

# Have Thailand's Personal Assistance Services for Persons with Disabilities Evolved?

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## ABSTRACT

**Purpose:** *The study aimed to analyse power relationships among stakeholders in the Thai Personal Assistance service system, using the Critical Disability Theory and Independent Living (IL) philosophy.*

**Method:** *A qualitative research methodology was applied to three groups: Personal Assistants (PAs), persons with disabilities working with PAs, and administrators of PA service delivery agencies in four provinces of Thailand. Fifty-eight respondents participated in in-depth interviews and three focus-group discussions. Interpretative Phenomenological Analysis (IPA) was used to analyse the data.*

**Results:** *Personal Assistant services introduced by the Thai Independent Living movement were incorporated into the law, but implementation was largely managed and delivered by government offices responsible for charitable modes of care, with an emphasis on volunteering. Personal Assistants were perceived as caregivers of older adults. During the COVID-19 pandemic, PA services provided support to persons with disabilities and filled gaps in family care. However, people with disabilities who use their services are often under the control of PAs and are unable to achieve self-determination and full social participation.*

**Conclusion and Implications:** *Among persons with disabilities, group leaders are active agents who strive for more participation at all levels in the PA system structure. It is important to train PA service users and organisations to manage and monitor PA services for persons with disabilities. Hence, developing a PA career path with appropriate working benefits is necessary for creating sustainable PA services.*

**Key words:** *persons with disabilities, Critical Disability Theory, personal assistant, Thailand*

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## INTRODUCTION

The Independent Living (IL) movement began in the United States in the 1970s and spread internationally to Britain (Barnes et al, 1999), northern European countries and Asia from the 1980s onward (Nakanishi, 2000). In 2007, Japanese IL leaders with disabilities, a group focusing on persons with extensive disabilities, established the Asia-Pacific Network for Independent Living Centres with members from Korea, Taiwan, Mongolia, Thailand, Cambodia, Vietnam, Myanmar, the Philippines, Malaysia, Pakistan, and Nepal (Disabled Peoples' International Asia-Pacific Region, 2012). In Thailand, the concept of Independent Living was understood as *“people with disabilities support their friends with disabilities ... to be self-reliant as much as possible through thinking about solutions of problems from the perspective of individual persons to social systems or structures ...”* (Punpuing, 2008). The idea of the social model of disability, which views disability as a socially created problem and not an attribute of an individual (World Health Organisation, 2002), became known among people with disabilities through the Independent Living movement in Thailand. Although the IL movement in Thailand empowers persons with disabilities through IL as its core principle, it still targets social awareness and accommodation to achieve the rights of persons with disabilities and their full participation in society (Churut, 2023), which can be regarded as a practice of the social model of disability. According to the IL philosophy, Personal Assistants (PAs) provide a user-led model of support in which persons with disabilities have choices and control in managing their support (Sukonthavit, 2023). This differs from other forms of care-related work, such as caregivers or village health volunteers, as the correlation between persons with disabilities and PAs resembles an employer–employee relationship, which includes the expectation of minimising the negative thoughts surrounding feelings of indebtedness or dependency common in supportive relationships (Porter et al, 2022) and empowering persons with disabilities through the achievement of Independent Living (Sukonthavit, 2023). In the United States and European countries, PAs are the key to empowering people with significant impairments who previously depended on residential care to remain in community settings. In Europe, in particular, people with disabilities can receive payments through arrangements such as Independent Living funds to directly manage their own staff (Morris, 1993; BBC, 2015).

### Development of Thai Personal Assistance Services

Prior to Thailand's ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2008, Thai leaders within the IL movement advocated

and incorporated the nation's PA services into the Quality-of-Life Promotion and Development of Persons with Disabilities Act (Persons with Disabilities Empowerment Act) of 2007 (Yokoyama, 2021; Punpuing and Churat, 2022). The Act defines the terms "personal assistant" and "caregiver" to differentiate their varying roles and duties (Ministry of Social Development and Human Security – MSDHS, 2007). Thus, "assistant" indicates someone who provides personal assistance to persons with disabilities to enable them to perform essential daily activities, while a "caregiver" is a parent, child, spouse, relative, sibling, or any other person who cares for a person with disability. The MSDHS is responsible for managing PA services, which are funded by the Persons with Disabilities Empowerment Act.

Residential care is uncommon for persons with extensive disabilities, as the Thai government has limited the expansion of governmental residential care institutions. Regardless of whether persons with disabilities remain at home with their family or choose to live alone, they may not fully participate in society. The IL movement envisioned PA services as alternatives to previous charitable or medical models of disability. This model involved enhancing the choices and control of persons with extensive disabilities in their lives, providing more opportunities for self-help skill training, and further integrating them into society.

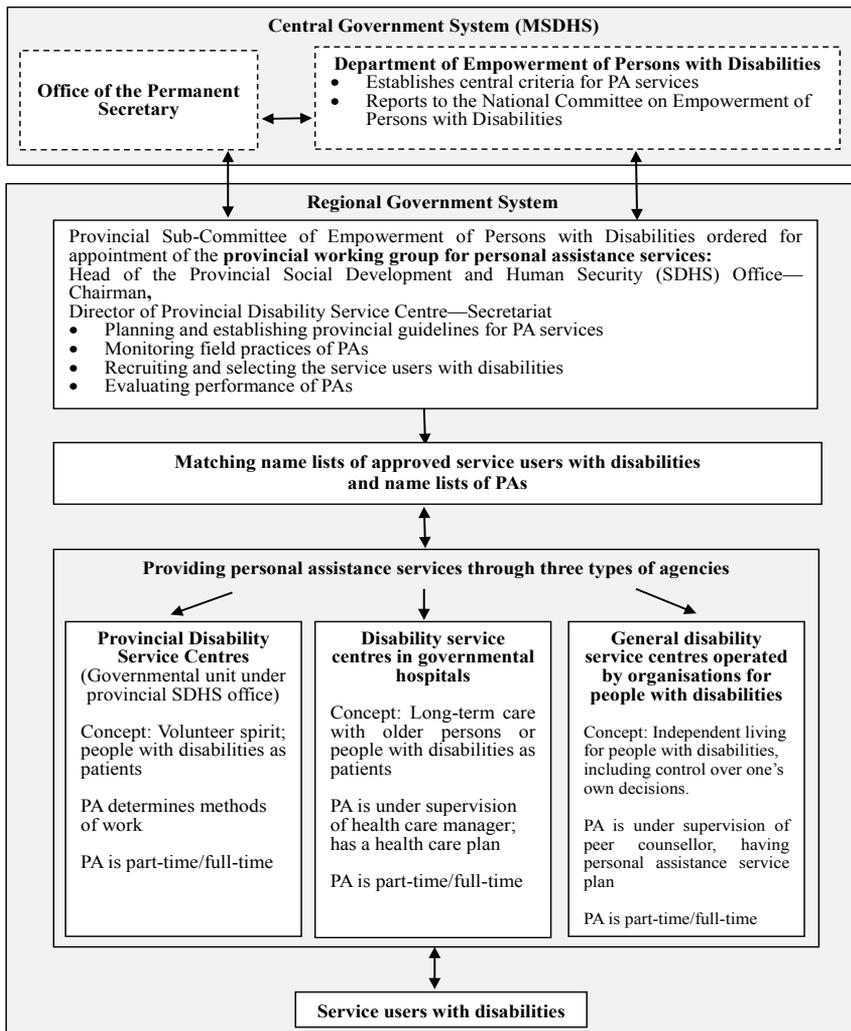
### **Implementation Structure of Personal Assistance Service Delivery**

According to the Thailand National Statistical Office (2017), the estimated target group of PA services includes those with disabilities aged 5 years and older, who have experienced difficulties in self-care, or a number of around 716,263 people. In this group, 9.1% had no caregivers, 85.0% had household members as family caregivers, and 5.8% had non-household caregivers. PA services under the MSDHS began in 2012, and by 2022 there were 1,261 PAs (the number of PAs was obtained from MSDHS through e-mail on January 26, 2022). A PA works with between one to nine persons with disabilities and, on average, five persons (Rodthong, 2020). Within 10 years, the number of PAs in each provincial office of the MSDHS increased from 5 people (Kachondham, 2016) to 14 on average (Rodthong, 2020).

Figure 1 illustrates the structure and service-management configuration of the PA system. The Department of Empowerment of Persons with Disabilities (DEP) under the MSDHS plays a major role in the central government system as it establishes a taskforce on PA systems. This taskforce is composed of representatives from organisations of persons with disabilities and government officers under the DEP;

its duties include establishing a service model, training curricula, evaluations, and service standards for provincial-level implementation. The Provincial Office of MSDHS governs the operations of PA service management. The nation delivers PA services to its users through three types of agencies: MSDHS provincial disability service centres, disability service centres in government hospitals, and general disability service centres staffed by organisations of persons with disabilities. The management structure indicates that provincial-level authorities and service delivery units have the most powerful impact on service quality.

**Figure 1: Thailand’s PA Service System under the Ministry of Social Development and Human Security**



Source: Interview with Thai Persons with Disabilities Network for Independent Living, November 2022

Literature from 2016 to 2020 provides a retrospective illustration of the opinions and situations of PAs in Thailand, with a noteworthy lack of definition for the term “Independent Living” or a discussion as to whether it would fit Thai culture. Some researchers have suggested that PA services should be provided by people or volunteers in the community, especially for those who live alone or have no family caregivers (Yutthaophat and Boonyarattanasoontorn, 2018). Successful PA-related case studies have examined IL centres that follow the IL philosophy of facilitating the integration of persons with extensive disabilities into community life. PA services delegated under MSDHS provincial disability service centres have incorporated a charity-based model of care (Table 1; Kachondham, 2016). Critical Disability studies view disability as both a lived reality in which the experiences of people with disabilities are central to interpreting their place in the world, as well as a social and political definition based on societal power relations (Reaume, 2014). In this regard, Kachondham (2016) notes two important issues: 1) charity-based care does not reflect the needs of persons with disabilities, and 2) the government does not allocate enough budget and human resources to operate PA services for both IL centres and the MSDHS. Given this, the literature has also recommended that PA working conditions be improved and that the local government should participate in PA service arrangements (Rodthong, 2020).

**Table 1: Comparison between PAs from the IL Centre and MSDHS**

	<b>Philosophy</b>	<b>Objectives</b>	<b>Suitable Role and Responsibilities</b>	<b>Training Organisations</b>	<b>Problems</b>
<b>PA from IL Centres</b>	<ul style="list-style-type: none"> <li>- Social model of disability</li> <li>- People with disabilities should be able to make decisions for service</li> </ul>	Independent Living	Support people with disabilities in the working age	Disabled People's Organisation	Limited budget for managing PAs
<b>PA from MSDHS</b>	<ul style="list-style-type: none"> <li>- Sense of charity</li> <li>- Mutual support, which is like a relationship between parents and children or among siblings</li> </ul>	Care	Support older adults with disabilities	Government Organisations	<ul style="list-style-type: none"> <li>- Limited number of trained PAs</li> <li>- Government training does not reflect the needs of people with disabilities</li> </ul>

Source: Edited by the author, based on information from Kachondham, 2016

## Objective

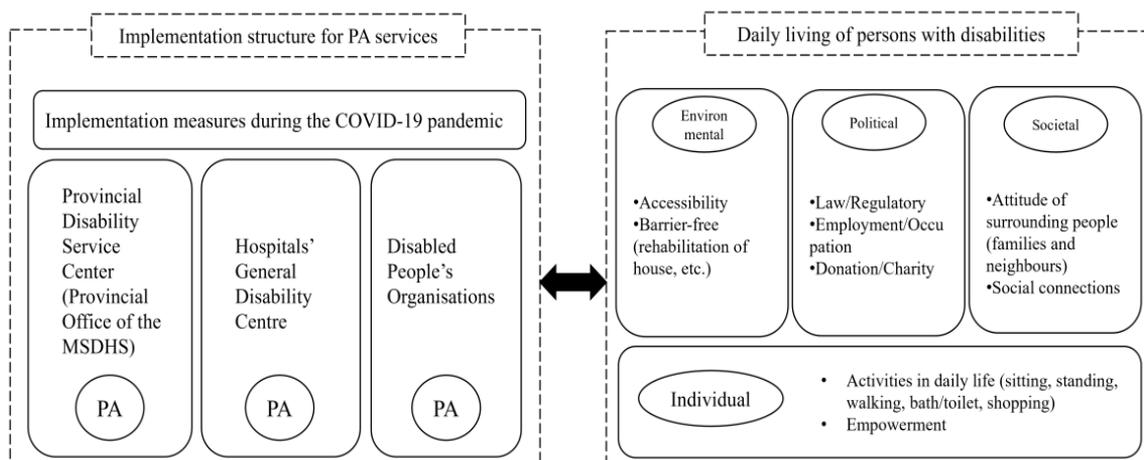
This research analyses the power relationships among stakeholders in the Thai Personal Assistance service system using a Critical Disability Theory perspective and the Independent Living philosophy.

## METHOD

### Study Design

A qualitative design was used. Critical Disability Theory recommends analysis of disability as a cultural, historical, relative, social, and political phenomenon (Stanford Encyclopedia of Philosophy, 2019). The current study carefully explores the experiences of persons with disabilities, including oppression or discrimination in PA services, through qualitative research or, specifically, dialogues with persons with disabilities through semi-structured interviews. Figure 2 illustrates the conceptual framework of the analysis.

**Figure 2: Conceptual Analysis Framework for the Research**



Source: Author's own

### Study Population

The target groups of this research were: 1) Personal Assistants, 2) persons with disabilities working with PAs, and 3) administrators and/or staff in PA service delivery units, MSDHS provincial disability service centres, hospital disability service centres, and IL centres. Four provinces were selected - Pathum Thani, Nonthaburi, Nakhon Pathom, and Chonburi - as these have an IL centre providing provincial-level PA services and it is possible to compare two different types of PA services delivered in the same province. The plan was to interview four PAs and four PA users in each category. Eventually, 0–5 PA informants were recruited through MSDHS provincial offices and IL centres respectively, based

on their availability and accessibility to online meeting applications or devices. In principle, the provincial offices of the MSDHS and IL centres selected one client receiving services from an interviewed PA to represent PA service users, as this would clearly delineate the relationships and interactions between PAs and their clients. However, the number of PA users was less than that of PA informants in the case of MSDHS, as many of their PA users were old, sick and in bed; therefore, MSDHS offices could not find PA users who could attend the online interview. Table 2 presents the number of samples in each category and the identification numbers.

**Table 2: Number of PA Services Research Participants from the IL Centre and MSDHS**

Province	MSDHS			IL Centre			Total
	PA	User	Staff	PA	User	Staff	
ID number	MS-PA-01-16	MS-user-01-10	MS-staff-01-05	IL-PA-01-09	IL-user-01-09	IL-staff-01-07	
Pathum Thani	4	3	2	1	1	1	12
Nonthaburi	5	3	1	4	4	2	19
Nakhon Pathom	3	2	1	0	0	2	8
Chonburi	4	2	1	4	4	2	17
Total	16	10	5	9	9	7	56

Source: Author's own

## Data Collection

Three focus group discussions and several in-depth interviews were conducted from April 21, 2022, to January 9, 2023. Of the interviews, 15 were conducted face-to-face (at PA clients' homes, the MSDHS provincial office, IL centres, and a meeting venue), while 44 were conducted online (through online meeting applications downloaded to informants' smartphones or personal computers). As the four provinces lack a hospital disability service centre, two administrators from a network of hospital disability service centres were interviewed as key informants, and a literature review was conducted. Consent was obtained from all 58 interviewees, either on paper or audio recorded.

## Data Analysis

Interpretative Phenomenological Analysis (IPA) was used to analyse the data of the in-depth interviews and focus group discussions, in order to explore in detail

how participants made sense of their personal and social worlds (Smith and Osborn, 2003). The qualitative data included the nature of the work done by PAs during COVID-19. Their experiences with socially constructed disabilities were analysed using the conceptual framework derived from the Critical Disability Theory.

### **Ethics Approval**

This study was approved by the Graduate School of Human Sciences, Osaka University, on March 3, 2022.

## **RESULTS**

### **Power Relationships among Stakeholders in the Thai Personal Assistance Service System**

As shown in Figure 1, the organisations of persons with disabilities can be considered a minority voice within this system. The interviews in this study revealed that these organisations have hardly made substantial impacts on the system at either the central policy level or at the level of service delivery units. With their complex policy processes, representatives from IL centres sometimes fail to participate in the final resolutions. At the service delivery level, these organisations are rarely encouraged to expand or recognised as best practices. Currently, three IL centres provide PAs under government systems. One IL leader discussed interactions with the government.

*“The government officers in charge were open to listen to our suggestions. However, there seems to be nothing changed in the past five years. A university researcher was assigned to analyse a model of PA service and training curricula, but without proper consultation from the IL centres. They expressed the feeling that the recommendation for future PA service (proposed by the Independent Living of Persons with Disabilities Foundation) which we handed in at the 10-year PA seminar (in May 2022), were too strong and gave pressure to the government office” (IL- staff- 04).*

The social movement of people with disabilities in Thailand can be regarded as an emancipatory approach which means working from within existing systems and trying to change them (Pojmann, 2005). It aims to realise the equal distribution of resources, as well as the affirmation of people with disabilities' rights and

identity as a minority group in society (Fraser, 1997). However, both intentions are far from being achieved in the current PA service situation.

### **The Dominant Provider-led, Charity-based Service Model**

The PA service process demonstrates that most PA services occur without client involvement. The Personal Assistant and predefined list of PA tasks were appointed by experts in the provincial-level PA service working group. This study discovered that many PA users misunderstood that PAs worked as volunteers, not as paid workers receiving an allowance from the MSDHS. These users did not realise the choices and controls inherent to their roles.

Familiarity with the charity model of care, the training background for caregivers, and the volunteer spirit of PAs from the MSDHS provincial disability service centres have led to the recruitment of older persons with disabilities as the primary group of PA service users. For example, MS-PA-15 explained that she held three positions at the same time: civil defence volunteer, caregiver for four persons (since 2013), and PA for three persons (since 2018). She selected her PA service users — a 67-year-old woman, a 77-year-old man, and an 80-year-old woman — and proposed their names to the MSDHS.

MS-PA-01 was a 63-year-old woman who graduated from an advanced course aimed at providing care to older adults. She worked with five people with disabilities. In a day, she worked with two people for three hours with each person. She said that she did not take leave and could work for 30 days in a month. Her main work involved preparing breakfast, providing bedding and bathing assistance, and delivering medicines to people with disabilities who had no support from their families. She withdrew funds from these clients to buy necessities. She also worked for the family members of her service users, as village health volunteers do normally.

*“Recently, I had a new case. I personally purchased a SIM card to give to a young man. His mother had physical leg impairment. His father has no eyesight. The client’s brother also had a psychiatric disorder. I take care of only two people in the official record, but in fact, I take care of four people, including a person without disability. I felt pity (‘Na Songsan’ in Thai), as the young man must bear increasing burdens” (MS-PA-01).*

Sometimes, when the PAs have more experience and knowledge of medical care or rehabilitation, the nature of their work more closely approximates that of a village health volunteer. For example, MS-User-05 is a 22-year-old man who

uses a wheelchair after a traffic accident and works with MS-PA-14, a 52-year-old woman, who has experience as a village health volunteer and an MSDHS volunteer. His PA was his mother's friend, who came to see him on Saturdays and Sundays to bring medical consumables to treat the wound. She sometimes provided rehabilitation to allow him to walk. He recognised his PA as a village health volunteer. He did not know she was his Personal Assistant until his mother explained this to him. This case clearly demonstrates that the PA's current work was implemented under two concepts: a charitable model of support and a medical model of disability.

In addition to PA services, persons with disabilities in the community can access informal support from neighbours or community leaders. People in a community try to support persons with disabilities by paying for electricity, water, and the Internet, and sometimes offering low-cost or free housing rentals. (The MSDHS offers home renovation services for persons with disabilities, but a rented house cannot be renovated by a lessee.) It was even noted at the interviews that some PAs have become involved with local politicians because they can distribute charity donations to persons with disabilities as part of political campaigns.

*"I took a person with disabilities to village leaders asking for 5,000THB donations to repair his motorised three-wheeler" (MS-PA-13).*

Persons with disabilities had received cash donations from village leaders.

The PA has a significant influence on clients' decision-making and self-determination.

MS-PA-13 had told MS-User-09, *"You should not go to Independent Living activities as you would not get anything,"* and the latter followed the PA's instructions. He did not have the opportunity to understand the rights of persons with disabilities. It is difficult for people with disabilities to control their PAs without knowing about their rights. In some cases, PAs ask their users to sign on work records without actually performing their job duties. MS-User-01 and her younger sister claimed that the earlier PA of MS-User-01, who was an ex-village leader, did not work but asked MS-User-01 to put her thumbprint on a working report.

MS-User-01 added that she gives her pocket money to her current PA, *"I give my money to my friend (MS-PA-01)."*

Even though the PAs were different people, it was observed that the superiority-inferiority dynamic in the PA-User relationship remained the same.

*"I do not have a wheelchair as I cannot sit in a wheelchair",* reported MS-User-01. The real reason was not that the user could not sit in the wheelchair; it was because the PA had claimed inability to lift the user as it caused the PA body pain.

In another case, MS-User-02 said that he needed a helper who could carry heavy tools for him to do his own business and earn a living. He found it difficult to start his new business as his MS-PA-03 worked for only 1–2 hours a day with him.

MS-User-10, who lived with her granddaughter, said that she wanted to participate in vocational training to support her family, but her MS-PA-15 immediately said, *"You cannot do that as you don't have strength in your hands."*

Verbally or non-verbally, people with disabilities are politically, economically, and socially exploited in their relationships with their PAs.

### **PAs can fulfil the Family Support Role in an Emergency**

When their PAs could not come to work during the day, some service-users became self-isolated in their homes because their family members went out to work or to school.

MS-User-06, who had physical and visual disabilities, chose to take a herbal supplement to sleep in the daytime because there was no one to take care of him. Some of the service users were left without clean clothes or had soiled diapers because their family members did not bathe them, as reported by IL- User-06, IL- PA-06, and MS-PA-16.

For instance, IL-User-06 was a 31-year-old man with a tracheotomy and physical impairment that had occurred when he was 19. He had been using the help of a PA from the age of 20. While he lives with relatives, no one is at home with him during the day. Currently, two PAs are despatched from the IL Centre to take care of him from 9am to 1pm, Monday to Friday. The current contract does not allow him to use a PA on weekends. Consequently, the relatives do not change his diaper for the entire weekend. The PA had to self-quarantine owing to COVID-19, but the IL Centre sent him a substitute as his personal situation was known. The client was concerned that it would become increasingly difficult to be given a substitute as the number of PAs reduced.

*"Many PAs are old, and it is hard to have young PAs. This may be due to the low allowance for PA work. However, I still need to use a PA because I need support*

*for the toilet. My relatives do not provide physical care even on weekends. I need to wait until the PA comes (on Mondays)” (IL-User-06).*

## DISCUSSION

### **Distortion of IL Philosophy in General PA Service**

Ever since the early development of PA services, the concept of Independent Living has been continuously distorted. Some groups of social work professionals from the MSDHS and healthcare professionals in hospital disability service centres have suggested that organisations of persons with disabilities have insufficient resources to deliver PA services. They asserted that PA services operate better in government units. While most of these professionals agree with the IL philosophy, the implementation of PA services manifests as a charity-based model focusing on long-term care for older adults. They believed that the PAs and caregivers of older persons were the same or interchangeable. Amidst the criticisms and dissatisfaction with PA services from organisations of persons with disabilities, the process is ongoing to adopt a new policy to allow caregivers of older persons to work as PAs. In Thailand, the Ministry of Public Health (MOPH) manages two major positions for public health at the community level: village health volunteers and caregivers trained under the MOPH. Village health volunteers are selected from over ten households, pass the training curriculum determined by the MOPH, and voluntarily conduct activities including health promotion, prevention of diseases, support for primary medical care, referral of clients, rehabilitation, and control of consumption for health (Department of Health Service Support- DHSS, 2011). Caregivers also receive MOPH training. One trained caregiver is expected to work with 5–10 bedridden older adults. They provide services for supporting daily activities such as eating, bathing, and toileting (National Health Security Office -NHSO, 2016). Thus, caregivers act as assistants to their family or *Phu Chuai Phu Dulae*. They work voluntarily and receive a small allowance (Health Research and Development Office -HRDO, 2021). The work of village health volunteers and trained caregivers is based on a charitable model of care and a medical model of disability. The former model sees disability as a personal tragedy with people with disabilities being objects of pity; it portrays people with disabilities as those who need “help,” “care,” and “protection” from people without disability (Edmonds, 2005). The medical model views disability as a feature of a person directly caused by disease, trauma, or other health conditions that require medical care provided in the

form of individual treatment (WHO, 2002). The charity model of care reproduces internalised oppression of people with disabilities. Their feelings of inferiority are unconsciously conveyed through their attitudes. Furthermore, some of the people with disabilities act or exaggerate their difficulties in moving or having to remain in bed for long hours, so as to be qualified as a PA user on the MSDHS.

The misunderstanding and misinterpretation of the IL philosophy among policymakers and stakeholders, and decreased participation from organisations of persons with disabilities in significant decision-making processes, have become barriers to the expected outcomes of PA services according to the IL philosophy. These barriers also appear in some European countries, where such terms as “independent living” and “personal assistance” have often been exploited and misused by organisations that are not operated or controlled by persons with disabilities (Jolly, 2009).

### **PA under IL Philosophy working with Persons with Severe Disabilities in Thailand**

More PA service users from IL centres were in the working-age group and had higher education than PA users from provincial offices of MSDHS. They attended training in IL and received peer support from groups of people with disabilities. They also remained with their families and had family caregivers. As it relates to the IL philosophy, a client’s relationship with the PA often involves self-confidence and social participation. Furthermore, the leaders of the IL movement have made efforts to spread IL philosophy as co-organisers or lecturers in MSDHS training for PAs.

In another example, IL-User-04 is a 66-year-old woman with cerebral palsy who worked at home during the spread of COVID-19. She received 24-hour support from her PA for daily living, including taking bath, changing clothes, eating, toilet functions (specifically, changing a urine bag), cleaning, washing, hospital transportation, and preparing for work. Her PA spoke compassionately about her.

*“People with disabilities are the same as people in general. They can spend their life the same as other people do — eating, going outside, and driving a car. I have friends with disabilities, so disability is normal (“Ruang Pokati” in Thai for me” (IL- PA-03).*

The PA conveyed respect for the user as an employer, and the user, rather than the PA, performed decision-making functions. Even though the situation allows IL-User-04 to have a PA for 24 hours, she claimed that she was burdened (*“phara”* in Thai) and felt oppressed (*“kod-dan”* in Thai), as the current government system covers a daily allowance of only 8 hours for a PA and she has to pay for the remaining 16 hours in the day from her pocket money. The burden and oppression that she mentioned were not about her impairment but about her experience of discrimination constructed socially and politically.

### **The Invisibility of PAs**

PAs worked during the COVID-19 pandemic because of their meagre allowance, which is typically 50 THB per hour, with an additional 100 THB per day for transportation expenses, paid according to the number of days worked in a month. This allowance can range from 3,000-9,000 THB per month depending on the number of hours worked. There is no compensation if the PA takes leave of absence because of COVID-19. Many participants in the current study mentioned the lack of working benefits and the necessity of higher wages for PAs.

Village health volunteers gained attention and respect during the COVID-19 pandemic. Perhaps this came from both the wide medicalisation in society (Zola, 1978) and Buddhist thoughts encouraging social assistance for people in need in Thai society (Matusono [ed.], 2019). The work of PAs should be clearly differentiated from medical care or charitable work. PA services should be recognised as essential professional work, as it realises the rights of persons with disabilities. Thai journalists with physical impairments have reported in an interview (in January 2023) that the current social system in Thailand treats persons with disabilities as inferior citizens. The allocation of a smaller budget to work with persons with disabilities can be recognised as social oppression and discrimination from the perspective of the Critical Disability Theory.

### **Limitations**

Although the methodology of this study was comprehensive, it has some limitations. In particular, this study did not analyse PAs according to the client’s type of disability. This is noteworthy because PAs can also work for people who have disabilities other than physical ones.

## CONCLUSION

The Independent Living movement wishes to challenge the way of caring in PA work or, specifically, the interaction of superiority and inferiority in the PA–User relationship and the perception of persons with disabilities as a whole. Ratzka (2017) states that the overarching aim of personal assistance is to enable individuals to live as much as possible in the way they would live without their disability, according to their respective individual and unique personal resources, backgrounds, interests, and preferences.

In Thailand, PAs currently assist with daily living activities and do not work towards client self-determination or social participation. The nature of PA work is still a charity-based model of care, rather than a social model of disability or an empowerment approach. Eventually, funding for PA services is used to provide services based on a charitable or medical model of disability, which differs from the initial purpose determined by the law. Although PAs have supported people with disabilities and responded to family needs during the COVID-19 pandemic, they are not recognised as professionals or career-focused, but rather as volunteers.

## Implications

Article 19 (b) of the UN Convention on the Rights of Persons with Disabilities determines that persons with disabilities have access to the personal assistance necessary to support their living and inclusion in the community. The MSDHS training of PAs should be separate from that of caregivers for older persons, as they have different work ethics, roles, and responsibilities. Implementation of PA services by disability service centres at hospitals that are currently controlled by medical professionals, such as care managers and caregivers, can be transformed into user-oriented services. Hospitals providing PA services can work closely with local Disabled People’s Organisations to ensure the quality of service and the rights of people with disabilities. IL centres should expand their capacities and networks to provide PA services under the IL philosophy and social model of disability, and to realise the rights of persons with disabilities nationwide.

It is also important to train PA service users to encourage self-determination before working with them. Hoshika (2007) suggested that people with disabilities must experience two steps before engaging PA services: 1) the development of self-confidence, and 2) understanding how they can make requests of PAs while maintaining good relationships with them. The second point is clearly difficult to

achieve without the first (Hoshika, 2007). The development of Thailand's direct payment system from persons with disabilities to PAs could be considered as an alternative to empowering the former in self-determination.

Developing a PA profession with a fair salary and working conditions as well as securing proper funding for PAs are other important aspects for sustainable PA services.

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