

Needs and Development Guidelines for Social Welfare of the Elderly: A Case Study of Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province

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Abstract

This study examined the needs and development guidelines for social welfare of the elderly in Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province. The research had four objectives: 1) to investigate the basic problems and needs of the elderly regarding social welfare, 2) to compare welfare needs among elderly with different personal factors, 3) to analyze the relationship between basic problems and welfare needs, and 4) to propose development guidelines for elderly social welfare. The study employed a mixed methodology. Quantitative data collection utilized questionnaires with 310 respondents selected through convenience sampling, while qualitative data were gathered through in-depth interviews using structured interview guides with 12 participants chosen by purposive sampling. Results revealed that elderly individuals experienced severe basic problems, particularly in economic aspects (Mean = 4.44), followed by social issues and physical/mental health concerns. Elderly needs were also at high to highest levels, with income needs ranking highest (Mean = 4.55), followed by recreational, housing, environmental, health, social, and economic needs. Comparative analysis indicated that welfare needs differed significantly across certain personal factors - gender differences appeared in environmental aspects, age differences in housing needs, and income and family member differences in social and health domains. Additionally, economic problems showed a significant positive correlation with welfare needs ($p < 0.05$), explaining 32.1% of the variance. The development guidelines identified by the elderly included increasing living allowances, promoting occupational training, establishing health home-visit teams, creating community gathering spaces, enhancing age-friendly environments, and establishing emergency shelters or nursing homes for elderly people in difficult circumstances. The research findings highlight that elderly welfare needs are diverse and linked to daily basic problems. Thus, welfare services should be developed within community contexts with elderly-centered approaches to enhance quality of life and long-term security, while improving social welfare arrangements appropriate to community contexts.

Introduction

Elderly individuals represent a culturally and socially valuable demographic in Thailand. In recent years, Thai society has rapidly transitioned into an aging society, resulting in increased attention from both public and private sectors regarding the care and quality of life enhancement for the elderly, particularly in terms of social welfare provision, which necessitates comprehensive policy planning and system development.

The Elderly Act B.E. 2546 (2003) serves as a crucial mechanism clearly defining basic elderly rights in areas of health, occupation, public service access, community integration, and protection and assistance during hardship, establishing a framework for social security for elderly populations nationwide. Additionally, the Decentralization Plan B.E. 2542 (1999) outlines guidelines and responsibilities for local administrative organizations in appropriately promoting and developing elderly quality of life across health, economic, social, and cultural dimensions.

Nong Bua Lamphu Province has a substantial elderly population of 92,411 individuals (Department of Older Persons, 2023). Particularly in Non Sang District, many elderly residents have insufficient income for daily living and face high healthcare costs, resulting in inadequate access to health services, especially when compared to provinces with greater budgetary capacity and resources. Most previous studies have primarily focused on national or provincial-level overviews, while there remains a lack of in-depth research on smaller localities that possess the potential for self-development. Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province, is one such locality distinguished by its strong community networks, savings groups, and occupational groups. It therefore represents an exemplary area for studying the needs and guidelines for developing social welfare for the elderly at the community level, where both community initiatives and governmental support play essential roles.

For these reasons, the researcher chose to study the needs and development guidelines for social welfare provision for elderly communities in Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province, as this research holds significant importance in reflecting the true problems and needs of the local elderly population, leading to recommendations for improving their quality of life. This area is notable for its strong community foundations, such as savings groups and various occupational collectives, which provide a basis conducive to promoting sustainable welfare provision appropriate to the local context.

Research Objectives

1. To examine the level of basic problems and needs of the elderly regarding social welfare in Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province.
2. To compare welfare needs among elderly with different personal factors in Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province.
3. To analyze the relationship between basic problems and welfare needs of the elderly in Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province.
4. To propose development guidelines for elderly social welfare in Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province.

Conceptual framework

The provision of social welfare for the elderly is a concept that has been continuously developed across social, economic, and health dimensions. It is grounded in the principle of "Welfare for Development," which aims to ensure that older adults receive care that is equitable and comprehensive (World Health Organization, 2000). Bergeman (1997) highlighted the influence of genetic and environmental factors on the lives of the elderly, while Kotler (2000) explained that welfare provision is part of a strategic management process designed to create value and enhance the quality of life for target groups.

Similarly, the studies of Suwannapoom (2021) and Jongsanguan (2019) found that elderly welfare provision should integrate health, economic, and social dimensions, particularly emphasizing the participation of older adults in community activities. This aligns with the concept of Yodphet (2019), which underscores the role of families and communities in fostering sustainable well-being among the elderly.

Therefore, this study adopts a conceptual framework that links the fundamental factors of the elderly (gender, age, income, and family members) with their problems and welfare needs across seven dimensions—economic, social, health, recreation, environment, income, and housing—in order to propose practical development guidelines that are appropriate to the local context.

Methodology

Research Instruments

1. Quantitative instrument: Questionnaire consisting of 3 parts:

Part 1: Questions about personal factors including gender, age, income, and family members

Part 2: Questions about basic problems of the elderly regarding social welfare across 3 dimensions: physical and mental health problems, economic problems, and social problems. The questionnaire used a 5-point rating scale, with interpretation levels ranging from 1 (lowest) to 5 (highest)

Part 3: Questions about elderly needs regarding social welfare across 7 dimensions: economic, social, health, recreational, environmental, income, and housing aspects. The questionnaire used a 5-point rating scale, with interpretation levels ranging from 1 (lowest need) to 5 (highest need)

After data collection and frequency distribution, the sample's mean scores were categorized into 5 levels to interpret the means according to the assessment level. The 5-level mean interpretation (range = 0.80) had criteria from 1.00 - 1.80 (lowest need) to 4.21 - 5.00 (highest need)

(Adapted from research by Worakarn Chuasamran, 2021)

2. Qualitative instrument: Structured interviews with the following details:

The researcher used interview forms to collect data from key informants, establishing questions based on needs and development guidelines for elderly social welfare according to conceptual frameworks, theories, and related research. These covered elderly welfare needs across 7 dimensions: economic, social, health, recreational, environmental, income, and housing aspects, to formulate guidelines for developing elderly welfare support with the following details:

1. General information of interview participants
2. Opinions about basic problems of the elderly regarding social welfare
3. Opinions about elderly needs regarding social welfare
4. Opinions about guidelines for social welfare management development

Data Collection

1. Quantitative data collection:

1) Before collecting data from the sample group, the researcher submitted a letter to the Dean of the College of Politics and Governance, Mahasarakham University, to issue a letter to the President of Ban Thin Subdistrict Administrative Organization requesting permission for data collection

2) The researcher collected questionnaires personally

3) The researcher verified the data by counting and checking the completeness of questionnaire data (n=310)

4) The collected data were subsequently analyzed statistically

2. Qualitative data collection:

The researcher used interview forms to collect data from key informants, establishing questions regarding basic problems, needs, and development guidelines for elderly social welfare according to

conceptual frameworks, theories, and related research. These covered basic elderly problems and welfare needs across 7 dimensions: economic, social, health, recreational, environmental, income, and housing aspects. The sample included 10 elderly individuals from 10 villages and 2 officials from the Social Welfare Division of Ban Thin Sub-district Administrative Organization.

Data Analysis

1. Quantitative data analysis:

For this research, the data obtained from questionnaires were processed and analyzed using statistical software, and data analysis was conducted according to research objectives as follows:

1) Analysis of personal factors or general characteristics of samples using frequency and percentage calculations

2) Study of the levels of elderly needs for welfare received in Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province, with differences classified by personal factors

2.1) For two independent sample groups (e.g., gender), hypotheses were tested using Independent sample t-test statistics at the significance level of 0.05

2.2) For three or more sample groups, this study tested research hypotheses through one-way analysis of variance (One-way ANOVA) using F-test statistics at the significance level of 0.05. In cases where statistically significant differences between groups were found, multiple comparisons were conducted using Scheffe's Method

3) Finding relationships between the 3 dimensions of elderly basic problems regarding social welfare and the 7 dimensions of elderly needs regarding social welfare in Ban Thin Sub-district, Non Sang District, Nong Bua Lamphu Province. This was tested using Pearson's Correlation Coefficient (r) at the significance level of 0.05. The criteria for Pearson's correlation coefficient (r)

ranged from 0.00 (no relationship) to 0.81-1.00 (very high relationship)

(Adapted from Punyaporn Boonthamma, 2020)

2. Qualitative data analysis:

1) The researcher compiled data from interviews

2) The collected data were analyzed through content analysis, summarizing according to key issues and development guidelines for elderly welfare provision across all 7 dimensions: economic, social, health, recreational, environmental, income, and housing aspects

3) The researcher employed triangulation to verify data quality as follows:

Triangulation of data sources: The researcher verified triangulated data regarding basic problems, needs, and development guidelines for elderly welfare provision by coordinating with the President of Ban Thin Subdistrict Administrative Organization, Non Sang District, Nong Bua Lamphu Province; officials from the Welfare Division of Ban Thin Subdistrict Administrative Organization; and the head of the Elderly Club of Ban Thin Subdistrict Administrative Organization, who were the target population. Consistent information from these individuals indicated valid and reliable qualitative data.

(The results may not be fully generalizable to all target populations.)

Research Findings

1. General information of respondents: Most respondents were female (188 individuals), mostly aged 60-69 years, single, with monthly income of 10,001 - 15,000 baht (132 individuals), and most had 1-3 family members.

2. Basic problems of the elderly regarding social welfare across 3 dimensions:

Physical health dimension was at a high level, with an overall mean of 3.70. When considering individual items, respondents prioritized vision

problems affecting access to social welfare, followed by memory problems affecting access to social welfare, hearing problems affecting access to social welfare, and physical health affecting travel to receive services. Mental health dimension was at the highest level, with respondents prioritizing fear of chronic disease symptoms, followed by mood swings such as anger, self-centeredness, suspicion, and conflicts with family members.

Economic dimension was at the highest level. When considering individual items, respondents prioritized having insufficient income for subsistence and not wanting to work, followed by insufficient income for subsistence, and financial problems for traveling to receive services.

Social dimension was at a high level. When considering individual items, respondents prioritized problems accessing social services in their area, followed by feeling like a burden to children, reduced activities due to physical weakness, and reluctance to meet people.

Overall basic problems of the elderly regarding social welfare across 3 dimensions showed that economic problems (Mean = 4.44) were highest, while physical health problems (Mean = 3.70) were lowest.

3. Elderly needs regarding social welfare across 7 dimensions:

Economic dimension was at the highest level. When considering individual items, respondents prioritized training programs or education to enhance work skills, followed by information and advice about investments or savings for the elderly, and financial support (such as living allowances or financial assistance).

Social dimension was at a high level. When considering individual items, respondents prioritized providing knowledge or training about elderly care to family members, followed by creating spaces or activities to promote relationships between the elderly and younger generations, and participating in activities or social groups for the elderly in the community.

Health dimension was at a high level. When considering individual items, respondents prioritized organizing health promotion activities (such as exercise) in the community, followed by receiving annual health check-ups, and providing healthy food for the elderly.

Recreational dimension was at the highest level. When considering individual items, respondents prioritized having spaces or venues for recreational activities in the community, followed by organizing workshops on technology use for the elderly, and organizing exercise activities for the elderly.

Environmental dimension was at the highest level. When considering individual items, respondents prioritized organizing community environmental cleaning activities to meet elderly welfare needs, followed by relevant agencies creating pedestrian or bicycle paths in the community, and developing waste management systems in the community.

Income dimension was at the highest level. When considering individual items, respondents prioritized information about financial benefits for the elderly, followed by providing financial counseling to the elderly, and increasing living allowances for the elderly.

Housing dimension was at the highest level. When considering individual items, respondents prioritized providing emergency housing services in cases of homelessness, followed by establishing comprehensive nursing homes, and free home repair services.

Overall elderly needs regarding social welfare across 7 dimensions showed that income needs (Mean = 4.55) were highest, while economic needs (Mean = 3.70) were lowest.

1. Hypothesis testing results: Gender did not significantly affect welfare needs at the significance level of 0.05, while age, income, and family members did not significantly affect welfare needs at the significance level of 0.05.

2. Basic factors had a positive relationship with elderly needs. Economic dimension (Sig. = 0.003) affected elderly needs at a statistical significance level of 0.05, with $R^2_{adj} = 0.321$, indicating that economic dimension affected elderly needs at 32.1%.

3. Needs and development guidelines for elderly social welfare: A case study of Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province across 7 dimensions:

Physical and mental health dimension: Health issues are unavoidable but can be understood, prevented, and managed. Learning about potential health problems in the elderly, including prevention and care methods, helps elderly individuals maintain a long life with good health and vitality. Elderly people often experience deteriorating health with various ailments. Regarding healthcare service needs for dependent elderly, there is a desire for healthcare professional teams or public health volunteer teams to visit, provide encouragement, and monitor living conditions and basic health check-ups for dependent elderly who face difficulties in regularly visiting doctors.

Economic dimension: Providing living allowances according to necessity in a comprehensive and fair manner, such as payments to elderly with no income. Regarding economic needs, caregivers of dependent elderly want occupational training or coordination with relevant agencies for caregiver training to increase family income, and establishment of funds for financial assistance to dependent elderly or caregivers. Regular government funds should increase survival packs for needy elderly with poor economic status.

Social dimension: Desire for various social activities, such as funeral services for those without relatives. Most want the Subdistrict Administrative Organization to promote group activities where elderly can benefit themselves and society.

Recreational dimension: Elderly desire establishment and operation of community clubs for the elderly, and establishment of various

networks in the community to educate elderly about community network formation, to reduce transportation costs and provide vehicles for elderly during festivals, promoting elderly relaxation during festivals and increasing opportunities for travel. They also want establishment of parks for elderly to breathe fresh air and connect with nature, promotion of suitable and safe sports fields for exercise and relaxation for the elderly, and organization of activities on important religious days to allow elderly to participate in various activities. Finally, they want excursions organized for elderly to experience new places outside their locality or in other provinces, gathering experiences to bring back and develop their communities.

Environmental dimension: Need for safety management for the elderly, enhancing warning signals for each house for elderly so that if incidents occur, security units can help urgently. Also, establishing public and private agencies responsible for assisting elderly who suffer from assault, literary abuse, illegal exploitation, abandonment, and providing facilities in public places for the elderly.

Income dimension: Need for increased income that is sufficient for living without hardship, increasing living allowances for the elderly, income guarantee for the elderly such as establishing funds to assist and care for the elderly, and establishing occupational groups to create and promote occupations to generate income for the elderly.

Housing dimension: Elderly need to establish nursing homes in the subdistrict so elderly have backup accommodation in case children abandon them or cannot provide care. They want the government to provide welfare through free nursing homes so elderly receive more benefits, survival packs, and other welfare to encourage the elderly. They want government help with nursing homes so elderly have shelter during hardship and need low-interest loan projects for elderly housing to increase their available funds.

They also want improvements to housing environments with assistance from local government agencies and support from the state.

Development guidelines for elderly social welfare from qualitative data: Economic dimension - increase living allowances, establish assistance funds, and organize occupational training for elderly or caregivers. Social dimension - establish elderly clubs, meeting spaces, and group activities to build relationships. Health dimension - organize home visit services by village health volunteers, free health check-ups, and promote alternative medicine. Recreational dimension - organize exercise activities, workshops, and promote technology use. Environmental dimension - improve community conditions to facilitate walking and living. Income dimension - increase living allowances and provide comprehensive information about benefits. Housing dimension - establish emergency housing, free home repairs, and build nursing homes.

Discussion

From the research findings on needs and development guidelines for elderly social welfare: A case study of Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province, the discussion is as follows:

Elderly in Ban Thin Subdistrict, Non Sang District, Nong Bua Lamphu Province face various problems, particularly in the economic dimension which had the highest mean, followed by mental, social, and health dimensions respectively. This reflects the vulnerable state of elderly who have insufficient income, feelings of loneliness and isolation, and limitations in accessing social and health services, such as transportation, hearing, and vision problems. Regarding needs, elderly had the highest needs in the income dimension, followed by recreational, housing, environmental, health, social, and economic dimensions respectively. This aligns with interview results finding that elderly want the state to increase living

allowances, provide home visit services, health check-ups, activity spaces, and support emergency housing or nursing homes for elderly.

Personal factors affect welfare needs. Classified by gender, different genders do not have different welfare needs. It could be said that regardless of gender, elderly still have welfare needs, making gender-based welfare needs not significantly different. This study's findings align with the study by Wisuthinee Thaneerath and Warangkana Tanthasantiskul (2022), which examined lifestyle patterns and social welfare needs of elderly in Trang Province, finding that elderly of different genders did not have significantly different welfare needs. However, this study's findings differ from the study by Werayut Khamkaew and Rachen Noppanatawongsakorn (2021), which studied social welfare needs of elderly in Samphanthawong District, Bangkok, finding that different genders had significantly different social welfare needs. It also does not align with the study by Kanda Poranakiat et al. (2022), which studied social welfare needs of elderly in Ban Chang Subdistrict Administrative Organization, Mueang Pathum Thani District, Pathum Thani Province, finding that elderly of different genders had significantly different welfare needs.

Age factor: Different ages have different elderly social welfare needs. The sample group's ages may involve different lifestyles and basic factors, potentially causing different social welfare needs. This aligns with the study by Kanda Poranakiat et al. (2022), which studied social welfare needs of elderly in Ban Chang Subdistrict Administrative Organization, Mueang Pathum Thani District, Pathum Thani Province, finding that elderly of different ages did not have significantly different welfare needs. However, this study's findings differ from the study by Werayut Khamkaew and Rachen Noppanatawongsakorn (2021), which studied social welfare needs of elderly in Samphanthawong District, Bangkok, finding that different ages had significantly

different social welfare needs. It also does not align with the study by Wisuthinee Thaneerath and Warangkana Tanthasantiskul (2022), which examined lifestyle patterns and social welfare needs of elderly in Trang Province, finding that elderly of different ages had significantly different welfare needs.

Income factor: Different incomes have different elderly social welfare needs. Income relates to access to various services. This study's findings align with the study by Kanda Poranakiat et al. (2022), which studied social welfare needs of elderly in Ban Chang Subdistrict Administrative Organization, Mueang Pathum Thani District, Pathum Thani Province, finding that different monthly incomes of elderly had significantly different social welfare needs. This study's findings also align with the study by Wisuthinee Thaneerath and Warangkana Tanthasantiskul (2022), which examined lifestyle patterns and social welfare needs of elderly in Trang Province, finding that elderly with different incomes did not have significantly different welfare needs. However, this study's findings differ from the study by Werayut Khamkaew and Rachen Noppanatawongsakorn (2021), which studied social welfare needs of elderly in Samphanthawong District, Bangkok, finding that different monthly incomes had significantly different social welfare needs.

Family members factor: This affects welfare needs differently. Having caregivers results in significantly higher elderly social welfare needs than the group without caregivers. This is because elderly with caregivers mostly have chronic conditions, resulting in higher social welfare needs than those without caregivers. This may be due to limitations of family members in caring for elderly to efficiently perform daily activities but unable to perform duties adequately, affecting social welfare needs (Wisuthinee Thaneerath and Warangkana Tanthasantiskul, 2022).

Regarding public health services, dependent elderly want healthcare professional teams or

public health volunteer teams to visit, provide encouragement, monitor living conditions, and conduct basic health check-ups for dependent elderly who face difficulties in regularly visiting doctors. Physical and mental health issues are unavoidable but can be understood, prevented, and managed. Learning about potential elderly health problems, including prevention and care, helps elderly maintain long lives with good health and vitality. This indicates that local elderly prioritize their illnesses, want long lives, and seek health knowledge. This aligns with Sompong Suwannapoom (2021), who studied appropriate social welfare provision for the elderly, explaining the importance of elderly in Thai society to provide social welfare for good quality of life and happiness. The government provides social welfare for elderly through agencies responsible for elderly care, considered a national policy recognizing the importance of elderly as Thai society trends toward an aging society. Thus, governmental elderly social welfare provision takes various forms, with the author emphasizing the importance of health welfare provision, ensuring elderly receive physical health care with nutritionally complete food, exercise, and mental health care by living in warm families with attention from children and recreational activities for enjoyment and relaxation. This also aligns with Jongsanguan (2019), who studied social welfare provision models for elderly in Ban Khanthak Subdistrict, Mueang District, Samut Songkhram Province, finding that executives, community leaders, and welfare providers in Ban Khanthak Subdistrict, Mueang District, Samut Songkhram Province prioritized elderly social welfare provision according to local administrative organization standards across 6 dimensions, including health and medical care with home health check-up services, knowledge and guidance on proper health care for elderly and caregivers, and coordination for elderly referrals to hospitals for treatment.

Regarding economic and social dimensions, basic economic problems show most elderly receive only living allowances, insufficient for living expenses, and trading for income is inadequate. This indicates that basic living factors, particularly income, remain important for elderly. Therefore, increasing income to improve economic conditions is necessary. Basic social problems include desires for various social activities, such as funeral services for those without relatives. Most want the Subdistrict Administrative Organization to promote group activities where elderly can benefit themselves and society. This aligns with research by Natchanemin Tangnoyatham (2018), who studied elderly expectations for social welfare provision in Phanat Nikhom Municipality, Chonburi Province, focusing on elderly perception levels and expectations about social welfare provision. Hypothesis testing showed elderly expectations had higher means than actual perceptions in all dimensions. The researcher suggested that Phanat Nikhom Municipality increase protection and promote elderly quality of life through community volunteers.

Regarding the recreational dimension, elderly want development guidelines supporting recreational welfare, including establishing and operating community clubs for the elderly and networks to educate elderly about community network formation, to reduce transportation costs and provide vehicles during festivals, promoting relaxation and increasing travel opportunities. They also want parks for fresh air and nature connection, suitable and safe sports fields, activities on important religious days to allow participation in various activities, and excursions for elderly to experience new places and gather experiences to develop their communities. This aligns with research by Juthamat Saengsuk (2021) on development guidelines for elderly social welfare provision in Sisaket Municipality, Sisaket Province, finding that recreational dimension should establish sports clubs for the elderly. It also aligns with Theeraphat Deekaew (2008), who studied health

and welfare problems and needs of elderly in Bun Ruang Subdistrict Municipality, Chiang Khong District, Chiang Rai Province, finding that elderly want exercise facilities for elderly. Development guidelines for recreational welfare include supporting budgets for recreational activities for elderly to participate with community members, such as elderly sports projects and excursions to various places.

Regarding the environmental dimension, elderly want development guidelines supporting environmental welfare, including safety management for the elderly, enhancing warning signals for each house so security units can help urgently if incidents occur. Also, establishing public and private agencies responsible for assisting elderly who suffer from assault, literary abuse, illegal exploitation, abandonment, and providing facilities in public places for the elderly. This aligns with research by Sirikat Samart (2010) on welfare management for elderly in Takheeth Subdistrict Administrative Organization, Banphot Phisai District, Nakhon Sawan Province, finding that development guidelines for elderly welfare systems include promoting and supporting group formation and establishing elderly clubs and societies. Development guidelines for environmental welfare include providing health park areas for elderly recreation.

Regarding the income dimension, elderly want development guidelines supporting income welfare, including increased income sufficient for living without hardship, increasing living allowances, income guarantee such as establishing funds to assist and care for elderly, and establishing occupational groups to create and promote occupations to generate income for elderly. This aligns with research by Jarucha Phannont (2012) on development guidelines for elderly welfare provision in Satuk Subdistrict Municipality, Satuk District, Buriram Province, finding that municipalities must allocate additional budgets or coordinate with relevant agencies to request budget support to increase living allowances and organize occupational training for elderly.

Regarding the housing dimension, elderly want development guidelines supporting housing welfare for elderly lacking caregivers. Most want stable and strong accommodation, established residences, nursing homes for those without private homes, and clean accommodations free from diseases that worsen health. This aligns with research by Jarucha Phannont (2012) on development guidelines for elderly welfare provision in Satuk Subdistrict Municipality, Satuk District, Buriram Province, finding that budgets should be allocated to repair elderly housing in deteriorated conditions without stability and strength, relevant officials should provide hygiene advice for residences with elderly, and accommodation should be provided comprehensively for elderly without housing.

Comparing elderly welfare needs with different personal factors, analysis found that elderly needs differ in some dimensions according to personal factors, including gender, age, average monthly income, and number of family members. Particularly elderly with low income or living alone often have higher needs than other groups in social, health, and housing dimensions, indicating vulnerability and necessity for appropriate care and support tailored to each group's context.

Comparing relationships between basic problems and elderly welfare needs, multiple regression analysis found that basic economic factors positively correlate with elderly needs at statistical significance, with $R^2 \text{ adj} = 0.321$.

Development guidelines for elderly social welfare provision, from in-depth interviews with elderly and data analysis, found that development guidelines should cover all 7 dimensions: economic (increasing living allowances, organizing occupational training), social (promoting group activities, elderly networks), health (establishing home visit teams, free health check-ups), recreational (organizing recreational activities, meeting spaces), environmental (adjusting community landscapes for safety and friendliness), income (providing benefit information, financial

planning), and housing (establishing emergency housing, free home repairs). These guidelines should be flexible, connected with local agencies, and use community resources participatively to sustainably promote good elderly quality of life. The elderly in Ban Thin Subdistrict expressed welfare needs that emphasize economic security and quality of life, such as having sufficient income, safe housing, and a living environment conducive to their well-being. These findings reflect existing gaps in the local welfare system, which has not yet been able to adequately respond to the changing demographic conditions of an aging society.

Recommendations

Recommendations from Research

1. Services promoting and developing elderly quality of life should align with different personal factors.
2. Informal social networks in communities and formal networks through elderly clubs, elderly schools, and service centers for the elderly should be promoted.
3. Appropriate occupations for elderly needs should be promoted, families with dependent elderly should be assisted, and health welfare should be provided, encouraging volunteers to care for elderly living alone and organizing training on appropriate elderly care methods.
4. Increased budgets should be supported to ensure comprehensive elderly social welfare provision in all dimensions.
5. Local administrative organizations should encourage personnel to receive training on elderly social welfare provision to develop potential and enhance skills for efficient elderly social welfare operations.

Recommendations for Practice

1. Economic Aspect: It is recommended to develop village funds or community enterprises for the elderly in collaboration with the Ministry

of Social Development and Human Security (MSDHS) and the Bank for Agricultural Cooperatives (BAAC) to enhance access to small revolving funds.

2. Social and Recreational Aspect: Encourage the establishment of elderly clubs in every village with joint funding from local administrative organizations and the private sector through Corporate Social Responsibility (CSR) initiatives.

3. Health Aspect: Support home visit programs and proactive health services conducted by village health volunteers (VHVs), integrating budgets from the Subdistrict Health Fund to ensure continuous elderly care.

4. Housing Aspect: Promote the development of "Warm Homes for the Elderly" projects in cooperation with subdistrict administrative organizations (SAOs) and social welfare agencies, utilizing special budgets or pilot programs in high-risk areas.

5. Environmental Aspect: Encourage the design of age-friendly communities, including features such as ramps, non-slip flooring, clear signage, and emergency alert systems to enhance safety and accessibility for the elderly.

Recommendations for Future Research

1. Before initiating any activities or projects, officials should survey or organize elderly community forums to obtain information on elderly needs, ensuring elderly social welfare provision aligns with needs and creating databases about elderly for effective and efficient operations.

2. As this research collected data from sample groups in specific areas, future research might define new sample groups or expand research scope to find different research results.

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