Design Model for the Development of Social Welfare Centres (Puskesos) in Solving Problems and Fulfilling the Development Needs of Puskesos in West Java

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Abstract

To achieve prosperity, every citizen has the right to receive the services they need. The government then increases people's access to these services through the Integrated Service and Referral System (SLRT) at the district/city level and networks with the Social Welfare Center (PUSKESOS) at the village/sub-district level. However, unfortunately, many residents still find it difficult to access the basic services they need. This research then aims to develop an engineering model that can solve and meet the needs of the development of Social Health Centers in West Java. This research will be carried out using a descriptive qualitative approach. The data analysis method used is R&D. Then, the data used in this study came from various research results and interviews. The results of this study then produced a referral service model through Puskesos in Indonesia. This model focuses more on strengthening the capacity of social volunteers as Puskesos officers. Through this model, it is hoped that various problems and needs in developing Puskesos in West Java can be resolved.

Keywords: *Puskesos, Services, Referrals, Models.*

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A. INTRODUCTION

A decent life as the basis for welfare is the right of every citizen, which the state must guarantee (1945 Constitution of the Republic of Indonesia, Article 27(2); Law of the Republic of Indonesia Number 39 of 1999: article 41). Therefore, the state must provide facilities so every citizen can access the necessary social welfare services. The state is responsible for administering social welfare through social services to meet basic needs in order to live decently and develop oneself and function socially (RI Law Number 11 of 2009: articles 1 and 4). Providing social services to realize social welfare is mandatory for the government and regional governments (Republic of Indonesia Law Number 23 of 2014: article 12) (Salamah et al., 2023). The government is even obliged to build a service system that provides convenience and special treatment to vulnerable groups such as the disabled, the elderly, pregnant women, and children as mandated by Law Number 39 of 1999 article 41. The provision of social services must also give priority to groups who are in conditions of life that are not worthy of humanity, such as people who experience problems of poverty, neglect, isolation, problems of deviant behavior, victims of disasters, victims of acts of violence, exploitation, and discrimination (RI Law Number 11 of 2009: Article 5) (Whytlaw et al., 2021).

In reality, there are still many residents who do not have access to the social services they need. The research results on the social welfare conditions of the elderly in Indonesia have recently shown that many poor elderly people have difficulty accessing basic services, including social assistance, while social assistance provided by the government has also not been sufficient to meet their basic needs. Other studies on persons with disabilities also reveal problems with access to basic services (Banks et al., 2020). Most experience discriminatory treatment in meeting basic needs, such as the right to education, health services, employment, access to physical and social mobility, recreation, and equality in law and politics. Meanwhile, the National Survey of Child and Adolescent Life Experiences results show that only 12% to 24% of children and adolescents are aware of services that anticipate violence, and only 10% to 24% of those who report a need for services. The research sample is sufficient to prove that there are still many community members who do not have access to the social services they need (Mezzina et al., 2022).

The government has tried to increase people's access to the social services they need through the Integrated Service and Referral System (SLRT) at the district/city level, which is networked with Social Welfare Centers operated by community members at the village/sub-district level. However, the system is focused on addressing the problems of low-income families by linking them with social protection and poverty alleviation programs. This limitation of focus results in limiting the range of access to social services outside of poverty. Even the research results in a city in Java show that SLRT has not been implemented optimally (Yu et al., 2023). The socialization of this system is still very limited to only six sub-districts, the human resources (HR) of SLRT officers are still very limited (not proportional to the range of work areas), infrastructure is still limited, the flow of services is not socialized in every social welfare center, and there are still many unresolved public complaints. The results of other studies show that the SLTR helps low-income families access health services more, but as a community, they are not satisfied with the service because they think the service procedure is still long (Karnawijaya et al., 2022).

Citizens' limited access to social welfare services, among other things, is also related to the limited number of social welfare institutions or social institutions at the city/regency level after the division of authority over social services is regulated by the Law on Regional Regulations. The authority to organize orphanages is transferred to the provincial level. The authority of city/regency governments is limited to providing services that are not based on residential/residential institutions, while social welfare institutions, as well as specialized service units from the government and social worker practices, reach out and provide services, including social rehabilitation within the family as well as those based on community empowerment, are very limited, even reduced (Fong, 2020). Moreover, rehabilitation institutions for drug users and people living with HIV/AIDS, whose authority is only given to the central government. This condition impedes access for residents who need these services, even though at the sub-district/village level, a Social Welfare Center (Puskesos) facilitates community participation in helping residents access services.

Puskesos does not provide professional social services that help prevent or deal with complex social problems. The center only has the potential to be developed to strengthen the ability of residents to provide first aid and accelerate residents' access to the necessary professional services (Prasetyo et al., 2019).

Based on the brief explanation above, the researcher intends to look at the design of the social health center development model to solve problems and meet the needs of social health center development in West Java.

B. LITERATURE REVIEW

1. Center for Social Welfare (Puskesos)

Puskesos is an institution formed by villages/sub-districts to make it easier for the poor and vulnerable to poverty to reach social protection and alleviation services, whether managed by the central, provincial, district/city governments, village/sub-district governments and the private sector. Puskesos is a miniature and an extension of the SLRT at the village/sub-district level. The village/sub-district government is expected to provide natural contributions and the Puskesos budget to support the implementation of the Puskesos (Umar et al., 2022).

Puskesos, at their respective levels, were established with several main objectives, namely:

a. Become an information center for social protection and poverty alleviation programs, whether managed by the central, provincial, district/city, village, or private governments
b. Providing integrated social protection and poverty alleviation services for the poor and vulnerable to poverty and Persons with Social Welfare Problems (PMKS) at the village/sub-district level
c. Provide referral services for integrated social protection and poverty alleviation programs for the poor and vulnerable to poverty at the village/sub-district level
d. Help identify complaints from the poor and vulnerable to poverty and monitor the handling of these complaints
e. Ensuring that the complaints of the poor and vulnerable to poverty are handled properly by the managers of social protection and poverty alleviation programs
f. Updating data regarding the poor and vulnerable to poverty at the village/sub-district level
g. Provide the latest data for the OPD (Regional Apparatus Organization) regarding the poor and vulnerable to poverty at the village/sub-district level (Setiawan et al., 2021).

2. Referral System through Social Welfare Center (Puskesos)

Referring to the understanding of the referral system in the world of health, the referral system is a health service network system that allows for the transfer of responsibility for problems that arise, either vertically or horizontally, to those who are more capable (Decree of the Republic of Indonesia Ministry of Health No. 23 of 1972 concerning the referral system) (He & Tang, 2021). Being more capable in the

referral system is the main point, this is also regulated in the NASW ethical standards that social workers must refer their clients to other social workers who are more professional and more skilled; if he believes that he is no longer able to help his client, so it is judged that the client needs other services. According to Rizka Armalena, referring to health services means reciprocally asking for help from health facilities that are more competent to deal with the problem at hand. Referrals are made in stages, from the simplest to the more competent (Weng, 2022).

The basis for referrals is the limited resources of a social worker or a particular service agency. If a service agency cannot provide the service its client needs, it must try to do so because the state has guaranteed that every citizen has the right to receive the service he needs. One of the referral institutions at the grass root level is the Puskesos (Mishna et al., 2021).

The Social Welfare Center, from now on referred to as Puskesos, is a place that functions to carry out social service activities together in a synergistic and integrated manner between community groups in the community in the village/sub-district/another name in the implementation of social welfare; (Permensos number 15 of 2016 concerning Integrated Service and Referral System for Handling the Poor and Disadvantaged People). This institution was formed by the village/sub-district government and initiated by the Director General of Social Empowerment, Ministry of Social Affairs of the Republic of Indonesia (Gupta & Koontz, 2019). Referring to the Technical Guidelines for Establishing an Integrated Service and Referral System Secretariat and Social Welfare Centers in the Regions, the duties and responsibilities of this institution are:

a. Prepare activity plans and budget for Puskesos activities through Village Fund Allocation (ADD) or DD (Village Funds),
b. Support and facilitate the updating of Beneficiary Data at the village/sub-district level through Village/Sub-district Deliberations which are held at least twice a year by maximizing the presence of SLRT Facilitators,
c. Recording complaints from the poor and vulnerable to poverty into the Puskesos application system that is connected to the SLRT at the District/City level,
d. Serving, handling, and resolving complaints from the poor and vulnerable to poverty according to village/sub-district capacities, 14 Technical Guidelines for Establishing an Integrated Service and Referral System Secretariat and Social Welfare Centers in the Regions
e. Providing referrals for complaints from the poor and vulnerable to poverty to social program/service managers in villages/sub-districts or districts/cities through SLRT,
f. Building and following up on partnerships with non-governmental organizations, including the private sector, through CSR programs in villages/sub-districts (if possible), and
g. Prepare reports on Puskesos activities to be submitted to the Regency/City SLRT Secretariat and other related OPDs (Julianingsih et al., 2022).

One of the duties of the Puskesos is to refer complaints of the poor and vulnerable the poor to social program/service managers in villages/sub-districts or districts/cities through the SLRT. The duties and responsibilities of the Puskesos are to receive complaints from the poor and vulnerable to poverty and other Social Welfare Service Providers (PPKS), such as families of abandoned children, disabled, elderly, etc. (Habibullah, 2020). This is following the objectives of the social health center listed in the Technical Guidebook for Establishing an Integrated Service and Referral System Secretariat and Social Welfare Center in the Regions, the duties and responsibilities of this institution are:

a. Poor and vulnerable citizens who are or are not found in the Unified Database generated through the Unified Database for the Poor Management Program (BDT PPFM) who live in the local village/sub-district,
b. People with Social Welfare Problems (PMKS) in the local village/sub-district,
c. Residents of other local villages/sub-district who require social protection and poverty alleviation services (Cartier et al., 2020).

The Puskesos regulates the mechanisms and procedures for managing citizen grievances and complaints with the following flow:

a. Individuals or families who are poor and vulnerable to poverty come to the Puskesos to convey their complaints and problems
b. Poor and vulnerable individuals or families waiting for service from the front office. The officer will check whether the person concerned is on the list of beneficiaries or not, if not, they will be registered after being verified by the field survey team.
c. The front office receives complaints and problems. If they are on the List of Beneficiaries, the complaints or problems are reviewed and forwarded to the back office for follow-up according to the complaints and needs.
d. The back office processes further according to complaints or needs. As much as possible, the village program handles these complaints or needs. Suppose complaints and programs needed by individuals/families/households cannot be handled directly by the Puskesos. In that case, they are forwarded to the SLRT Supervisor in the district for review and forwarded to the SLRT Regional Manager. After coordination with the Puskesos Coordinator.
e. After all complaints and services have been completed, the poor and vulnerable individuals or families leave the Puskesos (Herring, 2019)

In the Social Work Referral (National Association of Social Workers: 2022), referral sources can come from:

a. Institutional staff
b. Family/guardian
c. District officer
d. From fellow PPKS

Considering the number two and four health center service mechanisms, the social health center functions as a recipient and referral source. As referral recipients, the source is poor and vulnerable families. As a reference source, the Puskesos refer

them to parties who are more competent and are considered capable of solving the problems of the poor. Referring to the views of Alfred J. Khan, these services include access services (Ravindran & Govender, 2020).

3. Accessibility and Multiple Services

In general, accessibility can be interpreted as the level of ease with that a person can achieve something, be it in the form of objects, services, places, and others. Accessibility means things can be made accessible and linked, and related. Meanwhile, according to the Big Indonesian Dictionary, accessibility means things that can be used as access, links, and relatedness. In social welfare services, accessibility means the ease with which citizens can reach the services they need (Wright et al., 2021).

Accessibility in the context of this research is a service that the health center will develop. Puskesos as a referral recipient, is an accessible institution for anyone who needs Puskesos services. On the other hand, Puskesos, as a referral source, is required to develop a referral system and be able to open access for PPKS to get the services they need. This also follows what Judith A. B. Lee conveyed: the social worker should act to ensure that all persons have access to the resources, services, and opportunities they require (Pandey et al., 2019). The social worker should act to expand choice and opportunity for all persons, with special regard for disadvantaged or oppressed groups or persons. Social workers must ensure and act for the accessibility of all people to the resources, services, and opportunities they need. In addition, social workers must expand choices and opportunities for everyone, with special attention to disadvantaged or oppressed groups or people (Cox, 2020).

It is a challenge for social workers to assist people in accessing the various services that people need. It is often found in the field that many people cannot access the services they need for various reasons. There are several reasons why people cannot access the resources they need, namely because:

a. Limited resources and unavailability of the required sources.
b. Geographical conditions are the location of social service institutions that are difficult to reach by people who need them.
c. Psychological factors are the occurrence of psychological barriers experienced by a person to reach the required resource system. Psychological barriers exist because of feelings of shame, inferiority, and fear.
d. Cultural factors that do not support a culture or tradition inherited from predecessors for generations and apply in a certain area contrary to the actual situation, for example, trivialize a disease when the disease is dangerous.
e. Inadequate knowledge of service recipients regarding the various sources of services needed
f. The bureaucratic system is convoluted, and administration must be passed, which is difficult for some people to access (Berg-Weger & Morley, 2020).

According to Alfred J. Kahn, access services are part of social welfare services in general, which include:

a. Information, advice, referrals
b. Case advocacy
c. Class advocacy
d. Legal service
e. Complaint machinery (Sanchez et al., 2021).

Referring to Alfred J. Kahn's views on information, advice, and referrals, Puskesos must be an information center related to PPKS data, social welfare services, and other sources that can benefit PPKS in particular and the community in general. Advice the Puskesos is a center for providing advice related to the problems faced by PPKS and the utilization of the services they access. Referral where the health center is the recipient and referral source. This is following what was conveyed by Purwanto and Sulistyastuti regarding aspects of accessibility, namely:

a. The ease with which the target group reaches services
b. The ease with which the target group obtains information
c. Equal opportunity for all target groups (Singh et al., 2022).

C. METODE

This research will use a descriptive qualitative approach through the R & D method. R & D is intentional and systematic research and aims to find, formulate, improve, develop, produce, and test the effectiveness of certain products, models, and methods that are superior, new, effective, efficient, productive, and meaningful. The data used in the research comes from interviews, various research results, and previous studies through library research. The data obtained from the trial results were then analyzed descriptively for the Referral Service model through Puskesos (Winarni, 2021).

D. RESULT AND DISCUSSION

1. Initial Model of Puskesos

The initial Puskesos model is described in the General Guidelines for Implementing the Integrated Service and Referral System (SLRT), the Social Welfare Center (Puskesos), and the Technical Guidelines for Establishing a Secretariat issued by the Ministry of Social Affairs of the Republic of Indonesia. The following briefly describes what and how the service characterizes it.

Table 1. The Initial model of the Social Welfare Center

Definition	Puskesos is an institution implementing social welfare services at the village/sub-district level, formed by the village/sub-district to make it easier for the poor and vulnerable to poverty to reach social protection and poverty alleviation services managed by the central, provincial, district/city governments, village/sub-district governments and the private sector.

Goal	1. Increasing PPKS access to multiple services 2. Increasing the integration of various social services 3. Support the updating, verification, and validation of integrated social welfare data (DTKS) 4. Expanding the range of basic services 5. Understanding the community about the right to social protection services and poverty alleviation 6. Improving the coordination of social protection programs and poverty alleviation 7. Providing aspiration channels for program planning
Benefit Recipients	Poor and vulnerable citizens need social welfare services (PPKS); other residents need social protection services and poverty alleviation.
Task	Developing Puskesos plans and budgets, supporting DTKS updates, outreach, receiving and recording complaints, handling complaints, providing referrals (in districts/cities through SLRT), and building partnerships.
Implementation Principles	Legal, responsive, transparent, participatory, gender equality, accountable, objective, sustainable
Institutional Structure	The Village Head/Lurah holds the person in charge, and the coordinator is the Head of People's Welfare Affairs or the Head of the Service Section, Front Office, Back Office, and Facilitator. The supervisor of the Puskesos at the sub-district level is held by the sub-district social welfare worker (TKSK) or the state civil apparatus (ASN).
Service	Program socialization and information, outreach, complaint handling (program membership, program needs), including services in emergency conditions.

The structure of the Puskesos at the location of the initial investigation showed that the Puskesos had been implemented according to the guidelines. All the tasks that must be carried out have been carried out, although admittedly, they are still relatively limited. Even though the duties of the Puskesos have been carried out, the division of tasks for the front and back offices at one of the Puskesos did not work according to guidelines. Almost all tasks are carried out together, except for data systems management, which is only done by officers who have received training. Members share flexible tasks according to their various busy situations. Likewise, the implementation of outreach tasks is carried out by the facilitator and other officers.

They feel that flexibility makes it easier for officers to provide services, especially in the first and second years, because not all members understand and can carry out their duties completely and precisely. Flexibility makes Puskesos tasks manageable. Even so, they also admit that there are officers who do more of their work and do less of their work. This is admittedly related to the limited understanding of

some officers because not all have received training. Only two officers received training; the rest received limited information from those who had attended training and learned on the job.

Unlike the conditions in other locations. The division of front and back office tasks is relatively good, although sometimes when the demand for services is very high, they help each other. This Puskesos was considered successful and became a pilot in Bandung Regency.

The arrangement of the location of the secretariat is related to the organizational structure, division of tasks, flow characteristics, and the nature of the types of services provided. In one Puskesos, where the division of tasks was not clear, there was no clear distinction between the front office and back office, especially the specific space for handling complaints related to psychosocial problems, and what was very important was that confidentiality was maintained. The Puskesos office even became a storage area for aid items and poorly organized documents.

In other Puskesos, the arrangement of places supports the implementation of the division of labor. There is a divider that marks the print office and back office workspaces. The arrangement of the room and document storage is very neat. Although secretariat space is still very limited, there are facilities in the back office that allow consultations to be carried out more comfortably, which is quite supportive in maintaining the confidentiality and dignity of service recipients.

Service recipients at the two Puskesos participating in the discussion were mainly poor people who had been registered with the DTKS or had not been registered. They need and receive health, education, and economic services to meet basic needs or assist in developing businesses and increasing income. Puskesos also provides services to people who are vulnerable to poverty, especially those who have difficulty paying for health services for family members who are seriously ill and must be treated or operated on, or for childbirth costs, as well as assistance with education costs in the new academic year. The number of requests for assistance each month varies. The types of services most frequently requested are health and education services, for example, at one of the Social Health Centers in January 2022, there were 32 requests for health, and in February 2022, there were 15 requests for education and 7 requests for health.

Puskesos assists them by distributing assistance from the central or provincial, district areas, or village programs, or others channeled through Pukesos or ensuring receipt of disbursement of program assistance or help provide referral services by issuing referral letters to reach out to services from partner institutions either directly or through the SLRT submitted by the Puskesos through supervisors in the sub-district. The types of assistance for the community that has been distributed to the village so far consist of: (1) assistance from the PKH center, BPNT, Cash Social Assistance; (2) West Java Provincial Assistance; (3) Food assistance for people affected by Covid-19 from Bandung Regency; (4) Direct Cash Assistance from Village Funds; (5) Community Donations, PDAM, KODIM, Convection Entrepreneurs, Amil Zakat Agency.

Puskesos also often receives and helps deal with complaints of social welfare issues, such as domestic violence, divorce conflicts, neglected elderly, deviant behavior of punk children, and people with mental disorders. These complaints are usually conveyed to the Puskesos through the RT/RW, hamlet heads, or community leaders, although some ask for help directly. At first, the officers were confused about these cases, but the call of humanity made them learn to help as much as possible.

The results of dialogue with Puskesos officers also revealed that Puskesos also provides information on assistance programs, especially those related to poverty alleviation programs, information services related to service sources that can be accessed by the community, information services and consultations for assistance in solving social welfare problems. One of the Puskesos officers even joked *"Petugas Puskesos mah kudu sagala bisa, kudu siap ngabantu sagala macem masalah. Bahkan aya warga nu minta bantuan nyelesaikeun sengketa tanah"* [Meaning: Puskesos officers must be capable of all things, must be ready to help resolve all kinds of problems. There are even residents who ask for help resolving land disputes]. One of the other officers commented that the request for assistance in resolving land disputes was not intended as a Puskesos officer but because they were considered to know a lot of information and could handle the case personally. The dialogues above further emphasize that Puskesos officers still do not understand their duties.

Other services provided by the Puskesos are data updating and data verification and validation. Submission of applications for program participation to residents who are not included in the DTKS and complaints for termination of participation who no longer need assistance will be reviewed, followed up with verification and validation, then reported updating data.

The procedures described in the General Puskesos guidelines will be realized at the study sites. The procedure for utilizing services at the Puskesos, which divides tasks according to the guidelines, is carried out as follows:

a. Beginning with: the service needed submits a complaint regarding service requests or complaints about program membership by (a) coming directly to the Puskesos secretariat, which is received by the front office staff, or initiated by telephone; (b) reached by the facilitator through home visits which often begins with reports from RT/RW, leaders or community members.
b. Complaints received are recorded by the front office staff, then checked in the DTKS list to view program membership, and the compliant material is recorded both in the category of program membership complaints (in the form of questions, suggestions, or complaints related to problems in receiving assistance/services); or complaints about the need for service/assistance programs, then forwarded to the back office.
c. If there is no DTKS and the person concerned has the right to be submitted for program membership, check the National Identity Number (NIK) or Family Card (KK). If there is no recommendation, take care of the NIK or KK so that it can be submitted.

d. Residents who submit complaints/require services are given a complaint receipt letter.
e. Complaints and service requests are consulted/reviewed by the back-office manager, which can result in a decision to approve or reject a service request.
f. The back office provides certainty answers to complaints or complaints received. The provision of information on the status of complaints can be submitted directly to the secretariat or conveyed to the person concerned through the facilitator or the media.
g. With the manager's approval, the back office handles complaints at the Puskesos secretariat or is referred to the Puskesos partner service source or the supervisor is referred to the service source at the district level through the SLRT.

In other Puskesos, in general, the steps are the same, it's just that they don't separate the implementation of the front office and back office duties.

2. Obstacles and Needs Perceived/Recognized by Puskesos Officers

The Puskesos officers conveyed some of the obstacles in providing Puskesos services that they were aware of or felt, as follows:

a. Many people still need services that have not been served or reached by services. Many people still do not know about Puskesos, so they cannot take advantage of Puskesos' services.
b. Many people, especially vulnerable groups besides the poor, who need social welfare services outside the framework of social protection and poverty alleviation, cannot access the services they need.
c. Puskesos collaboration partnerships as a source of referrals and support for aid/service providers are still limited.
d. The capacity of officers is still limited, especially regarding how to deal with and communicate properly with various service needs experiencing difficulties. Puskesos officers are often confused and find it difficult to deal with PPKS under the pressure of psychosocial problems.
e. Limitations of work support tools, especially related to the shortage of office stationery (ATK), limited laptops and mobile phones (HP) for administrative purposes, reporting, easy access to information, managing communication, and conveying information.

Meanwhile, Puskesos officers realized that they needed development, especially:

a. Socialize Puskesos more broadly so that it is known by many people and provides great opportunities to be utilized by the community.
b. Develop cooperative partnerships to add and strengthen referral sources or support for providing assistance/services that will be channeled through the Puskesos.
c. Gradual and sustainable capacity building. The priorities for developing capacity in the near future are: (a) strengthening the understanding,

distribution, and control of the implementation of the duties of the front office, back office, and facilitators; (b) strengthening the ability to socialize Puskesos; (c) strengthening the ability to communicate well in dealing with and providing services to their needs; and (d) strengthen the ability of officers to develop cooperative partnership networks. Thus Puskesos can expand its reach and improve service quality.

3. Puskesos Development Model Design

The design of the Puskesos development model was made based on the problems and needs of the Puskesos development obtained from the investigation results of the implementation of the existing Puskesos initial model to build a rationale:

a. The presence of Puskesos at the grassroots level is expected to quickly and accurately address the problems faced by the community, to be a solution for any problems that interfere with the community's social welfare, not only to focus on poverty alleviation.
b. Puskesos services will be accessible to those who need wider social welfare services if the Puskesos are widely socialized.
c. Social welfare services are basic services that are the rights of every community member (Law of the Republic of Indonesia Number 11 of 2009 concerning Social Welfare, article 2).
d. There are priority needs for Puskesos development that must be responded to realize these expectations, namely: (1) target expansion, not limited to low-income families but to various social welfare service needs by giving priority to vulnerable groups such as children, women, the elderly, and persons with disabilities; (2) expanding the types of referral services that are not limited to educational, social, and economic issues within the framework of social security and poverty alleviation; (3) adding a service registration mechanism (receiving referrals from community leaders); and (4) strengthen capacity, especially related to basic referral services for administrators including outreach capacity, provision of initial psychosocial support services, and network development. The following is the Puskesos development design model.

General Explanation of the Design of the Puskesos Development Model

a. It is hoped that all Social Welfare Service Providers can access the Puskesos (PPKS) through (a) coming of their own free will; (b) reach of the facilitator; or on (c) referrals from Community leaders (RT/RW, Cadres, PSM, etc.).
   In the old model, there was no acceptance of referrals from community leaders to the Puskesos.
b. The flow of services from the three registration methods (self-arrival, referral, and outreach) is simplified and contained in one visualization chart. In the previous model, the service flow was described respectively

c. Puskesos officers are trained social volunteers. These officers (according to the initial model) are divided into two groups of roles: front office and back office.
d. In this model, volunteers are given the basic training needed to provide referral services: socialization, initial psychosocial support services, and building a partnership network to strengthen PPKS access to the services needed. Capacity building needs to be done on an ongoing basis. Further capacity strengthening can be carried out thematically to understand more about social problems or those that interfere with social welfare, as well as specific ways of working with the characteristics of the need for certain social welfare services.
e. Strengthening the socialization capacity is directed at building understanding and the ability to apply the notion of socialization, the skills that must be possessed, the actions that should be carried out in socialization, how to be confident in speaking in public, and delivering material that must be socialized. Materials that must be disseminated include understanding, services provided, who can use them, when you can ask for Puskesos services, and why you must go to Puskesos.
f. Strengthening LDPA is directed at building understanding and the ability to apply to understand when it is needed and for what purpose, what is its function, what are the principles, and what must be done, which in outline includes the steps of looking attentively, listening actively, and connecting. The main function of LDPA is to provide practical assistance to build emotional stability (calming), build readiness to overcome problems, build confidence in finding solutions, and provide accurate and up-to-date information regarding problems and available sources of assistance which do not exist; and opportunities outside sources of assistance that can be cultivated.
g. Strengthening the capacity to develop partnership networks is directed at building an understanding of the meaning of partnership networks, the reasons for their importance, influential factors in building and utilizing partnership networks, the steps in building and maintaining the continuity of partnership networks; as well as being able to apply it in developing the Puskesos partnership network.
h. Strengthening the basic capacity is followed up by:
    1). Organizing or increasing socialization of Puskesos so that residents and community leaders more widely know it.
    2). Provision of initial psychosocial support services (LDPA) if PPKS is required.
    3). Development of a cooperation network with various institutions that can support the work of the Puskesos, especially those that will become a source of referral services.
i. Front Office

    The first service PPKS will receive from the officers at the front office is a friendly greeting so that PPKS gets comfortable. Furthermore, the front office staff will:

1). Receiving citizen complaints and registering related reports received,
2). Providing information regarding the services available at the Puskesos and submitting a complaint-handling mechanism,
3). Check whether the reporting PPKS is or not in the Puskesos/SLRT Database; if it is in the Database, then check, analyze, and forward it to the back office according to the type of complaint; if it is not in the database, the front office section records the basic profile of the residents and proposes whether or not the person concerned is eligible to be included in the database as a candidate for program service recipients through the facilitator.
4). If PPKS can be assisted, the front office will forward it to the back office staff to be served. If not, the front office will explain why.

j. Back Office on duty;
1). Receive citizen complaints that the front office will examine,
2). Provide answers or assurance on complaints received,
3). Provide initial psychosocial support services when needed
4). Handling citizen complaints that can be handled at the Puskesos,
5). Providing referrals for citizen complaints that cannot be handled at the Puskesos directly to the necessary service institutions or indirectly through Supervisors at the sub-district level, which are then forwarded to the SLRT so that PPKS is well served.

k. Well-served criteria:
1). The breadth of service needs that Puskesos services can reach
2). The relevance of referral services to the problems/needs of service providers.
3). Completeness and accuracy of services according to needs
4). The magnitude of the perceived benefits
5). Satisfaction of service recipients

This explanation of the design of the Puskesos development model shows a novelty offer that overcomes the limitations or problems in implementing Puskesos services. These updates are:

a. Solving service problems:
1). Puskesos volunteers are often confused and have difficulty facing PPKS under the pressure of psychosocial problems.
2). There is still very limited source support for referrals (besides services and assistance from the Office of Social Affairs/Ministry of Social Affairs) and local village/local government programs
3). The difficulty for the community in accessing services is mainly because they don't even know the Puskesos.
4). PPKS in the initial model was more limited to low-income families

b. Strengthen Puskesos through:
1). Strengthening the Capacity of Social Volunteers, especially concerning the basic things needed to provide referral services: Socialization, Early

Psychosocial Support Services (LDPA), and Development of Partnership Networks.

2). Improving services by developing outreach, providing LDPA, and expanding partnership networks with social service providers, followed by expanding referral services.
3). Expansion of the target, not only for poor and vulnerable low-income families but a priority scale can still exist.
4). Determination of good service criteria as a basis for evaluation.

E. CONCLUSION

Through the design of the Puskesos development model, it is expected that all Puskesos can work according to their respective duties and functions. Puskesos staff will also be able to realize that their services will be of high quality, efficient and effective, fast and precise if they understand and try to apply the knowledge derived from training materials on Outreach, DPA, and Network Development. Applying these three materials has made them understand their duties as Puskesos officers and the function of Puskesos as a referral service. They are more confident in their work, and their Puskesos are recognized by residents and supported by the local village government. Then the friendliness and confidence of the Puskesos staff generated recognition and trust from the community. The community does not hesitate to come to the Puskesos and ask for help. The breadth of the network owned by Puskesos has further increased the accessibility of citizens to Puskesos, although it has not been fully channeled to the services needed by residents. But at least the system of resources the community needs is increasingly open, and the opportunity for residents to get the services they need is also wider.

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