1) The Ministry of Education should have established a policy that aims at encouraging and facilitating the development of Individualized Education Programs (IEPs) for children with learning disabilities within all schools. This policy should have encompassed the training and support of educational staff who was responsible for the specialized care of children with learning disabilities, as well as addressing the need for modern educational facilities for these students; 2) The Ministry of Social Development and Human Security should have formed a policy that aligned with the current societal needs and economic conditions to provide financial support for the livelihoods of children with learning disabilities; 3) The Department of Empowerment and Development of Persons with Disabilities should have played a central role for promoting positive attitudes in society towards children with learning disabilities. These attitudes included reducing stigma, providing support to these children, nurturing their sense of self-worth, and consistently disseminating accurate information to understand about the welfare rights of individuals with disabilities across all sectors. The approach should have been proactive rather than reactive to ensure accessibility, convenience, and efficiency; and 4) The Ministry of Public Health should have implemented a policy to allocate funds for the development of public relations media and the dissemination of accessible, modern, and easy-to-understand information about learning disabilities to the general public.

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