Social Rehabilitation for Vagrants and Beggars Through Institutional Approach in Indonesia

Yanuar Farida Wismayanti¹, Husmiati Yusuf², Alit Kurniasari³, Aulia Rahman¹, Mery Ganti¹, Widiarto¹, Hari Harjanto Setiawan¹, Badrun Susantyo¹, Ita Konita¹, Delfirman¹, Muhammad Belanawane¹

¹Center Research and Development of Social Welfare, Ministry of Social Affairs, Republic of Indonesia

Correspondence: Yanuar Farida Wismayanti (yanuarwismayanti@gmail.com)

Abstract

The problem of vagrants and beggars is a fairly complex issue in big cities such as Jakarta, Bandung, Semarang, Surabaya, Medan, and Makassar. These big cities' charms have attracted the poor with low education levels and limited access to education, health, and skill development. Many service programs for the vagrants and beggars have been carried out, yet the problems related to the vagrants and beggars have never subsided. Quantitative and qualitative approach are used to determine how the condition of social rehabilitation services carried out for vagrants and beggars by the government and the community, the extent of their level of social functioning, and the role of social workers in social rehabilitation services. A population sample is a group of homeless people and beggars who receive social services in government institutions and community organisation. The sampling used was the purposive sampling method with a sample of 487 respondents in the six provinces, namely DKI Jakarta, West Java, East Java, Central Java, North Sumatra, and South Sulawesi. This research found that in the process of social rehabilitation services for vagrants and beggars, there are still differences in the service standards between institutions; limitations in human resources, including social workers; limited budget support; limited cooperation, and coordination between local government organizations at the provincial, regency/municipal, and central government along with related stakeholders. It concludes that the national policy platform related to the handling of vagrants and beggars needs to be the focus to overcome the complexity of the problems faced by this marginal group.

Keywords: social rehabilitation services, marginalized groups, homeless and beggars

Introduction

The phenomenon of vagrants and beggars is a social problem that must be taken seriously. Mainly due to the existence of vagrants and beggars in urban areas has shown contradictory situations and conditions like two sides of a coin; development and social problems. The central and local governments have tried to reduce the number of vagrants with various programs such as providing counseling, skill development, supervision, and further coaching. In addition, the government is also trying to build housing for them, such as Rusunawa (simple flat buildings) and hold transmigration program (moving residents to other islands that still hold plenty of lands to cultivate) (Lastiwi & Badruesham, 2017).

Many service programs for vagrants and beggars are actualized. However, various problems related to the vagrants and beggars have never subsided, especially in big cities, such as Jakarta, Surabaya,
Semarang, Bandung, Makassar, and others. The existence of vagrants and beggars in big cities will burden the central, provincial and city governments on environmental and social life.

This research is important due to the Indonesian commitment for the SDG's (Sustainable Development Goals) Agenda to end poverty in all its forms everywhere. In addition, the vision of President Joko Widodo's Government that focused on the presence of the Country, building from the Periphery and Mental Revolution is essential to approved that the commitment of government to protect the poorest and vulnerable groups. Mandate of Government Regulation No. 39 of 2012 concerning the Implementation of Social Welfare in the implementation of social rehabilitation is the authority of the central and regional governments to implement the social welfare program including social rehabilitation for marginalized group. In order to accelerate the economic recovery and social reforms contained in the RKP (Government Work Plan) 2021, it is necessary to develop adaptive social protection schemes including how to reach marginal groups in this case the vagrants and beggars. Thus, the role of the Central Government, in this case through the Ministry of Social Affairs in the context of social rehabilitation for vagrants and beggars (through the Centre's and ATENSI Program) should be support by the local governments through social institutions, community participation through community empowerment programs.

Research on Social Rehabilitation Services for Marginalized Groups; The study on Vagrants and Beggars through institutional approach conducted to find out how (1) the condition of social rehabilitation services that have been carried out by the government and by the community and the obstacles faced; (2) the extent to which the level of social functioning of beneficiaries; the vagrants and beggars, is viewed from the dimensions of meeting basic needs, social roles, and independence in fulfilling both social and economical life; and (3) the extent of the role of social workers in the process of social rehabilitation services for vagrants and beggars. The results of this research are expected to be a reference and basis for formulating policies related to social rehabilitation services for marginalised group such as vagrants and beggars.

**Literature Review**

Vagrants and beggars are social problems often encountered in big cities. It is undeniable that the more advanced the development, the more the emergence of vagrants and beggars. This problem is due to the increasing needs of people's lives while the available jobs are inadequate (Fitri, 2019). Various factors causing and reasonings for being vagrants were also found in the study of Kuntari and Hikmawati (2017), including economic factors or poverty, geographical constraints in the original regions, and socio-psychological and socio-cultural factors. The relatively large income from begging causes them to be reluctant to pursue other jobs.

According to Merlindha and Hati's (2015) research, social rehabilitation efforts in rehabilitation centers were not maximized. The vagrants in Jakarta tend to return to the streets after receiving guidance at the center. This research provides recommendations to the government to provide homestead care institutions focused on vagrants and beggars as a social rehabilitation effort and provide strict sanctions to vagrants and beggars who return to the streets.

Indonesian Law Number 14 of 2019 concerning Social Workers Article 1 states that: "Social Functionality is a condition that allows individuals, families, groups, and communities to be able to fulfill their basic needs and rights, carry out their social duties and roles, and overcome problems in their lives." Sukoco (1997) explains that social function is part of a person's ability to carry out life tasks, meet needs, and solve problems; this can be viewed from 3 aspects, namely: (i) social functionality is seen as the ability to carry out social roles; (ii) social functionality is seen as the ability to meet needs; and (iii) social functionality is seen as the ability to solve problems at hand.

In social rehabilitation, there are three models of services provided to clients, namely as follows: 1) Institutional Based Rehabilitation (IBR), by placing people with problems in a particular institution; 2) Extra-institutional Based Rehabilitation by placing people with problems in their families and
According to Law Number 9 of 2011 concerning Social Welfare, social rehabilitation is to restore and develop the abilities of a person experiencing social dysfunction so that they can carry out their social functions properly (Article 7). Article 7 paragraph 3 states that social rehabilitation efforts are provided in the form of a) psychosocial motivation and diagnosis; b) care and upbringing; c) vocational training and entrepreneurship development; d) spiritual, mental guidance; e) physical guidance; f) social guidance and psychosocial counseling; g) accessibility services; h) social help and assistance; i) resocialization guidance; j) further guidance, and k) referrals.

Social rehabilitation for vagrants and beggars has goals and functions, including changing their way of life and earning income according to society’s prevailing norms and adequately carrying out their functions and social roles in the community.

Zastrow (1996) defines social work as a professional activity to help individuals, groups, and communities improve or better their ability to function socially and create community conditions that enable them to achieve their goals. In addition, according to Zastrow (2020), social work can be interpreted as an activity of assistance given to individuals, groups, and communities to increase the ability to function socially so that individuals, groups, and communities become independent.

The roles and functions of social workers are strengthened by the issuance of the Social Work Law No. 14 of 2019 concerning Social Workers. The law states that the definition of a social worker is someone who has the knowledge, skills, and values of social work practice and has obtained a certificate of competence (Article 1 paragraph 1). A social worker is a profession that provides professional services to restore the social functioning of individuals, families, groups, and communities, including social rehabilitation services for marginalized groups of vagrants and beggars.

Vagrants and beggars often face the stigma of being lazy, unwilling to work, weak mentally, having physical or psychological disabilities (Ahmad, 2010). In addition, there are external factors, including social, cultural, economic, educational, environmental, religious, and geographical factors (Ahmad, 2010). This condition also affects the process of social rehabilitation services.

Indonesian Law Number 23 of 2014 concerning Regional Government describes concurrent government affairs. Concurrent government affairs are part of the Central, Provincial, and Regency/Municipal Governments. This decentralization condition caused gaps in social rehabilitation services for vagrants and beggars.

In social rehabilitation services, institutions' programs and interventions also affect the implementation of services. Anggriana's research (2016) shows that institutionally, social institutions have limited funds to support vagrants' opening a business. Their opportunity to work in the formal sector is challenging; the job skills taught are minimal, generally below the standard of the job market, not to mention the less appropriate mental and social guidance methods. So that institutionally, program interventions also face problems that affect the success of the social rehabilitation service program. Research by Nurdin et al. (2012) found that after-care is vital to implement, considering the service process does not only reach the termination stage. The continuation of the effectiveness of social rehabilitation services within the institution is not known after the beneficiary returns to their home. Further guidance is essential to determine the level of social functioning of the beneficiaries.

Methodology

This research used a mixed-method approach, which combined quantitative and qualitative methods to obtain more comprehensive information. A quantitative approach was used to determine the extent of social rehabilitation services for beneficiaries through the care institutions centers; 2) determine the level of social functioning for vagrant and beggar groups; and 3) identify problems and solutions. A
qualitative approach was used to obtain in-depth information about social services provided at the care institutions centers such as Panti/Balai/LKS (home care/residential institution) that focus on social rehabilitation for vagrants and beggars, including triangulation of quantitative data.

The sampling used was the purposive sampling method. A population sample is a group of homeless people and beggars who receive social services in government institutions and community organisation. This study uses a probability sampling technique in the form of proportionate stratified random sampling. The population of social rehabilitation services beneficiaries for the vagrants and beggars in the six provinces, namely DKI Jakarta, West Java, East Java, Central Java, North Sumatra, and South Sulawesi, was 3578 people with a sample of 487 respondents with 31 enumerators.

Data collection in this research was done in two stages. The first stage is quantitative research, with the distribution of e-surveys through the Survey Monkey app. Data form filling by respondents was done through interviews by trained enumerators. For the second stage, this research was carried out with a qualitative approach through in-depth interviews and Focus Group Discussions (FGD). The institutions that became the location for collecting qualitative data were the Binjai Gepeng Social Service UPT (North Sumatra); PSBK Harapan Jaya (DKI Jakarta), PSBK Cisarua, Social Rehabilitation Center for Vagrants-Beggars Pangudi Luhur and LKS for the Anti-Drugs and Crime Movement (Gerakan Anti Narkoba dan Kriminalitas or G.A.N.K) Bandung City (West Java); PGOT Mardi Utomo Semarang (Central Java); PSBK Pasuruan and LKS Insan Sejahtera in Malang (East Java); LKS Pabatta Umni Foundation and LKS Umni Naharia Foundation (South Sulawesi).

The obtained data collection was analyzed in several stages. The first stage is processing quantitative data for survey results, including editing, coding, and tabulation. Furthermore, the data processing results will be analyzed to obtain descriptive data by examining all data from research instruments, such as documents, notes, FGD results and interviews, recordings, and observations, and analyzed based on a thematic analysis approach.

The research data has not yet reflected the national data, where the population and sample of this study are groups of vagrants and beggars who receive services in institutions and community-based services by Balai/Panti or LKS.

Result and Discussion

Respondent Profile/Characteristics

The lives of vagrant beggars, scavengers/displaced persons, or people with socioeconomic vulnerability require intervention to change their lifestyle. They are “forced” to live homeless in big cities with reasons to earn a living, not having a job in their hometown, or other reasons such as facing psychological or family problems that require leaving their homes. They come to big cities without adequate skills and educational background. Generally, only elementary, or junior high school graduates, and most of them are in the productive age group. They come not alone but also bring their spouses and children to live in the big city. This condition makes them can only work in the informal sector or vagrancy because they do not have permanent residence.

In addition, this group is in a vulnerable and discriminatory condition. Educationally, they have not received proper access, including being vulnerable because they do not have proper housing in big cities like Jakarta, Surabaya, Medan, Bandung, and Semarang. Their children do not go to school, do not have birth certificates, and do not even have ID cards or legal identities, reducing their chances as poor citizens who have the right to social protection. Furthermore, the results of this study also show that some respondents who are beneficiaries of social rehabilitation services for vagrants and beggars in Balai/Panti and LKS do not have Regional Health Coverage (Jamkesda) or other types of health insurance. The results showed that more respondents in care institutions did not have Jamkesda or other health coverage than those who already had. An overview of research respondents is shown in the following infographic.
Table 1: Beneficiary Data by Age Group

| Age Group (years old) | Percentage (%) |
|-----------------------|----------------|
| < 18                  | 4%             |
| 18-25                 | 10%            |
| 26-33                 | 16%            |
| 34-41                 | 23%            |
| 42-49                 | 23%            |
| > 49                  | 24%            |

Most respondents are in the productive age range, i.e., between 18-25 years old, of 10%. Respondents within 26-33 years old are 16%, 34-41 years old of 23%, and the 42-49 years old by 23%. However, some are more than 49 years old, as much as 24%. While those who are children or under 18 years old as much as 4%.

Table 2: Beneficiary Data Based on Recent Education

| Recent Education                        | Percentage |
|-----------------------------------------|------------|
| Illiterate                              | 7%         |
| Didn't Graduated elementary school      | 27%        |
| Elementary school graduates             | 28%        |
| Junior High                             | 20%        |
| High school/ Vocational                 | 16%        |
| Diploma                                 | 2%         |

The education level of the respondents 28% are elementary school graduates. The number of respondents who did not finish elementary school also showed a relatively high number of 27%, 20% of junior high school graduates, 16% of high school/vocational high school graduates, and 2% of diploma graduates. However, the number of illiterate respondents is still around 7%.

Table 3: Beneficiary Data based on Identity Card Ownership

| ID Card Ownership | No | Yes | Total |
|-------------------|----|-----|-------|
| LKS               | 4% | 51% | 55%   |
| Panti             | 13%| 32% | 45%   |
| Total             | 17%| 83% | 100%  |

There are still respondents who do not have an identity card in an ID card or National Identification Number (Nomor Induk Kependudukan/NIK). Of the total respondents, about 13% do not have an identity card, while 4% of respondents in LKS do not have ID cards and NIK.

Table 4: Beneficiary Data based on Ownership of Health Coverage/Health Insurance

| Health Insurance Ownership | No | Yes | Total |
|----------------------------|----|-----|-------|
| LKS                        | 21%| 34% | 55%   |
| Panti                      | 29%| 16% | 45%   |
| Total                      | 50%| 50% | 100%  |

Of the total respondents, only 16% of those in the care institutions have access to health coverage, and 29% do not yet have access to health insurance. Meanwhile, 34% of respondents in LKS already have access to health coverage, and 21% do not have a health coverage beneficiary card.
Table 5: Beneficiary Data by Type/Category

| Beneficiary Category    | Percentage |
|------------------------|------------|
| Scavengers             | 47%        |
| Vagrants and Beggars   | 22%        |
| Buskers                | 8%         |
| Others                 | 23%        |

Regarding the respondents' category, 47% of all respondents claimed to be scavengers, vagrants, and beggars by 22%, buskers by 8%, and 23% entered other criteria. Those in the other category stated that they entered care institutions (Balai/Panti/LKS) because they worked as illegal parking attendants. The bank confiscated their houses and worked odd jobs, transvestites, people with mental disorders, or unemployed.

Table 6: Respondents' referral source in the Balai/Panti/LKS

| Referral from            | LKS  | Panti |
|-------------------------|------|-------|
| Social Service          | 17%  | 3%    |
| Public figure           | 6%   | 16%   |
| Accompanied outreach    | 2%   | 38%   |
| Justice Operations      | 7%   | 0%    |
| Personal initiative     | 11%  | 0%    |

The results showed that 17% of respondents in the care institutions were referrals from the Social Service, 11% came on their own voluntarily or were invited by friends who had received care services, and 7% of the results were from the judicial operation process. Meanwhile, 37% of respondents in LKS received services as a result of outreach, 16% referrals from community leaders, and 2% referrals from the local Social Service.

Table 7: Beneficiary motives for vagrancy

| Vagrancy Motives                  | Percentage |
|-----------------------------------|------------|
| To earn living                    | 73%        |
| No jobs in their hometown         | 14%        |
| To pay for children's education   | 2%         |
| Others                            | 11%        |

As for the reasons for vagrancy as scavengers, beggars, and buskers and abandoned on the streets, in general, is to earn a living (73%), because they do not have a job at their hometown (14%), other reasons (11%), and 2% for their children's education.

Table 8: Average Beneficiary Earnings per Week

| Per week                  | Earning | Expense |
|---------------------------|---------|---------|
| < 100,000 IDR (< ± 7 USD) | 22%     | 13%     |
| 100,000 - 300,000 IDR (7-20 USD) | 57% | 56% |
| 300,000 – 700,000 IDR (20-50 USD) | 18% | 26% |
| > 700,000 IDR (>50 USD)    | 3%      | 5%      |

This research shows that 57% of respondents have an average income per week of 100,000 – 300,000 IDR or 7-20 USD and 56% have an average expenditure of 100,000 – 300,000 IDR Respondents whose income is between 300,000 – 700,000 IDR or 20 – 50 USD by 18%. However, respondents whose expenses are between IDR 300,000 – 700,000 represent a more significant number of 26%.
This causes them to be vulnerable to being in debt, which is confirmed by data showing that respondents claim to have debts of 50%.

**Social Rehabilitation Services**

There are different forms of service between the care institutions (Balai, Panti, and LKS). The rehabilitation services for vagrants and beggars in Balai and Panti are done in the form of residential, while LKS carries out the community approach. At least, social rehabilitation services at government-owned institutions carry out stages starting from the initial approach to advanced coaching. Meanwhile, the service stage at LKS has not yet fully implemented the intended stage. At Technical Implementation Unit (UPT), physical, mental, social, spiritual, and skills guidance are carried out. The maximum service period is one fiscal year, as is done by several UPTs. There are also only a few months depending on the local government policy. Services at Pangudi Luhur as an institution that provides continued services are an on-and-off system. This means that termination can be carried out when the beneficiaries are considered independent, have sufficient skills to make a living, behave normatively, and overcome the problems they face.

Meanwhile, services at LKS can last for an indefinite time. The form of intervention given is highly dependent on the capabilities and capacities of each institution. Most of the respondents have not acquired sufficient skills, especially in most of the LKS. Social and psychological guidance at UPT, which is carried out by supervisors and partly by certified social workers, has not been able to optimally shape the mind and motivation of beneficiaries to survive in the face of post-service life. Skill training alone is not enough to change their behavior without entrepreneurship coaching.

**Level of Social Functioning**

Beneficiary's functional achievement is emulated from beneficiaries' ability before and after receiving assistance or services at the institution. The functional aspects include (1) the ability to fulfill basic needs, (2) the ability to execute a social role, (3) the ability to solve problems, and (4) the ability to be economically independent. Before entering the institution's ability to meet basic needs, beneficiaries usually rely on begging, scavenging junk, and busking around. After the beneficiaries receive institutional services, primarily those in the care institutions, they meet all basic needs. For beneficiaries outside the Panti (LKS), the fulfillment of basic needs still relies on activities of begging, scavenging, and singing.

After receiving assistance, the ability to solve problems economically, socially, and psychologically, especially those in institutions, is facilitated to access institutions that suit their needs. They also have the opportunity to complain or ask for opinions from the Facilitator or LKS Officer, or Social Workers. The ability to be economically independent began to change gradually. If previously they supported themselves by begging or busking, after receiving the training, they could sell or work in other forms, but not all beneficiaries could be economically independent quickly.

**The Role of Social Workers in Social Rehabilitation Services**

Concerning human resources involved in social rehabilitation services, each institution has differences in the allocation and number of human resources. The results showed that the human resources between Balai/Panti and LKS had different compositions. This research shows that Social Workers and or those certified are mostly only present in government-owned institutions. As for the LKS, most of them employ social assistants or social worker graduates but have not been certified.
This research shows that 60% of social workers in Balai/Panti/LKS in the research locations have not obtained certification as social workers. In comparison, the other 40% have obtained certification as social workers.

Regarding capacity building, 65% of staff respondents at the institutes stated no training or guidance for the institutions' human resources. Only 35% admitted that there were training or mentoring activities to increase the institutions' human resources capacity, as illustrated in the following figure.

Another important aspect is how respondents get assistance when accessing a new job after leaving the Panti or LKS. The termination process must be sought for beneficiaries. However, assistance by officers to obtain new employment is also very necessary. There is still a lack of assistance for respondents by officers to access employment.

Problems and Challenges in the Process of Social Rehabilitation Services

i. Institutional issues including legal framework and investment
ii. Dealing with the problem of vagrant beggars, there are still sectoral egos and overlapping authorities between the central and regional governments, both in the province and in the regency/municipal.
iii. The problem of the intervention model
iv. There are differences in social rehabilitation services carried out between the Balai/Panti and the LKS.
v. Program infrastructure issues including human resources preparedness
vi. The number of officers is not proportional to the number of beneficiaries, and the service spaces are limited. Human resources for social workers and other professionals such as psychologists and skill counselors are also still lacking. In addition, skills and training for social workers and assistants are still inadequate.
vii. Cultural, political, and bureaucratic problems
viii. Coordination and collaboration between institutions dealing with vagrant beggar is still limited.
ix. Sustainability Problems
x. The funds and budget for the process of mentoring and skills training, including for the follow-up of beneficiaries after rehabilitation are considerably very tight.

Recommendations
The recommendations proposed from the results of this research have several important points including:

a) Institutions including legal frameworks and interventions, some efforts are needed to support the improvement of social rehabilitation services for vagrants and beggars through:
   • Harmonization and regulatory support at the central government and the regional level are carried out by the government, NGOs, and academics
   • National standardization of institutions for handling vagrants and beggars
   • Supervision and guidance by the Ministry of Social Affairs and the Ministry of Home Affairs regarding social rehabilitation service programs for marginalized groups
b) Improved institutional management through improving human resources
• Provision of professional human resources such as social workers, psychologists, medical personnel by the Ministry of Social Affairs (The Center for Professional Development of Social Workers and Social Extension Workers) and the Ministry of Home Affairs (Human Resources Training Center)
• Technical training and guidance for social workers and other social assistance officers

**c) Intervention model in social rehabilitation services**
• Develop a national framework in residential and non-residential-based social rehabilitation services for vagrant beggars.
• Ensuring that the follow-up is part of the rehabilitation process by making a budget for further coaching activities carried out by Balai/Panti, Social Service, and Ministry of Social Affairs
• Advocacy on vagrant beggars’ intervention program as part of poverty alleviation
• Ensuring the success of vagrant beggar beneficiaries to be economically and socially independent outside the care institutions.

**d) Strengthening policies to support program sustainability**
• Encouraging the *pentahelix* program where the government, business communities, academia, mass media, and the community work together to develop empowerment programs
• Cooperation in handling former vagrant and beggars (post-social rehabilitation at care institutions) to gain access to decent employment
• Coaching for the care and other social institutions in handling former vagrants and beggars (sharing the after-care solutions on handling vagrants and beggars)

**Conclusion**

Vagrants and beggars have limited access to services. The process of social rehabilitation services for each institution is quite varied. In services at government owned Balai/Panti in general, the fulfillment of basic needs is well met because the government's budget supports it. However, social rehabilitation services at LKS still experience limited funds and human resources. Cooperation between the government, the community, the business community, and academia are vital. Access to social services must be opened to the vagrants and beggars to improve their social functioning.

**References**

Anggriana, T. M., & Dewi, N. K. (2016). Identifikasi Permasalahan Gelandangan dan Pengemis di UPT Rehabilitasi Sosial Gelandangan dan Pengemis. *INQUIRY: Jurnal Ilmiah Psikologi*, 7(1).

Ahmad, M. (2010). Strategi Kelangsungan Hidup Gelandangan-Pengemis (Gepeng). *Jurnal Penelitian*, 7(2), 1-16.

Achlis. (1992) Pekerja sosial sebagai profesi dan praktek pertolongan. Bandung: STKS.

Bramley, G., Fitzpatrick, S., & Sosenko, F. (2020). Mapping the "hard edges" of disadvantage in England: Adults involved in homelessness, substance misuse, and offending. *The Geographical Journal*, 186(4), 390-402.

Fahrudin, Adi (2012). Pengantar Kesejahteraan Sosial. Bandung: Refika Aditama.

Fitri, I. A. (2019). *Penanggulangan Gelandangan Dan Pengemis Di Indonesia (Analisis Program Desaku Menanti di Kota Malang, Kota Padang dan Jeneponto)*. Share: Sosial Work Journal, 9(1). 1. https://doi.org/10.24198/share.v9i1.19652.

Husmiati, Kurniasari.A., Ruaida.M, Sumarno, S. Delfirman. (2020). *Kompetensi Pekerja Sosial dalam Pelayanan Rehabilitasi Sosial di Balai / Loka Pada Era Tatanan Baru*. Laporan Penelitian (tidak dipublikasikan). Puslitbangkesos Kemensos.

Kuntari, S., & Hikmawati, E. (2017). *Melacak Akar Permasalahan Gelandangan Pengemis (Gepeng)*. Media Informasi Penelitian Kesejahteraan Sosial, 41(No. 1), 11–26.
Mago, V. K., Morden, H. K., Fritz, C., Wu, T., Namazi, S., Geranmayeh, P., ... & Dabbaghian, V. (2013). Analyzing the impact of social factors on homelessness: a Fuzzy Cognitive Map approach. *BMC medical informatics and decision making, 13*(1), 1-19.

Mujiyadi, Habibullah, Syawie, Amalia. (2014). Pencapaian Kinerja Utama Kementerian Sosial RI. Jakarta: Puslitbangkessos Kemensos.

Mason, J. (2002). Designing qualitative research. In *Qualitative researching* (2nd ed.) (pp. 24-48). Thousand Oaks, CA: Sage.

Nila, Hastuti, Larasati, Wahyu. (2020). Konsep Indeks Kesejahteraan Sosial: Dimensi dan Potensi Indikator Pembentuk. The SMERU Research Institute.

Nurdi, W. Husmiati, Ali K, Mulia A, Setyo S, Ruaida M. (2012). Evaluasi Pelaksanaan Rehabilitasi Sosial Pada Panti Sosial: Pembinaan Lanjut (After Care Services) Pasca Rehabilitasi Sosial. P3KS Press.

Lastiwi, D. T., & Badruesham, N. (2017). *Library for the homeless: A case study of a Shelter House and a School for Homeless in Indonesia and Malaysia*.

Merlindha, A., & Hati, G. (2015). *Upaya Rehabilitasi Sosial dalam Penanganan Gelandangan dan Pengemis di Provinsi DKI Jakarta*. Jurnal Ilmu Kesejahteraan Sosial, 16(1), 60-73. https://doi.org/10.7454/jurnalkessos.v16i1.67

Sukoco. Dwi Heru (1991). Profesi pekerja sosial dan proses pertolonganya. STKS. Bandung.

Syauqi. (2021). Asistensi Rehabilitasi Sosial. Jakarta: Biro Perencanaan Kementerian Sosial. United Nations Children's Fund (2020). The State of Children in Indonesia – Trends, Opportunities and Challenges for Realizing Children's Rights. Jakarta: UNICEF Indonesia.

Undang-Undang Nomor 11 Tahun 2009 Tentang Kesejahteraan Sosial.

Undang-Undang Nomor 23 Tahun 2014 Tentang Pemerintahan Daerah.

Undang – Undang Nomor 14 Tahun 2019 Tentang Pekerja Sosial.

Waluyo, S. (2002). Proses rehabilitasi sosial gelandangan dan pengemis: Studi kasus di Panti Sosial Bina Karya “Pangudi Luhur” Bekasi (Tesis Perpustakaan Universitas Indonesia. Zastrow. C. (1996). *Introduction to social work and social welfare*. Brooks/Cole Publishing.

Zastrow. C. (2020). *Social work with groups: a comprehensive workbook*. Thomson Brooks Cole.