# STRENGTHENING COMMUNITY VOLUNTEERS IN CARING FOR PEOPLE WITH DISABILITIES

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## Abstract

**The number of Thai people with disabilities is increasing. Community volunteers from the public sector play an important role in the provision of care for these people. This research report is a critical ethnography conducted in a community in the north of Thailand, and involved 119 key informants and 18 general informants who were purposively selected. It forms part of a thesis studying the community care system for people with disabilities. Data were collected by observations, in-depth interviews, and focus group discussions, and were analyzed by content analysis. Results showed that the strengthening process of community volunteers involved 5 approaches: 1) establishment and development of the potential of community volunteers, 2) establishment of co-operation with public and partnership networks, 3) analysis and use of data to plan care for people with disabilities, 4) adaptation of health care services according to the situations of people with disabilities in the area, and 5) development of public policy, plans, provisions, and funds at the local level. It is anticipated that this research can be used as guidelines for the development of volunteers to manage people with disabilities in the community.**

**Keywords: Ethnography, people with disabilities, volunteers, caring, strengthening community**

## Introduction

Approximately 15% of the world's population has a disability (World Health Organization (WHO), 2011, 2013). According to a 2013 survey, there were approximately 1.9 million people with disabilities in Thailand, accounting for 2.9% of the total population (Board of Empowerment of Person with Disabilities, 2013). Social factors determining the health of people with disabilities included the possession of chronic illnesses, restrictions on movements, and complications that resulted from disabilities, such as pressure ulcers, joint stiffness, and/or

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infected lungs (WHO, 2013). A study of community care systems for people with disabilities found that there were many social factors that determined the health of people with disabilities, such as poverty, lack of caregivers, and health problems, such as stress (United Nations, 2011; WHO, 2011, 2013; Vattanaamorn, 2011). People with disabilities may be able to help themselves or may require care; some may live with family and others may live alone; some may have accommodation while some may lack a base in the community. The persons who play an important role in caring for people with disabilities in the community are volunteers, such as village health volunteers, volunteers from Social Development and Human Security, animal care volunteers, and young and elderly volunteers. In Thai community contexts, operations and activities of volunteers are supported by health promoting hospitals, local administrative organizations, and other community groups (Nuntaboot, 2016).

Research by the United Nations (2011) and Vattanaamorn (2011) identified problems and difficulties in the care of people with disabilities, such as obstacles in accessing government services or benefits, health problems, poverty, debt, lack of work and knowledge of rights and laws, effects of disability on daily life, isolation within society, and sexual harassment.

Government agencies and the private sector have developed groups of volunteers to provide care for people with disabilities, such as social development volunteers. Literature focusing on strengthening the system of community volunteers found that community volunteers were continuously involved in the provision of care for people with disabilities but there was a lack of analysis and synthesis processes to strengthen these volunteers (Schwarz *et al*., 2014; Promjan *et al.*, 2015; Udomvonget *et al*., 2012; Phinyo and Nuntaboot, 2014; Rantakokko *et al.*, 2015; Abass , 2015; Baggerman *et al*., 2015; Nuntaboot, 2016; Pearl *et al*., 2011). Seven approaches to strengthening community volunteers were identified. These were: 1) promotion of learning, 2) encouragement of people at all levels, 3) encouragement of self-management, 4) promotion of participation, 5) raising of funds and resources, 6) making agreements, and 7) management of co-operation among organizations. There are limited studies on specific issues of community volunteers and care for people with disabilities in Thailand. The researchers recognized the need for a study on the strengthening of community volunteers providing care for people with disabilities that was consistent with the social and cultural contexts of the community.

This study took place in a community in the north of Thailand in which a wide range of disabilities was represented and the number was increasing due to a growing elderly population. The people in the community had a culture of volunteering that had been passed down from generation to generation and supported care provided by the government sector. This study was part of research entitled The Community Care System for People with Disabilities and examined the strengthening of community volunteers in the care of this group and adopted a critical ethnographic approach in which the researchers engaged in the cultural reality of the community (Streubert and Carpenter, 2011). The study examined the government care systems' attempts to meet the problems and needs of people. Also, it presented new alternatives that demonstrated the community's potential to manage the care of people with disabilities via a system of community volunteers.

The results of the research present the process of the strengthening of community volunteers in caring for people with disabilities.

## Materials and Methods

### Study Design

A critical ethnographic approach was employed to explore the strengthening of community volunteers in the provision of care for people with disabilities based on the social-cultural context of a community in the north of Thailand (Morse and Field, 1995; Streubert and Carpenter, 2011;). This approach was used to understand the cultural context of caring for people with disabilities in the community.

## Sample and Setting

Critical ethnographic research was used to understand the true picture of people with disabilities and their caregivers relevant to the social and cultural contexts of the community. The informants were divided into 2 groups, key informants and general informants. There were 119 key informants selected by purposive sampling, and these were divided into 3 groups: 1) People with disabilities (35 in number); the researcher chose these informants from the disabled database of the Social Welfare department. A nurse and community volunteers selected persons with disabilities who were able to provide information to the researchers; 2) Family caregivers (29 in number); the caregivers were parents or persons employed to take care of the disabled. These informants were interviewed in the cases of people with disabilities who were unable to communicate; 3) Persons involved in the management of people with disabilities (55 in number);.information related to these people was accessed from the Sub-district Administrative Organization's survey of social capital, and included individuals, groups, community organizations, sub-district development volunteers, the disabled rehabilitation center, and the elderly school. This group of general informants contained 18 persons, and included persons that the key informants referred to and were able to contact, such as foundations and special education schools.

The researchers selected a sub-district in Chiang Mai province in the north of Thailand which had been participating in the sub-district health project with the Thai Health Promotion Foundation. The Healthy Community Strengthening Section, which had established the Center for Community Health and Development at the Faculty of Nursing, Khon Kaen University, was the academic advisor of the study. The area had been used to collect social capital data and had been found to be rich in social capital related to caring for the disabled and was recognized as a source of learning for visits by community volunteer groups, community hospitals, the Youth and Children Council, a ramwong dance group, and as a creative space for people with disabilities to participate in community activities.

## Ethical Considerations

This study was approved by the Office of The Ethics Committee in Human Research, Khon Kaen University. The researchers recognized the ethical principles in human research in 3 areas: 1) Respect for a person concerning the dignity and human rights of the informants. In the research information collecting process, the researchers introduced themselves by presenting the research objectives of the study, and asking for consent. In the case of a child under the age of 18 or an incompetent person, the consent of a parent or legal guardian was required. 2) Rights and benefits; the researchers defined the list of the informants and co-ordinated the informants in advance. Places and times were set at the convenience of the informants. The researchers did not collect data while the informants were involved in work for which they needed concentration or privacy. Accordingly, the researchers waited until the informants were ready to provide information. The researchers described the benefits gained from the research regarding the acquisition of knowledge for the development of a policy proposal for management of the disabled. Afterwards, the researchers provided information about confidentiality and prevention of access to information and disclosure of personal information. 3) Justice; the researchers informed the informants prior to collection of data that they would remain anonymous and there would be no discrimination against those of different social and economic backgrounds.

## Trustworthiness

The researchers created in-depth interview questions in line with the research objectives. Moreover, the researchers analyzed the data when they were collecting the data in the field. Questions were revised after each data collection to cover general and specific objectives. The data were analyzed and checked for the research specific objectives in each sub-topic. When there were no new data to be collected, the researchers ended the field work. Four criteria for credibility of the research were focused on credibility, dependability, transferability, and conformability (Guba and Lincoln, 1989). The researchers' prolonged involvement in the area promoted credibility; reflexivity was used during the data collection and analysis with the key informants, and debriefing was conducted with the advisor. Regarding dependability, the research process was based on the research objectives and participants were selected who had experience in the provision of care to people with disabilities. In the area of transferability, the context of the study was described so that it could be replicated in areas with a similar context. To ensure conformability, the results of the study were checked with the research objectives and a triangulation technique was employed to verify the quality of the data by the collection of data at different times, and from different places and persons. Method triangulation (Morse and Field, 1995) was also used to collect data by different means, including participant observations, in-depth interviews, focus group discussions, field notes, and documentary study.

## Data Collection

The study was carried out from March 2015 to June 2016. It was divided into 3 stages: 1) Study of the context: The researchers visited the area of the study to introduce themselves, inform the community of the objectives of the study, build relationships, study documents, hold discussions with community leaders, make a social capital map of each village from acquired data, and produce a map of facilities for people with disabilities in the sub-district for the informants. 2) Study of the care situation of people with disabilities in the community: Access was provided by public health academics who acted as gatekeepers. Data collection involved a variety of methods, including observations, in-depth interviews, focus group discussions, field notes, and documentary study. The researchers participated in the observation process and worked with the observed group until the task was finished. The observation was conducted for observing the community volunteers' health care service for the disabled in the rehabilitation center for the disabled and the elderly, such as walking training, exercising, etc. In-depth interviews were designed to last between 30 and 45 min. Care management personnel were asked 9 questions by the researchers, starting with a general question, such as "What is the lifestyle of most people in the district each day?" This was followed by another general question, such as "What are the problems and needs of people with disabilities?" Then followed a specific question, "What are the characteristics of people with disabilities?" There were 5 people, health volunteers and leaders of the Youth Council, in the focus group, and discussions lasted between 45 and 60 min per time. In the field notes, the researchers summarized issues and recorded housing conditions, behaviors while answering questions, and events that occurred during the conversations. Documentary study was used to collect information from a database of people with disabilities in the sub-district and the sub-district plan. 3) Synthesis of policy proposals and factors to guide the development of community care for people with disabilities: The researchers organized a brainstorming stage in which the results were presented and the member checking method was introduced to allow informants to verify information. A draft of the recommendations was offered to the community to complete the policy proposals. This stage involved 28 participants and took 3 h.

The researchers went through a process of self- reflection and self-examination to consider existing beliefs (bracketing) to interpret information without bias. They organized the data from multiple sources and collected in several ways, interpreted and reviewed the data repeatedly, and then consulted with the advisor for debriefing.

## Data Analysis

The researchers used ethnographic data analysis throughout the study, focusing on information to identify and develop a pattern of the community. This analysis aimed to strengthen community volunteers in the care of the disabled. For this reason, the researchers aimed to improve the cultural image of social groups in the community, including the views of community members and interpretations of group behavior. The researchers used content analysis by gathering information from interviews, group discussions, observations, and documentary study to organize categories of words and text, and summarizing themes and sub-themes. In addition, organized data were analyzed by timeline analysis to show the developmental lines of a community-based disability care system (Polit and Beck, 2004). The researchers also used matrix analysis to analyze the relationship of the people with disabilities and the community, and the operation and activities of community volunteers, including community strengthening processes (Morse and Field, 1995) (Table 1).

## Results and Discussion

### Results

This study was a critical ethnography conducted to understand a community's care system for people with disabilities. It focused on the empowerment of community volunteers to care for the disabled. Data were collected from informants in the community. The results found that the studied community had a culture of caring for the disabled, and the volunteers were the main driving force of the disabled caring process. Strengthening volunteers in caring for people with disabilities in the community was a social context, and the community and the disabled supported each other. It demonstrated the potential of the community to manage itself. According to Table 2, the results found that there were 137 informants, 119 key informants and 18 general informants, and the characteristics of the

**Table 1. Sample of the data analysis with matrix**

| Definitions and lifestyles of people with disabilities in the community | Operations and activities of community volunteers in caring for people with disabilities | Strengthening process of community volunteers in caring for people with disabilities |
|---|---|---|
| 1. Different lifestyles of disadvantaged people<br>- No caregivers<br>- Uneducated<br>- Having psychological symptoms<br>- Need to live in temples<br>- Poor | - Surveying social capital in the area by using RECAP<br>- Organizing a community forum to obtain opinions on the quality of life of people with disabilities<br>- Meeting with partnership networks to design care<br>- Developing policy, plan, provisions and health statute<br>- Raising funds and resources<br>- Opening space for people with disabilities to participate in the community's activities | - Establishing and developing the potential of community volunteers<br>- Developing public policy, plans, establishing cooperation with the public and partnership networks<br>- Analyzing and using the data to plan the care for people with disabilities<br>- Provisions and funds at the local level |

informants are presented in Table 2. Then, the data were analyzed and synthesized; Table 3 presents the strengthening of community volunteers in caring for people with disabilities.

The potential community support for volunteers caring for people with disabilities included social capital involving: 1) at the individual level, administrators of the Sub-district Administrative Organization, village headmen, sub- district developers, registered nurses, public health academics, and community leaders; 2) community organizations, such as the elderly volunteers and children and youth volunteers, temples, schools, and health promoting hospitals; 3) organizations and networks, and 4) the resources of the community such as using a cemetery in the area to do fire drills, using a pool of a private organization to teach children to swim, and using temples as rehabilitation centers for both people with disabilities and the elderly.

The process of strengthening community volunteers in caring for people with disabilities consisted of 5 ways: A) establishment and development of the potential of community volunteers, B) establishment of co-operation with public and partnership networks, C) analysis and use of data to plan the care of people with disabilities, D) adaptation of

**Table 2. Characteristics of 137 key informants**

| Informants | Total | Gender | Age range |
|---|---|---|---|
| **Key informants (n = 119 persons)** | | | |
| 1. People with disabilities | 35 persons | Male: 20 persons<br>Female: 15 persons | 14-83 years |
| 2. Caregivers in the family | 29 persons | Male: 3 persons<br>Female: 26 persons | 40-88 years |
| 3. Persons related to management of people with disabilities | | | |
| - Community leaders | 11 persons | Male: 3 persons<br>Female: 8 persons | 35-56 years |
| - Health service unit | 6 persons | Male: 1 person<br>Female: 5 persons | 26-51 years |
| - Community organizations having direct effect on people with disabilities | 38 persons | Male: 6 persons,<br>Female: 32 persons | 26-51 years |
| **General informants (n = 18 persons)** | | | |
| 1. Community organizations having indirect effect on people with disabilities | 9 persons | Male: 1 person<br>Female: 8 persons | 12-73 years |
| 2. Networks co-operating in the area | 5 persons | Male: 2 persons<br>Female: 3 persons | 40-55 years |
| 3. Networks outside the area | 4 persons | Male: 2 persons<br>Female: 2 persons | 54-80 years |
| **Total: 137 persons** | **Male: 38 persons Female: 99 persons<br>Age range: 12-88 years** | | |

**Table 3. Strengthening community volunteers in caring for people with disabilities: Themes and sub-themes**

| Theme | Sub-themes |
|---|---|
| The process of strengthening community volunteers in caring for people with disabilities | - Establishing and developing the potential of community volunteers<br>- Establishing co-operation with public and partnership networks<br>- Analyzing and using the data to plan the care of people with disabilities<br>- Adapting health care services according to the situations of people with disabilities in the area<br>- Developing public policy, plans, provisions, and funds at the local level. |

health care services according to the situations of people with disabilities in the area, and E) development of public policy, plans, provisions, and funds at the local level.

**A. Establishment and development of the potential of community volunteers:** The study area organized operations and activities such as the Ethnographic Community Assessment Process: RECAP (Nuntaboot *et al.*, 2013) which was conducted by the community researchers, including a health promoting hospital, community organizations, and community volunteers who had been trained in the area of community researchers' skills by the Thai Health Promotion Foundation, Healthy Community Strengthening Section. The research was conducted by the local community to find the community's potential and the social capital of the community to develop operations that had impacts on the care of the people with disabilities.

*"When the sub-district health project of Thai Health Promotion Foundation was the base of learning for the rehabilitation center, the Rajanagarindra Institute of Child Development was started for taking care. At first, it focused on the young children in the Children Development Center. After the guidelines of the Children Development Center had been completed, the guidelines for the care of people with disabilities were managed and supported by Peoples Hope Japan and the budgets from the provision approved by the council. There were 2 budgets: the budget from the provisions approved by the council and then 60 local communities broadcasting their lessons. People can learn about the care of people with disabilities and how to establish a center for people with disabilities"*, (55-year-old female: IDHVLT 003).

**B. Establishment of co-operation with public and partnership networks:** Operations and activities were conducted and volunteers from health service units in the area co-operated with networks. For example, community volunteers presented the problems of people with disabilities from the survey on the 'Kuang Gum Geun Stage', a place or space for people in the community to listen to the problems and needs of the disabled. Appropriate care for people with disabilities was then designed. Co-operation with partnership networks was also created. For example, there was a space for learning about the care for people with disabilities, organizing network meetings to design and raise funds and resources from networks both in and outside the area, such as asking for help from the army in the area, the Foundation for Orthotics from the Yadfon Foundation, and speakers from academic institutions, and studying patterns of care for children with disabilities in the community with the Rajanagarindra Institute of Child Development.

*" Building toilets for people with disabilities and handrails for the elderly at temples is the way to provide access for people of all ages. Everyone can go to the temples. It appears that the authorities are responding to this very well and the organizations in the private sector also accept people with disabilities to work with them like helping to cook or prepare food. We give them a certificate, as we appreciate their courtesy to help people with disabilities to earn income, do activities, and honor them as valuable people and not ignore them"*, (55-year-old female: IDPEL 001).

**C. Analysis and use of data to plan the care for people with disabilities:** Volunteers from community health service units surveyed and prepared data and profiles of people with disabilities. The information was collected using surveys of individuals, families, groups, and community levels, and then it was recorded in the Thailand Community Network Appraisal Program: TCNAP (Nuntaboot, 2012) developed by the Healthy Community Strengthening Section. The information was analyzed and used to design services such as health care services in rehabilitation centers for people with disabilities and the elderly, home health services for people with disabilities, and long-term care systems for the aging society of the area.

*"We do not do home visits every day, but every quarter. In one year, we will do home visits 2 or 3 times. Each time we have to go to every village and meet all the people with disabilities. We plan every time we go and we have the information of people with disabilities on hand at all times"*, (55-year-old female: IDHVLT 003).

**D. Adaptation of health care services according to the situations of people with disabilities in the area:** Health service units and volunteers adjusted the health services according to the situations of people with disabilities, including general cases, emergency cases, and disasters. This adaptation was to aid the prevention of disabilities, treatment, and rehabilitation of people with disabilities.

*" If the people with disabilities have psychiatric symptoms, they will be comforted by village health volunteers and the volunteers will cooperate with community hospital officers in order to transfer the people with disabilities who have psychiatric symptoms to Suanprung Hospital"*, (56-year-old female: IDHVLT 005).

**E. Development of public policy, plans, provisions, and funds at the local level:** Community volunteers surveyed data and prepared profiles of people with disabilities. Community volunteers also presented information in the brainstorming forum with people with disabilities, community leaders, and community organizations. These people participated in the forum to learn the problems and the needs leading to the determination of local ordinances to improve the life of people with disabilities and establish funds to support careers for people with disabilities.

*"The work that we did to take care of people with disabilities was entered in the national contest of the Ministry of Social Development, and we won the award of Best Local Administrative Organization in providing care for people with disabilities. The award was 100,000. We had meetings to brainstorm with all the parties, including administrators, volunteer groups, community leaders and people with disabilities. People with disabilities can borrow 5000 baht from the fund to start their career and they have to pay back 500 baht per month with the interest of less than 1 baht. So, they have to pay back around 500 baht with 10 baht of interest"*, (55-year-old female: IDHVLT 003).

## Discussion

The findings about strengthening the community volunteers in the care of the disabled are presented according to 5 issues:

### Establishment and development of the potential of community volunteers

From the findings, it was evident that the community strengthened the capacity of community volunteers to take care of people with disabilities in various ways. These included community participation with the Thai Health Promotion Foundation in developing volunteers' empowerment as researchers, enabling them to understand the potential of the community and the problems and needs of caring for the disabled. The volunteers developed their care of people with disabilities following the concept of social capital (Field, 2008). This is regarded as a guideline for the development of community systems that focus on human capital by explaining the principles of development to group integration and networking. This study focused on the development of community volunteers in the care of the disabled.

### Establishment of co-operation with public and partnership networks

Based on the findings, it is evident that the community promoted co-operation with people in the area by bringing information that the community volunteers had collected about the problems and needs of people with disabilities. The information was presented in the forum to brainstorm public opinion to design care for the disabled. There was a collaboration with external networks that correlated with the concept of participation, dividing the level of public participation into 8 levels (Arnstein, 1969). The operation of community volunteers in the care of the disabled in the study area showed the highest level of involvement in citizen control, as the studied area developed a plan and project resulting from the presentation of data and jointly for the determination of the direction of the solution. In addition, the studied area also collaborated with various networks, including opening the community for study visits for local administrative organizations, encouraging community volunteers at the sub-district level, and fund-raising and resourcing from inside and outside the area. Importantly, community volunteers established a link between the community and external networks (linking social capital) (Field, 2008). The creation of a network of community volunteers in the studied area resulted in the development of potential and expansion of community volunteer groups to take continuous care of the disabled.

### Analysis and use of data to plan the care of people with disabilities

The findings showed that the community volunteers recorded the information about the people with disabilities who were treated at the Centers for Rehabilitation and Physical Development for the Disabled and the Elderly. Portfolio filing was completed by village health volunteers. Then, the data obtained from the sub-district database system was used to design a long-term care system for the elderly to prevent disability in accordance with the concept of engagement creation (Rabibadhana, 1994). This concept consisted of 5 steps: 1) participation in the search and prioritization of problems; 2) participation in the analysis of the source of the problems; 3) participation in the selection of methods and planning for problem-solving; 4) participation in the implementation of the plan; and 5) participation in the evaluation. It was evident that the community volunteers had focused on the development of database systems. The information was used as a tool to create participatory planning for the community's care of the disabled.

### Adaptation of health care services according to the situations of people with disabilities in the area

The findings indicated that the local health unit designed care for people with disabilities in the community by volunteer groups. They adjusted the health system, such as the prevention of disability project, emergency care service provision, and disaster preparedness and planning in line with the guidelines of the World Health Organization (1986), as proposed in the Ottawa Charter on the adaptation of health services. It declared that to promote health in health care service was a shared responsibility of collaboration at the individual level, and by community groups, multi-health care disciplinary groups, health care units, and government. This study found that community volunteers in caring for people with disabilities were the main mechanisms for the adaptation of community health services with health service units.

**Development of public policy, plans, provisions, and funds at the local level**

The findings showed that community volunteers provided information about people with disabilities in the forum for relevant caregivers to set care plans and policies for people with disabilities, in accordance with the concept of public policy development process (World Health Organization, 1996). This consisted of 4 stages: 1) policy agenda setting; 2) policy formulation; 3) policy implementation; and 4) policy evaluation. In the first stage, the role of community volunteers was as data collectors with a local administration and/or health unit. In the second stage, community volunteers joined with organizations involved in the care of the disabled. They organized a forum to present information, problems, and care needs. The provision of space for the disabled was criticized by the Local Administration Organization to promote and develop the quality of life of people with disabilities, health rules development, regulations, and rules at the village level. In the third stage, the community volunteers were leaders in fund management for the disabled's rights of access to the fund. Also, the volunteers worked together with the community to develop a district plan that covered health and social welfare for people with disabilities. In the last stage, the volunteers participated in the policy's evaluation at the community forum.

## Conclusions

This examination of the strengthening process of the community volunteers in the provision of care for people with disabilities indicated 5 approaches: 1) establishment and development of the potential of community volunteers, 2) establishment of co-operation with public and partnership networks, 3) analysis and use of data to plan the care of people with disabilities, 4) adaptation of health care services according to the situations of people with disabilities in the area, and 5) development of public policy, plans, provisions, and funds at the local level. These approaches led to a solid care system. Community volunteers were able to provide care for people with disabilities based on firm foundations, such as the creation of a database, the establishment of the Quality of Life Development Fund, and the development of the potential of community volunteers. The resultant community care system helped to improve the quality of life of people with disabilities in their community.

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