

A Guideline for Local Elderly Policy Development in Thailand

Laksana Siriwan

*Department of Public Administration, School of Management Science,
Sukhothai Thammathirat Open University, Nonthaburi 11120, Thailand*

Corresponding author's e-mail: laksana.sir@stou.ac.th

Abstract In previous local elder policy research, most studies were fragmented with only some subjects or some steps in the policy process and attention to the local policy process not included explicitly. This article aims to analyze Thai local elderly policy formulation, implementation and evaluation and to propose guidelines for Thai local elderly policy development. This was a qualitative study. Data were collected using in-depth interviews with 40 key informants from 5 local case studies and 8 national organizations, as well as observations and documentary studies. Data were analyzed using thematic analysis and analytic induction. For the policy content dimensions, the guidelines of policy content development of the case studies aim to make senior citizens happy, self-sufficient, and physically and mentally healthy. The means to achieve this are comprised of the following: 1) an economic, career, and income stability dimension; 2) a health dimension; and 3) a social dimension. For the policy process dimensions, the guideline of policy formulation comprises of the following: the related national policy dimension, including developing the mindset of policy actors, developing the content of policies with clarity that is up-to-date and congruent with key agreements or related principles, and developing a participation process and communication of the policy. The local policy dimension is locally aged society strategic planning based on strategic management and objectives and key results (OKRs) derived from the results of data analysis, integration of public policy theory, resource-based view in strategic management theory, and objective and key results to reduce the limitations of the public policy theory and model. This comprises developing policy actors' mindsets, competencies, and motivations, collecting information, creating participation for analyzing and formulating direction, and making local elderly society strategic plans. The guidelines of policy implementation comprise the following: creating knowledge and understanding, organizing a central organization, implementing a strategic plan, formulating strategies for implementing and integrating amicable coordination of networks, seeking and allocating tangible and intangible resources, developing competencies of local government personnel, network partners, and target groups, creating and developing a culture supporting the aged society, and creating internal and external motivation. The guidelines of policy evaluation comprise the following: the

development of the evaluation competency, the growth and ethical mindset, and the development of a participatory local policy evaluation system. Based on the results of this study, the guidelines focus on the intangible resources, the internal motivation, the mindset of policy actors, the coordination and strength of networks, and the upper-level policy factors.

Keywords Elderly, Local, Policy development, Thailand

Received: May 26, 2023

Revised: October 4, 202

Accepted: May 28, 2024

Introduction

The number of older adults in Thailand has been rapidly growing, and it is expected that it will rise above 20 percent of the population within the next few years and up to 30 percent by 2038 (Foundation of Thai Gerontology Research and Development Institute & Mahidol University, 2019, p.33). The elderly population in Thailand faces several significant challenges. Firstly, health problems exist. The elderly population experience accidents and are most likely to suffer from chronic non-communicable diseases and new infectious diseases, such as the coronavirus infection in 2019. Research findings on infections and violence by the World Health Organization, China, and Italy all concluded that older people are the group most at risk of severe infections and death (National Research Council of Thailand, 2020). Secondly, economic, career, and income stability problems exist with older adults primarily working in agriculture, receiving income from children, or having health costs that increase with age. Finally, social problems affecting the elderly include living alone more, being unable to adapt to their social environment, or lacking educational opportunities.

The impact of all these problems is that there is an elderly dependency rate. A budget is allocated for the elderly to confront rapid growth, which causes the country's development budget to be lower. Therefore, the government aims to solve these problems by formulating a national elderly policy. However, in the past, the problems could not be solved for several reasons. These included a national elderly policy that depends on the country's leaders and policies to be formulated from the values and needs of leaders that look to a top-down approach in an elite model. According to National Legislative Assembly (2017) it was found that "In the past, both government agencies that played direct and indirect roles or the private sector still depended on the policies or interests of the country's leaders" (p.6). There has been a lack of participation and thorough responsiveness to the needs of the citizens. There was also a lack of a policy support mindset because it is believed to be the agencies' duty to relate to the elderly directly.

Finally, there are local government organizations that have duties and roles for the elderly as well as the freedom and local context to enable policy development to respond to the needs of citizens and solve issues that result from an increase in the elderly rate as the Plan and Process of Decentralization to Local Government Organization Act, B. E. 2542 (1999 A. D.). Thai local government organizations are involved in the implementation of Section 11 of The Act on the Elderly, B.E. 2546 (2003 A.D., as amended in 2017 A.D.) in a broader range of providing information that is useful for life, proper occupation and vocational training, personal development and participation in social activities, networking or community gathering, facilitation and safety in buildings and premises vehicle, exemption from entrance fees to government facilities, providing shelter, food and clothing as needed, and assisting senior citizens who have been harmed by abuse, unlawful exploitation or neglect, fair monthly allowance payment and long-term care for dependent senior citizens and Suwannarada (2016, pp. 52-53) proposed, one of the ways to respond to the socio-economic impacts of an aging society is to support the role of local government organizations in caring for the elderly; however, they are still unable to fully perform such roles, especially in the role of the local policy process. Chulalongkorn University and the Ministry of Social Development and Human Security (2017) found that "the decentralization and transferring missions are still incomplete; the nature of the work that is done is to work at the level of the ministry or central agency first and then pass it on to the local level, which makes the work of local government to be passive or act as the implementing organization only" (p.vii). Therefore, it is only an organization that implements national policies.

Furthermore, based on the literature review of past local elder policy research studies, most research studies were fragmented with only some subjects or some steps in the policy process; for example, Scharlach (2012); Sokdun (2014), Thailand Development Research Institute (2016), Keyes and Benavides (2017), including not paying explicit attention to the local policy process. Accordingly, this article aims to analyze Thai local elderly policy formulation, implementation, and evaluation and

propose a guideline for developing Thai local elderly policy. This was a qualitative study from 5 local case studies and 8 national organizations to get in-depth answers about Thai local elderly policy content and process that's how they were, why they were, and how they should be. The results of this study will lead to the development of public policy knowledge as well as local government organizations and related national and local network partners applying a guideline to suit a local context.

Literature review

Policy development refers to changes to achieve a more appropriate public policy. The public policy development in policy process dimensions comprises policy formulation, policy implementation, and policy evaluation. The public policy development in policy content dimensions comprises objectives and methods or action guidelines. Developing appropriate policies by changing both the objectives and methods of the policies to be consistent is called 'redesign' (Howlett et al., 2009, pp. 204-205).

Local elderly policy refers to the concept of local elderly policy with a decision to act or not to act by government organizations in a local area that affects the public and solves local elderly problems, which may be in the form of law or non-law (Anderson, 1994, p.1; Kraft & Furlong, 2018, p. 5). Local elderly policy formulation means the formation of elderly problems, entering an agenda for consideration of an elderly policy draft until it has been decided to be set as a policy for solving elderly problems in a local area (Anderson, 1994; Sidney et al., 2007, p. 7; Kraft & Furlong, 2018, p.98). Local elderly policy implementation means the implementation of local elders' policy decisions that have been made to achieve their objectives (Van Meter & Van Horn, 1975; Mazmanian & Sabatier, 1989). Local elderly policy evaluation means deciding whether the consequences of implementing policies are objectives or not and examining the actual impacts to know whether an elderly policy has succeeded or failed and there is information to develop or terminate such a policy (Dye, 1978; Dunn, 1994; Radhakrishan, 2017, p. 334).

Based on the literature review, Thailand's national and local elderly policies were within the scope of a policy at the highest level: the constitution. They aimed to enable the elderly to have a good quality of life according to their rights by active aging and successful aging. Essential missions covered 3 areas: health, economy, and society. However, the author's observations about the policy implementation are somewhat limited and there were policy implementation problems such as a lack of integration between the organization and related network partners and a lack of clarity or mechanisms for monitoring policy implementation (Phayukhiree, 2006; Chulalongkorn University & The Ministry of Social Development and Human Security, 2017). These included national policies affecting local policies, in particular The Act on the Elderly, B.E. 2546 (2003 A.D.), but also the nature of relief by the residual model of social welfare.

Thailand's local elderly policies had some similarities with those of foreign countries, such as Japan and South Korea, which had elderly club policies. Thailand had an elderly club and school policy. The difference was that South Korea had a policy on the elderly job bank by the local government, but Thailand did not have such a concrete policy. Thai localities can learn from foreign experiences and apply them to the local context. For example, in Thai localities where the majority of the population are informal workers and do not have corruption problems, the insurance system provided by local government organizations may be applied, like in Japan. Long-term care policy in Korea was inadequately communicated to policy implementers and implemented as one-size-fits-all (Tak et al., 2019, pp. 7-8), which is a caution for Thai localities, where this policy is in its early stages.

Furthermore, based on the literature review of past local elder policy research studies, most research studies were fragmented with only some subjects, or some steps in the policy process and public policy knowledge lacking in theory development (Howlett, 2019, p.405). There is also slow

and little progression (Saetren, 2014, p. 100) including not paying attention to the policy process explicitly (Howlett, 2019, p.423).

Therefore, there is a descriptive conceptual framework based on the literature on the policy process including policy formulation, policy implementation and policy evaluation, which are steps interconnected with related factors and problems. This should be developed in terms of the policy content dimensions to be analyzed by the government's mission, which consists of three main areas: health, economy and society. There is a link between national and local elder policies. The policy process dimensions analyzed are Thai local elderly policy formulation, policy implementation, policy evaluation, and a guideline proposal for Thai local elderly policy development.

Methods and materials

1. Key informants

Qualitative data was collected through in-depth interviews with 40 key informants, including 30 local key informants from 5 local case studies and 10 key informants from 8 national organizations. The selection of 5 local case studies was made with the logic of purposeful selection of case studies with three criteria. This consisted of a local government organization being awarded a good governance award from an elderly innovation project (Office of the Decentralization to the Local Government Organization Committee, Office of the Permanent Secretary, Prime Minister Office) twice or more. This was a small local government organization (sub-district administration organization and sub-district municipality) being the closest organization to people, accounting for 99% of total local government organizations (Department of Provincial Administration, 2020, p. 1), and providing information comprehensively and adequately according to the title and objectives of the research. Therefore, most of the case studies had been awarded a good governance award from an elderly innovation project twice before (during 2012-2017) and were located in rural areas in Lopburi, Sing Buri, Loei, Chiang Mai, and Chiang Rai. All case studies were of aging societies, and the older adults in the case studies were the most socially attached elderly. The proportion of the budget for the elderly, excluding monthly allowance payment from the budget of local administrative organizations, in all the case studies did not exceed 1% (case study 5 did not provide information). Most of the case study network partners were National Health Security Office and Subdistrict Health Promoting Hospitals. The local case study key informants consisted of (1) 5 local government organization administrators, (2) 5 local government organization officials, (3) 10 community leaders, and (4) 10 representatives from elderly networks that were older adults. The national organization's key informants consisted of 2 committees from the National Committee on the Elderly, 2 administrators or representatives from Ministry of Social Development and Human Security (Department of Older Persons), one administrator or representative from Ministry of Education (Office of the Non-Formal and Informal Education), one administrator or representative from Ministry of Public Health (Bureau of Elderly Health), one administrator or representative from Ministry of Interior (Department of Local Administration), one administrator or representative from Ministry of Labour, one administrator or representative from National Health Security Office, and one administrator or representative from Thai Health Promotion Foundation by the set inclusion criteria and the exclusion criteria.

2. Data collection

Data were collected using in-depth interviews, non-participant and participant observations and a documentary study, all obtained using the criteria set. The issues of the interview included the local context, the policy formulation (content and objectives of the policy, policy formulation process, related factors, problems and recommendations), the policy implementation (policy implementation process, related factors, problems, and recommendations), the policy evaluation (policy evaluation process, results, related factors, problems, and recommendations) and the policy development (policy

process development, content development, problems and recommendations). The issues of the observation included: the action (participation in the policy process), the action schemes (participation forms in policy process), the meaning (mindset and expressive behaviors in the policy process) and the relationship (interaction, communication, and motivation in the policy process), and the social conditions or context (actual policy results). The issues of the documentary study from primary documents and secondary documents included the provision of important information by the objectives of the research, the issues of the interview, and the local context. The researcher played an essential role in the qualitative research process using the interview forms, the observation form, and the data recording form. Before analyzing the data, there was internal data verification, including case study selection, key informants, and documents according to the established criteria and use of methodological and data triangulation. External data verification used content validity and the playback method.

3. Data analysis

Qualitative data were analyzed using thematic analysis and analytic induction by taking the data from in-depth interviews, observations, and documentary studies to code, categorize, interpret, compare between 5 local case studies, compare between the local case studies and the national organizations, search for themes and draw conclusions.

The author presents an example of methodological and data triangulation to verify the accuracy and reliability of the information's key points shown in Table 1.

Table 1 Examples of key points, triangulation, and results

Key points	Triangulation	Results
Local elderly policy formulation process	<ul style="list-style-type: none"> - Methodological triangulation by interviewing and using the documentary study of Sujinkalayanatham (2016). - Data triangulation by interviewing key informants, namely local government organization administrators, local government organization officials, community leaders, and representatives from elderly networks. 	<ul style="list-style-type: none"> - Methodological triangulation and data triangulation found the same data, namely, local elderly policy formulation of case study 2 came from the problem of increasing older adults and self-harm to death among older adults.
The important factors of local elderly policy formulation	<ul style="list-style-type: none"> - Methodological triangulation by interviewing, observations in experiential learning activities between case studies and visitors from in the country and abroad at the Center for Quality of Life Development and Career and a documentary study including electronic media of the case study, bulletin board, elderly products which come from experiential learning from within the country and abroad, and a participatory evaluation research report on the model area of the Thai Health Promotion Foundation (Sombat et al., 2012, p.156). - Data triangulation by interviewing key informants, namely local government organization administrators, local government 	<ul style="list-style-type: none"> - Methodological triangulation and data triangulation found the same data; one of the important factors of local elderly policy formulation was experiential learning in the country and abroad.

Key points	Triangulation	Results
	organization officials, community leaders, representatives from elderly networks, and the national organization administrators or representatives.	

Source: The author

The research process was summarized in 9 steps, consisting of 1) literature review, 2) proposal preparation, research design, and selection criteria, 3) create, pretest and verify research tools and human research ethics certification, 4) searching and selecting of case studies, key informants, and documents, 5) data collection, 6) data analysis, 7) triangulation, 8) verification by the playback method, and 9) conclusion and presentation of results.

4. Ethical considerations

This study was approved with a human research ethics certification by the Central Research Ethics Committee (No. CREC001/61SCs). The author has taken action as certified according to respect for people, benefit and justice principles.

Results

In previous elderly policy research, most studies were fragmented, with only some subjects or some steps in the policy process, and attention to the local policy process was not included explicitly. Therefore, the results of this study reduce these gaps and consist of four main subjects according to the objectives of the research: 1. local elderly policy formulation; 2. local elderly policy implementation; 3. local elderly policy evaluation; and 4. guidelines for Thai local elderly policy development.

1. Local elderly policy formulation

The local elderly policy formulation presented: the policy formulation process, policy content, important factors, and policy formulation problems.

The local elderly policy formulation process of case studies consisted of 3 main steps:

1) policy formation, in which much of the policy formation was due to the increasing problems of the elderly; 2) setting the agenda for consideration was informal and not always pre-determined; and 3) making alternatives and making policy decisions' that comprised of a lack of specifying of 2 or more alternatives to solve problems from citizens and target groups, a lack of different opinions from local government organization executives or local leaders, and the policy decision- the making style for legitimacy was more persuasive than bargaining, or ordering. In this regard, local elderly policy formulation of case studies, was consistent with the elite, network, and incremental models.

Most of the policy content of the case studies included the following characteristics.

Policies and projects had the same name, and projects were routine.

“Because they do not have a plan, the nature of the work that was done depending on the awareness of the leaders in each case. Some put routine jobs into it”. (National Organization Informant 6)

Most of the policy of the case studies have relatively similar starting points and content.

Policy content covered three areas: society, health, and economy. Most of the outstanding or award-winning were social policies.

There were problems with not covering the target audience, continuity, and policy sustainability. There were two important factors of policy formulation. Firstly, the upper-level policy

factors include the support and congruence of upper-level policies to key agreements or related principles, the mindset of policy actors of upper-level policy, the participation and communication, and the resources of the central and provincial administration organizations. Secondly, the local level policy factors comprised public problems, the mindset, and influence of policy actors, elderly information and research, and experiential learning in the country and abroad. The important problems of policy formulation comprised of the fixed mindset of policy actors, a lack of readiness and local needs, a lack of policy alternatives, a lack of readiness of information and research before formulating policies, and a lack of clarity and continuity about the direction of improving the quality of life for the elderly.

2. Local elderly policy implementation

Local elderly policy implementation presented: the policy implementation process, important factors, and policy implementation problems.

The local elderly policy implementation process of case studies consisted of 3 main

steps: 1) setting policy organization; 2) converting policies into annual projects; and 3) implementation. Policy implementation comprised of 15 important factors, which were as follows: continuance, clarity, being up-to-date, the technical suitability of national and local policy, the mindset of policy actors (1) prioritizing quality of life and the older adults, (2) not using financial resources as a basis, (3) prioritizing the well-being of local people, (4) self-sufficiency, self-management, and ownership building, (5) emphasizing local context, (6) emphasizing information, (7) love and sincerity towards fellow human beings and work, (8) pursuing learning, (9) engaging target audiences, (10) volunteerism, and (11) courage to change and manage problems), resource readiness, local human resource competency and knowledge management, leadership, external and internal motivations, decentralization, planning and clarity of the system, coordination of networks, participation of target groups and the strength of the target network, citizens and family participation, the communication of networks and to target groups, the experiential sharing in the country and abroad, and finally, the characteristics of target groups and local environments. Policy implementation comprised of several problems, which were as follows: problems as a result of national and local policies, the mindset of policy actors not supporting the implementation of policies, a lack of resource readiness, a lack of human resource competency, a lack of cooperation and readiness of network partners, an attachment to a person and a lack of strength in the elderly network, a lack of continuity of projects and activities, and finally, a lack of participation and communication with target groups and citizens.

“The weak point here is that we have few leaders; the president of each village elderly club is more like a follower”. (Informant 2 of case study 3)

“Our old people do not dare. Whenever there is something; they must ask the leader first”. (Informant 3 of case study 3)

“The elderly themselves should be more volunteer-minded, return benefits to the society, and participate in public service”. (Informant 1 of case study 3)

3. Local elderly policy evaluation

Local elderly policy evaluation presented the following: the policy evaluation process, policy results, important factors of policy evaluation and policy evaluation problems.

The local elderly policy evaluation process for case studies consisted of 4 main steps:

1) evaluation planning, 2) preparation of responsible organizations, 3) data collection, and 4) evaluation and presentation. Most results positively affected the target groups, communities, and local government organizations. The effect on target groups comprised of the following: (1) the health dimension included senior citizens who were physically and mentally healthy, felt valuable, or did not hurt themselves and were happy; (2) the economic dimension included senior citizens who had a

career, income, savings and were self-sufficient; (3) the social dimension included senior citizens who were knowledgeable, enthusiastic, assertive, sociable, cooperative and involved, selfless, generous, helpful to others, cohesive, good role models, and who used their potential and transferred their intellect. The effect on communities comprised of the following: communities satisfied with the policy, cooperation, more elderly volunteers, children and youth interested in caring for the elderly, help for each other in communities, reduced dependence for senior citizens needing care from the community, restoration of the valuable part of communities, and increased community income. The effect on local government organizations and communities gained a reputation for external recognition and international awards. The results had a negative effect in that some citizens held the opinion that the local government organizations did not care about the elderly thoroughly, and some senior citizens held the opinion that the policy still could not meet the target group's needs. The important factors of policy evaluation comprised of the following: the key performance indicators of the national network, funding, evaluation for rewards, the competency of evaluators, the evaluation mindset of policy actors, and evaluation findings utilization. The important problems of policy evaluation comprised of the following: the local evaluator having limited competence, the evaluation pattern being entirely subjective and being inconsistent with academic principles or not supporting the development of elderly policies, a lack of local policy evaluation system, a lack of participation in policy evaluation from diverse groups, and the presentation of the evaluation results not leading to a solution to the problems nor leading to policy decisions.

"The development of policies, directions, and plans had not reached the locals. There is a lack of supervision and a lack of evaluation. It is done year by year with no continuity, no synthesis or analysis". (Informant 1 of case study 2)

In conclusion, the analysis of the case studies found that each step of the local elderly policy process was interconnected by related factors and problems. For example, policy formulation problems in which a lack of readiness and local needs and a lack of clarity and continuity about the direction of improving the quality of life for the elderly affect policy implementation and evaluation. Each step of the local elderly policy process had important factors and problems that should be developed in terms of guidelines for Thai local elderly policy development, especially the mindset of policy actors, networks, and upper-level policy were factors involved in every step of the policy process.

4. Guidelines for Thai local elderly policy development

The guidelines for Thai local elderly policy development presented the following: 1) the policy content development and 2) the policy process development, which includes the guideline of policy formulation, the guideline of policy implementation and the guideline of policy evaluation.

The policy content dimensions

Important and urgent problems of local senior citizens in the case study should be developed in three ways: 1) an economic, career, and income stability dimension; 2) a health dimension; and 3) a social dimension. Policy content development aims to make senior citizens happy, self-sufficient, and physically and mentally healthy. The means to achieve this are comprised of the following: 1) an economic, career and income stability dimension that includes supporting markets and experts for career development, creating a welfare society and a savings system and employment for senior citizens and their children who are responsible for taking care of them; 2) a health dimension which includes the development of the Center for Quality of Life Development and Career to accommodate older adults with beds and activities as well as the preparation of care and prevention of health issues for the elderly based on information; and 3) a social dimension which includes creating participation on the issue of the elderly by letting senior citizens take the lead in creating a city, the development of elderly schools, and creating a platform to exchange learning in and outside the local area, as shown in Figure 1.

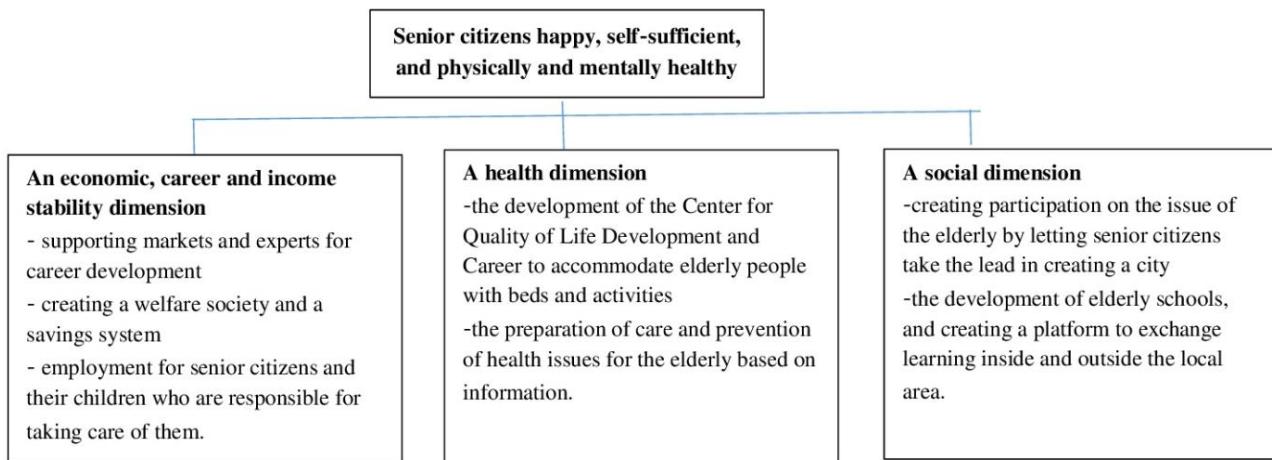


Figure 1 Local elderly policy content development of the case studies

Source: The author

The policy process dimensions

The policy process development, which includes:

(1) *The guideline of policy formulation*, which comprises two areas. Firstly, the related national policy dimension includes developing the content of policies with clarity that is up-to-date and congruent with key agreements or related principles, developing a participation process and communication of the policy, and developing the mindset of national policy actors.

“I would like to have some confidence in the locality that the locality can create elderly innovation policies or projects that can produce empirical results as well”. (Informant 2 of case study 1)

Secondly, the local policy dimension is the guideline for local elderly policy formulation by local elderly society strategy planning based on strategic management and objectives and key results (OKRs) views comprises developing mindsets, competencies, and motivations of policy actors, collecting information, creating participation for analyzing and formulating direction, and making local elderly society strategic plans.

“Every locality should have a local elderly development plan”. (National Organization Informant 1)

“Our intention is for them to make a master elderly plan like our announcement saying they must have a plan before the project. We never talked about plans before, now we are starting to say there must be a plan”. (National Organization Informant 7)

“It is not enough to complete the plan; it is necessary to plan for participation”. (National Organization Informant 10)

(2) *The guideline of policy implementation comprises of the following:* (1) creating

knowledge and mutual understanding about local elderly society strategic plans for local government personnel, network partners, target groups and citizens, (2) organizing a central organization to continuously support aging society and to determine the primary host, secondary host, and sponsor to implement the plan, (3) implementing a local elderly society strategic plan into action in the form of an action plan, (4) formulating strategies for implementing and integrating amicable coordination of networks, (5) systematic seeking and allocating of tangible and intangible resources and emphasizing participatory processes, (6) developing competencies of local government personnel, network partners, and target groups, (7) creating and developing culture supporting that is conducive

to the implementation of the plan and in accordance with the local context, and (8) creating external and internal motivations to local government personnel, network partners, target groups continuously.

(3) *The guideline of policy evaluation comprises* (1) the competency and growth and

ethical mindset development, and (2) the participatory local policy evaluation system development, as shown in Figure 2 A Guideline for Local Elderly Policy Development in Thailand. (the author presented examples of application of this guideline to the case studies in the full research paper.)

Discussion

1. Theoretical discussion

The important factors of policy formulation:

The results of this study have new knowledge issues that are helpful in theory and knowledge development. They comprise important factors of policy formulation in which public policy theory lacks empirical evidence in terms of local policy formulation, especially upper-level policy factors. The policy cycle neglects to formulate a policy that involves multiple levels of government and interactions between circuits (Radhakrishan, 2017, p. 146). The development of public policy knowledge based on the findings of factors of local policy formulation comprises upper-level policy factors and local-level policy factors, especially factors related to the decentralization policy to local government organizations, which enable localities to play a role in implementing national policies rather than formulating local policies. Therefore, the findings should be developed in terms of a model of local policy formulation factors consisting of two groups of factors. Firstly, the upper-level policy factors include the support and congruence of upper-level policies to key agreements or related principles, the mindset of policy actors of upper-level policy, the participation and communication, and the resources of the central and provincial administration organizations. Secondly, the local-level policy factors comprised of public problems, the mindset and the influence of policy actors, information and research, and experiential learning that explain the formulation of local policy and the interactions between multiple levels of policies.

The important factors of policy implementation:

Since public policy implementation has been criticized for a lack of theoretical development, the results of this study have theoretical benefits and knowledge development based on the following findings. There are 15 factors of policy implementation, which depend on the utilization of tangible resources, and the availability of intangible resources. In this case, this is the competence of local human resources and the strength of the target group network. Policy implementation depends on internal (intrinsic) motivation, including love in the local, job, and human, a belief that the work done has value and meaning, and volunteering. These differ from public policy models, which presents an external (extrinsic) motivation for policy implementation rather than an internal one. Furthermore, the results of this study revealed that policy implementation depends on external factors of the implementing organization, which comprise of the following: coordination of networks, participation of target groups, citizen and family participation, the communication of networks and the communication to target groups, the experiential sharing in the country and abroad, and finally, the characteristics of target groups and local environments. Therefore, policy implementation models like 'A Model of the Policy Implementation Process of Van Meter & Van Horn (1975, pp. 447-448), which comprised many important factors to explain the broad implementation of public policy, may add factors as follows: continuance, clarity, being up-to-date, the technical suitability of national and local policy, the mindset of policy actors, knowledge management and the experiential sharing across the country and abroad, leadership, internal motivation, coordination and strength of networks, participation of target groups and citizens and the characteristics of target groups for explain the local elderly policy implementation. In conclusion, the findings should be developed in terms of a model of

factors of local policy implementation, consisting of six groups of factors derived from 15 factors of policy implementation in the results of this study, as follows: 1) the continuance, clarity, being up-to-date, congruous with key agreements, and technical suitability of national and local policy 2) the mindset of policy actors supporting the implementation of policies 3) the tangible resource readiness 4) the intangible resource readiness 5) the administrative factors 6) the external factors of the implementing organization that to explain the success or failure of local policy implementation.

The important factors of policy evaluation:

The public policy theory lacks empirical evidence on the important factors of local policy evaluation, as Yavaphat and Wangmahaphon (2012) noted that “Research related to local policy evaluation found that there are still in small numbers” (p.370). Therefore, the results of this study are useful in theory and the development of public policy knowledge from the findings of factors of policy evaluation. The findings are comprised as follows: the key performance indicators of the national network, funding, the evaluation for rewards, the competency of evaluators, the evaluation mindset of policy actors, and the evaluation findings utilization. Therefore, the findings should be developed in terms of a model of the local policy evaluation factors. Furthermore, the local policy evaluation process should consist of seven steps: 1) the development of evaluation competency and mindset; 2) information systems development; 3) evaluation planning; 4) preparation of responsible organizations; 5) data collection; 6) evaluation; and 7) utilization of evaluation findings that to provide more information for local policy development, including support from networks and various sources of funding.

The guidelines for policy development:

The guidelines for developing the public policy process in the policy formulation, policy implementation, and policy evaluation to develop public policy knowledge have been criticized for not explicitly emphasizing the policy process. Public policy success or failure can occur at any stage in the policy process. A policy failure of the policy formulation is caused by a lack of research on the causes and consequences of possible policy choices, while a failure of policy implementation is a failure to resolve policy implementation issues, and a failure of policy evaluation is a lack of learning from past experiences and ineffective policy evaluation processes (Howlett et al., 2015, pp.212-213).

The guideline for the policy development derived from the results of data analysis, integration of public policy theory, strategic management theory, and objective and key results (OKRs) to reduce the limitations of the public policy theory and model. This guideline emphasizes intangible resources and internal motivations derived from the results of data analysis. It is consistent with the resource-based view in strategic management theory, which in intangible resources is difficult to imitate and affects performance, as well as objective and key results (OKRs), which emphasize direction and internal motivation.

Additionally, the results of this study are beneficial in public policy process knowledge development based on the literature review of past public policy processes, which consists of three main steps: policy formulation, policy implementation, and policy evaluation (Lasswell & Kaplan, 1970; Dye, 1984; Dunn, 1994; Howlett, et al., 2009; Peter et al., 2011; Birkland, 2011; Guess & Husted, 2017). This study emphasized the policy development consistent with the academic works on the public policy process in the latter stages that presented the steps of policy change or development in the public policy process (Gupta, 2011; Kraft & Furlong, 2018; Powintara, 2018).

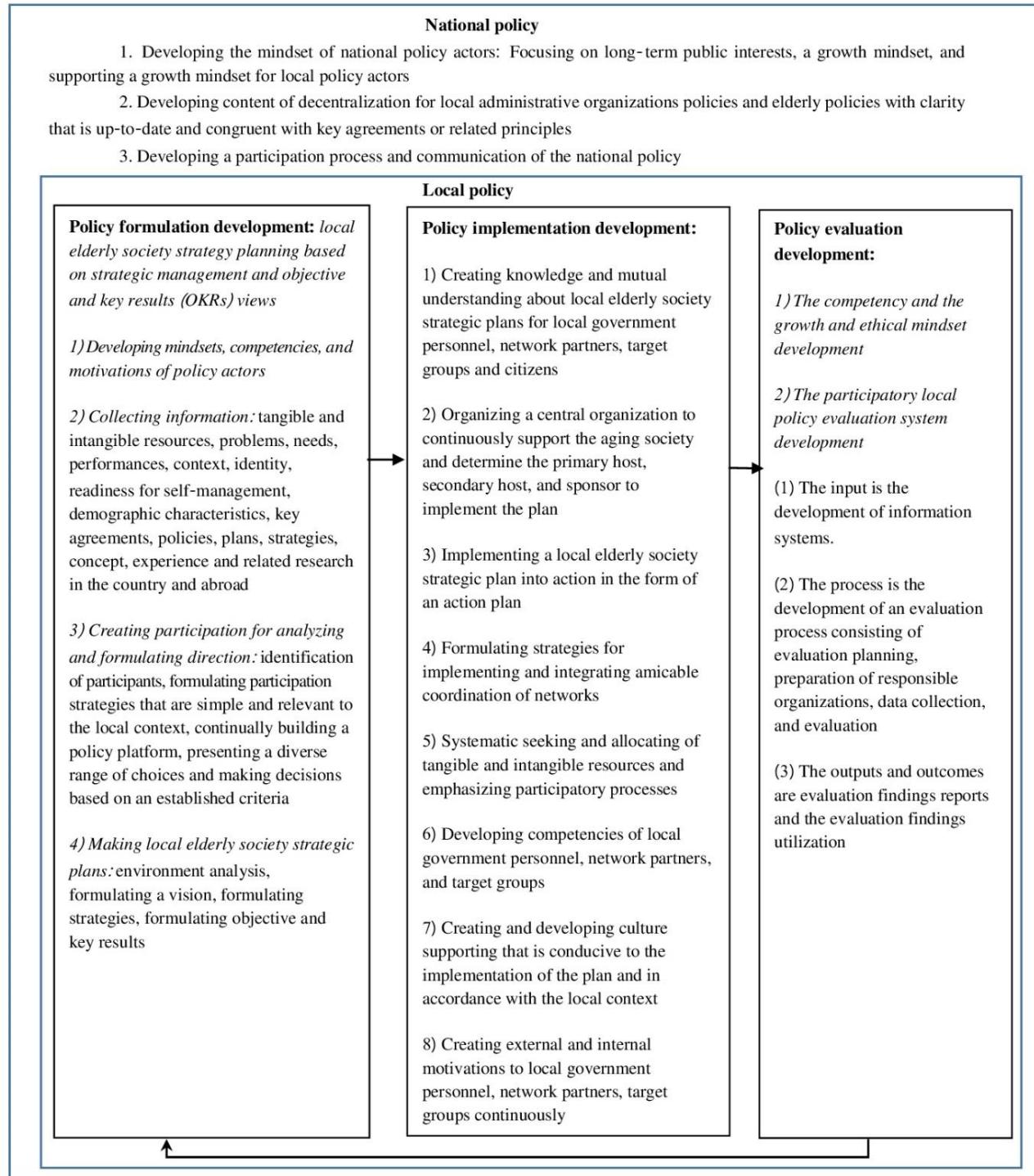


Figure 2 A guideline for local elderly policy development in Thailand

Source: The author

2. Policy discussion

The results of this study revealed that local elderly policy content covered three areas: society, health, and economy. Social policies were the majority of local elderly policies that were outstanding or award-winning. This is due to three reasons. First, the highest number of older adults in all case studies are socially attached elderly people. Therefore, most policies are targeted at social groups. Second, the socially attached elderly can go out and interact with others, so there is a need for social policies. Third, local social policy is driven by partners of national organization networks, especially elderly club and school policy.

The results of this study revealed that in most case studies, local elderly policies have relatively similar starting points and content. Case studies start with elderly clubs and schools, the Center for Quality of Life Development and Career, long-term public health care for dependent senior citizens, volunteer field visits, and local health security funds. The differences include the Wongdeuan Lamduan policy and the Center for Promotion and Development of Home-to-Bed Capacity policy. National and local network partners supported this latter and were consistent with the network model of public policy formulation.

Furthermore, based on the results of this study, most local elderly policy case studies experienced a lack of participation of older adults in the policy process. This can be grouped as follows: problems such as a lack of specifying of two or more alternatives to formulate policies from citizens and the elderly, a lack of different opinions from local government organization executives or local leaders, a lack of participation and communication with the elderly, and citizens in policy implementation, and a lack of participation in policy evaluation. There might be several reasons for these, which can be summarized as follows: the majority of the case study elders only have a fourth-grade level of education on average, the fixed mindset of the elderly and policy actors with a lack of belief in the potential of the elderly and local citizens, the culture of respect for authority, the lack of competencies and relevant knowledge, the attachment to few elderly leaders, older adults being unable to write their projects to receive support from various sources and the average percentage of the elderly who participated in activities regularly only being 32.58%. Therefore, there were limited policy choices and incremental changes, such as from elderly schools to elderly universities. This was consistent with the elite model and incremental model of public policy formulation.

The results of this study reduce the gap in policy problems because the results of the study concluded that the upper-level policy factors were related to local policy formulation, policy implementation, and policy evaluation. Therefore, local elderly policy development should be developed in parallel with the upper-level policy, especially decentralization for local administrative organizations policies and elderly policies by emphasizing goals and methods that are consistent with the country's main agreements, based on public participation and clear and thorough communication.

For the results of this study, the policy process encounters problems with citizens and target groups by proposing policy alternatives or opinions that are slightly different from local government organization executives or leaders and inconsistent with academic principles. Most of the policy and project content of case studies had the same name and were routine; there was no difference in content and no consistency in aims and means. There were problems with not covering the target audience, continuity, and policy sustainability. So, the guideline for local elderly policy development by local elderly society strategy planning based on strategic management and objective and key results (OKRs) views reducing the gap in policy problems and facilitating the policy goals consistent with policy methods. These are according to the academic principles of being holistic, covering target groups of all ages. According to local problems and context, to be more continuous and sustainable and provide opportunities for local older adults and citizens to be key actors in the policy process. In particular, analyzing and proposing alternatives to formulate local policies and formulating more innovative policies/ projects to be not just the participation of people by regulations or policies of central

government administration. As Keawsomnuk (2022) suggested, "Thai government should involve older people in the policy-making process by providing a platform for them to express their opinions about the public services available to older people in their communities" (p.88) and Pattrawiwat et al. (2022, p.336) developed guidelines to improve the quality of the lives of the elderly in the Posa Subdistrict of Angthong Province in Thailand using community-based participatory research.

Based on this study, there was a connection problem between the steps in the policy process. Therefore, this article presents the guidelines for developing a public policy process in policy formulation, implementation, and evaluation so that the steps support each other. For example, local elderly society strategy planning is based on objective and key results (OKRs) in which local citizens participate in determining the direction of development and measurement and not just participating in the level of awareness or proposing problems like in the past. This can create more innovative projects and collaborations in implementation and encourage the locality to have a systematic evaluation demonstrating the achievement of objectives. Network partners at both national and local levels are being encouraged to support and cooperate more.

Conclusion and suggestions

Conclusions and suggestions for utilizing the results for the policy formulation dimension include that the national government and related organizations should develop the mindset of national policy actors, including focusing on the ultimate outcomes, which include as follows: the long-term public interest, a growth mindset with a belief in the potential of local citizens, supporting a growth mindset of local policy actors, supporting both tangible and intangible resources, a public inspection mechanism, public communication, developing content of decentralization for local administrative organizations policies and elderly policies with clarity that is up-to-date and congruent with key agreements or related principles, especially in the elderly allowance policy, the elderly fund policy, the elderly employment policy, supporting local elderly policies, and finally, developing a participation process and communication of the national policy.

The local government should have local elderly society strategy planning based on strategic management and objective and key results (OKRs) for providing local development direction, creating innovation or self-initiated projects to support a long-term aging society through the participation of citizens and local network partners and for opportunities receiving support from the elderly fund policy, the decentralization for local administrative organizations policy (the upper-level policies) and various sources of funding increasing.

Policy implementation dimension. The local government should do the following: creating knowledge and mutual understanding about local elderly society strategic plans, organizing a central organization to continuously support the aging society, implementing a local elderly society strategic plan in the form of an action plan, formulating strategies for implementing and integrating amicable coordination of networks, systematic seeking and allocating tangible and intangible resources and emphasizing participatory processes, developing competencies of local government personnel, network partners, and target groups, creating and developing culture supporting that is conducive to the implementation of the plan and by the local context, and finally, creating external and internal motivations to local government personnel, network partners, target groups continuously.

Policy evaluation dimension. The local government should emphasize policy evaluation by developing competency, the growth and ethical mindset, and a participatory local policy evaluation system. The national government, central administrative organization, provincial administrative organization, networks, and award contest organizations should support the growth mindset development by rewarding local citizens' efforts to develop a locality consistent with the local context or what the locality has and the effects on long-term benefits.

The results of this study have significant theoretical benefits and knowledge development based on three findings: (1) local policy implementation depended on the availability of intangible resources and internal motivation, (2) the mindset of policy actors, the networks, and the upper-level policy were factors involved in every step of the local policy process and (3) each step of the local policy process was interconnected by related factors and problems. In the future, long-term research should be conducted to cover steps in the local policy process and focus on the intangible resources, the internal motivation, the mindset of policy actors, the coordination and strength of networks, and the upper-level policy factors.

Furthermore, the results of this study should be developed in terms of a model of the local policy process, a model of the local policy factors, and the local policy designs.

Acknowledgments

The author would like to thank Sukhothai Thammathirat Open University for funding this research.

References

- Anderson, J. E. (1994). *Public policy making* (2nd eds.). NY, United States: Houghton Mifflin.
- Birkland, T. A. (2011). *An introduction to the policy process: Theories, concepts, and models of public policy making* (3rd eds.). NY, United States: M.E. Sharpe.
- Chulalongkorn University, & The Ministry of Social Development and Human Security. (2017). *Performance monitoring and evaluation project study report of the 2nd National plan on the elderly 2002-2021 phase 3 (2012-2016)* (1st ed.). Bangkok, Thailand: College of Population Studies, Chulalongkorn University.
- Department of Provincial Administration. (2020). *Notification of the department of administrative affairs on notification of administrative information*. Bangkok, Thailand: Department of Provincial Administration.
- Dunn, W. N. (1994). *Public policy analysis: An introduction* (2nd eds.). NJ, United States: Prentice Hall.
- Dye, T. R. (1978). *Policy analysis* (2nd eds.). AL, United States: The University of Alabama Press.
- Dye, T. R. (1984). *Understanding public policy* (5th eds.). NJ, United States: Prentice Hall.
- Foundation of Thai Gerontology Research and Development Institute, & Mahidol University. (2019). *Situation of the Thai elderly 2018* (1st ed.). Bangkok, Thailand: Printery.
- Guess, G. M., & Husted, T. (2017). *International public policy analysis* (1st ed.). NY, United States: Routledge.
- Gupta, D. K. (2011). *Analyzing public policy concepts, tools, and techniques* (2nd eds.). WA, United States: CG Press.
- Howlett, M. (2019). Moving policy implementation theory forward: A multiple streams/critical juncture approach. *Public Policy and Administration*, 34 (4), 405-430.
- Howlett, M., Ramesh, M., & Perl, A. (2009). *Studying public policy: Policy cycles and policy subsystems* (3rd eds.). NY, United States: Oxford University Press.
- Howlett, M., Ramesh, M., & Wu, X. (2015). Understanding the persistence of policy failures: The role of politics, governance and uncertainty. *Public Policy and Administration*, 30(3-4), 209-220.
- Keawsomnuk, P. (2022). The relationship between age-friendly cities and community development in a Thai context. *Journal of Community Development Research (Humanities and Social Sciences)*, 15(1), 88-97.

- Keyes, L., & Benavides, A. (2017). Local government adoption of age friendly policies: An integrated model of responsiveness, multi-level governance and public entrepreneurship theories. *Public Administration Quarterly*, 41(1) 149-185.
- Kraft, M. E., & Furlong, S. R. (2018). *Public policy: Politics, analysis, and alternatives* (6th eds.). United States, WA: CQ Press.
- Lasswell, H. D., & Kaplan, A. (1970). *Power and society*. NH, United States: Yale University Press.
- Mazmanian, D. A., & Sabatier, P. A. (1989). *Implementation and public policy*. MD, United States: University Press of American.
- National Legislative Assembly. (2017). *Synthesis of elderly care in Thailand: Problems and suggestions*. Bangkok, Thailand: Committee on Social Affairs, Children, Youth, Women, Elderly Persons, Persons with Disabilities and the Underprivileged, The Secretariat of the Senate.
- National Research Council of Thailand. (2020). *National Research Council of Thailand and Mahidol University disclosing the results of the study of elderly people are at risk best from covid-19*. Retrieved from <https://www.nrct.go.th/news>.
- Patrawiwat, K., Charuchinda, A., Numkanisorn, P., Suvarnasara, C., & Peltzer, K. (2022). Guidelines for developing quality of life for the elderly: A community-based approach. *Humanities, Arts and Social Sciences Studies*, 22(2), 336-347.
- Peter, K., Larrue, C., Varone, F., & Hill, M. (2011). *Public policy analysis*. Bristol, England: The Policy Press, University of Bristol.
- Phayukhiree, S. (2006). *Enforcement problems of the Act on the Elderly, B.E. 2546 (2003 A.D.)*. Bangkok, Thailand: Ramkhamhaeng University.
- Sujinkalayanatham, P. (2016). *Hua Ngom Senior School. Under the support of the Office of Community Health and the Center for Research and Development of Community Health Systems, Faculty of Nursing, Khon Kaen University*. Bangkok, Thailand: Thai Health Promotion Foundation.
- Powintara, N. (2018). *Public policy, strategic planning, and strategic management* (1st ed.). Graduate School of Public Administration, National Institute of Development Administration. Nonthaburi, Thailand: Ratanatrai Press.
- Radhakrishnan, S. (2017). *Public policy: A Contemporary perspective* (1st ed.). New Delhi, India: SAGE Publications.
- Saetren, H. (2014). Implementing the third generation research paradigm in policy implementation research: An empirical assessment. *Public Policy and Administration*, 29(2), 84-105.
- Scharlach, A. (2012). Creating aging-friendly communities in the United States. *Ageing international*, 37, 25-38.
- Sidney, M. S., Fischer, F., & Miller, G. J. (2007). *Handbook of public policy analysis theory, politics, and methods* (1st ed.). NY, United States: CRC Press.
- Sokdun, P. (2014). Evaluation of the elderly welfare program of the administrative organization. *ARU Research Journal*, 1(1), 23-29.
- Sombat, L., Sakdaporn, T., & Wongweeraprasert, Y. (2012). *A Research report on participatory monitoring and evaluation in the elderly work prototype area*. Thai Health Promotion Foundation and the Foundation of Thai Gerontology Research and Development Institute. Bangkok, Thailand: Jprint 20.
- Suwannarada, W. (2016). *Aging society: Moving into an aging society with knowledge and wisdom* (1st ed.). Bangkok, Thailand: Printmaking.
- Tak, Y. R., Woo, H. Y., Han Yi, L., & Kim, A. R. (2019). Useful lessons for the provision of services in long-term care facilities in South Korea: Operators' experiences illuminate the

- phenomenon of working with the elderly in the field. *International Journal of Qualitative Studies on Health and Well-being*, 14(1),1-12.
- Thailand Development Research Institute. (2016). TDRI Report on Reshaping the Role of the Public Sector in Public Service: Decentralizing Local Decision-making, 118.
- The Act on the Elderly, B.E. 2546. (2003). *The Gazette*. 120: Chapter 130a, 1-8. Retrieved from <https://ratchakitcha.soc.go.th/documents/135212.pdf>.
- Van Meter, D. S., & Van Horn, C. E. (1975). The policy implementation process: A conceptual framework. *Administration and Society*, 6(4), 447-448.
- Yavaphat, S., & Wangmahaphon, P. (2012). *Public policy at local level in Thailand* (1st ed.). Bangkok, Thailand: Gold Point.