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Research Article

The Role of HR in CSR to support the Thai Aging Society through Village Volunteering

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Chirapapha Akaraborworn[1] Nopparat Phaopat[2]*
Rattanasak Charoensap[3] and Pilaipan Rodnieum[4]

Abstract

Aging society has become a global issue, especially in Thailand, since tending to elders is a responsibility of family members. Workforce shortage can be a future problem for HR professionals due to an increasing number of young workers leaving their jobs to take care of the elders in their families. This study used triangulation analysis (literature review, benchmarking, and field study to create a model for building associated government agencies and to make policy recommendations on managing long-term care at the community level through participation of private groups and social involvement. Also, applying the HROD knowledge under CSR function and networking interventions, the G-H2OST model has emerged as a new model for village volunteering which is expanded from the "BOR WORN" of HTS (Home-Temple-School) organization. It is important that all kinds of organizations demonstrate their commitment to CSR. The G-H2OST model has extended the HTS organization to the Government offices, Healthcare providers and private Organizations to support the Thai aging society through village volunteering. This article advises that the government, home, hospital, public and private organizations, school, and temple work together in the community to volunteer as caregivers for elders who have stayed at home and are bedridden.

Keywords: CSR, HRD, Aging society, Care giver, Volunteering, Role of HR

[1] **Affiliation:** Graduate School of Human Resource Development, National Institute of Development Administration. 148 Kong-Chan, Bangkapi, Bangkok 10240 E-mail chira@nida.ac.th
[2] **Affiliation:** Human Wisdom Consulting Co., Ltd.. 99/156 Moo 1, Bang Rak Noi, Mueang Nonthaburi, Nonthaburi 11000 E-mail nokphaopat@gmail.com (Corresponding Author)
[3] **Affiliation:** Graduate School of Human Resource Development, National Institute of Development Administration. 148 Kong-Chan, Bangkapi, Bangkok 10240 E-mail rattanasak9@gmail.com
[4] **Affiliation:** Graduate School of Human Resource Development, National Institute of Development Administration. 148 Kong-Chan, Bangkapi, Bangkok 10240 E-mail pin.rawdneam@gmail.com

Introduction

Thailand has been an aging society since 2010 and is projected to be a super-aging society in 2050 (Somsopon et al., 2022). Aging society in Thailand has caused some challenges like other countries around the world such as extending the retirement plan to keep the elders active and extend their employment to make a living. Veth et al. (2018) have stated the global challenges of the aging society have influenced some organizations to extend their official retirement policy to over 60 years. However, this can be in contradiction with the reality that the increasing number of the elders who have stayed home and bedridden call for more caregivers. In Thai culture, elder care is the obligation of family members, thus the supposed-retired workers cannot extend their retirement plans and also some young workers must leave their occupations to take care of the elders in their families. This can create the future workforce shortage in the near future particularly in the city. Pinthong et al. (2018) have addressed this issue that the Thai workforce leaves organizations to take care of their older family members in the rural area.

HR professionals have concerns about aging and shrinking workforces and want to ensure they can manage change and transition properly (Chand & Markova, 2019). Applying the knowledge of human resource management and organization development intervention for managing caregivers to ensure the enough workforce with healthcare capacity is the intention of this study.

Thailand Science Research and Innovation (TSRI) has provided two-years research funding for Long-term care at community level, organization development which is a part of Longitudinal Study on Aging for the Well-being of Thai Older persons: Panel Survey on Health, Aging, and Retirement in Thailand (HART), Centre for Aging Society Research, National Institute of Development Administration (NIDA), Bangkok Thailand. This research has two objectives:

1) To develop a model for developing the related government offices who have responsibilities for long-term care at community level.

2)To provide the policy suggestions on how to manage the long-term care at community level with participation of private organizations and social involvement.

This article is a part of the second-year research which introduces the G-H2OST model as the role of HR in Corporate Social Responsibility (CSR) to support the Thai aging society through village volunteering. Jang and Ardichvili (2020) cited World Business Council for Sustainable Development (2020) that a growing number of organizations are thus engaging in CSR activities through which businesses "contribute to economic development while improving the quality of life of the workforce and their families, as well as of the community

and society at large." It is important that all kinds of organizations demonstrate their commitment to CSR. The following information presents how the G-H2OST has emerged as a new model for village volunteering which is expanded from the BOR WORN of HTS (Home-Temple-School) organization.

Literature Review

Current Long-term care in Thailand

Thai population is about 67 million and more than 12 million Thais are elderly with the majority being between the ages of 60–69-year-old, according to the Department of Older Persons, Ministry of Social Development and Human Security. Thus, Thailand has become the fastest aging society in the world. The number of homebound and bedridden elderly has been increasing in Thailand, as the aging population rapidly grows, and rates of chronic diseases increase. However, decreasing family size may reflect a decline in the ability of families to provide care.

Moreover, Thai people have incomes lower than the poverty line. In other words, an increase in the number of bedridden and homebound elderly are facing financial vulnerability at the same time the number of family caregivers is declining. This has resulted in Thailand's expansion of the need for a long-term care policy to establish a proper and effective system to support the dependent elderly. Recently, the National long-term care policies for the elderly have received more attention in many countries, especially fast-aging countries like Thailand. Under the second "National Plan on the Elderly (2002–2021)", the Thai government has put considerably more effort into establishing and developing a long-term care scheme to support the elderly with disabilities.

In the year 2016, the government provided a proactive action in developing long-term care (LTC) system and identifies next stages from traditional nursing home care to community-based long-term care. The community-based system is provided through institutions and in communities, which combine cooperation among elderly's families, hospitals, volunteers for elderly, elderly clubs, village health volunteers, temples, schools, and local administrative offices. The development of LTC scheme for dependent elderly since the year 2010 to the proactive one in 2016 aims to ensure Thai elders have enough caregivers.

Society, as a result, enhances the need for long-term care (LTC) policy to provide home care and social support for the homebound and bedridden elderly. Suriyanrattakorn and Chang (2021) examines how care-receipt satisfaction in LTC impacts the homebound and bedridden elderly's overall happiness, using a two-year panel of 279 individuals from the Thai Health

Promotion Foundation dataset. The empirical result shows that care-receipt satisfaction on LTC service can generate a positive impact on the overall happiness of the homebound and bedridden elderly. But how can we have enough caregivers for the increasing number of bedridden and homebound elderly?

BOR WORN of HTS (Home-Temple-School) Organization

BOR WORN (บวร) or HTS (Home – Temple – School) Organization has been in Thailand for many decades. It represents the collaboration effort of people from the community's three key institution: home, temple, and school. HTS Organization occurs under the social context when the members of the community come to take part in the activities created by these three main institutions.

Brahmasubha (2012) investigated BOR WORN (HTS: Home – Temple School) Organisation as a learning organization which is the way to provide knowledge, education and learning to the community and transfer Thai local knowledge and culture to the next generations to achieve the goals for learning and strengthening the community with knowledge and morality. The researcher found that people participate in community activities for two reasons: because they respect their religions, so they try to sustain and carry its values on to the future generation and because they trust and believe in an individual person such as a monk or community leader. BOR WORN organization is a learning organization (LO). The learning process, both individual and social learning, as well as global knowledge and local knowledge (OL), happens when members of an organization join in community activity. Theory of learning and social application in communities of practice is the fundamental process of HTS. Thus, BOR WORN acts as a community of practice in a unique combination of three fundamental elements: the domain, the community, and the practice.

BOR WORN organization encourages people of all ages to communicate, participate and create learning processes within the social context and apply the concept of communities of practice as a management tool to explore and help people to achieve the expected outcomes of the community, that is, learning and strengthening community and maintain the national heritage in Thai society and transmitting it to the further generations. As a result, application of the concept of HTS Organization brings many benefits while needing little investment. The advantages of the HTS Organization are not only the benefit for the community (knowledge-based society, well-being, strengthening, sufficiency economy and sustainable community) but it is also good for people, especially the country's children and youths, who have great potential in the future to be skilled, talented, proficient people and be filled with knowledge and morality

or Kwam Roo Koo Kun-Na-Tham (ความรู้คู่คุณธรรม). BOR WORN organizations can be used as social capital for gathering volunteers in the community and for resource mobilization.

Community volunteering

Lower-resourced countries, like Thailand, can develop large-scale networks of community-based volunteers providing long-term care for vulnerable older people, with relatively modest financial support. Lloyd-Sherlock et al. (2017) stated that the capacity of volunteers to enhance the quality of life of clients is affected by the local availability of long-term care services. Volunteer care networks should be complemented by other initiatives, such as volunteer health education and investment in community long-term care services to build a system that is equitable and sustainable.

In 2018, the Nation Thailand reported volunteers are being sought to take care of 200,000 home-bound senior citizens across the country and in doing so earn "points" towards receiving care when they become elderly (The Nation Thailand, 2018). "Time Bank" project needed volunteers with a "service mind" to help seniors with their housecleaning and meals and perhaps read to them. So far, in 2019 about 2,000 people have registered themselves as volunteers for Thailand's Time Bank initiative, under which they will provide care to the elderly to earn credits that would entitle them to similar help in the future. Launched late last year, the initiative covers 2,300 elderly participants in 28 provinces.

Recently in 2020, Chancharoen and Hongkrailert (2020) proposed the recommendations from their policy research: (1) Preparedness of the local population in all age groups to accept the situation of the aging society; (2) There should be a mobilization of volunteerism in Thai society to implement the time bank for aging society; (3) There should be advocacy for the time bank approach; and (4) There should be improvements in the infrastructure to facilitate time banks for the aging society.

Village Health Volunteer (VHV) or Or Sor Mor (อสม.)

Since 1977, Thailand has established primary health care policy which has gradually expanded its cadre of Village Health Volunteers (VHVs), or Or Sor Mor (อสม.). At present there are more than one million VHVs. VHVs can recognize age-specific health problems as well as survey the community for infectious and non-infectious diseases. They participate in planning for and management of community health problems, utilizing financial support from the Ministry of Public Health (MOPH) or other sources.

Each VHV is responsible for 5 households on average. They assist the local health workers in promoting health and preventing diseases as well as in providing basic health services

to local communities. Initial training is 70 hours of classroom work. Follow-up training is provided on a regular basis. Topics cover comprehensive health management for persons in different age groups, infectious disease surveillance and control, health promotion, mental health, consumer protection, as well as traditional health knowledge. The VHV program is under the Primary Health Care Division of the Department of Health Service Support (DHSS) of the MOPH. VHVs are supervised by on-site local health workers. A web based VHV information platform has been developed and is widely used, and a mobile Android application "SMART Or Sor Mor" has been introduced. Each VHV receives a monthly salary of 5,000 baht (150 USD), in addition to the social recognition they receive, the sponsored leisure activities, parties, field trips, and possible national awards.

VHVs have contributed to a broad range of health promotion and health prevention activities. For example, they are active with avian flu surveillance, HIV prevention and especially during the COVID-19. Their activities include the promotion of children's oral health. Thailand has been a global leader among low- and middle-income countries in reducing its under-five mortality rate.

VHVs in Thailand performed comparatively well on short-term tasks but not on the work that requires sustained attention (Visanuyothin et al., 2015). That is, VHVs have been assigned to assist in some specific activities that take a few hours in one day, but they have never had a chance to propose a project that has to be implemented in a longer term. Rural villagers have high expectations for VHVs. This might put some VHVs in difficult situations that they cannot handle and lead villagers to lose confidence in them. Findings from a few studies regarding VHVs' competency have been inconclusive. For example, one study revealed that even though their health literacy was higher than that of the general population, there were areas of deficiency such as knowledge of herbs and dietary supplements, health information in general, and the importance of promoting physical exercise (Visanuyothin et al., 2015). However, another study of 36 VHVs found that they could be trained to detect problems in relation to the dosage of medications for chronic diseases such as diabetes and hypertension (Na Pathalung & Thepaksorn, 2017). Another interesting challenge is that VHVs have been drawn into politics and have become involved in local, regional, and national issues. Local politicians usually regard VHVs as vote supporters, potentially distracting them from their health mission.

The role of HR in Corporate Social Responsibility (CSR)

In 2007, the Society for Human Resource Management (SHRM) (Sammer, 2008) announced HR as a Key Player in Corporate Social Responsibility. Dirani et al. (2010) also stated that HR functions can play a critical role in embedding CSR within corporations through

employee communication and engagement, diversity management and community relationships. The article highlights the growing important interfaces between HR and CSR and captures the roles that HR can assume in implementing CSR. As they become more of a strategic partner in organizational business plans, HR managers will play a larger role in CSR from strategy and conception formulation to execution and application.

Akaraborworn and Akaraborworn (2009) summarized there are three roles of in CSR:

(1) **CSR-after-process**: a project that an organization establishes to help society and the environment.

(2) **CSR-in-process**: a management process whereby an organization integrates social and environmental concerns in their business operations and interactions with their stakeholders.

(3) **CSR-as-process**: an organization that embeds social responsibility in the business. It can be called a social enterprise.

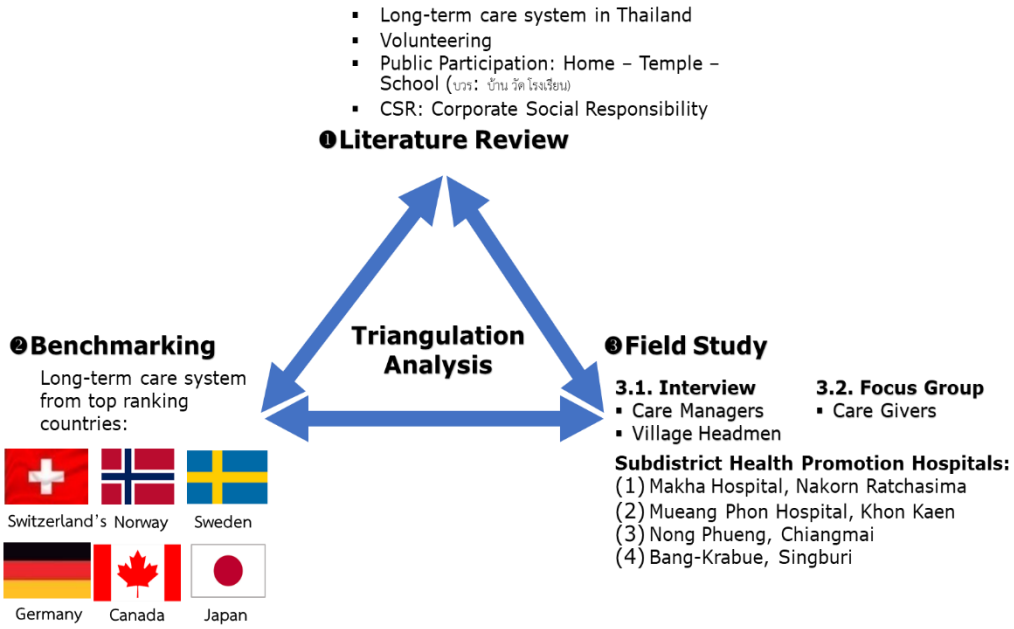
The Comparative Study of HR Trends in ASEAN 2014 – 2015 (Akaraborworn, 2014) was conducted to respond to the AEC (ASEAN Economic Community). The study reported nine areas in HR Trends in nine countries (except Brunei Darussalam). In general, Corporate Social Responsibility (CSR) was the most increasing trend (83.40%) and became the number one trend in four countries: Singapore, Malaysia, Thailand and Philippines. However, activities under the CSR have involved the employees and tend to have mainly objectives for corporate image building. One of the CSR activities that most countries in ASEAN (CLMV and Thailand) conduct is philanthropy which is called CSR-after-process.

To promote CSR-in-process, the Personnel Management Association of Thailand, in collaboration with the School of Human Resource Development, NIDA, and the Federal of Thailand Productivity Institute (FTPI), proposed Thailand HR Innovation Award in 2017 for any HR project that can creates value primarily for employees, organization and furthermore for the community, society and the national level. The main objective of this event is to enhance the High-Performance Organization with sustainability. The HR practices will be of high value when they can make an impact not only within their organizations but also in society and the nation. To respond to this main objective, the award criteria are composed of 5 Is: Initiative Level, Involvement, Implementation, Integration, and Impact. The "Impact" criterion are critical for assigning levels of awarding. If the project can create value only within the organization the award will be offered at Silver Award. For the Gold Award, the project has to contribute its value to the community and for the Diamond Award, the project has to contribute its value to the nation.

Research Methodology

This study used "Triangulation Analysis" which is a research method that collects both quantitative and qualitative data simultaneously so that the investigator can converge the data to make comparisons between detailed contextualized qualitative data and the more normative quantitative data (Creswell and Creswell, 2005, p. 320). For this study, the researchers used the triangulation analysis to compare and validate the data from different sources: (1) Literature Review, (2) Benchmarking and (3) Field Study, see Figure 1. With this research method, the researchers can ensure the robustness of the analysis by cross-verifying the information from different data sources, leading to a more comprehensive and reliable conclusion.

Figure 1: Research Method



(1) Literature Review: Thai and international literature relating community services & volunteering and corporate social responsibility concepts were reviewed.
(2) Benchmarking: The study selects best practices of caregiver management systems in six countries based on Global AgeWatch 2015 (HelpAge International, 2015): Switzerland, Norway, Sweden, Germany, Canada, and Japan to be benchmarked with.
(3) Field Study: Interviews and focus groups were conducted in four provinces (Nakhon Ratchasima, Khon Kaen, Chiangmai, and Singburi) based on the National Ranking on highest numbers of aging populations and Aging index over 100 scores. See Table 1:

(3.1) Interviewing care managers (CM) and village head as long-term care responsible persons in the village.
(3.2) Conducting focus groups of caregiver (CG) as long-term care service providers in the village.
(3.3) Visiting elders' homes and interviewing their caregivers (CG) on duty.

Table 1: Samples of Care managers (CM) Care givers (CG) under the Subdistrict Health Promotion Centers from selected provinces

Province	National ranking	Aging Index	Subdistrict Health Promotion Centers (รพสต.)
Nakorn Ratchasima	# 2	105.4	Makha Health Center ● Care givers: 6 ● Care Managers: 2
Khon Kaen	# 4	115.1	Mueang Phon Health Center ● Care givers: 5 ● Care Managers: 3
Chiangmai	# 3	130.6	Nong Phueng Health Center ● Care givers: 6 ● Care Managers:2
Singburi	# 2 in term of ratio young population: elders	149.2	Bang-Krabue Health Center ● Care givers: 6 ● Care Managers: 2

Findings

This section reports the findings of the data collected from triangulation analysis (literature review, benchmarking, and field study) to develop a model for developing the related government offices and provide policy suggestions on managing long-term care at the community level with participatory private organizations and social involvement.

4.1. Results from Literature Review

The literature relating community services, volunteering, and corporate social responsibility concepts in Thailand and international contexts which has proposed three categories and six underlying factors, see Table 2.

Table 2: Summary of factors mentioned in literature to support the Thai Aging Society

Categories	Factors
Social Support	1. Home-Temple-School Collaboration 2. Volunteers in Community
Government Support	3. Governing by Network 4. Integrated Information System
Organization Support	5. CSR-in-Process—Elderly Employment 6. CSR-after-Process—Voluntary Employees

4.1.1. Social Support

Factor 1) Home-Temple-School Collaboration

- *Home*: Home visiting services by volunteers and relatives are the main activity in the community in Thailand for monitoring the elderly physical health and maintaining their mental health (Chancharoen & Hongkrailert, 2020). In addition, Share Housing Arrangement (SHA) is another approach in Germany to support the 'aging in place' policy. SHA is a private room rented by a group of 6-8 elderly tenants in an apartment with shared common areas where they receive daily care instead of staying at nursing

homes (Doetter & Schmid, 2018). SHA encourages them to receive equal care at a reduced cost. Therefore, they can remain in their accommodation as long as possible.

- *Temple*: Buddhist temples have been considered the heart of the Thai community as a powerful social capital from the past to the present. Every community has at least one temple. Accordingly, Thai temples have played significant roles in the community, such as building relationships and social networks, common areas for public participation, and emergency support. The abbots and monks in Thailand have encouraged people to provide offerings dedicated to the monks with essential supplies for elders and food for caregivers in the LTC project in the community. Furthermore, some churches have offered social support for the elderly to participate in their activities to maintain elderly mental health (Brahmasubha, 2012).
- *School*: Academic institutions in Thailand have organized several voluntary projects, such as youth volunteers for elderly care from high schools and universities. In addition, the medical schools in Thailand that teach Geriatric Medicine have conducted home visiting services for elderly care in the community. Moreover, the schools are a common area to support many community activities (Brahmasubha, 2012), such as activities for older people and community isolation for COVID-19.

Factor 2) Volunteers in Community

- In Thailand, the village health volunteer (VHV) and village caregiver volunteer (VCV) are significant workforces that support older people closely at home through familiarity relationships. Both VHV and VCV gain a high level of trust from the community members (Visanuyothin et al., 2015).
- Regarding financial limitations, community volunteers usually exist in low-to-lower-middle-income countries rather than middle-to-high-income countries.

4.1.2. Government Support

Factor 3) Governing by Network

High-quality community services require a high level of public participation to create a strong community, sustainable community development, and a sense of community. According to the 12th National Economic and Social Development Plan (2017 - 2021) of Thailand, there is a network of three ministries integrated into the development of the elderly quality of life as follows: Ministry of Public Health (MOPH), Ministry of Social Development and Human Security (MSDSH), and Ministry of Interior (MOI). Therefore, the government plays an essential role in policy making and connecting across networks—government agencies, the private sector, and the participation of elders and their family—to build seamless collaboration.

Factor 4) Integrated Information System

The information, monitoring, and evaluation system is the center of elderly care such as Android application "SMART Or Sor Mor" by MOPH. The integrated system provides high accessibility to the elderly database. As a result, it will help increase the efficiency of the long-term care system across communities, departments, and organizations.

4.1.3. Organization Support

Besides the objectives of CSR activities in general (e.g., promoting company image and socially responsible behavior), there is a need to consider public participation and helping in

social problem-solving to create a high level of cooperation between communities and organizations (Akaraborworn & Akaraborworn, 2009).

Factor 5) CSR-in-Process—Elderly Employment

CSR-in-process focuses on older people in the social-bound group. The private sector has implemented the policy of retirement extension and hiring for elderly employees who may be retired to return to work in appropriate positions.

Factor 6) CSR-after-Process—Voluntary Employees

CSR-after-process focuses on older people in the home- and bed-bound groups. Most of these activities are general donations, but CSR activities supporting elderly care and the aging society are rare. Some organizations have collaborated in a CSR project helping older people, such as "Baan Sabai for Grandparents" (Comfort Home for Grandparents)—home renovation for the elderly who are low-income.

4.2. Results from Benchmarking

According to reviewing the best practices of LTC management systems in six countries (Switzerland, Norway, Sweden, Germany, Canada, and Japan), the comparison in three aspects emerged, see Table 3 (HelpAge International, 2015).

Table 3: Comparison of best practices of LTC management systems in six countries

Country	National Goal	National Structure Design	Governmental Management
Switzerland	Have an environment conducive to good health without disparity from a sustainable, quality, modern health system	Apply decentralization from the government to the territories and participation from public and private partners corresponding to each local context	Funding: More than half of the budget comes from health insurance; the rest are pension, elders' property, and local government Focus: Home Care
Norway	Improve health, quality of life, and life experiences with increasing age. Focus on feeling part of the health system and foster positive relationships between patients and specialist teams through simple communication	Apply decentralization of public health functions, and the municipality is responsible for LTC Emphasize on collaboration between healthcare providers: - Using a network of experts in each municipality - Creating alliances at three levels of national, regional, and local	Funding: Government and municipalities support the specific expenditures for LCT from the municipal taxation systems Focus: Home care, Using soft power to attract and create participation among people
Sweden	People have good health and welfare thoroughly and equally	Providing public health services through digital platforms by defining the roles of the people, public health officers, and decision-makers	Funding: LTC emphasizes co-payment Focus: Ageing in place, Municipality supports caregivers who are family members, including

Country	National Goal	National Structure Design	Governmental Management
			participating allowances for the project and care expenditures
Germany	Increasing the quality of life so that people receive adequate essential health services and access to financial support in the healthcare system	Establish the health insurance committee, the Federal Joint Committee, and Local Government	Funding: Statutory and personal health insurance, LTC Fund Focus: Home Care
Canada	All citizens and permanent residents of Canada have no expenses in case of inpatient treatment at the hospital, including other medical services from the beginning	Decentralized global health system state/territory	Funding: The federal government funds, public health system, and health insurance of each state/territory
Japan	Emphasize the integrated system for nursing care in the community as the heart of any long-term nursing care approach	The national government is the center of regulation and determines the fees of the statutory health insurance system. Local governments are responsible for implementing national policies and responsible for organizing health promotion activities and insurance planning including long-term nursing care for the people in the locality	Funding: The budget for the LTC insurance system comes from National Tax (25%), Provincial Tax (12.5%), Municipal Tax (12.5%), and Social Security Co-payment (50%)

4.2.1 National Goal

All six countries have integrated the aging society agenda into their national health policies. Those policies have the main purposes as follows:

- To enhance the quality of life of people of all ages
- To create equality in access to healthcare services and financial support
- To engage the community in the healthcare processes for sustainability
- To create positive experiences for people and healthcare officers/specialists

4.2.2 National Structure Design

The national and local governments are clearly designed for their respective duties and responsibilities. The federal government establishes the national goal and policy, including the

design of innovative structures and main processes (e.g., digital platforms, alliances, networking). Meanwhile, the local governments are responsible for implementing policy, organizing activities, engaging the community, and facilitating seamless services. Both federal and provincial governments play the role of conductors who connect all public sectors to perform within and across their departments.

4.2.3 Governmental Management

LTC insurance is a vital financial element to support the aging society in these six countries. Other governmental funding supports are managed through taxation systems, pensions, and social security. Further, the co-payment approach is encouraged through personal insurance and property. Therefore, all countries apply home care and integrated-community strategies that enable elders to live at home as long as possible to minimize expenditures. Consequently, some funding is allocated to support family caregivers and the community.

4.3 Results from Field Study

Four key themes emerged from conducting onsite interviews and focus groups in four provinces (Nakhon Ratchasima, Khon Kaen, Chiangmai, and Singburi) in Thailand, see Table 4.

Table 4: Key themes related to managing LTC and caregivers in the community

Key Themes		Description
I.	Mutual Goal for Elderly Care	● Focus on elderly well-beings based on guidelines from the Ministry of Public Health and locality context ● Support daily activities and home infrastructure to help elders and their families maintain elders' daily-living abilities
II.	Networking Coordination and Communication for Elderly Care	● Semi-formal coordination and communication are applied with fewer steps ● Care managers coordinate with related healthcare officers, public affiliations, and local departments ● Care managers work as consultants and informal supervisors for caregivers and village health volunteers and also coordinate closely and informally with local leaders (village headman) through familiarity relationships ● Local leaders (village headman) have semi-formal coordination with care managers, caregivers, and village volunteers for identifying, monitoring, and asking for corporations from people
III.	Resource Management for Elderly Care	● National Health Security Office (NHSO) allocates budget to local departments based on the total number of an individual care plan ● Equipment and supplies are managed collaboratively through provincial and local hospitals and municipality offices ● Each community has different ways of elderly fundraising for equipment, supplies, food, and money (e.g., donation, religious activities, private sector support)
IV.	Workforce Shortage for Elderly Care	● Care manager : Elder (1:100) in a community ● Caregiver : Elder (1:5-10) in a community ● Almost caregivers have been village health volunteer; that tends to be a shortage shortly ● Some elders live alone, regarding their offspring away to work in the city or other areas

Key Themes	Description
	● Caregivers want skills development and new learning approaches to increase their capabilities

4.3.1 Mutual Goal for Elderly Care

According to the Bureau of Elderly Health guidelines, under the Ministry of Public Health in Thailand, the community objective for elderly care focuses on well-being by supporting daily activities and home infrastructure to help elders and their families maintain elders' daily-living abilities. Therefore, elders can live in their homes as long as possible.

4.3.2 Networking Coordination and Communication for Elderly Care

Each community has utilized connected networks, both public and private sectors, for effective coordination through semi-formal channels with fewer steps. The important parties are caregivers, the care manager at local hospitals, the local leader (village headman), village volunteers, the rescue foundations, the subdistrict administrative organization (SAO), and the municipality. In addition, care managers coordinate with related healthcare officers, public affiliations, and local departments, including working as consultants and informal supervisors for caregivers and village health volunteers. Further, Local leaders (village headman) have semi-formal coordination with care managers, caregivers, and village volunteers for identifying, monitoring, and asking for corporations from people.

4.3.3 Resource Management for Elderly Care

The important resources for elderly care are funding, equipment, and supplies. The National Health Security Office (NHSO) allocates the pooled budget to local departments (e.g., SAO) based on the total number of individual care plans. Meanwhile, equipment and supplies are managed collaboratively through provincial and local hospitals and municipality offices. Therefore, each community has different ways of resource management, including elderly fundraising for equipment, supplies, food, and money (e.g., donation, religious activities, and private sector support).

4.3.4 Workforce Shortage for Elderly Care

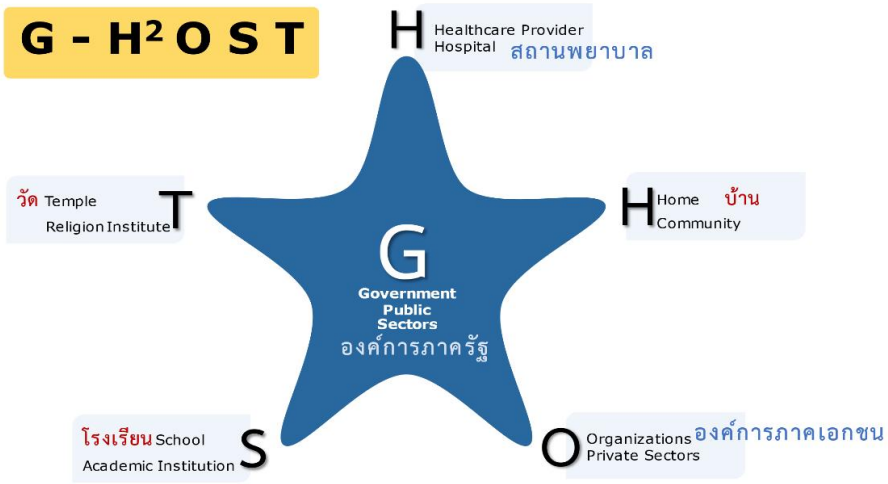
The significant workforce in elderly care at the community level in Thailand is the care manager and village caregiver volunteers. Each community has a care manager to elder ratio of 1:100 and a caregiver to elder ratio of 1:5-10. Almost all caregivers have been village health volunteers; that tends to be in a short supply. Moreover, some elders live alone, while their offspring work in the city or other areas. Therefore, caregivers want skills development and new learning approaches to increase their capabilities.

Conclusion

Q1: To develop a model for developing the related government offices who have responsibilities for long-term care at community level.

Thailand has a long-term foundation of the Home-Temple-School network in community development. The G-H^{2}OST model has extended this Home-Temple-School network to the government offices, healthcare providers and private organizations to support the Thai aging society through village volunteering, see Figure 2.

Figure 2: G-H^{2}OST Model



Q2: To provide the policy suggestions on how to manage the long-term care at community level with participation of private organizations and social involvement.

G: Government / Public Sector

Government or Public Sectors play a major role as conductors who connect all public sectors to perform within and across their departments. Under the Governing by Network, the government plays an essential role in policy making and connecting across networks—government agencies, the private sector, and elders and their family participation—to build seamless collaboration. Moreover, the federal government has the responsibility of providing financial support and resource allocation as examples in Switzerland, Norway and Canada.

H: Healthcare Provider / Hospital

Healthcare providers and/or hospitals play a role as supporting and coordinating centers for LTC. Subdistrict Health Promotion Centers (รพสต.) apply decentralization of public health functions, and the municipality is responsible for LTC. They emphasize collaboration between healthcare providers by using a network of experts in each municipality and creating alliances at three levels of national, regional, and local. Norway is a good example of this practice.

Care managers have main responsibility as coordinators with related healthcare officers, public affiliations, and local departments. They all work as consultants and informal supervisors for caregivers and village health volunteers and coordinate closely and informally with local leaders (village headman) through familiarity relationships.

H: Home / Community

Home and community in Thailand have a high impact on society. Most Thai families prefer keeping the elders at home as long as possible. Thus, enhancing the need for long-term care (LTC) policy to provide home care and social support for the homebound and bedridden elderly. Home visiting services by volunteers and relatives are the main activity in the community in Thailand for monitoring the elderly physical health and maintaining their mental health. In Germany, Share Housing Arrangement (SHA) is another approach in supporting the 'aging in place' policy.

O: Organization / Private Sector

Private sector can play a major role in supporting CSR-in-process which implements the policy of retirement extension and hiring for elderly employees who may be retired to return to work in appropriate positions. Also, it can conduct lots of CSR-after-process such as general donations, home renovation for the elderly who are low-income, and implement a time-bank for an aging society.

S: School / Academic Institute

The CSR mindset should be embedded at a young age. Thus, schools and academic institutions can organize several voluntary projects, such as having high school and university youth volunteers for elderly care. These school volunteers can learn how to take care of the elders or geriatric medicine from the professionals in the local medical school. Also, school can serve as a hub for community resource mobilization.

T: Temple / Religion Institution

Buddhist temples are considered as a large social capital of the country because a temple exists in almost every community. In 2023, the Office of National Buddhism (ONAB: สำนักงานพระพุทธศาสนาแห่งชาติ) reported there are 43,472 temples around Thailand which increased from 37,075 temples in 2017. ONAB reported in 2017, the temples receive an estimated US$3.5 billion a year in donations. The government provides a further 4.67 billion baht (US$137 million) to support temples and monks more than 300,000 monks. Thus, Buddhist temples can play a significant role in the society as a place for Buddhist relations and a social network of the faithful, and also developing the spiritual well-being of the elderly.

Buddhist temples and/or any religious churches have high social capital in Thailand from the past to the present. Every community has at least one Buddhist temple so they can play significant roles in the community, such as building relationships and social networks, common areas for public participation, and emergency support. The abbots and monks in Thailand have encouraged people to provide offerings dedicated to the monks with essential supplies for elders and food for caregivers in the LTC project in the community. They can be the center of resource mobilization.

Implications for practitioners and scholars

The paper on Corporate Social Responsibility (CSR) in supporting Thailand's aging society offers several implications for both practitioners and scholars. For practitioners, especially HR professionals and community organizers, the study underscores the critical role that organizations, both public and private, can play in fostering sustainable care systems for the elderly. The introduction of the G-H2OST model, which expands upon Thailand's Home-

Temple-School (HTS) network, illustrates how cross-sector collaboration between government agencies, healthcare providers, private organizations, and religious institutions can be structured to meet the care needs of a rapidly aging population. Practitioners can draw on this model to build comprehensive community care systems that leverage existing social structures and CSR initiatives to mobilize volunteers and resources effectively.

For scholars, the study presents an opportunity to further explore the intersection of CSR, human resource development (HRD), and long-term care systems. This could lead to the development of new theoretical frameworks that examine how CSR initiatives can be integrated into public policy and organizational strategy to address demographic shifts and workforce shortages. Additionally, the study's use of triangulation methods offers a robust approach for future research aimed at assessing the efficacy of community-based volunteer systems and the scalability of the G-H2OST model in other cultural contexts.

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