

Empirical and Normative Considerations of the Role of Local Government in the Protection of Elderly Legal Rights: Lessons Learned from Thailand

¹Amonrat Ariyachaipradit, ²Noppadon Nimnoo and ²Piyapong Boossabong

¹Faculty of Law, Mahasarakham University, Khamreaung, Kantaravichai,
44150 Maha Sarakham, Thailand

²College of Politics and Governance, Mahasarakham University,
44150 Maha Sarakham, Thailand

Abstract: This essay analyses the role of local government in the protection of the legal rights of the elderly in the case of a city in Thailand namely Maha Sarakham by adopting interpretive approaches in advancing quantitative analysis. This essay found that Maha Sarakham City Municipality initiated local policies based on the interpretation of legal rights in equality and on an individual basis. Evaluation of such policies from both empirical and normative perspectives reveals gaps between the policies' scope and the elderly's real life experiences. The elderly did not always appear vulnerable as many of them still played an active role within their family and community. Policies based on individual rights did not fit well with the social value that elderly care should be a part of family-care. To interpret rights on the basis of equality also shaped one-size-fits-all policies for a pluralist society. This essay argues that the co-existence of different policy discourse coalitions identify and possibly bridge the gaps.

Key words: Local government, elderly care policy, ageing society, interpretive policy analysis, community, interpretive

INTRODUCTION

Like most other places around the world, Thai society is an ageing society. In 2013, elderly people accounted for 14.73% of the total population and this number was predicted to rise to 19.13% by 2020 (CPS, 2014). By 2007, Thailand realised that they had to take clear action to respond to this challenge and so included a response in the agenda of the 10th National Development Plan 2007-2011. The 2nd National Elderly Care Plan which looked ahead to 2021 was then formulated to frame elderly rights protection, livelihood enhancement and welfare development, after the first plan had ended without any concrete actions being taken. The plan also provided elderly care policy guidelines and suggested the responsiveness of relevant policy actors (Sinchai, 2014).

Besides this plan, Thailand has legal instruments for protecting elderly rights. The main laws are the Elderly Act 2003 (improved in 2010) and the Local Government Act 1999. They make a concrete impact by proposing that local authorities are obliged to take care of the elderly persons in their locality. Consequently, since then, elderly care policy in Thailand has been mostly formulated at the

local level and local governments have become the main policy actors. They are expected to develop elderly-friendly cities by creating elderly-friendly infrastructures, elderly livelihood enhancements and elderly welfare provisions (Elderly care in this context is perceived as elderly rights).

However, since this turning point, previous studies in the Thai context have mostly focussed on whether local governments provide efficient and effective services that ensure elderly legal rights and meet the particular standards determined by central government. This has resulted in continuous debates in relation to economic and fiscal issues and the issue of technical health-care services. Although, the significance for policy decision making of such issues cannot be denied, they have become the main focus of more than a hundred research projects in the context of Thailand alone (Chokworakul, 2012; Wangmahaporn, 2011). A review of that literature shows that most of the policy research either: emphasises an evaluation of policy costs and benefits (Intapan, 2008; Juntarangsee, 2014; Piromkij, 2009); investigates whether all legal rights and welfare are provided or not (Meemamae, 2014; Ninnon, 2012; Somsak, 2010); investigates whether the target groups can gain access to

such provision (Loechingchaleut, 2006; Samunkhatkij, 2010; Sawatmongkon, 2008) and looks at whether the elderly are satisfied or not (through the use of surveys) (Chaimounglen, 2014; Seedee, 2013; Wanaworasukruk, 2013).

These studies evaluate the role of policy actors and their local elderly care policies by emphasising, primarily, the empirical aspect of their outcomes and impacts. They are less sensitive to the local contexts, particularly social values and the elderly's perceptions of what a good life should look like. In addition, these studies have a tendency to simplify their understanding of local policy actors. Most of the works assume that local elderly care policies are made and driven by local authorities that share the same interpretation of what the elderly need and should be provided with without recognising the existence of local policy networks and different interpretations.

The problem that occurs from not taking these considerations into account is that the policy knowledge in this context is produced around empirical issues and ignores the complexity and diversity of the real policy world. Thus, this essay attempts to understand local elderly care policy from both an empirical and normative perspective. It also aims to shed light on the contribution of interpretive policy analysis to the understanding of a policy network embedded with different sets of beliefs shared by different actors. The essay argues that conventional policy analysis in which a policy is seen as a series of stages and systems of rational decisions made by authorised policy units is misleading. In fact, the policy world is more complex as normative conditions usually affect policy decisions. Besides, policy processes and systems cannot be clearly identified, since the forces of policy change do not only come from formal policy actors within the same specific and clear hierarchy, particularly at the local level. Such forces can also be derived from street-level bureaucrats and community leaders. Their interventions should not be overlooked as they can also make changes and can also be perceived as policy makers by laypeople.

This essay was developed from the findings of the study of the role of local government in driving policies promoting elderly rights in a specific city in Thailand. This essay aims to bridge the gaps resulting from different interpretations among policy network actors of what senior citizens expect and what should be provided. The case study examines local policies of Maha Sarakham City, Thailand which were initiated after responsibilities relating to elderly care were decentralised to local authorities. The city has become an ageing society as a result of young people moving to bigger cities in pursuit of greater opportunities. According to

data on population changes collected from 30 communities and 10,783 households in 2015 there were 3,639 elderly persons in the municipality.

This essay starts with an overview of the analytical framework deployed, followed by an overview of elderly care policies in Thailand, using Maha Sarakham City as the case study. It then explores gaps between the policies's scope and elderly people's lifeworlds (real life experiences) before interpreting different discourse coalitions that identified and possibly bridged the gaps in the case of Maha Sarakham City. After analysing the findings, the essay proposes how to bridge the gaps.

MATERIALS AND METHODS

This study adopted a mixed methods approach by proposing that quantitative analysis would work well alongside interpretive analysis. However, in the end, subjective interpretation played the role of decoding the objective-quantitative data. To collect the quantitative data, this study randomly chose a sample size of 360 from the total population of 3,639 elderly persons. This sample size was calculated using Yamane (1967)'s sample size calculation method which sets the sampling error at a 95% confidence level. Then, 24 interviews were conducted, this number being chosen by considering the sufficiency of information needs. Half of these key informants included local administrators, street-level bureaucrats and community leaders. The other half was made up of elderly people from a variety of backgrounds. Their ages were spread from nearly 60 to over 80. Three classifications of their backgrounds were considered, focussed around high, medium and low statuses. The high status group included the owners of family businesses and reputable people (retired bureaucrats and local experts). The low status groups in contrast included vulnerable, marginalised and poor elderly people while the medium status group referred to the elderly from middle class families (ordinary old people). Their expenditures depended on their own income and that of their family. Included, both by intention and by chance were some elderly homosexuals. Although, most of the sample lived with their families, three key informants lived in a nursing home. Also included, albeit unintentionally were three further classifications of bed addiction (spending most of the time in bed), house addiction and social life addiction. Apart from the statistical analysis of the questionnaires, this essay adopted two interpretive approaches: the 'four levels of policy evaluation' (Fischer, 1995) and a 'discourse coalition's approach' (Hajer, 1993, 1995). These provided analytical insights into policy gaps and the existence of different policy discourses experienced by different

stakeholders. Fischer's approach, the 'four levels of policy evaluation', provides a comprehensive way of evaluating policy gaps. This approach in short, tests the technical efficiency of the policy, its relevance to the circumstances of the situations, its instrumental implications for the social system as a whole and its relation to the ideological principles that justify the societal system. In other words, this approach evaluates policy by considering programme verification, situational validation, societal level vindication and social choice. He mentions that programme verification is about evaluating empirical outcomes while situational validation is about evaluating the contextual relevance of the policy. He also states that societal level vindication is about evaluating whether the policy goals fit the normative assumptions of the people and that social choice is about considering whether the policy commits to the social ideology that determines a good society in the view of the people (Fischer, 1995). So, Fischer's approach paves the way to evaluate policy gaps by taking both empirical and normative aspects into account (Fischer, 2003).

To adopt Fischer's approach, the quantitative data from the survey is considered in conjunction with a critical and interpretive analysis of the interviews in order to evaluate local elderly care policy. This essay firstly evaluates elderly care policy through the empirical evidence of its successes or failures in delivering efficient outcomes. Then it considers the policy's relevance to local contexts by asking the questions: "is it useful here?" and "Does it address the particular local problems and demands?" The essay then evaluates whether the local policy fits into existing social systems and norms. Lastly, the evaluation considers whether the policy contributes to making the city a better place for the people living there (looking forward to the future).

As we consider the approach of Hajer's discourse coalitions, we realise that local elderly care policy should be perceived as a policy network in which different coalitions could be formed within it. The concept of 'policy network' is used to refer to the policy phenomenon in which there are a variety of related policy actors and policy actions active around the same policy issue (Rhodes and Marsh, 1992). In this view, policy networks are driven by sets of formal and informal institutional linkages between autonomous but interdependent governmental and societal actors with unequal power (Bevir and Richards, 2009; Rhodes, 2006). However, as argued by Dowding (1995), the notion itself seems to be a metaphor rather than an explanatory theory. He argues that the policy network approach does not provide details for the questions of 'how' and 'why'. His main point is that the analysis of interactions within a

policy network is undeveloped and even confused as it pays most attention to describing typologies of policy networks and their characteristics.

Hajer's discourse coalitions approach, therefore, comes into play as it frames the understanding of discursive interactions within a policy network. Hajer (1995) defines 'discourse' as a specific ensemble of ideas, concepts and categorisations that is produced, reproduced and transformed in a particular set of practices and through which meaning is given to physical and social realities. Regarding 'discourse coalition', he mentions that it is basically a group of actors who share a set of narrative story lines. These actors utter the story lines and their practices conform to such story lines (Hajer, 1993). In other words, a discourse coalition is a policy actor constellation which its members have similar views on a given topic. Within a coalition, some story lines are held together and they affect the interpretation of events or course of action in a specific context (Ibid). These story-lines on the other hand can be seen as the discursive cement that keeps a discourse coalition together (Ibid).

By using Hajer's approach, this essay considers that there are many forces driving local elderly care policy in which each action is framed differently by different ways of thinking. It reflects the fact that elderly care policy is not always harmonised as elderly care can be perceived differently. Also, no single policy actor can monopolise the decision-making process and interpretation in the non-linear process. Different discourse coalitions, therefore, are formed among actors that are attracted to a specific set of story lines. They are co-existed and each of them commonly holds the same set of beliefs. Thus, capturing differences is essential in understanding existing forces and thinking ahead about how to bridge the policy gaps presented by Fischer's approach. The articulation of the driving forces of different policy discourse coalitions can determine the way in which such gaps could be possibly bridged.

RESULTS

Elderly care policies in Thailand and Maha Sarakham City: Elderly care policy in Thailand emerged formally in 1982, after the endorsement of the long-term National Elderly Care Plan 1982-2001. It was then followed by the Policy and Measures for the Elderly People 1992-2011, the 2nd National Elderly Care Plan 2002-2021 and the National Economic and Social Development Plan 2012-2017 which focus on the management of social security funds and cash entitlements for people over 60 years of age (Howlett *et al.*, 2017). However, it should be noted that

over the 3 Decades that these policies appeared no clear changes were made, other than policies in the form of legal frameworks such as the emergence of the Elderly Act 2003. According to this act, elderly care is perceived as rights based on the individual. It sets out what elderly people should expect to gain from public services. It also indicates that social welfare such as the monthly pension that has been provided since 1993, must be provided to elderly Thais (Wongmahaporn, 2011).

As a consequence, the elderly care policies in Thailand that have been carried forward into specific actions are those based upon individual rights. They have, however, overlooked the fact that elderly care is a part of family care and community services as will be discussed further in the next study. This is partly, a result of the incorrect assumption that Thai society is completely modernised where by the nature of the modern family is assumed to be similar to that of Western society. Indeed the influences of the Western laws and the United Nations have had a hand in framing elderly rights in Thailand. These external influences often result in progressive policies and legal frameworks being imported into Thailand from abroad.

Moreover, elderly care policies in Thailand are mostly framed by top-down and one-size-fit-all perspectives. They are made by central government and then implemented by regional and local authorities. They are less sensitive to different contextual conditions because they are formulated by Thai lawyers and the medical profession at a high level of the bureaucratic hierarchy (Ibid). These people play the role of an elderly care policy think tank that is concerned primarily with the provision of health care services and welfare to the elderly to a good and adequate standard.

Elderly care policies at the local scale are of a similar nature to national policies. Local policies have been formed since elderly care services were decentralised from the Ministry of Social Development and Human Security to local governments in 1999 (Chokworakul, 2012). In principle, each local government is expected to develop four plans related to elderly care which includes a health services plan a self-help knowledge transfer plan, a career support and income generation plan and an elderly care volunteer plan. In practice, however, these plans have just been copied from the benchmarks and are meaningless in terms of making practical changes. Instead, local policies that have led to specific actions have been mainly developed by decoding the Elderly Act 2003 and the Local Government Act 1999, following the guidelines of the 3 years strategic elderly plan proposed by the Ministry of Social Development and Human Security (the current plan is for 2014-2017) and of the local policy framework proposed by the Department of Local Administration, Ministry of Interior (Kongying

2008). Thus, since the responsibilities for elderly care were only recently decentralised to the local governments, local policy makers initiated policies mainly based on their interpretation of the elderly's legal rights according to the Elderly Act 2003, the Local Government Act 1999 and by following the guidelines created by the central government's plan and policy framework as mentioned above. Six aspects of elderly rights that have influenced local government policies the most include those which focus on the rights to: good health; sufficient income; convenient housing; proper leisure; social and family security and protection and appropriate public service provisions and supportive networks (DLA, 1999).

In relation to that local authorities are obliged to introduce various policies that cover all six aspects. It was found by Wongmahaporn (2003) that they initiated a variety of elderly care innovations that can be interpreted as having contributed to the aforementioned elderly rights. However, it is noted that at least one common theme can be found running through these innovations, that is that rights protection is perceived mainly as welfare provision. Also, the minimum policy interventions are seen as providing healthcare services and paying a monthly pension for people aged 60 and over. Elderly persons aged above 60, 70 and 80 receive 600, 700 and 800 Baht respectively while people aged over 90 get 1,000 Baht. Furthermore, many local governments claimed to have an elderly friendly city, despite a lack of concrete actions such as plans to develop elderly friendly infra structures.

In the case of Maha Sarakham City, the municipality declared that elderly persons in the city would receive a pension each month. There are two methods of receiving this, either by going to an office in person to collect it or by waiting for the money to be transferred to their bank account. The municipality also provides health-care services through both a mobile unit and a community health-care centre. Aerobic and traditional dance classes in public parks for old people are also supported. Elderly persons unable to leave their house are visited at home by municipal staff. The elderly livelihood enhancement fund was also created which is primarily utilised to help those elderly people with disabilities. The mayor himself also often visits the elderly who are ill in hospital and gives them a gift.

Maha Sarakham City Municipality realises the value of the experiences of elderly persons and makes use of this by organising an event called 'local wisdom's transfer from the elders to the new generation'. This event provides the opportunity for the elderly people to transfer their knowledge and experiences to school-children who study at the municipal schools. In addition, the municipality supports career development for elderly housewives, mostly focussing on jobs that involve

working from home. During the annual 'Song-Kran' festival the young are encouraged to visit the elderly and pay their respects, thus they are invited to participate in the activities. Some of the elderly are shown respect being given the honourable award of excellent mother or father. Other local and religious activities are also promoted in which most participants are elderly.

The quantitative analysis of the survey questionnaire found that, overall, the greater part of the sample (47%) indicated that they were aware of the aforementioned local policies but did not take benefit from them. Only 30% declared that they recognised and took benefit from them, while 23% said that they did not know about them and therefore did not get anything from them. Of the specific policies, it was the monthly pension that the elderly were most aware of and gained benefit from of these 63% preferred getting the pension in person while 23% preferred receiving it via their bank account. However, the remaining 14% did not get their pension from the municipality as they had been employed as a public servant and thus took their pension at a special rate, directly from the central government. Of the other policies, only 7% were aware of and took benefit from the policy aiming to promote the transfer of local wisdom from the elderly persons to school children as only key elderly persons were invited to the event. Similarly, a mere 13% got involved with the dancing activities organised by the municipality. Thus, these elderly care local policies in Maha Sarakham City did not succeed in reaching their target group.

Exploring gaps between the policies' scope and the elderly's real-life experiences: the empirical and normative policy evaluation.

The reason for the policy failure mentioned earlier is that there are many gaps between the policies' scope and the elderly's real-life experiences. According to the survey, the elderly should be perceived in a variety of ways, ranging from weak and vulnerable persons to smart people, family or political leaders and social and economic elites. It is still true that in Asia elderly people play an important role in their family in fact 44% of this case study declared that they were still the main force in their family. 21% earned money for themselves while 17% depended in part on family members to cover living expenses. A mere 18% could not support themselves, however these people still did housework and took care of the children of the family. Furthermore, some elderly people took a part in their community's development, 48% were members of social and voluntary groups and 24% had a role on a community committee or even as a community leader.

Aside from that, the survey found that only 5% of the sample indicated that they truly felt old. They had less

concern for participating in a training course on taking care of their basic mental and physical requirements (13%) than for their family's problems (56%). 75% indicated that they were worried about the problem of the generation gap while only 3 and 18%, respectively, cared about family and community engagements as they felt they had already played an important role. The data provided showed that elderly people were diverse and could not be categorised easily, either in this locality or elsewhere. Policies, then should be diverse and should be more sensitive to the different characteristics of the elderly, their perceptions about themselves and their problems, needs and demands. Thus, policies based on the assumption that old people seem to be weak and vulnerable do not accurately reflect the complexity of the elderly's real-life experiences.

The elderly care policies of Maha Sarakham City did not succeed because they are based on the principle of equality and were thus less sensitive to the different experiences and requirements of the elderly. This occurred with the pension in particular; most respondents (84%) viewed the pension rate as very low, so many of them did not really depend on it as either it was too low to cover monthly expenses or they received a higher and more reasonable income from other sources. So, a pension based on equality did not really benefit anyone. It would have been more beneficial to provide it at higher rate and to only the poor and marginalised elderly people.

This links to the constraint of policies based on individual rights. It can be interpreted from the survey data that most policies that were developed from legal rights separated elderly people from their family and community care mechanisms. For example, the nursing home policy aimed to provide housing rights to the elderly by renovating old homes and building new ones. However, 79% of all elderly people indicated that they did not see any benefit from renovating and building new nursing homes as in fact most of them had their own house in which their family members also lived. Additionally, interviews with those aged over 80 suggested that they wanted to remain with their family and society in order to live and die in peace, rather than to move away to a purpose-built facility no matter how convenient it was (personal communication with the elderly aged over 80, June 16-17, 2016). Thus, what the elderly people really cared about was to live and die in the place that they considered home.

In addition, most (98%) did not see the benefits from the proposed legal right that allowed them to use public transportation for free or visit public places without paying a fee (e.g., local museums). Because public transportation in general was so poor in the city, they

depended mainly on the family vehicle. The elderly from both high and low socio-economic groups suggested in interviews that the money would be better spent on improving the public transportation system for the whole city and on state policies that controlled or reduced oil prices and car maintenance costs (personal communication with the elderly from both high and low social statuses, June 15-17, 2016). Similarly, 100% of interview respondents did not see the benefit of being able to visit public places for free as most of those places in the city that they might visit were accessible without a fee anyway; instead the interviewees suggested that what they really wanted were public holidays in order to allow them to visit their families (personal communication with four elderly persons, June 17, 2016). Thus, policies based mainly on individual legal rights did not make sense to the elderly who have both familial and sociological considerations.

From the above, it can be inferred, using Fischer's four levels of policy evaluation, that the policy gaps were seen from both an empirical and normative perspective. From the empirical perspective, it was clear that the one-size-fit-all policy failed to deliver sufficient services to fulfil the diverse demands of the elderly. This was a consequence of their differing characteristics and real-life experiences. The policies appeared to be alien to the local target groups, particularly in the cases of the fee exemptions for visiting public places and using public transportation, since there were no public places that required payment and public transportation was not designed for the elderly. Besides, critical analysis shows that the concepts of "rights" and "welfare" were not recognised by most of the elderly here as they were concepts that had been imported from other countries and without tradition in this country. Indeed in this context, they were perceived to be just bureaucratic words. Besides, what most expected instead was that they should be provided with the opportunity to enhance their well-being and happiness in pursuit of an improved quality of life in general.

Analysis of the normative perspective shows that the aforementioned policies based on equality and individual rights did not fit into the existing Thai social systems and norms. In this city, many of the elderly people were at the top of the social hierarchy and played key roles within their family and in community activities. For example, they were local politicians, business owners, community leaders, respected monks, etc. Their differing dignities should be taken into account when providing services and for claiming their rights. It was misleading to set most services and rights as if all elderly people were poor and vulnerable and had the same requirements. Besides, the

idea of the state taking care of the elderly may not pave the way towards the Thai elderly's perception of a good society. The separation of the elderly from their family and community support mechanisms for example was not pleasant for them as can be seen from the aforementioned renovated and new nursing home projects.

Interpreting different policy discourse coalitions: The aforementioned gaps were identified and possibly bridged by different policy discourse coalitions. Each discourse coalition had a membership that consisted of a collection of policy actors who had a similar view about the attributes of elderly people and their appropriate care services. In other words, they held a common set of beliefs that affected their interpretation of events or course of action as analysed by Hajer (1993). The coexisting policy discourse coalitions determined the policies of elderly care as they brought together all voices, representations and influences in elderly care services. Their goals were diverse, ranging from the achievement of efficient tasks to the delivery of practicable measures and the enhancement of social justice.

Analysis of the interviews revealed that the first discourse coalition is the 'hegemonic discourse' which is experienced by key policy makers. The main idea here is that elderly care is best provided by the public sector and that the best elderly care provision should be based on the principles of individual rights and equality. In other words, the elderly should all get the same benefits. This discourse implies that the greatest need of senior citizens is material support. In the case of the pension, senior citizens should receive their pension themselves, either in person at the office or via their bank account because as mentioned by a local administrator, it is assumed that "if the pension is claimed by family members, they would not pass the money on to the intended recipient (personal communication with a local administrator, June 13, 2016).

The second discourse coalition is the 'dilemma discourse' which is expressed by most street-level bureaucrats. They act as the liaison between policy makers and community leaders such a position enables them to understand the dilemmas of different policy epistemologies. This discourse coalition understands that the family should play an inclusive role in taking care of senior citizens and that most elderly people expect and understand that what they should be provided with is an enhancement of well-being and happiness that represents an improved quality of life in general. Thus as pointed out by one street-level bureaucrat "to secure rights is to make the elderly happy while to provide welfare is to give

happiness” (personal communication with a municipal staff member, June 14, 2016). Welfare and happiness, however, cannot be provided without family engagement. Besides, policies based on individual rights do not integrate well with the social value that the family is expected to take care of their elders. Bearing this in mind, this discourse coalition believes that the pension can be taken by family members as elderly care is a part of family care. Some street-level bureaucrats in their role as policy implementers, thus, compromise with the rule about pensions being taken by family members without the permission of policy makers (personal communication with three municipal staff members, June 14, 2016).

The final discourse coalition is the ‘marginalised discourse’ which is experienced by most community leaders. This discourse coalition critiques formal local policies, arguing that they do not really help. Interpreting rights on the basis of equality does not work as it forms one-size-fits-all policies for a pluralist society. This coalition realises that it should not be assumed that all the elderly are vulnerable and feel old at 60. For example, a community leader indicated that “many elderly persons still acted as family leaders and do not feel old at all” (personal communication with the community leader, June 15, 2016). The coalition also understands that most owners of family businesses in the city including informal loan businesses were aged over 60 (Hongsuwan, 2016). It also recognises that there is no policy to support those people aged under 60 that require help to prepare for retirement or indeed a policy for people aged over 80 who require support to prepare for death. Besides, the policies were less focussed on taking care of the mental well being of the elderly. This was instead, undertaken primarily by community leaders based on the special role of religious/faith-based organisations that realise the value of the elderly in terms of knowledge (such as of local history) and power. They invited the senior citizens to play a key role in religious activities and also to participate in local festivals (personal communication with three community leaders, June 15-16, 2016).

This last discourse coalition also understands that the elderly have diverse needs and requirements. For example at least three community leaders understood that some of the elderly within their community were housebound, through either fear of going outside or being too ill or weak, so spent most of the time in bed and that some elders were sociable and enjoyed talking and engaged in community activities (such as becoming DJs on local radio programmes) or joined social and economic groups (such as religious groups, groups of alumni of the same school and business associations). They also knew that some elderly people took part in the networks of

political movements and played a role in mobilising resources and renting buses to join political protests (personal communication with three community leaders, June 15-16, 2016). Therefore, in their view, policies should be diverse and reflect the differing demands.

How to bridge the gaps?: By approaching elderly care policies through the analytical framework explained in the second study, this study can propose policy recommendations in an alternative way to the mainstream which is popular among Thai policy scholars by adopting strategic planning techniques (Changtong, 2011; Nitikhunjit, 2010; Pireepinad, 2008; Sariya, 2010 and (Srijunnit *et al.*, 2003) and scenario building tools Chaitongpan, 2008; Pengsalee, 2011; Rinrose, 2007 and Teauntong, 2009). This study proposes policy options by interpreting existing policy gaps and considering the practical ways to bridge them not by framing the rational policy through technical analysis and forecasting.

First of all, the co-existence of different policy discourse coalitions reflects the fact that there are different areas of knowledge and different ways to lead. Policy makers would pay most attention to formal knowledge, based on regulation and laws. They also adopt a conventional leadership approach in which the mayor and his team should be regarded as heroes, so as to increase the possibility of re-election. On the other hand, street-level bureaucrats think mostly about practical knowledge and try to develop cooperative leadership skills while the community leaders use their local and spiritual knowledge as well as developing an alternative leadership style that could be called spiritual leadership. So, in order to bridge the gaps between policy and reality, different types of knowledge and leadership styles should be taken into account and analysed a task that requires the development of interpretive, deliberative and collaborative leadership. In this case, local university scholars who work in the area of policy analysis and planning have the greatest capacity and opportunity to play the role of interpretive mediators, deliberative facilitators and collaborators in order to combine areas of knowledge and styles of leadership based on scientific, economic and cultural modes of rationality.

In addition, one-size-fit-all policies based on rights and equality should be reconsidered. The rights on fee exemptions for visiting public places and using public transportation for example are not really useful for most of the senior citizens of this city. Instead they deserve good city museums and elderly-friendly public transportation. The pension allocation and the strict rules on who can collect it from the local authorities as another example, should be brought before deliberative forums to figure out

whether they fit into the elderly's life conditions and demands. In relation to this, social justice should be enhanced, rather than based on equality by placing more emphasis on guaranteeing distributive justice for the poor and marginalised elderly people. As guided by Fraser's social justice principles (Fraser, 1996), these targets should also be more culturally and politically recognised and provide a parity of opportunity to participate in the policy world. Besides, special consideration should be made so that the elderly are not separated from their family and community care and support mechanisms.

Moreover, the question: "is elderly care most appropriately provided by the public sector" should be reconsidered. This case study highlights that religion, faith-based organisations and local education institutions (e.g., the local university and schools) can play a role in supporting elderly care services provision. As liaisons, street level bureaucrats, through a knock-on-the-door approach and cooperation with community leaders have the capacity to play a key role in bridging the existing service gaps by merging mainstream and alternative elderly care services. The success of this bridge might not be guaranteed but lessons can be learnt about family and community elderly care practices in different Thai contexts as discussed by Wuttisomwongkul (2013).

One possible concrete practice that can be adopted by the communities to merge the mainstream and alternative elderly care services is to scale up and open more 'elderly schools'. This idea is not new, since such schools have been established in both the Global North and South. However, it should be considered here as it has already been practiced by one community within the city; indeed the leaders of some other communities also expressed an intention to do this (personal communication with three community leaders, June 15-16, 2016). The leader of the community that set up the elderly school explained in an interview that the idea was to create a space where the elderly could gather and interact with each other. This community organised the school at a local temple in an open space surrounded by mango trees. The old students spent time together to learn and relearn particular subjects such as history, politics, information technology, religious principles, local wisdom, planting, sewing and cooking, etc. These subjects were taught by the members themselves or by guest/visiting teachers on a voluntary basis. The class schedules allowed for a food sharing lunch and play-time. For the latter, the elderly mainly played cards and draughts. They also sometimes sang karaoke, organised parties and did voluntary work for community events (personal communication with the community leader, June 15, 2016).

The positive impact of the elderly school project, thus is to develop a network for social safety as the members would get better at taking care of each other

both physically and mentally. The school also possibly, helps its members to realise their value to society and get greater enjoyment out of life. However because the school was formed by a group of elderly people from the middle and upper classes, it drew its members from that sector of society and tended to exclude others (personal communication with the community leader, June 15, 2016). Notwithstanding this, it is worthwhile to extend this concept throughout the community and expand its scope to be more welcoming for senior citizens from all backgrounds. It is also possible to use this project to promote income generation, through careers advice for the elderly poor.

Since, the practices already exist within the city, the potential to either scale up or increase the number of projects and participants is high. This suggestion, however, requires political assent and support. In other words a more inclusive elderly school should be legitimised by the local government and facilitated by local education institutions. Thus, driving this alternative elderly care service forward requires the articulation of different policy discourse coalitions. In this case, the existing elderly school should be more welcoming for people from more diverse backgrounds and should make a connection to the municipality and the polytechnic school for sustainable growth while nearby communities can learn useful lessons from this neighbour in order to start their own initiatives.

Another possibility for this bridge is to support the co-function of different discourse coalitions in promoting existing alternative elderly healthcare solutions. For example, it was found that herbal healthcare was already practiced within the city, mostly by those elderly people who held such local knowledge. The practice is informal and operated on household and neighbourhood scales, however, it would be possible to formalise and scale it up. The marginalised discourse coalition, led by the community leaders, attempted to manage this local knowledge by collecting, storing and using it more systematically (personal communication with community leaders, June 15-16, 2016). The street-level bureaucrats and their dilemma discourse coalition, however, should play a more active role that goes beyond just recognising this practice. They would be able to convince the top policy makers and their hegemonic discourse coalition to legitimise and institutionalise the practice through policy interventions.

A research and development policy should be launched, first to justify and extend the local herbal healthcare knowledge as well to enhance the quality of existing services. Infrastructure policy is then needed to scale up and prepare a location for this alternative

healthcare service in the form of a herbal healthcare hospital. Local policy makers and their hegemonic discourse coalition should then endorse and design an elderly welfare fund to drive and guide this collective action on alternative healthcare. They may also need to provide financial support in the form of a start-up budget in order to make this happen. In addition, local policy makers could integrate this practice with urban gardening practices. They could promote the use of the community's vacant land to grow local herbs as well as allowing elderly groups to use public land to grow herbs and vegetables so they can spend their spare time doing joyful, mindful and healthful activities. In addition, the policy makers could facilitate the lease of private lands for this use; therefore they would play the role of mediator between the land-owners and the elderly groups and become witnesses to ensure that a fair contract is signed.

Last but not least to sustain the aforementioned and any other possible bridges, the municipality should develop a collaboration of a variety of parties within the field, whereby those parties can either integrate or articulate ideas into the elderly care policy development processes. In other words, the local government should work with other parties to develop a policy community and create spheres for interactions and deliberation. Also, the municipality should give feedback to the central government so they can reconsider the policy framework to recognise these different discourses and to increase flexibility.

DISCUSSION

This essay analyses the role of local government in driving elderly care policy by going beyond the continuous and repetitive debates in relation to economic and fiscal issues (Clark, 2004; Smith, 2010) and the issue of technical health-care services (Prohaska *et al.*, 2012). Indeed, the essay illustrates that evaluation of policies from both the empirical and normative perspectives help us to better understand policy successes and failures. The normative perspective suggests that a good policy should not only deliver effective and measurable outcomes but should also fit into local contexts, social norms and existing perceptions about what a better community should look like as mentioned by Fischer (1995). Also, evaluation of the normative aspect of the policy allows us to go beyond objective policy evaluation that collects objective facts about performance. This means that it perceives that a policy can be variously understood as a failure or a success depending on different interpretations as pointed out by Matthews

(2012). Besides, the analysis of 'discourse coalition's which analyses basically groups of actors who share a set of story lines (Hajer, 1995) is useful to interpret policy gaps. This approach can also be applied in conjunction with quantitative analysis. The essay points out that adopting this interpretive approach can provide analytical insights that conventional approaches cannot properly do. For example, it helps to illustrate the different interpretations of different coalitions on diversity within the elderly community, implying that elders should not always be perceived as vulnerable in fact, some still play an important role in society. As one aspect of Thai philosophy suggests: "the old do not die and the new cannot be born". This aspect has been addressed by only a few studies. Sumta (2014) for instance, mentions the outstanding social capital of Thai elderly people in the Nakornsawan Province which determines their self-governing capacity. Also, Utto (2009) and Jantaruppamai (2001) noted that Thai elderly networks are strong and influence the development of local communities.

Moreover, the essay argues that religion and faith-based organisations are capable of playing a role as the third sector or an alternative provider of services an argument that is also made in studies of Western systems (Les, 2014 and Carter *et al.*, 2014). The role of the voluntary sector is also significant, especially in governing community-provided welfare as Cox (2005) also addressed in his comparative studies of Western countries and as Bunklud (2010) found from his research conducted in the Thai Province of Uttaradit. In addition, local education institutions such as universities and schools can play a role in supporting lifelong learning and re-skilling older workers as discussed by Morgan and Kunkel (2011).

Furthermore, this essay provides a critique of and alternative to the individual rights-based policy shaped by the principle of equality which usually frames elderly care policy elsewhere (Cox, 2015; Harper and Hamblin, 2014). Also, it helps to illustrate that the elderly have both familial and sociological considerations, the latter of which could not be captured properly by conventional policy analysis approaches, particularly those which depend on econometric models and economic analysis as discussed by Hillier and Barrow (2015), Thorson (2000) and Simpson (2011). As illustrated with the example of the nursing home policy, the elderly are much more concerned about mental well-being and a sense of place in society than in physical convenience which reflects the findings of Stones and Gullifer (2016) who found that it is much easier for the elderly to be "themselves" at home.

CONCLUSION

By adopting interpretive approaches to advancing quantitative analysis, this essay provides analytical insights into the empirical and normative perspectives of elderly care policy failures in one city in Thailand as well as the existence of different discourse coalitions surrounding such policies. Gaps between the scope of the policies and the elderly's real-life experiences were explored. It highlighted that policy makers perceived rights protection mainly in terms of welfare provision, while the concepts of rights and welfare seemed alien to most of the elderly's real lives. The essay showed that the elderly's image was not always one of vulnerability as many of them still played major roles in their family and community. Most of them expected that what they should be provided with was well being, happiness and quality of life enhancement in general. Policies based mainly on individual legal rights did not fit well with the social value that elderly care was a part of family-care. The local government also interpreted rights on a basis of equality and thus shaped one-size-fits-all policies for pluralist characteristics, perceptions, problems, needs and demands.

It was claimed that the co-existence of different policy discourse coalitions identify and possibly bridge the gaps in this case. The hegemonic discourse is experienced by key policy makers while the dilemma discourse is recognised by most street-level bureaucrats and the marginalised discourse is shaped by most community leaders. To bridge the gaps is not only to bridge different types of knowledge and leadership styles but also to bridge the existing service gaps by merging the mainstream and alternative elderly care services.

RECOMMENDATIONS

Future studies should pay attention to the exploration of elderly care policy gaps and the co-existence of different discourse coalitions in the contexts of the Global North as well as attempt to bridge the gaps by articulating the different coalitions. The study of elderly care policies in settings in the Global South are particularly welcome in order to make comparisons. Alternatively, further studies can engage other interpretive approaches on the area of elderly care policy in order to offer a deeper analysis. In doing so, however, it should be recognised that to only provide other ways to understand the policy and critique the existing policies is not sufficient to cope with ageing and aged societies, what is really required is that the knowledge be used to create solutions to the particular problems.

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