

Integrated Services Policy In Managing The Poor And The Less Fortunate In Gorontalo District

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Abstract

This study aims to analyze and describe the process of implementing the Integrated Service And Referral System (SLRT) and Social Welfare Center (Puskesmas) policies in handling the poor and the underprivileged in Gorontalo Regency. The method used is descriptive qualitative with a case study approach. Data was collected through observation, in-depth interviews and documentation. Technical data analysis is done by means of reduction, presentation and drawing conclusions. The results showed that the implementation of the SLRT and Puskesmas policies in Gorontalo Regency was carried out with a top-down approach, which was based on the policies of the Indonesian Ministry of Social Affairs without policy support at the local and village government levels. Although this approach has been supported by clear objectives, procedures and control systems, it is weak from the aspect of regional and village resource support as well as weak innovation and implementation commitment, and lack of coordination between service implementing agencies. The unavailability of local regulations is a major factor in the ineffective implementation of the SLRT and Puskesmas policies in Gorontalo Regency. In addition, the loss of local wisdom "huyula culture" is a factor that influences the achievement of the policy objectives not optimally.

Keywords: Policy Implementation, Integrated Services.

Introduction

The 1945 Constitution of the Republic of Indonesia Article 34 paragraph (1) to paragraph (3) reads; (1) The poor and neglected children are cared for by the State; (2) The state develops a social security system for all the people and empowers the weak and underprivileged in accordance with human dignity; and (3) The state is responsible for the provision of proper health care facilities and public facilities. This actually confirms that the government is obliged to maintain and improve the welfare of the people, especially for the poor and the underprivileged, and ensure that social service policies, especially for the poor and underprivileged, can be obtained properly and worthy of humanity.

Law Number 13 of 2011 concerning the Handling of the Poor, in article 7 paragraph (1) describes that the handling of the poor is carried out in the form of: (a) self-potential development; (b) food and clothing assistance; (c) provision of housing services; (d) provision of health services; (e)

provision of educational services; (f) providing access to employment and business opportunities; (g) legal assistance; and/or h. social services. The government's commitment to improving welfare and social protection for the poor is stated in Presidential Regulation Number 20 of 2019 concerning the National Medium-Term

Development Plan for 2020-2024, where the government has set an agenda for improving people's welfare and social protection for the poor and vulnerable poor as one of the the government's national priority program in the context of poverty reduction. The agenda is carried out with a strategy of developing partnerships and networking among stakeholders, both the central government, regional governments, the business world, and the community.

The aspiration to realize a holistic and integrated social service system has long been echoed but has not been fully realized. This makes the poor and underprivileged people have limitations in accessing various social services correctly and

accurately provided by various government agencies, both the central government and local governments as service implementers. For this reason, at the end of 2013, the Ministry of National Development Planning/National Development Planning Agency (Ministry of PPN/Bappenas) and the Ministry of Social Affairs of the Republic of Indonesia together with the Regional Government initiated an improvement in the information technology-based social service system and outreach by Community Social Workers (PSM) at the community level as the government's efforts to address the problem of the poor and the underprivileged.

Currently, the management of social services is still fragmented in various different government agencies, thus making services longer, convoluted and tend to be uncertain. For this reason, as an effort to integrate social services from various social service management agencies, the Ministry of Social Affairs issued a Policy in the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 15 of 2018 concerning an Integrated Service and Referral System (SLRT) for Handling the Poor and Poor. Operationally, it is further regulated by the Directorate General (Dirjen) of Social Empowerment, the Indonesian Ministry of Social Affairs, which publishes General Guidelines for the Implementation of SLRT and Health Centers for Handling the Poor and Underprivileged through the Regulation of the Director General (Perdirjen) of Social Empowerment Number 161 of 2020 concerning General Guidelines for the Implementation of the Service System. and the Integrated Referral (SLRT) and Social Welfare Center (Puskesmas).

Various poverty alleviation programs carried out by the government have not given maximum results. The results of the 2020 National Census show that the number of poor people in Indonesia is 26.42 million people, or 9.78% of the total population of Indonesia, which is 268,583,016 people. Of the total poverty, Gorontalo Province is in the fifth poorest province in Indonesia with a poverty percentage reaching 15.59% in 2020 and 15.41% in 2021 from a population of only 1.1 million people.

Based on data from the Central Statistics Agency (BPS) of Gorontalo Province, the characteristics and distribution of poverty at the district/city level in Gorontalo Province are quite diverse. This is caused by various factors, namely; socio-cultural factors, economic factors and demographics. The poverty percentage of districts/cities in Gorontalo Province from 2018 to 2021 shows that of the 6

(six) districts/cities in Gorontalo Province, the highest percentage of poverty in Gorontalo Regency is 18.87%.

In addition, based on the Social Welfare Integrated Data (DTKS) of the Ministry of Social Affairs as a reference basis for the government and local governments in making policies for providing social assistance, especially to the poor and the underprivileged, in the period 2019-2021 shows that the number of poor people in the Regency Gorontalo percentage is still very high, reaching 61% and 59%. This means that more than half of the people in Gorontalo Regency belong to the category of the poor and the underprivileged. This is of course the obligation of the government and the Gorontalo Regency Government to provide services as mandated in the constitution and laws and regulations as well as the 2020-2024 National Medium Term Development Plan (RPJMN) and Government Work Plan (RKP).

For this reason, of the six regencies/cities in Gorontalo Province, Gorontalo Regency is the one that has implemented the SLRT Policy and the Social Health Center in Handling the poor and the underprivileged since 2018 until now. It is hoped that with this policy, social service programs related to handling the poor and the underprivileged will become more effective and efficient, and the poverty rate in Gorontalo Regency can be significantly reduced. Since 2018, the policy has been implemented with the leading sector being at the Gorontalo District Social Service. The service program currently focuses on 2 (two) programs, namely: (1) health services in the form of Universal Health Insurance (Jamkesta) and Regional Health Insurance (Jamkesda) and (2) education services in the form of scholarship assistance. With regard to the Puskesmas service which was formed in 2018-now there are only 2 (two) villages, namely Pilolalenga Village, Dungalio District and Bongoayu Village, Boliyohuto District. The existence of these Puskesmas is still very small when compared to the number of villages/kelurahan in Gorontalo district, which is as many as 205 (two hundred and five) villages/kelurahan, because actually Puskesmas should be established in every village.

The trend of services for the poor and underprivileged through the SLRT Secretariat and the Social Health Center in Gorontalo Regency, especially in the health and education sector in 2019-2021, shows that the number is still low where in 2020, services in the health sector reached 1,257, experiencing a decline in 2021. to 786 services. While the education sector in 2020

was 254, the number increased in 2021 to 752. However, this number when compared with the data on the poor population contained in the DTKS amounting to 247,251 in 2020, the number of poor people in Gorontalo Regency served through the new SLRT by 0.62%.

The purpose of this study is to determine the process of implementing the SLRT and Puskesmas policies in handling the poor and the underprivileged in Gorontalo Regency, reviewing Soren C. Winter's integrated policy theory with sub focus; how to formulate and design policies, organizational and management behavior, implementer behavior and target group behavior.

Methods

This research is a descriptive qualitative research with a case study approach so that it is more specific at the locus and focus that cannot be generalized. The stages that have been carried out in this research consist of the pre-field stage, the field work stage, and the data analysis stage. The pre-field stages in this research consist of; (1) Preparation of research design; (2) Selection of research field. The stages of field work consist of: (1) understanding the research background and self-preparation; (2) enter the field; and (3) participate while collecting data using in-depth interviews. The data analysis technique was carried out using an interactive model analysis consisting of 3 components of analysis, namely data condensation, data presentation and drawing conclusions.

Results and Discussion

The Process of Implementing the SLRT Policy and the Social Health Center in Handling the Poor and Underprivileged in Gorontalo District

Policy Formulation and Design

The SLRT and Puskesmas policy is a service system policy design to handle public complaints, especially the poor and the poor in the regions, as stipulated in Article 1 Paragraph 1 of the Minister of Social Affairs Number 15 of 2018. Operationally, the implementation of the SLRT and Puskesmas policies is regulated in the Regulation of the Director General of Social Empowerment. Number 161 of 2020 concerning Guidelines for the Implementation of SLRT and Social Health Centers for Handling the Poor and Poor People.

According to the author, what is the basis for the SLRT and Puskesmas policies, apart from being the constitutional mandate of the 1945 Constitution, Article 34 paragraphs (1) to d. paragraph (3), is

also regulated in several related statutory provisions, namely: (1) Law no. 23/2014 concerning Regional Government; (2) Law no. 25/2009 concerning Public Services; (3) Law no. 11/2009 on Social Welfare; (4) Law no. 13/2011 on Handling the Poor; (5). Presidential Decree No. 15/2010 concerning the Acceleration of Poverty Reduction; (6) Presidential Regulation No. 20/2019 concerning the 2020-2024 RPJMN; (7) Permendagri No. 53/2020, concerning Work Procedures and Work Harmonization as well as Institutional Alignment and Human Resources of Provincial and Regency/City Poverty Reduction Coordination Teams; (8) Social Minister Regulation No. 15/2018 regarding SLRT; and (9) Regulation of the Directorate General of Social Empowerment of the Ministry of Social Affairs of the Republic of Indonesia No. 161/2020 concerning General Guidelines for the Implementation of SLRT and Health Centers.

The existence of the SLRT policy and the Social Health Center in Gorontalo Regency since 2018, with the consideration that Gorontalo Regency is one of the areas with the highest poverty rate in Gorontalo Province which is still below the national standard. With the SLRT and Puskesmas policies, it is hoped that the implementation of social assistance services for the poor and the underprivileged will be more effective and efficient.

In the theory of [2] policy design is seen from several aspects, namely policy objectives, causal theory or cause and effect of a policy, policy tools, policy targets and policy implementation. The results of this study are based on each of these aspects or indicators which are described as follows:

Policy Objectives

Policy objectives are an important aspect of policy design. Especially policies that come from the center and are implemented at the level of government below it. [1] in this context, policy objectives must be clear and consistent, and contained in legislation (or other legal directives). Likewise, in the design of integrated service policies in handling the poor and the underprivileged in Gorontalo Regency, it is necessary to have a clear end goal.

The results of the research in Gorontalo Regency on the SLRT policy and the Social Health Center in Handling the poor and the underprivileged show that this policy has a clear objective as regulated in the Minister of Social Affairs RI No. 15 of 2018 concerning SLRT for Handling the Poor and Underprivileged, and Regulation of the Director

General of Social Empowerment of the Ministry of Social Affairs of the Republic of Indonesia Number 161 of 2020 concerning General Guidelines for the Implementation of SLRT and Puskesmas, which aims to increase the effectiveness and efficiency of services and referrals for Social Welfare Service Needs (PPKS), particularly to reduce poverty, vulnerability and inequality.

Causal Theory

Causal theory or causality is a theory that explains what causes a problem and how certain responses will alleviate the problem [1]. In the context of an integrated service policy in handling the poor and the underprivileged, it is necessary to design it according to the main cause of the problem of poverty service itself so that it has an effective impact after the implementation of the policy.

The results of this study found that the SLRT and Puskesmas policies were relevant to the problem of less effective and efficient services for the poor and the underprivileged in Gorontalo Regency. Management and provision of services that are still fragmented or divided into a number of management institutions/agencies, such as Population Data available at the Population and Civil Registration Office, Integrated Social Welfare Data (DTKS) located at the Social Service, health service providers located at the Dinas Sosial, Health, BPJS and Hospitals or Puskesmas, scholarship service providers in the Education Office and Others.

[3] policy outcomes are not effective because in policy formulation there is an inappropriate causal relationship, as well as the relationship between goals and means in policy design that are not mutually supportive and related. In the context of the SLRT policy and the Social Health Center in Gorontalo Regency, as explained in the Guidelines issued by the Director General of Social Empowerment, Ministry of Social Affairs, RI, that social services and handling are not yet optimal stems from a lack of integration in service delivery. There are still many sectoral service programs that run independently in accordance with the main tasks and functions of each institution/institution.

For this reason, from the design aspect of integrated service policies in handling the poor and the underprivileged through the SLRT program and the Social Health Center, it is relevant to the problem of service for the poor and underprivileged in Gorontalo Regency. Through an integrated policy, the services and handling of the poor and the poor who are still partial can be

completed, so that the implementation of services becomes more effective and efficient because it is held in an integrated manner.

Policy Tools

Policy tools are methods used by governments to achieve policy objectives [1]. Policy tools are mechanisms by which policy ideas and policy objectives are transformed into specific policy actions, bridges connecting goals and outcomes, and the necessary pathways for policy implementation. In the context of integrated service policies in handling the poor and underprivileged people in Gorontalo Regency, it requires policy tools or instruments in policy implementation so that the objectives to be achieved can be effective and efficient.

The results of the research in Gorontalo Regency show that the policy tools used in implementing integrated policies through the SLRT program and the Social Welfare Health Center are using the Social Welfare Integrated Data Application as a basis and service neutralization for the poor and the underprivileged, as well as the SIKS-NG SLRT application and a centralized mechanism. through the SLRT Secretariat at the Regency level, and the Puskesmas Secretariat at the Village level, as well as through assigned field facilitators.

However, in order to effectively implement the integrated service policy in the SLRT program and the Social Health Center in Gorontalo Regency, it is necessary to have a mechanism for coordination or cooperation between organizations managing and providing social services. In addition to the mechanism, the integration of information systems owned by the Ministry of Social Affairs, namely DTKS, with information systems owned by social service management agencies in Gorontalo Regency, such as the Population and Civil Registration Office, Health Office, Education Office, Hospitals and others. The existence of policy tools in implementing the SLRT policy and Puskesmas in the design of integrated service policies in handling the poor and the needy in Gorontalo district has been supported by policy tools, both in the form of implementation mechanisms and applications that help the effectiveness of implementation in the field.

Policy Targets

Policy targets, namely entities of people or organizations whose behavior the policy wants to change [1]. In each policy, an entity is still designed, in the form of a person or organization who is the target of the policy to be changed

through the policy to be implemented. In the integrated service policy through the SLRT program and the Social Health Center in Gorontalo Regency, the targets of the policy are social service management organizations, field officers and families of the poor and underprivileged in Gorontalo Regency. This policy target has been well and clearly formulated, so that the implementation of the policy and the expected changes can be observed properly.

Policy Implementation

Policy implementation, namely the process by which policies set by the government are enforced by the relevant agencies [1]. The implementation of integrated service policies through the SLRT program and the Social Health Center in handling the poor and the underprivileged in Gorontalo Regency uses a top-down policy design. The Top-Down design in the implementation of integrated social policies through the SLRT program and the Social Health Center in Gorontalo Regency makes the provision of some resources only sourced from the Center or the Indonesian Ministry of Social Affairs, because since the formation in 2018 until now there has been no local policy that supports the SLRT policy and the Social Health Center. in Gorontalo Regency.

The implementation process begins with the establishment of an SLRT implementing structure at the local government level, in this case at the Gorontalo District Social Service, and the Social Health Center at the Village Government Level. This Implementing Structure consists of Managers, Supervisors, Treasurers, Front Office and Back Office, Supervisors at the sub-district level and Facilitators at the Village level. To support the operation of the SLRT and Puskesmas in Gorontalo Regency, the Ministry of Social Affairs of the Republic of Indonesia provides a budget and support for infrastructure facilities for the SLRT Secretariat, Health Centers and facilitators.

For this reason, the design of this policy is top-down or designed at the central government level and implemented at the regional and village government levels. This is relevant to the top-down theory which is based on the perspective that policy implementation starts from a decision made by the central government (top-down theories starter from the assumption that policy implementation starts with a decision made by the central government) [4]. This model as emphasizing its basic reliance on a command. [4] emphasize that the implementation of policies that use a top-down approach requires the establishment of adequate bureaucratic procedures,

to ensure that the policies are carried out as accurately as possible. To achieve this goal, the implementing agency must have adequate resources and there is a need for a clear system of responsibilities and hierarchical control to oversee the actions of the implementers.

“Implementation therefore implied the establishment of adequate bureaucratic procedures to ensure that policies are executed as accurately as possible. To this end, implementing agencies should have sufficient resources at their disposal, and there needs to be a system of clear responsibilities and hierarchical control to supervise the actions of implementers” [4].

Furthermore, [4] also emphasized that the top-down policy theory requires several things, namely; (1) The existence of bureaucratic procedures as a guide for policy implementation, (2) Adequate Support of Resources, and (3). A clear system of responsibilities, and (4) There is a hierarchical control in the supervision of the implementers. Meanwhile, 6 (six) preconditions for a top-down policy approach in implementing policies to work effectively are: (1) The existence of clear and consistent objectives, (2) Adequate causal theory., (3) There is a legally structured implementation process to improve compliance from implementing officials and target groups, (4). Committed and skilled implementing officials, (5) Support from interest groups and authorities, and (6) Insubstantial socio-economic changes weaken political support and causal theory.

In the context of implementing integrated social policies through the SLRT program and Puskesmas in handling the poor and the underprivileged in Gorontalo Regency, there are several pre-conditions that support policy implementation, namely (1) clear and consistent goals, (2) bureaucratic procedures as guidelines. implementation of activities published through the Ministry of Social Affairs of the Republic of Indonesia, (3) The existence of a clear system of responsibilities, and (4) the existence of hierarchical control in implementing supervision. However, there are several conditions that are inadequate in supporting the implementation of integrated social policies through the SLRT program and the Social Health Center in Gorontalo Regency, namely: (1) Limited resource support, (2) Low commitment and skills of implementers, and (3). Interest group support is still low.

The top-down approach was also criticized by policy experts who judged to start from a centralized decision-making perspective, and tend to ignore other actors at the local level, which

assumes that policy makers are key actors and others are basically obstacles. This causes a neglect of strategic initiatives that come from the private sector, street bureaucrats, local implementing officials and other policy subsystems. In this study, it was found that in implementing the SLTR and Puskesmas policies in handling the poor and the underprivileged in Gorontalo Regency, the level of dependence of implementers on the Ministry of Social Affairs of the Republic of Indonesia is very high, especially with regard to the carrying capacity of SLRT programs and activities in the Region.

Organizational Behavior and Relationships between Organizations

Organizational behavior and inter-organizational relationships are critical to the types of policies that require multi-stakeholder involvement, as are social service system policies.

Organizational Commitment

[2] suggests that commitment is the key to the success of policy implementation. Committed managers have the attitude of their front line workers and the way managers, by designing or changing organizational structures, can shape bureaucratic attitudes and behavior. In the implementation of the policy of Integrated services for the poor and underprivileged through the SLRT program and Puskesmas two categories of commitment were found, namely the commitment of the local government and the commitment of the implementing organization or policy implementer.

The results of this study indicate that the commitment of the implementers in implementing integrated service policies in overcoming the poor and the underprivileged through the SLRT program and the Social Health Center in Gorontalo Regency, both by the local government and implementing organizations of program policies is still low. The low commitment of local governments is indicated by the absence of policies at the regional level and the absence of available resources to support policy implementation in Gorontalo Regency. Meanwhile, the low commitment of the policy implementing organizations is shown by the slowness of the Office in providing the local regulations needed to support the SLRT and Puskesmas programs, as well as the cessation of activities for implementing the SLRT and

Puskesmas due to the cessation of resource support from the Ministry of Social Affairs.

Meanwhile, as explained by [5] that a commitment with a sense of belonging to the same goal will foster a commitment to implement policies and reject efforts to weaken them. The commitment of the Social Service Management Agency or Agency in the success of the integrated service policy through the SLRT program and the Social Health Center in handling the poor and the underprivileged is to continue to implement the policy, and to get around the obstacles faced in its implementation. The low level of initiatives and efforts to maintain the sustainability of program implementation and optimization of its implementation shows the low commitment of implementing organizations in implementing policies.

Relationships between Organizations

Likewise, the SLRT program and the Social Health Center in Gorontalo Regency require cooperative relationships between parties, both vertically and horizontally. Vertically between the central government, local government and villages, while horizontally between agencies within the local government. Inter-organizational relationships aim to overcome cross-border problems by using networks of people and organizations. Likewise with the SLRT program and the Social Health Center in Gorontalo Regency, which aim to overcome the problem of task and authority limits and the types of services that are fragmented in various other relevant agencies.

The results of the research on the implementation of the SLRT and Puskesmas policies for handling the poor and the underprivileged in Gorontalo Regency indicate that this social service system requires relationships between organizations, both vertical (central, regional, and village), horizontal (between local government agencies managing social services). and the relationship between social service managers and partners of social service providers in Gorontalo Regency. The vertical cooperative relationship is a cooperative relationship between the Indonesian Ministry of Social Affairs and the Gorontalo Regency Government and the Village Government based on common interests and the need for policy support and resource sharing. The lack of maximum vertical cooperation is caused by a lack of understanding and policy synergy between ministries and local and village governments.

Horizontal cooperative relationship is a cooperative relationship between agencies managing social services in Gorontalo Regency that have the same interests and dependence on resources in the implementation of social service system policies for the poor and the underprivileged. The lack of maximum horizontal relations between agencies in social service programs for the poor and the underprivileged is caused by the lack of optimal management of cooperation between local government agencies in Gorontalo Regency. What is interesting in this research is the finding of the need for coordination between social assistance management organizations and social service provider partners. For example, the partnership and coordination between the Education Office and the Scholarship Distribution Bank, or the partnership and coordination between the Health Office and BPJS as a facilitator of health insurance assistance for the poor and the underprivileged.

The results of this study are in accordance with that stated by [6] which suggests that in policy implementation there are two types of relationships between organizations, namely vertical relationships and horizontal relationships. Likewise according to Laurance J. O'Toole (2012) as the development of the theory of inter-organizational relations in policy implementation, which emphasizes that inter-organizational relationships can be very important in policy implementation.

The prospect of successful policy implementation in this model, also depends on the type of resource dependency among the participating organizations [3]. In this context, inter-organizational relationships are needed because of the dependence of resources between one intention and more agencies with the same problems and goals. For this reason, inter-organizational relationships are needed both at the level of coordination, cooperation and resource collaboration.

Social Service Implementing Management

Winter et al. found that Implementing management is concerned with (a) clear signaling about agency policy objectives, (b) providing more frequent information about agency policy objectives, (c) monitoring a more systematic approach to staff, and (d) application of recruitment criteria that ensure a stronger fit with agency objectives when recruiting front-line workers [2].

The results of this study found that the provision of information about the implementation of SLRT and Puskesmas policies in handling the poor and the

underprivileged in Gorontalo Regency was adequate with the support of the General Guidelines for the Implementation of SLRT and Puskesmas published by the Director General of Social Empowerment of the Ministry of Social Affairs of the Republic of Indonesia. In addition, to provide clear information about the purpose of being able to mechanism in the implementation of the SLRT program and the Social Health Center, the Ministry of Social Affairs and the Gorontalo District Social Service have implemented Technical Guidance in 2018 and 2019.

Providing information to field implementers is important, especially for policies that are designed on a top-down basis. This is as stated by [6] one of the variables of policy implementation with a top-down approach is Standards and policy objectives, which 'outline the overall objectives' of policy decisions ... to provide concrete and more specific standards than to assess performance'. It is also emphasized that one of the conditions that need to be considered in the implementation of top-down policies is clear and consistent policy objectives contained in the law (or other legal directives).

However, the results of this study also found that the provision of information and education about the SLRT program and Puskesmas to Field Officers was not carried out continuously. This is different from what was stated the provision of information on policies should be presented more often to field implementers [2].

Meanwhile, from the aspect of recruitment of field officers, this study found that the implementation of recruitment of field officers in the SLRT and Puskesmas programs was in accordance with the specified mechanisms and requirements and was relevant to the expected characteristics of officers, one of which was having experience in the field of community assistance. However, in the last 2 years, there have been a number of inactive field officers, so that new field officers have been replaced. These new field officers have not been supported by experience as assistants or facilitators, and have not been provided with training programs or technical guidance. This affects the performance of field officers in the delivery of services to the poor and the underprivileged, requiring a more different approach than other types and forms of service.

Implementing Behavior

Implementers or social service officers are implementers of social service policies that are directly related to the target group. [6] assert that one of the factors that influence the success of policy implementation is the 'disposition' or

'response' of the implementers, which involves three elements: 'cognition (understanding, understanding) about the policy, the direction of the response (acceptance, neutrality, rejection). and response intensity.

The results showed that in the SLRT and Puskesmas programs in Gorontalo Regency, the behavior of social service officers greatly determines the effectiveness of the implementation of SLRT and Puskesmas. The behavior of field officers in implementing the SLRT and Puskesmas policies for the poor and underprivileged in Gorontalo district is influenced by their ability and work attitude. The ability of field officers is still limited due to the lack of continuous HR development programs adapted to the development of programs and applications used, as well as the inactivity of some officers and the change of field officers.

The results of this study are in accordance with the theory of integrated policy implementation [3] that in the implementation of integrated policies, management and behavior of street bureaucrats (street level bureaucracy) that affect policy outcomes. The management and behavior of street bureaucrats includes skills and attitudes (will/interest).

Target Group Behavior

The target group is that part of the population for whom the program is intended—such as the poor, the sick, the ill, housed. The target group must first be identified and seen the desired impact of the program on group members. Is it to change their physical or economic circumstances, the percentage of minorities or women employed in professional, professional or managerial jobs, the income of the poor, the infant mortality rate? Or to change their knowledge, attitudes, awareness, interests or behavior? If multiple impacts are intended, what is the priority across the different impacts? What are the possible undesired impacts (side effects) on the target group?

In the implementation of integrated social policies through the SLRT program and the Social Health Center in Gorontalo Regency, the target is the poor and the underprivileged. In the Attachment to the Regulation of the Director General of Social Empowerment Number 161 of 2020 concerning General Guidelines for the Implementation of an Integrated Service and Referral System and Social Welfare Center for Handling the Poor, it is emphasized that SLRT aims to increase the effectiveness and efficiency of services and referrals for PPKS, in particular to reduce poverty, vulnerability, and gaps.

While the desired impact on the group is (1). The target group is registered in the Social Welfare Integrated Data (DTKS) of the Indonesian Ministry of Social Affairs, and (2). The poor and underprivileged who are entitled to social services (health, education, housing, and others) are fulfilled.

The target group is part of the stakeholders whose expectations are to adopt patterns of interaction as expected by policy makers (Islamy, 2010). The target group for implementing the SLRT Policy in Gorontalo Regency is the poor and the poor who are registered in the Social Welfare Integrated Data (DTKS) of the Indonesian Ministry of Social Affairs.

The registration of the Poor and Underprivileged in the DTKS of the Ministry of Social Affairs of the Republic of Indonesia is the main target of the SLRT policy and the Social Health Center in Gorontalo Regency. DTKS is the basis for implementing programs for handling the poor and underprivileged in various government agencies in Gorontalo Regency. Although currently, it is found that the priority of the Gorontalo District SLRT Service is social services in the field of education in the form of scholarships, and social services in the health sector in the form of Health Insurance Assistance through BPJS.

The poor and disadvantaged people whose shoes deserve intervention in poverty reduction programs by the relevant program management agencies, however, due to the absence of data in DTKS or the absence of population data have an impact on not obtaining the said program. These problems that prevent the poor and people from being able to access social services are the main targets of the SLRT policy in Gorontalo Regency.

The more effective the services provided through the SLRT Secretariat in the Regency and the Community Health Center in the Village, it is hoped that the poor and the underprivileged will be able to obtain their rights in social services. The results of this study are relevant to the results of Susanti's (2021) study which found that SLRT is sufficient to help the poor and solve social problems. Likewise, the results of Sukoco's research (2020) which found that with the implementation of the SLRT, officers were able to verify and validate poverty data, as well as contribute to reducing poverty rates.

However, the results of this study also found that the behavior of the target group, namely the poor towards the SLRT and Health Center policies in Gorontalo Regency, was influenced by the

knowledge and attitudes of poor families and the poor. The lack of proactiveness of the target group for the integrated social service system policy in the SLRT and Puskesmas programs due to a lack of knowledge of poor families about the program and their reluctance or shame in managing the program. Lack of knowledge of the target group in the SLRT and Puskesmas programs due to a lack of massive and equitable socialization to the community. Lack of initiative of poor families in the SLRT and Health Center programs due to apathy/don't care or lack of care and shame.

For this reason, massive socialization to the community about the SLRT program and the Social Health Center, as well as the integration of the social service system is expected to influence the attitudes of the poor and underprivileged people to be more proactive in obtaining social services and the process of changing their quality of life from pre-prosperous families to prosperous families.

Socio-Economic Context

The socio-economic context is an environmental factor in the implementation of an integrated social service system policy in Gorontalo Regency. Environmental factors (environmental factors) are components that influence the implementation of public policies such as social, cultural, economic and political aspects. The policy environment is a structure of social, economic, political, and other factors that influence and are influenced by the policies made. Policy is the product of a system that is influenced and affects the environment in which the policy operates [1].

The results of the research on the implementation of integrated social policies through the SLRT program and the Puskesmas and Puskesmas in handling the Poor and the Poor in Gorontalo Regency indicate that socio-economic factors that influence the implementation of integrated social policies through the SLRT and Puskesmas programs in Gorontalo Regency are socio-cultural factors. The implementation of SLRT in Gorontalo Regency is influenced by the attitude pattern of the poor and the underprivileged who are comfortable with underprivileged conditions, and are reluctant to move out of the poverty line. In addition, the poor and underprivileged people are passive or less proactive in conveying their problems to the SLRT Secretariat and the Community Health Center in the Village.

In cultural theory poverty poverty is created by transmission from generation to generation through a socially generated but individually held set of beliefs, values, and skills. Individuals are not

always blamed for their poverty but because they are victims of their dysfunctional subculture or culture. The culture of poverty is a design of life that is passed down from generation to generation. He found that the culture of poverty as a set of beliefs and values was passed down from generation to generation. As American sociologists have long observed, immigrant subcultures are rich and powerful versus native ghetto residents. Culture is produced by the perpetuated social environment, reflecting the interaction of individuals and society [7].

Handling the poor and the underprivileged, through the continuous provision of social assistance by the government, is the reason for the maintenance of poor families because they feel easy and comfortable with the assistance provided [8]. This makes poor families reluctant to family from the poverty line, so that poverty is then inherited structurally from generation to generation.

Conclusion

Based on the results of the research and discussion above, it can be concluded as follows: Regarding the implementation process of the SLRT and Puskesmas policies in handling the poor and the underprivileged in Gorontalo Regency, they are as follows; (a) The formulation and design of policies are still top-down in nature which are only regulated through policies and guidelines for the formation and implementation of the Ministry of Social Affairs of the Republic of Indonesia, without being supported by policies at the local and village government levels; (b) The behavior of relations between organizations both vertically and horizontally has not been implemented properly. Vertically, the relationship between organizations between the social ministry and local and village governments is still not optimal because there is no mutual understanding in the form of regulations or Standard Operating Procedures (SOP) regarding policy support mechanisms and resource support from local and village governments. Horizontally, the relationship between agencies in the Gorontalo Regency government in providing services to the poor and the underprivileged is still largely in the form of coordination, not yet in the form of integrated collaboration or collaboration. Partnerships in implementing this policy also do not only occur between government organizations, but also coordination carried out by social service management agencies in local governments with partner agencies providing social services such as BPJS in health services and financial/banking institutions in scholarship distribution services; (c) Field implementer management, the recruitment

process for SLRT and Puskesmas implementers has been carried out in accordance with the guidelines for establishing and providing clear information regarding the implementation of activity programs through the implementation of technical guidance and implementing pocket books, but this has not been carried out continuously. Gorontalo is not supported by work abilities/competencies because the program for strengthening the capacity of implementing human resources is not sustainable, a number of implementers are not active and there is a change of implementers who do not have the knowledge and experience; (d) The behavior of the target group in implementing the SLRT and Puskesmas policies in Gorontalo Regency, is influenced by the limited knowledge of the poor and the poor about the SLRT and Puskesmas programs as well as the apathy of the residents. Lack of knowledge of the poor and the underprivileged because the SLRT program and the Social Health Center have not been socialized massively and evenly. Meanwhile, apathy is caused by an attitude of indifference and shame on the part of the poor. This is also influenced by socio-economic conditions where cultural factors are the poor and the underprivileged who are comfortable with social assistance and are reluctant to move out of the poverty line; (3) Socio-economic conditions, where the government provides continuous social assistance, is the reason for the maintenance of poor families because they feel easy and comfortable with the assistance provided. This makes poor families reluctant to family from the poverty line, so that poverty is then inherited structurally from generation to generation.

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