



# Implementing The Minimum Service Standards Policy for Fulfilling Neglected Elderly's Basic Needs Through Institutional Based Social Rehabilitation

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## Abstract

*The increasing elderly population in Indonesia, projected to reach 25% by 2050, presents significant demographic challenges. Currently, elderly individuals make up 11.75% of the population (Direktorat Kesejahteraan Rakyat, 2023). In response, the government has enacted policies, such as the Elderly Welfare Law, to ensure their welfare (Law Number 13 of 1998). However, many elderly still face neglect, struggling with disabilities, basic needs, and lack of familial support, exacerbated by poverty and diminishing family values (Sulastrri & Humaedi, 2017). This study explores the implementation of Minimum Service Standards (MSS) in the social sector for neglected elderly in West Java, focusing on the Griya Lansia Elderly Service Center. Utilizing a qualitative approach with descriptive research methods and the data were collected through in-depth interviews and observations. The findings reveal that the implementation of MSS successfully meets all aspects outlined by Edward III (1980), Van Meter & Van Horn (1975), and Rondinelli & Cheema (1983), including environmental conditions, resource availability, and implementer capabilities. Basic services provided include food, clothing, accommodation, health supplies, various forms of guidance, and assistance with national identity registration and family services, effectively addressing the basic needs of neglected elderly individuals.*

**Keywords: Neglected Elderly, Social Policy, Social Service, Minimum Service Standards**

## 1. INTRODUCTION

Elderly citizens, defined constitutionally as individuals aged 60 and above, present a significant demographic challenge for Indonesia. The growing number of elderly is directly

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linked to increased life expectancy and decreasing birth rates, leading to what's known as the "ageing population" phenomenon. Estimates suggest that by 2050, Indonesia's elderly population will reach 74 million, constituting roughly 25% of the total populace. Recent years have seen a notable rise in the proportion of elderly, reaching 11.75% in 2023 (Direktorat Kesejahteraan Rakyat, 2023). According to data from the Central Statistics Agency (BPS), the elderly dependency ratio in 2022 stood at 16.09, indicating that approximately 17 elderly individuals are supported by every 100 working-age people (BPS, 2022; Direktorat Kesejahteraan Rakyat, 2023).

In response to this demographic shift, the government has enacted legislation and policies outlining their obligations toward elderly welfare. The Elderly Welfare Law mandates that the government must ensure social services and protection for the elderly, aiming to enhance their quality of life and overall well-being (Law Number 13 of 1998). Despite these efforts, there are still elderly individuals who suffer neglect and lack adequate care and support.

Neglected elderly individuals face a multitude of complex challenges, including physical and mental disabilities, struggles to meet basic needs, and a lack of familial assistance. Poverty, diminishing family values, and the limited availability of family members' time are among the factors contributing to elderly neglect (Sulastri & Humaedi, 2017). Neglecting the elderly encompasses not only economic issues but also psychological and social ones.

To address these challenges, the government has implemented various programs and policies such as Social Assistance for Neglected Elderly (ASLUT) and Elderly Social Security. However, evaluations of these initiatives reveal limitations in terms of coverage, integration with local policies, and resource allocation (Yanuardi et.al. 2017). Additionally, concerns persist regarding the implementation of Minimum Service Standards or SPM in the social sector. Despite efforts to provide essential services for neglected elderly individuals, such as social rehabilitation in care facilities, challenges such as limited capacity and operational funding persist (Permensos No. 9 2018).

Previous studies have depicted the implementation of the Minimum Service Standards (MSS) or Standar Pelayanan Minimal (SPM) policy across various sectors such as education, health, and infrastructure. However, there remains a research gap that requires further exploration. As conducted by Mokoginta et.al. (2023), who examined the impact of MSS implementation particularly in the fields of education, health, and infrastructure. Additionally, Gani (2017) elaborated that the education and health sectors have mostly achieved their targets. Nonetheless, in the context of implementing MSS in the social sector,





particularly concerning services for neglected elderly individuals, there has been no in-depth research.

Regarding this matter, Sirajuddin (2016) highlights the lack of research addressing "public satisfaction with the implementation of Minimum Service Standards (MSS) or SPM in the social sector in Makassar City." Similarly, Suharto (2023) notes that research has not adequately considered "factors influencing MSS policies at the regional level, such as the lack of commitment from local authorities in planning and formulating MSS policies." Therefore, further research is needed to delve into the implementation of MSS policies in the context of services for neglected elderly individuals, including in West Java Province.

Additionally, literature analysis on concepts related to the basic needs of the elderly and social protection for them has been presented. As stated by Reinert (2000), the "basic need approach concept is part of development ethics and human rights." Furthermore, Bahtyar (2013) and Khan (2001) provide insights into various forms of basic services provided in other countries such as Malaysia and Singapore. However, there is no specific research linking these concepts to the implementation of social policies in Indonesia, especially concerning the protection and services for neglected elderly individuals.

Thus, there is a research gap that needs to be addressed, especially in understanding the implementation of MSS policies in the social sector in the context of services for neglected elderly individuals. Through this research, it is hoped that a deeper understanding of the impact of social policies on the welfare of neglected elderly individuals can be obtained, as well as the identification of factors influencing the implementation of these policies.

### 1.1 Research Problem

In the policy analysis stage, implementation or application is an important part. The dynamics of implementing MSS in the social sector among neglected elderly people in West Java is interesting for further research. Apart from that, it is necessary to know the results of implementing MSS for neglected elderly people in West Java, and how it is related to fulfilling the basic needs of neglected elderly people. The questions in this research are:

1. How is the implementation of the MSS policy in the Social sector for neglected elderly through social rehabilitation in institutions in Griya Lansia Elderly Service Center, West Java Province?
2. What are the forms of basic services for neglected elderly to fulfill the basic needs of neglected elderly at the Griya Lansia Elderly Service Center, West Java Province?

### 1.2 Research Purposes

Based on the research problems above, the general objectives of this research are:





1. Describe and analyze the implementation of MSS policies in the social sector for neglected elderly people at the Griya Lansia Elderly Service Center, West Java Province.
2. Describe and analyze the forms of the basic services for neglected elderly to fulfill the basic needs of neglected elderly people at the Griya Lansia Elderly Service Center, West Java Province.

## 2. LITERATURE REVIEW

### 2.1. Social Policy

According to Dye (2013), public policy is various actions or decisions taken by the government when facing public problems. Dye explained that public policy has two important aspects: first, public policy is made by government institutions, not by private organizations; secondly, this policy relates to choices that the government must take or not take. This shows that public policy functions as a guide for the government in making decisions that affect society at large. One form of public policy made by the government is social policy.

Social policy, according to DiNitto and Johnson (2016), broadly includes all government actions that can affect the quality of life of its people. This includes areas such as health services, social assistance, and so on. In general, the term social policy applies collectively to all policies, both governmental and non-governmental, that seek to maintain or change social relations in society. Social policy is related to the allocation and reallocation of resources, so social policy is by definition related to economic policy (Graycar & Jamrozik, 1993).

In analyzing social policy, a 3P approach is used: process, product, and performance (Gilbert & Terrell, 2013). The process focuses on the dynamics of policy formulation by identifying various factors, such as the relationship between political collectivities, governments and interest groups that influence policy formulation. It enhances understanding of the dynamics of policy formulation in social, political, and technical contexts. The product highlights policy choices, such as laws, regulations, and policy plans that are reduced to programs, as well as the policy design issues, values, theories, and assumptions that support those choices. Performance describes the results of policies and evaluations, with a focus on how programs are implemented as well as the impact or benefits. The performance component includes measuring the impact, effectiveness and efficiency of social programs.

Gilbert and Terrell (2013) emphasize that this approach is effective in providing quality services and contributing to the improvement of social services. In addition, Gilbert





& Terrell (2013) highlight several important principles in achieving benefits from social policies, namely: the basis for determining social allocation, which determines who is entitled to receive benefits; the type of social assistance or services provided, such as cash, goods or services; service delivery strategy, which is related to the regulations of the organizing agency; and service financing models, which relate to funding sources and administrative rules.

## 2.2. POLICY IMPLEMENTATION

Policy implementation is a very important stage in the policy cycle. According to Udoji (1981) in Wahab (2005), "the execution of policies is as important if not more important than policy making. Policies will remain dreams or blue print file jackets unless they are implemented". This means that implementation is no less important, and perhaps more important than a good idea or plan contained in a document, if it is not implemented. This emphasizes that even though a policy looks good in concept, the results will not be satisfactory if it is not implemented effectively.

According to Grindle (1980), the main goal of policy implementation is to form relationships (linkages) that enable the achievement of policy goals as a result of activities carried out by the government. Implementation includes the formation of "a policy delivery system" or a policy delivery system that is designed and implemented so that the desired goals can be achieved (Winarno, 2007). Several popular policy implementation models used in policy analysis, as explained by Van Meter and VanHorn (1975), state that implementation performance is influenced by five components: clarity of policy standards and targets, resources, inter-organizational relationships, implementing bureaucracy, social conditions, economics, and politics, as well as the disposition or attitude of implementers (Subarsono, 2005).

Furthermore, Edward III (1980) stated that several factors influence the performance of policy implementation, namely: effective communication between policy makers and implementers as well as beneficiaries, resources which include human and financial resources, the disposition or attitude of implementers such as commitment and honesty, and an efficient bureaucratic structure with SOPs and a clear division of responsibilities. An inefficient bureaucratic structure can hinder policy implementation due to a lack of standard operating procedures and proper division of responsibilities.

In the context of decentralization policies such as the MSS which are implemented nationally by the Central Government and enforced in all regions, Rondinelli & Cheema (1983) emphasized that the success or failure of the policy is influenced by several factors. These factors include political influence and administrative support, attitudes, behavior and





culture that support decentralization, organization and design of decentralization programs, as well as financial, human and physical resource support (Rondinelli & Cheema, 1983). Components that influence the implementation of decentralization policies include environmental conditions, relationships between organizations, resources and program implementation, as well as the capabilities and characteristics of implementers which include technical, managerial and political skills, as well as the ability to coordinate and integrate decisions across various subordinate units.

### 2.3. Minimum Service Standards

Minimum Service Standards (MSS) or Standar Pelayanan Minimal (SPM) is a policy that was introduced in line with the implementation of regional autonomy through Law number 23 of 2014 article 1. This policy aims to embody the responsibility of regional governments in providing adequate public services to the community. MSS is explicitly explained in Government Regulation number 2 of 2018 as a provision that regulates the type and quality of basic services that must be provided by the government to every citizen at a minimum. The basic concept of this service is closely related to fulfilling people's basic needs, both physical and psychological, as stated by Henderson (1978) in Tomey & Alligod (2011) who identified 14 components of basic human needs consisting of physiological-related needs, namely (1) the need to breathe normally, (2) the need for nutrition, (3) the need for elimination, (4) the need for movement, (5) the need for rest, (6) the need for clothing, while the needs related to the meaning of life and safety, namely (1) safety needs, (2) personal hygiene needs, (3) safety needs, (4) communication and opinion needs, (5) spiritual needs (worship), (6) work needs, (7) recreation needs, and (8) the need to obtain health facilities. This approach is the basis for developing the MSS service model, which essentially aims to ensure that people can access and enjoy their basic rights.

In the context of MSS implementation, the social sector plays an important role as one of the six defined MSS categories. Based on Minister of Social Affairs Regulation Number 9 of 2019 Basic Service Technical Standards, there are various types of basic services regulated at the provincial and district/city levels. Among the various types of services, four of them are basic services through social rehabilitation. Social Rehabilitation, as described by Suharto (2004), is a comprehensive effort to enable individuals to fulfill their social functions optimally. This indicates that MSS does not only cover physical aspects, but also pays attention to the psychosocial needs of the community. Haerana (2016) describes various models of social rehabilitation services based on minimum service standards. These models, such as institutional-based rehabilitation, out-of-institutional rehabilitation, and community-based rehabilitation, that offer different approaches in an effort to provide





comprehensive and effective social rehabilitation services to the community. Through this approach, MSS is not only about providing services, but also about empowering communities and ensuring their involvement in the process of recovery and social reintegration. Thus, MSS is not just a policy, but also an instrument for achieving inclusive and sustainable development goals.

### 3. RESEARCH METHOD

The research approach applied in this study is a qualitative approach. The qualitative approach is a research method that aims to form a comprehensive understanding of a problem or issue being investigated (Creswell & Creswell, 2018). It is emphasized that a qualitative approach involves multiple perspectives, identifies the various factors involved, and presents a comprehensive picture of a situation. In accordance with the research objectives, the type of research adopted is descriptive research, a form of qualitative research that presents a detailed description of the specific details of a situation, social context, or certain relationships (Neuman, 2014).

In practice, qualitative research involves a variety of data collection techniques. Data was obtained through several methods, such as in-depth interviews, observations, document reviews (printed and digital documents), and analysis of audio-visual materials (Creswell & Creswell, 2018; Neuman, 2014). This research uses interview and observation techniques as data collection methods. Interview techniques are used to reveal the informant's views and opinions, while observation techniques provide an overview of the informant's habits and activities (Creswell & Creswell, 2018). According to Bryman (2012), the use of semi-structured interviews is an option, where the researcher has a guide to specific questions or topics, but respondents are given the freedom to provide answers, according to their views.

This research, which raised the theme of implementing the MSS policy, was carried out in several agencies under the West Java Provincial Government, including the West Java Provincial Social Service, the Regional Government Secretariat, especially in the field of Organization and Administration, the implementing unit, namely the UPTD Lansia West Java Province and the Elderly Service Unit. West Java Province Senior Citizens, as well as the Ministry of Social Affairs and the Ministry of Home Affairs as the leading sectors for implementing MSS. This research involved 3 people from various units. NS from Social Service Department, DD from Ministry of Social Affairs, SH from Social Service Department,





#### 4. RESULTS

##### 4.1 Implementation of the Minimum Service Standards Policy in the Social Sector to Fulfill the Basic Needs of Neglected Elderly at the West Java Home Elderly Social Service Center

The results found several aspects including environmental conditions, relationships between implementers, resources, characteristics and capabilities of implementers.

###### 4.1.1 Environmental Conditions

Socio-cultural conditions among the community, especially in the West Java Province area. The community cares about the existence of the elderly, both those in the family and those who no longer have a family. The community has a responsibility for the presence of elderly people around them. If there is an elderly person who is neglected and no longer has a nuclear family to care for them, such as if they are sick or have an accident, the community immediately looks for alternatives to refer the elderly person to an orphanage, especially one owned by the government. So far, efforts have been made to meet the MSS criteria for elderly people in institutions, namely neglected elderly people (no longer have family to care for them). Although in West Java Elderly Service Homes, especially those in Bandung, there are several elderly people who actually still have nuclear families, some are even relatively well off. However, due to conflicts with family members it is not possible for the elderly to be in the care of their family.

*"There are quite a lot of LKS (Social Welfare Centre) and people who still care about the elderly. In the field, it seems like it's still like that, so if for example there are still a lot of elderly people, that means single elderly people, right, single elderly people who also don't have assets so they have to move from where they don't have them in the first place, yes, because that's the right place to live. He doesn't have assets, at least he rents it or usually builds it with the community on village land, then if for example it's no longer suitable then he goes to an orphanage." (NS, Social Service Department)*

There is a government policy in the form of a West Java Governor's Regulation regarding elderly people in general, and currently the relevant Regional Regulation concerning the Elderly is being drafted. Apart from that, the Ministry of Social Affairs as the technical ministry that develops MSS is currently preparing a revision of Minister of Social Affairs regulation number 9 of 2018 as a general umbrella for social MSS policy in the regions. The implementation of MSS is also included in the performance indicators of the Ministry of Social Affairs which inevitably must be implemented. Finally, in 2019 there was still a Minister of Social Regulation on Social Rehabilitation Standards for the Elderly which







became a guide for Implementers, namely Regional Governments, but in 2020 after the enactment of a new policy at the Ministry of Social Affairs regarding Social Rehabilitation, this regulation was removed.

*"The process of proposing revisions to our targets for 2024, Minister of Social Affairs 9 2018, is complete, so there has been an update on health education with the last PUPR yesterday, but we haven't yet. There are actually several revisions, the first of which is related to budgeting because it turns out that the regional budget is very small, less than 1% of the regional budget for the social sector from the APBD. Second, related to duplication of activities. Currently, there are not many activities in that area, because the budget is small. So, as much as possible, activities at the Ministry of Social Affairs will be duplicated. Then thirdly, the problem is actually data collection, fourthly revisions regarding the provision of human resources, and the bureaucratic structure of the orphanage." (DD, Ministry of Social Affairs,)*

Furthermore, regarding the availability of service facilities for the elderly, especially those related to MSS in institutions, the Elderly Service Center owned by the West Java Regional Government with a capacity of around 400 people to support the implementation of the MSS policy, elderly homes located in Bandung, Garut, Sukabumi and Karawang. The orphanage's facilities are in the form of dormitories and are adjacent to the cemetery area and are equipped with adequate infrastructure.

Abandoned elderly people are usually referred from Regency/City areas, apart from that, abandoned elderly people also come from hospitals. Reports from people who don't have any family at all must be handled by Provincial Homes.

#### **4.1.2 Relationship between the Implementers**

Regarding the MSS policy, apart from being a mandatory regional government matter, it is also one of the duties and responsibilities of the Regional Government. The form of coordination activity that has been carried out so far is a coordination meeting held by the Ministry of Home Affairs involving the Ministry of Social Affairs and Regional Government (representatives from the Provincial and Regency City Social Services). Most of the material presented is only related to MSS achievements for every cluster and what the Ministry of Social Affairs must do (including assistance to the regions).

*"So we are with the Health Department, the Provisional Health Department with hospitals, basically if it is called lansia or because as long as there is a letter of introduction from the social service, there will be no fees charged as long as it is known from the start that this is from an orphanage, instead we have who are already registered with BPJSPBI." (SH, Social Services Department)*





Implementation Unit for the Elderly also coordinates with the Regency/City, during socialization and coordination with the regions regarding service mechanisms for neglected elderly, usually the head of the institution is invited to the regional outreach, or the social counselor carries out the outreach to several agencies such as the village, police, and so on.

Direct assistance is provided by the Ministry of Social Affairs to several regions, both cities and provinces. In 2023, West Java Province will not receive direct assistance from the Ministry of Social Affairs. However, several regencies/cities under West Java Province have been assisted by the Ministry of Social Affairs. Some of the things conveyed during the assistance were more towards technical reporting and efforts to achieve performance targets. MSS assistance in the social sector also looks at how social MSS is implemented in the regions. Technical Ministry assistance should be provided through direct visits to the regions. But not all areas have been assisted.

*"There should be coordination, assistance and advocacy meetings, and then coordination with the regions that are directly here, which we call non-assistance, but basically they are the ones who come here, yes, for assistance and advocacy, we are the ones who do it there. But there are also visits from them there."* (DD, Ministry of Social Affairs)

#### 4.1.3. Resources

Supporting resources include human resources (HR), budget, and facilities and infrastructure. According to the Social MSS regulations, both Permendagri and Permensos no. 9 of 2018, HR is a basic service quality that must be fulfilled in the MSS policy. The human resources that social institutions must have include social workers and social welfare workers. At the West Java Province Elderly Service Center there are currently 16 Social Workers, 10 nurses and 1 nutritionist. Apart from that, other officers who help in social service homes for the elderly, such as Pramu Werdha, are responsible for helping with the cleanliness of the homestead and even personal hygiene for the elderly, especially for the elderly who are no longer able to take care of themselves. Quite different from previous years, the Werdha attendants do not do all the cleaning service work.

Another human resource that is really needed is doctors. Currently Center for Senior Social Services or Pusat Pelayanan Sosial Lanjut Usia (PPSLU) collaborates with general practitioners from community health centers who come every two times a week to carry out routine examinations.

Apart from general practitioners, certain specialist doctors are actually needed to handle the health problems of the elderly. Currently, examinations with specialist doctors are only based on referrals and are not routine. PPSLU also does not have a psychologist or





psychiatrist specifically in the institution and very rarely makes referrals to psychologists or psychiatrists. In fact, if you look, there are several elderly people in the orphanage who are experiencing mental health problems. Some of them cannot yet know in detail the health problems they are experiencing.

The budget for implementing Social MSS for neglected elderly is allocated from the Regional Budget which comes from the regional income of West Java Province. West Java Province regional budgeting and planning is based on MSS. Moreover, MSS has become an indicator of regional performance, including in the social sector. When compared with MSS in other fields. MSS in the social sector is quite small, not yet reaching 1% of the regional budget. For Social MSS for neglected elderly at the provincial level, the budget is adjusted to the capacity of social institutions, namely 350 people. The budget for MSS for elderly people abandoned in institutions is not bigger than for the cluster of abandoned children and disaster victims, but it is still bigger compared to the budget for abandoned disabled people and homeless beggars.

#### 4.1.4 Characteristics and Capabilities of the Implementers

The characteristics and capabilities of policy implementers influence policy implementation. In terms of the bureaucratic structure related to the implementation of Social MSS, it refers to MSS regulations, including at the implementing or service provider level, namely the Elderly Service Center, where in the last two years a work team has been formed in accordance with the MSS categorization. For example, a work team to fulfill basic needs, under which there are social workers who are responsible for every activity contained in the MSS service. The skills of officers in implementing policies can be viewed from several aspects, firstly, officers in the planning and data collection team have sufficient understanding of social issues even though they do not have an educational background in the social sector. Furthermore, most of the officers in the service sector are social workers who already understand social work techniques and relate to clients. Another aspect that describes the characteristics of the implementer is the existence of internal communication which is usually carried out through internal coordination meetings once a year, assistance from social services to elderly service centers. Next is the aspect, namely the implementer's commitment to implementing the MSS policy. The implementers showed quite good commitment, such as the readiness of the Head of the Service Center to accept more neglected elderly people than the current target for 350 people.





## **4.2 Basic Services Through Social Rehabilitation in Homes to Fulfill the Basic Needs of Neglected Elderly**

### **4.2.1 Food Fulfillment**

Food is given three times a day. The total budget up to 2023 is with a budget of 40,000 per day, while in 2024 apparently there will be a decrease due to changes in the national cost standard to Rp. 25,000. The orphanage processes its own food ingredients (with kitchen staff who process the food ingredients) according to the budget. This is for three meals and one snack time. For breakfast and lunch, Beneficiaries take their own food in the dining room area provided and eat together (except for elderly people who have limited activities). Meanwhile, in the afternoon, food is given directly to the guest houses (dormitories). Feeding the elderly is also adjusted to the condition of the elderly, such as some elderly who have restrictions or problems with certain types of food due to health problems.

### **4.2.2 Clothing Provision**

Clothing provision and supporting equipment are provided twice a year. The clothing components provided include uniforms, sportswear, batik, and daily clothing, including clothing given during holidays. The elderly receive approximately 4-5 sets of clothes every year. The clothing component also includes personal equipment needed by the elderly such as religious equipment, footwear, etc.

### **4.2.3. Dormitory Provision**

Provision of easily accessible dormitories. There are 4 dormitories in the elderly home environment, the available budget is used for building maintenance and facilities and infrastructure, repairing the guesthouse, as well as adding infrastructure to the guesthouse. The design of the dormitory for the elderly is also adapted to the standards of homes for the elderly.

### **4.2.4. Provision of Assistive Equipment**

The aids provided include glasses, one cane, two canes, hearing aids which are given based on the results of the examination. Not all elderly people who have been assessed receive assistive devices directly, due to budget availability.

### **4.2.5. Provision of Health Supplies in Social Centre**

Components of health supplies needed by the elderly in institutions such as medicines, medical equipment and budget for health workers such as doctors who are brought in from the Community Health Center. Several types of health problems experienced





by the elderly are mostly hypertension, stroke and also mental health problems. There are some elderly people who experience depression and have to take certain medications regularly. Unfortunately, there has been no follow-up examination for certain health problems.

#### **4.2.6. Providing Physical, Mental, Spiritual and Social Guidance**

Physical guidance activities provided to the elderly such as gymnastics or other light sports accompanied by a special instructor. The aim is to improve the physical fitness of the elderly and train the elderly's motor skills. Meanwhile, mental and social guidance is carried out by Social Workers in the form of individual counseling, as well as joint activities aimed at helping elderly people who experience individual problems, finding out about elderly problems, and encouraging elderly people to socialize with each other. One Social Worker has special responsibility for around 20 elderly people. Spiritual guidance is one of the main activities carried out at PPSLU. Activities carried out in the form of spiritual guidance according to each religion are facilitated by the teacher. Apart from spiritual guidance, elderly people are also encouraged to carry out routine worship together, except for elderly people who have obstacles in carrying out their activities. This activity is very important for the elderly, because they feel calmer, more motivated and also increase empathy for each other,

#### **4.2.7. Providing Guidance on Daily Living Skills**

Daily living skills guidance activities provided to neglected elderly such as training in handicraft making skills. The skills guidance provided is usually only aimed at filling the elderly's free time and training the elderly's motor skills and independence. Usually training is given on certain days for one year, there are two types of training given. PPSLU brought in special instructors from outside to carry out this activity.

#### **4.2.8. Facilitate the Creation of National Identity Number**

Given to elderly people who do not yet have population documents in collaboration with the Department of Population and Civil Registration Office or Disdukcapil. Disdukcapil is brought in every few months to update elderly people who do not yet have population documents. The National Identity Number is very necessary for the elderly, one of which is to access health services, namely the national health insurance or BPJS.





#### 4.2.9. Access to Basic Health Services

The elderly group is closely related to health problems, both physical and mental health. Most elderly people in nursing homes require special examinations, based on referrals from general practitioners, such as internal medicine specialists. There are special costs budgeted for examinations by specialist doctors, but the number is still limited.

#### 4.2.10. Family Tracing Service

Based on the assessment results, there are still several elderly people who are neglected in institutions who have families, but some elderly people do not know their families' addresses. Family tracing has been carried out in areas that are still accessible to officers. This is because there is no special budget allocation for tracing families outside the city or province.

#### 4.2.11. Family Reunification Service

If there is an elderly person whose family can be found, the elderly person will be returned to the family. Returning an elderly person to their family must ensure that the condition of the receiving family is ready and possible to care for the elderly. There are several elderly families who come directly to pick up elderly people who are already healthy, and allow them to return to the care of their families. However, there are some families who cannot pick them up directly, due to their remote location and limited costs. The orphanage is also still experiencing budget constraints in family reunification. The method that has been carried out so far is to coordinate with city district social service agencies and the elderly are sent home independently by land route. Based on data, there are around 18 elderly people who have returned to their families.

#### 4.2.12. Funeral Service

One of the services that is different for the elderly from other MSS is the rehabilitation service. Most elderly people undergo rehabilitation without a time limit or until they die. Therefore, one of the services in the Social MSS for the elderly is rehabilitation services. Orphanages usually provide special land for the rehabilitation of the elderly in accordance with the procedures of their respective religions. At PPSLU West Java there is also a special room for washing corpses, a financing component for purchasing funeral equipment and special personnel to carry out interment.





## 5. DISCUSSION

Minimum Service Standards are a form of social policy that includes government actions that can affect the quality of life/welfare of the community (Dinitto & Johnson, 2016). Policy implementation is the most complex stage because various unexpected problems will be encountered that may not arise in other stages (Nugroho, 2009). In analyzing the implementation of MSS policies in the social sector for neglected elderly people at the West Java Home Social Services Center (PPSGL) using a policy implementation model which was elaborated from the concepts of Edward III (1980) Van Meter & Van Horn (1975), as well as Rondinelli & Cheema (1983) who described several aspects including environmental conditions, relationships between implementers, resources, characteristics and capabilities of implementers.

First, aspects of environmental conditions according to Rondinelli & Cheema (1983) relate to social and cultural factors that influence policy implementation. Community support is quite good and the social conditions of the community still prioritize the welfare of the elderly. Van Meter & Van Horn (1975) emphasized that the success of policy implementation is also greatly influenced by the external environment in which the policy is implemented. The social, economic, political and other factors surrounding the policy play an important role in determining how well the policy can be implemented and successfully achieve the desired goals. It is still possible for elderly people to be cared for in the family or in the community, because the orphanage does not have sufficient capacity and is really intended for elderly people in the neglected category. Apart from that, the availability of adequate facilities and environment also supports the success of implementing MSS policies. Social MSS for elderly people in institutions requires the availability of adequate physical facilities, however there are still limited infrastructure related to the basic needs of elderly people, such as fulfilling health facilities.

The relationship between organizations in implementing MSS policies in the regions can be seen through the form of coordination, assistance and supervision between implementing organizations involved in the policy. Van Meter & Van Horn (1975) stated that resources in policy implementation refer to the level of financial support and resources available to implement a program or policy, ensuring that the implementation of the policy runs well and achieves efficient results. The availability of resources, especially human resources, plays a crucial role in the success of policy implementation.

According to Rondinelli & Cheema (1983), organizational characteristics and capabilities include the bureaucratic structure, norms and relationship patterns that occur within the bureaucracy, all of which will influence the implementation of policies/programs. If we look at the conditions in the field, the bureaucratic structure of the organization that





implements the MSS policy is in accordance with the relevant regulations, where there is a social service unit for neglected elderly in an orphanage owned by the West Java Provincial Government which directly carries out services with four service units. under it. Meanwhile, according to Edward III (1980), the characteristics of implementers are part of the disposition aspect which is an important element in policy implementation, such as the commitment of the implementer. In this case, the West Java provincial government shows a very high commitment to implementing MSS as a regional mandatory matter, including social MSS. This can be seen from the integration of MSS policies into all planning documents, budgeting even though the budget percentage is not yet large, and the commitment of implementers to maximize the available budget through collaborative efforts with other sectors such as the private sector and individuals who are willing to provide support in implementing MSS.

Implementation of the Minimum Service Standards or MSS Policy in the Social sector for neglected elderly at the provincial level as an effort to fulfill basic services in the form of social rehabilitation in institutions. Social rehabilitation for neglected elderly people carried out in institutions is a social rehabilitation service for beneficiaries carried out in facilities or service institutions (Haerana, 2016). Social Rehabilitation is a complete and integrated social service, so that a person is able to carry out their social functions optimally (Suharto, 2004).

As regulated in Government Regulation number 2 of 2018 and Minister of Home Affairs Regulation number 59 of 2021. The form of social rehabilitation services for neglected elderly refers to Minister of Social Affairs Regulation number 9 of 2018. Basic services provided for neglected elderly in institutions include food, provision of clothing, health supplies, easily accessible dormitory facilities, provision of tools for the elderly, health supplies, physical, mental, spiritual and social guidance, guidance on daily living skills, creation of population identification numbers, access to health services, family tracing , reunification, and rehabilitation. The various components provided basically aim to meet the basic needs of elderly people. Just like other groups, elderly people also have basic needs that must be met, including physiological needs, security needs, love and belonging needs, self-esteem needs and actualization needs (Wang et al., 2019). Maslow's theory (1943) as explained by Wang et.al. (2019) identifies five levels of human needs, where physiological needs are the most basic needs in the hierarchy of human needs, such as food, clothing, shelter, health. This is the main target of fulfilling basic services for neglected elderly through the MSS policy. In addition, Henderson (1978) explains 14 components of basic human needs in maintaining physiological and psychological needs, namely (1) the need to breathe normally, (2) nutritional needs, (3) elimination needs, (4) movement needs, (5) rest, (6) the







need to get clothing, while those related to psychological needs include (1) security needs, (2) personal hygiene needs, (3) safety needs, (4) communication and opinion needs, (5) spiritual needs (worship), (6) the need to work, (7) the need for recreation, and (8) the need to obtain health facilities (Tomey & Alligod, 2011). Elderly people face various physical, psychological, social and environmental problems, so they have complex needs. Of all the service components that must be provided for elderly people in institutions, they have met the aim of fulfilling the basic needs of elderly people, not only physically but also psychologically. In the orphanage, neglected elderly people who previously felt unsafe, lacked love, and were lonely, most of their needs were met in the institution.

## 6. CONCLUSION

In general, the implementation of social SPM policies, especially for neglected elderly people in West Java Province, which is carried out through social rehabilitation in orphanages, is in accordance with the rules and policy standards made top down by the region. Aspects of policy implementation such as environmental conditions, resources, relationships between organizations and organizational capabilities and characteristics are sufficient to support policy implementation. Horizontal inter-organizational relationships (between local government organizations in the West Java province) have been well established. What needs to be improved is the relationship between organizations vertically, namely with the central government as supervisor and supervisor. There needs to be a technical and more specific guideline regarding the implementation of social rehabilitation, especially for neglected elderly people. HR as a supporting component for policy implementation which is also the content of service quality in the SPM policy also needs to be improved. Apart from social workers, the elderly really need special health workers such as specialist doctors and psychologists. This is because the problems of the elderly are not far from health problems both physically and mentally. At a minimum, there should be referrals and routine checks on the condition of elderly people who experience certain health problems. The capabilities and characteristics of the organization are demonstrated in terms of a fairly clear bureaucratic structure, with a clear division of tasks. Likewise, the commitment of the implementer, namely the Regional Government, towards the elderly is very good by preparing a number of regulations regarding the elderly.

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