

The Influence of Decentralization Policy and Family Hope Program on Social Welfare in Urban Areas Through Social Assistance

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Abstract

The decentralization policy gives authority to local governments to design and implement programs that are in accordance with local needs, including the Family Hope Program (PKH) as one of the social protection instruments. PKH aims to improve social welfare through conditional social assistance that encourages poor people's access to education and health. This study contributes by revealing how decentralization affects the effectiveness of PKH implementation in urban areas, especially through the distribution of social assistance, and its impact on improving social welfare in Medan City. This analysis is expected to strengthen evidence-based policies in realizing equal social welfare in urban areas, especially Medan City. However, the effectiveness of this policy still requires further study to understand its specific impact on the community in Medan City. The purpose of this study was to determine the effect of the Decentralization Policy and the Family Hope Program (PKH) on Social Welfare in Medan City with the Intervening Media of the Social Assistance Program. The sample used a purposive sampling technique to obtain respondents who were relevant to the study. The research method used was quantitative research, namely by distributing questionnaires to 100 respondents from the Medan City community, North Sumatra who received Social Assistance and the Family Hope Program (PKH). The results of this study: 1) There is an influence of Decentralization Policy on Social Welfare in Medan City, North Sumatra with a value of 24.1%; 2) There is an influence of the Family Hope Program (PKH) on Social Welfare in Medan City, North Sumatra 45.7%; 3) The magnitude of the influence of the Social Assistance Program on Social Welfare partially is 2.5%; 4) The magnitude of the influence of the Decentralization Policy and the Family Hope Program (PKH) on Social Welfare in Medan City with the Intervening Media of the Social Assistance Program is: $67.5\% + 2.5\% = 70\%$.

Keywords: Decentralization, Family Hope Program, Social Welfare, Social Assistance Program

Abstrak

Kebijakan desentralisasi memberikan kewenangan kepada pemerintah daerah untuk merancang dan mengimplementasikan program-program yang sesuai dengan kebutuhan lokal, termasuk Program Keluarga Harapan (PKH) sebagai salah satu instrumen perlindungan sosial. PKH bertujuan meningkatkan kesejahteraan sosial melalui bantuan sosial bersyarat yang mendorong akses masyarakat miskin terhadap pendidikan dan kesehatan. Penelitian ini berkontribusi dengan mengungkap bagaimana desentralisasi memengaruhi efektivitas pelaksanaan PKH di perkotaan, khususnya melalui distribusi bantuan sosial, serta dampaknya terhadap peningkatan kesejahteraan sosial masyarakat di Kota Medan. Analisis ini diharapkan dapat memperkuat kebijakan berbasis bukti dalam mewujudkan pemerataan kesejahteraan sosial di wilayah perkotaan khususnya Kota Medan. Namun, efektivitas kebijakan ini masih memerlukan kajian lebih lanjut untuk memahami pengaruhnya secara spesifik terhadap masyarakat di Kota Medan. Tujuan penelitian ini untuk mengetahui pengaruh Kebijakan Desentralisasi dan Program Keluarga Harapan (PKH) terhadap Kesejahteraan Sosial di Kota Medan dengan Media Intervening Program Bantuan Sosial. Sampel menggunakan teknik purposive sampling untuk mendapatkan responden yang relevan dengan penelitian. Metode penelitian yang digunakan adalah penelitian kuantitatif yaitu dengan menyebar angket kepada 100 responden masyarakat Kota Medan Sumatera Utara yang menerima Bantuan Sosial dan Program Keluarga Harapan (PKH). Adapun hasil penelitian ini: 1) Terdapat pengaruh Kebijakan Desentralisasi terhadap Kesejahteraan Sosial Kota Medan Sumatera Utara dengan nilai 24,1 %; 2) Terdapat pengaruh Program Keluarga Harapan (PKH) terhadap Kesejahteraan Sosial Kota Medan

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Sumatera Utara 45,7 %; 3) Besarnya pengaruh Program Bantuan Sosial terhadap Kesejahteraan sosial secara Parsial adalah 2,5 %; 4) Besarnya pengaruh Kebijakan Desentralisasi dan Program Keluarga Harapan (PKH) terhadap Kesejahteraan Sosial di Kota Medan dengan Media Intervening Program Bantuan Sosial adalah sebesar: $67,5 \% + 2,5 \% = 70 \%$.

Kata kunci: Desentralisasi; Program Keluarga Harapan; Kesejahteraan Sosial; Program Bantuan Sosial.

INTRODUCTION

Social welfare reflects the quality of life of people in various aspects, such as health, education, income, and access to basic services (Kim, 2024). In the modern development paradigm, the success of development is not only measured by economic growth, but also from the extent to which people feel the benefits directly, especially vulnerable groups. Social welfare indicators include poverty levels, unemployment, public health, and social inclusion (Unt et al., 2021). This is important to ensure that development is people-centered development, not just economic figures. Development that improves social welfare results in healthy, educated, and productive societies, which in turn strengthens social and economic stability. In the context of government, efforts to improve social welfare are the responsibility of the state to ensure justice and equality at all levels of society.

As one of the major cities in Indonesia, Medan faces complex challenges related to urbanization and poverty. Rapid urbanization is often not balanced with adequate infrastructure and public services, exacerbating social problems such as slums, unemployment, and economic inequality. The city of Medan also has the problem of urban poverty, where certain groups of people have difficulty getting access to basic services such as education, health, and decent housing (Thamrin et al., 2024). These challenges are further exacerbated by uneven population growth and pressure on city resources, including clean water, transportation, and waste management. In this context, policies oriented towards poverty alleviation and community empowerment are the key to creating inclusive and sustainable cities.

Law No. 23 of 2014 concerning Regional Government is an important milestone in the implementation of decentralization in Indonesia (Khairi, 2021). This policy gives greater authority to local governments to manage resources, develop development programs, and provide public services that are in accordance with local needs. The basic principle of decentralization is to bring the government closer to the community so that services become more effective, efficient, and responsive. In the context of social welfare, decentralization allows local governments to design policies based on the specific needs of their regions. In Medan, for example, decentralization provides opportunities to develop programs to empower the poor in urban areas, provide decent housing, and improve access to education and health services. However, the implementation of this policy also requires strengthening the capacity of local governments, transparency, and accountability so that the benefits can be felt equally by the community.

Through an effective decentralization approach, local governments can focus more on efforts to improve social welfare, especially in big cities like Medan that have urbanization and poverty challenges. A combination of local-based development strategies and institutional capacity strengthening is the key to answering these challenges. The following are examples of the implementation of decentralization policies in Law No. 23 of 2014 in various relevant sectors (Undang-undang, 2014). 1) education, namely with decentralization, local governments have the authority to manage primary and secondary education. This includes budget planning, local curriculum development, and the appointment of educators. Example of the implementation of the Free School Program policy: The Bandung City Government has established a policy of exempting education fees at the elementary and junior high school levels, with funding sources coming from the APBD. 2) Health, namely giving authority to local governments to manage health facilities, regulate health workers, and implement public health programs. Example: Universal Health Coverage

(UHC) Program: The DKI Jakarta Provincial Government through the Jakarta Healthy Card (KJS) provides access to free health services for all DKI residents at Puskesmas and regional hospitals. And so on.

Decentralization is one of the government's policies to give wider autonomy to regions in resource management and public policy. In the context of social welfare, decentralization allows regions to design and implement programs that are more in line with local conditions. One of the important national programs in improving social welfare is the Family Hope Program (PKH), which provides conditional social assistance to poor and vulnerable families. The policy of decentralization in Indonesia was enacted based on Law No. 22 of 1999 concerning local government in early January 2001. Law No. 22 of 1999, Law No. 25 of 1999, and Government Regulation No. 105 of 2000 as well as the guidelines set by the Minister of Home Affairs above show that the beginning of 2001 was a runway for the decentralization of government massively and drastically, and can even be called an extraordinary leap in governance in this country. Of course, the embodiment of this decentralization is regional autonomy, where in this regional autonomy local governments have the right, authority, and obligation to regulate and manage their own households in accordance with the applicable laws and regulations (Undang-undang, 1999).

Furthermore, Family Hope (PKH) is a program that provides cash assistance to Very Poor Households (RTSM), if they meet the requirements related to efforts to improve the quality of human resources (HR), namely education and health. However, in their implementation, decentralization and PKH policies often require further adjustments in order to be effective, especially in urban areas with high levels of social inequality. This is where the role of social assistance programs as an intervening medium becomes important. The social assistance program serves as a bridge that connects the policy of decentralization and the implementation of PKH to achieve the desired results in improving social welfare. Social assistance according to the Regulation of the Minister of Home Affairs Number 32 of 2011 is the provision of assistance in the form of money or basic necessities from local governments to individuals, families, and/or communities that are selective (Undang-Undang, 2009). All efforts made by the government above are for the purpose of social welfare. According to Law Number 11 of 2009 concerning Social Welfare, "welfare is a condition for the fulfillment of the material, spiritual, and social needs of citizens in order to live a decent life and be able to develop themselves so that they can carry out their social functions"(Undang-Undang, 2009). According to Pigou (1960), the economic theory of social welfare is a part of social welfare that can be directly or indirectly related to the measurement of money.

This research aims to explore the influence of decentralization policies and the Family Hope Program (PKH) on social welfare in urban areas, while also examining the role of social assistance programs as an intervening medium in enhancing the relationship between these policies and social welfare. Specifically, it seeks to analyze how decentralization policies and PKH affect social welfare, and whether social assistance programs significantly strengthen these relationships. The findings of this study are expected to provide both academic and practical benefits, particularly in the formulation of social welfare policies in urban areas. Additionally, the results can serve as a reference for developing social assistance policies and improving the implementation of PKH in the future.

LITERATURE REVIEW

Decentralization Policy

Decentralization based on the level or level of authority given to local governments is broadly divided into four types, namely:

1. *Deconcentration* : the handing over of a number of administrative authorities or responsibilities to a lower level in a government ministry.
2. *Delegation*: the transfer of responsibility for certain functions to the organization outside the regular bureaucratic structure and only controlled by the central government indirectly.
3. *Devolution* : the establishment and strengthening of government units on a subnational basis with substantial activities in the central government office.
4. *Privatization* : assigns all responsibilities or functions to a non-governmental organization or a private company that is independent of the government.(Rondinelli, 2020) Decentralization is the process of transferring authority from the central government to local governments. In the context of social welfare, decentralization provides opportunities for local governments to design and implement welfare programs that are in accordance with local needs.

Table 1. Differences in the content of Law no. 22 of 1999, Law no. 32 of 2004, and Law no. 23 of 2014

No.	Side	Law No. 22 of 1999	Law No. 32 of 2004	Law No. 23 of 2014
1	Foundation	Foundation Decentralization and deconcentration for provincial areas and Principles of Decentralization to area Regency/City	There are nine principles used in the implementation of local government, namely the principle of legal certainty, orderly the administration of the State, public interest, openness, proportionality, professionalism, accountability, efficiency and effectiveness.	There is an additional principle of law previously that is Principles of Justice
2	Division of authority between governments provinces with Regency / City	The focus of regional autonomy is focused on regional heads (Regency/City) not the provincial government. In addition, the provincial area is only an administrative area	There are several affairs of the regency/city government with the province that overlap	Some matters related to crossings Regency/City Regions Submitted its authority to the province, while Regency / City only has the authority to regulate affairs within the region Regency / City

Source: data made by researchers in 2024

The presence of Law No. 22 of 1999 and Law No. 25 of 1999 does not seem to be able to provide solutions related to Decentralization in Indonesia, especially regional fiscal decentralization. Therefore, the government then revised the two laws. Law No. 22 of 1999 was revised to Law No. 32 of 2004 concerning Regional Government and Law No. 25 of 1999 was revised to Law No. 33 of 2004 concerning Financial Balance between the Central Government and Regional Governments. Along with the running of the government, all laws and regulations that have been passed previously have undergone changes to be more optimal in their implementation in the field. In this case, Law No. 22 of 1999 was amended into Law No. 32 of 2004 concerning Regional Government which regulates the political and administrative authority and responsibilities of the central, provincial, city, and district governments in a decentralized structure. Meanwhile, Law No. 25 of 1999 was amended into Law No. 33 of 2004 concerning Financial Balance between the Central Government and Regional Governments, providing a legal basis for fiscal

decentralization by establishing new rules on the distribution of revenue sources and transfers between governments.(Undang-undang, 2004).

The following will be explained about the differences in the content of laws on local government, starting from law number 22 of 1999, law number 32 of 2004, and law number 23 of 2014 (Undang-undang, 2004). Viewed in terms of principles and the division of authority between the provincial government and the district/city as shown in Table 1.

The explanation of the difference in the content of the law on financial balance between the central government and local governments in Indonesia starting from law number 25 of 1999 to law number 33 of 2004 will be explained in the following table 2.

Table 2. Differences in the content of the Law on Financial Balance Between the Central Government and Regional Governments in Indonesia

No.	Side	Law No. 25 of 1999	Law No. 33 of 2004
1	Regulation	There is no article that regulates or prohibits regions in an effort to increase Regional Original Revenue (PAD)	There is an article that regulates or prohibits regions in an effort to improve Income Original Area (PAD)
2	Income	Income from the superior government in the form of subsidies, assistance or rewards	Revenue from the superior government is in the form of a balance fund consisting of tax and non-tax revenue sharing, DAU and DAK

Source: data made by researchers in 2024

Family Hope Program (PKH)

PKH is a conditional social assistance program that aims to reduce poverty and improve the quality of life of poor families through the provision of cash assistance related to the fulfillment of certain conditions, such as access to education and health. According to Sofianto, the Family Hope Program (PKH) aims to open access for poor families to get various health service facilities and educational services, as well as access to efforts to improve welfare for vulnerable groups (Sofianto, 2020). Target Recipients of the Family Hope Program The Target or PKH assistance recipients are Poor Families (KM) and those who have a health component (pregnant women, postpartum mothers, toddlers, preschool children) and education components (elementary school equivalent, junior high school equivalent, high school equivalent) or children aged 6-12 years who have not completed 12 years of compulsory education. The recipient of assistance is a mother or an adult woman who takes care of children in the household concerned (if there is no mother, then grandmothers, aunts/aunts, or older sisters can be beneficiaries of assistance). As proof of PKH membership, a PKH participant card is given in the name of an adult mother or woman. The card is used to receive PKH assistance. Furthermore, the PKH card can function as a JAMKESMAS card for all families receiving the PKH as described in the 2009 JAMKESMAS implementation guidebook.(Kementrian Sosial, 2016). The basis for the implementation of the Family Hope Program (PKH) includes the Decree of the Coordinating Minister for People's Welfare as the Chairman of the Poverty Alleviation Coordination Team, No: 31/KEP/MENKO/- KESRA/IX/2007 concerning the "Family Hope Program Control Team" dated September 21, 2007; Decree of the Minister of Social Affairs of the Republic of Indonesia No.02A/HUK/2008 concerning the "Implementation Team of the Family Hope Program (PKH) in 2008" dated January 8, 2008 (Kementrian Sosial, 2016).

Social Assistance Program as Media Intervening

Social assistance programs are often used as interventions to ensure that implemented policies achieve the specified targets, especially in the context of PKH and decentralization. This program plays a role in improving the distribution of resources and encouraging the improvement of Social Welfare. Definition of social assistance According to the Center for Social Extension (Tristanto, 2020), it is a fund or goods transfer program intended to reduce poverty by distributing prosperity and protecting households from changes in income conditions, where the assistance is aimed at meeting the minimum level of decent living, and the minimum level of nutrition, as well as helping households to anticipate existing risks. Meanwhile, the definition of social assistance according to the Regulation of the Minister of Finance Number 254/PMK.05/2015 concerning Social Assistance Expenditure at State Ministries/Institutions is expenditure in the form of money transfers, basic necessities or services provided by the Government to the poor or unable to protect the community from the possibility of social risks and improve economic capabilities. According to Government Regulation Number 58 of 2005, the purpose of providing social assistance is to improve social welfare and overcome matters related to social risks (Pemerintah, 2005). The criteria for receiving social assistance according to the Minister of Social Affairs Regulation Number 1 of 2019 are based on social problems, namely: a. Poverty b. Neglect c. Disability d. Remoteness e. Social disability or behavioral deviation f. Disaster victims g. Victims of violence, exploitation, discrimination, abuse of narcotics, psychotropics, and other addictive substances (Peraturan Menteri, 2019).

Various types and amounts of social assistance are varied. Social assistance is also distributed to improve Social Welfare. The types of social assistance are as follows:

a. Family Hope Program (PKH)

The Family Hope Program is a program to provide conditional social assistance to poor families, namely poor families, especially pregnant women and children, to take advantage of various available health service facilities and educational service facilities as well as people with disabilities and the elderly by maintaining their social welfare level.(Peraturan Menteri, 2019)

b. Non-Cash Food Assistance (BPNT)

Non-Cash Food Assistance is a non-cash food social assistance from the government that is given to KPM every month through an electronic account mechanism that is used only to buy food.(Peraturan Menteri, 2019). at food traders in collaboration with banks

c. Cash Social Assistance (BST)

Cash Social Assistance (BST) is assistance in the form of money given to poor, underprivileged, and/or vulnerable families affected by the pandemic outbreak by Rp.600,000/family/month.(Peraturan Menteri, 2019).

d. Provision of Contribution Assistance (PBI).

The Contribution Assistance Program is intended for community groups with middle to lower economic conditions or people who are underprivileged in the form of health insurance contributions that are deposited with BPJS Kesehatan every month.

The Pre-Employment Card program is a work competency and entrepreneurship development program in the form of cost assistance intended for job seekers, workers who have been laid off, or workers who need to improve their competence, including micro and small business actors (Prakerjagoid, 2021).

Social Welfare

Social welfare refers to the conditions in which individuals or groups of people can meet their basic needs, including in terms of education, health, and adequate income to live a decent life. According to Suharto, with various opinions about social welfare from several figures, the concept of social welfare can be concluded, namely:

1. Able to meet all the needs needed by a person
2. An activity carried out by a social welfare institution that organizes social welfare businesses
3. A form of activity or effort carried out to achieve a prosperous life.(Edi, 2017).

The social welfare function aims to reduce problems caused by socio-economic changes, as well as create conditions that can improve social welfare. The following are the functions of social welfare stated by Fahrudin, namely:

1. Prevention function. In this case, welfare plays a role in preventing social problems that arise in society by creating new patterns in social relations.
2. Healing function. Social welfare serves to eliminate and improve physical and emotional inability in dealing with a problem so that it can function reasonably in society.
3. Development function. Social welfare plays a role in the process of Social Assistance Programs and social resources in the community.
4. Supporting functions. Social welfare plays a role in activities to help achieve the goals or fields of social services.(Adi, 2014).

According to Fahrudin, the main goals of social welfare include the fulfillment of daily needs, namely clothing, food, board, and access to education and health that are easy to reach. As well as making adjustments to the surrounding community, for example improving and developing a decent standard of living. (Adi, 2014). In addition to having a purpose and function, social welfare has components that must be considered that these components can later make a difference between social welfare activities and other activities. Fahrudin concluded that all of these components are:

1. Formal organization : Organized social welfare efforts carried out by formal social institutions to gain recognition from the community for providing servants for providing services that are is the main function of social welfare institutions.
2. Funding : Fund mobilization is a shared responsibility because social welfare activities or businesses do not pursue profits.
3. Human needs : Social welfare looks at all human needs, not only focusing on one aspect to meet all human needs. In order to meet all these aspects, formal institutions provide social welfare services.
4. Professionalism : Social welfare services are of course carried out with predetermined processes and regulations.
5. Legal and legislative apparatus : The importance of laws and regulations to carry out social welfare services in a structured and targeted manner.
6. Community participation : Welfare activities involve all levels of society in order to provide benefits for the community itself.
7. Data and information : Data and information are needed in providing social welfare services to facilitate the efficient delivery of services. (Adi, 2014).

RESEARCH METHOD

This study employs a quantitative approach with a survey method, collecting data through questionnaires distributed to beneficiaries of the Family Hope Program (PKH) in urban areas. The population consists of PKH recipient families in various urban areas, with the sample specifically drawn from Medan City, North Sumatra, using purposive sampling to select 100 relevant respondents. Primary data is gathered through questionnaires, while secondary data is sourced from government reports, journals, and literature on decentralization policies, PKH, and social assistance programs. Data analysis is conducted using regression techniques with SPSS software version 26 (Ghozali, 2021) and a path analysis model to examine the relationships between the independent variables (decentralization and PKH), the intervening variable (social assistance programs), and the dependent variable (social welfare).

RESULTS AND DISCUSSION

The research was carried out by distributing questionnaires to people who received Social Assistance and the Family Hope Program (PKH) and several employees of the sub-district and sub-district offices. Then the questionnaire was recapped using Excell Office 2019. Next, it is processed using SPSS software version 26 (Ghozali, 2021) with the following results:

Test Data Validity and Reality

After testing, a summary of the results was obtained as follows:

Table 3. Results of Variable Validity and Reliability Test X1,X2,Z and Y

No	Variable	Validity Test	Reliability Test
1	Social Welfare	All $r_{counts} (Y) > r_{table} = 0.1986$	<i>Cronbach's Alpha</i> (X1)=0.961>0.60
2	Decentralization Policy	All $r_{calculate}(X1)>r_{table} = 0.1986$	<i>Cronbach's Alpha</i> (X1)=0.945 >0.60
3	Family Hope Program (PKH)	All $r_{calculate}(X2)>r_{table} = 0.1986$	<i>Cronbach's Alpha</i> (X1)=0.957 >0.60
4	Social Assistance Programs	All $r_{counts} (Z) > r_{table} = 0.1986$	<i>Cronbach's Alpha</i> (X1)=0.952 >0.60

The source is processed by researchers in 2024.

Based on the table 3, the results of the Validity and Reliability test of all variables, namely All $r_{calculated} > r_{table} = 0.1986$, then it can be stated that the data is valid and **reliable**.

Results of the Normality Test with the One-Sample Kolmogorov-Smirnov Test

Table 4. One-Sample Kolmogorov-Smirnov Test

		Unstandardized Residual
N		96
Normal Parameters ^{a,b}	Mean	.0000000
	Std. Deviation	6.36005897
Most Extreme Differences	Absolute	.081
	Positive	.081
	Negative	-.047
Test Statistic		.081
Asymp. Sig. (2-Tailed)		.124c
A. Test Distribution Is Normal.		
B. Calculated From Data.		
C. Lilliefors Significance Correction.		

The Source Is Processed By Researchers In 2024.

Based on the table 4, the results of the *Kolmogorov-Smirnov normality test*, obtained the results of the *Asymp. Sig.* $0.124 > 0.05$, thus the results of the *Kolmogorov-Smirnov test* above have met the normality requirements with a value of $\text{Sig.} > \alpha = 0.05$. This, it can be concluded that the tested data has a **normal data distribution**.

Skewnes and Curtosis Test Results

Table 5. Skewnes and Kurtosis Test

	N	Skewness		Curtosis	
	Statistics	Statistics	Std. Error	Statistics	Std. Error
Unstandardized Residual	96	.334	.246	-.097	.488
Valid N (listwise)	96				

The source is processed by researchers in 2024.

Based on the table 5, it can be seen that the *Skewness Statistic value* is $0.097 > -2$ and the *Kurtosis Statistic value* is $0.334 < 2$. So it can be stated that the tested data has a normal data distribution.

Results of the Normality Test by looking at the Histogram

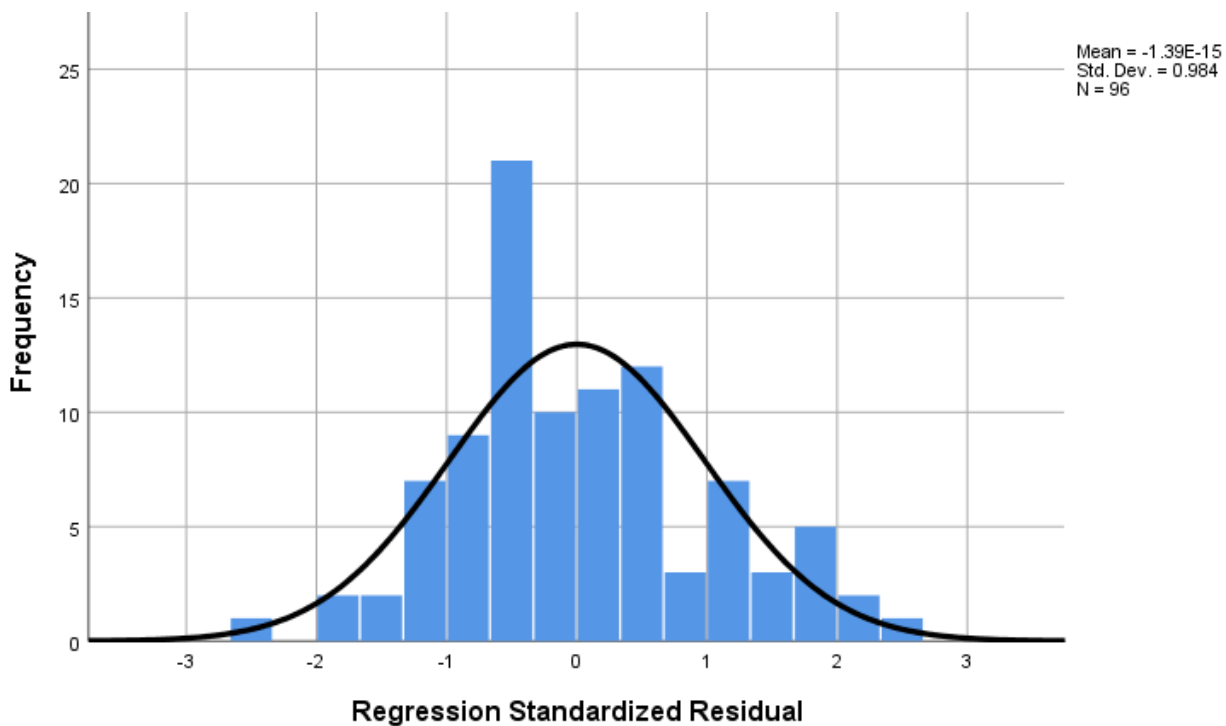


Figure 1. Normality Test Histogram

The source is processed by researchers in 2024.

The Figure 1 shows the distribution of regression standardized residuals, indicating how well the regression model fits the data. The residuals are roughly normally distributed, as evidenced by the bell-shaped curve overlay. The mean of the residuals is approximately zero (Mean = $-1.39E-15$), and the standard deviation is 0.984, suggesting that the model's residuals do not deviate significantly from a normal distribution. The sample size (N = 96) provides adequate data points for the analysis. This

normality supports the validity of the regression assumptions, indicating that the model's predictions align closely with the observed data.

Results of the Normality Test with P-P Plot Diagram

Program Keluarga Harapan (PKH)

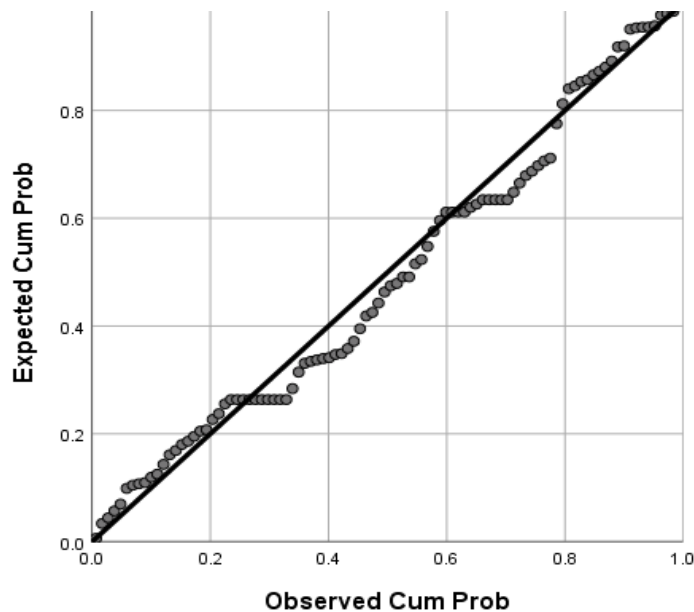


Figure 1. Normality with P-P Plot Diagram

The source is processed by researchers in 2024.

Figure 2 shows a Q-Q plot illustrating the relationship between the observed cumulative probabilities and the expected cumulative probabilities under a normal distribution. The data points are closely aligned along the diagonal line, indicating that the residuals adhere to a normal distribution. Minor deviations at the tails are observed, but overall, the plot supports the assumption of normality, which is essential for the validity of the regression analysis. This alignment demonstrates that the regression model's residuals are consistent with the theoretical expectations of normality.

Heteroscedasticity Test Results

Table 6. Heteroscedasticity test by looking at the significance value

Type	Coefficients ^a				t	Sig.
	Unstandardized Coefficients		Standardized Coefficients			
	B	Std. Error	Beta			
1	(Constant)	18.147	5.503		3.298	.001
	Decentralization Policy	-.122	.040	-.310	-	.213
					3.045	
	Family Hope Program (PKH)	.057	.073	.103	.778	.438
	Social Assistance Programs	-.090	.063	-.186	-	.153
					1.440	

a. Dependent Variable: RES2

The source is processed by researchers in 2024.

Table 6 shows the results of the heteroscedasticity test by analyzing the significance values of the independent variables with respect to the dependent variable (RES2). The test is performed using regression analysis with the coefficients provided for decentralization policy, the Family Hope Program (PKH), and social assistance programs. The significance values for all variables are greater than the commonly used threshold of 0.05 (Decentralization Policy: 0.213, PKH: 0.438, Social Assistance Programs: 0.153). This indicates that there is no significant heteroscedasticity in the model, meaning the variance of the residuals is constant across all levels of the independent variables, fulfilling one of the key assumptions of regression analysis.

Results of Heteroscedasticity Test with Scatterplot Diagram

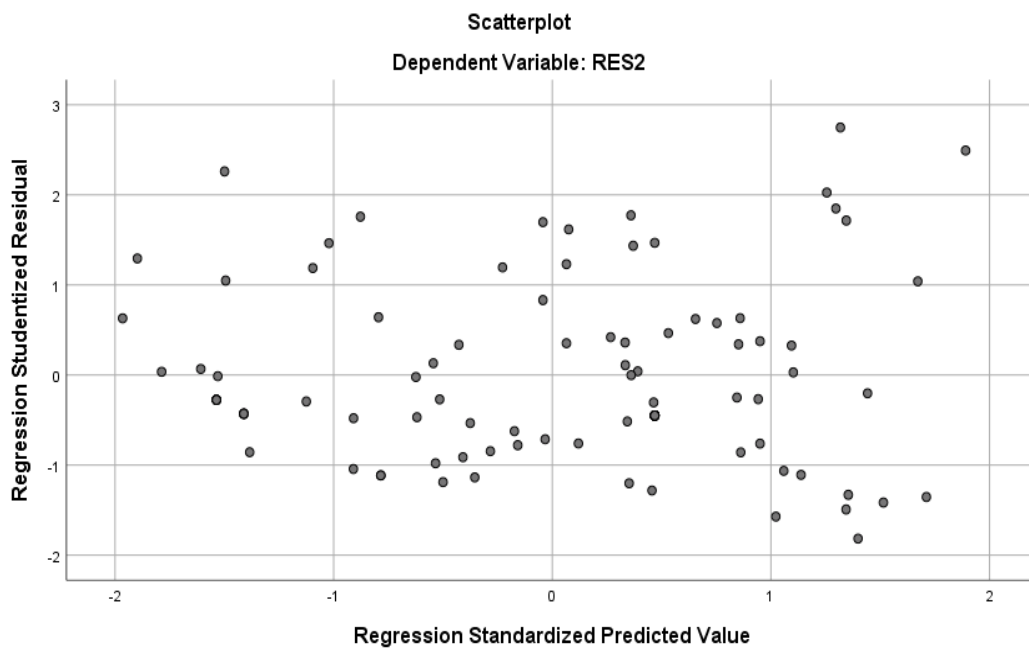


Figure 3. Heteroscedasticity Test with Scatterplot Diagram

The source is processed by researchers in 2024.

From the test results in the figure 3, it is shown that there is no clear pattern, and the dots spread above and below the 0 axis on the Y axis, so the indication is that there is no heteroscedasticity.

Multiple Linear Regression Test Results

Table 7. Results of Multiple Linear Regression Test X1,X2 and Z to Y

Model Summary ^b					
Type	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.730a	.781	.757	6.463	1.7551

a. Predictors: (Constant), Social Assistance Program, Decentralization Policy, Family Hope Program (PKH)
 b. Dependent Variable: Social Welfare

The source is processed by researchers in 2024.

Based on the table 7, it is known that the value of *R Square* = 0.781. This shows that 78.1% of Social Welfare (Y) is influenced by Decentralization Policy (X1), and Communication (X2), while the remaining (100% - 78.1%) i.e. 21.9% of Social Welfare (Y) is influenced by other variables outside this study.

Table 8. Multiple Linear Regression Test Results X1,X2 to Y

Model Summary				
Type	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.525a	.675	.660	6.451

a. Predictors: (Constant), Family Hope Program (PKH), Decentralization Policy

The source is processed by researchers in 2024.

Based on the table 8, it is known that the value of *R Square* = 0.675. This shows that 67.5% of Social Welfare (Y) is influenced by Decentralization Policy (X1), and Communication (X2), while the remaining 32.5% of Social Welfare (Y) is influenced by other variables outside this study.

TEST Result T (Partial)

Table 9. Test T (Partial) X1,X2 and Z against Y

Coefficients ^a						
Type		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	35.621	9.864		3.611	.000
	Decentralization Policy	.241	.072	.306	3.344	.001
	Family Hope Program (PKH)	.457	.131	.417	3.498	.001
	Social Assistance Programs	.392	.112	.395	3.816	.003

a. dependent variable: social welfare

The source is processed by researchers in 2024.

Search t table (Table 9):

$n-k = 96-4 = 92$

n= number of respondents

k= number of research variables

The probability value used is 0.05

So that the value of table t = 1,665 is obtained

T Count = X1 = 3.344 > 1.665 = There is an effect of Variable X1 on Y

T Count = X2 = 3.498 > 1.665 = There is an effect of Variable X2 on Y

T Count = Z = 3.816 > 1.665 = There is an influence of the Z Variable on Y

Table 10. Test T (Partial) X1 and X2 against Y

Coefficients ^a						
Type		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	33.155	9.373		3.537	.001
	Decentralization Policy	.247	.071	.314	3.464	.001
	Family Hope Program (PKH)	.388	.099	.354	3.905	.000

a. Dependent Variable: Social Welfare

The source is processed by researchers in 2024.

Table 10 shows that both the Decentralization Policy (X1) and the Family Hope Program (PKH) (X2) have a significant positive effect on Social Welfare (Y). The Decentralization Policy has a coefficient (B) of 0.247 with a t-value of 3.464 and Sig. = 0.001, while PKH has a coefficient (B) of 0.388 with a t-value of 3.905 and Sig. = 0.000. This indicates that both variables significantly influence Social Welfare, with PKH having a slightly stronger effect than the Decentralization Policy.

Test Results TEST F (Simultaneous)

Table 11. Test F (Simultaneous)

		ANOVAa				
Type		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1498.706	3	499.569	11.960	.000b
	Residual	3842.783	92	41.769		
	Total	5341.490	95			

a. Dependent Variable: Social Welfare
b. Predictors: (Constant), Social Assistance Program, Decentralization Policy, Family Hope Program (PKH)

The source is processed by researchers in 2024.

Table 11 presents the results of the F-test, which evaluates the simultaneous effect of the Decentralization Policy, Family Hope Program (PKH), and Social Assistance Programs on Social Welfare. The analysis shows an F-value of 11.960 with a significance level (Sig.) of 0.000, indicating that the combined influence of these predictors on Social Welfare is statistically significant. The regression model explains a significant portion of the variance in Social Welfare, with a total sum of squares of 5341.490, where the regression accounts for 1498.706 and the residual for 3842.783. These results confirm that the predictors collectively have a meaningful and simultaneous impact on Social Welfare.

Discussion

The Influence of Decentralization Policy on Social Welfare

The findings of this study reveal that decentralization policies significantly enhance social welfare in urban areas, as evidenced by a positive coefficient value of 0.241, indicating that decentralization contributes 24.1% to social welfare improvements. The significance level (Sig. = 0.001) and t-count (3.344 > 1.665) strongly support the hypothesis that decentralization has a positive and meaningful impact. This outcome underscores the importance of regional autonomy, where local governments are empowered to tailor social assistance programs to the specific needs of their communities, leading to more effective distribution and utilization of resources. These results align with the theoretical framework suggesting that decentralized governance enhances responsiveness and accountability, which in turn improves public service delivery and social outcomes.

Recent studies continue to support the positive impact of decentralization on social welfare in urban areas. For instance, Diaz-Serrano and Rodríguez-Pose (2015) found that fiscal decentralization enhances citizens' perceptions of the effectiveness of education and health systems, particularly in urban settings where localized solutions are in high demand. This suggests that decentralization aligns government actions more closely with citizen needs, improving service delivery in critical social sectors.

However, the literature also highlights potential challenges associated with decentralization. Persha and Andersson (2014) discuss the risk of elite capture in decentralized governance, where local elites may dominate decision-making processes, leading to unequal resource distribution and

exacerbating social disparities. Similarly, Mattingly (2016) emphasizes that informal institutions can weaken accountability in decentralized systems, allowing elites to exploit resources at the expense of broader community welfare.

These findings indicate that while decentralization has the potential to enhance social welfare in urban areas, its success is contingent upon robust institutional frameworks that promote transparency and equitable resource allocation. Mitigating risks such as elite capture is essential to ensure that the benefits of decentralization are realized across diverse regions. Ongoing policy refinement and evaluation are necessary to address these challenges and harness the full potential of decentralization in advancing social welfare.

The Effect of the Family Hope Program (PKH) on Social Welfare

The findings of this study confirm that the Family Hope Program (PKH) has a significant positive impact on social welfare, with a particularly strong emphasis on improving access to education and healthcare for low-income households. The analysis reveals a significant relationship between communication (X2) and social welfare (Y), with a t-count of 3.498 (greater than the t-table value of 1.665) and a significance value of 0.000 (less than 0.05). The positive coefficient value ($B = 0.457$) suggests that effective communication in the implementation of PKH contributes to a 45.7% improvement in social welfare. These findings highlight the critical role of communication in ensuring that beneficiaries are aware of and can effectively utilize the program's resources.

This result aligns with prior studies, such as those by Handa et al. (2014), which found that cash transfer programs like PKH significantly improve education and health outcomes when combined with targeted and clear communication strategies. Similarly, Bastagli et al. (2016) concluded that the effectiveness of social protection programs depends heavily on how well information is disseminated to beneficiaries and the support provided by local governments. Effective communication not only enhances the understanding of program goals among beneficiaries but also ensures that resources are allocated and utilized optimally, maximizing the program's impact on social welfare.

However, the effectiveness of PKH can vary depending on the local government's capacity and commitment. Studies, such as by Camacho and Conover (2011), have shown that weak local governance or poorly executed communication strategies can hinder the program's ability to achieve its goals. While this study confirms the positive impact of communication in PKH implementation, it also underscores the importance of strengthening local institutions and ensuring consistent support to sustain and amplify the program's benefits. By addressing these challenges, PKH can continue to serve as a transformative tool in improving social welfare, particularly in urban areas where poverty is more concentrated.

The Role of Social Assistance Programs as Media Intervening

Social assistance programs have an important role as a medium that strengthens the relationship between decentralization policies and PKH and social welfare. Social assistance is able to ensure that the benefits of decentralization and PKH policies can be felt equally by people in urban areas.

To find out the analysis of the path, the researcher used SPSS version 26 with the following results:

1. Influence Analysis of X1 through Z to Y

It is known that the direct influence given by X1 on Y is 0.306 (beta value in Table 4. 23). While the indirect influence of X1 through Z on Y is the multiplication between the beta value of X1 on Y and the beta value of Z on Y, namely: 0.395 (beta value of Z-Y in table 4.23) \times 0.314 (beta value of X1-Y in table 4.24) = 0.12 So the total influence given by X1 on Z is a

direct influence plus an indirect influence, namely: $0.306 + 0.12 = 0.426$. Based on the results of the calculation above, it is known that the direct influence is 0.306 and the indirect influence is 0.426 which means that the value of indirect influence is more significant than that of direct influence, this result shows that indirectly X1 through Z has a significant influence on Y.

2. Analysis of the Influence of X2 through Z on Y

It is known that the direct influence given by X2 on Y is 0.417. Meanwhile, the indirect influence of X2 through Z on Y is the multiplication between the beta value of X2 on Y and the beta value of Z on Y, namely: 0.395 (beta value of Z-Y in table 4.22) \times 0.354 (beta value of X2-Y in table 4.25) $= 0.14$. So the total influence given by X2 on Y is a direct influence plus an indirect influence, namely: $0.417 + 0.14 = 0.557$. Based on the results of the calculation above, a direct influence value of 0.417 and an indirect influence of 0.557 were obtained, which means that the indirect influence value is greater than the direct influence value, this result shows that indirectly X2 through Z has a significant influence on Y.

3. Analysis of the Influence of X1 and X2 through Z on Y:

Known:

Indirect influence of X1 through Z on Y = 0.426;

Indirect effect of X2 through Z on Y = 0.557;

The direct effect of Z on Y = 0.395.

from the formula obtained:

$$\begin{aligned} Y &= \beta_1 X_1 + \beta_2 X_2 + \beta_3 Z + \varepsilon_1 = 0.426 + 0.557 + 0.395 + \sqrt{1 + 0,675^2} \\ &= 2,578 \end{aligned}$$

So it is known that the influence of X1 and X2 through Z on Y is 2.6.

So that the magnitude of the influence of the Decentralization Policy and the Family Hope Program (PKH) on Social Welfare in Urban Areas with Media Intervening Social Assistance Programs is as follows: $67.5\% + 2.5\% = 70\%$.

CONCLUSION

This study concludes that decentralization policies and the Family Hope Program (PKH) have a positive impact on social welfare in urban areas, particularly in the City of Medan, North Sumatra. The findings reveal that decentralization contributes 24.1% to social welfare improvement, while PKH has a more substantial impact of 45.7%. Furthermore, social assistance programs as intervening media play a significant role, contributing 2.5% to social welfare improvements when analyzed independently. When combined, the decentralization policy and PKH, with the inclusion of social assistance programs as an intervening variable, contribute a total of 70% to social welfare enhancement. These results emphasize the importance of effective policy implementation in improving the quality of life for the urban poor. To strengthen these outcomes, it is recommended that local governments enhance their capacity to manage social welfare through decentralization, particularly in implementing PKH and other assistance programs. Continuous monitoring and evaluation are also essential to ensure that these initiatives are effectively targeted and achieve their intended objectives.

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