Collaborative governance in handling covid-19 for elderly social services

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Abstract

In 2050, Indonesia will enter an ageing population of around 21.1% of the total population. Life expectancy has increased significantly despite having a high vulnerability to neglect due to poverty in the elderly during the COVID-19 pandemic. This condition encourages the need for inclusive social service design to promote health and empower ageing in collaborative governance in the post-COVID-19 era. In this paper, the author presents a study on how collaborative governance interventions in inclusive services for long-term elderly care during the COVID-19 pandemic are presented. This research uses a research and development design through interviews, observations, focus group discussions, and analysis of data documentation for the elderly in 2021. Although the elderly mortality rate during the COVID-19 pandemic is still high, the strengthening of stakeholder participation, social inclusion, and long-term policy support is needed. Thus, the application of collaborative governance in inclusive social services can improve the social welfare of the elderly in long-term post-COVID-19 care. The implication is strengthening the role capacity and participation of stakeholders at the local level based on social capital.

Keywords: Covid-19, Ageing Population, Inclusive Social Service, Collaborative Governance, Elderly, Long-term Care, Participation.

Introduction

Indonesia has undergone a demographic transformation towards an ageing population in the last decade. On the one hand, Indonesia is also the fifth largest country in the world with 25.9 million elderly people in 2019 (https://ageingasia.org/ageing-population-indonesia/). According to data from the Ministry of Health of the Republic of Indonesia (http://p2ptm.kemkes.go.id/), the ageing population in Indonesia is characterized by the dominance of increasing the number of the elderly population since 2010 from 18 million people (7.56%) in 2010 to 25.9 million people. (9.7%) in 2019, and is expected to continue to increase where in 2035 it will be 48.2 million people (15.77%). In addition, based on gender, the life expectancy of the elderly has increased since 2018 from 69.30 for men and 73.9 for women to 69.59 for men and 73.46 for women in 2020 (https://bps.go.id). When compared, the life expectancy in Indonesia in 1970 only reached 45 years (men and women on average). The increasing life expectancy of the elderly is also influenced by the ease of access to health services, technology, medicines, professional medical personnel and other public services (HelpAge International, 2012). However, the elderly have a high risk of death to health and well-being during the COVID-19 pandemic because they experience a double burden of diseases, neglect, poverty, and a high epidemiological transition from infectious and degenerative diseases such as dementia, Alzheimer's, diabetes mellitus, and others (National Development Planning Agency of the Republic of Indonesia, 2021).

The elderly will be the largest contributor to the highest mortality rate due to COVID-19 in Indonesia in 2021. During the COVID-19 pandemic, the death rate from infectious diseases has increased drastically compared to deaths from non-communicable diseases (Tahrus, 2020). The contribution of elderly deaths reaches 50 per cent of cases of death. Between 2019 and 2021, approximately 27,797 elderly people died due to COVID-19 (https://www.cnnindonesia.com/nasional/20210624130752-20-658853/data-covid-ri-27797-lansia-meninggal-sepanjang-masa-pandemic).
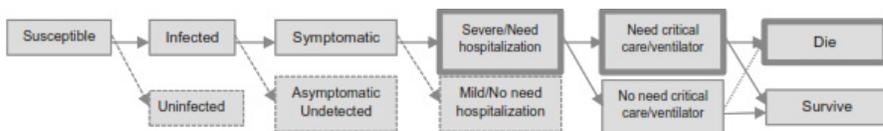

Figure 1 Cycle of exposure to COVID-19 in the elderly

Source: National Development Planning Agency of the Republic of Indonesia, 2021.

The cause of high elderly mortality due to COVID-19 can be caused by health, social, cultural and economic factors. First, on the health aspect, it is caused by the very easy spread of the virus. The degenerative factor of the elderly also causes the body to become more susceptible to certain diseases, which are more frequent in line with the age of the elderly. According to statistical data, 1 in 4 elderly people has been sick in the past month (Central Bureau of Statistics of the Republic of Indonesia, 2020). Second, social factors are caused by a lack of knowledge and understanding of the community, especially the elderly regarding the management of health protocols for the prevention and handling of COVID-19 (Minchung and Tomoaki, 2017). In addition, the existence of physical distancing limits the social interaction of the elderly with their family and colleagues, thereby triggering a sense of loneliness, hopelessness and a heavier psycho-emotional burden. Third, cultural factors emphasize the difficulty of changing the mindset and habits of the elderly as well as conflict with the construction of local cultural values. Fourth, economic factors affect the life cycle of the elderly during the COVID-19 pandemic (Fitriana and Kuncorowati, 2021). The cause is the low welfare and poverty of the elderly, causing social and economic neglect.

The elderly have a vulnerability to neglecting the fulfilment of social welfare rights during COVID-19. The marginalization of the interests of the elderly can be reflected in the limited access to health services, social protection insurance, and meeting the specific needs of the elderly during the handling of COVID-19 (Lindawati, 2019; United Nation, 2020). The elderly are a vulnerable group who have experienced social exclusion during the COVID-19 pandemic. Social exclusion is a form of marginalization of individual and group participation from their social existence. Several variables that indicate social exclusion in the elderly are: (1) exclusion from the formal rights of citizens, (2) exclusion from the labour market, (3) exclusion from participation in civil society, and (4) exclusion from social arenas (Gulati, 2015; Amoah, Mok, Wen, and Li, 2019). The pandemic condition has also hampered efforts to create independent and empowered elderly (defamiliarization) to shift back to dependence on the role of the family in meeting the needs of daily life (familiarization). However, the shift towards familiarization was not accompanied by the strengthening of social protection by the state. State-based social protection has not been able to provide equal accessibility to government social protection to all elderly (potential and non-potential elderly) in a fair manner (Pierson, 2010). The state still has limited budgets to provide sustainable assistance that is accessible to all the elderly. This

form of government social protection can be in the form of social security and social assistance. Social assistance provided by the government to the elderly can minimize the burden on the family to bear the elderly (Handayani, 2020). On the other hand, social policy instruments and social service programs from the government are not able to reach all neglected elderly people so that they have an impact on social exclusion (Yanuardi, et al, 2017; Howell, Galucia, and Swinford, 2020). Therefore, the collaboration between actors is needed in handling COVID-19 for the elderly through inclusive social services in a sustainable manner.

In the context of Indonesia, the role of non-government actors can play a role in handling COVID-19 for the elderly at the local level. The contribution of governance actors is key to the affordability of inclusive social service delivery, essential public health and social welfare functions, and community involvement and empowerment regarding their health. The community level is an integral platform for primary health services and social welfare services for the elderly during the COVID-19 pandemic. This community-based platform with the capacity to provide health services and social engagement has an important role in the response to COVID-19 and is important in meeting the existing health needs, especially for the most vulnerable people. Existing service delivery approaches need to be adapted according to a risk-benefit analysis for any changes in activity in the context of a pandemic, for example, the use of alternative service delivery mechanisms such as mobile phone applications, telemedicine, and other digital platforms. Specific adaptations will depend on context, including the overall local disease burden, Coved-19 transmission scenarios, and local capacity to deliver services safely and effectively (World Health Organization, 2020; Malone, et al, 2020). Community-based inclusive social services for the elderly include services provided by various community health workers and elderly companions according to their training and capacity. Related actors include the government, the private sector (corporate social responsibility programs and humanitarian programs), universities (through community service programs), mass media, community organizations, professional associations, leaders, and non-governmental organizations as well as local community groups, such as women's groups, scouts, and youth groups (Provan and Kenis, 2008). Philanthropic social movements at the local level are getting stronger by adopting collaborative governance. Therefore, this paper describes how collaborative governance can work in handling COVID-19 for the elderly.

Literature Review

Collaborative governance is a public policy instrument to solve common problems and achieve common goals. This can happen because collaborative governance can generate the moral will and political will between actors to have common problems in the construction of the same understanding. Each actor has a common consensus to achieve a common goal collaboratively in carrying out their respective roles (Donnahue and Zeckhauser, 2011; Ansell and Gash, 2014; McCaskey, 1974). Collaborative governance theorization can be studied in four approaches, namely: (1) Contingency model (Ansell and Gash, 2007); (2) Integrative model (Emerson, Nabatchi and Balogh, 2012); (3) Institutional models (Yang and Wu, 2012); and (4) Polycentric integrative model (Wang, 2014). The differences in these approaches can be seen in the following table.

Table 1 Comparison of approaches in the collaborative governance model

No.	Collaborative Governance Model Approach	Collaborative Governance Stages
1.	Contingency model	(1) Starting conditions, (2) Institutional design, (3) Leadership, and (4) Collaborative process. Furthermore, Ansell and Gash (2014) explain that collaborative governance needs six important conditions. There are: (1) the forum is initiated by public agencies or institutions, (2) participants in the forum include non state actors, (3) participants engage directly in decision making and are not merely consulted by public agencies, (4) the forum is formally organized and meets collectively, (5) the forum aims to make decisions by consensus (even if consensus is not achieved in practice), and (6) the focus of collaboration is on public policy or public management.
2.	Integrative model	(1) Collaborative dynamics, (2) Collaborative actions, (3) Temporary impact and (4) Temporary adaptation of the collaboration process.

No.	Collaborative Governance Model Approach	Collaborative Governance Stages
3.	Institutional model	(1) The main participants, resources and activities in collaboration; (2) The context of collaboration; (3) Organization and implementation of collaboration; (4) Dialogue, communication, and shared learning mechanisms; (5) Mechanisms for building trust; (6) Mechanisms for the realization and increase of potential profit and equitable distribution of benefits, (7) Konflict resolution mechanisms; and (8) Method trial extensions.
4.	Polycentric integrative model	(1) The government is responsible for institutional design, facilitative leadership in organizations to mobilize resources, and economic entities initiate initial conditions; (2) Involvement of donor organizations and various social entities in the collaborative process; (3) Shared goals to realize collaborative governance and increase collaboration capacity.

Sources: Ansell and Gash, 2007; Emerson, Nabatchi and Balogh, 2012; Yang and Wu, 2012; Wang, 2007.

The researcher chose to use an integrative model approach in this study because it was relevant to the research objective to explain the collaboration process between actors in inclusive social services for the elderly during the handling of the COVID-19 pandemic in the local context. Contextualization of this theory refers to the collaboration process theory presented by Emerson, Nabatchi, and Balogh (2012) to see the complexity of problems and the collaboration process between actors comprehensively. The theory of the collaboration process (collaborative governance regime) explains that the collaboration process is dynamic and cycles through various actions and temporary impacts before leading to the main impact, and adaptation to temporary impacts.
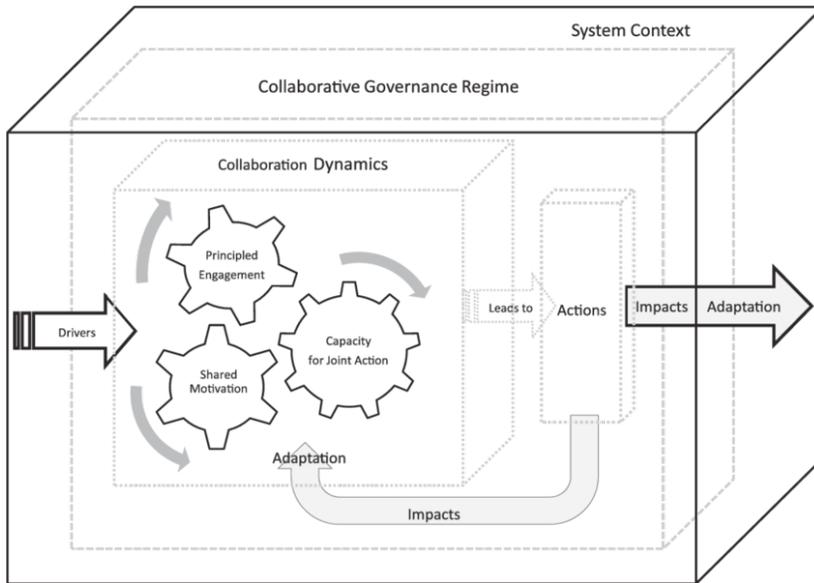
Figure 2 The theory of the collaboration process (collaborative governance regime)

Source: Emerson, Nabatchi, and Balogh, 2012.

The adoption of collaborative governance in inclusive social services for the elderly aims to open up multi-actor participation, expand the range of services and support the creation of an elderly-friendly environment without discrimination and social neglect. Inclusive social services are public service systems that are open and accessible to anyone without exception in a fair, transparent and accountable manner. The characteristics of inclusive social services are (1) complete openness, (2) recognition of diversity or diversity of needs, (3) having positive results, (4) togetherness, (5) justice and equity inaccessibility (Dwiyanto, 2010). The involvement of the government and non-government actors collectively is expected to be able to improve the welfare and quality of life of the elderly. The involvement of actors can be carried out in a formal, consensus-oriented, and deliberative collective decision-making process in formulating, implementing and managing public programs and public assets. In the context of contingency collaborative governance, collaborative process variables include initial conditions, institutional design, and leadership variables which are represented as important contributions or contexts for the collaborative process. The initial conditions set the basic level of trust, conflict, and social capital that becomes a resource or liability during collaboration.

125

Meanwhile, institutional design sets the ground rules in which collaboration occurs (Ansell and Gash, 2007; Donahue, Zeckhauser, and Breyer, 2011; Keast, Mandell, Brown, and Woolcock, 2004).

Social inclusion is one of the tangible manifestations of the achievements of the collaborative governance process which is marked by strengthening social participation. Inclusion is an active and strategic process of participation of citizens, stakeholders, and vulnerable groups in carrying out their roles. Involvement between actors is very important to determine whether collaboration is successful or not. However, not all actors can play a proportional role as expected in the collaboration process. This depends on motivation (moral will and political will), access to resources, goals achieved, role contributions that can be made, policy interventions and networks owned (Everingham et al, 2012; William and Sullivan, 2007). To encourage actor participation, it can be done by implementing bottom-up policies and cross-sectoral collaboration even at the individual, family and community level through community empowerment which has an impact on increasing the health and welfare of the elderly (Amoah et al, 2019; Agranoll and McGuire, 2003). This form of empowerment can be realized through elderly-friendly cities, fostering elderly families, elderly schools, inclusive public services, community-based social welfare services, and elderly-friendly public spaces. The ideal condition that must be created by the state is inclusiveness in public policies and public services (Brown and Keast, 2003;). In the perspective of public policy, so far, policies that are oriented towards the elderly are limited by Law Number 13 of 1998 concerning the Welfare of the Elderly. However, the orientation of public services in Indonesia has not been designed for the elderly in general, especially in healthcare services, citizen administration services, public space accessibility, public transportation, and social services. Various inequalities in the public service domain for the elderly showed that a participatory approach was an essential part of social services to be created (Fitriana, Satlita, and Winarni, 2019). Social inclusion could be realized with adopted public values of human rights, equality, redistribution and participation according to the Sustainable Development Goals (SDGs) agenda (Sen, 1999; Gupta and Thomson, 2010). Therefore, this study aims to explain the collaborative governance process in inclusive social services for long-term care for the elderly in post-COVID-19 in Indonesia with a case study of the Special Region of Yogyakarta as a representation of the province that has the highest number of elderly people and the highest life expectancy in Indonesia.

Methods

Research design and data collection

The design of this research is research and development carried out continuously for 2021 in Indonesia. This research is focused on Indonesia with the following considerations: (1) has the highest life expectancy ; (2) the ageing populrtion tranformation; (3) has the potential to become a centre for the spread of COVID-19; and (4) the fulfilment of social protection needs for the elderly is important and must be done immediately. Research data includes primary data and secondary data. Primary data was collected through observation, in-depth interviews, limited offline focus group discussions with the COVID-19 protocol and online through virtual meeting platforms by zoom and google meet. Meanwhile, secondary data was collected by reviewing literature from journals, reference books, online mass media, as well as from research reports on collaborative governance, the needs and problems of the elderly in the COVID-19 pandemic, and updating data on information on handling COVID-19. According to Sugiyono (2010) the purposive method in extracting primary data plays a role in extracting important information from key informants based on experience and expertise in the field of inclusive social services, social services, handling COVID-19 in the elderly, and collaborative governance, including bureaucrats, practitioners, social observers and public services, academics , and verifiers for the development and application of models. The selection of research subjects must also represent government, private, community actors, empowered elderly communities, non-governmental organizations, and universities.

Data analysis

Data analysis was carried out qualitatively based on the analysis of primary data and secondary data. There are four stages of data analysis carried out in this study, namely: (1) data collection, (2) data reduction, (3) data presentation, and (4) concluding (Miles, Huberman, and Saldana, 2014; Sugiyono, 2010). At the preliminary study stage, the exploration of data collection was intended to obtain an overview of identifying the needs of the elderly in inclusive social services and identifying problems in handling COVID-19 for the elderly in Indonesia. Data analysis at the time of model development was carried out to see the suitability of the model built based on theoretical construction with empirical data. For this purpose, the criteria for the effectiveness of the model

developed based on an in-depth theoretical study can be used. The suitability of the model with empirical data is adjusted to the criteria developed in the model implementation stage.

Results and Discussion

Efforts to Realize Inclusive Social Services for Elderly in Handling COVID-19 in Indonesia

The government has made efforts to strengthen the social resilience of the elderly through various social protection programs for the elderly who have high socioeconomic vulnerabilities. One form of social protection for the elderly is social assistance. The distribution of social assistance for the elderly is under the authority of the Ministry of Social Affairs of the Republic of Indonesia. Indonesia has a non-cash food assistance scheme as a result of the development of the prosperous rice social assistance. Non-cash food assistance is a government program in the form of food social assistance provided in the non-cash form to beneficiary groups every month. This assistance is provided through electronic funds that can be used to buy food at stalls that cooperate in distributing this program (https://dtks.kemensos.go.id/). Before the COVID-19 pandemic, the government had also created social assistance programs for the elderly, namely Non-Cash Food Assistance, Family Hope Program, Social Assistance Program for Neglected Elderly, and Elderly Social Rehabilitation Programs (Khotimah, Fitriana, Pratiwi, 2019). The orientation of these various programs is to increase the capacity of social resilience and the welfare of the elderly, especially the neglected and poor elderly. The implementation of the social assistance program is routine following the budget year. Meanwhile, social assistance programs for the elderly during the COVID-19 pandemic were implemented in one-time disbursement of assistance (not routine). The allocation of social assistance for the elderly during the COVID-19 pandemic is prioritized for the elderly who have not yet become beneficiaries of other social assistance distributions to avoid repeating the provision of assistance to the same beneficiaries so that other elderly do not get their share.

Table 2 Comparison of government social assistance schemes for the elderly before and during COVID-19

No.	Social Assistance Program for the Elderly Before the COVID-19 Pandemic	Program Description	Program Manager	Social Assistance Program for the Elderly After the COVID-19 Pandemic	Program Description	Program Manager
1.	Non-Cash Food Aid	Food social assistance in the form of non-cash from the government that is given to beneficiary groups every month through an electronic account mechanism that is used only to buy food ingredients at food vendors/e-store in collaboration with banks	Ministry of Social Affairs of The Republic Indonesia	Basic Food Social Assistance	Aid distributed to five provinces, namely Banten, West Java, Central Java, East Java and the Special Region of Yogyakarta. The number of elderly recipients is 6,486 people.	Ministry of Social Affairs of The Republic Indonesia

No.	Social Assistance Program for the Elderly Before the COVID-19 Pandemic	Program Description	Program Manager	Social Assistance Program for the Elderly After the COVID-19 Pandemic	Program Description	Program Manager
2.	Hope Family Program	Program for providing conditional social assistance to poor families designated as beneficiary families	Ministry of Social Affairs of The Republic Indonesia	Dapur Umum	Establishment of a communal kitchen on site Shelter	Ministry of Social Affairs of The Republic Indonesia
3.	Social Assistance Program for Neglected Elderly	A series of government activities to provide social security to help neglected elderly people in the form of cash payments through social assistance to fulfill some of their basic needs.	Ministry of Social Affairs of The Republic Indonesia	Food Packages for Elderly	Food packages worth IDR 300,000 (rice, special milk for the elderly, cooking oil, noodles Instant, sardines, immune-boosting drinks, bath soap and laundry soap).	Ministry of Social Affairs of The Republic Indonesia

No.	Social Assistance Program for the Elderly Before the COVID-19 Pandemic	Program Description	Program Manager	Social Assistance Program for the Elderly After the COVID-19 Pandemic	Program Description	Program Manager
4.	Social Rehabilitation Program for Elderly	Efforts made to develop the social functioning of beneficiaries, families, groups, and/or communities carried out inside and outside the social rehabilitation center/location for the elderly.	Ministry of Social Affairs of The Republic Indonesia	Packages that Fulfill Specific Needs	Items for specific needs are diapers for the elderly, milk for the elderly. The number of elderly families who received as many as 73 packages.	The Ministry of Women's Empowerment and Child Protection
5.	Program of Foster An Elderly Family	An activity carried out in groups with the aim of increasing knowledge and skills for families who have parents or are elderly	The National Population and Family Planning Board of the Republic of Indonesia	Social Movement Program of The Love for The Elderly	Aiming for the elderly get access to education and assistance to adapt to the changes in the new normal.	The Ministry of Women's Empowerment and Child Protection

Sources: Source: Compiled from various sources, 2022.

The results of the program implementation were able to promote the strategic issue of the needs of the elderly in the government's social protection program scheme. However, these various programs have not been able to fully reach all poor and neglected elderly people in the area. In addition, the number of elderly beneficiaries can continue to be increased and be given equal opportunities to access social protection provided by the government. The provision of social services to the elderly during the COVID-19 pandemic is also carried out by fulfilling basic needs, assistance, and social rehabilitation interventions for the elderly with strict health protocols and limiting the accessibility of interactive activities.

Stakeholders

In the collaborative governance process, stakeholders are the key determinants of whether this process will produce long-term quality outputs and collaboration outcomes. Stakeholders in the collaborative governance process are defined as individuals, groups, social communities and organizations that advocate for public interests and policies so that they can have an impact on solving public problems (Scheemer, 2000; McGuire, 2006). Each stakeholder involved has interdependent relationships and roles to strengthen each other in carrying out their roles (Bryson, Crosby, and Stone, 2006; O'Flynn, 2007). Stakeholders involved in the collaboration must be related to the issues and problems that are the focus of the study. In this study the role of stakeholders can be explained as follows:

1. The role of the Provincial/District/City Government. According to Law No. 23 of 2014 concerning Regional Government and Government Regulation Number 2 of 2018 concerning Minimum Service Standards, the focus of the role of provincial/district/city governments is to carry out prevention and control efforts by involving all regional apparatus organizations. The contributions of local governments include: (a) making local government policies to ensure the ease of implementation of COVID-19 mitigation efforts; (b) deliver information on the prevention and control of COVID to the entire population by using various communication channels available in their respective regions; (c) provide adequate health services (Hospitals, Health Centers, Clinics, and Laboratories) according to the regional capacity to detect and treat patients; (d) provide adequate resources for the response to COVID-19 including the provision of budget, human resources,

and other necessary facilities; (e) supervise and take corrective action in terms of implementing health quarantine, limiting interaction and physical contact, as well as general precautions for preventing infectious diseases; (f) collaborating with various components in the response to COVID-19 including between elements of government, business, universities, mass and community organizations, as well as various components of other nations in the region; (g) educate the public through mass media and social media; (h) increase the knowledge of health workers, both medical and non-medical health workers.

2. The role of the Sub-District/Village Government, RT-RW and Health Cadres
The Sub-District/Village Government by their respective authorities has made efforts to overcome COVID-19 through (a) delivering information on the prevention and control of COVID-19 to the entire population by using various communication channels. Available in the respective subdistrict/village areas; (b) facilitating and encouraging RT-RW heads, health cadres, and community-based social institutions to actively carry out various efforts to prevent the transmission of COVID-19; (c) encourage community readiness and participation to carry out personal and home hygiene efforts as part of the realization of the healthy living community movement; (d) encourage and supervise the community in implementing physical contact restrictions on various existing facilities such as in crowded places, local/village markets, places of worship, sports facilities, and recreational facilities; (e) utilize the Village/Kelurahan Fund Budget to provide support to communities affected by COVID-19, both as sufferers and as a result of other socio-economic conditions; (f) report to the local government regarding matters deemed necessary if there are matters that are considered to have the potential to increase the transmission of COVID-19.

3. The role of the citizen associations (RT-RW Chair) and Health Cadre has been realized in terms of (a) delivering information on the prevention and control of COVID-19 to the entire population by using various communication channels available in their respective local areas; (b) encouraging community readiness and participation to carry out personal and home hygiene efforts as part of the realization of the healthy living community movement; (c) encourage public participation in implementing physical contact restrictions as a real effort to prevent the transmission of COVID-19.

4. The role of Social and Community Organizations is: (a) assisting in public education by providing various educational tools according to the characteristics of segments of the community; (b) assisting in the construction of food barns or food aid in vulnerable areas or red zones, namely with positive COVID-19 cases finding and having a high population of vulnerable groups; (c) participate in supporting local government policies; (d) support efforts to provide logistics needed by the community and health workers. Educate and support the general public to take an active role in providing for the needs of vulnerable groups and marginalized communities; (e) religious organizations can assist in (1) formulating religion-based COVID-19 education content, (2) encouraging their leaders to participate in providing education to the public regarding the prevention of COVID-19; (f) professional organizations can assist in (1) providing communication channels for people who want to consult online, (2) providing support and education to the community so that people can pass the COVID-19 emergency calmly and appropriately.

5. Volunteer roles include: (a) assisting in disseminating accurate information to the public; (b) helping educate and provide psychological support to reduce public panic during the COVID-19 outbreak; (c) assisting in organizing and directing the community who need information related to the test flow and the flow of action in the community and the hospital; (d) assist in monitoring and providing the information needed by asymptomatic people and people under surveillance who carry out home quarantine; (e) assisting in distributing the basic needs of the community, especially for people without symptoms and people under surveillance in-home quarantine and vulnerable groups; (f) medical volunteers, can provide support to doctors, nurses, hospital workers, ambulance workers, and others. Trained medical volunteers if needed can conduct prevention education and rapid tests on groups of people without symptoms in public facilities using personal protective equipment (masks and disposable non-sterile gloves) and test results are reported through a reporting mechanism. This is done in an effort to prevent and control infection.

6. The role of the University in covering: (a) providing education, providing education and assistance through online community service programs with video tutorials and e-posters as preventive and curative measures; (b) developing social service innovations for handling COVID-19 for the elderly.

7. The private sector has a philanthropic role in funding through corporate social responsibility, public health campaigns, education on the prevention and handling of COVID-19, providing assistance to health workers, medicines and vaccinations, providing priority services for the elderly, social assistance and resource mobilization.

Discussion

This study seeks to explain the collaborative governance process in handling the elderly during the Covid pandemic through inclusive services and its implications for the welfare of the elderly in the Special Region of Yogyakarta. The collaborative governance process can be analyzed through indicators: (1) Collaborative dynamics, (2) Collaborative actions, (3) Temporary impact and temporary adaptation of the collaboration process (Emerson, Nabatchi and Balogh, 2012).

The dynamics of collaboration

The collaborative process in collaborative governance starts from identifying and defining problems in policy formulation to policy implementation (O'Flynn and Wanna, 2008). On the other hand, the dynamics of collaboration can be interpreted as a cycle of interaction between related actors. The indicators that can be used to analyze the collaboration process consist of: (1) principled engagement, (2) shared motivation and (3) capacity for joint action.

a. Principled engagement

The movement of shared principles becomes a basic bond in building collaborative relationships between actors so that they have common motivation and goals to create a sense of belonging between actors. The agreed and developed principles are influenced by perspectives, understandings, interests, experiences, ideas, public values, capacities and backgrounds of actors in the context of handling the elderly during the Covid pandemic and inclusive services for the elderly. The diversity of characteristics of each actor gives more value than principled engagement. Principled engagement includes the stages of discovery, deliberation, and determination. First, at the discovery stage, it is an analysis of the disclosure of the interests of each actor, the values of the actors and efforts to construct common interests in consensus. The results of the analysis are then used to measure the impact and implications of principled engagement on the collaboration process. Second, deliberation is an effort to deeply

understand the context of problems, thoughts, perspectives, and interests that arise at any time. The most important thing in building deliberation is the quality of deliberation. In deliberation, advocacy skills are needed to ensure the accuracy of collaboration goals, resulting in strategic conflict resolution. The existence of a deliberation process is expected to be able to develop innovation and creativity for each actor in carrying out the collaboration process and overcoming implementation problems in the field related to handling COVID-19 for the elderly. Third, a determination is a series of desired goal setting actions. In the context of handling the COVID-19 pandemic for the elderly, there are two forms of determination, namely (1) procedural decisions in the management of health protocols for handling COVID-19 that are inclusive as primary determinations, (2) the results of collaboration products as substantive determinations, for example, the achievement of mutual agreements and collaborative action recommendations. In conclusion, the act of shared principles is shaped and maintained by the interactive process of deliberation disclosure.

b. Motivation together

Shared motivation emphasizes the interpersonal and relational elements of the dynamics of collaboration that can take the form of social capital. Motivation can strengthen and enhance the process of moving shared principles through mutual trust, common understanding, internal legitimacy and commitment(Gains and Stoker, 2009). In the context of inclusive services for the elderly during the COVID-19 pandemic, the motivation is to increase the life expectancy of the elderly and reduce the risk of death in the elderly both preventively and curatively because they have the highest mortality vulnerability in Indonesia and the Special Region of Yogyakarta. The shared trust that is built is also based on religious, social, and cultural values in our social system. This means that interventions for handling COVID-19 for the elderly must refer to applicable religious, social and cultural references. Shared understanding is obtained from the common fate and experience shared by each actor in the fight against COVID-19, whether they are COVID-19 survivors or not. Shared understanding is influenced by idealism, perspective, and the mindset of each actor to become the same understanding. Meanwhile, internal legitimacy is a form of internal recognition in collaboration by building public trust, transparency, and good accountability for common interests. Collaborating actors must realize that there is a sense of interdependence between actors that will

create sustainable collaboration. Finally, commitment is the binding goal for each actor to join in a collaboration that is built on a sustainable basis. Commitment orientation must be prioritized to accommodate interests, public values, and the needs of actors to participate in the collaboration. In addition, there is an optimistic attitude that the collaboration goals will be achieved, and the enthusiasm to carry out collaborative activities with other actors also forms a commitment. Internal legitimacy, mutual understanding, and mutual trust are three elements that are closely related to each other in the shared motivation component, so the next element, namely commitment, is also more or less influenced by the quality of these three elements. In conclusion, the existence of quality interactions forms mutual trust and mutual understanding, thereby creating recognition of internal legitimacy, which affects mutual commitment. These four things develop and influence each other, thus creating shared motivation to continue.

c. Capacity for collective action

Collaboration involves various collegiate cooperative activities to increase the capacity of individuals and groups to achieve common goals. In this case, the existing collaborative goal is to produce the desired outcome together (McLaughlin and Osborne, 2003). In the collaboration of inclusive social services for the elderly, it has been able to generate new capacities for each actor to act together. Even though each actor involved has different institutional capacities, availability of resources, and networks owned by actors. This diversity of capacities becomes a cross-functional potential that must be managed to produce effective actions. To optimize the capacity of each actor in taking joint action, it is influenced by the elements: (1) procedures and institutional agreements, (2) leadership, (3) knowledge, and (4) resources. First, procedures and institutional agreements. Procedures in collaboration are defined as a set of activity management in the form of procedures, protocols and collaboration structures in the management of interactions between actors. Meanwhile, the mutual agreement includes ground rules, operating protocols, decision rules, and joint conventions. In implementing inclusive social services for the elderly during the COVID-19 pandemic, the COVID-19 health protocol was adopted by limiting direct interaction in massive numbers. The collaboration process is more optimized using an online digital platform. The government has formed a task force to accelerate the handling of COVID-19 in a collaborative manner that

involves cross-sectoral and multi-actor both from the central government and regional governments.

The second is leadership. The leadership factor has an important role in determining the success of collaboration because it becomes a decision-maker and public policy. Leaders in the COVID-19 emergency period have discretionary space to take affirmative action that can assist in making decisions based on evidence-based policies, especially related to the mitigation and rehabilitation of COVID-19 handling. In addition, the role of the leader also encourages deliberation or resolves conflicts, and increases the determination of the actors towards the goals of collaboration during the collaboration process. Third, knowledge. The knowledge possessed by each actor contributes to managing data and understanding information so that it can be used to improve its capabilities in the collaboration process and the accuracy of achieving collaboration performance targets. The point is that the leader plays a role in transferring knowledge to other collaboration members. Fourth, resources. Resources are one of the important aspects in supporting the continuity of the collaboration process. Mobilization of the required resources can be done by exchanging or combining resources. The form of resources can be in the form of financial funding, division of time and roles, technical and administrative support for the implementation of activities, mutual assistance, the need for collaboration analysis skills, and implementors in the field, as well as the need for experts. In collaboration, there is always a big difference in resources between actors. However, the effectiveness of resource use depends on the ability of leaders and other actors to carry out resource management.

The capacity to take collective action is crucial and is the main challenge of collaboration because there are always differences in characteristics and strengths between actors. Clarity of procedures and collective agreements as outlined in the legal-formal form, influence of leadership, knowledge management, and resource management are elements that influence whether or not the capacity of the actors to be able to take collective action. However, the movement of shared principles and shared motivation are factors that can influence all existing elements. The conclusion from the dynamics of this collaboration is whether or not the dynamics are determined by three components, namely the movement of common principles, shared motivation, and the capacity to take joint action, in which various elements influence each other.
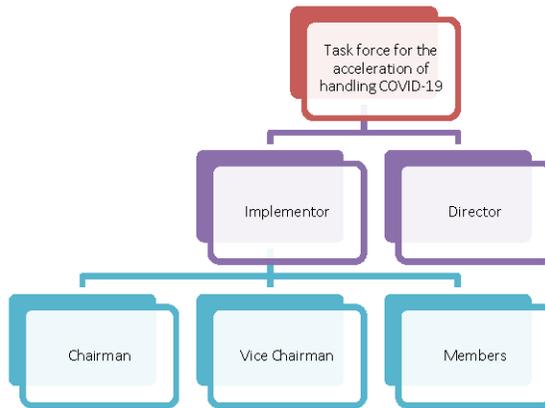
Figure 3 Collaboration structure for handling COVID-19 in Indonesia

Source: Gugus Tugas Penanganan COVID-19 Republik Indonesia, 2020.

Director consist of: (1) Coordinating Minister for Human Development and Culture, (2) Coordinating Minister for Political, Legal and Security Affairs, (3) Minister of Health, (4) Minister of Finance. The Implementors consist of: (1) Chariman: Head of the National Disaster Management Agency; (2) Vice Chairman: (a) Assistant Operations Commander of the Indonesian National Armed Forces, (b) Assistant to the Indonesian National Police; (3) Members: (a) Elements of the Coordinating Ministry for Human Development and Culture, (b) Elements of the Ministry of Health, (c) Elements of the Ministry of Home Affairs, (d) Elements of the Ministry of Foreign Affairs, (e) Elements of the Ministry of Transportation, (f) Elements of the Ministry of Communication and Information, (g) Elements of the Ministry of Education and Culture, (h) Elements of the Ministry of Religion, (h) Elements of the National Disaster Management Agency, (i) Elements of the Indonesian National Army, (j) Elements of the Indonesian National Police, (k) Elements of the Presidential Staff Office.

Actions in Collaboration

Collaborative action is the core of collaborative governance in achieving common goals (Gains and Stoker, 2009). The form of collaborative actions for handling COVID-19 for the elderly can be in the form of implementing inclusive social services, distributing COVID-19 emergency social assistance, empowering the elderly and elderly families, gathering resources, monitoring

and evaluating program implementation, and so on. The results of this collaborative action have a temporary impact on the dynamics of collaboration and long-term impact. There are collaborative actions that can be carried out simultaneously by all stakeholders, while others can only be carried out by certain stakeholders according to the capacity of each stakeholder in handling the COVID-19 pandemic for the elderly.

Temporary impact and temporary adaptation of the collaboration process.

The impact resulting from collaborative governance can provide capacity building for each actor and generate incentives for the public. Collaborative governance in inclusive social services for the elderly during the COVID-19 pandemic provides capacity building for government actors, the private sector, non-governmental organizations, communities, families and the elderly. This is driven by moral motivation, cooperation, empathy and social capital. The ability of each actor increases to adapt to respond to disaster emergency response conditions and a new lifestyle for the long term with the COVID-19 health protocol. Incentives resulting from the collaborative process lead to the transfer of knowledge, technology, accessibility of resources, increasing competence and capacity and solving common problems. Adaptation of the results of the action has been carried out based on digital applications, social media, digital empowerment communities, and implementation new normal life management.

Conclusion

Inclusive social services in handling COVID-19 for the elderly is a must to be realized fairly. The state has not been able to fully provide inclusive social services for the elderly because of a limited budget, human resources, infrastructure, and rigidity in the hierarchical structure of the bureaucracy so it has negative externalities on the social exclusion of the elderly. Efforts to fulfil the basic needs of the elderly during the COVID-19 pandemic have not been able to materialize due to the inaccuracy of target group data and the limited coverage of social assistance provided so that not all neglected elderly can be served. However, collaborative governance can realize the public value in social services in handling COVID-19 for the elderly through the contribution of roles between actors in (1) collaboration dynamics, (2) collaborative actions, (3)

temporary impact and temporary adaptation of the collaboration process. . The success of the collaboration process of actors in collaborative governance at this stage of the dynamics of collaboration lies in the accuracy of the identification and definition of policy problems. This is reinforced by principled engagement, shared motivation, and capacity for joint action. Collaborative action is the core of collaborative governance in achieving common goals. The form of collaborative actions for handling COVID-19 for the elderly can be in the form of implementing inclusive social services, distributing COVID-19 emergency social assistance, empowering the elderly and elderly families, gathering resources, monitoring and evaluating program implementation, and so on. The results of this collaborative action have a temporary impact on the dynamics of collaboration and long-term impacts according to on the capacity of each stakeholder in handling the COVID-19 pandemic for the elderly. In addition, the impact resulting from collaborative governance can provide capacity building for each actor and generate incentives for the public.

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