Collaborative Social Service Model in Handling People with Social Problems in West Java

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ABSTRACT

The objective of this study is to analyze the effectiveness and efficiency of collaborative social service models in dealing with people with social problems in West Java. The research was conducted using a sequential explanatory design that combined quantitative and qualitative data. The sample of the study consisted of social service providers and people with social problems who had used the collaborative social service model. The data were collected through interviews, questionnaires, and documentation studies. The data were then analyzed using descriptive statistics, content analysis, and thematic analysis. The findings showed that the collaborative social service model in West Java had improved the quality of social services in terms of speed, accuracy, and completeness. The collaboration between social service providers had increased the effectiveness and efficiency of services. The establishment of the Integrated Social Service Center (PLST) had also provided a one-stop service for people with social problems. However, community participation in the model still needed improvement to ensure the sustainability of the services. In conclusion, the collaborative social service model in West Java has provided a comprehensive and integrated approach to handling people with social problems. The model has improved the quality of social services provided by increasing collaboration and establishing a one-stop service center. However, community participation is crucial to ensure the sustainability of the services.

Keywords: *Collaborative, Collaborative social service, Social service model,*

INTRODUCTION

Various policies and programs as well as efforts continue to be rolled out by the central and regional governments to improve the social welfare of people with social problems as an effort to achieve state goals as mandated by Pancasila and the 1945 Constitution. However, achievement of goals, duties and state responsibilities and implementation the government policy is still felt to have not achieved optimal results. This is shown by the large number of people with social problems who still need to get maximum attention and treatment.

Regarding the problem of poverty, BPS (September 2021) reports that in Indonesia there are still 26.50 million people or 9.71% of the total population in Indonesia who are in the poor category. This means that one out of ten people in Indonesia is still living in poverty. This number represents residents who are in the poor category. The number of groups slightly above the poverty line is almost the same or even more than that. This group is very vulnerable to social, political and economic shocks so that if shocks occur, this group will fall into poverty. In West Java Province, there are 8.40% who are still categorized as poor (BPS, September 2021).

On the other hand, there are still various people with social problems who still need to receive directed, integrated and sustainable attention and management, such as; problems of lack of access to health services, school dropouts, neglect, disability, disability and behavioral deviations, remoteness, victims of disasters, victims of violence, exploitation and discrimination and people with other social problems as stated in the Minister of Social Affairs RI Number 8 of 2012. Services are less than optimal and the handling of these social problems stems from an understanding way of overcoming social problems that ignores collaboration in the handling process. Handling of social problems that are carried out based on the sectoral service paradigm is currently directed towards service targets and has been carried out on an ongoing basis. However, the implementation of sectoral-based services is currently felt to be not yet integrated. There are still many sectoral service programs that are still running separately according to their respective main tasks and functions. On the other hand, Law Number 11 of 2009 has mandated that the implementation of social welfare carried out by both the central and regional governments and the community must not only be directed and sustainable, but also must be integrated.

The development implementation paradigm suggests that in order to increase the effectiveness of achieving development results, development implementation strategies must be translated into sectors. This is based on the idea that the targets for achieving development are very broad, so they must be translated into various sectors. It is not wrong. However, one thing that is forgotten in implementing the sectoral-based development paradigm is collaboration. The reason underlying the collaboration paradigm in the implementation of sectoral-based development is that the service objectives as the system targets of the development are the same.

People with social problems often do not get comprehensive services because they do not know about social service institutions that are suitable for dealing with the problems they face. Often people with social problems are referred or referred to various social service institutions repeatedly on the grounds that the social service agency/institution they visit cannot provide services to solve the problems they face. These conditions cause social services to be ineffective and inefficient for solving the problems of people with social problems. On the other hand, people with social problems as targets of the service system feel ignored and unnoticed, so they become frustrated. This makes the trust of people with social problems as a target system for social service institutions/institutions to be low. The quality of services for people with social problems is significantly influenced by the commitment of the Regional Government in the form of policies that provide effective, efficient and thorough services. The quality of service to people with social problems is also significantly influenced by the system of effective, efficient and thorough service mechanisms and procedures according to people with social problems as the target system. Therefore, collaboration in the process and mechanism of providing services to people with social problems is the right solution that must be carried out by the Regional Government in providing services to people with social problems. The nature of the need for collaborative social services includes; first, as an effort to improve the quality and productivity of the implementation of the duties and functions of the Regional Government in the field of social services. Second, encourage

efforts to streamline the system and administration of social services, so that social services can be provided in a more efficient and effective manner; and third, encourage the growth of creativity, initiative and community participation in development and improve the welfare of the wider community. Social services carried out in a series of collaborative activities must be simple, open, fast, precise, complete and complete. The ultimate goal of collaborative social services is to respond effectively to the needs of people with social problems for solving problems and meeting their needs.

The collaborative social service model in handling people with social problems in research is a study that aims to develop and implement a model of social service collaboration in addressing social problems experienced by individuals or groups in the community. This research focuses on the West Java Province of Indonesia.

The model emphasizes collaboration among various stakeholders, such as government agencies, non-governmental organizations (NGOs), community organizations, educational institutions, and the private sector. The collaboration is carried out in a structured and coordinated manner to ensure that the social services provided are delivered quickly, accurately, and thoroughly. The research problem for the Collaborative Social Service Model in Handling People with Social Problems is to determine the effectiveness of a collaborative approach in addressing social problems experienced by individuals or groups in the community. Specifically, the research aims to answer the following questions how does the collaborative social service model improve the quality of social services provided to people with social problems in terms of speed, accuracy, and completeness?

METHODS

In the case of the research on "Collaborative Social Service Model in Handling People with Social Problems", the mixed-method approach can be used to obtain a comprehensive understanding of the social service delivery process and its impact on people with social problems. This design involves collecting and analyzing quantitative data first, followed by collecting and analyzing qualitative data to explain the quantitative results. In this study, quantitative data can be obtained through surveys, while qualitative data can be obtained through in-depth interviews with social workers, government employees, and community members. The data analysis involves the following steps:

1. Quantitative data collection
   In the initial stage, quantitative data is collected through a survey of respondents consisting of people with social problems and the community involved in providing social services. The survey aims to measure the level of satisfaction and effectiveness of collaborative social services in addressing social problems.
2. Quantitative data analysis
   After the quantitative data is collected, statistical analysis is performed to process the data. Techniques used for the analysis may include descriptive and inferential analysis, such as t-tests and regression analysis. The results of the quantitative analysis will form the basis for explaining the observed phenomena.
3. Qualitative data collection
   Following the quantitative analysis, qualitative data is collected through in-depth interviews with several respondents, including social workers, doctors, psychologists, and community members. These interviews aim to gain a deeper understanding of the factors that influence the satisfaction and effectiveness of collaborative social services.
4. Qualitative data analysis
   After the qualitative data is collected, content analysis is conducted to identify themes and sub-themes that emerge from the interviews. Thematic analysis techniques may also be used to analyze the qualitative data. The results of this analysis will be used to explain or provide interpretations of the previous quantitative analysis.
5. Integration of quantitative and qualitative analysis

At this stage, the results of the quantitative and qualitative analysis are integrated to explain the observed phenomena comprehensively. In this integration, the qualitative data can be used to explain the results of the quantitative analysis that cannot be explained in detail.

6. Drawing conclusions
   After integrating the results of the quantitative and qualitative analysis, conclusions are drawn based on a comprehensive understanding of the factors that influence the satisfaction and effectiveness of collaborative social services. These conclusions can then be used as a basis for recommending improvements in collaborative social services to enhance satisfaction and effectiveness in service provision.

RESULTS AND DISCUSSION

The collaborative social service model in West Java is an approach that involves various parties, including local governments, social institutions, communities and the public in dealing with social problems in the area. The goal is to improve the quality and effectiveness of social services provided to people with social problems in West Java.

Collaboration of social services between institutions in West Java Province is expected to improve the quality of social services provided to people with social problems. This collaboration can be carried out between related parties such as the Social Service, Health Office, Education Office, police, and other social institutions. Collaboration can take the form of exchanging information and data, coordinating services, and developing joint programs and activities. With this collaboration, it is hoped that social services can be faster, more precise, and more thorough in dealing with social problems in West Java. In addition, collaboration can also optimize the use of existing resources and prevent overlapping or duplication of programs.

The collaborative social service model in West Java is a comprehensive approach to addressing social problems by involving multiple stakeholders and agencies. It emphasizes the importance of collaboration and coordination among various government agencies, NGOs, and community-based organizations to provide a more efficient and effective response to the needs of people with social problems. The model is based on the principle of shared responsibility and emphasizes the importance of a multi-disciplinary and holistic approach to address the complex and interrelated issues faced by people with social problems. It involves various stages, including identification, assessment, planning, implementation, and evaluation of social services.

The collaborative social service model in West Java also emphasizes the importance of community participation and empowerment. The model encourages the involvement of local communities in the planning and implementation of social services to ensure that services are tailored to the specific needs of the community. The model has shown promising results in improving the quality and speed of social services provided to people with social problems in West Java. It has also led to increased coordination and collaboration among government agencies and NGOs, which has resulted in a more efficient use of resources and a more comprehensive approach to addressing social problems. The collaborative social service model in West Java has several main components, including:

Integrated Social Service Center

The Integrated Social Service Center (PLST) is a central location that provides various types of social services for people with social problems. PLST in West Java is equipped with various facilities, such as counseling rooms, therapy rooms, reading rooms, and classrooms. In addition, PLST is also equipped with human resources who are trained and experienced in dealing with social problems. The Integrated Social Service Center (PLST) in West Java Province is a social service center that provides integrated services for people in need, especially for those experiencing social problems. PLST functions as a coordinating center and facilitator to provide social services that are integrated, fast, accurate and complete to the community.

PLST provides various social services, including counseling, assistance, crisis management, social rehabilitation, and skills training. In addition, PLST also works with various social and government institutions in providing broader and integrated services. In PLST, each social case will be identified and evaluated first to determine the right type of service and according to the needs of the community.

After that, a case handling team will be formed consisting of various professions such as psychologists, counselors, lawyers, and social workers. PLST in West Java Province has made a significant contribution in increasing community access to integrated and quality social services. With PLST, people can easily get the social services they need without having to deal with complicated and time-consuming bureaucracy.

Social Services Network

The Social Service Network (JLS) is a system that facilitates cooperation and coordination between various social service providers in West Java. JLS involves various parties, such as local governments, social institutions, communities and the public in dealing with social problems together. The social services network in West Java is a system of interconnected organizations, institutions, and individuals working together to provide social services to people in need. The network includes government agencies, non-governmental organizations (NGOs), community-based organizations (CBOs), religious institutions, and other stakeholders.

The network is coordinated by the West Java Social Services Agency, which is responsible for planning, coordinating, and monitoring social services in the province. The agency works closely with other government agencies, such as the Health Department, Education Department, and Women's Empowerment and Child Protection Agency, as well as NGOs and CBOs. The social services network in West Java provides a range of services, including social assistance, counseling, education, health care, and legal aid, among others. The network also works to promote social inclusion and empowerment, especially for vulnerable and marginalized groups, such as women, children, people with disabilities, and the elderly. Overall, the social services network in West Java plays an important role in promoting social welfare and development in the province, and in addressing social problems and challenges faced by the community. Several institutions and organizations involved in social service networks in West Java Province include:

1. Social Service: West Java Province Social Service is the agency responsible for developing and administering social services in this area.
2. Integrated Social Service Centers: There are several Integrated Social Service Centers in West Java Province that provide integrated social services for people in need.
3. Non-Governmental Organizations (NGOs): NGOs in West Java Province have an important role in providing social services to the community. Some well-known NGOs include the Indonesian Child Welfare Foundation (YKAI), the National Amil Zakat Institute (LAZNAS), and so on.
4. Government Institutions: Apart from the Social Service, other government agencies such as City/District and District Governments also play a role in the social service network in West Java Province.
5. Educational institutions: Several educational institutions such as universities and schools also play a role in providing social services to the people in West Java Province.

In this social service network, there is collaboration between different institutions and organizations in providing social services that are more holistic and integrated. This is expected to increase the effectiveness and efficiency of social services and ensure that the community gets better and timely social services.

Community Participation

Community participation is an important component of the collaborative social service model in West Java. Through community participation, people with social problems in the area can be actively involved in the problem solving process. Community participation can also help increase public awareness and knowledge of social issues and strengthen a sense of belonging and responsibility among community members. Community participation is a crucial aspect of the collaborative social service model in West Java. The model recognizes the importance of involving the community in the planning, implementation, and evaluation of social services, as well as in identifying and addressing social problems. There are several ways in which the community can participate in the collaborative social service model in West Java. These include:

1. Community involvement in needs assessments: The collaborative social service model involves conducting needs assessments to identify the social problems and needs of the community. Community members are actively involved in these assessments, providing input and feedback on the issues that affect them.
2. Community participation in program planning and implementation: Community members are involved in the planning and implementation of social service programs. They may be part of planning committees or working groups, providing input on program design and implementation strategies.
3. Community-based organizations: The collaborative social service model in West Java recognizes the important role that community-based organizations (CBOs) play in providing social services. CBOs are often involved in program planning and implementation, and may also receive funding to provide social services to the community.
4. Community feedback and evaluation: Community feedback is important in evaluating the effectiveness of social service programs. The collaborative social service model encourages community members to provide feedback on the programs, and to be involved in program evaluations.

Overall, community participation is essential to the success of the collaborative social service model in West Java. By involving the community in the planning, implementation, and evaluation of social services, the model ensures that the services are responsive to the needs of the community, and that they are effective in addressing social problems.

Monitoring and Evaluation System

The monitoring and evaluation system is an important part of the collaborative social service model in West Java. With an effective monitoring and evaluation system, local governments and social service providers can evaluate their performance in dealing with social problems and determine appropriate strategies to improve the quality and effectiveness of social services. M&E allows program managers to assess the effectiveness of the program, identify areas for improvement, and make necessary adjustments to ensure that the program achieves its goals.

The M&E system for the Collaborative Social Service Model in West Java should include several components. First, there should be a clear set of indicators that are used to measure the program's success. These indicators might include the number of people served, the speed and accuracy of service delivery, and the level of satisfaction among program beneficiaries. Second, there should be a process in place for collecting and analyzing data on these indicators. This might involve regular surveys of program beneficiaries, interviews with program staff, and analysis of administrative data on program activities. Third, there should be a system for using this data to inform program decision-making. This might involve regular meetings among program staff and stakeholders to discuss the data, identify areas for improvement, and develop action plans.

Finally, there should be a process for monitoring program implementation and evaluating the impact of program changes over time. This might involve regular site visits, ongoing data collection and analysis, and periodic program evaluations. Overall, an effective M&E system is essential for ensuring that the Collaborative Social Service Model in West Java is achieving its goals and making a positive impact on the lives of people with social problems.

CONCLUSION

In conclusion, the collaborative social service model in West Java has shown promising results in improving the quality and effectiveness of social services provided to people with social problems. Through the establishment of integrated social service centers and the development of a network of social services, collaboration among different government and non-governmental institutions has become more coordinated and effective. Community participation has also played a crucial role in this model, as it ensures that the services provided are more tailored to the needs and preferences of the local community. Additionally, the implementation of a monitoring and evaluation system has helped to identify areas for improvement and ensure that the model is continuously improving its effectiveness.

Overall, the collaborative social service model in West Java serves as an innovative and effective approach to tackling social problems and improving the quality of life for the local community.

BIBLIOGRAPHY

Borg, W.R., & Gall, M.G. (1989). *Educational Research: An Introduction (5th ed.)*. New York: Longman.

Chambers, R. (1987). *Pembangunan desa mulai dari belakang*. Jakarta : LP3ES

Chambers, R. (1997). *Whose reality counts? puting the first last*. London : Intermediete Technology Publication 103-105 Southampton.

Dubois, B. & Milley, KK. 2005. *Social Work An Empowering Proffesion*. Pearson Education, Inc.

Felix Sitorus dan Ivanovich Agusta (2003). *Metodologi kajian komunitas.* Bogor : Jurusan Ilmu-Ilmu Sosial, Fakultas Pertanian dan Program Pascasarjana Intitut Pertnian Bogor.

Fitzsimmons, J.A, and Mona J.F. 1994. *Service Management for Competitive Advantage.* New York: Mc. Graw Hill International Edition.

Hekmatyar, V., & Adinugraha, A. G. (2021). Ancaman Keberfungsian Sosial Pada Masyarakat di Dalam Kawasan Konservasi: Studi Kasus Desa Ranupani di Taman Nasional Bromo Tengger Semeru. BHUMI: Jurnal Agraria dan Pertanahan, 7(1), 28-41.

Ife, J.. 2002. *Community Development- Community-based alternatives in an age of globalisation.* Australia: Pearson Education.

Islamy. M. Irfan. 1997. *Prinsip-prinsip Perumusan Kebijakan Negara*. Jakarta: Bumi Aksara.

Isworo. Waluyo Iman. 1996. *Beberapa Pendekatan dan Analisis dan Implementasi Kebijakan Publik*. Jakarta: PT. Raja Grafindo Persada.

John, M. Romanyshyn. 1971. *Social Welfare: Social Welfare:Charity to Justice*. New York: Random House.

Johnson, HW. 1986. *Social Services an Introduction. Second Edition*. Itasca, Illonius: F.E. Peacock Publiser.

Jones, C. O. 1984. *An Introduction to Study pf Public Policy*: California: Wadswort. Inc.

Kartini, kartono. 2005. *Patologi Sosial*, Jakarta : PT. Raja Grafindo Persada

Keputusan Menteri Pendayagunaan Aparatur Negara (MENPAN) Nomor 18 Tahun 1993 Tentang Pedoman Tata Laksana Pelayanan Umum. Jakarta: MENPAN RB

Khan, A. J. 1979. *Social Policy and Social Services*. New York: Random House.

Lunberg, Emma Octavia. 1947. *Unto The Least of These Social Services for Children*. New York: Appleton Century. Clofts. Inc.

Midgley, James. 1995. *Social Development*. Melbourne Longman Australia Press, Ltd.

Miles, B.B., dan A.M. Huberman. 1992. *Analisa Data Kualitatif*, UI Press Jakarta

Moleong, Lexy. J. (1993). *Metodologi Penelitian Kuantitatif*. Bandung: PT. Remaja Posda Karya.

Northwest Territories Health and Social Services. 2004. *Integrated Services Delivery Model for The NWT Health and Social Services.*

OMSSA. 2007. *A Guide to Thinking About Human Services Integration : Making Greater Difference for People and Communities*. A Joint Project of the Ontario Municipal Social Services Association and the Serrvice Manager Housing Network. www.omssa..com accesed 23/4/2016.

Payne, M.. 1997. *Modern Social Work Theory. Second Edition.* London: MacMillan Press Ltd.

Permensos RI Nomor 8 tahun 2012 tentang Pedoman Pendataan dan Pengelolaan data Penyandang Masalah Kesejahteraan Sosial dan Potensi dan Sumber Kesejahteraan. Jakarta: Kementerian Sosial RI

Ragan. M. 2003. *Building Better Human Service Systems : Integration Services for Income Support and Related Programs.* Albany, NY: The Nelson A. Rockefeller Institure of Government.

Richard Jessor and Sherly L. Jessor (1977). *Social Work Practice; Model and Method.* F.E. Peacock Publishers, Inc.,Hasco. Illeanis.

Sanford, P.T. & Hutchings. 1987. *World Market of Chitin and Its Derivatives*. Di dalam Varum KM, Domard A and Smidsrod O, editors. Advances in Chitin Science. Vol VI. Trondheim, Norway.

Sardlow, Steven. 1998. *"Values Ethics and Social Work"* dalam Adams, Robert, Lena Dominelli dan Malcolm Payne (eds). Social Work Themes, Issues and Critical Debates. London: Mac Millan Press Ltd.

Sedarmayanti. 2003. *Good Governance dalam Rangka Otonomi Daerah: Upaya Membangun Organisasi Efektif dan Efisien melalui Restrukturisasi dan Pemberdayaan*. Bandung: Mandar Maju..

Sedarmayanti. 2004. *Good Governance (Kepemerintahan yang Baik): Membangun Sistem Manajemen Kinerja Guna Meningkatkan Produktivitas Peduli Good Governance (Kepemerintahan yang Baik).* Bandung: Mandar Maju.

Sianipar. 1999. *Manajemen Pelayanan Masyarakat.* Jakarta: Lembaga Administrasi Negara Republik Indonesia.

Siporin, M. 1975. *Introduction to Social Work Practice*. New York: Mac Millan Publishing Co, Inc.

Skidmore, R. A & Tackeray, M. G. 1991. *Introduction to Social Work.* Englewood Cliff, New Jersey: Prentice Hall International, Inc.

Soetarso. 1991. *Praktek Pekerjaan Sosial Dalam Pembangunan Masyarakat.* Bandung: STKS.

Sudrajat. Tata. 2005. *Makalah : Perlindungan Anak Sebagai Indikator Ketahanan Sosial Keluarga: dalam Tinjauan Konseptual Ketahanan Sosial Keluarga*. Departemen Sosial RI.

Suharto, Edi. 2003. *Kemiskinan dan keberfungsian sosial : studi kasus rumah tangga miskin di Indonesia*. Bandung : Departemen Sosial RI - Sekolah Tinggi Kesejahteraan Sosial.

Suharto, Edi. 2009. *Pekerjaan Sosial di Dunia Industri memperkuat CSR (Corporate Social Responsibility)*. Bandung : Alfabeta.

Suwarsih Madya. 2009. *Teori dan Praktik Penelitian Tindakan (Action Research).* Bandung: Alfabeta.

Titmuss, Richard. 1997 (edisi asli tahun 1970). *The Gift Relationship from Human Blood to Social Policy*. New York: The New Press.

Van Horn and Van Metter. 1975. *The Policy Implementation Process: A Conceptual Framework*. Administration Society.

Undang Undang Republik Indonesia Nomor 11 Tahun 2009 Tentang Kesejahteraan Sosial. Jakarta: Kementrian Sosial RI.

Undang-Undang Nomor 23 Tahun 2014 Tentang Pemerintah Daerah. Jakarta: Kementerian Dalam Negeri RI

Undang-Undang Nomor 39 Tahun 1999 tentang Hak Asasi Manusia. Jakarta: Kemenhumkam RI

Undang-Undang Nomor 4 Tahun 1992 tentang Perumahan dan Pemukiman. Jakarta: Kementerian Pekerjaan Umum dan Perumahan.

Undang-Undang RI Nomor 4 Tahun 1979 tentang Kesejahteraan Anak. Jakarta: Kementerian Sosial RI.

Undang-Undang RI Nomor 23 Tahun 2002 tentang Perlindungan Anak. Jakarta: Kementerian Sosial RI.

Undang-Undang Nomor 24 Tahun 2007. Tentang Bencana. Jakarta: Kementerian Sosial RI.

Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan. Jakarta: Kementerian Agama RI

Wibawa. Samudra, dkk. 1994. *Evaluasi Kebijakan Publik*. Jakarta: PT. Raja Grafindo Persada.

Zastrow, C. 1982. *Introduction To Social Welfare Institutions*. The Darsey Press.