



THE ROLE OF SOCIAL SERVICES IN IMPROVING THE ACHIEVEMENT OF MINIMUM SERVICE STANDARDS

Mira Indriyulia Ekarini^{1*}, Agus Rahayu², Disman³, Lili Adi Wibowo⁴

ABSTRACT

One of the social problems that must be explicitly handled and seriously is the handling of persons with disabilities and the elderly handled by the Social Rehabilitation Division (Rehsos) of the Cirebon Regency Social Service. This study aims to determine the role of social services in improving the achievement of minimum service standards. The research method used in this research is a case study method with a qualitative approach and for data analysis using SWOT analysis. The results of this study state that to improve the achievement of Minimum Service Standards (MSS) in the social sector, the Social Service Office has a significant role in organizing essential services for vulnerable groups such as neglected elderly and neglected persons with disabilities. However, several obstacles exist, such as suboptimal governance and budget constraints. Therefore, the Social Affairs Office needs to optimize human resources, strengthen cross-sectoral cooperation, and accelerate service procedures to ensure that social MSS is effectively achieved.

Keywords: Social Services, Social Services, Minimum Service Standards

^{1,2,3,4}Universitas Pendidikan Indonesia, Email: mira_indriyulia@yahoo.co.id, liliadiwibowo@UPI.edu, agusrahayu@UPI.edu, disman@UPI.edu

***Corresponding Author:** Mira Indriyulia Ekarini

*Universitas Pendidikan Indonesia, mira_indriyulia@yahoo.co.id

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1. INTRODUCTION

Social service is an activity that aims to improve relationships with their social environment. Social services are often referred to as social welfare services. Social welfare in a very broad sense covers a variety of actions taken by humans to achieve a better level of community life (Maspaiteella & Rahakbauwi, 2014). According to Walteral Friedlender in Muhidin in Musfikirrohman & Rahmawati, (2016), Social welfare is an organized system of social services and institutions aimed at assisting individuals and groups to achieve a standard of living of satisfactory health, as well as personal and social relations that enable them to develop their abilities to the fullest and improve their welfare in harmony with the needs of their families and communities.

It is necessary to distinguish two kinds of understanding of social services. First, social services in a broad sense are social services that cover development functions including social services in the fields of education, health, housing, labor and so on (Evasari & Kisworo, 2021). And second, social services in a narrow sense or also called social welfare services include assistance and protection programs for disadvantaged groups, such as social services for abandoned children, poor families, physical and mental disabilities, social disabilities, and so on (Muhidin dalam Aminatun et al., 2017).

The definition of social services at the first point is often used by developed countries. While the second point is often used by developing countries. In the United States, social services are defined as an organized activity, aiming to help people so that there is a reciprocal relationship between individuals and their social environment. This goal can be achieved through techniques and methods created through cooperative actions to improve social and economic conditions (Damanik, 2011). PPKS (Pemerlu Pelayanan Kesejahteraan Sosial) are individuals, families, groups, and / or communities who, due to an obstacle, difficulty, or disturbance, cannot carry out their social functions, so they need social services to meet their physical and spiritual and social needs adequately and reasonably (Permensos Number 7 of 2021 concerning Social Rehabilitation Attention).

Social rehabilitation is the recovery of victims from psychosocial disorders, as stated by Helen Haris Perlman, namely efforts to regain a sense of self-worth, love of work, awareness of responsibility for their future, family and society in a social environment (Murni & Astuti, 2015). With this, the hope is to recover the ability to be able to carry out social functions reasonably both in the family and in society (Herawati et al., 2020). A person can carry out his social function if he can integrate with society and has good physical, mental and social abilities (Ulfiyah, 2021).

In social rehabilitation, of course, clients must be included or participate in every social rehabilitation activity carried out, such as the reception, assessment, intervention, and termination stages. Each client has a different background, so in the

implementation of rehabilitation, guidance is needed, such as social guidance to help clients in the process of interacting with the social environment.

Activities carried out in Social Rehabilitation: 1. Prevention; meaning preventing the emergence of social problems, both problems coming from the client himself, as well as problems coming from the client's environment. 2. Rehabilitation; provided through social guidance and mental coaching, skills guidance. 3. Resocialization; is all efforts aimed at preparing clients to be able to integrate into community life. 4. Non-further guidance; given so that the client's success in the rehabilitation process and has been channeled can be further stabilized (Rahma et al., 2015).

Regulation of the Minister of Home Affairs number 59 of 2021 concerning the Implementation of Minimum Service Standards promulgated on December 24, 2021 is stipulated with the consideration that the regulation of the minister of home affairs number 100 of 2018 concerning the implementation of minimum service standards is no longer in accordance with the dynamics of the needs for implementing minimum service standards so that it is revoked and declared invalid. Minimum service standards (MSS) are provisions regarding the type and quality of basic services that every citizen is entitled to obtain at a minimum. The implementation of basic services is part of the implementation of mandatory local government affairs. SPM is positioned to answer important matters in the administration of local government, especially in the provision of basic services that lead to the creation of people's welfare (Subekti, 2021). Because the welfare of the people is the goal of the state guaranteed by the constitution. In its application, SPM must guarantee community access to basic services from local governments in accordance with the indicators set by the government. As regulated in government regulation number 2 of 2018 concerning minimum service standards and Regulation of the Minister of Home Affairs (Permendagri) of the Republic of Indonesia number 59 of 2021 concerning the Implementation of Minimum Service Standards coupled with regulations related to each ministry, local governments through regional apparatus must implement SPM effectively (PP, 2018).

Currently, SPM in mandatory government affairs related to basic services consist of education, health, public works and spatial planning, public housing and residential areas, peace, public order and community protection and social affairs with various indicators. For this reason, in implementing SPM, which are part of basic services in mandatory affairs, in addition to socializing the concept of stipulation and technical guidelines for implementation, it is also necessary to map the initial conditions of SPM, especially in related regional apparatus to determine the determination of targets for achieving SPM targets in the current year and the following year to meet national SPM achievement standards.

The six types of mandatory government affairs related to basic services are education, health, public works, public housing, peace, public order, and community and social protection (Wardani et al., 2019). One of the basic service affairs, namely social affairs, has been accommodated in the DPA of the Cirebon Regency Social Service in 2023 in the form of activities, namely, providing post-disaster food, providing social rehabilitation food, providing disability aids, providing physical, mental and spiritual guidance and providing access to basic education and health services.

As stated in Article 34 paragraph 1 of the Constitution 45, which reads: the poor and abandoned children are cared for by the State. In carrying out the task of alleviating poverty and realizing equitable welfare in the Cirebon Regency community in accordance with the vision and mission of the Cirebon Regent, namely the Prosperous Cirebon Regency; improving the quality of life of the community through fulfilling the basic needs of the community, improving the quality of education and training, health and the economy, Based on Perbup no 1 of 2022 concerning the Position, Structure, Duties and functions and work procedures of the Cirebon district regional apparatus, it is stated that the Social Service is an implementing element of government affairs in the social sector which is the regional authority. In carrying out this task, the Social Service divides the task authority, namely the Head of Service assisted by 1 secretary, 4 heads of fields and 1 UPT Shelter House in Lemah Abang District.

With a population of 2.3 million, the social problems that occur in Cirebon Regency are numerous and require active participation and mutual support from all parties. Data from BPS Cirebon Regency in 2021 recorded that there were 11.83% poor people in Cirebon Regency. The existence of various social problems in the community can have an impact on the community itself. The impacts of social problems in society include, among others, increasing cases of crime, the gap between the rich and the poor, the existence of group divisions, the emergence of deviant behavior, increasing unemployment, rampant cases of divorce and juvenile delinquency, among others due to family problems and economic factors.

One of the social problems that must be handled specifically and seriously is the handling of persons with disabilities and the elderly handled by the Social Rehabilitation Division (Rehsos) of the Cirebon Regency Social Service.

2. METHODOLOGY

This research uses a qualitative approach with a case study method. Qualitative method is a research method that uses data in the form of words and images to describe the phenomenon under study. Qualitative methods prioritize meaning over numbers (Haryono, 2020). The data collection technique in this research was carried out using the literature study method by exploring journals, books, laws and other information relevant to the

research obtained through Google Scholar. The data that has been collected is then analyzed by SWOT analysis. SWOT analysis is an assessment of the results of situation identification, to determine whether a condition is categorized as a strength, weakness, opportunity or threat. SWOT analysis is part of the planning process. The main thing that is emphasized is that in the planning process, an institution needs an assessment of the current conditions and the future picture that affects the process of achieving institutional goals (Istiqomah & Andriyanto, 2017).

3. RESULT AND DISCUSSION

Social services are often referred to as social welfare services. Social welfare is one of the Human Rights, thus social welfare development is a manifestation of efforts to achieve the nation's goals mandated in the 1945 Constitution of the Republic of Indonesia. The fifth precept of Pancasila states that social justice for all Indonesian people (Islamiyah, 2020).

The local government law is referred to as minimum service standards, which are provisions regarding the type and quality of basic services which are mandatory regional affairs that every citizen is entitled to obtain at a minimum. Service standards are broadly divided into two sectors, namely in private/private/business areas and service standards in public/government areas. In private areas, among others, are the Indonesian National Standards (SNI), while in public areas there are Service Standards regulated in Law Number 25 of 1999 concerning Public Services, Minimal Service Standards (SPM), and Norms of Behavior Standards and Criteria (NSPK) promoted by Law Number 32 of 2004 jo Law Number 23 of 2014 concerning Regional Government (Syafingi, 2017).

Law Number 23 of 2014 concerning Regional Government states that the implementation of basic services in mandatory government affairs relating to basic services is guided by minimum service standards (MSS) set by the Central Government. Basic Services are public services to fulfill the basic needs of citizens. Basic service recipients are all Indonesian citizens who are entitled to basic services. Government Regulation No. 2 of 2018 concerning Minimum Service Standards in article 10 paragraph 2 Types of Basic Services at the provincial Regional social SPM consist of:

- a. Basic social rehabilitation of displaced persons with disabilities in institutions;
- b. Basic social rehabilitation of abandoned children in institutions;
- c. Basic social rehabilitation of abandoned elderly in institutions;
- d. Basic social rehabilitation of social disabilities, especially homeless people and beggars in institutions; and
- e. Social protection and security during and after disaster emergency response for victims of provincial disasters.

SPM in the social sector is clarified technically as stipulated in the Regulation of the Minister of Social Affairs of the Republic of Indonesia No. 9 of 2018 concerning Technical Standards for Basic Services at Minimum Service Standards for Social Sector in Provincial Regions and in Regency / City Regions (Aritonang, 2021).

SPM in the social sector is further regulated in the Minister of Social Affairs Regulation Number 9 of 2018 concerning Technical Standards for Basic Services at Minimum Service Standards for Social Sector in Provinces and Districts / Cities. Types of basic service recipients of SPM in the social sector are Displaced Children, Displaced Persons with Disabilities, Displaced Elderly, Socially Displaced Persons and Disaster Victims. The division of authority for SPM in the social sector is divided into two, namely basic social rehabilitation in institutions under the authority of the provincial government and basic social rehabilitation outside institutions under the authority of the district / city government. Article 1 Paragraph 15 of the Minister of Social Affairs Regulation No. 9/2018 concerning Technical Standards for Basic Services at SPM in the Social Sector in Provinces and Districts / Cities states that neglect is the condition of a person whose basic needs are not met, not maintained, not cared for and not taken care of. Types of basic services for SPM in the social sector are divided into basic social rehabilitation in institutions under the authority of the provincial government and basic social rehabilitation outside institutions under the authority of the district / city government (Murni et al., 2019). SPM are set to ensure and support the implementation of mandatory authority by the regions as well as regional accountability to the government (Anindya et al., 2020).

Related to Minimum Service Standards (SPM) in the Social sector, its implementation is the fulfillment of community access and the fulfillment of individual rights in order to realize the fulfillment of basic needs related to existing sources. The government in order to fulfill basic needs can do, among others, various ways, namely the type of basic service is exempt from fees. Citizens have the right to obtain free facilities and infrastructure according to the criteria provided and the community has the right to receive cash assistance. SPM implementation is based on the principles of appropriate authority, sustainability, affordability, and availability guaranteed by the government. In addition, SPM is right on target and must be measurable, meaning that only those who are entitled and only those who deserve this service can receive it (Nunung, 2021).

The inhibiting factors for minimum service standards according to Ernawati, (2021) are as follows.

1. Governance arrangement

Implementation of SPM in the health sector is still guided by existing regulations, namely Government Regulation (PP) Number 2 of 2018, Minister of Home Affairs Regulation (Permendagri) Number 100 of 2018, and Minister of Health Regulation (PMK) Number 4 of 2019. SPM implementation in districts/municipalities has not met expectations because district/municipal SPM teams have not carried out their duties periodically, including coordinating the integration of SPM into planning documents, overseeing and ensuring it is included in the Local Government Work Plan (RKPD), strategic plan (renstra), and work plan (renja) of the Social Service Office, monitoring and evaluating SPM achievements, and not socializing SPM implementation to the community as beneficiaries.

2. Finance / financial arrangement

SPM fulfillment is still constrained by limited budgets, especially from the district/city Regional Budget (APBD) for social service operations.

3. Service availability / delivery arrangement

Implementation of health SPM must meet the quality of service for each type of basic service specified in technical standards:

- a. Standards for the quantity and quality of goods and/or services;
- b. Standards for the quantity and quality of health workers; and
- c. Technical instructions or procedures for meeting standards (PMK Number 4 of 2019).

The problems handled by the Cirebon Regency Social Service are actually not only on the issue of data collection and delivery of social assistance. Many do not know that the actual mandatory affairs in the Cirebon Regency Social Service are activities that carry out Minimum Service Standards, namely 5 (five) types of basic services: displaced persons with disabilities, displaced children, displaced elderly, vagrants and beggars, natural and social disasters (in accordance with Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 9 of 2018 concerning technical standards for basic services in the minimum service standards in the social sector in the provincial and district / city areas). Of the five types of basic services, the author focuses on the problems of displaced elderly and persons with disabilities.

The number of elderly people in Cirebon Regency after the results of data matching with DTKS is 174,481 people spread across 40 (forty) sub-districts and 412 villages and 12 villages. While the number of people with disabilities is 3365 people. Data on the elderly who have received assistance from both the Central Government and the Regional Government are listed in the table below:

Table 1. Data of Elderly Assistance Recipients

1	Number of elderly people in Cirebon Regency (padan DTKS)	174481	Number Of Beneficiaries
2	Those who have been assisted (Pokmas)	716	
3	Those that have been assisted by the 2021-2022 APBD	300	
4	Assistance from Budi Dharma (APBN)	100	

Data source: Social Rehabilitation Division of Cirebon Regency Social Services

The definition of Elderly in Pennensos Number 5/2018 concerning National Standards for Social Rehabilitation of the Elderly is someone who has reached the age of 60 (sixty) years or older, due to certain factors unable to fulfill his basic needs and his life depends on the help of others. Elderly is the final stage in human life. Humans who enter this stage are characterized by a decrease in the body's ability to work due to changes or a decrease in the

function of the organs of the body, based on WHO, the elderly are divided into three groups:

1. Elderly (elderly): age 60-75 years.
2. Old age (old): age 76-90 years.
3. Very old: age > 90 years.

Persons with data disabilities receive assistance through the provision of assistive devices as listed in the table below:

Table 2: Data on Disability Assistance Recipients

1	Number of people with disabilities	3365	Number Of Beneficiaries
2	Armpit Stick Assistance	35	
3	Wheelchair Assistance	85	
4	Hearing Aid	25	
5	Leg stick assistance 4	15	
6	Walker's favor	25	
7	Assistance with prosthetic limbs	5	

Source: DPA Dinas Sosial Kab.Cirebon year 2022

From the data above, we can see that there are still many problems related to Minimum Service Standards activities that have not been handled properly, as evidenced by the fact that there is still very little assistance for persons with disabilities and the elderly. According to the author's analysis, one of the reasons for this is because there are still not many people who understand the mechanism for requesting assistance through E HIBAH. Many

communities and assistants think that the mechanism is difficult and confusing because the E HIBAH mechanism begins with making a proposal by the community which is assisted by assistants, namely the local village Puskesmas and assistants in the sub-district, namely TKSK (Tenaga Kesejahteraan Sosial Kecamatan).

Problem analysis is also reflected in the SWOT Analysis table below:

Table 3. SWOT Analysis Results

INTERNAL FACTORS		EXTERNAL FACTORS	
STRENGTH	WEAKNESS	OPPORTUNITY	THREATS
Sufficient human resources	Infrastructure support is still lacking	Availability of assistants (TKSK and puskesmas)	Limited human resource skills of assistants
Free Service	Socialization is still lacking	Cross-sector cooperation	Access difficulties from the community
Receive complaints	Technology skills are still lacking	e Grant Application	Long time to go through the procedure

From several alternative strategy analyses, the author decided to choose the S-O strategy to overcome the problems of disability and the elderly. This strategy is used to capture and take advantage of existing opportunities by maximizing the internal strengths of an agency (in management science known as the resource-based view). The S-O strategy is carried out by:

1. Optimizing the assistants in recording PPKS by providing training by human resources at the Cirebon District Social Service.
2. Utilizing cross-sector cooperation to provide services that are easy, cheap and even free and fast.

3. The existence of the E-Hibah application is still considered difficult for the community as evidenced by the existence of several complaints related to the submission of assistance which is considered too time-consuming due to the long E-Hibah procedure and the lack of uniformity in making aid proposals.

4. CONCLUSION

Based on the research results, it can be concluded that the Social Service Office has an important role in improving the achievement of Minimum Service Standards (MSS) in the social sector. Social

services or social welfare are part of human rights, and social welfare development is an effort to achieve the nation's goals as mandated in the 1945 Constitution of the Republic of Indonesia. A critical aspect of social services is to ensure that citizens receive adequate essential services in accordance with the minimum standards that have been set. The Social Service Office is responsible for coordinating and organizing these essential services, including social rehabilitation for vulnerable groups such as abandoned elderly, abandoned persons with disabilities, and others.

Law No. 23/2014 on Regional Government emphasizes that SPM set by the Central Government must guide the implementation of essential services. The Social Affairs Office has a crucial role in ensuring that SPM in the social sector is well achieved. This includes data collection of service recipients, provision of facilities and infrastructure, implementation of free services, and monitoring and evaluating SPM achievements. However, there are still a number of inhibiting factors, such as governance constraints, budget limitations, and community access difficulties. Therefore, the Social Service Office must collaborate with various sectors and utilize assistants such as Sub-district Social Welfare Workers (TKSK) to more effectively meet citizens' basic needs, especially for vulnerable groups such as neglected elderly and neglected persons with disabilities.

In facing this challenge, the Social Affairs Office needs to optimize existing human resources, provide training, and utilize cross-sector cooperation. In addition, simplifying procedures, including using the E-Hibah application, can help speed up the provision of assistance to people who need it. With the right strategy, the Social Service Office can maximize its potential and ensure that social services following minimum standards can be provided to all citizens, making Indonesia more just and prosperous in accordance with the principles of Pancasila.

Considering these problems, the author tries to provide a solution by making a particular application that the community can easily access so that services are handled more quickly. The application is expected to answer the community's need for clarification about the format of the proposal submission example so that the proposals submitted have uniformity in writing and submission.

The application contains a proposal writing format from the preface, introduction, and contents to the closing. In addition, it also contains data on persons with disabilities and the elderly in each village, along with supporting photos so that the data provided by village assistants is expected to be accurate and can be accounted for.

REFERENCE

- Aminatun, S., & Hidayatullah, A. N. (2017). Pelayanan Sosial Yayasan Ciqal Terhadap Penyandang Disabilitas. *Sosio Konsepsia*, 6(3), 269–286. <https://doi.org/10.33007/ska.v6i3.397>
- Anindya, P. A., Patria Jati, S., & Nandini, N. (2020). Upaya Menerapkan Standar Pelayanan Minimal di Bidang Kesehatan Berdasarkan Indikator Pelayanan Kesehatan Hipertensi di Puskesmas Kota Semarang. *Jurnal Ilmiah Mahasiswa*, 10(2), 30–33. <https://ejournal.undip.ac.id/index.php/jim/index>
- Aritonang, S. (2021). Penerapan Standar Pelayanan Minimal (SPM) Bidang Sosial di Provinsi Jawa Barat Tahun 2019-2020. *Majalah Media Perencana*, 100–107. <https://mediaperencana.perencanapembangunan.or.id/index.php/mmp/article/view/29>
- Carissa, R. D., & Nugroho, F. (2019). Implementasi Kebijakan Pemenuhan Layanan Dasar Dalam Panti Bagi Penyandang Terlantar Melalui Standar Pelayanan Minimal Bidang Sosial. *Sosio Informa*, 5(3), 235–248. <https://doi.org/10.33007/inf.v5i3.1884>
- Damanik, J. (2011). Menuju Pelayanan Sosial yang Berkeadilan. *Jurnal Ilmu Sosial Dan Ilmu Politik, Universitas Gadjah Mada*, 15(1), 1–14. <http://journalsospol.fisipol.ugm.ac.id/index.php/jsp/article/view/11>
- Ernawati, C. T. (2021). Capaian Implementasi Standar Pelayanan Minimal (Spm) Khusus Kesehatan Ibu Dan Anak (Kia): Solusi Penurunan Kematian Ibu Dan Anak Di Sumatera Barat. *Policy Brief*. <https://journal.ugm.ac.id/jkki/article/download/69497/32236>
- Evitasari, L., & Kisworo, B. (2021). Analisis Tugas Pekerja Sosial Dalam Memberdayakan Lanjut Usia Di Wisma Lansia Husnul Khatimah Semarang. *Jendela PLS*, 5(2), 88–99. <https://doi.org/10.37058/jpls.v5i2.2706>
- Haryono, C. G. (2020). *Ragam metode penelitian kualitatif komunikasi*. Jejak Publisher.
- Herawati, T., Krisnatuti, D., Pujihavuty, R., & Latifah, E. W. (2020). Faktor-faktor yang memengaruhi pelaksanaan fungsi keluarga di Indonesia. *Jurnal Ilmu Keluarga & Konsumen*, 13(3), 213–227.
- Islamiyah, J. (2020). Peran Dinas Sosial Dalam Meningkatkan Kesejahteraan Masyarakat Miskin Di Kabupaten Gowa. In *Universitas Muhammadiyah Makassar*.
- Istiqomah, & Andriyanto, I. (2017). Analisis SWOT dalam Pengembangan Bisnis (Studi pada Sentra Jenang di Desa Wisata Kaliputu Kudus). *Jurnal Bisnis Dan Manajemen Islam*, 5(2), 363–382.
- Maspaitella, M. J., & Rahakbauwi, N. (2014). Pembangunan Kesejahteraan Sosial: Pemberdayaan Masyarakat Dalam Pendekatan Pekerja Sosial. *Aspirasi*, 5(2), 157–164. <https://jurnal.dpr.go.id/index.php/aspirasi/article/view/457/354>
- Murni, R., & Astuti, M. (2015). Rehabilitasi Sosial Bagi Penyandang Disabilitas Mental Melalui Unit Informasi Dan Layanan Sosial Rumah Kita. *Sosio Informa*, 1(3), 278–292. <https://doi.org/10.33007/inf.v1i3.170>

14. Musfikirrohman, & Rahmawati, A. (2016). Pelayanan Sosial Pekerja Sosial Medis di Rumah Sakit Dr. Soetomo Surabaya (Social Services of Medical Social Worker at Dr. Soetomo Surabaya Hospital). *E-SOSPOL*, 3(April), 55–61.
15. Nunung, A. (2021). Collaborative Governance Dalam Pelaksanaan Standar Pelayanan Minimal (Spm) Pada Dinas Sosial Kabupaten Bandung. *Syntax Literate: Jurnal Ilmiah Indonesia*, 6(6), 2598–2611.
16. PP. (2018). *Peraturan Pemerintah Nomor 2 Tahun 2018 Tentang Standar Pelayanan Minimal*. Peraturan.Go.Id.
17. Rahma, A. N., Nurwati, R. N., & Taftazani, B. M. (2015). Eksistensi Pekerja Sosial Di Indonesia, Malaysia Dan Amerika Serikat. *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, 2(2), 190–197. <http://journal.unpad.ac.id/prosiding/article/view/13528>
18. Subekti. (2021). Analisis Faktor-Faktor Kendala Di Dalam Penyelenggaraan Standar Pelayanan Minimal Bidang Kesehatan Di UPT Puskesmas Palenggaan Pada Dinas Kesehatan Kabupaten Pamekasan. *Jurnal Ilmiah Mahasiswa FEB*, 1–18.
19. Syafingi, H. M. (2017). Konstitusionalitas Standar Pelayanan Minimal. *Jurnal Hukum Novelty*, 8(2), 216. <https://doi.org/10.26555/novelty.v8i2.a7020>
20. Ulfiah, U. (2021). Konseling Keluarga untuk Meningkatkan Ketahanan Keluarga. *Psymphatic : Jurnal Ilmiah Psikologi*, 8(1), 69–86. <https://doi.org/10.15575/psy.v8i1.12839>
21. Wardani, R., Dewi, D. A. S., Syafingi, H. M., & Suharso, S. (2019). Pelaksanaan Kebijakan Standar Pelayanan Minimal Kesehatan Kabupaten Magelang Tahun 2017-2019 Dalam Mewujudkan Kesejahteraan Masyarakat. *Amnesti Jurnal Hukum*, 1(2), 56–70. <https://doi.org/10.37729/amnesti.v1i2.646>