

## Strengthening Social Education in the Development of Caregivers for the Elderly for the Global Market: A Collaborative Model for Poverty Alleviation

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### Keyword

social counselling, elderly caregivers, collaboration, poverty, global job market

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### Abstract

The increase in the elderly population globally and nationally encourages the need for professional caregivers while opening up strategic opportunities in poverty alleviation. This research aims to formulate a model for strengthening social counselling in the development of elderly caregivers that is integrated with the needs of the global market through a collaborative approach. This study used a qualitative approach with literature study and policy analysis methods, with reference to the theoretical framework of Ansell and Gash as well as studies related to the long-term care workforce. The results of the study show that strengthening social counselling needs to be built through four main pillars, namely the identification of vulnerable human resources, mindset transformation, the internalization of empathy values, and the strengthening of social readiness. Social counselling does not only function as a knowledge transfer, but as a transformative instrument in building social and professional competence. The successful implementation of the model is highly dependent on collaborative governance involving the Ministry of Social Affairs, the Ministry of Manpower, certification bodies, the private sector, non-governmental organizations, and liaison actors. The integration of social counselling with the caregiver development system and collaboration was able to produce two main findings, namely meeting the needs of global caregivers and overcoming national poverty through the creation of jobs based on social competence.

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## INTRODUCTION

The phenomenon of global population aging has significantly changed the world's demographic structure and driven the increased need for long-term care services for the elderly. The World Health Organization (WHO) notes that increased life expectancy and decreased mortality rates have increased the proportion of the elderly population, thus requiring health and social systems to adapt inclusively to the needs of the elderly (WHO, 2024). Global projections even show that the population aged 60 years and above will reach around 22% of the world's total population by 2050, which directly increases the need for competent and sustainable caregivers (Siu, 2024). In this context, caregiver needs are no longer local, but have developed into global needs that demand the readiness of human resources across countries (Dintrans et al., 2024; Li et al., 2023; Salomone et al., 2019).

In the Asia-Pacific region, including Indonesia, the trend of population aging shows a significant increase due to rising life expectancy and declining fertility rates. The proportion of the population aged 65 years and above is projected to double by 2050, which has an impact on the increasing need for integrated and community-based health and social services (OECD,

2024). This condition confirms that the issue of the elderly is not only related to health, but also touches the broader social, economic, and welfare dimensions. This need encourages the importance of a cross-sectoral approach that involves government, society, and the private sector in building an adaptive elderly care system (Arslan et al., 2021; Cui, 2025; De Montigny et al., 2019).

In line with the increase in the elderly population, the need for *long-term care* (LTC) services has also increased significantly. The OECD estimates that the demand for long-term care services will increase by more than a third by 2050 in developed countries (OECD, 2025). In addition, almost one in four elderly people have care needs that require assistance in daily activities, both in the form of formal and informal care (OECD, 2024). Nevertheless, most care services still rely on informal caregivers, accounting for about 60% of the total elderly care services in various countries (OECD, 2025). This dependence on informal caregivers often poses new challenges, such as physical and psychological burdens, limited skills, and a lack of professional recognition.

On the other hand, Indonesia's national condition still faces structural problems in the form of poverty and unemployment, especially in vulnerable groups. Demographic transformation that leads to an increase in the number of elderly people can exacerbate economic pressures if not balanced with the right empowerment strategies. Data in 2025 shows that the number of elderly people has reached around 33.94 million people or equivalent to 11.93% of the total national population, which indicates that Indonesia has entered the ageing *society* phase (BPS, 2025). This increase in the proportion of the elderly not only has an impact on increasing the dependency ratio which reaches around 11%, but also increases the pressure on the productive age group in supporting the social and economic needs of the elderly. This condition is further strengthened by the fact that more than half of the elderly in Indonesia, which is around 54.21%, still have to work to make ends meet, which shows the limitations of the social protection system and low-income security in the elderly (BPS, 2025).

Population aging in developing countries often occurs faster than the readiness of its social systems, creating a gap between the need for care and the availability of services (Beard et al., 2016). In addition, the socio-economic characteristics of Indonesia's elderly show a fairly high vulnerability. Most of the elderly have a low level of education, with more than 27% not finishing primary school and some never having formal education, limiting their access to decent work and adequate social protection (BPS, 2025). In the context of households, around 1.71 million elderly people even live alone without direct family support, which increases the risk of social vulnerability and the need for *long-term care*.

This condition shows that the increase in the number of elderly people has the potential to worsen economic pressure if it is not balanced with adaptive and opportunity-based empowerment strategies. The need for *long-term care* services not only creates a fiscal burden, but also opens up new economic opportunities through the development of the workforce in the care sector (Colombo et al., 2011). Therefore, the development of elderly caregivers can be positioned as a dual intervention strategy, namely in response to the increasing global need for care workers as well as as an instrument to reduce poverty and domestic unemployment. By directing vulnerable groups, including people of productive age with limited access to work, into a structured and certified caregiver sector, the state can create social competency-based jobs that are relevant to global needs. The elderly care sector is one of the *emerging labor markets* that has high potential in creating inclusive jobs, especially for groups with limited formal education (Stone, 2016). Thus, the development of elderly caregivers not only functions as a sectoral solution, but also as an integrative socio-economic development strategy, which connects demographic dynamics, global market needs, and poverty alleviation agendas simultaneously. Therefore, the development of elderly caregivers can be a strategic opportunity

to overcome two problems at once, namely meeting the global need for caregivers and reducing poverty rates through the creation of jobs based on social competence.

The social counselling approach is a strategic instrument in building the capacity of human resources from vulnerable groups, especially in the context of Indonesia's demographic transformation which is increasingly leading to an aging society. The social extension model cannot be limited to just a knowledge transfer process, but must include more comprehensive and transformative stages. The process of identifying individuals with potential employment is an important first step to ensure targeted interventions, especially for poor and vulnerable groups who often do not have access to formal training. More than 58% of the workforce has a junior high school education and below, and the open unemployment rate for young age groups and vulnerable workers is still high (BPS, 2025).

Furthermore, the transformation of *mindset* towards professional orientation is crucial to shape work ethic and readiness to enter the formal sector, as mindset changes are key factors in the success of community-based workforce empowerment programs (Brown & Schafft, 2019). In addition, the internalization of empathy values as a core competency of caregivers is the main differentiator compared to other work sectors, considering that elderly care services demand social sensitivity and high interpersonal skills. This approach places social counselling as the foundation in forming a caregiver workforce that is not only technically skilled, but also highly socially sensitive. Furthermore, the strengthening of social counselling needs to be integrated in a systematic and sustainable caregiver development system. This system includes competency-based training stages, nationally and internationally recognized certifications, to job placement connected to the global market. Therefore, the elderly care sector has great potential as a source of new job creation if supported by a structured training and certification system (Colombo et al., 2011).

From a collaboration perspective, the integration between actors is key in ensuring the sustainability of the elderly caregiver development program. Collaboration allows for resource synergy, increased program effectiveness, and the use of technology to support the training and job placement process. Nevertheless, the success of a caregiver development system depends not only on the design of the program, but is also highly determined by the effectiveness of governance involving various actors across sectors. The collaborative approach as proposed by Ansell and Gash (2008) becomes relevant in this context, as it emphasizes the importance of collaborative processes between governments, the private sector, and civil society in joint decision-making and implementation of public policies. Ansell and Gash (2008) explained that the success of collaboration is determined by several key factors, namely starting *conditions*, *institutional design*, *facilitative leadership*, and a continuous dialogue process based on trust. In the context of caregiver development, the government plays a role in providing regulations and policy frameworks, training and certification institutions ensure the quality of competencies, the private sector opens access to the job market, while non-governmental organizations play a role in mentoring and empowering the community.

Integration between these actors not only improves the efficiency of the program, but also strengthens the legitimacy and sustainability of the policy. Emerson, Nabatchi, and Balogh (2012) added that effective collaboration is able to produce *shared motivation* and *capacity for joint action* which is the foundation for achieving common goals. Thus, strengthening social counselling in the development of elderly caregivers must be placed within a collaborative governance framework that is able to synergize various resources and interests. This approach not only addresses the needs of global caregivers, but also contributes significantly to poverty and unemployment alleviation through the creation of an inclusive, professional, and sustainable work ecosystem.

Studies on elderly caregivers, social empowerment, and collaborative governance show progress towards cross-sectoral integration, but still tend to be fragmented in the focus of their

respective studies. A study by Francesca Colombo et al. (2011) places the long-term care sector as a strategic sector in the face of global aging. This research emphasizes the importance of caregiver training and financing systems, but it still focuses on developed countries and has not been directly linked to poverty alleviation strategies. Research by Robyn I. Stone (2016) identified that caregivers are an emerging labor market that has great potential in job creation. However, this study emphasizes more on the professionalization aspect of the workforce and has not integrated community-based empowerment or social extension approaches. A study by John R. Beard et al. (2016) in the framework of healthy ageing emphasizes the importance of social support systems and integrated services for the elderly. This research reinforces the urgency of caregiver needs, but does not specifically discuss the mechanism of human resource development from vulnerable groups as part of socio-economic solutions.

The study of collaboration by Chris Ansell and Alison Gash (2008) provides an important theoretical foundation in collaborative governance. They show that cross-actor collaboration requires supportive initial conditions, inclusive institutional design, facilitative leadership, and a trust-based dialogue process. Integration of healthcare through a collaborative approach shows that collaboration is effective in improving coordination between institutions in the care system (Gordon et al., 2020). This study confirms the importance of iterative processes such as building trust, shared commitment, and collective understanding in successful collaboration. However, the focus is still on the integration of health services, not on the development of a caregiver labor system for vulnerable groups. In the context of global health, it is emphasized that cross-sector collaboration is able to increase the capacity of health workers and distribute services more equitably (Hoa et al., 2026). However, this approach has not explicitly linked the development of the caregiver workforce to social empowerment-based poverty alleviation strategies.

Based on the comparison of the five main studies, there are several significant research gaps. First, most studies view elderly caregivers as part of the health system or the professional workforce, but have not positioned them as strategic instruments in addressing poverty and unemployment. In fact, in the context of developing countries such as Indonesia, caregiver development can be a dual strategy that answers global needs as well as domestic problems. Second, previous studies have not comprehensively integrated the social counseling approach as a foundation in building caregiver capacity. Existing research tends to focus on technical training and certification, while aspects of social transformation such as mindset change, internalization of empathy, and social readiness are still less systematically explored. Third, although the concept of collaboration has developed widely, its implementation in the context of community-based workforce development is still limited. Ansell and Gash's (2008) model is more applied to public policy and health services, but has not been specifically developed for care sector-based economic empowerment schemes. Fourth, there has not been much research that has integrative examined the relationship between caregiver development systems (identification, training, certification, placement) and collaborative governance frameworks. In fact, the success of the system is highly dependent on the synergy of actors across sectors as emphasized in the theory of collaboration. Fifth, there is a gap in the literature related to the context of developing countries, especially Indonesia, which has unique characteristics in the form of a high number of informal workers, low levels of education, and an increasing elderly population. Most of the studies are still based on developed countries, so they are less directly relevant to Indonesia's socio-economic conditions.

Based on this gap, this research offers novelty by integrating three main dimensions simultaneously. This research not only discusses caregivers as a global need, but also as a counselling-based social empowerment strategy. In addition, this study developed a systematic model of caregiver development systems and linked it to the collaborative framework of Ansell and Gash (2008). Thus, this study fills the literature gap by presenting a model that connects

social, economic, and governance aspects in one integrated and contextual framework for developing countries.

## **METHOD**

This research used a qualitative-analytical approach, with the aim of understanding, interpreting, and formulating conceptual models in depth based on relevant literature and policy studies. The qualitative approach was chosen because this study does not intend to measure the relationship between variables statistically, but to build a comprehensive and contextual understanding of strengthening social counselling in the development of elderly caregivers as an instrument for poverty alleviation (Creswell & Poth, 2018). Thus, this study places more emphasis on the depth of conceptual analysis than quantitative generalization.

The methods used in this study are literature review and policy analysis. Literature studies are carried out systematically by tracing various relevant scientific sources, including international and national journal articles, reports of international institutions, and official policy documents. Source searches are carried out through academic databases such as Google Scholar, Scopus, and official policy portals of international institutions such as WHO, OECD, and BPS, using the main keywords, among others: elderly caregivers, long-term care, social counselling, collaborative governance, and poverty alleviation. The selected literature is limited to publications published in the range of 2008 to 2026, with the exception of seminal works that remain conceptually relevant.

The policy analysis was carried out by examining various relevant national regulations, including laws, government regulations, and presidential regulations related to social welfare, employment, migrant worker protection, and workforce competency development. This analysis aims to identify the regulatory framework that supports the implementation of the proposed elderly caregiver development model, as well as map the role of institutional actors in collaborative governance.

The data analysis process in this study is carried out through three main stages. First, data reduction, which is the process of selecting and focusing relevant literature based on the suitability of the topic, the quality of the source, and the contribution to the research question. Second, synthesis and interpretation, which is the integration of findings from various sources to build a coherent and comprehensive conceptual framework. Third, model construction, namely the formulation of a model for strengthening social counselling that is integrated with the caregiver development system and the collaboration framework of Ansell and Gash (2008), based on the results of literature synthesis and policy analysis that has been carried out.

The main theoretical framework used as the basis of the analysis is the collaborative governance model from Ansell and Gash (2008) as well as studies related to long-term care, social counselling, and community-based workforce empowerment. This framework is used to analyze the dynamics of cross-stakeholder collaboration in caregiver development systems, including identifying the initial conditions, institutional design, facilitative leadership, and dialogue processes that are determinants of successful model implementation. This approach allows researchers to place the findings of the literature in a broader governance context, while generating a model that is not only academically relevant, but also applicable to policymakers in Indonesia.

## **RESULTS AND DISCUSSION**

The ageing phase of society experienced by Indonesia not only increases the need for care services, but also expands the economic burden on households, especially when most of the elderly have low levels of education, as many as 27.28% do not graduate from elementary school and 10.66% have never gone to school, which limits their economic independence (BPS, 2025). Conceptually, the model developed in this study works through four pillars of social

counselling that are systemically interconnected, namely: 1) Identification of vulnerable human resources; 2) Mindset transformation; 3) Internalize the value of empathy, and; 4) Strengthening social readiness.

In the first stage, the identification of vulnerable human resources becomes the foundation that determines the direction of the overall success of the caregiver development system. Data from the Central Statistics Agency (2025) shows that Indonesia's workforce structure is still dominated by informal sector workers who account for more than 59%, while most vulnerable groups include poor households and the elderly who have low levels of education and limited access to formal training. In addition, about 9–10% of the population is still in the poor or vulnerable poverty category, which is mostly spread across rural areas and marginal urban pockets. In addition, most of the elderly and vulnerable groups are still in the informal sector and have limited access to formal training and certification systems, so they are less likely to be identified in conventional workforce development schemes. This condition is reinforced by the fact that more than 54.21% of the elderly are still working to make ends meet, which indicates economic pressure and weak social protection (BPS, 2025).

This situation confirms that an administrative-based identification approach alone is not enough, so a community-based targeting mechanism is needed that is able to reach hidden population groups, namely vulnerable individuals who are not registered in the formal system. In this context, the role of local actors such as social workers, social companions and community organizations has become very strategic in conducting participatory social mapping. This approach is in line with the mandate of Law Number 11 of 2009 concerning Social Welfare, which emphasizes the importance of planned and sustainable efforts in identifying and empowering people with social welfare problems (MSMEs). In addition, Law Number 13 of 2011 concerning the Handling of the Poor also mandates that poverty management must be based on integrated data and field verification, which implicitly reinforces the importance of an accurate and contextual identification process.

From an institutional perspective, this identification stage involves various key actors within the framework of collaboration. The Ministry of Social Affairs plays a leading role in providing data and verification of vulnerable groups through the National Socio-Economic Single Data (DTSEN). Local governments and village apparatus function as implementers of region-based identification, while private institutions and non-governmental organizations (NGOs) play a role in reaching marginalized communities that are difficult for the state to access. In this model, NGOs can serve as intermediary actors who help map the potential of the workforce while connecting them to the training ecosystem and the job market.

If associated with the collaborative framework of Ansell and Gash (2008), this identification stage intersects strongly with the dimension of starting conditions. Ansell and Gash emphasized that the success of collaboration is heavily influenced by initial conditions, including the distribution of resources, information inequality, and the level of trust between actors. In the Indonesian context, vulnerable groups are often structurally weak, both in terms of access to information and resources, thus requiring collaborative intervention from the early stages to ensure inclusivity. The community-based identification process is a mechanism to reduce information inequality and build trust between communities and institutions, which is an important prerequisite for building effective collaboration.

Furthermore, this stage also reflects the importance of face-to-face dialogue in the early phase of collaboration, as explained by Ansell and Gash (2008), where direct interaction between government actors and the community is key in building a shared understanding of problems and potential solutions. Thus, the identification of vulnerable human resources not only functions as a technocratic process, but also as an initial arena for the formation of a common understanding that will determine the success of the next stage in the caregiver development system. By integrating empirical data, regulatory frameworks, and collaborative

approaches, the identification stage of vulnerable human resources in this study is no longer positioned as an administrative step, but rather as a strategic foundation in building an inclusive, adaptive, and sustainable caregiver development ecosystem.

The second stage, mindset transformation, is the key to changing the work orientation of vulnerable groups from the informal sector to the professional sector, especially in the context of Indonesia's employment structure which is still dominated by low-educated workers. Data from the Central Statistics Agency in 2025 shows that around 34.63% of Indonesia's workforce is only educated in elementary school (SD) and below, which reflects the limited capacity to adapt to the demands of the modern job market (BPS, 2025). This condition has direct implications for low productivity, limited work mobility, and the tendency to survive in the informal sector that does not provide a guarantee of economic sustainability. In the context of the elderly and vulnerable groups, this situation is increasingly complex because low educational background is also correlated with low self-confidence and long-term work orientation, as seen from the dominance of the elderly with education that does not finish elementary school and has never gone to school.

Therefore, mindset transformation through social counselling does not only function as an educational process, but as a structural intervention to change the perspective on work, professionalism, and the future of the economy. This process is important because previous literature has tended to focus on the development of hard skills, while aspects of changing values, motivation, and work orientation have received less attention. In this context, social counselling acts as a support mechanism that encourages individuals from vulnerable groups to see the caregiver sector as a dignified, sustainable, and globally mobility job opportunity.

Regulative, this mindset transformation has a strong foundation in Law Number 13 of 2003 concerning Manpower, which emphasizes that employment development aims to empower and utilize the workforce optimally and humanely. In addition, Law Number 11 of 2009 concerning Social Welfare also emphasizes the importance of social empowerment as an effort to improve the ability of individuals to meet their life needs independently. In a more operational context, Presidential Regulation Number 68 of 2022 concerning the Revitalization of Vocational Education and Training reinforces the importance of competency development that is not only technical, but also includes work readiness and professional ethos. Thus, mindset transformation is an integral part of the national policy framework in improving the quality of human resources.

From the actors' side, this stage involves multi-stakeholder collaboration that complements each other. The Ministry of Social Affairs plays a role in conducting community-based counselling and empowerment, especially through social companions and social rehabilitation programs. The Ministry of Manpower plays a role in designing competency-based training that integrates aspects of soft skills and job readiness. Training and certification institutions serve as institutions that internalize professional standards, while the private sector and NGOs play a role in providing exposure to the world of work.

If associated with the collaboration framework of Ansell and Gash (2008), the transformation stage of mindset is strongly intersected with the dimensions of facilitative leadership and institutional design. Facilitative leadership is reflected in the role of actors, especially the government and accompanying institutions that are not top-down, but encourage active participation, build motivation, and facilitate changes in individual perspectives. Meanwhile, institutional design can be seen from how social counselling programs are designed in an inclusive, adaptive manner, and provide space for interaction between actors to build mutual value. Ansell and Gash (2008) emphasize that the success of collaboration is highly determined by the actor's ability to facilitate dialogue, build trust, and create mutual commitment, which in this context is realized through a participatory and transformative counselling process.

Furthermore, this mindset transformation process also reflects the stages of the collaboration process, especially in the aspect of mutual understanding. Through social counselling, the actors involved not only transfer information, but also build a collective understanding that the caregiver profession is a job that has high social value as well as global economic opportunities. Thus, the transformation of mindset not only has an impact on individuals, but also on the formation of a more inclusive and future-oriented work ecosystem. By integrating BPS empirical data, national regulatory frameworks, and collaboration dimensions, the mindset transformation stage in this study becomes a key element that bridges the gap between the potential of vulnerable labor and the needs of the global labor market, while strengthening the position of social counselling as a strategic instrument in socio-economic development.

The third stage is the internalization of empathy values, strengthening the social dimension of the caregiver profession and becoming the main differentiator between care work and other technical work sectors. Studies have shown that empathy is not just a personal attribute, but a core competency that determines the quality of interaction and well-being of the elderly. Research on empathetic communication in elderly care confirms that the elderly experience significant physical and psychological changes so that they require a mindful, patient, and emotional understanding approach from caregivers (Riyanto & Choiriyati, 2020). In addition, the social support provided by caregivers has been shown to have a direct effect on the quality of life of the elderly, where empathic interaction improves their physical and mental well-being (Jepisa et al., 2023).

On the other hand, a lack of empathy not only impacts the elderly, but also on the caregiver himself. Studies show that emotional burden and stress in elderly care often arise when caregivers do not have adequate empathic capacity and emotional regulation (Muttakhidlah & Aryati, 2021). In fact, the ability to self-compassion which is closely related to empathy has been shown to contribute to caregiver resilience in the face of long-term care pressure (Mustaqfiroh & Tobing, 2022). Thus, the internalization of empathy in this study not only serves to improve the quality of services, but also as a psychosocial protection mechanism for caregivers themselves.

In the Indonesian context, the urgency of internalizing empathy is increasingly relevant if it is associated with the characteristics of the socially vulnerable elderly. Some of the elderly live in conditions of high dependence and economic limitations, so they need support that is not only physical, but also emotional (BPS, 2025). Therefore, social counselling needs to be designed as a value-based learning space that systematically instils empathy as a professional competence, not just an individual moral attitude.

Regulatively, the internalization of empathy values has a foundation in Law Number 11 of 2009 concerning Social Welfare, which emphasizes that social services must uphold human values, care, and respect for individual dignity. In addition, Law Number 36 of 2009 concerning Health also emphasizes that health services, including elderly care, must be carried out humanely, fairly, and without discrimination. In the latest regulatory developments, the approach to elderly services no longer only focuses on the physical aspect, but also includes the psychosocial dimension comprehensively. This is reflected in Presidential Regulation Number 88 of 2021 concerning the National Strategy on Aging and Government Regulation Number 28 of 2024, which emphasizes the importance of social life, environmental support, and fulfilment of the dignity of the elderly. Thus, empathy and interpersonal skills are an integral part of the competence of elderly social service workers.

From the actor's side, the stage of internalizing empathy involves a broader and deeper role than the previous stage. The Ministry of Social Affairs plays a role in designing a social counselling curriculum based on human values and providing training to social companions. Training and certification institutions have a responsibility to integrate empathy modules in

caregiver competency standards, so that empathy is not only assessed normatively but also measurable in practice. The Ministry of Manpower plays a role in ensuring that competency-based training includes soft skills aspects such as interpersonal communication and work ethics. Meanwhile, non-governmental organizations (NGOs) and private institutions function as social learning spaces that allow prospective caregivers to interact directly with the elderly.

If associated with the collaboration framework of Ansell and Gash (2008), the stage of internalization of empathy intersects strongly with the dimension of the collaboration process, especially in the aspects of trust-building and shared understanding. Effective collaboration requires building trust between actors that takes place iteratively through direct interaction and shared experiences. In this context, the internalization of empathy is a key mechanism in building trust, not only between caregivers and the elderly, but also between actors in a collaborative ecosystem. Empathy allows for the formation of a common understanding of human values in service, which then becomes the basis for a shared commitment in carrying out caregiver development programs.

Furthermore, this stage also reflects the importance of face-to-face dialogue in the collaborative process, where direct interaction between prospective caregivers, facilitators, and the elderly becomes a means to build real social sensitivity. Thus, the internalization of empathy not only serves as an individual learning process, but also as a normative foundation in building collaborative governance that is oriented towards human values.

Overall, the elaboration of the internalization stage of empathy in this study expands the literature that has tended to position empathy as a personal attribute, into a competency that can be systematically formed through social counselling, supported by regulatory frameworks, and strengthened through cross-actor collaboration. This approach also emphasizes that the success of caregiver development is not only determined by technical skills, but also by relational qualities rooted in the value of empathy.

The fourth stage, strengthening social readiness, is a crucial phase that bridges the empowerment process towards real integration into the global job market, especially in the elderly care sector which has high professional standards and cross-cultural adaptation demands. Indonesia's employment structure is still dominated by the informal sector, with around 59.40% or 86.58 million workers in sectors that do not have job protection, competency standards, or social security, in some regions even the proportion of informal workers can reach more than 65% (BPS, 2025). This condition shows that most of the Indonesian workforce does not have the social or institutional readiness to enter the formal job market, let alone a global job market that demands discipline, professional standards, and cultural adaptability.

In this context, strengthening social readiness is not only interpreted as technical readiness, but includes broader dimensions such as adaptability to international work cultures, professional work ethic, compliance with regulations, and readiness to face emotional pressure in elderly care work. This stage is important because previous research tends to stop at the training and certification aspects, without addressing how the workforce is truly prepared to transition and survive in the global work ecosystem. Thus, this study fills this gap by placing social readiness as a transition phase that determines the success of job placement.

Regulative, strengthening social readiness has a strong foundation in various laws and regulations. Law Number 13 of 2003 concerning Manpower emphasizes the importance of work competence which includes aspects of professional attitudes and behaviors, not only technical skills. Furthermore, Law Number 18 of 2017 concerning the Protection of Indonesian Migrant Workers explicitly stipulates that workers who will work abroad must have mental, social, and cultural readiness as part of labor protection. This regulation emphasizes that failure to adapt to social is often the main factor in the problem of migrant workers abroad. In addition, Presidential Regulation Number 68 of 2022 concerning the Revitalization of Vocational Education and Training also emphasizes the importance of link and match between training

and industrial needs, including work readiness which includes discipline, communication, and work ethics.

From the actor's side, this stage involves collaborative orchestration which is more complex than the previous stage. The Ministry of Manpower plays a role in preparing competency-based training that includes global job readiness, including international language and work culture training. The Ministry of Social Affairs continues to play a role in ensuring that vulnerable groups receive social assistance during the transition process. Certification bodies ensure that competency standards cover not only the technical aspect, but also the aspect of professional behavior. The private sector and NGOs play a role in providing exposure to the real world of work, including work simulations and internships.

If associated with the collaborative governance framework of Ansell and Gash (2008), the stage of strengthening social readiness intersects strongly with the dimension of the collaborative process, especially in the aspect of commitment to the process and the ability to act together. Ansell and Gash emphasized that the success of the collaboration is not only determined by the initial agreement, but by the ongoing commitment of the actors to run the joint process consistently. In this context, social readiness reflects the results of a collaborative process that has been built from the previous stage, in which individuals are not only competently prepared, but also have a commitment to work within a global professional system.

In addition, the dimension of the capacity for joint action is also evident at this stage, where various actors contribute to building the collective capacity of the workforce to be able to compete in the global market. Collaboration between governments, training institutions, the private sector, and NGOs creates an ecosystem that allows individuals to be not only "job-ready", but also "ready to adapt and survive". This is in line with the findings of Ansell and Gash (2008) that effective collaboration must generate shared capacity that goes beyond the capabilities of individuals or institutions separately. Thus, strengthening social readiness in this study does not only function as the final stage of the system, but as a unifying point between social empowerment, labor policy, and collaborative governance. This stage ensures that the caregivers produced not only meet global competency standards, but also have adequate social readiness to contribute sustainably, while strengthening the sector's role as a strategic instrument in national poverty alleviation.

The four pillars are then integrated into a caregiver development system that includes training, certification, and job placement. In this context, this research shows that the success of pipelines cannot stand alone, but must be supported by a collaborative framework. Referring to Ansell and Gash (2008), cross-actor collaboration is the main determinant of successful policy implementation, especially through a process of dialogue, trust, and mutual commitment. In its implementation, the government through the Ministry of Social Affairs plays a role in the identification and empowerment of vulnerable groups in accordance with the mandate of Law Number 11 of 2009 concerning Social Welfare, which affirms that the state is responsible for improving the welfare of vulnerable communities. Furthermore, the Ministry of Manpower plays a role in training and job placement as stipulated in Law Number 13 of 2003 concerning Manpower, especially related to the development of labor competencies.

Certification bodies have a strategic role in ensuring caregiver competency standards through a certification mechanism that refers to Law Number 12 of 2012 concerning Higher Education and the national certification system. On the other hand, the private sector and non-governmental organizations play a role in opening up access to the job market and providing community-based assistance. The synergy between these actors reflects the principle of collaboration, where each party has a complementary role in achieving common goals. This also answers the limitations of previous research that has not concretely integrated collaboration theory with caregiver workforce development.

Overall, the integration between the four pillars of social counseling, caregiver development systems, and collaborative governance resulted in two main outcomes. First, the fulfilment of the needs of global caregivers that continues to increase along with the aging of the world's population. Second, national poverty alleviation through the creation of inclusive social competency-based jobs. Thus, this model is not only academically relevant, but also has practical implications in the formulation of social and employment policies that are expected to contribute to tackling poverty in Indonesia.

## CONCLUSION

Strengthening social counselling in the development of elderly caregivers is a strategic approach that is able to answer two main challenges simultaneously, namely the increasing global need for elderly care workers and the structural problems of poverty and unemployment in Indonesia. Demographic transformation, marked by an increase in the proportion of the elderly, as shown by data from the Central Statistics Agency in 2025, demands a system of human resource development that is not only oriented to technical skills, but also to social readiness and human values. The developed model confirms that social counselling should be placed as the main foundation in a systematic caregiver development system. The four pillars of social counselling, identification of vulnerable human resources, transformation of mindset, internalization of empathy values, and strengthening social readiness form an integrated and sustainable process. The identification stage ensures inclusivity by reaching vulnerable groups that are not accessible by formal systems. Mindset transformation leads to a change in work orientation towards professionalism. The internalization of empathy strengthens relational qualities as the core of the caregiver profession. Meanwhile, strengthening social readiness is an important bridge in ensuring successful integration into the global job market. Thus, this research produces conceptual and practical contributions by presenting a model of strengthening social counselling that is integrated with caregiver development systems and collaborative governance. This model is not only relevant in meeting the needs of global caregivers, but also has significant implications in addressing national poverty through the creation of inclusive, social competency-based, and sustainable jobs. Thus, the development of elderly caregivers through this approach can be positioned as a social policy innovation that is adaptive to future demographic and economic challenges.

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