



The provision of public services in municipalities in Thailand to improve the quality of life of elderly people

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Abstract

The purposes of the research were: 1) to study the models of public service provision in municipalities to improve the quality of life of elderly people and 2) to study the factors influencing success in providing public services for elderly people by the municipalities in Thailand. The data were collected using in-depth interviews, focus group discussions, and non-participatory observation and the data were analyzed using content analysis. The findings indicated that the municipalities applied “mixed” models of public service provision for elderly people. First, in the Traditional Public Administration model, the municipalities provide services for the elderly through bureaucratic rules in that they implement the activities themselves. Second, the New Public Management model emphasizes collaboration between the municipalities and private sector. Lastly, the New Public Governance model focuses on a collaborative partnership and network of all stakeholders such as the Ministry of Social Development and Human Security and the elderly’s clubs to establish the Elderly Quality of Life Development Center and schools for the elderly to be the center for the elderly’s activities. The factors influencing the success of municipalities in providing public services to elderly people were divided into two parts: 1) internal organizational factors such as the leadership of the municipal decision makers, autonomy in policy making, correct and updated information, committed personnel, and budget; and 2) external organizational factors such as national policies, plans and laws for elderly people, the responsible governmental agencies for the elderly people, and the partnership and networks of stakeholders.

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Introduction

An aging society is an issue that the Thai government has focused on since 2005 when the aged population in Thailand reached 10.5 percent of the Thai population or 6.6 million people (*The Ministry of Social Development and Human Security, 2006*), due to the declining birth rate.

Moreover, Thai people have a longer life span because of the more advanced technology in medical and health care. The population surveyed by the National Statistical Office showed that there has been a swift and continuous increase of the elderly. In 1994, the aged population was 6.8 percent of the total population or 4 million aged people, then the number increased to 9.4 percent, 10.7 percent, 12.2 percent, and 14.9 percent, or 5.9 million people, 7 million people, 8.2 million people, and 10 million people in 2002, 2007, 2011, and 2014, respectively (*National Statistical Office, 2014*). The increase in the aged population has affected governmental administration in the budget management and fiscal policies providing welfare for the elderly. Moreover,

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the situation has affected labor policy. Therefore, the government has implemented several policies to support the current state of an aging society in Thailand; for example, the Seniors Citizens Act B.E. 2546 (2003) was enacted and local administration organizations were decentralized to provide services to the elderly.

Implementation of the policies for the elderly has been continuously advanced; nonetheless, the government has been confronted by various problems. To be precise, the policies for the elderly have not succeeded as expected because the implementation of many policies has been delayed by internal and external factors, reactive works, and the lack of appropriate plans to implement the policies. The most successful policy of the 2nd National Plan on the Elderly B.E. 2545–2564 was the monthly elderly allowance project. The obstacles that have hindered the policies for the elderly are the leaders of the country, inconsistent policies due to changes in government, and the inefficient Elderly clubs ([College of Population Studies, Chulalongkorn University, 2013](#)). Decentralization to local administrative organizations appears to be the main actor in the Elderly policies and is expected to be the key to handling the situation.

Local governance is a government mechanism to provide basic public services to the people as they are citizens and tax payers to the government. Municipalities are one of the local administrative organizations that are responsible for public service provision to the elderly because of their availability; organizations at this level are situated in urban and suburban areas all over the country. The municipalities are divided into three types: City Municipality, Town Municipality and Subdistrict Municipality. The advantages of the municipalities are that they are autonomous in making and implementing policies using their own personnel. Moreover, they can collect more revenues in the form of taxes and fees than the Provincial Administrative Organization (PAO) and Sub-district Administrative Organization (SAO) do ([Tanchai et al., 2015](#)). Finally, they are so close to people that they are able to partner with citizens and civil society organizations to more efficiently co-deliver public services.

The Municipal Act, B.E. 2496 (1953) and Plans and Process of Decentralization to Local Government Organization Act B.E. 2542 (1999) determine that the municipalities are responsible for service provision to the elderly. Therefore, they organize many projects and activities to support and improve the elderly's life qualities such as the monthly elderly allowance, activities for the elderly, and the establishment of the schools for the elderly. Some municipalities collaborate with government agencies, private-sector organizations, and people-sector organizations in co-delivering the services; however, they have been confronted by some problems and limitations. For example, there is no specific municipal regulation for public services provision for the elderly. This hinders the budget management that could provide more appropriate services to them ([The Law Reform Commission of Thailand, 2014](#), pp. 53–54).

For these reasons, this article aims to study the models of municipal public service provisions for the elderly's life qualities improvement and to analyze the factors that

support the success of public service provision for the elderly. In addition, it aims to offer policy suggestions to improve the quality of the services by the municipalities.

Objectives

- 1) To study the models of public service provision of the municipalities to improve the quality of life of the elderly people.
- 2) To study the factors influencing success in providing the public services for the elderly people by the municipalities in Thailand.

Literature Review

Public service provisions can be divided into three paradigms ([Osborne, 2010](#), pp. 1–2). The first paradigm is the Traditional Public Administration (PA), which started in the 19th century, at the beginning of the study of Public administration in 1887, through to the 1980s. Secondly, this was followed by the New Public Management (NPM) starting in the 1980s. The third one, the New Public Governance (NPG) was introduced by [Osborne \(2010\)](#) in his book entitled “The New Public Governance” at the beginning of the 21st century.

Traditional Public Administration presented hierarchical organizational structures of government agencies that were the administrative mechanism in any activity. Rules and regulations or policies issued by the government were implemented by the state officers, who were responsible to the elected politicians or the policy-makers. Civic participation in public policy was limited in the paradigm ([Denhardt & Denhardt, 2007](#), pp. 11–12). Secondly, New Public Management (NPM) happened due to the bureaucratic system reformation in England and in America in the 1980s. The paradigm aimed to improve the administration and the service provision in terms of quality and quantity, as well as to satisfy the end service users. The private-sector and business administration approaches were employed in public management; for instance, governmental downsizing, privatization, adopting business principles, and outsourcing of services ([Denhardt & Denhardt, 2007](#), pp. 12–13; [Osborne, 2010](#), pp. 3–4). Moreover, people were considered as state customers in this paradigm. Finally, New Public Governance was introduced because the public administration at the time had more complex issues and budget constraints. For these reasons, engagement by people, private companies, and non-profit organizations to co-produce public service provision and to deliver more effective services to the users, became more significant. Collaborative network and partnership seemed to be a mechanism in public service provision. The roles of the state officers changed from being the commanders to facilitators supporting people in co-planning and co-delivering the services.

It can be concluded that the public service provision developed from Traditional Public Administration that laid upon the principles of bureaucratic hierarchy, planning,

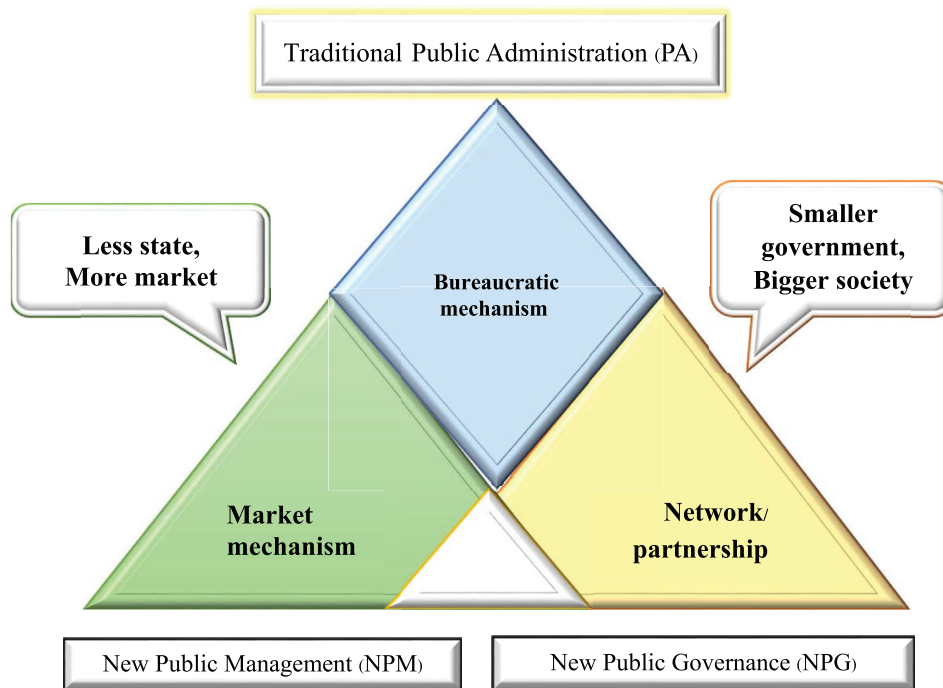


Figure 1 Theories of public service provision

Source: [Thammasat University Research and Consultancy Institute \(2013, p. 33\)](#) and [Osborne \(2010\)](#)

centralization, and direct control. However, the system has been criticized for its drawbacks as it was ineffective, slow, and non-responsive to the several needs of people. For these reasons, many countries attempted to ignore the traditional public service and adopted New Public Management and New Public Governance approaches as part of public sector reform programs. NPM shifts the emphasis from traditional public administration to business principles, outsourcing of services, and performance management, while NPG places emphasis on the use of collaborative networks and allied parties to provide more effective services that can respond to the needs of people in the 21st century. The three concepts did not replace one another but they were “complementarily used” to enhance the capacity and quality of

public service provision in several countries as explained in [Figure 1](#) and [Table 1](#) and [Table 2](#).

Methodology

This qualitative research employed purposive sampling to obtain key informants who were involved in municipalities in policy formulation and implementation for elderly people as well as experts in local public administration and in studies of the elderly. Interviews were conducted with 35 key informants: 1) three government officials responsible for local government and elderly service provision—one person from the Office of the Decentralization to the Local Government Organization

Table 1

Comparison of traditional public administration (PA), new public management (NPM), and new public governance (NPG)

Key element/Paradigm	PA	NPM	NPG
Theoretical roots	Political science and public policy theories	Public choices theories/Management theories	Institutional theories and network theories
Emphasis	Policy making and implementation	Management of organizational resources and performances	Negotiation of values, meaning, and relationships
Resource allocation mechanism and operation	Hierarchy Government agencies	The market and classical contract	Networks and relational contracts
Organization structure	Bureaucracy with hierarchical structure, Top-down system and, rules and regulations	The decentralized public organizations with primary control remaining within the agencies	Collaborative structure and partnership between government agencies and other sectors
To whom are public servants responsive	Clients and constituents	Customer	Citizens
Service system	Closed system	Open system	Open system

Source: Modified from [Denhardt and Denhardt \(2007, pp.28–29\)](#), [Osborne \(2010, p.10\)](#) and [Siriprakob \(2015, pp. 207–209\)](#)

Table 2
Models of municipal service provision for the elderly

Model of the public service	Method	Attributes and activities	Target groups (The Elderly)
Traditional public administration	Municipalities implement the policies, plans, and activities on their own	1) Monthly allowance 2) Monthly basic health check-up 3) Annual elderly day activities	Every group
New public management	Municipalities assign or collaborate with the private sector organizations to implement the activities	Hiring private recruiters to recruit the lecturers for the elderly schools	The home-bound and social-bound elderly
New public governance	Municipalities co-produce services with government agencies, people-sector organizations and civil-society organizations	1) Elderly Quality of Life Development and Career Promotion Center 2) Schools for the elderly 3) Community volunteers for the elderly care project 4) Career training groups 5) Home visit	The home-bound and social-bound elderly The social-bound elderly The home-bound and The bed-bound elderly The home-bound and social-bound elderly The home-bound and bed-bound elderly

Committee and two from the Department of Older Persons; 2) 13 administrators from the municipalities—7 from municipalities with outstanding good governance in management (municipalities with King Prajadhipok's Award from the King Prajadhipok Institute and from the Office of the Decentralization to the Local Government Organization Committee in B.E. 2556–2558 (2013–2015) and six people from general municipalities; 3) three community leaders, four older people from the Elderly clubs, and four community volunteers for elderly care; 4) the chairperson of the Association of the Elderly Council of Thailand; and 5) seven experts—four specializing in local public administration and three specializing in studies of the elderly. These interviews focused on how municipalities provide public service for elderly people and what factors influence success in providing public services. Furthermore, three focus group discussions were organized with members from the Elderly Quality of Life Development Center and two focus group discussions were organized with member from the elderly clubs. The participants for each focus group discussion consisted of 5–10 informants. All participants from the elderly clubs and the Elderly Quality of Life Development Center were selected by the head or president of agencies from those who had been a member at least one year. Additionally, the researchers were involved in non-participatory observations during the activities for the elderly such as during the monthly elderly allowance paying period, the activities of Elderly clubs, the activities of the Elderly Quality of Life Development and Career Promotion Centers, and the activities of Elderly's schools in the municipalities. The data were collected from May 2016 to Feb 2017.

The data were analyzed using content analysis that consisted of three stages: data organizing, data display, and conclusion and interpretation (Miles & Huberman, 1994). To create trust in the results, the researchers applied the triangulation method (Creswell, 2003) that is, triangulation of different sources of data by presenting the preliminary results of data analysis to the scholars in public administration and in studies of service provision, including to the

officers from the municipalities as well as the elderly, and having the data peer reviewed. The process investigated whether the conclusions and interpretation of the researchers corresponded to the opinions of the key informants (Pothisita, 2011). This research was approved by the Committee for Research Ethics (Social Sciences), Mahidol University dated 12th April, 2016 (MU-SSIRB 2016/137.1204).

Results

The findings of the research are divided into two parts; the first part considers the models of municipal public service provision for the elderly's life quality improvement, while the second part is concerned with the factors influencing success in providing public services to improve the elderly's quality of life by municipalities in Thailand.

Models of Municipal Public Service Provision for the Elderly's Life Quality Improvement

The results showed that Thai municipalities applied "mixed" models of public service provision for the elderly. To be precise, Thai municipalities complementarily used the three models; that is, they combined the traditional one, implementing the service provisions on the basis of the public rules and regulations, with NPM, focusing on the models of private company administration, and NPG, basing this on the network and partnership from other government agencies, private companies, civil society organizations, and communities to arrange public services for the elderly. Generally, most municipalities adopted the traditional public service provision, while, the high-potential municipalities (those that had ready financial resources and personnel, their members were active citizens, and their administrators saw the importance of services for the elderly) took the combined model of public service provision as described in the following section: (1) The Traditional Public Administration model, in which the municipalities arranged the activities and

services for the elderly according to rules and regulations by themselves. For example, the municipalities managed to pay the monthly allowance to the elderly. For public health care, they provided basic health check-ups to the elderly during the allowance paying period; otherwise, they, together with family physicians, regularly did home visits to the people in the communities. The home visits had the objectives of taking care of home-bound and bed-bound elderly. In the city and town municipalities, the family physicians and nurses were from the divisions of public health of the municipalities. Moreover, the municipalities held annual National Elderly Day activities. (2) The New Public Management model meant that the municipalities assigned or collaborated with the private-sector organizations to provide public services to the elderly. The research found that some hired private companies to recruit the lecturers for the schools. However, it was not common and widespread in the municipalities. (3) The New Public Governance model relied upon the collaborative network and partnership. In the New Public Governance model, there were several activities that the municipalities undertook and collaborated with others to deliver the services to the elderly. For example, the municipalities in collaboration with the Ministry of Social Development and Human Security established the Municipal Elderly Quality of Life Development and Career Promotion Center. Furthermore, the municipalities together with the Elderly's clubs and the community leaders, founded the schools for the elderly as a center for elderly activities and for Lifelong Learning Promotion for the Elderly activities. The main activities of the schools were to provide health promotion activities to the elderly, local wisdom transfer, career training, recreational activities, and traditional and religious activities. In conclusion, the activities were rather life-skilled oriented than academic. The activities in the Centers and the Schools focused on the social-bound elderly, while the municipalities collaborated with the volunteers to take care of the home-bound and bed-bound elderly.

Factors Supporting the Success of Public Service Provision for the Elderly

It was found that both internal and external factors were necessary for the success of municipal public service provision for the elderly as follow:

Internal Organizational Factors

Factor regarding leaders and their leadership. This factor was concerned with the mayors who had vision and were aware of the importance of the policies for the elderly. Moreover, they should be creative and should have good knowledge of policies and the implementation of the policies for the elderly.

“One factor that can enhance the quality of the public service provision is the leader. This person has to have vision and knowledge of elders' issues... to administer, know who are the people in the community, is elected with the hope that he/she better knows the communities' needs and urgencies... if the leader realizes what is important,

he/she will manage the allocation of the budget for each target group, including the elderly...”

(A scholar in elderly subjects, personal interview, May 27, 2016)

Factor regarding organizational attributes. The municipalities were one of the Local Administrative Organizations that had the autonomy in policy making. They could manage the budget allocation and recruit their personnel. For these reason, they were able to freely make policies, plans, and projects for the elderly. In the city municipalities and town municipalities, they established a Division of Public Health and Environment as well as the Division of Social Welfare. In smaller-sized municipalities and subdistrict municipalities, there was a Community Development Division that took care of plans for the elderly, provided public health care and gave career training to the elderly.

“The municipalities have their autonomy in administration, in budget allocation, in personnel management, in strategic planning or policy making according to the laws”.

(A scholar in local administration subjects, personal interview, October 3, 2016)

Factor regarding information. Correct and up-to-date information about the elderly's issues allowed the municipality to acknowledge the needs and problems of the elderly in their area and then to obtain useful data for analysis and further policy making. The following excerpt from an interview shows the importance of this aspect:

“In many successful municipalities, well-researched information was vital. With the information, we know the current situation, then we can use and analyze the data, make an action plan, implement the plan and finally evaluate the success of the plan...”

(A government official, personal interview, September 30, 2016)

Factor regarding municipal personnel. The personnel in the municipalities, who were responsible for the projects for the elderly, were in the Division of Public Health. They had duties to provide health care services for the elderly. Moreover, the Division of Social Welfare was the body that promoted and provided social welfare to the elderly such as career training, recreation activities, and the elderly club establishment.

Factor regarding budgeting. The budget was the key feature that supported the projects for the elderly. In the efficient municipalities, the budget allocation for the elderly's activities was not only from the local revenue but also from external financial sources such as financial support from the National Health Security Office and the Ministry of Social Development and Human Security, and other donations.

External Organizational Factors

The National Seniors Citizens Act and policies for the elderly at the local level. The government has been supporting elderly issues by making various national laws to complete tasks. For example, the Seniors Citizens Act B.E.

2546 (2003) imposed various mechanisms to drive elderly's projects; for example, the National Committee of Senior Citizens was established to be the responsible party for making the policies to protect and control the elderly's rights. Section 11 mentions that an Elderly Person shall receive protection, promotion, and support as fundamental rights, such as payment of a living allowance on a monthly basis, which could be considered as their basic pension. The committee assigned the Prime Minister to be the director of the board. However, the board of committee lacked representation from people-sector organizations and local organizations.

At the local level, the government assigned the Local Administrative Organizations to be responsible for support and to improve the elderly's life quality by imposing these duties in the Act Determining Plans and Processes for Decentralization to Local Administrative Organizations, B.E. 2542 (1999) and the Local Administrative Organization establishment laws such as the Municipal Act, B.E. 2496 (1953) and Plans and Process of Decentralization to Local Government Organization Act B.E. 2542 (1999). For example, the acts required the municipalities to be responsible for the monthly elderly allowance to the elderly.

National strategic plans for the elderly. Thailand issued the 2nd National Plan on the Elderly B.E. 2545–2564 (2002–2021) as a strategic plan for the elderly. The plan prescribed the regulations to support the current situation of the elderly; for example, the saving discipline formation for people of all ages, life-long learning promotion, budget allocation to the Local Administrative organization for the elderly, long-term elderly care promotion, and network building for the elderly's care at the provincial and local level.

Specific agency to take care of the elderly's issues. In the reformation of the Thai bureaucratic system in 2002, the government made an amendment to the Reorganization of Ministry, Sub-Ministry, and Department Act, B.E. 2545 (2002) by imposing the establishment of a new ministry, the Ministry of Social Development and Human Security, and in 2015, the revised Reorganization of the Ministry, Sub-Ministry and Department Act, B.E. 2558 (2015) imposed a new department, the Department of Older Persons, to promote and improve the elderly' competency, to provide social welfare, and to protect the elderly's rights.

Empowerment and collaboration from the people in the area, together with allied networks in the co-production of public services. One of the most important factors that contributed to the success of the elderly policies was collaboration and partnership with other organizations. There were two main networks: (1) governmental allied networks; and (2) people-sector networks. First, the governmental allied networks were, for example, the Ministry of Social Development and Human Security, and National Health Security Office. Second, the people-sector networks were the elderly clubs, community volunteers, and supporting networks such as educational institutions, temples, foundations, and other local administrative organizations.

"In fact, our municipalities succeeded in policy implementation because of participation. We have a lot of participation from others. Especially, we have collaboration from the community and the community itself can drive the elderly's project to the success. So the municipality received the Good Governance Award. If we don't have participation from the community, we cannot succeed like today..."

(Head of the Department of Social Welfare Promotion, Town municipality in the northeastern region, personal interview, October 4, 2016)

Discussion

Municipalities provide public services for the elderly's life quality improvement under three models: 1) the Traditional Public Administration model. The services provided by this model were; for example, the monthly allowance payment, the basic health check-up and the home visit for the bed-bound elderly. These services were delivered according to the right that the municipalities are enacted to do it by themselves; 2) the New Public Management model. In this model, the municipalities assigned or hired private companies to carry out service provision for the elderly. For example, the municipalities hired private recruiters to recruit lecturers for the schools for the elderly; and 3) the New Public Governance model. The services were delivered through the network and partnership. The municipalities collaborated with the Ministry of Social Development and Human Security to establish the Elderly Quality of Life Development and Career Promotion Centers. Furthermore, the municipalities together with the elderly's clubs and community leaders established schools for the elderly. These were a center for elderly activities and for Lifelong Learning Promotion for the Elderly activities, which focused on the elderly's life skills rather than academic skills. Osborne (2010), Runya, Qigui, and Wei (2015) and Pestoff (2011) considered New Public Governance was a new concept in public administration in the 21st century. It underlined the idea of a pluralist state that focused on civic participation in public service administration. The focus was on a collaborative approach to public affair management.

Factors that Support Success in the Public Service Provision by the Municipalities

It was found that there were two types of factors that support success in public service provision by the municipalities; that is, the internal organizational factors and external organizational factors.

Internal Organizational Factors

Factor regarding leaders and their leadership. The municipalities that showed their good management in the elderly policies had a common attribute of leaders who had vision and gave importance to the elderly's policies. These people led the followers or teams to achieve the

organization's objectives. [Kotter \(1990\)](#) considered that good leaders built the visions and missions and then communicated them to the all levels of the organization to increase organizational outcomes. In the same way, the studies by [Sangnimnuan \(2013, p. 69\)](#) and [Kokpol and Parisudhiyarn \(2009, p.24\)](#) found that one of the factor contributing to the success of the Local Administrative Organizations was their leaders. To be precise, the leaders had a vision and goals to achieve. They were concerned with public interest and were leaders of change and they had good governance.

Factor regarding organizational attributes. The municipalities established additional units to take care of specific tasks for elderly public services; assist such as the Division of Public Health and Environment and the Division of Social Welfare in the city municipalities and town municipalities and the Community Development Division in smaller municipalities, to take care of plans for the elderly, to provide public health care, and to provide career training for the elderly. This occurred due to the autonomy in the public service administration of the Local Administrative Organizations to be able to respond to local problems and the local needs of the people. The autonomy of the Local Administrative Organizations was imposed by law; therefore, they could make policies, implement the policies, undertake human resource management, and manage their budget allocation and their finances on their own ([Krueathep, 2003, p. 18](#)).

Factor regarding information. It was found that the municipalities that had good management on elderly's policies had good management utilizing correct and up-to-date data and information. For example, they conducted an annual survey and undertook data analysis on the elderly's data for use in management and policy making. [Kroenke and Hatch \(1994\)](#) mentioned that the application of information could add value to the tasks and might better help the organizations to achieve their goals.

Factor regarding municipal personnel. This factor supported the success of the elderly policy implementation because human resources are the main factor in the management of any organizations. Therefore, the results found that the municipalities that succeeded in their policies for the elderly had an appropriate number of committed personnel. In terms of the quality, they had the expertise and the skills and dedication to successfully do their jobs. This corresponded to study by [Maran, Lawrence, and Maimunah \(2009\)](#) who found that the collective human capital could increase the outputs of organizations.

Factor regarding budget. It was found that the successful municipalities in the elderly policies managed appropriate budget allocation for the elderly's policies. This has been due to the fact that the large-sized municipalities such as the city municipalities and town municipalities could collect sufficient revenue to cover the budget for the elderly's policies. In these municipalities, there were many malls, industrial sites, and public offices; in other words, they were based on better economies. In some municipalities where there were budgetary constraints on elderly policies, it might be possible to obtain subsidies from other agencies such as the National Health Security Office and the Ministry of Social Development and Human Security, as

well as from donations from people, private companies, and foundations. [Sangnimnuan \(2013, pp. 68–69\)](#) mentioned that a complete administrative system of the Local Administrative Organizations was a system that was composed of a hierarchical system with personnel and budget allocation in each division. This was a supportive factor of good public administration.

External Organizational Factors

Factor regarding the National Seniors Citizens Act and policies for the elderly at the local level. The direction of the government toward the policies for the elderly was controlled by valid public policies for the elderly. [Dye \(2013, p. 3\)](#) mentioned that public policy was what government chose to do or not do. For the Thai government, the policies for the elderly were what the government chose to do. They made policies in form of legislation; that is, the Seniors Citizens Act B.E. 2546 (2003). The law imposed the duties of the National Committee for the Elderly to be responsible for policy making for the elderly. For example, they regulated fundamental rights such as the payment of the monthly living allowance. Moreover, they founded the fund for the elderly in order to allow the elderly to take out a loan without any interest and to make the most of it to improve their lives. Another law that was significant in Thailand was the Plans and Process of Decentralization to Local Government Organization Act B.E. 2542 (1999) that assigned municipalities to provide social welfare for the elderly.

Factor regarding national strategic plans for the elderly. The Thai government has seen the importance of looking after the elderly and issued the 1st National Plan on the Elderly B.E. 2525–2544 (1982–2001) and the 2nd National Plan on the Elderly B.E. 2545–2564 (2002–2021) to be model schemes for other relevant organizations to implement policies for the elderly. Moreover, the national plans legitimized the budget allocation by the government to support the elderly's activities of the Local Administrative Organizations and to create networks for elderly's health care at the provincial and local levels. [Chatreevisit et al. \(2011, p. 12\)](#) pointed out that the strategic plans or long-term plans could be a supportive factor to the success of the organizations because the strategic plans could direct which goals to achieve.

Factor of specific agencies to take care of the elderly's issues. Through Thai bureaucratic reformation in B.E. 2545 (2002), the Thai government established the Department of Older Persons under the Ministry of Social Development and Human Security to take the responsibility for the elderly's activities.

Factor of empowerment and collaboration from people in the area, together with allied networks in the co-production of public services. Civic participation was not only the basis for reinforcement of democracy but it also was a tool for improving the life quality of the people at the local level. People and networks were the capital in the public administration and also the labor to drive any project. This made the policy sustainable ([Kokpol & Parisudhiyarn, 2009, p. 25](#)). The Office of the Education Council, Ministry of Education (2010) stated that people in the communities saw the importance of education and

getting support from external partnerships with universities, private-sector organizations, and foundations to create a memorandum of understanding. This was a supportive factor in the Local Administrative Organizations toward success in education management.

Conclusion and Recommendations

The study findings showed that the municipalities that represented Local Administrative Organizations in Thailand adopted three models of public administration to implement the policy for the elderly: 1) the traditional model, the bureaucratic model, that appointed the municipalities to provide public services for the elderly, such the monthly allowance payment and the basic medical check-up; 2) the municipalities with the private companies model, that meant the municipalities hired private companies to co-deliver the public services, such as the recruitment of lecturers for the schools; and 3) the partnership and collaborative model, such as collaboration with the Ministry of Social Development and Human Security to establish the Elderly Quality of Life Development and Career Promotion Center, and collaboration with the elderly clubs and the community leaders to establish the schools for the elderly to be the center for the elderly's activities, life-long learning, and life-skill learning promotion for the elderly. The centers and the schools were for the home-bound and social-bound elderly, while volunteers for elderly care were to take care of the home-bound and bed-bound elderly.

This study identified two policy suggestions. 1) The results showed that the strength and cooperation of the people in the area, as well as the networks and partnership in public service provision are the key factors for the success of the municipalities. Therefore, at the individual level, the elderly and the communities should unite to help one another. This will strengthen the power of the elderly. Furthermore, they are also an organization that can work with the municipalities to provide good quality of life for the elderly such as the establishment of the elderly clubs, career development groups, and community social welfare. It is due to the municipalities that there are many groups of elderly people who voluntarily work for society, especially groups of pensioners such as teachers, lecturers, soldiers, nurses, and freelancers who have time for social work. 2) At the local level: (1) municipalities should establish systems and mechanisms to manage the work for the elderly successfully by building an up-to-date community database in order to acknowledge the resources in the area. The resources may remain in the business sector, government agencies, people sector, religious institutions, educational institutions, associations, and local philosophers. The database allows the administrators to access the resources and persuade people to co-produce service provision for the elderly. (2) Municipalities should support and promote the elderly's activities because the people sector is important to the success of elderly policies. The municipalities should be "facilitators". For example, they should encourage people to learn to write a proposal for their project and to ask for financial support from other government agencies. Moreover, they provide the location for the activities of the elderly's clubs. In addition, they,

together with the communities, have founded the schools for the elderly or the Elderly Quality of Life Development as day care centers. These activities should be operated by a board of committee where the elderly and the community are the main operators, not by the bureaucratic system. The municipalities should be directors, followers, and supporters to strengthen the communities and the elderly. (3) The budget is a key factor in driving the elderly's activities. Therefore, administrators should be able to seek external budget amounts to supplement their operations such through financial support from the National Health Security Office and the Ministry of Social Development and Human Security, and other donations.

Conflict of Interest

The authors declare there is no conflict of interest.

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