LONG TEM CARE POLICY FOR ELDERLY IN THAILAND

Assesment tools, level of LTC needs, services

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the United Nations/Royal Thai Government (UN/RTG) joint team on social protection

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DEPENDANCE/LTC DEFINITION
I: EVALUATION PROCESS PHASES

- 4WH EVALUATION (Why, What, Who, When, How)
- To aware the slipping elderlies
- To prevent dependancy
- To establish the global assessment of needs,

II: CATEGORIES

- The tradition: GIRR, SMAF, …
- Active Ageing actor of his own autonomy

II. HELP PROGRAM, SERVICES

- Multidimensional
- Multipartners coordination
- Funded
- Up dated

DEPENDENCE DEFINITION

Dependence is the partial or total inability for a person to perform without assistance activities of life, whether physical, psychological or social, and adapt to its environment.

FUNCTIONAL ANALYSIS OF DISEASES

To distinguish the different levels of impact of the disease, the **World Health Organization** has taken the functional analysis of diseases given by Wood.

This analysis distinguishes between impairment, disability and handicap.

- **The impairment** is an abnormality of a body, a device or system. This anomaly may be inconsequential disease, but more often, it is symptomatic and is equivalent to the disease.
- **The failure** is a consequence of the impairment and the expression in terms of function or performance.
- **Disability** is the disadvantage resulting from the failure. It reflects the difference between physical and mental disability of the person and the usual standards quality of life. Disability is proportional to material and social resources available to compensate for the disability.

LONG TERM CARE POLICY FOR ELDERLY IN THAILAND

I: EVALUATION PROCESS PHASES

- 4WH EVALUATION (Why, What, Who, When, How)
- To aware the slipping elderlies
- To prevent dependancy
- To establish the global assessment of needs,

I: **EVALUATION PROCESS PHASES: 4WH EVALUATION**

• **WHO**: Process of dependancy is not factor of age but of environment and events, to assess **one person in its different components**, physiological, psychological, economical, social and affective, material and technical…

•**WHY**: Dependancy is not compusory and highly relevant of non objective factors, social and affective, unpredictable events, **the proper image of one self** and strong lever of autonomy.

•**WHAT:** The relationship of one person with its **environnement and the harmony** or utility in its social or personal life supported by the material compensation of disability

.WHEN: Early to prevent, continously to adapt,

HOW: With standardized tools to assess the needs or the balance with the environment,

ASSESSMENT: WHO

The process of dependancy is not factor of age but is due to the environment inadaptation and unpredictable events. To assess the dependancy we have to assess how the internal factors (physiological, psychologicaland external constraints (economical, social and affective, material and technical) let the person to become dependant;

Assess the person (physiology)

When evaluating the dependence for a particular person, it is the impairments and disabilities. For example, the evaluation of the work seeks to identify impaired balance and coordination (get up and go test, Tinetti).

Overall assessment allows a care team: identify impairments and disabilities which affect the environment,

- establish a plan of care to reduce disability,
- Communicate with other health actors

-And track an individual by assessing its inability over time.

The American experience of assessing the person is led to the extension concept of "comprehensive geriatric assessment" or "overall assessment of the person old "or simply" Assessment ", as suggested by the French Society Gerontology. This concept of Assessment beyond the scope of a simple assessment for introduce a notion of repetition and follow-up, according to the work of Rubenstein, was
proved therapeutic with decreased morbidity and mortality in patients who benefit.

ASSESSMENT: WHAT

Assess the burden of care

The organization of care requires a

Evaluate the cost of dependency

Dependence budgets a direct cost technical assistance, often easy to assess. The assessment of indirect costs is more difficult to assess: the impact of dependence on families, evaluation of human assistance involving caregivers natural or social actors. The difficulty increases if we take into account the multiplicity

funders.

The health care costs are covered under the health insurance, the responsibility of the State.

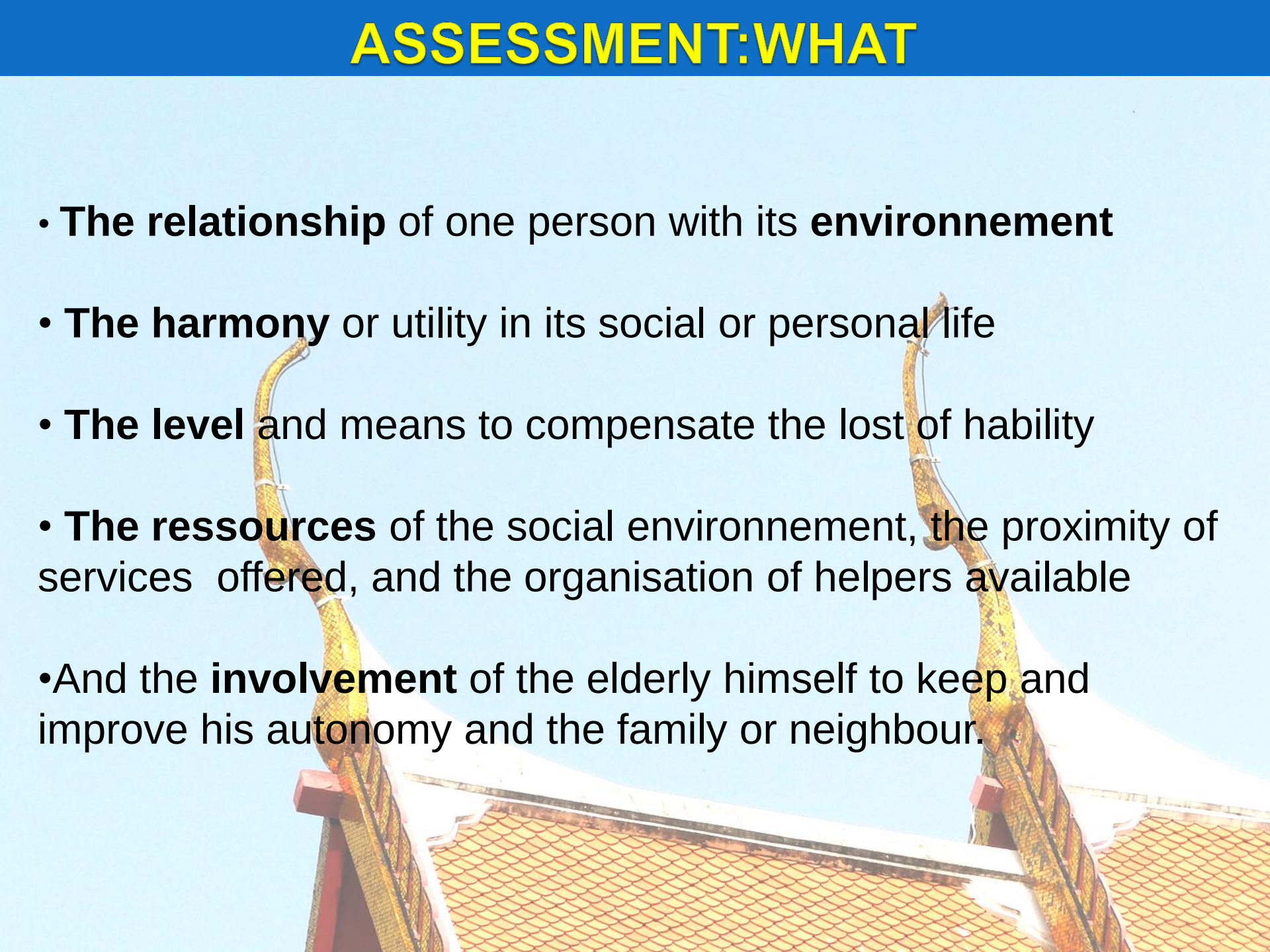
The social costs are borne by the individual or family (obligation legal), and failing local authorities (General Council, municipalities), through social assistance.

Assess the dependence in a population at home

This approach is the distribution of financial and human resources for efficient health organization. The analysis of the causes of dependence on a population using assessment tools focusing on pathologies purveyors of a number important of dependants.

The tools must quickly detect large-scale associated or predictive signs of these diseases. Means for assessing social available to the elderly, assessment of the proportion of people elderly in institutions (identifiable and expensive structures) is another target wide surveys of the population.

ASSESSMENT:WHAT



- **The relationship** of one person with its **environnement**
- **The harmony** or utility in its social or personal life
- **The level** and means to compensate the lost of hability
- **The ressources** of the social environnement, the proximity of services offered, and the organisation of helpers available
- And the **involvement** of the elderly himself to keep and improve his autonomy and the family or neighbour.

ASSESSMENT WHY:THE SLIPPING ELDERLIES

According the OECD researches and most recent papers, (Trillard and Aquino reports), the main factor of dependancy is isolation. Dependancy is not a common issue, it is often (excepted if heavy desease) a phenomena due to events as retirement, moving, widowage, falling and domestic accident, reduction of financial resources…

In the social consensus, the older are retired and disable

To avoid this common false-evidence

- Active ageing, late retirement, knowledge transmission..
- Sylver economy
- Grey power
- Benevolent
- Adaptation of the environnement
- Prevention levels 1, 2, 3, etc…

ASSESSMENT WHY: TO PREVENT DEPENDANCY

- **Economy:** Level of retirement benefit sifficient to be independant of family and social support
- **Health and Physiology:**
  - Community health center in charge of prevention focusing fragile population (level 1awareness, 2 community, 3individual)
  - Fragility observatories: to anticipate through demographic, sanitary and economic data the location of people exposed to become dependant
- **Isolation**: Organisation of solidarity linkage, workshop, University for all ages
- **Domestic accidents**, relocation, réhabilitation adaptation of housibng, action with helpers, neighbours and family
- **Lost of involvement** intergenerational solidarity, benevolat, place in school helping youth

II: CATEGORIES

The tradition: GIRR, SMAF, …

Active Ageing actor of his own autonomy

ASSESSMENT:HOW

With standardized tools to assess the needs:

- Test KATZ
- LAWTON ASSESSMENT
- **AGGIR** (Autonomy and Gerontology Groups Iso-Resources)
- GEVA (multidimensional needs assessment guide compensation disability)
- DESIRE (Approach Evaluation of a Single Location and response)
- GEMAPA (assessment of the situation of elderly – Software-)
- EGS ODGAM (Standardized Assessment Gerontological -)
- HOLE (Handicap - Lightweight Tool Evaluation)
- OSE (Single Assessment Tool)
- MAP (Template Support Custom)
- MHAVIE (Measuring Lifestyle)
- RAI (Resident Assessment Instrument or "Evaluation Model resident ")
- **SMAF** (Measurement System Functional Autonomy)

ASSESSMENT:HOW

SCALE ACTIVITIES OF DAILY LIFE - Index KATZ

PURPOSE

Evaluate objectively the activities of daily life.

DESCRIPTION

Autonomy for an activity of daily life is one side. A score of 6 indicates complete autonomy. An elderly patient with a score <3 is considered dependent.

NOTES

- Simplicity and brevity award
- Widely used in the international literature
- Do not include travel
-20% of patients remain unclassified

INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE LAWTON

PURPOSE

Evaluate the behavior and use of common tools.

DESCRIPTION

For each item, the listing can only be 0 and 1. The next score from 0 to 5 for men and 0-8 for women.

NOTES

- The time of execution is short (about 5 minutes)
- This level requires learning but can be done as well by a doctor, nurse, nurse's aide, a social worker.

The information is provided by the patient himself whether cognitive functions are preserved, otherwise by entourage.

- Questionnaire suitable for elderly living at home.

ASSESSMENT:HOW

Grid AGGIR (Autonomy Gerontological Groups Iso resources)
Physio-sanitar oriented

The AGGIR is a tool to assess the loss of personal autonomy, in institutions or at home.

It is an argument taken into account in the implementation of assistance to the person.

The model has seven points on the evaluation of the hability of a person to perform the activities of daily life.
The evaluation focuses on the physical and mental autonomy. It assesses what one person can do or want to do.
 Technical assistance (prosthesis, walker, wheelchair ...) is considered part of the person.

The 10 items are divided into two categories:
The discriminating variables and illustrative variables.

Only ten discriminating variables are used to calculate the GIR (Groups iso-resources)
The result is the number from six GIR 1 (total dependence) to GIR 6 (complete autonomy).

Each variable is divided into three terms of coding represented by A, B and C.

Grid AGGIR (Autonomy Gerontological Groups Iso resources) Physio-sanitar oriented

PURPOSE

The AGGIR seeks to define the profile of a given dependency elderly. The dependence is evaluated there in terms of level of care required application (called "Group Iso-Resource (IRM). "The grid consists of 10 items or "discriminating variables". An algorithm class combinations responses discriminating variables in 6 Groups Iso-Resources.(1 high dependency, 6 autonomy)

DESCRIPTION

The discriminating variables are defined as follows:

1 – Consistency: Converse and / or behave in a logical and sensible by the standards accepted by the society in which we live.

2 – Orientation: Locate in time, the time of day, in the places and their contents.

3 – Toilet It covers personal hygiene and is filled into 2 parts:

Toilet top: face, anterior trunk , upper limbs, styling

Toilet bottom : intimate areas, legs.

4 – Dress This variable includes dressing, undressing and is filled into 3 parts:

Wrapping up : passed by the arms or head wear

Average Dress : closing on the body (button , belt straps , snaps,etc ...)

Dressing down : passed by the lower body clothing.

5 – Power This variable consists of two parts:

Use : cutting food , filling his glass, etc. ...

Eating : bring the food to your mouth and swallow.

Grid AGGIR (Autonomy Gerontological Groups Iso resources) Physio-sanitar oriented

6 - urinary and fecal elimination Maintain hygiene and disposal with two parts corresponding to urinary elimination and feces .

7 - Transfer , stand , lie down, sit Place one of the three positions (lying, sitting , standing) to another, in both directions .

8 - Move within Inside the house and Institution in the place of life including parts commons.

9 - Moving outside From the front door without transportation

10-Remoting Remote communication is defined by ALERT , that is to say, use the means of remote communication : telephone, alarm , doorbell, remote alarm , alerting purposes .

Coding items

Method C: the person does not, must be in place or have it done by someone else ;

Method B: the person can do alone, but not spontaneously , and / or correct and / or usually and / or partially ;

Method A: the person is alone and spontaneously , usually completely and correctly;

The terms B and C also refer to using worn by health care professionals .

The terms of discriminating variables

Iso- resource groups are the most common association profiles variables.

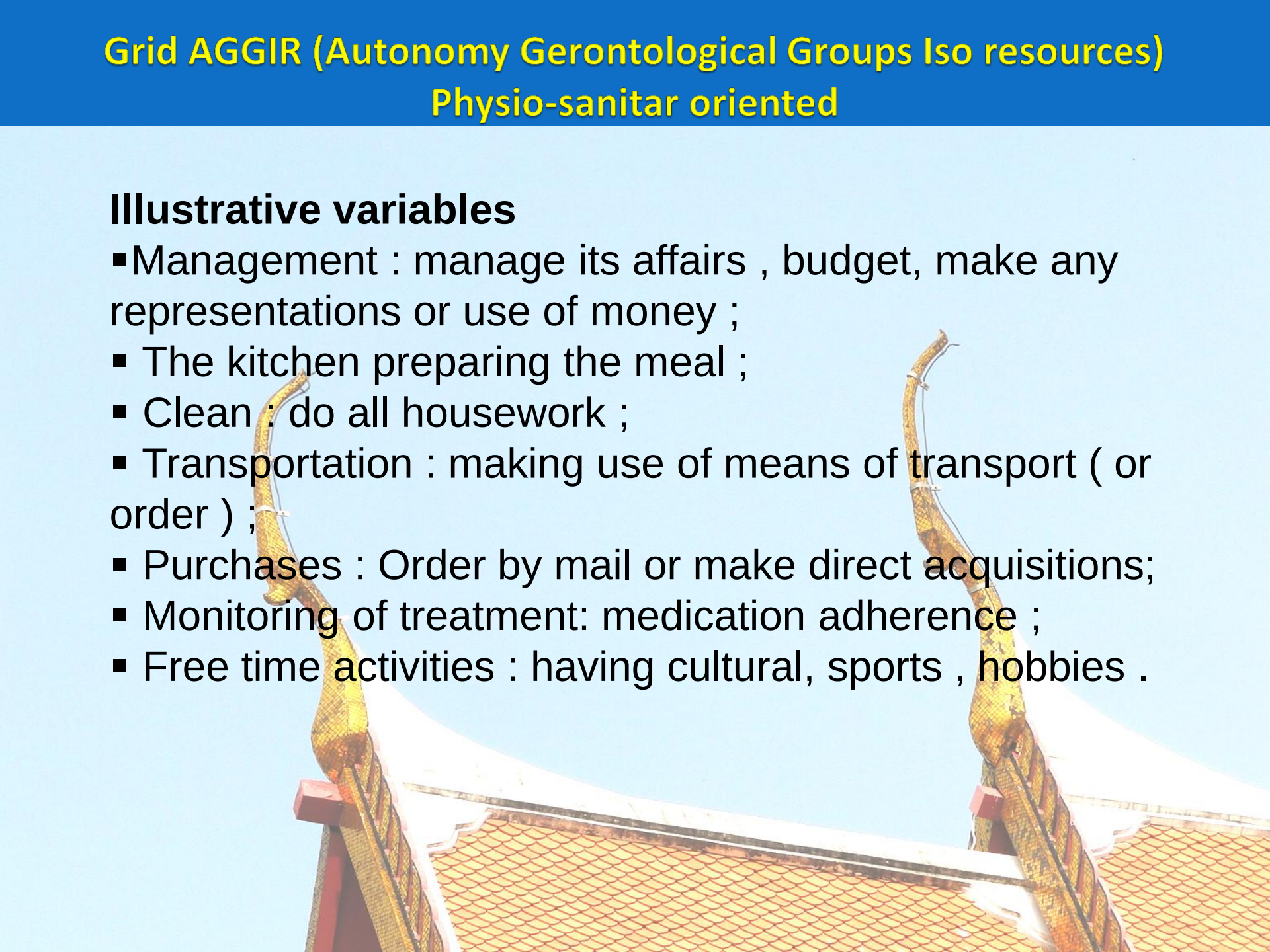
Group 1 is the most dependent people, while Group 6 includes persons who have not lost their autonomy for discriminating acts of everyday life .

The AGGIR is enshrined in French law

Grid AGGIR (Autonomy Gerontological Groups Iso resources)
Physio-sanitar oriented

Illustrative variables

- Management : manage its affairs , budget, make any representations or use of money ;
- The kitchen preparing the meal ;
- Clean : do all housework ;
- Transportation : making use of means of transport (or order) ;
- Purchases : Order by mail or make direct acquisitions;
- Monitoring of treatment: medication adherence ;
- Free time activities : having cultural, sports , hobbies .



SIMPLIFIED GRID TO ASSESS THE BASIC AUTONOMOUS STATUS OF ELDERLY

FUNCTION	INDEPENDANTS	NEEDS HELP	DEPENDANT	DOES NOT DO
Bathing				
Dressing				
Grooming				
Oral Care				
Toileting				
Transferring				
Walking				
Climbing stairs				
Eating				
Shopping				
Cooking				
Managing Medic.				
Etc...				

SMAF (MEASURING SYSTEM FUNCTIONAL AUTONOMY) (psycho-social oriented)

PURPOSE

Developed in 1983 by the researcher and physician Réjean Hébert

Adopted by the Ministry of Health (Canada) since 2002 and many in countries including France for experimentation.

DESCRIPTION

Contains 29 items to assess five major dimensions of autonomy daily living (ADLs) **: orientation, mobility , communication , mental functions , domestic tasks.**

VALIDITY

Ongoing developments by research teams

Scientifically validated for its reliability and fidelity

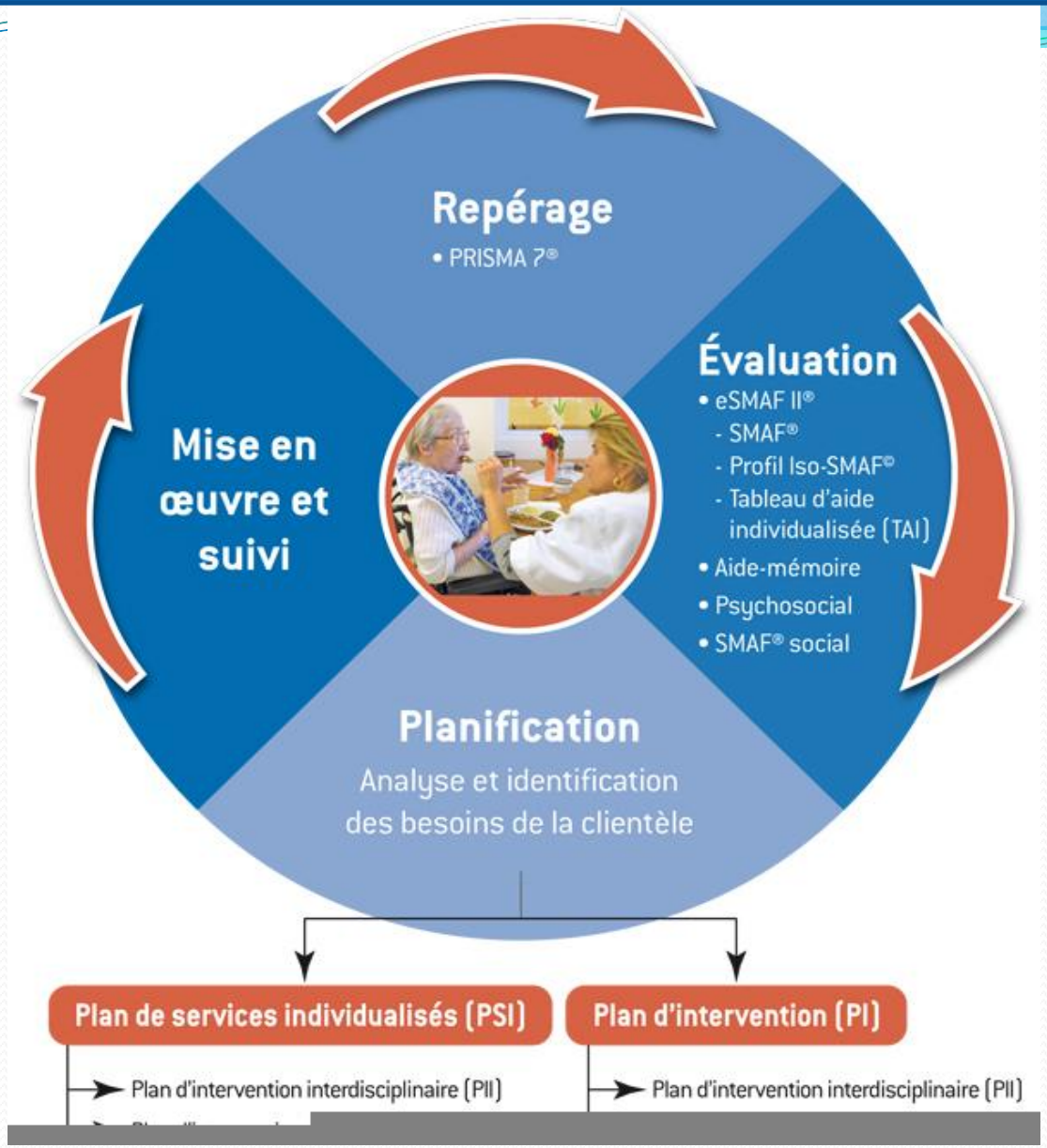
Appreciated by professional care and support for 25 years

Contributes to improving the quality of services and the efficient use of available resources

Useful in case management

The SMAF was developed in the context of evaluation of functional autonomy, taking into account the environment of the individual (institutional or home)

SMAF: MEASURING SYSTEM OF FUNCTIONAL AUTONOMY, CANADA AND 60 COUNTRIES



SMAF six tools in detail :

-Prisma -7 (Research Program for the Integration of Services for the Maintenance of Autonomy) to identify people with loss of autonomy. Questionnaire of seven questions . Simple to use and is a contact between an unknown elderly network health and social services .

-The evaluation grid SMAF evaluates 29 functions covering the activities **of daily living (ADLs) : mobility , communication , mental functions , domestic tasks.** Each function is measured on a scale according to specific criteria. And it shows a picture of the functional autonomy.

-Table Individualized Assistance (TAI) is a clinical tool visually representing the five dimensions of autonomy and 29 items representing the functions evaluated. It promotes support for autonomy.

-The Iso -SMAF profiles are more management tools **that allow you to group patients with similar disabilities generating costs and similar services**. There are 14 profiles classified according to the intensity and type of service required to maintain their autonomy. It allows to determine the staff and hours of care required and calculate more equitably the allowances.

-eSMAF II is a software data processing of the SMAF process.

-The SMAF -Social recognizes the autonomy of people in social functioning in six dimensions : social and recreational activities , relations , resources ,roles , attitudes and expressions of self. Its goal is to further integrate the social aspect of the person to improve interventions .
The SMAF approach thus uses these tools to identify people with loss of autonomy , analyze and identify the needs of the person and to implementation monitoring.

ASSESSMENT WHY: TO PREPARE THE INDIVIDUAL HELP PLAN

The occurrence of an addiction is a major turning point in the evolution aging.
The need for assistance for activities of daily life imposes the reorganization of life or placement in the establishment as nursing home, EPAHD .

In the first case, the family must take an active part in the aid dependency.The evaluators make contact with the network of usual care the elderly and the family environment feels partner. The impact of this new workload on children must be taken into account, and the environment has to be supported at the same time

In the second case, the entry into institution frequently imposes the need for a structure medicalized and financial constraints limit the choice of the elderly patient.

In both cases, geriatric assessment must be comprehensive. Dependence is central to evaluation: witness to the decline in functional capacity it guides rehabilitation interventions.

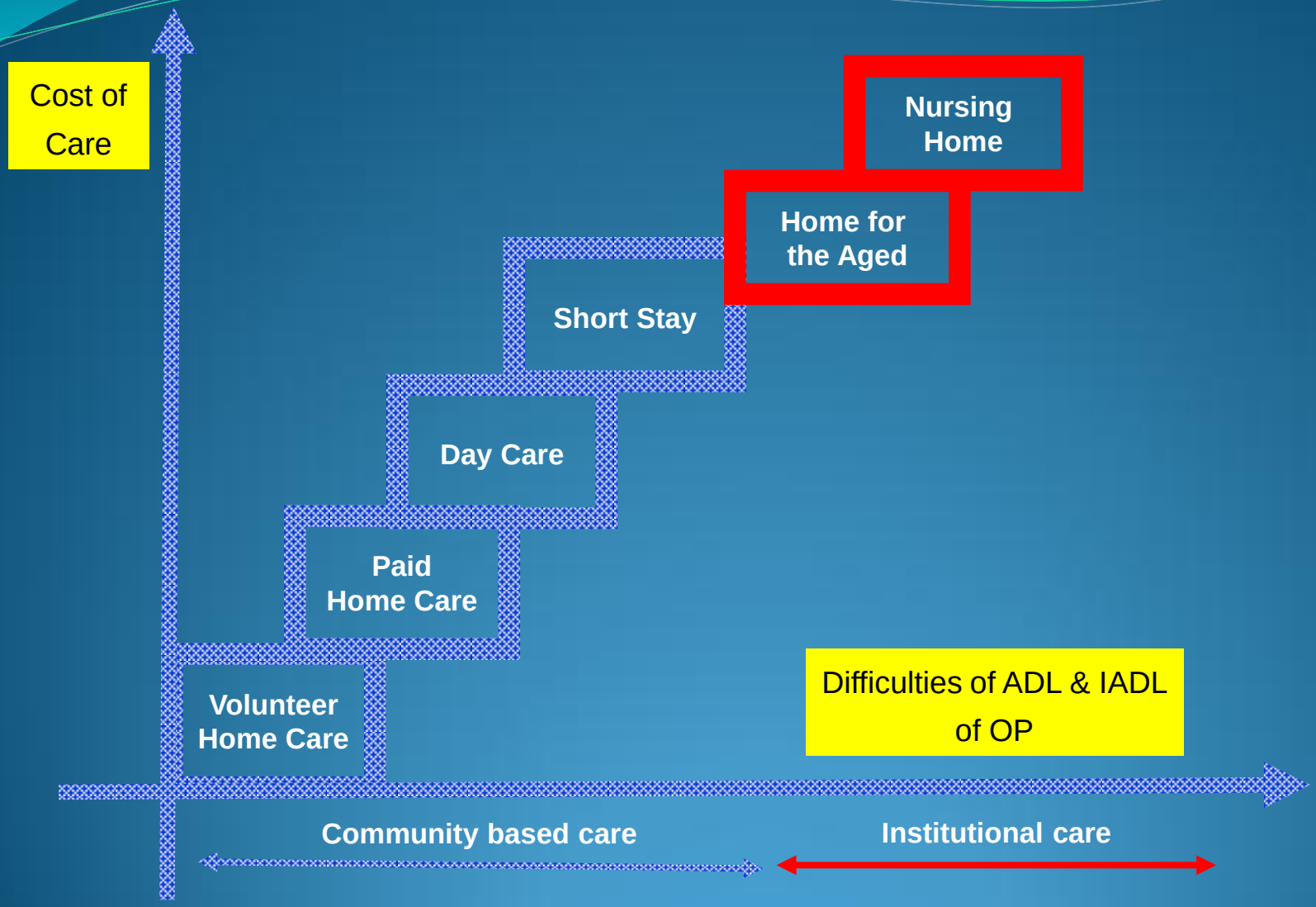
The geriatric assessment should also include detection of intellectual deterioration, sensory impairments, risk malnutrition, psychological problems (depression syndrome) and losses balance with the risk of falling.

ASSESSMENT WHY: TO PREPARE THE INDIVIDUAL HELP PLAN

II. CARE PLAN, SERVICES

- Person centered
- Multidimensional
- Multipartners coordinated
- Funded
- Regularly updated

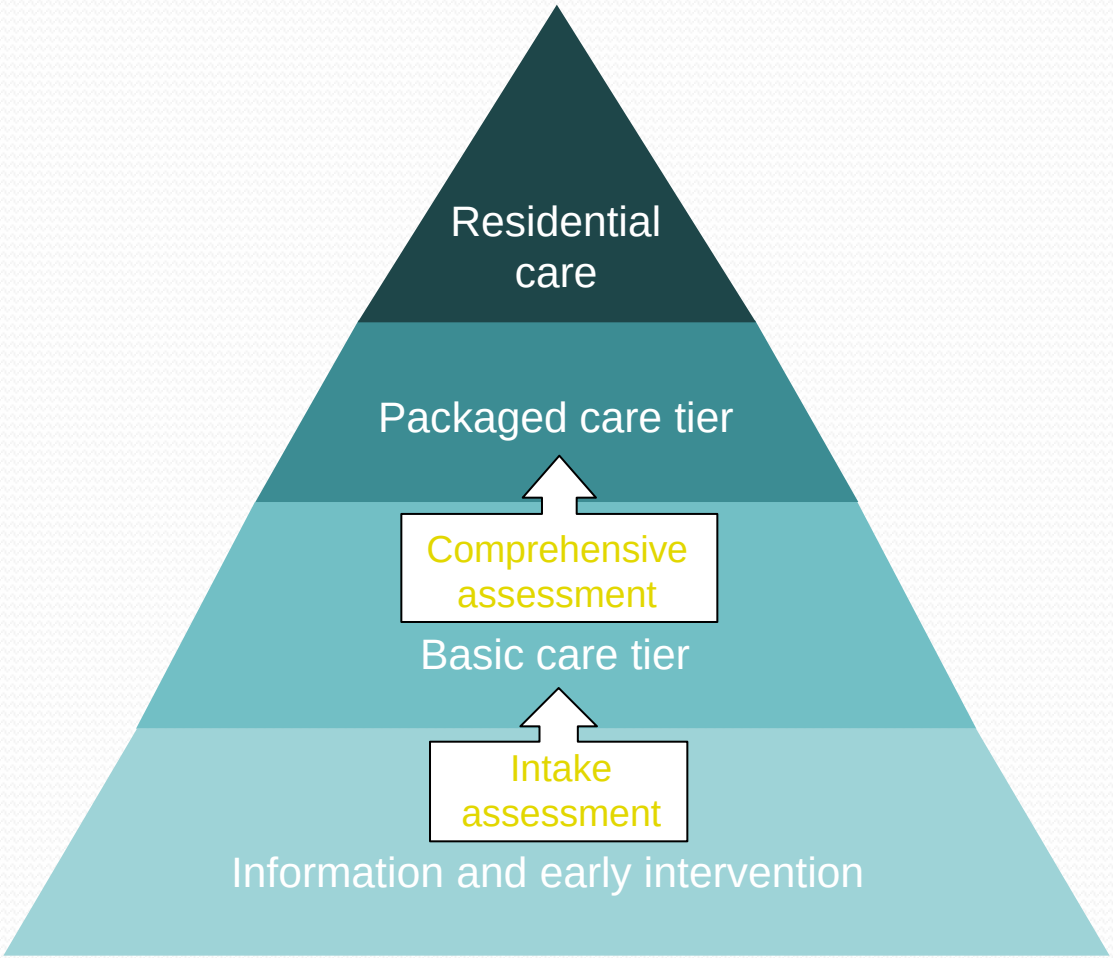
Continuum of Care ASIA



Source: HelpAge Korea

The service pyramid

AUSTRALIA



Strengths of the system

- Wide reach
  - High acceptance and satisfaction
- History of innovation
  - Aged Care Assessment
- Commitment to
  - community care
  - support for carers
  - quality systems

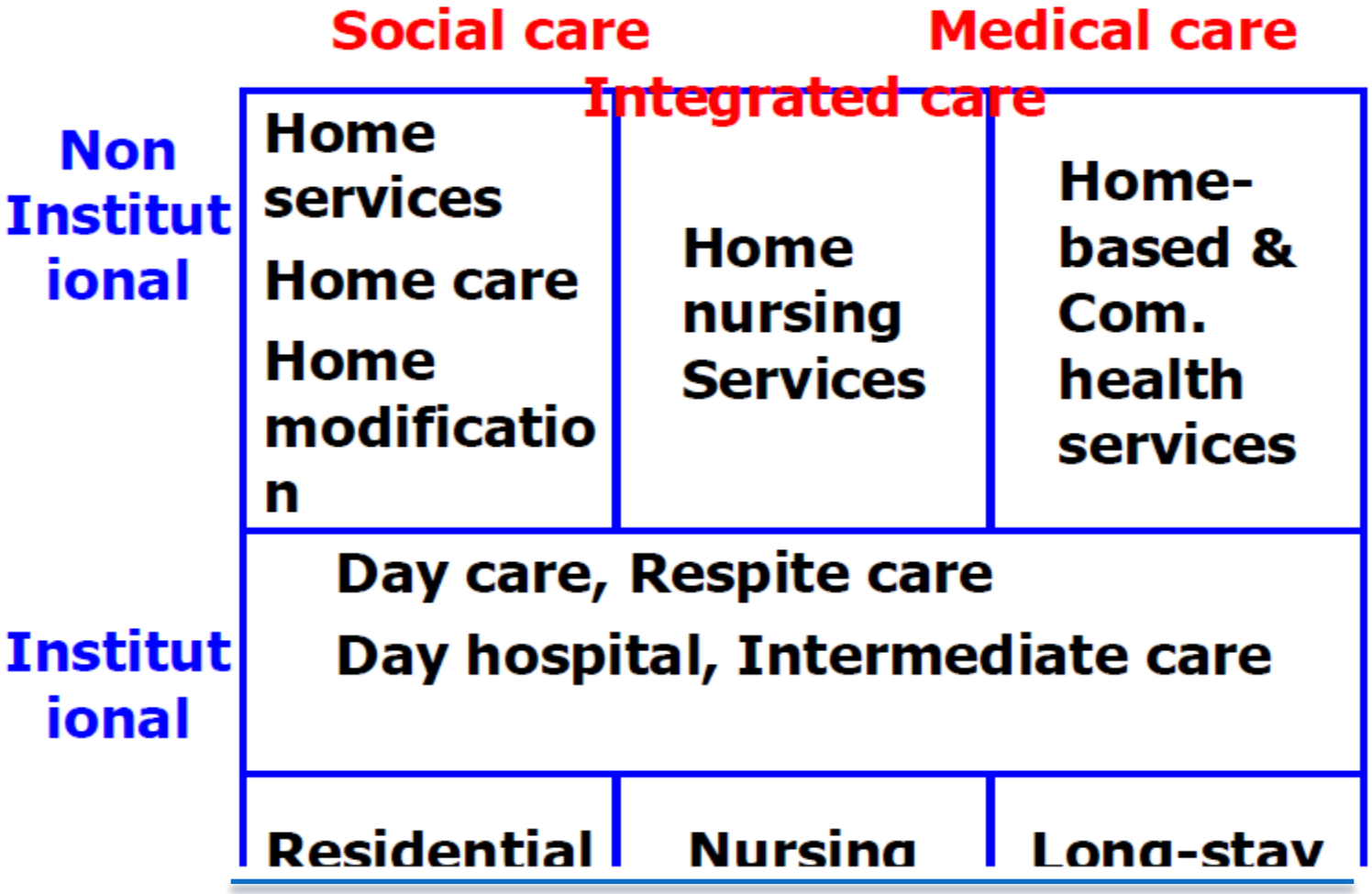
New directions

AUSTRALIA

- Person-centred approaches
  - Consumer-directed care
  - Restorative care
- Social inclusion
- Service integration
  - Service-integrated housing

SERVICES

Comprehensive Long Term Care Model



Health and Long Term Care for an Ageing Population in Singapore

- Decline in Family Support
  - 21, 858 elders live alone and 47, 490 lives with elderly spouses with no children in the household
  - Household size decreased from 3.7 in 1998 to 3.4 2008
- Decline in old-age dependency ratio
  - 5.3 in 2020 projected
- Increase in seniors with dementia
  - 52, 600 seniors with dementia by 2020
  - Estimated 10-20% would require institutionalized care
- Increase in seniors requiring care
  - Over 70, 000 would be impaired in at least 1 ADL

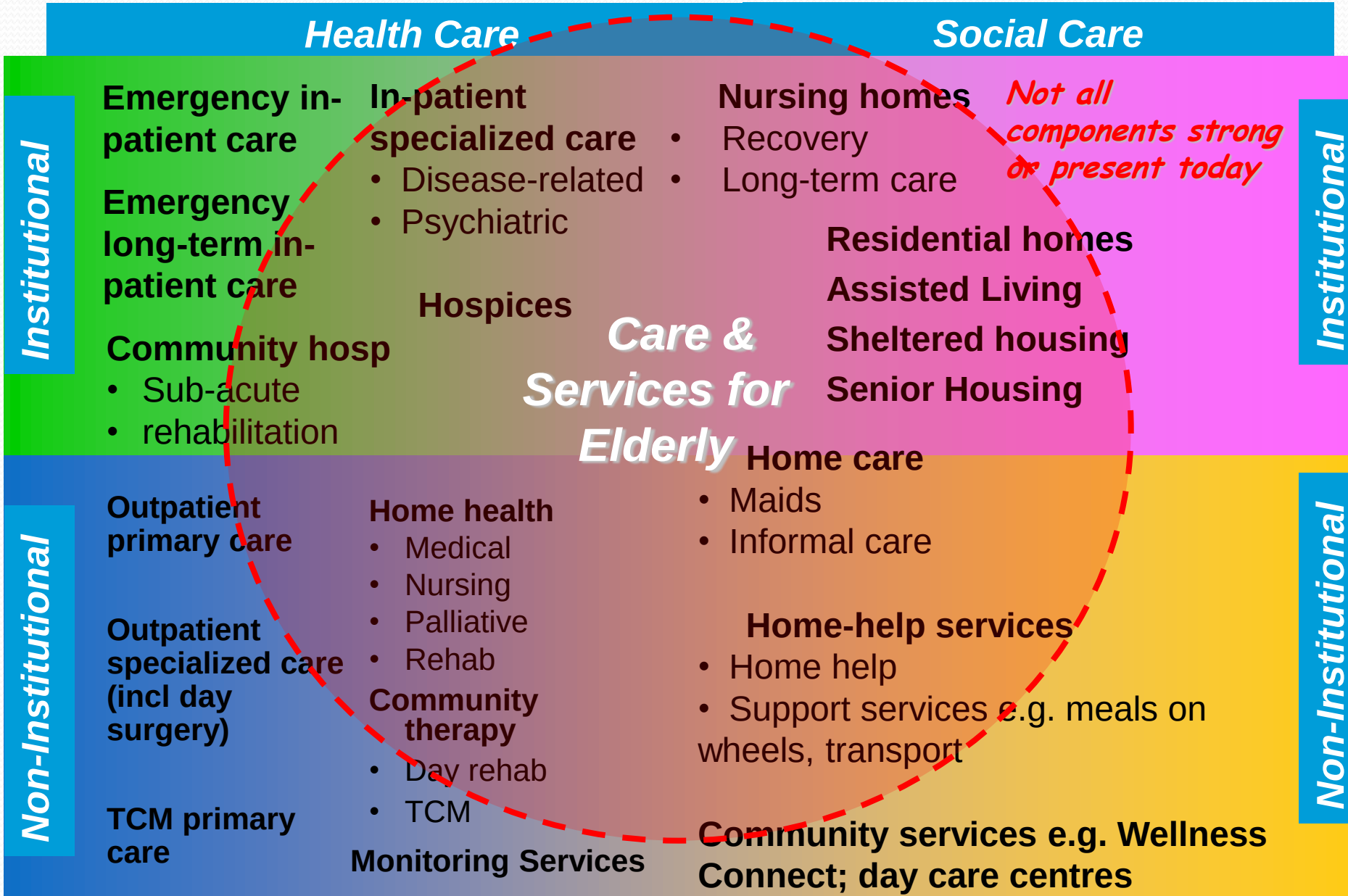
National Policy Direction (Singapore)

- Strategic Trusts
  - Holistic, Affordable Health and Aged Care
- Desired Outcomes
  - Senior-centric Services
  - Family as First-line of Care and Support
  - Emphasis on Prevention
  - Lowest Net Cost to Society
  - Facilitate Aging in Place

Health and Social Services (Singapore)

- *Coordinators*
  - Agency for Integrated Care
  - Centre for Enabled Living
  - Community Care Management Services
- *Health and Wellness Promotion*
  - Wellness Centres
  - Health Promotion Board
  - SCOPE
- *Participation and Advocacy*
  - Council for Third Age
  - SAGE; Tsao Foundation Interagency Collaboration

Direct Services SINGAPORE



EU Social Care Approaches Home Care

In Europe the trend is to stay as long as possible

at home by reason of:

- Quality of live for the beneficiaries of home care
- Cost containment for financing institutions (HIF or other institutions in charge of financing) and hospital care providers
- *Prefer the term of long term care*
- *EU has not a unified system*
- *EU policy is focusing on maintaining elderly at home*
- *Most of elderly for chronicle disease are in hospital and fund consuming but bad feeling to stay long in hospital.*

What are the services ? EU

Services are tri fold:

- Medical care and treatment at home
- Support in Activities of daily life (ADL)
- Rehabilitation

Other services adaptated services according the status of each person,

Basic Services Medical Care EU

- Monitoring physiological parameters: temperature, frequency of breathing, pulse, blood pressure, diuresa and excrements.
- Medicines ` administration – oral, i.m., i.v., subcutan, by intra bladder tube, by endo venenous perfusion, on the surface of skin
- Medicines ` administration in general
- Measuring glycaemia by glucometer
- Artificial feeding by gastro or nasogastric tube, through gastrostoma and passive feeding – for patients with deglutition problems
- Clistier for evacuation and therapeutic purpose
- Decubiti excoriations : mobilization, massage, treatment and devices
- Therapeutic methods for avoiding pulmonary complications : change of
- position, physiotherapeutic respiratory procedures
- Therapeutic methods for avoiding vascular complications on the inferior limbs
- Treatment and care of simple wounds, infected wounds, stomas, fistulas
- Care of drain tube and tracheal canola
- Change of urinary bladder tube
- Monitoring of peritoneal dialysis
- Manual removal of stool ; application of bedpan, diapers , etc.

Basic Services Social Care

- Takes prevention measures against diseases and supervises the health of the skin, monitoring the evolution of vital functions (temperature, pulse, breath, blood pressure)
- Applies moistures and drops
- Small bandages, that do not require sterilisation
- Prepares the medication and administers it according to doctors instructions
- Change the urine bag if the client wears a tube
- Gives the client the urine bag and cleans it afterwards
- Help the client dress/undress
- Help the client move, get out of bed or go to bed
- Help the client to eat and drink
- Take part in body care activities (shower, bath, private routine, mouth wash, nails and hair)
- Changes the bed garments, with or without the client in the bed
- Does the household work, necessary in the client's s environment
- Suggests measures to prevent domestic accidents
- Transportation

Basic Services Rehabilitation, Others EU

- **Services belonging to rehabilitation comprise:**

- **Early and continuous rehabilitation delivered**
- **by physiotherapists**
- **speech therapists**

- **Terminal and Palliative Care**
-
- **Services belonging to terminal care comprise palliative care offered in the community**

- **Other services**

- **Lending medical and nursing supplies:**
-
- **Orthopaedic devices**
- **Wheelchairs**
- **Beds**
- **Other medical devices**
-
- **Training for informal carers and clients including lifestyle advice.**

Who is providing the services EU

Home care providers can be public or private entities which have to **fulfill** certain determined **standards** in order to get licensed

Standards are:

Service package has to comply with legal regulations

Access to services

Composition of staff

Composition of Staff

Local managers in the organizations, NGO, administration or bureau in charge of dependency, co-ordinate staff, services, logistic in order to meet patients' needs

Nurses, are responsible for prevention, evaluation, medical care which is part of the integrated care services

Auxiliary nurses, for first level evaluation, duties comprise support and assistance of daily living (ADL)

Specialists for rehabilitation, physiotherapist, psychotherapist

Social workers, to evaluate needs, propose the help plan, coordination of actors and resources, provides assistance like legal advice and applied paper work

Volunteers for first level evaluation, to apply the care plan, and relation with higher habilitation (health and social)

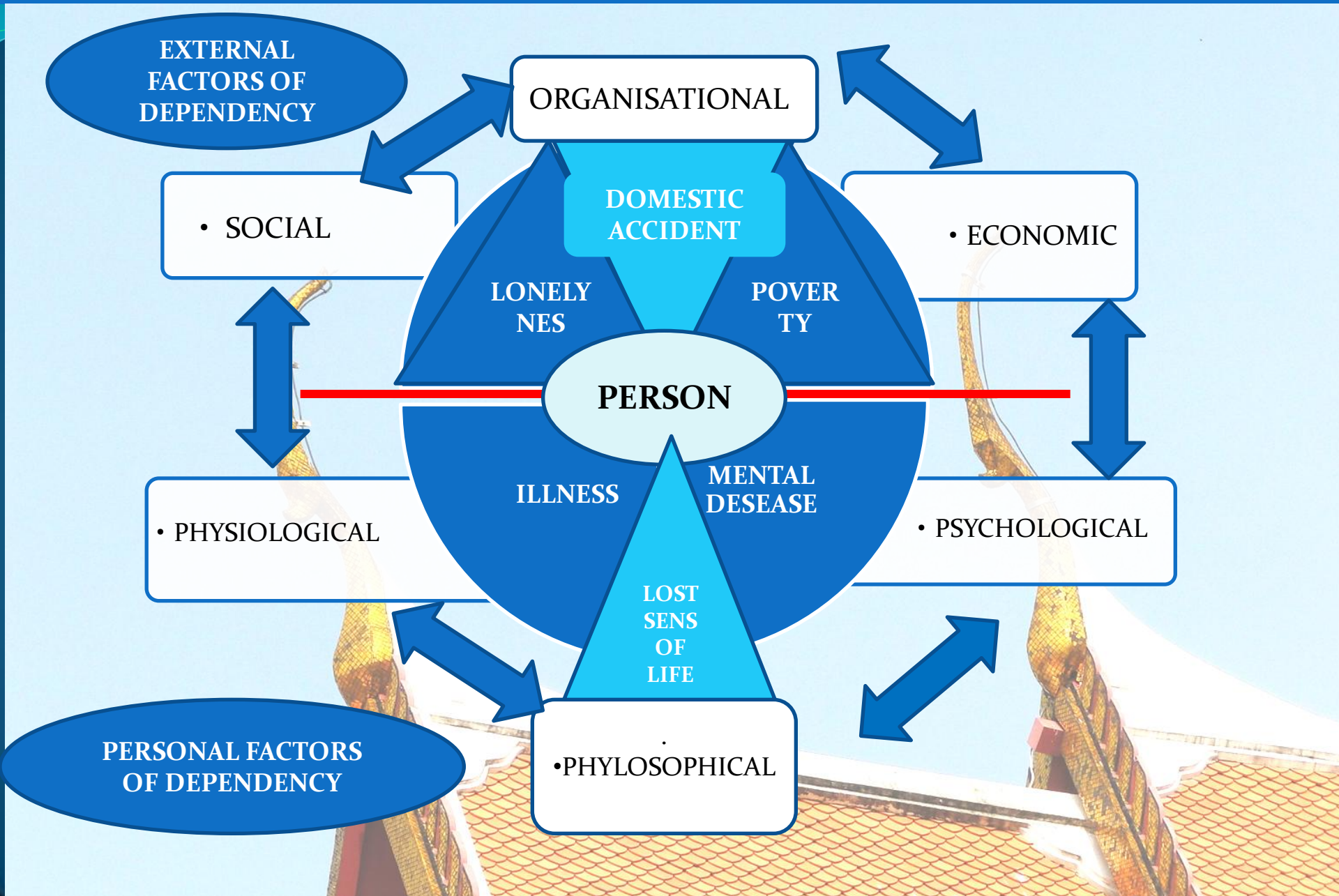
Financial manager to fund the services

In EU Usually, medical doctors together with nurses identify the beneficiaries' needs in terms of type of services and necessary time but for several years the tendancyis a multidisciplinary team in charge of needs analisys and care-plan

Funding

- Medical Insurance Fund
- Long term Care Insurance
- Tax
- National or regional budget
- Copayment

SIX FACTORS TO ADD LIFE TO YEARS



MAIN FEATURES OF THE SUGGESTED POLICY

DEFINING	IMPLEMENTING
-HOLLISTIC POLICY FOR ELDERLY:	A UNIC FRAME FOR ALL ACTORS, IMPLEMENTED ON THE BASIS OF SUBSIDIARITY
-PERSON CENTERED POLICY	INTERACTION OF LEVERS
- PREVENTION AS A MAIN LINE	THREE LEVELS OF PREVENTION FOR SIX FACTORS OF DEPENDENCY
- TWO TYPES OF SERVICES	-COLLECTIVE ACTIONS (ENVIRONNEMENT, EXTERNAL FACTORS) - INDIVIDUAL PLAN (PERSONNAL FACTORS)
-SPECIFIC FUNDING FOR DEPENDENCY (1)	SPECIALISED ORGANISATION AND RESOURCES
- TO OPEN THE FINANCIAL MARKET FOR DEPENDENCY UNDER THE STATE CONTROLE	STANDARDS OF CONTRIBUTION AND LEVEL OF THE OFFERED SERVICES DIFINED BY STATE AND CONTRACTUALISATION (state garanty)
- ELDERLY AND HANDICAPED AS AN OPPORTUNITY	SYLVER ECONOMY, THAILAND AS AN EXPORTING COUNTRY IN THE FIELD OF LTC SERVICES
- ASSESMENT AS BASIC PRINCIPLE OF HELP	MIXT TEAM HEALTH AND SOCIAL WORKERS
- COORDINATION OF ACTORS	THE HELP PLAN COORDONATES THE AVAILABLE RESOURCES
- A OPEN FIELD FOR PRIVATE, PUBLIC ACTORS AND NGO	CONTRACTUALISATION OF THE SERVICES ON THE BASIS OF COMMUN STANDARDS TO USE PUBLIC FUNDS (DIRECT PAYMENT TO PROVIDERS)

BASIC POINTS TO DEFINE A LTC POLICY FOR THAILAND after investigations

STRENGTHS	LIMITS	SUGGESTIONS
THERE IS A REAL WILL (urgency) to define and implement the policy for Policy makers	TOO MANY STAKE HOLDERS INVOLVED, No identified acting leader. Suggest a national regulation from the prime ministry	HOLLISTIC POLICY:to maintain at work, active aging, prevent dependency, LTC social and health, specialised institutions. To CRÉATE A NATIONAL OFFICE for the dependency, compulsory insurance funded .
ECONOMIC DEVELOPMENT	WIDE GAP BETWEEN CONTRY AND CITIES	UNDER THES UNIC AUTHORITY ADAPT THE ANSWER to support elderly
The MAIN ACTORS OF THE POLICY are identified and managing in their field the erderly situation	The tendency is to focus on medical approach where the health actors are the decidors, the place of social bureau is not at the same level, There is a high risk of medicalisation of the social and economics or administrative issues	The local structures in charge to implement localy the national policy are manage by a mixt team , the bureau of coordination in charge of evaluation, define help plan and following elderly is realised by social workers and/or nurses
FUNDING Family and social wellfare are the main supporters above the health insurance when they have.	The rate of highly dependant is not so large but the health treatment is relevant of the health insurance and social wellfare from the social bureau and ministry.	The specific expenses relevant of dependancy should be defined as a basket of services and supported by a specific financial fund The three financial supports will be coordonate in the help plan after evaluation of needs to fullfill the needs

Compulsory insurance paid on the basis of revenue for above a certain level, below supported by state or and individual insurane paid by elder, family enterprise or elseThis fund garanty by state the access to all to thesame services standardisedaccording the state recomendation

EVALUATION OF NEEDS is considered as a key point of the policy to define the categories of beneficiaries **1 Heavy Dependant in institution** **2 Heavy dependant at home with a home services plan** **3 Autonome with helpers**	**Lack of standards and national methodology** **Lack of professional evaluateurs** **No ressources to solve the specific needs of dependency**	**Two levels of evaluation** **First level pre-diagnosis is realised through a auto-questionnaire delivered by elder himself if able or family or the care givers (social volunteers trained or medical) define the screening to orient the demands and the situation (Using a IT system)** **Second level a mixte commission (socio medical) create for each group of elderly receiving the demands for the high or middle dependency and define the help plan to coordonate the helpers volonteers professionnels; institutions and services**
DELIVERING SERVICES role eand place of volunteers especially in the land	TOWARDS THE REEVALUATION OF THE VOLUNTEERS ROLE TO IMPLEMENT POLICY	PROFESSIONALISATION OF THE VOLUNTEERS To give a frame to the institution contractual basis with public funds to support people under social wellfare
ELDERLY AS A BURDEN	E LDERLY AS AN OPPORTUNITY FOR NEW ECONOMIC MARKET AND EMPLOYMENT POLICY	SYLVER ECONOMY refer to national standards
MANY ACTORS FROM NGO, INSTITUTION AND PRIVATE SECTOR	COORDINATION?	THE CENTRED PERSON APPROACH
MANY PILOTS TO ENLIGHT THE IMPLEMENTATION	COORDINATION IN THE FRAME OF THE NATIONAL POLICY	CONTINUITY OF SERVICES AND NETWORKING, INSTITUTION AS THE CORE OF THE NETWORK FOR SERVICES
STANDARDS	TO BE REALISTIC DUE TO THE EXISTING RESOURCES	USE THE INTERNATIONAL REFERENCE

LONG TERM CARE POLICY FOR ELDERLY IN THAILAND