

Developing a Policy Model to Support Family Caregivers of Dependent Older Adults in Bangkok

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Abstract

This article aims to present the situation of family caregivers of dependent older individuals in the Bangkok area and proposes a model policy to support them. This study used mixed methods with a multi-phase design. Based on 357 participants, the results indicate that family caregivers in Bangkok faced problems, with moderate levels ($\bar{x} = 2.51$) in caring for older dependents and their roles as direct caregivers. Yet, they hold high expectations for support ($\bar{x} = 3.86$). The proposed model comprises four components derived from exploratory factor analysis of quantitative data, supplemented by qualitative data from a case study involving five individuals, tested and assessed by Bangkok executives or representatives (totaling six individuals), along with seven practitioners supporting older adult caregivers. These components include establishing systems, mechanisms, rights, and welfare; supporting work and relaxation; creating all-inclusive care service units for dependent older individuals; and providing medical and public health services. Implementing local-level policies is crucial for supporting family caregivers, with the Department of Older Persons collaborating with civil society for integration and engagement. Through this collaboration, concrete forms of support for family caregivers of independent older individuals are expected to be established.

Keywords

Dependent older adult; family caregiver; model; policy; support

Introduction

Currently, the population of older adults constitutes 14% of the total global population. Notably, Thailand has one of the highest proportions of older individuals, accounting for 19% of the entire country's population (Department of Older Persons, 2023). Specifically, in the capital city of Bangkok, the older population reaches 22.18% (Bureau of Registration Administration, 2023). Among the older adults, those requiring more care are the dependent older adults, constituting 3.6%, with 86.7% expressing the desire for caregivers (Department of Older Persons & Chulalongkorn University, 2023).

In 2022, the number of official caregivers for older adults was 98,575, while local volunteer caregivers numbered 13,112. Of them, 242,663 older people were dependent (Department of Older Persons, 2023). This situation reflects the inadequacy of formal caregivers for dependent older adults. This makes family caregivers important in caring for dependent older people.

Society expects family members to be caregivers for dependent older individuals. However, prevailing policies often prioritize the care of the older adults themselves, neglecting support for the caregivers. Additionally, providing care for dependent older people in a bustling capital city like Bangkok presents a daunting and time-sensitive task. Consequently, family caregivers must navigate challenges in caring for dependent older adults and managing their daily lives. These caregivers confront a range of physical, mental, social, and economic health issues as they shoulder the financial burdens of caregiving alongside their expenses. This often results in missed opportunities and destabilization of their lives due to the demands of older adult care.

Family Caregivers with high care burdens usually experience limitations, fatigue, and low quality of life (Sutsawat et al., 2021). This burden is associated with increased disease incidence and poor health, including digestive issues, urinary tract problems, loss of appetite, and weight loss, all linked to stress and depression. Older caregivers are especially prone to back pain, leg pain, joint pain, and difficulty walking (Ekström et al., 2020). Family Caregivers face problems, but there is still no clear policy to support them directly. Therefore, policies should help family caregivers based on caring ethics with the principle of caring for the care partner to support family caregivers and dependent older people.

According to the ethics of care, justice entails attentiveness to the partners' needs in the care relationship (Gilligan, 2011; Held, 2006). This principle emphasizes nurturing the relationship between the caregiver and the care recipient by considering their needs, understanding the specific context, recognizing each individual's identity, and allocating resources fairly (Held, 2006). Therefore, it is imperative to establish policies that support family caregivers of older adults. Furthermore, considering the concept of social support, emphasis should be placed on allocating or creating social resources. In addition to providing material, emotional, and mental support, individuals should be empowered to manage their own lives (Pender et al., 2015; Zhou, 2014), serving as a framework for addressing this issue.

Reviewing existing policies in Thailand, such as the Act on the Elderly, B.E. 2546 (2003 A.D.) (Department of Older Persons, 2010), it becomes evident that support for family caregivers is not adequately addressed. Despite the prevailing societal values emphasizing gratitude for caring for older adults, as observed by Mianderd (2006), the level of support for family caregivers remains insufficient. Employing the tracing method outlined by Sevenhuijsen (2004), which involves

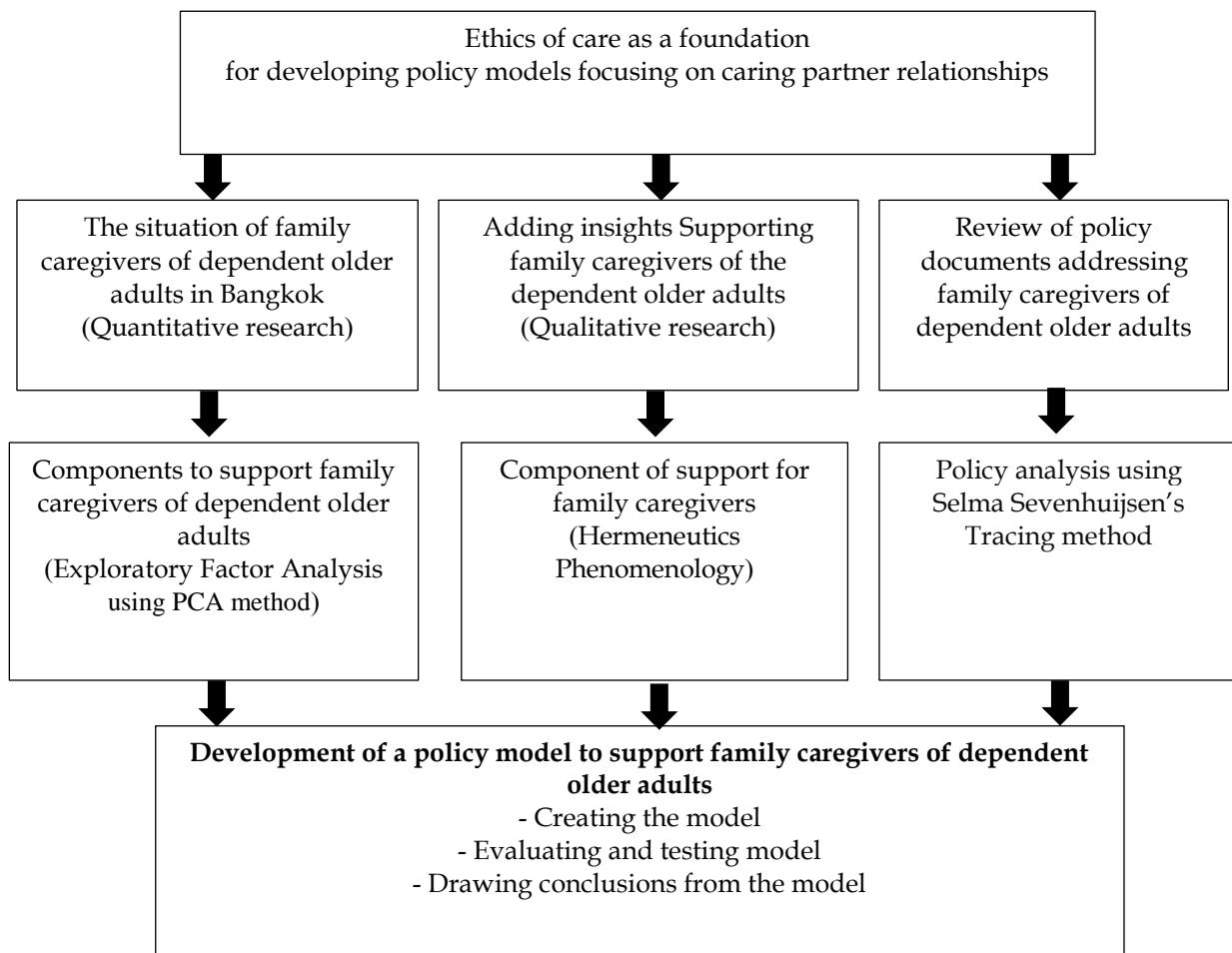
tracing, evaluating, renewing with the ethic of care, and concretizing, can illuminate Thai policies mentioning support for family caregivers of dependent older adults. Subsequently, efforts can be directed towards improving and formulating policies to adequately support caregivers, aligning with care ethics. Therefore, the absence of a primary policy law to support family caregivers who care for dependent older people is an essential aspect of this study.

Based on the literature review and current evidence, little is known about the support family caregivers of dependent older adults deserve. The main research question is to investigate the situation of family caregivers of dependent older adults in Bangkok and develop a policy model to support them.

Methodology

This study used a mixed methodology to examine quantitative and qualitative characteristics (Creswell, 2009). In addition, it utilized a multi-phase mixed-methods design (Chianchana, 2017). It adopted the policy model development proposed by Chalakbang (2017) to study the situation, develop a policy model supporting family caregivers of dependent older adults, assess, test, and draw conclusions. Based on the concept of ethics of care as the basis for developing the policy model. The research process framework is depicted in Figure 1.

Figure 1: Research Process Framework



Quantitative research

Quantitative research included family caregivers of dependent older adults in Bangkok, totaling 357 people. The quantitative instrument, a questionnaire, was used to study the situation of family caregivers of dependent older adults in Bangkok and to examine components aimed at supporting them; it passed content validity scrutiny by five experts, meeting the criteria for usability ($IOC = .5-1.00$) (Pipitkun, 2018). The tool was then employed, and its reliability was analyzed using Cronbach's alpha coefficient, resulting in a value of .983, falling within the medium to high confidence range (Srisuk, 2009).

Data analysis of the situation of family caregivers of dependent older adults in Bangkok was conducted using descriptive statistics, such as percentages, means, and standard deviations. The interpretation of the problem and expectation of Support of Family Caregivers levels was categorized into three levels: a mean of 1.00–2.33 indicates a low level, 2.34–3.67 indicates a moderate level, and 3.68–5.00 indicates a high level. Examining components to support family caregivers of dependent older adults was done through Exploratory Factor Analysis with the PCA method.

Qualitative research

Participants

A qualitative study was conducted with (1) family caregivers of dependent older adults in the Bangkok area, consisting of a case study with five individuals. (2) Assessment and testing of the policy model involved Bangkok executives or representatives, totaling six individuals and a group of seven practitioners supporting older adult caregivers.

Qualitative research tools and an interview form were used, and five experts evaluated the study to ensure appropriateness and alignment with the study's context. Data collection involved in-depth interviews focusing on case studies. Additionally, the assessment and testing of policy models were collected through in-depth interviews with executives or representatives from Bangkok, supplemented by focus group discussions involving practitioners supporting older adult caregivers.

Data analysis

First, interpreting the meaning of supporting family caregivers of dependent older people through Hermeneutic Phenomenology. This addition to the support components for family caregivers of dependent older adults stems from the analysis conducted in the quantitative research section. Next, interpreting the meaning of assessment and testing of the policy model to support family caregivers of dependent older adults in the Bangkok area.

Review of policy documents

Utilizing Sevenhuijsen's (2004) tracing method, policy documents mentioning support for family caregivers of dependent older individuals were examined, including the Act on the Elderly (Department of Older Persons, 2010), the Act on the Elderly (No. 2) (Government of Thailand, 2010), the Act on the Elderly (No. 3) (Government of Thailand, 2017), Act amending

the Revenue Code (No. 36) (Government of Thailand, 2005), Revenue Code Amendment Act (No. 37) (Government of Thailand, 2009), National Health Security Act (National Health Security Office [NHSO], 2002), and the Bangkok Action Plan for the Elderly, Phase 3 (2023–2027) No. 1 (Department of Older Persons & Chulalongkorn University, 2023). This analysis focused on relevant keywords that support family caregivers of dependent older adults.

Ethical approval

Ethical approval for the study concerning human research was obtained before data collection from the Human Research Ethics Committee of Thammasat University, Certificate No. 053/2566, and the Human Research Ethics Committee of Bangkok, Certificate No. 78. The researcher explained the objectives, the right to participate, and obtained consent from the participants before the study commenced. Participants' names and surnames were withheld from the report, demonstrating adherence to fairness, benefit, and respect for persons.

Results

Situation of family caregivers of dependent older adults

Participant characteristics

The study's results indicated that family caregivers for the dependent older adults comprised 80.39% females and 19.61% males, highlighting the significant role of women in caregiving. The age distribution of family caregivers showed that more than half were of working age, between 25 and 59 years, accounting for 59.1%. Those over 60 accounted for 39.78%, while those aged 19–24 comprised 1.12%. Regarding marital status, 51.54% were married, and 27.73% were single. Up to 92.72% of family caregivers identified as Buddhists. Regarding education, 78.71% had an education level below a bachelor's degree. The primary status of caregivers in the family was children, constituting 48.18%, as shown in Table 1.

Table 1: Characteristics of the Family Caregivers

Characteristics of the Family Caregivers					
Gender	Age		Religion		
Male	19.61%	19–24	1.12%	Buddhism	92.72%
Female	80.39%	25–59	59.10%	Islam	6.16%
		60 years and older	39.78%	Christianity	1.12%
Marital status			Family status		
Married	51.54%	Not studied	2.52%	Children	48.18%
Single	27.73%	Primary education	28.57%	Husband or wife	15.41%
Widowed/	17.09%	Secondary education	28.01%	Friend, neighbor, or	9.52%
Divorced		Vocational certificate	13.17%	community member	
Separated	3.64%	Higher vocational certificate / Associate	6.44%	volunteering	
		Bachelor's	18.77%	Grandchild	7.56%
		Postgraduate	2.52%	Sibling	7.00%
				Relative	5.88%
				Son-in-law or	4.20%
				Daughter-in-law	

Characteristics of the Family Caregivers		
	Hired by families for caregiving	1.96%
	Father or mother	0.28%

Regarding the family caregivers' employment status, 37.82% were unemployed, lacked a career, or were homemakers, while 62.18% were employed. Family Caregivers predominantly had lower middle-income levels (monthly income 2,800-11,000 THB), 42.30%, and low income (monthly income less than 2,800 THB), 29.7%. In terms of health coverage, 70.03% had universal health insurance. It is concerning that less than one-fourth of family caregivers of older dependents, or 79.27%, had no life insurance. Regarding residential characteristics of family caregivers: Although they primarily resided in detached houses or housing developments, accounting for 45.10%, a notable percentage, 19.89%, lived in slums, rented houses, or self-made sheds. Additionally, 42.58% of family caregivers owned their homes, and 57.42% were renters or lacked a permanent address, as shown in Table 2.

Table 2: Characteristics of Family Caregivers' Securities

Characteristics of Family Caregivers' Securities				
Occupation		Income (THB*)		Residential characteristics
Unemployed, not having a career, or staying at home as a housewife	37.82%	No income	14.57%	Detached houses/ Housing developments
		Less than 2,800	15.13%	
		2,800-11,000	42.30%	
		11,001-34,400	22.97%	Room for rent/ Dormitory / Flat/ Apartment
		34,401 or more	5.04%	
Employee	37.82%			
Merchant	12.32%			Slum community/ Rental house/ Homemade shack
Government officer/State enterprise/ Pensioner	5.88%			Shophouse/ Commercial building
Self-employed	5.04%			
Volunteer	1.12%			Condominium
				0.84%
Health rights		Life insurance		Ownership of residence
Lack health entitlements	3.08%	Lack life insurance	79.27%	Own
Universal health insurance (gold card)	70.03%	Have insurance in life	20.73%	House for rent
Social security rights.	19.61%			Land for rent
Rights of civil servants/state enterprises.	7.28%			Resident
				No primary residence/ Encroachment/ Government residence

Note: *USD 1 ≈ THB 36

Characteristics of care

Additionally, 54.9% of the older adults being cared for exhibited mild dependency levels; they could move around to some extent and may encounter challenges with eating or excreting, with no confusion observed. In caring for the dependent older adults, slightly more than half of family caregivers, accounting for 52.38%, alternated their caregiving duties, similar to the percentage of caregivers primarily caring for one person, which was 47.62%. While most family caregivers provided daily care for older adults, totaling 81.79%, they did so for an average of 6.38 days, spending 12.69 hours per day on caregiving duties. They had an average caregiving duration of 5.95 years. The primary reason for providing care was having a close relationship, cited by 71.15%, as shown in Table 3.

Table 3: Characteristics of Care

Characteristics of care				
Characteristics of dependent older individuals		Daily caregiving hours for dependent older individuals	Reasons for caring for the older adults (Respond to multiple answers)	
Some mobility with eating or excreting challenges, no confusion.	54.9%	1–6 hours 7–12 hours 13–18 hours 19–24 hours (Mean = 12.69 hours)	Close-knit, supportive, and affectionate Express appreciation/ Reciprocate kindness No alternative caregiver available/Financial constraints prevent hiring	71.15% 54.06% 34.45%
Limited mobility, experiencing confusion, and dementia.	13.73%	Weekly caregiving days for dependent older individuals 1 day 2 days	Employed by relatives Willing to provide care as they possess the capability	3.64% 23.53%
Lack of independence, facing eating, excreting challenges, or severe illnesses.	26.05%	3 days 4 days 5 days 6 days 7 days (Mean = 6.38 days)	Responsibility for health volunteers/care assistants / Unable to provide care, hired assistance Be a family member Experience empathy	1.96% 1.96% 1.12% 0.56%
Complete immobility, with eating or excreting difficulties, severe illnesses, or end-of-life stage.	5.32%	Years spent caring for dependent older individuals 1–5 years 6–10 years 11–15 years 16–20 years 21 years or more	Sharing caregiving duties in the family, without a profession, or isolated within the family Regarded as a child's responsibility	0.56% 0.28%
Characteristics of older adult care		(Max = 39 years, Min = 1 year, mean = 5.95 years)		
Mainly caring for one person	47.62%			
Rotated their caregiving responsibilities	52.38%			

Problems of family caregivers of dependent older adults

At the same time, despite the overall situation of problems faced by family caregivers being at a moderate level (Mean = 2.51, SD = 0.82), it was found that there were greater challenges in caring for the dependent older adults (Mean = 2.61, SD = 0.95) compared to the problems directly affecting family caregivers (Mean = 2.48, SD = 0.85). These challenges encompass physical, mental, emotional, economic, and social aspects, as shown in Table 4.

Table 4: Problems of Family Caregivers of the Dependent Older Adults

The overall problem	Mean	SD	Level
The overall issues in caring for dependent older adults	2.61	0.95	moderate
The overall issues that directly impact family caregivers	2.48	0.85	moderate
Total	2.51	0.82	moderate

Expectations of support for family caregivers of dependent older people

Notably, family caregivers of dependent older individuals have high overall expectations regarding support (Mean = 3.86, SD = .79). Concerning the overall service and welfare expectations (Mean = 4.02, SD = .85), they encompass various aspects: the establishment of systems, mechanisms, rights, and welfare; social services; older adult care service units; caregiver relief; work support; recreational services; and medical and public health services, which were expected more than overall emotional and psychological support (Mean = 3.30, SD = .88). This includes the need for understanding from family members and the necessity for emotional and mental relaxation, as shown in Table 5.

Table 5: Expectations of Support for Family Caregivers of Dependent Older People

The overall expectation	Mean	SD	Level
The overall service and welfare expectations	4.02	.85	high
The overall emotional and psychological support	3.30	.88	moderate
Total	3.86	.79	high

Creating a model policy to support family caregivers of dependent older adults in Bangkok

The results from the review of policy documents supporting family caregivers of dependent older individuals revealed a prioritization of older adults, with comprehensive welfare services provided. However, there is a tendency to prioritize indirect benefits over direct support for family caregivers. While tax deduction support for family caregivers exists, other forms of support are unclear. The situation of family caregivers of dependent older adults from quantitative research, which reflects the instability of their lives, reveals expectations for services and welfare that support these family caregivers. This leads to the development a policy model to support family caregivers of dependent older adults.

Subsequently, a new policy was created to support family caregivers of dependent older people, based on Sevenhuijsen's (2004) tracing method, which includes tracing, evaluating,

renewing with the ethic of care, and concretizing. This policy should address the care relationship. It involved firstly creating a system and mechanism; secondly, establishing welfare and rights; thirdly, providing social services, including care units for the dependent older adults, relief to help family caregivers of dependent older people, work support, and recreational services; and fourth, providing medical and public health services. Following the concrete information obtained from such traces, the next step was analyzing exploratory factor analysis from quantitative data expectations of service and welfare.

Components to support family caregivers of dependent older adults

Quantitative data analysis was done using a questionnaire of 357 family caregivers of dependent older people. Data in the categories of service and welfare expectations were analyzed using exploratory factor analysis using the Principal Component Analysis (PCA) method. Table 6 shows that the variance extracted for the support components for caregivers of dependent older people in the family is evident. Out of a total of 34 variables, they are organized into four components, with the variance of Component 1 being 25.476%, Component 2 being 23.654%, Component 3 being 17.163%, and Component 4 being 10.344% (Table 6).

Table 6: Total Variance Explained

Component	Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	Percent of Variance	Cumulative Percent	Total	Percent of Variance	Cumulative Percent
1	20.668	60.787	60.787	8.662	25.476	25.476
2	2.739	8.056	68.843	8.042	23.654	49.130
3	1.427	4.198	73.041	5.835	17.163	66.293
4	1.223	3.597	76.638	3.517	10.344	76.638

Note: KMO = .960; Bartlett's Test of Sphericity = .000; df = 561

By grouping the elements with a component weight greater than 0.3 (Angsuchot et al., 2009), the results of the factor analysis of the policy model to support family caregivers of dependent older people have four elements, namely, Component 1: establishing systems, mechanisms, rights, and welfare; Component 2: supporting work and relaxation; Component 3: setting up an all-inclusive care service unit for the dependent older adults; Component 4: medical and public health services. The weights of the components are shown in Table 7.

Table 7: Components Score of the Policy Model designed to Support Family Caregivers of Dependent Older people

Item	Component			
	1	2	3	4
Component 1: Establishing systems, mechanisms, rights, and welfare				
1 Establishing a clear legal framework for caregivers of dependent older people.	.720			
2 Establishing guidelines for using the funds	.820			
3 Promoting private sector regulations that support family caregivers of dependent older people.	.791			
4 Creation of a database system for family caregivers of dependent older adults	.742			
5 Determining regular financial support for older adult family caregivers	.768			
6 Determination of financial support for hiring care assistants	.732			
7 Determination of a temporary allowance for time off work to care for dependent older adults	.800			
8 The increase in tax benefits exceeds the reduction in tax benefits.	.701			
9 Determining pension rights for family caregivers of dependent older adults	.752			
10 The determination of social security benefits has increased.	.755			
11 Establishing a system for provident care for family caregivers of dependent older adults	.633			
Component 2: Supporting work and relaxation				
12 Providing care services for dependent older people at home at night.	.655			
13 The company offers flexible working hours for family caregivers of dependent older people.	.770			
14 The company provides short-term leave to care for family-dependent older adults while still receiving wages.	.797			
15 The company provides long-term leave to care for family-dependent older adults without wages.	.782			
16 The company provides employment services or creates appropriate income for family caregivers of dependent older people.	.793			
17 Government or private agencies improve professional knowledge and skills for family caregivers of dependent older people to use, consume, or sell.	.794			
18 Government or private sector agencies provide areas for generating income, such as sales areas and work displays for family caregivers of dependent older people.	.771			

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Item	Component			
	1	2	3	4
19 Government agencies promote the integration of family caregivers for dependent older adults into a support network in the community, fostering the creation of careers and income.		.680		
20 Government or private sector agencies organize relaxing activities with various options for family caregivers of dependent older people.		.595		
21 Public or private agencies provide recreational services that are easily accessible to family caregivers of dependent older adults, such as in community areas or through online platforms.		.571		
22 Government or private sector agencies support expenses related to relaxation activities for family caregivers of dependent older people.		.558		
Component 3: Setting up an all-inclusive care service unit for dependent older adults				
23 Setting up a unit to provide comprehensive services for caring for dependent older adults in areas close to their homes.		.598		
24 Providing services to develop the quality of care for the dependent older adults in the family		.652		
25 Providing services to give or lend materials, equipment, prostheses and orthoses, assistive devices, and innovations or labor-saving devices for caring for dependent older people.		.668		
26 Organizing gatherings and establishing networks of family caregivers for older dependents		.674		
27 Providing continuous care assistant services for the dependent older adults or local care volunteers.		.715		
28 Providing continuous care services for dependent older people at home by a team of health personnel.		.666		
29 Opening daycare services for dependent older people in community areas		.592		
30 Opening a full-time care facility for dependent older people in community areas		.626		
31 Providing services to help carry out desired errands or activities in the home		.574		
Component 4: Medical and public health services				
32 Government agencies organize health promotion activities for family caregivers of dependent older people to ensure their good health		.724		
33 Government agencies provide home health care services to family caregivers of dependent older people.		.857		
34 Government agencies provide free mental health assessments for family caregivers of dependent older people.		.838		

Component of support for family caregivers

Subsequently, qualitative data from in-depth interviews with a case study of five family caregivers of dependent older people in Bangkok was used in a component analysis to interpret the meaning of supporting family caregivers of dependent older people. There were additional issues in the components (Table 8), as follows:

Table 8: Enhancing Components of the Policy Model to Support Family Caregivers of Dependent Older Adults

Component			
1: establishing systems, mechanisms, rights, and welfare	2: supporting work and relaxation	3: setting up an all- inclusive care service unit for dependent older adults	4: medical and public health services
(1) Housing support for family caregivers of dependent older people (2) Facilitation transactions	-	(1) Vehicle service for moving dependent older people.	(1) Medical benefits covering all diseases

Adding Component 1: Establishing systems, mechanisms, rights, and welfare; 2 additional items were added. (1) Housing support for family caregivers of dependent older people. First, support for the improvement of appropriate housing is proposed. In addition to helping support family caregivers, it facilitates the safe care of dependent older people. Second, support for housing costs for family caregivers of dependent older people is suggested. The case study explained: *"If you rent a house, you must have a lot of expenses, right? There should be support for housing expenses because not everyone has a house"* (Family Caregiver 1). Given the expensive land in Bangkok, acquiring or constructing one's residence is challenging. Additionally, unemployed family caregivers lack financial resources and must rent a residence. Housing support helps them feel safe and secure, allowing them to continuously maintain a good quality of life for themselves and the adults. (2) Facilitation transactions, particularly the transactions of family caregivers concerning older dependents. By providing services, it helps reduce difficult situations or complicated procedures. This support enables family members caring for dependent older people to access services or benefits more quickly or easily. It can improve the quality of life of family caregivers and eliminate the concerns about leaving dependent older people alone.

Adding Component 3: Setting up an all-inclusive care service unit for dependent older adults. An additional item was added: Vehicle service for moving dependent older people. When outdoor transportation is required, this shuttle service is reasonably practical. The case study reflected: *"There were times when transporting the adults into the vehicle was difficult; moving is also difficult"* (Family Caregiver 2). Assisting vehicles that facilitate the movement of older individuals who rely on others reduces transportation expenses and alleviates the burden of relocation for family caregivers.

Adding Component 4: medical and public health services; added one additional item was medical benefits covering all diseases. The case study proposed that: *"Family Caregivers require comprehensive care and medical benefits. Effective healthcare must be provided by the government in the event of an illness"* (Family Caregiver 3). This suggests that family caregivers want all illnesses covered with care and attention in service regarding treatment support. When

providing services, the implication is to consider human dignity and treat everyone equally, without discrimination.

Furthermore, the qualitative study revealed insights into support components for family caregivers of dependent older adults in Bangkok. High housing costs made ownership difficult, and limited social understanding of caregiving impacted daily life. Concerns over safety and temporary care abandonment hindered relocation. Social institutions can promote spatial justice by recognizing caregivers' roles and granting them rights in the city. This aligns with Gabauer et al. (2022) and Purcell's (2013) understanding of social and political dimensions of care, linking ethical engagement with spatial justice for city residents.

From the analysis of the components of the policy to support family caregivers of the dependent older adults in a quantitative study, combined with additional points in each component of the qualitative research, a hypothesis model for policies to support them emerged. Afterward, the evaluation and testing of the hypothesis model were conducted.

Summarized evaluation and testing of the policy model: Interpreted from qualitative data

Summarized evaluation and testing of a policy model for supporting family caregivers of dependent older people in Bangkok. Content analysis, group discussions involving seven practitioners supporting adult caregivers, and interviews with six Bangkok executives or representatives could be used to summarize a model of policy to support family caregivers of dependent older people in four issues: a summary of possibilities, a summary of appropriateness, an overview of utility, and a summary of the accuracy of the policy model for supporting family caregivers of dependent older people in Bangkok. The evaluation and testing of the policy model were conducted according to the steps of Chianchana (2017). The results of the analysis were as follows:

First, the policy's feasibility indicators include policy drivers understanding its objectives, particularly executives who champion it, and systematic channels and mechanisms for implementation, such as legal avenues to engage the private sector, budget allocation channels, and practitioners following guidelines. This includes establishing guidelines for support rules and tax benefits, implementing measures to foster trust in service delivery, and overcoming spatial constraints in service provision.

Secondly, indicators that the policy model is appropriate include the ethical principles guiding the policy model, which prioritize responsiveness to stakeholders' needs, particularly caregivers of dependent older individuals in families. These principles align with care ethics, ensuring gender, age, and economic considerations are integrated into service and welfare provision for caregivers within the social context and consideration for various stakeholders: Group 1, caregivers receiving support to enhance caregiving abilities and promote long-term stability; Group 2, dependent older individuals benefiting from increased caregiver support; Group 3, the public sector, which receives attention in policy implementation through the establishment of laws and guidelines; Group 4, the private sector or civil society, with the policy model addressing their perspectives and implementing tax support measures to aid caregivers of dependent older individuals in families.

Third, a summary of the benefits of the policy model supporting family caregivers of dependent older adults: Firstly, caregivers experience an improved quality of life, including

(1) enhanced physical and mental well-being, (2) increased financial support through career and income assistance, (3) alleviation of financial burdens associated with caregiving, (4) enhanced convenience in providing care, fostering gratitude from dependent older individuals, (5) increased time and capacity for daily activities, and (6) improved long-term life security. Secondly, dependent older individuals benefit from an improved quality of life, including (1) receiving increased care and attention, (2) reduction in abandonment or neglect, and (3) avoidance of burdening others with their care needs. Lastly, the policy model fosters a culture of collective care within the city, characterized by (1) community involvement in supporting caregivers across diverse demographics, (2) fostering a society that collectively cares for its members, starting with family caregivers, and (3) providing guidelines for city leadership to effectively implement and practice the policy model.

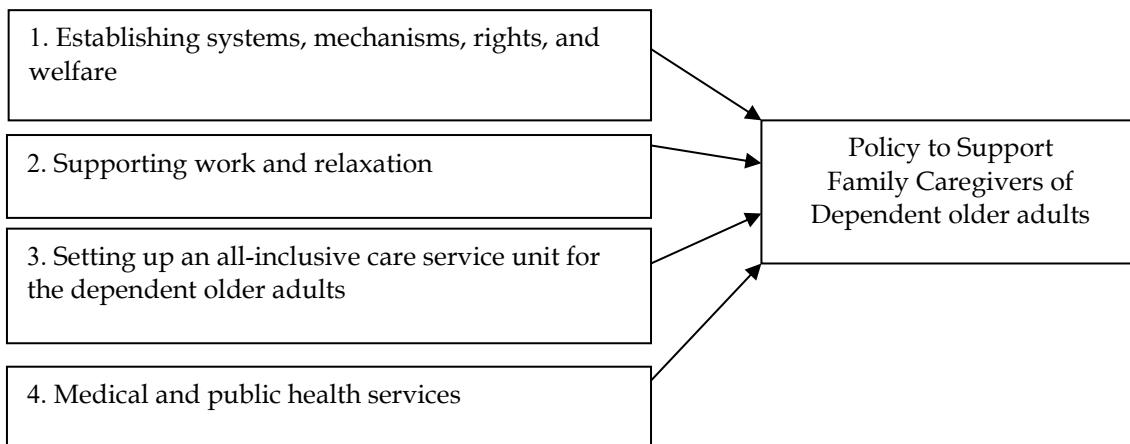
Fourth, a summary of the evaluation of the accuracy of the policy model supporting family caregivers of dependent older adults: (1) The content principles align with the objectives of the policy model to support caregivers of dependent older individuals in families. It was observed that the overall content and principles of the policy model met the initial objectives by addressing and responding to the needs of caregivers of dependent older individuals and being attentive and responsive to care recipients such as the dependent older adults. (2) Recommendations were made to enhance and revise the components of the policy model supporting caregivers of dependent older individuals in families, as indicated in (Table 9) and the addition of the issue of creating an advanced appointment system for the use of medical and public health services to be clear, and only more coverage.

Table 9: Amendments and Additions to Policy Model Components to Support Family Caregivers of Dependent Older Adults

Component			
1: establishing systems, mechanisms, rights, and welfare	2: supporting work and relaxation	3: setting up an all-inclusive care service unit for dependent older adults	4: medical and public health services
Regular financial support had been changed to determine the allowance to support family caregivers of dependent older people.	Revised: Government or private sector agencies provide employment or income-generating services for family caregivers of dependent older people.	-	Added: Creation of an advanced appointment system for medical and public health services

Summarized the policy model to support family caregivers of dependent older adults in Bangkok

The evaluation and testing of a policy model to support family caregivers of dependent older people could be summarized into four components, as follows:

Figure 2: Model Policy to Support Family Caregivers of Dependent Older Adults

Component 1: these elements have established a new social support structure, serving as the foundation for concrete and tangible stability in the lives of family caregivers of dependent older people. Ko et al. (2013) presented that caring for the family caregivers of dependent older people is reflected in providing necessary resources and services.

Component 2: all 11 elements demonstrated the importance and attention given to the dimensions of working-age family caregivers who must balance caregiving responsibilities with the necessity to work and earn income. This aspect, therefore, not only creates opportunities to earn income and employment but also offers options to reduce stress and fatigue among family caregivers. Fukushima et al. (2010) mentioned that providing various recreational activities is relaxing for family caregivers.

Component 3: This element functions as a social service, providing advice, guidance, and resource support for family caregivers caring for dependent older people. The Asian Development Bank (2020) mentioned centers offering one-stop care for dependent older people. Such service units play a crucial role in not abandoning family caregivers to face challenges and needs associated with caring for dependent older people.

Component 4: These elements pay attention to the family caregivers' health, addressing physical and mental aspects. Additionally, these elements are concerned with convenient services and minimizing waiting times. It would not affect the burden of expenses or caring for the dependent adults.

Discussion

The situation of family caregivers of dependent older people in the Bangkok area revealed that 80.39% of family caregivers for dependent older individuals are women, indicating their predominant caregiving role. Sevenhuijsen (2003) suggested that caregiving roles have shifted from women to men, and women have become more involved in public activities. However, in the study of family caregivers in Bangkok, there's a perception that women are more sensitive and attentive to the needs of dependent older individuals. Contrarily, it's argued that men can also provide effective care. This highlights the need to challenge the notion that female caregivers are superior, as it may lead to a shortage of caregivers when women are

unavailable. According to the ethics of care, it is suggested that working together is optimal for men and women (White, 1992).

The author suggests that rather than seeing it as a compromise or conflict, Gilligan's concept advocates for a fusion of male and female characteristics in caregiving. This approach benefits older dependents and allows individuals of both genders to provide adequate care, as observed in studies from the Bangkok area. The study emphasizes the need to design policies and support structures tailored to family caregivers of dependent older individuals. This approach should prioritize understanding the diverse needs of both male and female caregivers, ensuring equitable access to support services and welfare provisions.

In addition, the situation of family caregivers of dependent older people in Bangkok, Thailand's capital, a group of family caregivers had insecurities in their lives, such as income and occupation, life insurance, a place to live, and a lack of substitutes for care. In creating stability for family caregivers, according to a study by Nadash et al. (2023) addressing policy issues supporting their employment, the Family Caregivers Act of 2018 in the United States provides flexible work arrangements and a conducive work environment. Furthermore, according to Sungkawan and Thepparp (2010), the urban poor were a population that lacked resources or might not have access to resources that could be used to alleviate the effects of lifestyle choices or solve problems. Thus, it was necessary to support family caregivers of older dependents in living life and being ready to care for the dependent adults.

This is consistent with Phasrisombat et al.'s (2024) recommendation that local organizations provide caregiver welfare. Similar to Sutsawat et al. (2021), who stated that in building the foundation of the adult care system, it is essential to focus on caregivers, incredibly informal or family caregivers, Chokwiwatana (2019) emphasized the importance of preparing the service system, particularly on the supply side, ensuring it is adequately ready first for the long-term care insurance system for the adults. In addition to supporting family caregivers of dependent older people, it also creates justice by caring for them. Ramovš et al. (2019) considered that caring for the care relationship creates dignity for both the caregiver and the care recipient. It nourishes and maintains the relationship between the partners, including family caregivers and dependent older people. Consequently, welfare and other services are provided to support care for family caregivers, who are the leading force in caring for older people dependent on stability and strength. By considering existing policy opportunities, let's develop it into a policy to support family caregivers of dependent older people in Bangkok.

In discussion of the policy model, the situation of caregivers in Bangkok shows that caregivers have a heavy care burden. The push for legislation to support caregivers is essential in making caregiver support policies tangible. Key elements of the law, according to the components of the policy model to support family caregivers, include the development of mechanisms, rights, welfare, support for work and relaxation, the establishment of comprehensive care units for dependent older adults, and the enhancement of medical and public health services aimed at building caregiver capabilities while maintaining the care relationship system. The adults will receive appropriate care by providing services and welfare support for caregivers. As Held (2006) mentioned, the ethics of justice focuses on fairness and equality for each individual, protecting equality and freedom, and fostering social relationships and cooperation.

The strengths of Bangkok as a particular form of local government organization will be able to drive the development of a policy model to support family caregivers of dependent older people in Bangkok. Governed directly by the Governor of Bangkok, the Bangkok Metropolitan

Administration operates under the Act on the Administration of the Bangkok Metropolitan Administration. This administrative structure includes the legislative branch known as the "Bangkok Council," which can issue local legislation essential for driving policies to support family caregivers of dependent older adults. In this regard, Phasrisombat et al. (2024) proposed that the centralized administration of the country promotes and encourages local administrative organizations to have the freedom to provide a variety of services according to the context and interests of the area. The above proposal, at the same time, supports the driving of policies beyond the boundaries of Bangkok by integrating the private sector, civil society sector, and central government sector to create alternatives to support family caregivers of dependent older people. This will make concrete and clear support for them.

Conclusion and recommendation

The burden on family caregivers in Bangkok was considerable due to the responsibility of caring for dependent older individuals. They also faced challenges such as having no one to exchange care for, being unemployed, having a low income, having no security in life, having to rent a house, or not having a residence. These family caregivers have expectations for services and welfare that support a better quality of life. At the same time, current policies focus on promoting and developing the quality of life of adults. However, the practice or provision of support for family caregivers who need to care for dependent older people to enhance their quality of life holistically and in the long term may not yet be implemented. As a result, this article examines how policies are being developed to support family caregivers of older dependents. This includes comprehensive support and long-term protection for family caregivers that considers all support aspects and protects family caregivers in the long-term.

Policies that prioritize supporting family caregivers of dependent older people are the first step in this process. The author presents a newly created policy model based on giving importance or attention to the problems and needs of care partners, encompassing family caregivers and dependent older people. According to Cheausuwantavee (2019), an essential starting point for policy creation is the input factor, which involves the ideology, a principle of thought and belief, in establishing a system of guidelines to achieve goals. This model consists of four components: 1; establishing systems, mechanisms, rights, and welfare to lay the foundations of welfare structures and services to support family caregivers. Component 2: supporting work and relaxation to create alternatives when they still have to make money and work, along with reducing caregiving fatigue. Component 3: setting up an all-inclusive care service unit for the dependent older adults to navigate care and support resources for caring for them. Component 4: medical and public health services to ensure that family caregivers have good physical and mental health.

Guidelines on using the policy model to support family caregivers of dependent older people will become concrete and can be implemented in the short and long term. This readiness is derived from the tools used to drive policy, which include (1) rules, regulations, or process guidelines; (2) budget sources by creating a fund to concretely support family caregivers of dependent older people (3) managing the workforce of support personnel (4), preparing materials and equipment (5), creating knowledge and understanding of the process of joint operations, and (6), creating participation from all sectors. The readiness for these aspects comes from expanding existing resources and creating new ones. However, implementing the policy model may not be possible to complete the drive quickly. It still requires ongoing efforts to solidify it into a concrete policy. There is an experiment in providing services for family caregivers of dependent older people. If

there is continuous driving, it will establish a foundation for jointly caring for caregivers and adults in a solid and sustainable care system.

Limitations

The limitations of this study involve evaluating and testing policy models only from the viewpoint of government sector administrators and practitioners. There is a lack of evaluation and testing of policy models from the private sector's perspective. Future studies should expand perspectives to include the development of policies that support family caregivers of dependent older adults, incorporating insights from the private sector to achieve a more comprehensive view.

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