

## Community-Care Approach for Social Work Practice: Learning from Community-Based Healthcare for Elderly in Yogyakarta

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### Abstract

This article aims to demonstrate the application of a community-care approach in the provisioning of elderly social and health care services (hereafter, social-health care) through a case study at Elderly Family Development (*Bina Keluarga Lansia*–BKL) *Mugi Waras* in Summersari Village, Sleman Regency, Special Region of Yogyakarta Province. This institution was chosen as a case study since it represents the best community-based long-term social-health care institution for the elderly in Indonesia. Based on the findings that have been analyzed, it was concluded that there has been shifting of institutional care provision in the community care regime towards more inclusion with mixed welfare features. This may have occurred because BKL was suffering from the lack of resources they have in dealing with the increased needs of the elderly and increased risk. Consequently, even though the influence of external stakeholders in this initiative appears quite strong, such a community-centered care initiative can be continually maintained and resulted in the hybridization model of a care regime. For social worker’s practitioner insight, the paradigm of program implementation in the BKL *Mugi Waras* can be adopted as a community-based social work practice that appears to fit developing countries, where elderly service intervention should be fine-tuned to the elderly residents’ living arrangements.

### Keywords:

Community-care regime; social work; Elderly; Social health care service; Indonesia

### Introduction

During the last decade, previous studies (Priebe & Howell, 2014; Priebe, 2017; Pratono & Maharani, 2018) have demonstrated that Indonesia ranks third among other Asian countries for the fastest growing aging population. To date, nearly 20 million people or 8% of the population of Indonesian citizens have been classified as elderly. Furthermore, by declining in rates of fertility and mortality, followed by the increase of life expectancy in the last decade, the number of elderly in Indonesia is projected to increase to 25% in 2050, which is equivalent to more than 80 million people (Pratono & Maharani, 2018).

Unfortunately, although the trend in the elderly population has rapidly increased, it was not complemented by the adequate quality of life, caused by poverty in the elderly.

Also, the rate of poverty in the elderly in Indonesia is significantly higher than in younger citizens. This statement is reinforced by the result of National Socio-Economic Survey (Pratono & Maharani, 2018) showing that the percentage of poverty in the elderly population (60 years old and older) is up to 12.56% of the national average. Furthermore, elderly poverty continues to increase as people are getting older; above 75 years old is the poorest age group. The elderly poverty rate, above 65 years

old, is higher in the rural areas (17%) than in urban areas (10.5%). The other surprising fact is, “the majority of the elderly is concentrated in the rural areas” (Rammohan & Magnani, 2012, p. 401). This case leads to the demand for a further initiative related to the provision of social services for the elderly, especially for those who live in the rural area. For this reason, community-based social services can encourage social services improvement to be more effective as well as significantly improve the quality of life of beneficiaries. This is mainly because the community which consists of family, relatives, and others can truly understand the condition of the elderly, so that they can be more responsive to the health needs of the elderly around them.

Although pro-elderly policies are increasingly needed, Indonesia and other developing countries having less concern about this issue; this is mainly due to the financial limitation in this area. Besides, policies related to elderly-friendly health facilities have been contained in Law No. 36 of 2009 Article 138 paragraph 2, nevertheless, the implementation is not optimal and has not been in favor of the elderly. This is because the issue of the elderly is not yet seen as a priority (Arifin, Braun, & Hogervorst, 2012; Rammohan & Magnani, 2012). Which means the budget for elderly services has not been fully supported. As a result, the majority of the elderly have not had sufficient access to elderly-friendly health service facilities. Only after 2014, social policies that accommodate the elderly began to be increasingly considered in the national employment insurance scheme and universal health coverage that bears the social risks of the elderly. Nonetheless, this scheme is still limited to the elderly who previously worked in the formal sector.

For this reason, the role of the private sector, civil society, family, and other social networks in society is encouraged to engage more in the activity of caring for the elderly to

reduce their social risks (Gough, 2004; Mok & Hudson, 2014; Croissant, 2004). Furthermore, Indonesia has entered a period of high decline in the dependency ratio because the productive age population (individuals from 18 years old to 60 years old) represents a large part of the entire population with the income partly allocated to care for the elderly and children in their families.

This article aims to demonstrate the application of a community-care regime approach in the provisioning of elderly social-health care services and its change through a case study at Elderly Family Development (*Bina Keluarga Lansia-BKL*) *Mugi Waras* in Summersari Village, Sleman Regency, Special Region of Yogyakarta Province. This institution was chosen as a case study because it represents the best community-based long-term social-health care institution for the elderly in Indonesia. Moreover, this institution has been considered successful in collaborating civil society, families and other social networks engaged in health services for the elderly in rural areas that are considered to be facing critical problems at the poverty level. Meanwhile, this community care regime is employed as a conceptual framework for this research.

Furthermore, the results of this study can be used to develop a role model of elderly welfare improvement in Indonesia and other Asian countries that may experience similar conditions. With respect to this, the rest of this article will be organized as follows: First, building the conceptual rationalization of community-based social services and healthcare arrangements for the elderly. Second, presenting the model and characteristics of care for the elderly in Asia in general, including an explanation of the living arrangements of the elderly in these countries. Third, an overview of the community care regime that will be employed as a theoretical framework for this article. This section will become a broad frame of reference in discussing the services of the

elderly in the context raised in this article. Fourth, the research method used in this article. Fifth, illuminating the shift of community-care regime theory in its application. Sixth, the discussion part focusing on the shifting process of the community-care regime to be more inclusive. Finally, this article concludes that there has been shifting of institutional care provisions in the community care regime towards more inclusive with mixed welfare features. This occurred because BKL was suffering from the lack of resources they have in dealing with the increase of elderly need and increased risk. In the ending part of the conclusion, the authors add social worker's practitioner insight pointing out that what BKL has done can be extrapolated to a social service model for developing countries.

### **The Importance of Community-Centered Provision for Elderly Healthcare Services**

There have been social changes in the family structure to the nuclear family, which previously centered on the extended family which has indirectly resulted in the neglect of the elderly (Arifin, Braun, & Hogervorst, 2012), while the increasing number of elderly has caused plenty of demographic problems, especially in terms of their health and welfare. Elderly people's diseases are different from other categories. In the elderly, the disease is multi-organ, degenerative, interrelated, usually chronic, tends to cause prolonged pain until their death, often with polypharmacy and iatrogenesis, and usually also contains psychological and social components (Stieglitz, 1954). Also, elderly people are more sensitive to acute illness (Brocklehurst & Allen, 1987).

Moreover, the elderly will also face various changes in their lives, both physically, psychologically, socially, and economically. Therefore, it is assumed that the health services model for the elderly is different from the others. Thus, that highly specialized knowledge and skills are needed in identifying what forms of

health and social services are suitable for the elderly in order to overcome their problems. For this reason, extraordinary readiness from the family and surrounding communities is needed in the health care process. Therefore the demand for services for the elderly based on the community is vital to be able to serve and maintain the elderly and improve the level of health and quality of life of the elderly, starting from promotive, preventive, curative, to rehabilitative.

In addition, the most important thing from health services is to provide awareness to each individual (elderly) to maintain health and prepare for old age as well and as early as possible. Some forms of family services provided to the elderly include: *First*, meeting physical needs, such as providing adequate housing, providing food and clothing, and maintaining health. *Second*, the fulfillment of psychological needs, such as offering peace, affection, pleasure, and the opportunity to do the desired activity. *Third*, the fulfillment of social needs, that is, of a more psychological nature that comes from the neighborhood, such as attention and respect so as to create a sense of pleasure and serenity of the elderly (Chi, 2012).

Another important consideration is that the elderly should not be considered a demographic burden. Instead, the elderly group should be more recognized and encouraged by their potential to be empowered. The powerlessness of the elderly will impact their low productivity and increasing health costs.

### **Living Arrangement and Community-Based Healthcare in Asian Society**

To achieve an optional outcome, the model of health services for older people is adjusted to the living arrangement where the elderly are living. In the same case, the welfare state configuration model should require conformity consideration with existing social, cultural, and economic conditions in a country (Esping-Andersen, 1990). In Asian countries,

such as Hong Kong, Singapore, South Korea, and Indonesia, they have a living arrangement of elderly people in care-giving that tends to rely on families and communities (Chi, 2012; Arifin, Braun, & Hogervorst, 2012; Rammohan & Magnani, 2012; Mehta, 2012; Kim, Lee, Chun, Lee, & Park, 2019; Yuda, 2018b).

Some influential scholars (Croissant, 2004; Gough, 2004; Abrahamson, 2016; Papadopoulos & Roumpakis, 2017) describe the welfare system in Asia as a familistic welfare regime. Family, in this case, is not limited to the household but includes communities and informal networks in the community (extended family). In the model of familial welfare regimes, families, relatives, and the broader community traditionally act as decommodification agents during the lifetime of its members (Papadopoulos & Roumpakis, 2017; Yuda, 2019a) especially when members lose the resources needed to maintain their standard of living (Jones, 1993; Hong, 2008; Yu, Chau, & Lee, 2015).

In Hong Kong, the majority of elderly, aged 60 years and over, rely on the community to meet their needs and “only about 5 percent of the total population by long-term care formal institutions” (Health and Welfare Branch, 1994; Chi, 2012, p. 35). Furthermore, among those who rely on the community, the majority live with their partners or with their children who are married, and only about 12 percent live alone (Census and Statistics Department, 1991). However, elderly people who live with their children may not be satisfied with their current living arrangements (Chi & Leung, 2008). This is because the elderly people in Hong Kong have begun to want to maintain their independence in terms of residence. They prefer to choose to live alone, or with their partners, or even live in nursing homes. Unfortunately, in other cases, they still need the assistance and care of their families. This is caused by the existence of “social norms in the community that require children to

care for their elderly parents and awareness to be established from the elderly” so that they still tend to rely on their families and communities (Chi, 2012, p. 43).

Then in Singapore, there is a government program called *The Home Nursing Foundation*, which began in 1976 to provide economic nursing services to the elderly in their homes. One of the activities in this program is providing the physiotherapy health service for the elderly at affordable rates. Elderly people who suffer strokes, fractures, arthritis, and even Parkinson’s disease, can benefit from this health service. Also, health check-ups and health consultations are provided at no cost for the elderly. However, even so, the community has an important role in the elderly service in Singapore. The religious organization such as church and mosque; the informal social group like the Chinese female mahjong group; sports group like Tai Chi, actually play more roles in improving the health of the elderly than the social services of formal institutions (Mehta, 2012). These informal communities perform service functions for the elderly, such as “providing opportunities in social activities, facilitating activities in fulfilling spiritual needs, improving physical and mental health, and preventing social isolation” (Mehta, 2012, p. 42).

In South Korea, the government even created the Long-Term Care Insurance (LTCI) program, which is designed to reduce the elderly dependence in relying on their families and communities (Ministry of Health and Welfare, 2007). In the LTCI program, there are three types of elderly care benefits, namely home and community services, institutional services, and giving cash (Jeon & Kwon, 2017). The LTCI program is essential for the elderly in South Korea, considering “the number of elderly people who rely on their families and communities for caregiving” (Lee, 2009). The amount of benefits for the institutional services and giving cash depends on the eligibility

level and the ceiling on benefit coverage is different for each level. While for the home and community services is composed of home-visit care, home-visit bathing, home-visit nursing, day and night care, short-term care, and welfare equipment (Jeon & Kwon, 2017).

Whereas in Indonesia, the social and cultural conditions that exist in society have made the elderly “actively participate in the community and at the same time often depend on the community” (Arifin, Braun, & Hogervorst, 2012, p. 227). Moreover, family and community are still expected to play an important role in providing most of the social care, especially for the elderly. Financial and social support from family and community is one of the main social securities for the elderly (aged 65 or over) in Indonesia. “Although the government has spent much money on health and education development during the 1980s and 1990s and made pension social security programs for formal sector workers, most Indonesian people still do not have access to these services, so that the elderly should make their guarantee mechanism to support their old age ” (Rammohan & Magnani, 2012, p. 401).

Drawing on the explanations above, it can be assumed that health services for the elderly are quite dependent on the conditions of the elderly’s living arrangement. Although the government also provides health service policies or programs for the elderly, the functions of the family, community, and other informal social networks also have a pivotal role in the health care of the elderly. It is also in line with the existence of BKL *Mugi Waras*, which is an intermediate community-based care program that provides health services for the elderly.

### Community Care Regime

In this study, the community care regime is employed as a conceptual framework to describe the configuration of the welfare regime

where the community plays a pivotal role in the welfare provision (Gough, 2004). Moreover, community care regimes that develop in Asian countries are based on cultural values derived from popular Confucian teachings; a belief system with values that are nurtured in a hierarchical core family relationship that provide an ideal reference norm for the welfare system. The elderly in Asian norms are considered to be the most important group, whose existence is respected. For this reason, elderly health care does not always occur in formal medical institutions, such as clinics or hospitals, but at home, to give a chance for family members to show respect and devotion to elderly people. Nevertheless, women take on the most demanding ‘care area’, compared to other family members due to patriarchal culture which persists within wider social institutions (Jones, 1993).

In further development, the community care regime can be classified in many ways. Holiday (2000) classifies the community care regime in the productivist model, which means a great emphasis on family and kinship ties in the care of the elderly; while the provision of formal care is limited to the productive population such as regular workers. However, this classification appears to fit the Indonesian context as it represents community-based care institutional arrangements while formal care institutions were designated to industrial workers (Holiday, 2000). Likewise, it does not fit the context of Asian countries that are included in the category of advanced industrial countries such as Japan and Korea, which have been leading the European care model (Zhang & Jean Yeung, 2012; Abrahamson, 2016; Mok, Kühner, & Yeates, 2017; Fleckenstein & Lee, 2017). Therefore, the application of this concept will be used as a framework for the case where industrialization has continued to develop, while community has remained important in providing welfare. The case arisen in this study is represented.

## Methods

### Research Design

This article aims to demonstrate the application of a community-care regime approach in the provisioning of elderly social-health care services and its change through a case study at Elderly Family Development (*Bina Keluarga Lansia-BKL Mugi Waras*) in Summersari Village, Sleman Regency, Special Region of Yogyakarta Province. This article is based on the empirical study at BKL *Mugi Waras* in Summersari Village, Sleman Regency, Special Region of Yogyakarta Province, Indonesia. Also, this research uses a qualitative method by basing it on a case study approach.

The reasons underlying why BKL *Mugi Waras* was chosen as the case study are as follows: (1) it was located in rural Java, with most of the low income clients coming from rural areas compared to urban areas (Lusi & Winarni, 2018), and; (2) this institution has had various achievements in health care and elderly care with greater emphasis on the collaboration of community and elderly (Lusi & Winarni, 2018). The selection of such research designs has also been adjusted to the objectives of writing this article, namely to understand the process or dynamics of the implementation of the BKL *Mugi Waras* which aims to “describe and interpret experiences

and activities that exist in the research objects” (Stake, 2006, p. 2).

### Data Collection Techniques

This article is based on field research on the BKL *Mugi Waras*, which was conducted during November-December 2018. There were two types of data obtained during the research process, namely primary and secondary data. Primary data is obtained through two stages. *First*, by being directly involved in the BKL *Mugi Waras* activities. It is meant “to know empirical information as a basis for explaining causal conclusions in qualitative research” (Blatter & Haverland, 2012, p. 20). *Second*, by conducting in-depth interviews on the seven main informants who were directly involved in the implementation of BKL *Mugi Waras*.

The informants consisted of three people who are BKL administrators and four people who are BKL members who were selected based on the basic assumption that “the person (informant) can provide the main information to the researcher about the addressed research object” (Yin, 2009, p. 107).

To enrich the discussion in this study, secondary data was also employed and obtained by a literature review which discussed community-based health services and living arrangements of older people, such as previous

**Table 1.**  
**Detailed Information Mapping**

No.	Initial Name	Position	Information Obtained
1.	A1	Administrator of BKL	Information on how the BKL evolves in the community and builds social network
2.	A2	Administrator of BKL	Information on health services configuration
3.	A3	Administrator of BKL	Information on social and economic activities for members in BKL
4.	M1	Member of BKL	Information on their daily activities regarding to the BKL programs
5.	M2	Member of BKL	Information on their daily activities regarding to the BKL programs
6.	M3	Member of BKL	Information on their daily activities regarding to the BKL programs
7.	M4	Member of BKL	Information on their daily activities regarding to the BKL programs

Source: Research data

research articles (journals, proceedings, scientific papers, etc.), newspapers, and reports on the activities of related institutions.

### Data Analysis Technique

In order to process and analyze the data that has been obtained, this study also used data reduction, data presentation, and drawing conclusion techniques. Data reduction is used by classifying and organizing data in such a way that the final conclusions can be drawn; presentation of data is used by compiling research information in order to draw conclusions; conclusions are drawn by concluding research information that can be used to take action (Miles, Huberman, & Saldana, 2014).

Moreover, this research also uses explanation-building techniques. According to Yin (2009), explanation-building techniques aim to analyze data in a particular case by developing logical and detailed explanations. This would be in line with the objectives of this research which would offer the role model of a community-based elderly health service for other Asian countries which certainly has similarity in terms of elderly living arrangements based on family and community. Using this technique, the research results “can be directed towards recommendations for the creation and implementation of public policy in the future” (Yin, 2009, p. 141).

### Data Validity Testing Techniques

The technique used to test the validity of the data in this study is the triangulation technique. Triangulation technique is a study application that uses multi-methods to study the same phenomenon (Schneider & Rohlfing, 2013). The use of this technique is also divided into three types, including: triangulation of sources, methods, and theories. *First*, triangulation of sources is done by collecting data to examine information about how the events experienced by the object are being

studied. *Second*, method triangulation is done by using various methods (two or more) in the data collection procedure. *Third*, triangulation of theories is intended to further strengthen the relevance of research data to the objectives and theories used in research. In this research, the data that has been obtained is then linked back to various theories that support and are also relevant.

### Results

#### BKL Mugi Waras: Application of community-care regime approach into practice

As discussed earlier, the existing health and social service programs still exclude the elderly as the program’s target. This circumstance eventually has been stimulating various elderly services initiated by the family and the surrounding community at the grassroots level to create their own mechanism which was manifested based on the utilization of potential and opportunities from the conditions of social capital that have been formed in the community. Broadly speaking, that mechanism also transformed into traditional social security systems such as social gathering or social funds collected by the community. Therefore, this system then becomes a potential opportunity in the community that should be maintained and developed further (Blatter & Haverland, 2012). The BKL *Mugi Waras* is one of the BKL groups that adopted the community-care model in its social services operation.

Additionally, the BKL *Mugi Waras* has also developed many daily activities such as holy book recitation which was attended by the elderly, which also complement the other activities such as diba’an art, and angklung music playing. Another feature of this BKL program also developed productive economic activities by providing various skills needed for markets such as hand-crafting and sewing which produced products that are marketed by the local government. This last dimension is a step to make the elderly a productive population

(Agent of Excellence) that will encourage more elderly people to contribute their skills and play a role in economic development activities.

In health service, BKL *Mugi Waras* initiated 30 minutes of elderly gymnastics, the measurement of body weight and blood pressure, health education activities, followed by a routine health examination, and provided them with healthy food. For elderly who have problems with a chronic disease, the BKL can provide a referral to a government hospital for further treatment.

The majority of members of the BKL *Mugi Waras* group are elderly and pre-elderly, where they are not only placed as object of empowerment, instead, as subject. It means improving the elderly's self-reliance and participatory decision-making related to their needs. The notable example of this argument can be seen from the involvement of the elderly in program formulation according to their capacity, psychologically, the program will be helping the elderly in pursuing happiness that is part of their subjective well-being. The involvement of the elderly in program formulation, however, will facilitate them to interact with fellow elderly or the external stakeholder which finally stimulated them to always want to participate in activities held by the BKL.

In implementing such initiatives, BKL *Mugi Waras* made a vibrant collaboration with multi-stakeholders such as Sleman District Health Office, and Posyandu Lansia *Mugi Waras* which participated in supporting the location of leading activities in the framework of verification of healthy Regencies/Cities in Sleman Regency. Additionally, BKL also collaborated with Mercu Buana College in providing assistance as well as members of the elderly library book that is equipped with a laptop, TV and LCD and Gadjah Mada University's Academic Hospital, by providing assistance / understanding of Diabetes Mellitus and Hypertension, checking

non-communicable diseases and also providing examples of nutritious food, Diabetes Mellitus Education House. Finally, BKL made a mutual cooperation with Ministry of Social Affairs, which served as the best BKL Manager so that it becomes a Center of Excellence (CoE) and Survey Meter dedicated to knowledge that inspires and strengthens research data-based policies.

On the other hand, the BKL *Mugi Waras* group also cooperated with Summersari Village, on July 30, 2018, and decided to declare the Center of Excellence (CoE) program. With the declaration as CoE, the BKL *Mugi Waras* is expected to be a reference for other assistance programs for the elderly in other regions, because several activities of the BKL *Mugi Waras* are considered capable of being a reference for other regions that cover the physical, spiritual and economic dimensions which are suitable with the concept of resilient elderly by implementing the seven dimensions.

In sum, this part demonstrates how community-care regime implementation is not going as well as expected, owing to the increase of elderly peoples' needs, which created an urgent need for multi-stakeholders to cope with the population's demands.

## Discussion

### Community-care regime revised

As have been demonstrated above, this study found that the shifting of the care system that is centered on the extended family to the nuclear family system has indirectly resulted in neglect of the elderly (Arifin, Braun, & Hogervorst, 2012). Therefore the demand for services for the elderly based on the community is vital to be able to serve and maintain the elderly. Under these conditions, all elements in the Yogyakarta Province need to be more responsive in providing services to the elderly and there needs to be a social service system that is better able to answer the elderly's problems. Given the rapid growth of the



number of elderly residents, family readiness is necessary, especially for families who have a responsibility to assist the elderly in carrying out activities.

Nevertheless, community-based services are not enough to meet the elderly's demand for services, such as the lack of medical devices for supporting elderly health (interviewed with A1). For this reason stakeholder further collaboration between family, community, state and the private sector are encouraged to be more deeply involved simultaneously in providing social service process, including in planning, determining or finding solutions together (Chi, 2012). This initiative has been proven to help the elderly to deal with existing problems. Under these circumstances, the type of community care regime eventually will be changed to be more plural forms, and have abandoned the 'pure' community-centered approach.

Regardless of the shift from the 'pure' community-centered approach to be more inclusive, the community-based integrated social support in greater portion than the other mechanism (state-centered or private centered) for the elderly is still relevant in the current Asian society context (Croissant, 2004; Abrahamson, 2016; Yuda, 2019b). Despite that the collaboration social service model for the elderly is beginning to get more popular, giving the greater portion to the community this initiative will provide more advantages. It is because the initiative that emerged will come from the local people's ideas who truly understand what kind of social service needs to be provided to the elderly. In social services initiated by the community, the elderly feel the benefits and they are sustainable, because the community always provides assistance, and there is no community or group of elderly people formed to seek profits. Success in providing social services will last a long time when the services are provided based on needs, use, and are in line with the value system that

exists in the community and are managed by people who have the willingness and ability to help the community.

### **Conclusion**

Drawing inspiration from the empirical research in Summersari Village, Special Region of Yogyakarta Province, Indonesia, this article succeeded in demonstrating the case of community-based social health services for the elderly. By using the concept of community-care regime and case-study research methods, this study found that community-approaches incorporated in the BKL have become competent and efficient institutions in resolving elderly health problems as a result of social changes that favor the nuclear family over the extended family. The existence of BKL allows the elderly to become mediators and facilitators in handling public health problems in general, especially to benefit other elderly residents. Also, this article particularly shed light on the expansion of institutional care provisions in the community care regime to be more inclusive and demonstrating a mixed welfare system as external stakeholders are getting involved. Consequently, even though the influence of external stakeholders in this initiative appears quite strong, such initiatives can be continually maintained and resulted in the hybridization model of a care regime.

The case raised in this topic has successfully reflected that although there has been a transformation in changes in family structure, social support from family and community can still be maintained and plays an important role in providing the majority of social care in the health sector, especially for the elderly. Based on the results of this study, it was suggested that social services for community-based elderly people are also developed in other regions to encourage more elderly people to be more productive while changing the

population's aging paradigm from what was previously considered a demographic burden to be a demographic opportunity.

This is because community participation would accommodate elderly concerns in the long term, rather than the private sector which is dependent on the cash-nexus scheme (Esping-Andersen, 1990; Croissant, 2004; Abrahamson, 2016) or the state scheme that has not been able to provide a universal scheme. This argument has been a consideration of why developed countries such as Hong Kong, Singapore, and South Korea still maintain community-based health care even as the state-based social service scheme has been implemented extensively. Community involvement can ultimately contribute to improving the quality of public services and building solid social capital, which has an impact on a better quality of life for the elderly.

#### **Lesson learned for practitioners: community-based social work's practice**

For practitioner insight, the paradigm of program implementation in the BKL *Mugi Waras* can be adopted as a community-based social work practice that appears to fit developing countries. This is mainly because life in the community of various actions at the community level is more easily organized, including joint actions to meet the needs of individual citizens as well as collective needs. This occurs due to the existence of various characteristics inherent in the concept of community which makes it possible to live in a certain locality because of the collective awareness and social solidarity that is still felt among its citizens. The collective awareness and social solidarity are representations of social capital and considerable social energy in underlying collaboration for the improvement of socio-economic and cultural life. Thus, if local communities have a commitment to an idea as a form of initiative and creativity from within, they will attempt to mobilize available

resources through joint actions to implement the idea. They are voluntarily contributing in various forms according to their ability to support the realization of joint and self-managed actions.

The other advantage of implementing this model is the role of key figures in the community, usually families who are sensitive to the problems of the elderly, which will open up many opportunities for the formation of the elderly community. Even the key person who initiates and develops it should come from the nuclear family which is then also supported by other family members. In the elderly community, the process of group formation usually begins with joint activities. The group is a solid foundation to be able to understand the conditions, enthusiasm, and intentions of each elderly person. While the group gatherings between them later will be able to know the problems, desires, and potential that can be used as a basis for intervention in all forms of social services. The expected result is social services that can also be more targeted, more efficient, and more effective.

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