Social Rehabilitation Management For Victims Of Drugs Abuse Through Vocational Education

Dewi Khoer Mulyana^{1*}, Ulfiah², Hendi Suhendraya Muchtar³, Sayid Muhammad Rifqi Noval⁴

1,2,3,4 Universitas Islam Nusantara, West Java, Indonesia
*Corresponding author:
Email: Malaikat.cantik@gmail.com

Abstract.

The problem of rehabilitation through vocational education at the Social Rehabilitation Center for Drug Abuse Victims (BRSKPN) Galih Pakuan Bogor is an unsolved problem in line with the complexity of environmental change, both in terms of implementation and evaluation, especially with regard to skill improvement. This study has a general purpose to describe, describe, and produce a hypothetical model of social rehabilitation through vocational education at BRSKPN and has a specific purpose to describe, describe, and analyze (a) planning (planning), (b) organizing (organizing), (c) direction (command) (d) coordination (e) control (f) problems (g) solutions for social rehabilitation through vocational education. The Grand Theory in this study uses (1) the classical management theory from Henry Fayol (1841), (2) the Rehabilitation Theory from Caplin (1999) and (3) the vocational education theory from Proser (1950) and Dewey (1915). The research procedure used is a qualitative approach with a case study design. Data collection techniques were carried out by (1) Observation, (2) Interview and (3) Documentation. The results showed that (1) Social rehabilitation through vocational education at the Balai was still ineffective, (2) The coordination phase (3) The control phase at the Balai had not been effective, (4) The partnership carried out by the Balai with DUDI and the Government was still not optimal,(5) The demands and expectations of the community for the creation of quality vocational education in quality centers have not yet been fulfilled so that the expectations of KPN fostered children after graduation do not have the confidence and confidence to improve their vocational education, (6) The main problems faced in coordinating and controlling vocational education are: the unavailability of human resources who are specifically tasked with vocational activities, so that the learning process is not optimal, (7) solutions and anticipatory steps taken by the center in tackling HR problems or vocational instructors in collaboration with parties outside the center. The conclusion in this study shows that the social rehabilitation of vocational education in an effort to improve skills in BRSKPN is still not optimal. It is evident that only a few of the graduates have the skills. The social rehabilitation program through vocational education in the center has not been managed properly, so the learning strategies provided are not comprehensive, innovative, and creative.

Keyword: Education, Rehabilitation, Assessment, Counseling, Vocational, Balai.

I. INTRODUCTION

The United Nations Office on Drugs and Crime (UNODC) also stated that Indonesia was included in the golden triangle of the methamphetamine (shabu) trade. The largest market for this type of drug is centered among others in Indonesia and Malaysia, in addition to Australia, Japan and New Zealand. The declining prevalence of drug abuse is a result of the war against drugs. The war included a shoot-and-death order by President Jokowi against foreign airports in 2016, efforts to prevent and eradicate drugs by the National Police and the National Narcotics Agency, as well as changing the paradigm of handling drug cases from a legal approach to a medical and social rehabilitation approach. Medical rehabilitation is carried out by the Ministry of Health, while social rehabilitation is carried out by the Indonesian Ministry of Social Affairs, BNN, and local government social services.

The holistic-systematic social rehabilitation service in the context of Rehabilitation of Drug Abuse Victims is a complete social rehabilitation service, which implements four mandatory menus of therapy, namely physical therapy, psychosocial therapy, mental-spiritual therapy, and livelihood therapy. Someone who uses drugs for the first time does not immediately feel the bad effects of using it. At first he will feel a pleasant effect, such as excessive self-confidence, able to forget the problem, able to eliminate fear, tension, anxiety and, other fun things. Addiction to drug users can be in the form of physical and psychological dependence. Pranoto [1] stated "Physical dependence is characterized by the emergence of symptoms of tolerance, namely the symptoms of asking for a higher dose in order to get the expected effect of using drugs".

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Faizin [2]"Adolescent drug abuse is not an event that arises because of a trigger but the result of several causes which are the driving factors for the adolescent to abuse it". The greater the accumulation of these driving factors increases the risk of adolescents in abusing drugs. Drug addicts will experience mental and behavioral disorders caused by disruption of the transmission system (neuro-transmitter) in the central nervous system which results in disturbances in cognitive function (thinking power and memory), affective function (feelings and moods), psychomotor (movement behavior). , medical complications to the physical, such as abnormalities of the lungs, heart, kidneys, and other physical disorders.



Source : BNN (2019) Fig 1.1. Angka Prevalensi 2019-2021

Based on data sources from the National Narcotics Agency in the figure, the figure shows that the predicted population of 15-64 years old exposed to drugs: having used in 2019 approximately 4,534,744 people and in 2021 as many as 4,827,616 people, and users a year using in 2019 were 3,419. 188 people then in 2021 it will increase to 3,662,646 people. The prevalence rate for drug abuse in the last year has increased from 1.80% in 2019 to 1.95% in 2021. In general, there has been a decline in prevalence rates in rural areas. The risk of women being exposed to drugs in the past year has increased from 0.20% (2019) to 1.21% (2021). The largest increase occurred in urban areas. Five types of drugs are widely consumed, namely (1) marijuana, (2) methamphetamine, ecstasy and amphetamine, (3) dextro, (4) nipam, (5) koplo pills. The majority of the first types of drugs consumed were marijuana (59.1%), methamphetamine (23.8%), and dextro (4.3%). The average age for first time using drugs is 19 years living in rural areas and 20 years living in urban areas.

The prevalence rate of drug abuse will increase in 2021, from 1.80% in 2019 to 1.95% for a year of use. The increase also occurred in those who had used it, from 2.40% to 2.57%. The increase in prevalence rates mainly occurred: a) in urban areas; b) women's groups in urban and rural areas; c) age group 15-24 years and 50-64 years in rural and urban areas; d) having the main activity of not working in urban and rural areas; e) has the main activity of taking care of the household in urban and rural areas. The decline in prevalence rates generally occurred: a) in rural areas; b) male groups in rural and urban areas; c) the age group of 25-49 years in rural and urban areas; d) has the main activity of working in rural areas. Friendship is the main source of first-time drug acquisition, and it is obtained free of charge. Buying with a joint system is mostly done to get around the high price of drugs. Drug abusers tend to be permissive in dealing with friends and family who abuse drugs. They have more risky behavior than non-abusers, especially smoking habits, drinking alcohol and hanging out at night outside the house.

Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 16 of 2020 [3], social rehabilitation is "a process of vocational training and/or entrepreneurship development as referred to in paragraph (1) carried out by developing and channeling interests, talents, potential, and creating

productive activities., access to economic business capital, assistance for independence, assistance for production facilities and infrastructure, as well as developing marketing networks.

Integrated recovery activities, both physical, mental and social, so that ex-narcotics addicts can return to carrying out their social functions in community life. The purpose of rehabilitation is to make a person aware of their potential and through the facilities and infrastructure provided they try to realize these potentials to the fullest in order to carry out their social functions optimally. Social rehabilitation is an effort that aims to integrate someone who experiences social problems into the life of the community, where he is. According to Chaerul [4]"rehabilitation is a semi-closed facility, meaning that only certain people with special interests can enter this area". So, drug rehabilitation is a place that provides skills and knowledge training to avoid drugs.

Based on the Law of the Republic of Indonesia Number 11 of 2009 [5] Regarding Social Welfare Article 7 paragraph

"(1) Social rehabilitation is intended to restore and develop the abilities of a person experiencing social dysfunction so that they can carry out their social functions properly. (2) The social rehabilitation as referred to in paragraph (1) can be carried out in a persuasive, motivational, coercive manner, either in the family, community or social institution. The social rehabilitation as referred to in paragraph (2) is provided in the form of: vocational training and entrepreneurship development"

As an institution that organizes social rehabilitation activities for drug users, the Galih Pakuan Social Rehabilitation Center for Drug Abuse Victims (BRSKPN) has a standard regulation in the service process. At each stage it has a link with the next stage in order to create a sustainable, effective and efficient service process to get maximum output and outcome. These standard rules then become guidelines for BRSKPN Galih Pakuan officers in providing their services. In this social rehabilitation center there are 4 main menus of therapy. These four main menus are executed in an integrated, complete, and mutually reinforcing manner. The four therapy menus are as follows:

- 1. Physical therapy
- 2. Psychosocial therapy
- 3. Spiritual mental therapy
- 4. Livelihood therapy.

Currently, BRSKPN Galih Pakuan provides vocational training, namely car engine engineering skills, motorcycle engine engineering, computers and graphic design. Usually this vocational training activity is carried out for a minimum of 6-9 months, after which the beneficiaries will participate in internship activities. This internship activity is carried out as a form and measurement of the extent to which the beneficiaries are able to implement the skills they already have. Thus, he has also carried out his social functions and responsibilities. Until now, internships are spread across Jakarta, Bogor, Depok, Tangerang, and Bekasi areas. Thus, through vocational education, it is hoped that the potential of KPN can be developed so that they have the courage to face life's problems without feeling pressured, have the will and ability, and are happy to develop themselves to become superior human beings. Education is also expected to be able to encourage students to take care of themselves, make people aware as servants of God Almighty, have independence and be able to establish relationships with the community and the environment around them. Mulyasana [6] revealed "Education is essentially the liberation of students from ignorance, incompetence, powerlessness, untruth, dishonesty, and from bad hearts, morals, and faith". Therefore, the goal of education should essentially be to create a learning atmosphere and learning process that can provide students with various life skills. Education does not only pursue knowledge, but there must be a process of developing certain skills, attitudes and values that can be implemented in the lives of students in the future.

The potential of the fostered children consists of three domains; Cognitive, psychomotor, and affective are developed through a variety of vocational activities. BRSPKN should hold activities that are able to accommodate these three domains. Starting from teaching and learning activities in the classroom to other vocational programs, the focus should be on developing the potential of the target children. In addition to these three domains, IPWL needs to provide other provisions to students, namely in the form of mastering life skills as capital to live a productive life. The inmates are expected to have life skills to face the

challenges of life and present and future life in the real world. As part of the community, the inmates will return and take part in the surrounding community after the rehabilitation period ends. At that time they are expected to be able to play an active and positive role in various fields in society, both in the religious, social, cultural, political, and economic fields.

II. METHODS

This research uses a descriptive method. This method is a way to solve a problem that is investigated and observed by describing the state of the subject or object, be it the place or the people in it. Descriptive method according to Sugiyono [7] Descriptive method is "a method used to describe or analyze a research result but is not used to make broad conclusions". The steps taken in this study are in accordance with the theory according to Sudjana [8], namely: "1) Planning, 2) Basic data collection, 3) Closing data collection and 4) completing data". In this research, the first thing to do is to plan the research by determining the formulation of the problem and the limitations of the problem to be studied. After the planning has been prepared as well as possible, the researcher collects data from individuals or groups who can provide information related to the required data, either basic or complementary.

The reason for choosing the approach and method is because the research carried out focuses on the problem of objectives and research subjects adjusted to the main objective of the study, namely to describe and analyze social rehabilitation management for Drug Abuse Victims (KPN) at BRSKPN Galih Pakuan Bogor through Vocational Education. Qualitative research is used to obtain in-depth data, that is, where a data contains the real meaning behind the visible data. This research is aimed at understanding social phenomena from the point of view of the research subject.

The location of this research is the Pamardi Putran Social Institution (BRSKPN) Galih Pakuan Bogor Address: Jalan Ciseeng, Bogor, West Java, while the research subjects consist of:

- a. Head of Social Rehabilitation Institute
- b. Social rehabilitation program planning staff
- c. Vocational Education Program Staff
- d. Social worker
- e. Counselor
- f. Children assisted by KPN at BRSKPN Galih Pakuan.

The steps of data analysis in this study are as follows:

1. Data Collection

Data was collected by means of observation, interviews, and study documentation recorded in field notes, consisting of descriptive notes which are notes about what the researcher saw, observed, witnessed, heard and experienced. This data collection concerns all the implementation of social rehabilitation management for victims of drug abuse at BRSKPN Galih Pakuan Bogor through Vocational Education. This descriptive note is natural data from the field, without any comments and interpretations from researchers about the phenomena encountered. While reflective notes are notes that contain impressions, comments, opinions, ideas, and interpretations of researchers about the phenomena encountered.

2. Data Reduction

During the data collection process, data reduction was carried out through a process of selecting, centralizing, simplifying, abstracting, and transpar- ing the rough data obtained and notes written in the field. The next step is to make a summary, provide code, search for themes, create clusters, create partitions, and write small notes (memo) on immediate events that are considered important. This process continues continuously throughout the research, until the final report is complete.

3. Data Presentation

Data presentation is a collection of information that has been compiled from the results of data reduction based on data presentation, which allows researchers to draw conclusions or take action. This is in accordance with the opinion of Moleong (2007) that "The most frequent presentation of data in qualitative research is in the form of narrative". In qualitative research, if the data obtained has been large and piled up, so that researchers have no difficulty in mastering information either as a whole or in certain parts of the

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research results, the researchers must make narratives, matrices or graphs to facilitate mastery of the information or data, so that Researchers can still master the data and don't drown in conclusions that can be boring. This is done because the data is scattered and not well organized, can influence researchers to act recklessly in drawing conclusions that are partial, disjointed and unfounded, for that the presentation of data must be realized as part of data analysis.

4. Drawing Conclusions and Verification

Conclusions and verification are efforts to find meaning in the data collected by looking for patterns, themes, relationships, similarities, things that often arise and so on. At first the tentative conclusions are still very tentative, vague, then with the addition of data the conclusions will be more solid and firm, and the existing conclusions are always verified during the research. This was also carried out by reviewing field notes and exchanging ideas with people involved in research such as managers, vocational program planning staff, counselors, social workers, who were at BRSKPN Galih Pakuan Bogor.

III. RESULTS AND DISCUSSION

Planning

As one of the management functions, planning has the main function among other management functions. According to faizin [2] "Planning is a basic process to determine in advance the various end results to be achieved by the organization in the future". Planning activities in BRSKPN are the final results to be achieved according to a certain time span. The bigger the goal to be achieved, the longer the time required, this also results in an increasing degree of uncertainty in achieving these results. Conversely, the shorter the time span between planning and the target results to be achieved, the degree of uncertainty of achievement will decrease. Planning for rehabilitation programs through vocational education is an inseparable part of the rehabilitation program prepared by the head of the rehabilitation department. The preparation of the annual activity plan for the vocational education program is prepared and discussed at the meeting at the beginning of the year in designing vocational education activities that will be carried out for one year with competent employees in the vocational field. Minister of Social Affairs Regulation Number 16 of 2020 [5] concerning Social Rehabilitation Assistance, Article 15 paragraph 1 and Article 15 Vocational training and/or entrepreneurship development as referred to in Article 10 paragraph (1) letter e is an effort to provide skills to PPKS to be able to live independently and/or or productive.

The vocational training and/or entrepreneurship development as referred to in paragraph (1) is carried out by developing and channeling interests, talents, potentials, and creating productive activities, access to economic business capital, assistance for independence, assistance for production facilities and infrastructure, as well as developing marketing networks. . The purpose of learning for fostered students at the Social Rehabilitation Center is to provide various coaching and training to victims, so that they can live independently and gain knowledge that can be used to influence their lives for the better. In training planning, to identify training needs, namely by observing and recording everything about training needs. By using the practical method the participants are more interested and easy to understand. The practical method is that each participant is divided into several groups and faced with a car for practice. This is in accordance with the theory of empowerment of Suzanne Kindevater in Gunawan [8], where the learning process or giving strength consists of the main stages, namely: (a) Learning is carried out in small groups, (b) Giving greater responsibility to learning citizens. during the learning activities take place (c) The teaching and learning process takes place in a democratic manner (d) The ability of the group to be played by the learning community (e) The existence of a unified view and steps in achieving the goal (f) Using learning methods that can create a sense of confidence in the learning community (g) Aims to improve the social, economic, or political status of learning citizens in society.

Eki Dudi [9] that must be met in planning are "setting goals, developing commitment to goals, developing effective work plans, following the stages of achieving goals, maintaining flexibility." Planning is understood as choosing a method or strategy to achieve a goal so that the first step in making planning is setting goals. Behavior and effort can be increased by setting specific and challenging goals. One way to write effective goals is to use the S.M.A.R.T. "S.M.A.R.T is Specific (specific), Measurable (can be

measured), Attainable (achievable), Realistic (realistic), Timely (on time)". Based on the institutional aspect, the objectives of the Galih Pakuan BRSKPN training include:

- a. Improving the quality and competence of students through vocational improvement which includes various types of training by utilizing available facilities and infrastructure.
 - b. Improving quality and quantity through training in order to reduce unemployment.
- c. Organizing training programs that are developed with reference to the competencies of the world of work.

The material taught must be in accordance with the objectives and level of ability of the trainees, the training materials are arranged as densely as possible and as simple as possible and cover the entire material to be provided. Surya Sumantri [10]. Different materials and interesting ways of delivering material were provided by the instructor to the trainees so that the training became more varied and the participants were more receptive to the material provided. The material taught to the training participants is how to maintain or service the engine and its components (removing and assembling the cylinder head, components cleaned for assembly), maintaining or servicing the fuel system (removing the fuel line, removing the carburetor, removing the fuel filter, removing the filter). air, cleaning fuel components, fixing leaks and reinstalling, adjusting the carburetor), assembling and installing the brake system and its components (removing the brake system coating, removing the brake shoe, adjusting the brakes), making minor repairs to the circuit or electrical system (checking the system circuit). lighting, repairing lighting system circuits, repairing horns, checking relays, checking placers, checking switches, checking starter motors, assembling starter and charging systems, troubleshooting), repairing ignition systems (setting coil resistance, checking spark plug gaps, adjusting and replacing platinum, removing and installing distributors, assembling ignition system, measuring spark plug wire resistance, checking the ignition system using an engine analyzer.

Selected the most suitable method to deliver the material to the trainees. By the trainer team concerned, using a suitable method will make it easier for the trainees to receive the materials provided, thus the expected changes can be achieved in accordance with the objectives and expectations of the trainees. Sihombing [11] The media used in the training must be in accordance with the purpose of teaching, in the training of media that is sufficient to support the smooth running of an activity so that a complete media is needed Syaifudin [12]. The purpose of the respondent conveyed in the workshop training that the media used were writing equipment for theory and workshop equipment used for practice. Although the media is not complete, it is still feasible to use. The media used for practice, such as workshop tools, are adequate and can be used according to the number of trainees and training needs in the learning process of automotive mechanics for cars and motorcycles.

Learning resources that teach workshop training are instructors. The instructors also use manuals for training automotive mechanics for cars and motorcycles and a library room is also provided to support the smooth running of automotive mechanic training at the Balai. The workshops are held in the classroom for theory and in the workshop for practice, a different place between practice and theory, so that the trainees focus more on receiving theoretical and practical subject matter. In the classroom for theory, equipment that supports the learning process has been provided, and for practice in the workshop, workshop equipment has also been provided, including automotive mechanic training media. In interviews that researchers have conducted, respondents have said that the process of interaction and communication in learning is quite good, because there is discussion, question and answer between the instructor and the training participants. Participants always ask the instructor if there is something in the material that they are not clear on, as well as the instructor, always giving an opportunity to ask questions or have an opinion. Interviews conducted by researchers on respondents can be concluded that in the implementation of learning there must be and need to provide motivation for training participants so that they can be motivated to always participate in learning activities and always be enthusiastic in life.

Learning climate, the conclusion of the conversation with respondents about the learning climate is that every training learning process must be able to create a good, relaxed but sure and serious learning climate. This is done so that the participants are not nervous or tense in receiving the training subject matter. Providing feedback in learning is necessary, because to support the learning process, so that vocational

training participants are always active in training lessons and so that in the learning process the automotive mechanic training participants do not feel bored and bored. The development of cooperation in this workshop vocational training is so that there is a good, harmonious relationship between the instructor and the trainees. There is good interaction and communication in the learning process. Based on the informants, it can be concluded that the implementation of training is generally based on efforts to optimize the learning process which includes various components including material, learning resources, time, place, method or strategy, media, participants, and assessment. This is in accordance with Supardan's theory [13] which states that the training components include objectives, learning resources, subject matter, learning strategies, learning media and supporting components.

Organizing

Organizing is the second management function and is a strategic step to realize an organizational plan. The steps that need to be taken by an organization after carrying out the planning function is to carry out the organizing function. "Organization is a group of people who work together to achieve organizational goals" [14] According to Erni [15] the organizing function is "to divide the work among the task executors and to develop the structure of the relationship between the executor of the task so that the task can be carried out". The division of tasks and work is carried out by considering the competence of the implementer and the carrying capacity of the organization. According to Solihin [16] the function of organizing is to divide the work among the task executors and develop the relationship structure between the task executors so that the task can be carried out. Organizing is defined as the process of creating an organizational structure by Robert [17] by considering the goals, resources, and environment of the organization.

Labor practitioners start a discussion with the assisted children, where the information obtained will be conveyed to stakeholders or center partners about the background of their assisted children in relation to work. Supported children and hall Instructors make plans for the desired job and determine their respective responsibilities in finding work. Support that is followed together and continuously Many people can find work, but find it difficult to supervise them. The individual support provided by the network to the fostered children runs continuously for a period of time according to individual needs. Counselors help introduce support for starting a job, doing work in stages, introducing work problems and how to end a job. The choice of foster children is important where all aspects of work support are individual. Decisions about type of work, job setting, number of jobs, job search, and job support are made by individuals. Counselors help foster children to identify jobs that are consistent with their vocational skills based on their experiences and interests. The traditional vocational rehabilitation model uses a "train-place" approach (where the patient is involved in extensive preparation prior to finding a competitive job, such as occupational education counselling, skills training, participation in group work, or sheltered work).

Widiaswiri [18] found several beneficial effects on competitive job outcomes. Furthermore, the vocational rehabilitation model emphasizing the rapid search and achievement of work, as well as the continuous availability of support (especially work support) has been developed and validated empirically widiaswiri [18] A vocational training program in which the target child goes through a preparatory phase, and sometimes a work transition phase. The aim of the program is to help KPN foster children get used to working and develop skills for competitive jobs in the future.

Directing (command).

The form of direction and guidance is carried out continuously either on a monthly or semester basis with the available equipment in accordance with the duties and functions of the employee. The welfare of employees is based on employee status because there are state civil servants (ASN) as well as contract employees, the welfare of ASN has become a government policy while the welfare of contract employees based on the principal's policy. Guidance for vocational foster children is carried out with theory and practice that will be carried out in the training room, participants are exposed to a vocational media in this case repairs to be dismantled if the participants can do it correctly it is said that this training is successful and beneficial for the participants of the automotive mechanic training. alone. The car automotive mechanic training place is carried out in classrooms for theory and automotive workshops for practice, so the automotive automotive mechanic training is carried out indoors. For training participants who have

completed and are declared to have passed or succeeded, they will get a certificate of graduation issued by the Balai in collaboration with stakeholders, many are absorbed and distributed to workshops in collaboration with the Social Rehabilitation Center during the implementation of street vendors as well as workers. independent.

Guidance on the installation is carried out by employees who are competent in their fields, the center will cooperate with professional staff who can carry out installation management. Decision making in the rehabilitation program, especially in vocational education, is of course based on the needs and conditions of the client who has received assistance by assistant officers, both counselors and social workers, so that the rehabilitation program adapts to the client's condition with the program that has been set by the center.Implementation of the direction, guidance and welfare of employees within the Balai is programmed activities, as well as supervision is carried out in every field that is carried out within the Balai, while the guidance for all employees within the Balai has also been programmed at least in terms of once a year is carried out twice as for the welfare of employees depending on the position held by the employee as well as civil servants will certainly be different from contract employees.

Coordination

Hasibuan [19] argues that the factors that influence coordination are as follows: Unity of Action In essence, coordination requires the awareness of every member of the organization or organizational unit to adapt to each other or their duties with members or other organizational units so that the members or organizational units do not run alone. alone. Therefore the concept of unity of action is the essence of coordination. Unity of effort means that the leader must organize the efforts of each individual activity so that there is harmony in achieving results. This unit of action is an obligation from the leadership to obtain a good coordination by setting a time schedule, meaning that the business unit can run according to the planned time. Implementation of coordination in the success of vocational education programs by mapping existing opportunities both in the field and absorption by relevant agencies, of course based on vocational education outputs that can be accepted in the community by paying attention to market competitiveness so that it can be accepted by all groups. Coordination with local governments or related agencies or institutions as well as the community and the business world for drug abuse clients is carried out, meaning that as needed, it can be at the beginning of the rehabilitation implementation or in the middle of its implementation or according to the needs at that time an example with the local government is carried out at the end of the year. as a report or other agencies such as the Recipient Institution of Reporting Obligations when carrying out the Attention program.

The division of labor, theoretically the goal in an organization is to achieve common goals which individuals cannot achieve alone. Groups of two or more people working together in a cooperative and coordinated manner can achieve more results than individuals. In an organization, the basic pillar is the principle of division of labor. The principle of the division of labor is that if an organization is expected to be successful in achieving its goals, then it should do the division of labor. Coordination regarding the implementation of handling client cases based on existing SOPs will be coordinated by the Head of the Rehabilitation Division which involves assisting officers such as addiction counselors or social workers. Discipline in any complex organization, each part must work in a coordinated manner, so that each can produce the expected results. Coordination is in the effort of adjusting the different parts so that the activities of the parts are completed on time, so that each can contribute to its maximum effort in order to obtain overall results, for that discipline is needed. Rivai [19] states the notion of work discipline is: "A tool used by managers to communicate with employees so that they are willing to change a behavior as well as an effort to increase one's awareness and willingness to obey all organizational rules and applicable social norms".

Controlling.

Control or evaluation of vocational education programs is carried out annually by taking into account the length of time the implementation of vocational education in one year can be up to three times the implementation of vocational education means three times the evaluation of the vocational education program, while the report is every completion of implementation. In the end, evaluations and reports become

benchmarks for the implementation of vocational education in the following year. The managerial functions are carried out starting with the head of the office and the head of the field, while the technical operations of social rehabilitation are based on their respective SOPs. Program evaluation activities, especially for social rehabilitation, are carried out by supervision or supervisors as well as activity reports will be examined or evaluated by supervisors. The assessment of vocational education for clients is carried out specifically by the instructor so that the format of the vocational education assessment is also adjusted to the type of vocational carried out by another. Feedback is provided to the training participants by providing another assessment format for the continuity of vocational training at the Balai.

The evaluation of vocational education in stages can be carried out by the person in charge then the Head of the Rehabilitation Division and finally by the head of the Balai. The head of the social rehabilitation section of course carries out monitoring and evaluation of activities and social activities carried out by accompanying officers, either medical personnel or addiction counselors or social workers on a regular basis. The most important way to evaluate the rehabilitation process for clients is the supervision carried out by the supervisor by the Head of the Rehabilitation Division. The social service organization or organization that handles the rehabilitation of KPN children is BRSKPN Galih Pakuan Bogor. However, service through the agency is the last alternative in an effort to handle problem children. This is because the best KPN child care and protection paradigm efforts are in the care and protection of parents or families.

The problems encountered.

Children assisted by KPN face many obstacles and disincentives when returning to work. The demands of the labor market, work restrictions caused by the background of the fostered children who have used drugs, the limited availability of evidence-based programs [19]. Cognitive deficits include impaired attention, working memory, learning, general knowledge, fluency of ideas, or problem-solving skills. Negative symptoms include loss of interest and motivation, inability to act, apathy, and social withdrawal. Other functional limitations include social (difficulty interacting with others), emotional (difficulty managing emotions and symptoms), meta-cognitive (self-monitoring of performance), and physical strength and stamina for yoga work [20]. The effectiveness of vocational rehabilitation is more efficient by using a teamoriented approach involving mental health professionals and vocational professionals working together with mulyasa [6], where job suitability is the patient's choice and is in their interests and skills, so patients feel much more satisfied and in their jobs longer [21]. Patients who work for a long time will be seen to be integrated in their work and feel that the work is close to their hearts. Patient improvement is not supported by his own abilities, but appears when he works to help people, because indirectly his self-esteem will increase, and many things in life make a learning process for them to manage vocationally in an effort to improve the quality and satisfaction of their lives [6]

KPN fostered children who maintain their competitive jobs will attract people who see them to start working with the incentive of wages and legal health insurance [22]. Nurdin [23] ensures computerized tasks for people who practice according to the work they have, means he develops new connection requirements related to the work they do, in the hope that there will be better job success, especially in improving the patient's cognitive.BRSKPN Galih Pakuan Bogor is a facility and infrastructure for patients to get a lot of education about work support, they can also see and hear firsthand some personal testimonies (testimonies) from people who have been successful in this place, and then they also learn about all skills that allows them to be involved, so these skills really become the type of patient model of choice. The limitations of vocational rehabilitation at present are several problems found in work support programs, including: Some patients show an interest in work support and it is not known how many they are exactly, some are not consistent workers, namely: they work little, and they are not consistent as workers, some consistently become workers, but often do not work full time (full time), interpersonal difficulties being the most frequently reported problem that causes work stoppage in KPN. The family is the main supporter, but in reality there is still a reluctance of professionals to cooperate because of the presumption that the family causes or worsens mental illness as one of the reasons for the failure of Hajir's vocational rehabilitation program [24]. There is no strong government policy on handling KPN children through recommendations for collaboration between the government and the private sector in terms of including them in field performance and sustainable health insurance financing units [25].

Solutions in problem solving.

A recovery program service by combining concepts from various approaches and supporting fields of science so that it can facilitate drug victims in overcoming their problems from bio, psycho, social, and spiritual aspects. BNN has developed stages and guidelines for drug recovery and rehabilitation services, which include the following: An initial approach in which activities that initiate the entire process of social services and rehabilitation are carried out by delivering program information to the public, related agencies, and other organizations in order to obtain support and initial data. prospective resident clients with predetermined requirements. At this stage, administrative activities are carried out to determine whether it is accepted or not by considering the administration of correspondence needed for the requirements for entering the orphanage (such as a medical check-up certificate, negative urine test, and so on). This assessment stage is a review and disclosure activity to find out residents' problems, determine plans and implement interventions. Assessment activities are carried out by: Investigating and revealing the background and condition of the resident, carrying out a problem diagnosis, determining rehabilitation steps. determine the training support needed and place the resident in the rehabilitation process.

Physical guidance where this activity is aimed at restoring the resident's physical condition, which includes health services, nutrition improvement, marching, and sports. Mental and social guidance is the next effort in rehabilitation covering the religious/spiritual field, individual or group character, and resident (psychological) motivation. The most important thing is the guidance of parents and families, the guidance is intended so that parents or families can accept the condition of the resident, provide support, and receive the resident back at home when rehabilitation is complete. Skills guidance is in the form of vocalization training and business skills (survival skills), according to the needs of residents. Resocialization for KPN fostered children is a component of service and rehabilitation aimed at preparing the condition of residents who will return to their families and communities. These activities include: Approaching residents to be ready to return to their families and communities, contacting and motivating residents' families and communities to accept residents back and contacting educational institutions for clients who will continue their education.

Distribution and further guidance (aftercare), in which the distribution is carried out by returning residents to their parents or guardians, carried out to schools or agencies or companies in the context of work placements. Follow-up guidance is carried out periodically to prevent relapse through counseling, group activities, and so on. Termination activities are the termination or termination of the rehabilitation program for residents who have achieved the program targets. Based on this description, the researcher can draw the conclusion that the drug victim recovery program has prepared minimum standards and service guidelines by the National Narcotics Agency, whose activities must pass through the specified stages. Family counseling helps as soon as possible the recovery of drug clients, it is very necessary for family support such as support from father, mother, brother, wife, husband, boyfriend, and other close relatives. Family counseling facilitators are counselors, while the participants are family, parents, siblings, husband/wife, and so on. A close emotional nuance must be created by the counselor so that the client's openness to the family occurs, whereas family members have a high sense of responsibility for the client's recovery.

IV. CONCLUSION

Based on the results of the study, it is shown that in general the social rehabilitation center when making activity plans is flexible and dynamic, establishing a clear organizational structure, directing KPN fostered children through vocational education is carried out with theory and practice based on assessment and counseling services. Coordination of the head of the hall in the success of the vocational education program by mapping the opportunities that exist both in the field and absorption by the relevant agencies. The control of vocational education for fostered children is carried out specifically by the instructor so that the vocational education assessment format is right on target. Specific conclusions in this study are:

a. Planning Phase (planning)

Planning for rehabilitation programs through vocational education is an inseparable part of the rehabilitation program prepared by the head of the rehabilitation department. The preparation of the annual activity plan for the vocational education program is prepared and discussed at the meeting at the beginning of the year in designing vocational education activities that will be carried out for one year with competent employees in the vocational field.

b. Organizing Stage

The organizational structure (organizing) of the social rehabilitation program for KPN through vocational education is an organizational framework in which there are lines of authority and responsibility. Individuals who work must pay attention to the lines of authority and responsibility contained in the organizational structure. This is done to avoid any overlap or collision between the authority, duties, and responsibilities of each individual.

c. Briefing Stage (comand)

The direction of vocational programs is carried out by staff who are competent in their fields, the center will cooperate with professionals who can carry out program management. Decision making in the rehabilitation program, especially in vocational education, is of course based on the needs and conditions of the client who has received assistance by assistant officers, both counselors and social workers, so that the rehabilitation program adapts to the client's condition with the program that has been set by the center.

d. Coordination Phase (coordination)

Implementation of coordination in the success of vocational education programs by mapping existing opportunities both in the field and absorption by relevant agencies, of course based on the output of vocational education that can be accepted in the community by paying attention to market competitiveness so that it can be accepted by all groups. Coordination with local governments or related agencies or institutions as well as the community and the business world for clients.

e. Control Phase (controlling)

A good leader does not let his subordinates work alone without direction from him, regardless of the expertise of a subordinate in making plans, a leader still has the duty and responsibility to oversee the performance of subordinates. Among the many duties of a leader include ensuring activities run smoothly and exercising control. By imposing consultative techniques indirectly a leader has carried out his duties in terms of control.

f. Problems

The family is the main supporter, but the fact is that until now there are still negative views from the community, even the closest family members towards children who are victims of drug abuse, can cause or worsen mental conditions, one of the reasons for the failure of rehabilitation programs, there is no strong government policy on handling KPN children through recommendations for cooperation between the government and the private sector in terms of including them in field performance and sustainable health insurance financing.

g. Solutions in problem solving

Family counseling helps the drug client recover as soon as possible, family support is urgently needed, vocational guidance in the form of skills and business training (survival skills), according to the needs of KPN fostered children is a component of service and rehabilitation aimed at preparing the condition of residents who will return to their families and communities. Activities for residents to be ready to return to their family and community environment, contact and motivate residents' families and the community to accept residents again and contact educational institutions for clients who will continue their education.

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