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The Elderly Welfare Management of Local Administrative Government Organizations In Thailand

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Peer Review Information	Abstract
<p><i>Submission: 21 Jan 2025</i> <i>Revision: 20 Feb 2025</i> <i>Acceptance: 15 March 2025</i></p> <p>Keywords</p> <p><i>Elderly</i> <i>Welfare Management</i> <i>Local Government Organizations</i></p>	<p>This article examines the welfare management practices of Local Government Organizations in Thailand. The findings indicate that effective social welfare for the elderly encompasses four key aspects: 1) Health: The elderly should receive comprehensive physical health care, which includes proper nutrition, exercise, and mental well-being. They should also enjoy a nurturing family environment, receive attention from their grandchildren, and engage in recreational activities for enjoyment and relaxation. 2) Housing: Adequate housing for the elderly must provide a clean and safe living environment. 3) Work and Income: Initiatives should be taken to encourage the elderly to spend their leisure time productively, support their career development, and help them earn enough income to sustain their living. 4) Social Security: The elderly should reside in environments that are free from pollution and are secure. Therefore, Local Government Organizations should promote comprehensive social welfare programs for the elderly that address physical, mental, family, social, and environmental needs.</p>

Introduction

Elderly individuals play a significant role in society, from small families to larger communities on both national and global scales. They possess valuable experience and can contribute in various ways when supported and encouraged. With the right assistance, elderly people have the potential to lead fulfilling lives and become essential members of their communities (Chusak Tanwonglert, 2014, p. 12).

The decentralization of local government organizations provides opportunities for citizens to participate in managing local budgets. In the

past, the needs of municipalities often exceeded their allocated budgets. Guidelines for transferring state responsibilities to localities have been established, encompassing 18 general principles across six areas: infrastructure, quality of life promotion, community organization, maintaining peace and order, environmental planning, and the preservation of art, culture, customs, and local wisdom (Somphon Nawaka, 2012, p. 1).

Additionally, the government has prioritized the elderly by enacting laws that empower local government organizations to develop public service systems for their communities. This

includes assigning responsibility for social welfare and improving the quality of life for elderly individuals to local government bodies. The constitution guarantees the rights of seniors, stating that individuals over 60 years of age with insufficient income have the right to access welfare facilities and assistance (Nantana Yusabai, 2014, p. 2). Social welfare serves as an essential service system designed to assist various segments of the population, addressing critical domains such as health care, recreational/community engagement, income stability, residential safety, and holistic life support through financial aid, care items, and services. Effective social welfare provision necessitates a collaborative approach between the public sector and private/social entities to establish guidelines that prioritize public benefit, responsiveness to community needs, and adherence to principles of equality, continuity, and transparency in service delivery. Recognizing the distinct needs of the elderly demographic, it is imperative to ensure their access to social welfare services, paralleling the resources available to other age groups. Local government organizations are tasked with implementing social welfare initiatives tailored for the elderly, encompassing several key components:

1. Medical and Public Health Support**: Utilizing allocations from the Health Insurance Fund, local governments can promote health management and wellness among the elderly, ensuring access to necessary medical services.

2. Educational Opportunities: Establishing educational programs specifically designed for seniors fosters lifelong learning and enhances quality of life.

3. Vocational Support: Implementing vocational training initiatives for the elderly addresses unemployment issues, encourages productive use of leisure time, and aids in stress reduction.

4. Financial Assistance: Providing living allowances to community-dwelling seniors facing economic hardships addresses issues related to insufficient income for basic sustenance.

The author has identified a pressing need for tailored social welfare services for the elderly within local government frameworks. In response, they have conducted research to uncover effective methodologies for addressing the social welfare challenges faced by this population. The objective of this inquiry is to refine management guidelines that align with the elderly's needs, which will, in turn, influence the development of robust social welfare policies and long-term strategies. Such

initiatives are anticipated to significantly enhance the quality of life for older individuals, affirming their status as valuable contributors to society. The term "elderly" designates individuals who are at an advanced stage of life, typically characterized by age-related physiological and cognitive changes. The precise age threshold for this classification varies among different cultures and socio-economic contexts, but generally encompasses individuals aged 60 years and older.

In Thailand, the elderly population is conventionally defined as those between 60 and 65 years of age. In contrast, many developed nations adopt a broader classification, encompassing all individuals aged 60 and above. This demographic is noteworthy for its increased prevalence in developed countries when compared to developing regions. According to the World Health Organization, the elderly demographic encompasses individuals who hit the age of 60. This definition may integrate considerations such as retirement status or societal and cultural factors that influence the perception of aging. As individuals transition into this demographic, they encounter a variety of age-related changes, including but not limited to: diminished sensory acuity (such as vision and hearing), reduced mobility, a decline in cognitive processing speed, lower libido, dental attrition, dermal wrinkling, and alterations in hair pigmentation, often leading to graying or whitening. Understanding these changes is crucial for the development of appropriate health strategies and social support systems for the aging population.

The Role Of The Elderly In Society

The elderly hold a vital position within societal frameworks, significantly contributing to domains such as education, religion, culture, traditions, and leadership. Sinthorn Khammean (2007) articulates that a "role" denotes the relationship between individuals and the expected behaviors emerging from their interactions with others (p. 7). Boonta Lailert (2007) further posits that a role encompasses the performance of specific rights and obligations tied to particular social positions, which necessitates adherence to established responsibilities and societal standards. For instance, the role of an educational administrator inherently involves exhibiting behaviors aligned with the functions of the educational institution. Therefore, the elderly's contributions are indispensable, as their collective activities and initiatives can significantly foster cooperation within and among communities.

As individuals age into their sixties and beyond, they undergo various physical and cognitive transformations. These changes manifest visibly, such as the development of wrinkles, graying hair, periodontal bags, and general bodily atrophy. Cognitively, the elderly may experience diminished memory recall, increased forgetfulness, and tendencies towards self-centeredness. Functionally, various bodily systems may exhibit decreased efficiency, leading to physiological decline. Notably, sensory decline often presents as an early indicator of aging, with changes such as arterial wall hardening in the ears, reduced vocal efficacy due to laryngeal cartilage degeneration, and deterioration of oral health, including gum recession and tooth decay. Muscular atrophy and bone density loss are common, illustrating the broader implications of aging on physical health. Thidarat Mingsamorn (2018) provides a comprehensive perspective on these age-related changes, emphasizing the gradual decline in bodily systems.

In addition, Prasert Asantachai (2009) highlights notable alterations within the musculoskeletal system of the elderly. Specifically, there is a reduction in muscle fiber size and enzyme activity, coupled with decreased glycogen and protein storage within muscle tissues. This biochemical shift can disrupt nitrogen balance, leading to muscle tremors attributable to the deterioration of the extra-pyramidal system. Tendon stiffness can impair reflexive responses, and muscular rigidity may increase. Furthermore, the longitudinal inactivity often experienced by the elderly predisposes individuals to muscle atrophy, exacerbating these challenges.

In summary, individuals aged 60 and older contend with various physical and psychological changes. Physically, indicators such as dermal aging, gray hair, tremors, and diminished muscle mass can contribute to balance deficits. Psychologically, feelings of disappointment, a heightened need for familial attention, and an increased desire for social engagement often characterize their experiences.

Elderly Health Conditions

The discourse surrounding elderly health conditions emphasizes that while most older adults maintain a generally healthy status, they frequently contend with chronic diseases. Notably, perceptions of health can vary widely among individuals; some may regard illness as a minor concern, while others perceive it as a significant threat to their well-being. The World Health

Organization's health promotion framework in Thailand underscores a holistic approach that encompasses physical, mental, social, and spiritual dimensions of health. Complete mental health is defined by cognitive agility, emotional resilience, and an appreciation for the beauty in life, characterized by mindfulness, concentration, and wisdom. A crucial aspect of achieving mental health is the mitigation of selfish tendencies, as these hinder the attainment of a fully realized mental state. In terms of social health, an ideal state is characterized by harmonious coexistence, robust family structures, equitable and cohesive communities, as well as a peaceful society supported by functional social services. Spiritual health encapsulates a well-being that arises through virtuous actions and engagement with high-value endeavors, such as altruism and the pursuit of spiritual fulfillment. This state is marked by a profound sense of happiness that transcends personal existence, allowing for emotional liberation, serenity, and a deep-rooted joy.

According to the Foundation of the Elderly Research and Development Institute (2011, p. 25), the Thai elderly population is increasingly affected by chronic conditions, including diabetes, hypertension, and renal failure, all of which may lead to disability and increased mortality risk. Health status perceptions among the elderly are heterogeneous, necessitating the design of initiatives that enhance the elderly's self-efficacy and promote their active participation in various domains. Such engagement is pivotal in fostering social interaction and ultimately enhancing the quality of life for older adults.

Definition Of Social Welfare

Ruchiraporn Sripattayakorn (2012) conceptualized social welfare as a comprehensive management framework designed to alleviate suffering and enhance the overall well-being of stakeholders, including state entities, the private sector, and local governments. This system is structured to facilitate access to quality health care and foster individual contributions to both personal and collective welfare. In a study conducted by Uthumporn Satakurama and colleagues (2013) examining the social welfare needs of the elderly in Bo Pho Subdistrict, Nakhon Thai District, Phitsanulok Province, findings indicated a pronounced demand for social welfare among this demographic. The study highlighted critical areas of need, particularly in employment, with income and labor welfare being paramount.

Specific needs identified among the elderly included:

1. Health: A significant requirement for government-provided facilities offering both physical and mental health counseling.
2. Education: The necessity for educational support across various domains.
3. Housing: A demand for foster care services for elderly individuals who are homeless or living alone.

Concepts Regarding Social Welfare For The Elderly

Prof. Dr. Worawet Suwanrada and colleagues (2015) proposed a structured approach to elderly welfare, categorizing interventions into three age demographics: early age (60-69 years), middle age (70-79 years), and late age (80+ years). The tailoring of welfare provisions to these age groups is crucial. For instance, the early age cohort, still capable of employment, necessitates an emphasis on income security and savings. As individuals transition into the middle age group, marked by physical decline, focus shifts to social engagement and preventive health measures. In the late age category, where dependency often increases, prioritization of health care support is essential. Jinda Thanomrod (2008) observed that the evolution of Thai social welfare has shifted from absolute monarchy to a democratic framework, with contemporary provisions reflecting adherence to established international standards.

The corporate welfare program spans six pivotal domains: economic assistance, health benefits, security measures, safety regulations, educational opportunities, and recreational activities. These benefits are critical for workforce well-being, aligning with both legal mandates and organizational policies. The intent is to enhance operational conditions and promote the physical and mental health of employees. Through these provisions, the organization aims to bolster morale, create organizational stability, and drive productivity, thereby enhancing overall employee quality of life.

In summary, effective social welfare for the elderly encompasses government support mechanisms and services while promoting self-sufficiency and societal integration. It is imperative for government entities to remain attuned to these evolving needs, ensuring ongoing development and integration for all individuals within the community.

Policy Guidelines For The Welfare Of The Elderly In Thailand

The Thai government has historically prioritized economic development in its national strategies, primarily evident in the National Economic and Social Development Plan, which emphasizes economic growth. Recently, there has been a shift towards recognizing the significance of social capital and human-centered development; however, economic and social development remains the focal point. Various initiatives have been launched to enhance employment opportunities in rural regions, stimulate economic growth, and drive industrialization. Efforts to boost export growth and promote tourism are central to these initiatives, aiming to improve employment rates, income levels, and overall quality of life, ultimately contributing to societal well-being. Sasipat Yodphet, as cited in Thitirat Disayothin (2007: 29), identifies key conclusions concerning the elderly as follows:

1. Health Policy: There is a pressing need for the promotion and enhancement of health services, both domestically and internationally, to bolster the physical and mental well-being of the elderly. This encompasses preventive care, health promotion, early diagnosis, treatment, and rehabilitation. It is essential to integrate these components into the public health service system to facilitate the widespread dissemination of primary healthcare knowledge across urban and rural contexts.

2. Educational Policy: Accelerating access to lifelong education, particularly non-formal educational opportunities tailored to the elderly, is critical. Emphasis should be placed on family life education that prepares individuals for life stage transitions.

3. Income and Employment Security Policy: Promoting the Social Security Act is vital for providing financial support to the elderly. This includes advocating for systems that allow the elderly to engage in work commensurate with their abilities and skills, thereby securing an adequate income for their sustenance. Encouraging the elderly to leverage their knowledge and skills benefits not only themselves but also their families and the community, particularly in transferring valuable experiences and expertise.

4. Social and Cultural Policy: There should be a deliberate focus on fostering extended family structures that offer nurturing environments for the elderly. Campaigns should aim to reinforce positive societal values, emphasizing respect and gratitude for the elderly's contributions to their

families and society, especially in knowledge and experience transfer. This includes the preservation and transmission of cultural knowledge, traditions, and moral values.

5. Social Welfare Policy: Promoting the implementation of the Social Security Act to protect the welfare of the elderly across various domains is critical. This includes expanding social services through the establishment of elderly service centers and mobile welfare units. Shelters should only be a last resort for the homeless elderly, and engagement with the private sector should be encouraged to diversify and enhance social welfare services available to the elderly, ensuring comprehensive support.

In summary, the framework for elderly welfare policy includes five core components:

1. Health Policy
2. Educational Policy
3. Income and Employment Security Policy
4. Social and Cultural Policy
5. Social Welfare Policy.

Proactive Services Of The Nhso

A potential strategy to enhance services for the elderly is to establish a "sub-district fund" dedicated to financing health promotion and disease prevention initiatives within local elderly clubs. Legislative frameworks such as the Elderly Act of 2003 and the Second National Plan for the Elderly (2002-2021) have prompted the Ministry of Public Health to create specialized outpatient channels for elderly patients. However, implementing expedited or designated service lanes in nursing homes or departments with high elderly patient volumes presents considerable logistical challenges. The overwhelming number of patients typically restricts these services to a single express lane, and ineffective management can exacerbate waiting times.

The Sub-district Hospital initiative represents a community-driven healthcare model that integrates local stakeholders in managing the sub-district health insurance system. This community health fund operates on the principle of "Care Partnership," which encompasses three components: the local populace, health service providers, and local administrative bodies. This model aligns with the National Health Insurance Act of 2002, notably Sections 13(3), 18(8), 47, and 48(4), which mandate the National Health Security Office to assist non-profit entities in managing localized funding. For instance, the "2 Baht Hospital" in Bung Kla Subdistrict, Lom Sak District, Phetchabun Province, and the Srithan Subdistrict

Hospital in Patio District, Yasothon Province, effectively generate community funding through a nominal charge of 2 baht per individual per month, aggregating to 24 baht annually. In exchange, they receive personnel and financial support from health service facilities, complemented by budgetary backing from the Sub-district Administrative Organization, in compliance with applicable regulations. This funding channel facilitates a wide range of health services, encompassing health promotion, disease prevention, treatment protocols, and referrals, while also bolstering the capacity of local health centers to function as community hospitals. Further, this initiative includes scholarship provisions for local youth pursuing nursing degrees, fostering a sustainable workforce capable of serving at the sub-district hospital. If managed effectively, this model can significantly enhance welfare provision for the elderly in the future (Nareerat Jitmontri and Savitri Thayansin, 2008: 30).

Home care services are tailored to support the elderly population, particularly those with chronic conditions related to advanced age or who require assistance due to varying levels of dependency. These services involve interdisciplinary nursing teams conducting home visits, leveraging clinical acumen, managerial skills, and social competence to address the health requirements of the elderly within the familial context. Home visits are especially advantageous for elderly patients with milder symptoms who may face barriers to accessing traditional healthcare settings, ultimately decreasing their travel expenses. The majority of elderly patients express a preference for at-home medical treatment, which contributes positively to their recovery trajectories. Nurses are integral to empowering both the elderly and their families during these visits, providing crucial health education and uncovering insights into capabilities and resources available within the community. Such evaluations are essential in mobilizing local resources to bolster the community's ability to address health challenges effectively. Moreover, welfare homes for the elderly provide comprehensive housing support, integrating medical care, physical rehabilitation, and activities centered on faith, recreation, and cultural preservation. Presently, there are 21 government-operated welfare facilities catering to approximately 3,000 individuals. The Ministry of Social Development and Human Security has devolved operations of 13 facilities to local

administrative bodies while designating 8 as demonstration centers. Nevertheless, these shelters face significant operational challenges, including a shortage of specialized personnel. Moreover, entry criteria often necessitate that residents demonstrate some independence, countering the intended focus on supporting those in need of assistance. The inadequate staffing levels further compromise the quality of care provided to residents. Prolonged stays in such care environments may lead to social isolation—many residents report feelings of loneliness and a yearning for familial connections, particularly with grandchildren, prompting some to relocate back to their homes. Emotional difficulties, including depressive symptoms among residents, have been substantiated by findings from the Golden Age Project at Chiang Mai Sawang Khaniwat, which has observed that individuals incapable of sustained residence in care facilities often return home to family, clearly illustrating the psychological complexities faced by the elderly in institutionalized settings.

The examination of social security needs for the elderly, particularly within the framework of the Office of the Permanent Secretary, Ministry of Labor, is crucial. A notable insight from the Thailand Development Research Institute (TDRI) in 2006 indicates a predominant preference among the elderly to reside with family members. Hence, any long-term strategic planning for elder care should prioritize the enhancement of mobile welfare service centers while judiciously regulating the establishment of welfare homes. The Elderly Welfare Fund, managed by the Community Organization Development Institute (Public Organization), is allocating 80 million baht across 76 provinces, resulting in an investment of 1 million baht per province. This initiative is grounded in a participatory management model, actively involving elderly individuals in both decision-making and the operational management of their welfare, with oversight from the Provincial Organization Committee (POC) and local development frameworks. A case in point illustrating successful implementation is the "Palm Plantation Project" in Krabi Province. The overarching philosophy guiding these initiatives can be encapsulated in the mantra: "not to share, not to lose, it must reach the hands of the elderly." Research indicates that a significant portion of the elderly population in rural locales experiences financial inadequacy. Furthermore, findings reveal that impoverished elderly individuals encounter diminished opportunities for active participation

in community activities, as highlighted by TDRI in 2006.

In terms of social services and recreational frameworks, the models designed for the elderly have undergone substantial transformation. The Elderly Club serves as a vital social forum for older adults, uniting those with a shared commitment to enhancing their quality of life. The club's focus is on promoting the physical, mental, and social well-being of its members, and operates under the auspices of the Council of Elders and the Ministry of Public Health, with the seniors themselves assuming leadership and operational roles. The integrative approach of the Elderly Club not only empowers its members but also fosters initiatives like the Chiang Mai Elderly Network Alliance Project (Age Net), thereby creating a robust support network. Furthermore, as articulated by Sasipat Yodphet in 2007, a multi-purpose center dedicated to the elderly functions as a central hub for community organizations and senior citizens, facilitating the coordination of services and activities. This center aims to orchestrate a range of health, social, mental, and intellectual initiatives, thereby establishing a comprehensive support system tailored for the elderly population.

The Multi-Purpose Center

(1) A community-based approach to service delivery harnesses the strengths of the local community, fostering self-reliance, participation, and social networks while promoting the capabilities of the elderly. This method prioritizes utilizing the unique features and resources available within the community. (2) The Long-Term Care System for the Elderly offers continuous support, serving as a vital link between family, institutional, and community care, thereby enabling elderly individuals who require assistance to maintain a high quality of life. (3) The provision of holistic services seeks to improve the overall well-being of the elderly by addressing their physical, mental, social, and spiritual needs. Delivering social welfare for the elderly through a variety of support mechanisms embodies a new model informed by the New World Order perspective shared by social welfare thinkers worldwide. This approach acknowledges that the post-globalization era demands adaptations in the social welfare system in response to the increasing diversity of tribes, races, and cultures. Such an emphasis on welfare underlines the intrinsic value of every individual (Welfare for All), grounded in principles of rights, equality, fairness,

participation, and responsiveness to the needs of the community.

Social Welfare For The Elderly

There are four key aspects of social welfare that are particularly beneficial for the elderly:

1. Health: Elderly individuals should receive comprehensive physical health care, which includes access to nutritious food, regular exercise, and psychological support within a nurturing family environment. Additionally, they should enjoy the care of their children and grandchildren, along with opportunities for recreational activities that promote enjoyment and relaxation.
2. Housing: It is essential that elderly individuals have access to hygienic, clean, and safe living conditions.
3. Working and Earning Income: Encouraging the elderly to engage in productive activities during their free time is vital. Providing opportunities for career advancement can help them generate sufficient income to support themselves.
4. Social Stability: Elderly individuals should live in environments that are clean and safe, free from pollution, and have access to a secure society.

Conclusion

It is imperative for both governmental entities and the private sector to prioritize geriatric well-being through the enhancement of physical, mental, and environmental health frameworks. Policy making should focus on the establishment of safeguards that promote both the safety and quality of life for aging populations. Additionally, there is a critical need for educational initiatives directed at families, communities, and the broader societal framework, aimed at addressing the dynamic and evolving needs of elderly individuals. This encompasses the provision of comprehensive care and support systems that facilitate physical health, mental acuity, emotional resilience, and social engagement for older adults.

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