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Social Services for Older Persons in Residential Care: A Journal-Style Analysis of Service Effectiveness at UPTD BPSLUT "Senja Cerah", North Sulawesi, Indonesia

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ABSTRACT

The study examines the effectiveness of residential social services focused on the fulfillment of decent living needs for older persons and identifies supporting and inhibiting factors in service delivery. Using a qualitative descriptive design, the original research collected data through interviews, observation, and documentation involving managers, section heads, staff, health workers, and older residents as service recipients. The research interprets the findings through public administration, public service management, elderly social service, and social rehabilitation assistance frameworks. The findings show that services are present and meaningful, but their effectiveness remains partial. Procedures exist and are understood by staff, yet administrative flexibility, limited home visits, and incomplete operational resources weaken consistency. Staff display commitment and initiative, but the absence of dedicated caregivers creates role overload and leaves residents dependent on mutual help. Service time is generally organized through schedules, but health checks, recreation, and some rehabilitation activities remain irregular because of limited medicine, budget, and personnel. Facilities include dormitories, a hall, a clinic, a kitchen, and residential infrastructure, but they are not yet fully elderly-friendly, particularly in relation to handrails, accessible pathways, and bathrooms. Supporting factors include staff commitment, improvisation, partnerships with educational institutions, visits from community and religious groups, and external donations. Inhibiting factors include limited human resources, limited budget, and limited authority of the UPTD over rehabilitation spending. The research argues that elderly social care must be understood not merely as routine custodial service, but as a humanistic public service requiring clear standards, adequate caregivers, elderly-friendly infrastructure, and multi-actor collaboration. The study contributes to public administration scholarship by showing how

service quality for vulnerable citizens depends on the intersection of procedure, frontline discretion, resources, and social care ethics.

Keywords: ATENSI, elderly social services, North Sulawesi, public service management, residential care, service effectiveness.

INTRODUCTION

The ageing of the population has become an increasingly important public administration issue in Indonesia. Older persons are not only a demographic category but also a policy group whose welfare depends on how the state organizes social protection, health support, residential care, and everyday assistance. The Constitution's mandate to promote public welfare requires government to protect citizens who experience vulnerability. Older persons, especially those who are abandoned, poor, bedridden, or without reliable family support, are among the groups for whom public service must be organized with special attention to dignity, safety, and continuity.

In North Sulawesi, the number of older persons has increased significantly. The research cites the 2020 Population Census and explains that the proportion of the older population in the province rose from 7.18 percent in 2000 to 8.45 percent in 2010 and 12.08 percent in 2020. This means that North Sulawesi has entered an ageing population era because the population aged 60 years and above has exceeded ten percent. The increase reflects improved life expectancy, but it also creates new administrative pressure because longer life must be accompanied by adequate welfare arrangements, social care institutions, and responsive service delivery.

The ageing trend is not a purely statistical matter. It changes the workload of social service agencies, the nature of residential care, and the kinds of facilities required by older residents. Older persons often experience declining physical strength, chronic illness, reduced mobility, loneliness, emotional insecurity, and dependence on others. When family support is weak or absent, social institutions become the main safety net. The role of public institutions is therefore not limited to providing food and shelter. They must also maintain health, emotional stability, social interaction, religious support, identity protection, and a safe living environment.

In Indonesia, the legal basis for elderly welfare includes Law No. 13 of 1998 concerning the Welfare of Older Persons. This law defines older persons as those aged 60 years and above and distinguishes between potential older persons and non-potential older persons. The latter group is especially relevant to residential social care because many cannot meet basic needs without help. The research also draws on the Ministry of Social Affairs' Regulation No. 15 of 2025 on Social Rehabilitation Assistance (ATENSI), which provides a policy framework for social rehabilitation services through family-based, community-based, and residential approaches. The residential approach is especially important for abandoned older persons who require long-term support.

UPTD Balai Penyantunan Sosial Lanjut Usia Terlantar "Senja Cerah" is a technical implementation unit under the Regional Social Service of North Sulawesi Province. The institution plays a strategic role in implementing ATENSI for older persons through residential care. At the time of the study, the institution served 50 older persons, consisting of 23 men and 27 women, distributed across seven residential units or wisma. The service includes the fulfillment of decent living needs such as food, clothing, dormitory accommodation, health services, assistive devices, and personal hygiene support. It also includes social rehabilitation activities such as physical guidance, mental guidance, social guidance, and spiritual guidance.

The central issue raised by the research is the gap between the ideal design of residential elderly care and actual service conditions in the field. The service exists and is clearly meaningful for residents, but implementation is constrained by limited human resources, particularly the absence of dedicated caregivers. In a residential institution serving older persons, caregivers are essential because many residents need assistance with mobility, eating, bathing, emotional support, and daily supervision. When no specific caregiver position is available, other staff, including medical personnel and administrative staff, often have to perform additional roles beyond their formal duties.

The second major issue is budget limitation. The research shows that limited budget affects home visits, the provision of caregivers, recreational activities, medicines, and facility rehabilitation. Budget allocation is heavily absorbed by basic food needs, leaving little fiscal space for broader social rehabilitation activities and elderly-friendly infrastructure. This condition reveals a typical public administration dilemma: basic operational survival is funded, but service quality improvement remains fragile.

The third issue concerns infrastructure and authority. Some facilities are not yet fully elderly-friendly. The research highlights the need for handrails, safer pathways, bathroom improvements, and rehabilitation of residential buildings. However, the UPTD does not always control rehabilitation spending directly because some decisions and budget execution remain at the higher-level department. Thus, even when the UPTD understands service needs, it cannot always act immediately. This reveals the importance of authority distribution in public service management. See figure 1.

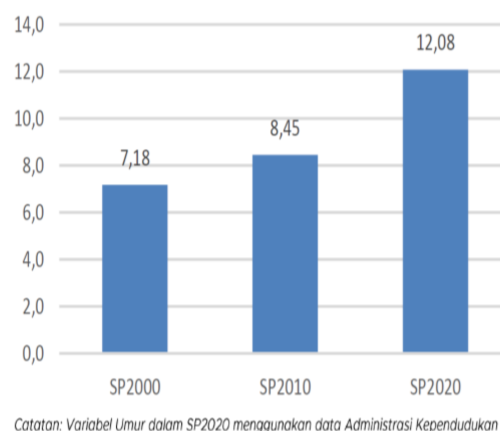

Figure 1. Percentage of older population in North Sulawesi, 2000-2020, as presented in the research.

THEORETICAL FRAMEWORK

The theoretical foundation of the research combines public administration theory, public service management, quality of public services, elderly social services, and social rehabilitation assistance. Public administration is relevant because residential social care is a government responsibility implemented through a formal bureaucratic organization. Waldo, as discussed by Pasolong (2019), defines public administration as the management and organization of people and supporting resources to achieve government objectives. This definition is useful because UPTD

BPSLUT "Senja Cerah" must manage staff, facilities, budget, service procedures, and residents' needs within a government framework.

Public administration has also shifted from a rule-centered view toward a more citizen-centered and humanistic approach. Tumbel (2025) describes the movement from Old Public Administration to New Public Management and New Public Service. Old Public Administration emphasizes hierarchy, rules, and administrative neutrality. New Public Management emphasizes performance, results, and efficiency. New Public Service emphasizes citizens, public values, participation, and democratic accountability. Elderly social service requires all three dimensions: it needs rules and procedures, it needs measurable performance, and it needs human dignity and responsiveness. A purely procedural approach is insufficient when residents are frail and need immediate care, while a purely flexible approach without standards can weaken accountability.

The concept of street-level bureaucracy is especially important. Lipsky, as cited by Subarsono (2019), argues that frontline public servants often exercise discretion because they face resource scarcity, complex human problems, and uncertain field conditions. In the case of UPTD BPSLUT "Senja Cerah", discretion appears when staff accept abandoned older persons in emergency conditions even when administrative documents are incomplete. Such action may deviate from strict procedure, but it can be justified by humanitarian urgency. However, discretion must be managed carefully so that flexibility does not become inconsistency. The challenge is to preserve compassion while strengthening documentation and accountability.

Public service management provides the operational lens. Management, according to Fayol as discussed by Yusuf et al. (2023), includes planning, organizing, directing, coordinating, and controlling. A simplified POAC model -- planning, organizing, actuating, and controlling -- is commonly used in public management. In the UPTD case, planning concerns service standards, activity schedules, budget needs, and facility rehabilitation. Organizing concerns the division of duties among management, sections, health workers, administrative staff, and support personnel. Actuating concerns how staff deliver food, health services, emotional support, religious guidance, and daily assistance. Controlling concerns monitoring service quality, safety, budget use, and resident welfare.

The management framework is connected to the problem of role clarity. Robbins and Judge, as cited by Wibowo (2019), explain that a role is a set of expected behaviors attached to a position. When roles are unclear or excessive, role conflict and role overload may occur. The research shows that the absence of dedicated caregivers causes role overload because medical and other staff must help with caregiving tasks. This situation demonstrates that service quality cannot be separated from organizational design. Human compassion may temporarily compensate for missing personnel, but long-term effectiveness requires clear role allocation and adequate staffing.

Public service quality theory is also central. Law No. 25 of 2009 defines public service as activities to fulfill citizens' needs for goods, services, and administrative services according to law. Hardiyansyah (2018) emphasizes that service quality is assessed from standards, procedures, timeliness, facilities, and user experience. Tjiptono and Gaspersz, as discussed by Hardiyansyah (2018), highlight timeliness, accuracy, friendliness, convenience, completeness, comfort, and supporting attributes. Lovelock's service quality principles include tangibles, reliability, responsiveness, assurance, and empathy. These dimensions correspond closely with the research focus: procedure, staff role, service time, and facilities.

Dwiyanto, as cited in Ardayanti (2021), identifies five dimensions of public service quality: staff attitude, service procedure, service time, service facilities, and service cost. This research

adapts a related framework but focuses on procedure, staff roles, time, and facilities. For residential elderly care, these dimensions must be interpreted more humanistically than in ordinary administrative services. Procedure is not merely a queue or document flow; it determines who can enter the institution and how residents are assessed. Staff role is not only task performance; it determines whether vulnerable residents are accompanied. Time is not merely service duration; it refers to the regularity of health checks, meals, activities, and rehabilitation. Facilities are not merely buildings; they affect safety, mobility, dignity, and psychological comfort.

The concept of social service for older persons strengthens the welfare dimension of the analysis. Patty (2025) explains that social service is a set of actions to meet the basic needs of individuals or groups who face difficulties in living independently. Raharjo and Taftazani (2022) describe social service as planned assistance to people who struggle to fulfill their life needs. In this research, elderly social service is understood as a structured public intervention to fulfill basic needs, maintain dignity, and restore or support social functioning among older persons. This includes physical care, psychological support, social interaction, and spiritual guidance.

The research also draws on the classification of elderly care. Mujiani and Rachmah (2022) distinguish physical care, psychological care, and social care. Physical care focuses on health monitoring, disease prevention, mobility, hygiene, and assistance for bedridden residents. Psychological care includes emotional support, privacy, motivation, and empathetic communication. Social care encourages interaction, companionship, group activities, and recreation. The findings of This research show that the UPTD provides several of these elements, but with uneven intensity because of limited caregivers, budget, and facilities.

The ATENSI framework provides the policy basis. Ministry of Social Affairs Regulation No. 15 of 2025 explains that ATENSI includes decent living support, social care, family support, physical therapy, psychosocial therapy, mental-spiritual therapy, vocational training, social assistance, and accessibility support. For the UPTD "Senja Cerah", the most relevant form is decent living support through residential care. The regulation's principles include multifunctional service, holistic service, standardization, rights-based service, multi-professional intervention, multi-actor collaboration, integration, complementarity, and networking. These principles help evaluate whether residential elderly service is merely basic maintenance or an integrated rehabilitation effort.

Finally, the facility dimension must be read through accessibility standards. Ministry of Public Works and Housing Regulation No. 14 of 2017 emphasizes ease, safety, and comfort in buildings, including accessibility for older persons and persons with disabilities. Handrails, non-slip floors, accessible bathrooms, ramps, and safe pathways are not decorative additions. They are part of the right to safety and mobility. When such facilities are incomplete, service quality is directly affected because the risk of falls, fear, dependence, and physical injury increases. Thus, the theoretical framework positions elderly care as a multidimensional public service: procedural, organizational, humanistic, infrastructural, and rights-based.

METHOD

The research is based on qualitative descriptive research conducted at UPTD BPSLUT "Senja Cerah" under the Regional Social Service of North Sulawesi Province. A qualitative design was appropriate because the research aimed to understand service processes, staff experiences, constraints, and the meaning of service effectiveness from the perspective of implementers and

beneficiaries. The research did not seek to measure service satisfaction statistically; rather, it sought to describe how decent living services are delivered, where they work, and where they remain constrained.

The research focus consisted of two broad questions. First, it examined the effectiveness of the implementation of decent living services for older persons. This focus was divided into procedure, staff roles, service time, and facilities. Second, it examined supporting and inhibiting factors. Supporting factors included staff commitment and initiative as well as external support. Inhibiting factors included human resources, budget limitation, and limited authority. This structure allowed the research to connect daily service delivery with broader institutional factors.

Data were collected through interviews, observation, and documentation. The informants included the head of the UPTD, heads of sections, administrative and technical staff, health workers, and older residents. Interview data were used to capture perceptions, explanations, and practical experiences. Observation was used to assess service activities and physical facilities. Documentation was used to review SOPs, schedules, organizational records, budget documents, photographs, and other supporting materials.

The analysis followed an interactive qualitative model associated with Miles and Huberman. Data collection, data reduction, data display, and conclusion drawing were treated as connected stages. The research reduced the data into service dimensions and determinant factors, displayed findings through thematic matrices, and drew conclusions through triangulation. Triangulation was important because elderly residential service involves different perspectives: management may emphasize standards, staff may emphasize workload, and residents may emphasize everyday experience.

In this journal research, the research findings are reorganized into a journal-style narrative. Tables from the research are adapted and expanded to make findings clearer for academic readers. Selected research figures and photographic documentation are included in the findings and discussion sections to strengthen empirical credibility. The figures are not treated merely as illustrations; they are read as evidence of demographic pressure, methodological process, service activity, and facility constraints. See table 1 and figure 2.

Table 1. Research focus and analytical dimensions adapted from the research

Main focus	Sub-focus	Key indicators	Data sources
Effectiveness of decent living service	Procedure	Admission flow, administrative requirements, assessment, home visit, SOP consistency	Interviews, SOP documents, observation
Effectiveness of decent living service	Staff roles	Division of tasks, caregiving, health service, role overload, resident assistance	Staff and resident interviews, field observation
Effectiveness of decent living service	Service time	Daily schedules, health checks, recreation, regularity of activities	Schedules, interviews, documentation

Effectiveness of decent living service	Facilities	Dormitories, bathrooms, handrails, clinic, kitchen, safety and accessibility	Observation and photo documentation
Supporting and inhibiting factors	Support and constraint	Staff commitment, external support, HR, budget, authority	Interviews, budget documents, institutional records

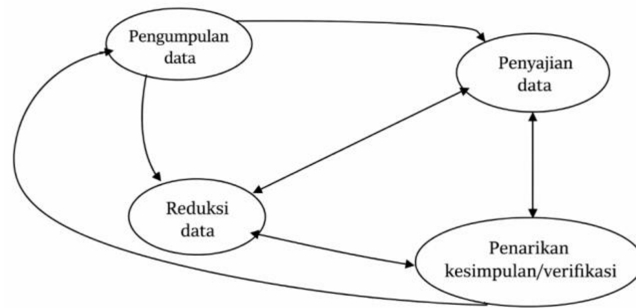

Figure 2. Interactive qualitative data analysis model used in the research.

RESULTS AND DISCUSSION

The findings show that the UPTD BPSLUT "Senja Cerah" provides essential residential services to older persons, yet the effectiveness of those services remains incomplete. The institution has a clear public role, an organizational structure, service procedures, dormitories, a clinic, a kitchen, staff commitment, and community support. However, it also faces structural constraints that affect service quality: no dedicated caregivers, limited operational funds, limited authority over facility rehabilitation, and infrastructure that is not yet fully elderly-friendly.

The institutional profile is important. UPTD BPSLUT "Senja Cerah" currently serves 50 older persons in seven wisma. The distribution is not only an administrative fact but also an indicator of service load. Each wisma requires supervision, sanitation, safety monitoring, and emotional support. The more dispersed the residents are across buildings, the more important dedicated caregivers become. In the absence of caregivers, residents often help one another and staff perform additional tasks. This arrangement reflects solidarity, but it also reveals a vulnerability in service management. See table 2.

Table 2. Distribution of older residents by residential unit

No.	Residential unit / Wisma	Number of older residents
1	Wisma Ratulangi	7 persons
2	Wisma Pejuang	6 persons
3	Wisma 45	6 persons
4	Wisma Monginsidi	8 persons
5	Wisma Proklamasi	5 persons

6	Wisma Merdeka	8 persons
7	Wisma Campuran	10 persons
	Total	50 persons

First, the procedure dimension shows a mixture of formal clarity and practical flexibility. Staff understand the standard admission process: registration, identification, initial assessment, administrative verification, dormitory placement, and service provision. This indicates that the service does not operate without rules. However, field conditions sometimes require adjustment. In urgent cases, abandoned older persons may be accepted first for humanitarian reasons while administrative requirements are completed later. Such flexibility demonstrates responsiveness, but it also requires stronger documentation so that emergency discretion remains accountable.

The research also found that home visits are part of the procedure when family referral cases require further verification. Home visits help confirm whether interview information is accurate and whether the prospective resident is truly eligible. Yet home visits cannot always be carried out because of limited operational budget. This weakens the accuracy of eligibility assessment and shows how budget constraints directly affect procedural quality. Procedure therefore exists on paper and is understood by staff, but its implementation is not always fully supported.

Second, the staff role dimension reveals that employees are committed but structurally overburdened. The service requires different roles: identification and advocacy, care and termination, health service, administration, food service, and daily assistance. Yet the most critical gap is the absence of dedicated caregivers. Older residents explained that they often help one another because there are no specific attendants assigned to accompany them throughout daily life. Healthy residents may manage independently, but frail or bedridden residents require more intensive support. This creates a service risk because the most dependent residents need the most consistent assistance.

Third, the time dimension shows that daily activities are scheduled, but some services are not consistently implemented according to plan. Meals and basic routines are relatively regular because they are core residential functions. However, health checks, recreation, and rehabilitation activities may be irregular. Health services are constrained by medicine availability and staff capacity. Recreation activities are valuable for psychological and social well-being but have no specific budget allocation. This means that service time effectiveness depends on the difference between routine maintenance activities and developmental or rehabilitative activities. The first is more stable; the second is more fragile.

Fourth, the facility dimension is a major concern. The institution has important facilities, including seven wisma, a hall, a clinic, and a kitchen. These facilities make residential service possible. However, not all facilities meet elderly-friendly standards. The research notes the absence of handrails in some pedestrian pathways, stairs, corridors, and bathrooms. Bathrooms and mobility routes are important because older persons are vulnerable to falls. Facility limitations therefore affect not only comfort but also safety. This problem is linked to limited authority because facility rehabilitation is managed at the department level, so the UPTD must wait for realization even when needs are already identified. See table 3.

Table 3. Main findings on service effectiveness

Dimension	Positive condition	Problem finding	Effect on service effectiveness

Procedure	SOP and admission flow are understood by staff.	Emergency admissions sometimes occur before complete documents; home visits cannot always be conducted.	Service is responsive but procedural consistency and verification remain limited.
Staff roles	Staff show strong commitment and perform multiple service functions.	No dedicated caregivers; role overload affects medical and other staff.	Residents may not receive continuous daily assistance, especially frail residents.
Service time	Daily routines and basic services are generally organized.	Health checks, recreation, and some rehabilitation activities are irregular.	Basic care continues, but holistic rehabilitation is not fully regular.
Facilities	Dormitories, hall, clinic, and kitchen are available.	Handrails, safe pathways, bathroom accessibility, and some building conditions need improvement.	Safety and comfort for older persons are not yet fully guaranteed.

The supporting factors are important because they show that service effectiveness is not only a matter of formal resources. Staff commitment and initiative help keep services functioning even when resources are limited. The research records that staff sometimes carry out home visits despite the absence of a specific budget, and they adjust activities so that residents still receive attention. Such initiative is a form of frontline commitment. It represents the moral dimension of public service, especially in work with vulnerable groups.

External support is another major enabling factor. The UPTD receives visits and assistance from religious groups, schools, banks, private actors, families, universities, and other community groups. Educational institutions also support the UPTD through student practice programs. External visitors sometimes provide food, goods, and social interaction. For older residents, such visits are not only material support but also emotional support because they reduce loneliness and create a sense of being remembered by the wider community. This confirms the ATENSI principle of networking and multi-actor collaboration.

The inhibiting factors are more structural. Human resource limitation is the most visible. The institution may have administrative and health staff, but it lacks dedicated caregivers. Budget limitation affects home visits, caregiver recruitment, recreation, medicine, and broader program development. Limited authority affects facility rehabilitation because the UPTD cannot fully control when building repairs and accessibility improvements will be implemented. These factors interact with one another. For example, limited budget prevents caregiver recruitment, while limited authority delays infrastructure improvement. The result is a service system that depends heavily on staff goodwill. See table 4.

Table 4. Supporting and inhibiting factors in service delivery

Factor type	Specific factor	Empirical indication	Implication
Supporting	Staff commitment and initiative	Staff continue to serve, improvise, and sometimes carry out activities despite limited resources.	Service continuity is maintained, but it depends on personal commitment.

Supporting	External support	Visits and donations from religious groups, schools, universities, private actors, families, and community groups.	Material and emotional support for residents increases.
Inhibiting	Human resources	No specific caregiver position for daily accompaniment of older persons.	Role overload and incomplete supervision occur.
Inhibiting	Budget limitation	No specific budget for some home visits, recreation, caregivers, and medicines; most funds prioritize food needs.	Service development and rehabilitation activities are constrained.
Inhibiting	Limited authority	Facility rehabilitation budget is managed at the department level.	UPTD cannot immediately respond to urgent infrastructure needs.

The findings can be interpreted as evidence of partial service effectiveness. The UPTD BPSLUT "Senja Cerah" is not failing to provide service. It provides shelter, food, health attention, social activities, and a place of protection for older persons who may otherwise be abandoned. However, effectiveness is not identical with service existence. A public service is effective when procedures, resources, roles, time, facilities, and outcomes are sufficiently aligned with service objectives. In this case, alignment exists in some areas but remains weak in others.

From the perspective of public administration, the UPTD represents the state's presence in the life of vulnerable citizens. Waldo's public administration concept, as discussed by Pasolong (2019), emphasizes the organized use of people and resources to accomplish government purposes. The research demonstrates that public purposes are clear: protecting abandoned older persons and fulfilling their decent living needs. The challenge lies in the adequacy of organization and resources. When staff have to compensate for missing caregiver positions, the state's presence becomes dependent on personal dedication rather than institutional completeness.

The findings also support the relevance of New Public Service. Older residents should not be treated merely as passive clients or administrative cases. They are citizens with dignity and rights. The NPS perspective emphasizes serving citizens rather than customers. This is important because elderly residential care cannot be reduced to performance indicators alone. Service must be evaluated by whether residents feel safe, accompanied, respected, and able to maintain social and spiritual life. The fact that residents appreciate external visits and mutual help shows that social belonging is a major component of welfare.

Procedure findings reveal a tension between standardization and discretion. In public service theory, procedures are necessary for fairness, predictability, and accountability. However, in social care, rigid procedure can conflict with humanitarian urgency. When an abandoned older person is found in need of immediate shelter, requiring complete documents before acceptance may be ethically problematic. Staff discretion is therefore necessary. Lipsky's street-level bureaucracy theory explains this situation well: frontline workers must interpret policy under conditions of limited resources and urgent human need. The solution is not to remove discretion, but to institutionalize it through emergency admission protocols, post-admission documentation timelines, and supervision.

The home visit problem illustrates the same point. Home visits are not bureaucratic routine; they are instruments for accurate assessment. Without home visits, the institution may rely too heavily on interview information and documents. But home visits require transportation, time, and operational funds. Thus, a service procedure is only as strong as the resources supporting it. A written SOP without budget becomes a fragile promise. The UPTD needs a small but reliable operational budget line for assessment and verification so that home visits can be implemented when needed.

The role of staff is the strongest human asset and the most serious structural vulnerability. The research records commitment, initiative, and empathy among staff. These qualities are essential in elderly social care. However, role overload is visible. Robbins and Judge, as cited by Wibowo (2019), warn that unclear or excessive roles can reduce performance. In this case, the absence of dedicated caregivers means that health staff and other employees must perform caregiving tasks while also carrying out their formal responsibilities. This may be sustainable for short periods, but it is not a sound long-term service model.

Dedicated caregivers are not optional in a residential elderly care institution. Older residents may need help bathing, dressing, moving, eating, taking medicine, cleaning rooms, and managing emotions. Bedridden residents require even more intensive assistance. When residents help each other, solidarity is created, but the burden of care is shifted to other older persons who may also be vulnerable. From a rights-based perspective, daily accompaniment should be institutional responsibility, not a matter of informal mutual aid alone.

The time dimension shows that service effectiveness must be judged by regularity. Basic daily services such as meals are more stable because they are funded and routinized. But rehabilitation, recreation, and health monitoring are less stable. Gaspersz and Tjiptono, as discussed by Hardiyansyah (2018), identify timeliness as a service quality attribute. In elderly care, timeliness includes the frequency and regularity of health checks, medicines, bathing assistance, physical activity, social interaction, and spiritual activities. Irregular service can reduce preventive care because problems may only be addressed after they become visible.

Recreation deserves special attention. It may appear secondary compared with food and shelter, but for older persons it supports psychological health, social interaction, and emotional well-being. The research shows that recreation exists but depends on available conditions because no specific budget is allocated. This suggests that service planning still treats some psychosocial needs as supplementary, even though ATENSI emphasizes holistic service. A more integrated plan should recognize recreation and social guidance as part of rehabilitation, not as optional entertainment.

Facility findings are perhaps the most visible evidence of the gap between service provision and service safety. The research documents bathrooms and walking routes that require improvement. Ministry of Public Works and Housing Regulation No. 14 of 2017 emphasizes accessibility and safety in buildings used by older persons and people with disabilities. Handrails, ramps, non-slip floors, and accessible bathrooms are not luxuries. They are preventive infrastructure. A fall can cause fracture, hospitalization, trauma, and loss of independence. Thus, facility limitations create health risks and reduce residents' confidence in moving independently.

The facility problem also reveals the importance of authority. The UPTD knows the problem and has communicated it, but rehabilitation authority and budget execution may remain at the department level. This institutional arrangement can create delay. From a management perspective, controlling and problem-solving are weakened when the unit responsible for service quality does

not have enough authority to resolve facility problems. A more effective model would give the UPTD a limited discretionary maintenance budget while larger rehabilitation remains managed by the department.

The budget issue is not only a financial constraint but a governance issue. When most of the budget is absorbed by food and basic needs, the institution can maintain survival but struggles to develop service quality. This pattern is common in social care institutions: the most visible basic need receives priority, while less visible needs such as caregivers, psychosocial support, safety modifications, and regular evaluation remain underfunded. A better budgeting approach should distinguish between minimum survival, decent living, and rehabilitative quality. ATENSI's concept of decent living should be interpreted broadly to include safety, accompaniment, health, and social functioning.

External support is a major strength, but it should be better organized. Community visits and donations help residents emotionally and materially. Student practice programs help add social interaction and temporary human resources. However, external support should not become a substitute for core government obligations. Instead, it should complement institutional service. The UPTD can develop a structured partnership calendar, donation needs list, volunteer protocol, and collaboration database. This would convert spontaneous goodwill into predictable support while maintaining professional service standards.

The findings also point to the importance of integrated service management. Elderly service is multidimensional: administrative admission, health care, food, clothing, dormitory care, hygiene, psychosocial support, spiritual guidance, recreation, and safety. These elements cannot be managed as separate activities. A resident's welfare depends on the interaction among them. For example, a resident who receives adequate food but lacks mobility assistance and social interaction may still experience poor welfare. A resident who lives in a dormitory but fears falling in the bathroom does not fully experience safety. A holistic service model is therefore necessary. See table 5.

Table 5. Analytical matrix connecting findings, theory, and improvement direction

Finding	Theoretical reading	Risk if unresolved	Improvement direction
Procedure exists but is applied flexibly in emergency cases.	Street-level bureaucracy and discretion (Lipsky in Subarsono, 2019).	Discretion may become inconsistent if not documented.	Create emergency admission protocol and post-admission document completion timeline.
Home visits are not always conducted because of limited budget.	Procedure quality depends on resources and implementation support.	Eligibility assessment becomes less accurate.	Allocate operational funds for verification and assessment visits.
No dedicated caregivers are available.	Role clarity and role overload (Robbins & Judge in Wibowo, 2019).	Staff fatigue and insufficient daily assistance for residents.	Recruit or contract caregivers and define their job descriptions.
Health and recreation activities are not always regular.	Timeliness and reliability are service quality dimensions (Hardiyansyah, 2018).	Preventive health and psychosocial welfare decline.	Set minimum frequency standards for health checks and psychosocial activities.

Facilities are not fully elderly-friendly.	Accessibility and safety standards (PUPR Regulation No. 14/2017).	Risk of falls, reduced mobility, and lower comfort.	Install handrails, improve bathrooms, pathways, and routine maintenance.
UPTD has limited authority over rehabilitation spending.	POAC management requires authority aligned with responsibility.	Known problems may wait too long for higher-level action.	Provide limited maintenance authority and escalation mechanism.

Based on the findings, a strengthened service model should rest on four pillars. The first pillar is procedural accountability with humanitarian flexibility. This means that SOPs should remain clear, but emergency cases should be formally recognized. Staff should be able to accept urgent abandoned older persons, but must record the reason, complete documents within a defined period, and report the case for supervision. Such a system protects both residents and staff.

The second pillar is caregiver-based human resource strengthening. Residential elderly care requires direct daily accompaniment. The UPTD should have a minimum caregiver ratio or at least a shift-based caregiver system. If permanent civil servant positions are difficult to obtain, the provincial government can consider contractual caregivers, partnerships with social work schools, or trained community volunteers under supervision. However, volunteers should not replace professional responsibility.

The third pillar is elderly-friendly infrastructure. A facility audit should identify risks in every wisma, bathroom, corridor, staircase, and pathway. The first priority should be low-cost high-impact safety modifications, such as handrails, non-slip materials, lighting, accessible toilets, and bed arrangements for residents with limited mobility. Such improvements would directly reduce injury risks and increase independence.

The fourth pillar is collaborative support. External actors already contribute. The next step is to manage this support systematically through partnership agreements, scheduled visits, service needs mapping, and coordination with hospitals, universities, religious organizations, private donors, and families. The goal is not to privatize social care, but to build a broader social ecosystem around older residents. This is consistent with ATENSI's principles of multi-actor collaboration, complementarity, and networking.

These four pillars transform the service from a survival-oriented residential model into a more comprehensive welfare-oriented model. The core argument is that effectiveness in elderly social service should be measured not only by whether residents are housed and fed, but by whether they live safely, receive daily assistance, maintain social connection, experience dignity, and benefit from rehabilitative activities. Service effectiveness is therefore a combination of material support, human presence, organizational clarity, and facility safety. See table 6.

Table 6. Proposed strengthening strategy for residential elderly social service

Strategic pillar	Main action	Expected institutional effect	Expected resident effect
Humanitarian SOP	Formalize emergency admission, post-admission documentation, and home visit prioritization.	Clearer accountability without losing flexibility.	Faster protection for abandoned older persons.

Caregiver strengthening	Recruit caregivers, define shift duties, train staff in elderly care and psychosocial support.	Reduced role overload and clearer task distribution.	More consistent assistance and emotional support.
Elderly-friendly facilities	Install handrails, improve bathrooms, ramps, lighting, and safe pathways.	Better compliance with accessibility standards.	Lower fall risk and greater mobility confidence.
Routine service scheduling	Set minimum frequency for health checks, recreation, physical guidance, and spiritual activities.	More predictable service delivery.	Improved physical, psychological, and social well-being.
Collaborative support system	Create partnership calendar, donor needs list, student practice protocol, and hospital referral linkage.	External support becomes more organized.	Residents receive broader material and social support.
Budget and authority reform	Provide a small operational and maintenance budget directly managed by the UPTD.	Faster response to urgent service needs.	Improved comfort, safety, and service continuity.

Practical and Scholarly Implications

Practically, the research offers important recommendations for the North Sulawesi Provincial Government and the Regional Social Service. First, a caregiver recruitment scheme is urgent. The absence of caregivers is the most important human resource gap. Second, the UPTD needs a dedicated operational budget for home visits, recreation, medicine support, and minor maintenance. Third, facility improvement should prioritize elderly safety. Handrails, bathroom accessibility, safe corridors, ramps, lighting, and non-slip floors are basic requirements. Fourth, partnerships should be institutionalized so that external support becomes more predictable and aligned with resident needs.

For public administration scholarship, the study demonstrates that service effectiveness for vulnerable groups cannot be evaluated only through formal compliance. A service may have SOPs, buildings, and staff, but still face serious effectiveness gaps when daily assistance, safety infrastructure, and authority alignment are weak. The case also shows the continuing relevance of street-level bureaucracy theory. In social care settings, frontline discretion is not a deviation from public administration; it is often a necessary expression of humane service. The challenge is to manage discretion through supervision and documentation.

The research also contributes to the literature on public service quality by showing that conventional service dimensions must be adapted to vulnerable groups. Timeliness, facilities, staff role, and procedure have a different meaning in elderly care than in ordinary administrative services. Timeliness includes the regularity of care. Facilities include fall prevention. Staff roles include emotional accompaniment. Procedures include humanitarian admission. Future research can compare residential elderly services across provinces to examine how budget models, caregiver availability, and facility standards affect resident welfare.

CONCLUSION

This research has reorganized analysis of elderly social services at UPTD BPSLUT “Senja Cerah”, North Sulawesi. The central conclusion is that the implementation of decent living services for older persons has been carried out and provides essential protection, but it has not yet reached full effectiveness. Procedures exist and are generally understood, but home visits and administrative verification are not always supported by sufficient operational resources. Staff show strong commitment and initiative, but the absence of dedicated caregivers creates role overload and leaves daily accompaniment incomplete. Service schedules exist, but health, recreation, and rehabilitation activities are not always regular. Facilities are available, but not yet fully elderly-friendly, especially in relation to handrails, bathrooms, pathways, and safety features. The study identifies two main supporting factors: staff commitment and external support. These factors help maintain service continuity and provide emotional and material reinforcement for residents. At the same time, three major inhibiting factors constrain service effectiveness: limited human resources, limited budget, and limited authority. These constraints interact with each other and keep the institution in a condition of partial effectiveness. The research argues that improving elderly social services requires more than adding activities. It requires strengthening the service system. The UPTD needs humanitarian but accountable procedures, dedicated caregivers, elderly-friendly facilities, regular health and psychosocial activities, organized partnerships, and more flexible operational authority. Elderly social care should be treated as a rights-based public service, not merely a charitable shelter. Older persons in residential care require not only food and accommodation but also safety, companionship, health, dignity, and meaningful social life.

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