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DOCUMENT-BASED REVIEW OF SOCIAL SERVICE GOVERNANCE FOR OLDER PERSONS AT UPT PSTW MAGETAN

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Abstract

This study aims to examine the governance and performance accountability of social services for older persons at UPT Pelayanan Sosial Tresna Werdha (PSTW) Magetan, focusing on reported performance achievements, documented service practices, and remaining governance and evidentiary limitations. The research employed a qualitative document-based single-case study design using nine institutional documents covering the 2025 performance period, supplemented by institutional context and follow-up commitments from 2026 documents. Data were analyzed through structured qualitative coding across four dimensions: performance accountability, documented service practices and outcomes, governance, coordination and feedback, and evidentiary limitations. The results show that the institution reported 100% achievement in fulfilling the basic needs and improving the social functioning of 145 beneficiaries, alongside 98.73% budget absorption. The documents also identified structured case-conference assessments, the GELAS SEJATI outreach initiative, and institutional monitoring and evaluation activities. However, the findings reveal limitations in the consistency of the Community Satisfaction Index, activity documentation and publication, and cross-sector coordination. Furthermore, the reported improvement in social functioning lacks a clearly specified assessment instrument and independent validation, while the reach and outcomes of the GELAS SEJATI initiative remain unquantified. In conclusion, UPT PSTW Magetan demonstrates high formal performance accountability, but the available documentary evidence remains insufficient to establish independently verified beneficiary outcomes and public value. Strengthening outcome measurement, beneficiary feedback, transparency, and cross-sector coordination is therefore necessary to improve the accountability and quality of older-person social services

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INTRODUCTION

Population ageing has become a substantive public-administration issue because it changes the scale and complexity of social protection, health, long-term care, and community support. Indonesia is already in an ageing-population phase: the 2025

Intercensal Population Survey reported that 11.97% of the national population was aged 60 years or older, while East Java's older-person share reached 15.40% in 2025 (BPS, 2025, 2026). These demographic changes make the quality and accountability of public services for older persons increasingly consequential, particularly for people who experience frailty, limited family support, poverty, disability, or social isolation. Recent Indonesian research also shows that elder care is distributed across families, communities, residential institutions, and government programs rather than being provided by a single actor (Asmorowati et al., 2024; Kudrna et al., 2022; M. D. Lestari et al., 2022).

The institutional context of this study is UPT Pelayanan Sosial Tresna Werdha (PSTW) Magetan, an implementing unit of the East Java Provincial Social Service. Its accountability obligations sit within Indonesia's Government Agency Performance Accountability System (SAKIP), which links planning, performance agreements, measurement, data management, reporting, review, and evaluation (Presidential Regulation of the Republic of Indonesia No. 29/2014; Regulation of the Minister for Administrative and Bureaucratic Reform No. 88/2021). Indonesian evidence indicates that SAKIP can strengthen performance discipline, yet implementation may remain formalistic when indicator quality, organizational learning, and the use of performance information are weak (Erawan et al., 2021; Salomo & Rahmayanti, 2023; Setianto et al., 2021). This distinction is important for social services, where target completion and budget absorption are not equivalent to verified improvement in beneficiaries' lives.

Older-person services are also governed by sectoral welfare and rehabilitation rules. National social-welfare legislation recognizes older persons as a group requiring protection and rehabilitation, while current social-rehabilitation regulation includes older persons among the targets of social-rehabilitation assistance (Law of the Republic of Indonesia No. 11/2009; Regulation of the Minister of Social Affairs No. 15/2025). Technical minimum-service requirements and the organizational mandate of social-service units further position basic-needs fulfillment, social rehabilitation, and service standards as governmental responsibilities (Regulation of the Minister of Social Affairs No. 9/2018; Regulation of the Minister of Social Affairs No. 3/2022; East Java Governor Regulation No. 85/2018). Accordingly, a reported 100% achievement should be interpreted against the design of the indicator, the service standard, the target denominator, and the evidence used to judge improvement. The empirical literature suggests several reasons for such caution. Studies of performance accountability in Indonesian government show that formal compliance can coexist with institutional challenges in using performance information for learning (Erawan et al., 2021; Salomo & Rahmayanti, 2023). In older-person services, Asmorowati et al. (2024) identify governance-capacity pressures in government nursing homes in East Java, while Lestari et al. (2022) show that Indonesian ageing policy can simultaneously empower and marginalize older people depending on how needs and responsibilities are framed. Community and family arrangements also remain important in rural Indonesia and residential-service research in Surabaya indicates that beneficiary satisfaction is a distinct dimension that cannot be inferred from organizational output alone (Sya'diyah et al., 2021). Together, these studies indicate a gap between administrative performance reporting and independently evidenced service quality, user experience, and longer-term outcomes.

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Public value theory is useful for interpreting this gap, but it must be applied carefully. Moore's strategic framework directs attention to substantive value, legitimacy and support, and operational capacity, while public value governance emphasizes that public value is not defined solely by the producing organization (Bryson et al., 2014; Moore, 1995). However, public value is difficult to operationalize and measure. Reviews and critiques warn that the concept can become too expansive or normatively attractive to test unless researchers specify what is valued, by whom, and on the basis of what evidence (Brown, 2021; Faulkner & Kaufman, 2018; Jensen et al., 2024). Therefore, this article does not claim to measure public value. Instead, it uses public-value scholarship as an interpretive lens for asking whether institutional documents contain evidence beyond target attainment, such as beneficiary-oriented outcomes, feedback, coordination, transparency, and learning. The research problem arises from an apparent tension in the institution's 2025 records. The documents report that 145 of 145 beneficiaries met the two main service indicators and that budget absorption reached 98.73%. Yet the same documentary corpus records concerns regarding the consistency of the Community Satisfaction Index (Indeks Kepuasan Masyarakat/IKM), documentation and publication, and cross-sector coordination. A further methodological issue is that the target for the two principal indicators is 145 persons, matching the recorded residential capacity/beneficiary count. When the denominator is effectively the planned service population, 100% attainment primarily demonstrates coverage against capacity; without a documented outcome instrument, threshold, assessor, and longitudinal comparison, it provides limited evidence of the magnitude or durability of social-function improvement.

This study therefore addresses three open research questions: RQ1: What do the institution's documents report about performance accountability and target achievement during the 2025 performance period? RQ2: What service practices and governance arrangements beyond aggregate target attainment are documented in the institutional record? RQ3: What evidentiary limitations and governance issues remain visible in the documentary corpus? The study's contribution is deliberately bounded: it provides a document-based case diagnosis of how a high-performing social-service unit represents its performance and where the record remains insufficient for stronger claims about beneficiary outcomes or public value. It does not conduct an impact evaluation and does not infer the perspectives of older persons, families, staff, or partner organizations.

RESEARCH METHODS

Research Design and Case Selection

The study uses a qualitative document-based single-case design. UPT PSTW Magetan was selected purposively because its 2025 documents report very high target attainment while internal monitoring identifies unresolved issues in feedback, documentation, and coordination. The case is therefore analytically useful for examining what high formal performance does and does not establish. Case selection was not intended to represent all residential-care institutions in Indonesia, and the study does not make statistical generalizations (Yin, 2018). The unit of analysis is the governance and performance-accountability record of UPT PSTW Magetan for the 2025 performance period. Two documents dated 2026 - the institutional profile and performance agreement -

are used only to clarify institutional context and follow-up priorities. No interviews, direct observation, beneficiary survey, family survey, or partner survey were conducted. Consequently, service-user experience, staff reasoning, and cross-sector partner perspectives are outside the evidentiary scope of the study from the outset.

Documentary Corpus and Data Access

The final corpus comprised nine institutional files. All were produced by or for the same institutional system; they are therefore complementary internal records rather than independent sources. For this reason, the manuscript does not claim source triangulation. Instead, it uses cross-document comparison to identify consistency, tension, and missing evidence across planning, performance, finance, service design, case-based records, internal evaluation, and forward commitments. Table 1 identifies each file, its date or period, page count, and analytical role.

Table 1.
Documentary corpus and analytical use. Source: authors' compilation from institutional files

Document	Date/period	Pages	Analytical role
Performance Accountability Report, UPT PSTW Magetan	2025	39	Targets, indicators, realization, reported outcomes, innovation
Performance Presentation, UPT PSTW Magetan	2025	45	Target/realization summary, IKM, GELAS SEJATI, strategies
Budget Realization Review	2025	9	Allocation and expenditure realization; budget structure
Terms of Reference (KAK) for rehabilitation-service subactivities	2025	26	Service design, beneficiaries, outputs, implementation basis
Organizational Monitoring and Evaluation Report	19 Dec 2025	8	Internal evaluation notes on IKM, documentation, publication, coordination
Case Conference Report – March	Mar 2025	7	Structure of individual assessment and care information; de-identified use only
Case Conference Report - December	Dec 2025	7	Structure of individual assessment and care information; de-identified use only
Institutional Profile, UPT PSTW Magetan	2026	8	Institutional history, mandate, capacity and context
Performance Agreement	19 Jan 2026	16	Follow-up targets on governance, SOP, coordination, satisfaction and performance

Access to the documents occurred through the practitioner-author's professional familiarity with the institution and the documentary materials available for academic analysis. No separate ethics-review approval number was recorded in the supplied research file. Because two case-conference reports contain personal information about older persons, the analysis was restricted to their documentary structure and categories of assessment. Names, addresses, dates of birth, family identities, and other direct identifiers were not transferred to the coding matrix or manuscript. The case-conference files are not

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shared as supplementary material. This precaution is especially important because older persons receiving residential social services constitute a vulnerable population.

Analytical Framework and Codebook

To resolve the conceptual inconsistency noted in the earlier manuscript, one four-dimension analytical framework was used throughout the abstract, method, results, and discussion. The framework separates what the documents directly report from what can only be interpreted cautiously. It does not include 'public value' as a measured outcome and does not assume any conversion mechanism in advance.

Table 2.
Analytical framework and codebook

Dimension	Indicative documentary codes	Analytical purpose
1. Performance accountability	Targets; denominators; realization; budget absorption; reporting; follow-up	Describe formal commitments and the evidence used to claim achievement
2. Documented service practice and outcomes	Basic-needs provision; social-function statements; case assessment; health/social support; outreach	Identify what service practices and beneficiary changes the documents actually report
3. Governance, coordination and feedback	IKM; documentation; publication; cross-sector coordination; SOP; follow-up targets	Assess governance arrangements that support accountability, learning and stakeholder validation
4. Evidentiary limits	Missing instruments; unspecified assessors; absence of independent feedback; unavailable outreach counts; institution-produced evidence	Bound the interpretation and prevent target attainment from being equated with verified impact or public value

Coding Procedure and Research Quality

The first author conducted the primary coding. Relevant documentary passages and quantitative statements were entered into a structured matrix containing document identity, page/location, verbatim or closely paraphrased evidence, code, analytical dimension, and interpretive memo. The codebook in Table 2 guided first-cycle coding. Inductive subcodes were added only when the documents contained recurring case-specific material, such as IKM inconsistency, publication gaps, or cross-sector coordination. The coauthors reviewed the coding logic and interpretation through analytic discussion. Formal intercoder agreement statistics were not calculated; this is reported as a limitation rather than presented as reliability that was not tested. The procedure follows transparent qualitative-coding principles while recognizing the bounded documentary corpus (Braun & Clarke, 2021; Saldaña, 2021). An audit trail was maintained by linking each substantive claim to a named document and avoiding the use of unverified observation. Claims in the earlier manuscript that referred to observation were removed because no observation was conducted. Negative and qualifying evidence was retained. Importantly, institution-produced statements about integrated care, beneficiary improvement, or outreach outcomes are reported as institutional claims unless corroborating data are present. The

study therefore distinguishes three levels of statement: documented administrative fact, institution-reported outcome, and author interpretation.

Methodological Limitations

The design has four important limitations. First, all files originate from one institutional environment and may reflect accountability incentives and organizational self-presentation. Second, no direct evidence was collected from beneficiaries, families, frontline staff, or cross-sector partners. Third, the corpus does not provide a fully specified instrument, scoring threshold, assessor protocol, or longitudinal baseline for the reported 100% improvement in social functioning. Fourth, the available material does not state the number of beneficiaries reached by GELAS SEJATI or provide independently verified program outcomes. These constraints mean that the study can describe documented performance and identify plausible accountability issues, but it cannot establish causal mechanisms, program impact, or public value as an empirically measured outcome.

RESULTS AND DISCUSSION

Formal Performance Achievement Is High but the Indicator Design Limits Interpretation

The 2025 performance documents report 145 of 145 beneficiaries as having their basic needs fulfilled and 145 of 145 as experiencing improved social functioning. They also report completion of scheduled administrative, monitoring, coordination, and rehabilitation activities. At face value, these figures indicate complete attainment of the institution's stated annual commitments. This is consistent with a SAKIP logic in which targets, realization, and accountability reporting make organizational commitments visible. However, the denominator requires careful interpretation. The target of 145 persons corresponds to the institution's planned beneficiary population. This means that 100% attainment is strongly influenced by target design: if the target is defined as serving the full resident capacity, complete coverage can be achieved when all residents receive the specified service. Coverage is administratively meaningful, but it is not equivalent to evidence that every beneficiary experienced the same magnitude of functional improvement. The reviewed documents do not specify a validated social-function instrument, scoring rule, minimum-change threshold, independent assessor, or pre-post distribution. Consequently, the 100% figure should be read as institution-reported target achievement rather than as a verified perfect outcome among a heterogeneous older population. This caution aligns with Indonesian studies showing that performance-accountability systems may improve reporting while still facing challenges of formalism, indicator quality, and performance-information use (Salomo & Rahmayanti, 2023; Setianto et al., 2021). It also aligns with public-value measurement scholarship, which warns against treating readily measurable indicators as complete representations of value (Brown, 2021; Jensen et al., 2024).

Table 3.
Selected 2025 performance indicators and bounded interpretation

Indicator/activity	Target	Reported realization	Interpretive note
Basic needs fulfilled	145 persons	145 persons (100%)	Evidence of planned service coverage; not an independent measure of quality or wellbeing
Improved social functioning	145 persons	145 persons (100%)	Institution-reported outcome; instrument, threshold and assessor not specified in reviewed corpus
Monitoring, evaluation and reporting	24 activities	24 (100%)	Activity completion
General administration/public relations	240 documents	240 (100%)	Administrative output
Coordination with relevant institutions	24 activities	24 (100%)	Activity count does not establish quality or continuity of collaboration
Social service and rehabilitation	48 activities/reports	48 (100%)	Program output; beneficiary-level effect not independently verified

Budget Absorption Demonstrates Execution, Not Service Cost or Public Value

The budget review records an allocation of IDR 4,518,493,410 and realized expenditure of IDR 4,460,946,144, equivalent to 98.73% absorption. This supports a conclusion that the institution executed almost all of its approved annual budget. The earlier manuscript divided total expenditure by 145 residents and described the result as service expenditure per beneficiary. That calculation has been removed. The aggregate budget contains personnel, administrative, operational, and program expenditures, while the documentary corpus does not fully enumerate community-based beneficiaries. Dividing the entire institutional budget by residential capacity would therefore create a misleading unit-cost estimate. Performance-based budgeting and accountability literature similarly distinguishes spending execution from outcome effectiveness: high absorption indicates financial implementation, but it does not by itself establish efficiency, quality, or beneficiary value (Erawan et al., 2021; Van Dooren et al., 2015). The appropriate interpretation in this case is narrower: financial execution was high, and the terms of reference link parts of the budget to service components for older persons, but the available data do not support a validated cost-effectiveness or cost-per-outcome analysis.

Case-Conference Records Document Individual Assessment, but Not the Effect of Individualization

Two case-conference reports - one from March 2025 and one from December 2025 - were available in the reviewed corpus. Both are seven pages long and contain structured categories covering physical condition, activities of daily living, health history, family information, social relations, and other aspects of functioning. The presence of this structure is evidence that the institution records beneficiary-level heterogeneity rather than relying only on aggregate counts. The earlier manuscript treated these records as evidence that individualized and integrated services create public value. That claim was too

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strong. The documents demonstrate the availability of case-based information, but they do not show how consistently such information changes care plans, how often recommendations are followed, or whether beneficiaries experience better outcomes as a result. Public Service Logic suggests that value emerges in users' lived contexts and interactions, not merely from an organization's service output (S. Osborne, 2020; S. P. Osborne et al., 2016, 2022). Thus, the case-conference records are better interpreted as a potential informational foundation for person-centred care, not as proof that person-centred value has been achieved. This distinction is important in light of recent evidence on integrated care. Reviews of older-person care emphasize coordinated, person-centred responses, shared vision, and organizational support, but they also note that outcomes must be assessed rather than assumed from the presence of coordination structures (Owusu-Addo et al., 2025; Szücs & Kjellberg, 2020).

Gelas Sejati Is Documented as Outreach Innovation, but Program Reach and Outcomes Are Not Quantified

Institutional documents describe GELAS SEJATI as an outreach initiative for older persons outside residential care, combining health checks, basic assistance, hygiene support, psychosocial support, and family or community education. This is relevant because Indonesian elder care extends beyond institutions and depends on family and community arrangements (Lestari & Fajri, 2022; Niam et al., 2024). It also responds to the governance-capacity challenge identified in East Java's residential elder-care system, where formal institutions operate within wider social-protection constraints (Asmorowati et al., 2024). Nevertheless, the documentary corpus used here does not report a verified number of GELAS SEJATI beneficiaries, a complete implementation period, resource allocation specific to the initiative, a comparison group, or independently measured outcomes. The earlier manuscript's statements about improvements in health, psychological welfare, environmental cleanliness, and community concern are therefore reframed as outcomes reported by the institution, not as evaluated impacts. Independent program evaluation would be required before claims about effectiveness or replication could be sustained.

Internal Evaluation Identifies Feedback, Documentation, and Coordination Weaknesses

The organizational monitoring and evaluation report dated 19 December 2025 contains three concrete concerns: the quality and consistency of IKM administration needed improvement; activity documentation and publication were not yet optimal; and cross-sector coordination required strengthening. These are the strongest documentary indications that complete target attainment did not exhaust the institution's governance agenda. Unlike the earlier manuscript, this study does not label the three notes as a measured 'public value gap'. Rather, they are interpreted as limitations in stakeholder feedback, transparency, and collaborative capacity that restrict stronger claims about value. The IKM issue is particularly important because public value cannot be inferred solely from provider-side reporting. Brown (2021) and Faulkner & Kaufman (2018) both emphasize the conceptual difficulty of reducing public value to a single metric, while

Bryson et al. (2014) position legitimacy and stakeholder engagement as central to public-value governance. In social care, beneficiary satisfaction and lived experience constitute distinct evidence; the Surabaya nursing-home study by Sya'diyah et al. (2021), for example, measured older residents' satisfaction directly rather than inferring it from service delivery. Because this case lacks independently administered beneficiary feedback, the documentary record cannot establish how residents valued the service. The coordination note is also consistent with empirical research beyond the case. Szücs & Kjellberg (2020) show that sustainable integration for older people depends on governance and accountability across organizational boundaries, while Owusu-Addo et al. (2025) identify coordinated care, shared vision, leadership, and organizational support as mechanisms associated with integrated-care success. In the Indonesian context, Asmorowati et al. (2024) likewise identify tensions between the growing demand for elder care and governance capacity. The Magetan documents therefore fit a broader pattern: service delivery can be administratively strong while coordination and system-level validation remain unfinished.

The 2026 Performance Agreement Suggests Institutional Learning

The 2026 performance agreement introduces targets that are more explicitly related to governance quality, including active social-service cooperation, competent service personnel, follow-up of monitoring recommendations, consistent implementation of service SOPs, cross-sector coordination, and service-recipient satisfaction. Because the 2026 agreement falls outside the 2025 unit of analysis, these targets are not treated as 2025 results. They are interpreted as evidence that the institution's subsequent accountability architecture recognized some of the weaknesses identified in the December 2025 evaluation. This is compatible with performance-management literature emphasizing that the value of performance information lies in its use for organizational learning and adjustment, not merely in reporting (Kroll, 2014; Moynihan & Pandey, 2010).

Public Value as an Interpretive Lens: What the Documents Can and Cannot Supprt

The revised analysis deliberately narrows the role of public value. The documents support strong claims about formal target achievement, budget execution, the existence of case-based assessment, an outreach innovation, and internally acknowledged governance weaknesses. They support more cautious propositions about the conditions under which such performance might contribute to public value. They do not measure public value itself because the study lacks direct evidence from beneficiaries and other stakeholders, and because the documentary record does not operationalize a validated public-value construct. This boundary is consistent with contemporary critiques. Public value remains influential because it broadens attention beyond efficiency, but its conceptual plurality makes measurement difficult and sometimes contested. A document-based study can identify whether records contain elements relevant to value - outcomes, legitimacy, responsiveness, coordination, learning - but it should not substitute the presence of those elements for stakeholder-validated value. Public value is therefore used here as a sensitizing interpretive framework rather than an evaluated dependent variable.

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Three propositions are offered for future testing rather than presented as established mechanisms. Proposition 1: When service targets are defined mainly as coverage of planned capacity, 100% target attainment will provide limited information about the magnitude and durability of beneficiary-level improvement. Proposition 2: Individual assessment records will contribute more meaningfully to value-oriented care when their recommendations can be linked to documented care adaptation and longitudinal outcomes. Proposition 3: Claims of broader public value in older-person services will be stronger when formal performance data are complemented by consistent beneficiary/family feedback, transparent outcome reporting, and traceable cross-sector coordination. These propositions convert the earlier untested 'performance-to-public-value model' into empirically testable statements.

Practical Implications Linked to the Findings

First, because the reported 100% social-function improvement lacks a fully specified instrument in the reviewed corpus, UPT PSTW Magetan should document the operational definition, assessment scale, assessor, baseline, threshold for improvement, and timing of reassessment. The responsible party is primarily the UPT, with methodological and policy support from the East Java Provincial Social Service. Second, because the internal evaluation identifies inconsistent IKM administration, the UPT should standardize satisfaction measurement, retain auditable response records, and distinguish resident, family, and community feedback where appropriate. This recommendation is directly linked to the documented feedback weakness rather than inferred from theory alone. Third, because cross-sector coordination is explicitly identified as needing improvement, the UPT and East Java Provincial Social Service should document referral partners, responsibilities, follow-up status, and unresolved cases. Coordination activity counts should be supplemented by continuity or completion indicators. Fourth, because GELAS SEJATI outcomes are not quantified in the reviewed corpus, the Provincial Social Service should require a basic program dataset - target population, reach, resources, service package, follow-up, and outcome indicators - before decisions about scale-up.

CONCLUSION

RQ1 asked what the institution's documents report about performance accountability and target achievement in 2025. The documents report complete attainment of the two principal beneficiary indicators (145 of 145 persons) and 98.73% budget absorption, together with completion of multiple administrative and rehabilitation activities. These results establish high formal performance against the institution's stated annual targets. RQ2 asked what service practices and governance arrangements beyond aggregate target attainment are documented. The corpus reports structured case-conference assessment, institutionally described integration of social and health-related support, the GELAS SEJATI outreach initiative, internal monitoring and evaluation, and a subsequent performance agreement that places greater emphasis on SOP implementation, coordination, monitoring follow-up, staff competence, and service-recipient satisfaction. These are documented practices and commitments; the study does not treat them as independently verified effects. RQ3 asked what evidentiary limitations and governance

issues remain visible. The reviewed documents do not provide a fully specified instrument or independent validation for the reported 100% social-function improvement, do not provide independently administered beneficiary or family feedback, do not quantify the reach and outcomes of GELAS SEJATI, and internally acknowledge weaknesses in IKM consistency, documentation/publication, and cross-sector coordination. The central conclusion is therefore descriptive rather than causal: UPT PSTW Magetan's documentary record indicates strong administrative target attainment, while the evidence needed to make stronger claims about beneficiary outcomes or public value remains incomplete. Future research should combine administrative records with beneficiary and family surveys, interviews with frontline staff and partner organizations, longitudinal functional assessments, and comparative data from other residential and community-based services. Such designs would allow the propositions developed in this study to be tested rather than assumed.

Statement on the Use of Artificial Intelligence

AI was used in the preparation of this manuscript solely to assist with language improvement, grammar checking, structural editing, and revision for clarity and readability. The authors remain fully responsible for the accuracy, originality, integrity, interpretation of evidence, and academic content of the manuscript. All AI-assisted content was reviewed and verified by the authors before submission.

Conflicts of Interest

The authors declare no conflict of interest.

Author Contributions

Conceptualization, Rumini and Aris Sunarya; document curation, Rumini; methodology, Aris Sunarya and Dandy Patrija Wirawan; formal analysis, Rumini and Aris Sunarya; writing-original draft preparation, Rumini; writing-review and editing, Aris Sunarya and Dandy Patrija Wirawan. All authors have read and approved the final version of the manuscript.

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Data Availability Statement

The study is based on institutional documents listed in Appendix A. Publicly shareable administrative documents may be requested from the relevant institution subject to its access procedures. Case-conference records are not publicly shared because they contain personal information concerning older service recipients. No personally identifying information from those records is reproduced in this article.

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