Geography

Capital
Kuala Lumpur

Global Positioning
Malaysia is located in Southeast Asia, and the bordering countries include Brunei, Thailand, and Indonesia.

Geographical & Natural Outline
The climate is tropical, and the terrain consists mainly of coastal plains, hills, and mountains. In total, the area of Malaysia is 329,847 sq. km made up of two parts – Peninsular Malaysia to the west covers the southern half of the Malay Peninsula and East Malaysia to the east sits on the island of Borneo.

Major Cities/Urbanisations
The major urban area is Kuala Lumpur, with a population of 6.837 million (2015 statistic). Other large urbanisations include Penang and Ipoh state.
People & Society

Nationality
Malaysian

Ethnic Groups
According to the 2010 Census on ethnic groups (conducted by the Inter-Agency Technical Committee or IATC), the ethnic groups of Malaysia are as follows: Malay (50.1%), Chinese (22.6%), Indian (6.7%), indigenous (11.8%), non-citizens (8.2%). A more recent census not yet been taken.1

Languages
The official language is Bahasa Malaysia. Other languages that are spoken in Malaysia include English, Chinese (Cantonese, Mandarin, Hokkien, Hakka, Hainan, Foochow), Tamil, Telugu, Malayalam, Panjabi, and Thai.

Religions
Islam (official) 61.3%, Buddhism 19.8%, Christian 9.2%, Hindu 6.3%, Confucianism, Taoism, other traditional Chinese religions 1.3%, other 0.4%, none 0.8%, unspecified 1% (2010 est.)

Population
31.19 million (2016)

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The age group of men and women throughout the years.

**Population growth rate**
- Infant mortality rate: 1.4% (2016)
- 12.9 deaths (per 1000 live births); 14.9 deaths - boys / 10.8 deaths - girls (2016 est.)

**Birth rate**
- 19.4 births/ 1,000 population (2016 est.)

**Life expectancy at birth**
- 75 years (total population); 72.2 years (male) / 78 years (female)

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The government structure is that of a federal constitutional monarchy, which generally means that the country is headed by a king and bicameral parliament. Malaysia’s head of state and leader of Islamic faith is referred to as the Yang di-Pertuan Agong. The head of state is selected by the nine Sultans of Peninsular Malaysia, and he is expected to serve a 5 year term. However, 9 of the 13 states are hereditary monarchies.1 For these states (Melaka, Pulau Pinang, Sabah and Sarawak), a different system of government is in place. Instead of having hereditary rulers, these four states have governors who are appointed by the Yang Pertuan Agong. Notably, these government officials are not included in the process of selecting the Yang di-Pertuan Agong.

The cabinet, which is headed by the prime minister (a member of the lower house), maintains executive power in Malaysia. Members of the cabinet are chosen from both houses of parliament, while the prime minister is appointed by Yang di-Pertuan Agong. The remaining members of the cabinet are also appointed by Yang di-Pertuan, based on advice provided by the prime minister. Because the operating system of government in Malaysia is split between federal and state governance, there is some variation in government depending on the state or federal territory. Nevertheless, legislative power is simply divided between federal and state legislatures. The government and the two chambers of Parliament (the Dewan Rakyat and the Dewan Negara) are the two chambers of Parliament (the lower and upper houses). The government and the two state legislatures (state assemblies) are the two chambers of Parliament (the lower and upper houses). The government and the two state legislatures (state assemblies) are the two chambers of Parliament (the lower and upper houses).

Peninsular Malaysia is divided into thirteen States (Negeri) and three Federal Territories (Wilayah Persekutuan). Governance of the states is divided between the state government(s) and the federal government. However, the federal territories are governed directly by the federal administration and falls under the purview of the Ministry of Federal Territories. Eleven States and two Federal Territories (Kuala Lumpur and Putrajaya) are located on the Malay Peninsula, collectively called Peninsular Malaysia (Semenanjung Malaysia) or West Malaysia. Peninsular Malaysia is home to 80% of the country’s population, and it is often seen as the centre of the country’s economy. While the states of Sabah and Sarawak, as well as the Federal Territory of Labuan, comprise East Malaysia (otherwise referred to as Malaysian Borneo).

- is the governing party likely to change in the next election?
- What are the implications of change to the existing social care set-up? When the upcoming election has received a significant amount of attention from the press, news reports on the General Election have not included details regarding potential social care reform. As of now, the implications of a change in government remain unclear.

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Malaysia’s official development assistance (ODA) is not published for viewing by the government, however, external sources such as Index Mundi and the International Development Statistics database claim that the net amount of ODA received by Malaysia was USD11,920,000 (2014). A more recent net ODA estimation is not available.

International debt
In the fourth quarter of the fiscal year 2016, Malaysia reached an all-time high of USD203,722,506,123.28 in gross external debt. This number was a notable increase from that of 2015 (USD219,803,520,400), and a highly significant increase from the country’s lowest recorded international debt in 1997 (approximately USD2,031,835,239).
The Ministry of Women, Family and Community Development (abbreviated as KPWKM – Kementerian Pembangunan Wanita, Keluarga & Masyarakat) acts as the primary government body concerned with social care and welfare. Matters concerning children, family, the elderly, homeless persons, disaster victims, disabled persons, women and the community as a whole fall under the purview of KPWKM. The Ministry is also responsible for determining policies that pertain to gender equality and family development. Policies proposed and/or implemented by KPWKM are to reflect the country’s commitment to meeting the standards set out by the United Nations’ Convention on the Elimination of All Forms of Discrimination against Women, as well the Beijing Declaration. These policies are developed and implemented by the head of the Ministry, Rohani Abdul Karim (appointed 2013), with assistance from the two Deputy Ministers, Aziah Mohd Dun and Chow Mei Fun.

The structure of the department is further organized into operational and strategic actors in the social care/welfare system. While the Minister and Deputy Ministers remain in command of the Ministry, a Secretary General is also appointed to run a series of specialized units, including the Legal Advisory Unit. Like the Minister of the Department, the Secretary General is assisted by two Deputy Secretary Generals. One Deputy Secretary General is responsible for operations, such as running the Development and Finance Divisions. The secondary Deputy Secretary General is responsible for strategic developments, including management of the Policy and Strategic Planning Division, the International Relations Division and the Strategic Collaboration Division.

There are five branches under KPWKM, including:
1. Ministry for Women's Development (JPW)
2. National Population and Family Development Board (LPPKN)
3. Social Institute of Asia (ISM)
4. Department of Social Welfare (JKM)
5. NAM Institute for the Empowerment of Women Malaysia (NIEW)

The Department for Women's Development was originally established in 1975 as the National Advisory Council on the Integration of Women in Development (or NACIWID). The official name and function of the department has changed several times since the branch was established, but has always been concerned primarily with women's rights and gender equality. In 2001, the department underwent its most recent transformation, and it was officially renamed Jabatan Pembangunan Wanita (JPW). Similarly, the National Population and Family Development Board / Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN) was originally established in 1966 as the National Family Planning Board (NFPB). The NFPB was originally created under the purview of the Population and Family Development Act of 1966. At the time of the department’s creation, it fell under the purview of the Prime Minister. However, the scope and function of the Board has since shifted, and the department now falls under KPWKM's purview.

The Social Institute of Malaysia / Institut Sosial Malaysia (ISM) acts as a training centre for both officers and staff members of KPWKM agencies. However, the training services offered by ISM are not limited to the use of KPWKM members, the Institute also offers training and social education services/seminars/workshops to all social workers (including social workers from foreign countries who are affiliated with INGOs in Malaysia). Sources also state that the ISM is the main facilitator when it comes to implementing the country's National Social Policy.

The Department of Social Welfare / Jabatan Kebajikan Masyarakat (JKM) has been tasked with creating and maintaining a society in which families and children are nurtured and provided with care. The Department was originally established in 1946, but it was only placed under KPWKM in 2004. Services such as counselling, welfare and rehabilitation are provided by JKM (and affiliated organizations, agencies, etc.). These services are to be used primarily by JKM's previously established list of target groups, which include children, senior citizens, destitute persons, families, persons with disabilities and victims of natural disasters. JKM has also administered a number of crucial laws that directly pertain to the aforementioned target groups. Sources state that the Department is directly linked to the creation and implementation of the following laws: The Destitute Persons Act (1997), the Child Care Centre Act (1984), the Care Centres Act (1993), the Domestic Violence Act (1994), the Director General Social Welfare Act (1948), the Child Act (2001) and the Persons with Disabilities Act (2008).

Generally, JKM is the agency responsible for overseeing and distributing financial assistance/social welfare. In order to be considered eligible for financial assistance through JKM, the applicant must be a citizen and resident of Malaysia with a household income that falls under the poverty line. The poverty line is differentiated between West and East Malaysia, it is marked as RM720 (USD170) in the peninsular areas of Malaysia, and an alternate poverty line of RM830 (USD200) for Sarawak and Sabah. Assistance is provided for the purpose of offering financial stability to those in need, with the intention of temporarily alleviating financial stress until the person or family is in a financial position that allows for independence.

JKM offers six different financial assistance schemes for poor families, including:

i) Public Assistance scheme (for Federal Territories of Kuala Lumpur, Labuan and Putrajaya) with a maximum monthly disposal of RM350 (USD84) per family
ii) State General Assistance Scheme (maximum amount of aid varies depending on the state, as does eligibility and other conditions)
iii) Financial Assistance Scheme for Children (maximum of RM450/USD108 per month to families with more than four members)
iv) Apprenticeship Allowance scheme (for unemployed youth and children who dropped out of school, offers approximately RM200/USD48 per month)

v) Financial Assistance Scheme for Carers of Bed-Ridden, Disabled, and Chronically III persons (approximately RM300/USD72 dispensed for those in need of assistance for the purpose of covering caring costs)
vi) Launching Grant or "GP" (a start-up fund of RM2,700/USD650 for individuals in a state of financial struggle who have business plans with potential).

The reports on the effectiveness of JKM's social welfare and care schemes are limited.

In 2006, KPWKM established NAM Institute for the Empowerment of Women (NIEW). The Institute is dedicated to women’s empowerment and development, and the unit’s activities reflect their mission. NIEW has focused efforts on capacity building in areas such as politics, economy, health, anti-violence campaigns, etc for women from NAM member countries. NIEW also collaborates with international actors in social care, the diplomatic community, private sectors, academia and civil society. In fact, the Institution is said to function with the support of Ministers and Heads of Delegations from various NAM member countries. While NIEW maintains many functions at once, the primary purpose of the Institution is described as follows:

- to conduct training courses and workshops in the areas of women and gender for the benefit of NAM member countries;
- to organize luncheons, talks and lecture series related to gender and women to government agencies, public organizations and NAM member countries to promote gender awareness;
- to conduct international seminars and programs on current and pressing issues relating to gender and women of NAM member countries;
- to coordinate and carry our research studies on women and gender-related issues of priority to NAM member countries;
- to compile and publish articles and source of reference materials on women and gender-based issues.

Sources:
institutional care

Approved Schools / Approved Centres or Institutions / Care Centres / Children’s Homes / Henry Gurney School / Homes for Girls (and young women) / Institutions for People with disabilities / Moral Boarding House/ Orphanages / Place of Detention / Place of Refuge / Probation Centre / Probation Hostel / Shelter

Formal descriptions of institutional care and residential care are not provided by the Malaysian government, or any legal documents related to child welfare and protection. The only guiding legislation with regard to children in alternative care falls under the purview of the Care Centres Act 1993 (Act 506). This must not be confused with the Child Care Centres Act 1984 (Act 308) meant for private commercial centres set up for working parents. Markedly, the latter legislation is more comprehensive than the Care Centres Act. In addition, the Act is not specifically for the care of vulnerable children, it also includes guidelines for the care of elderly and people (and children) with disabilities. Section 2 of the Act specifies:

Care includes protection, supervision, rehabilitation and training; “care centre” means a residential care centre and a day care centre within the meaning of the Act

Whilst in Section 6; residential care is defined as:

Any premises at which four or more persons are received for care as residents therein, whether for reward or otherwise; but in the case of premises operated or managed by a natural person, a person who is a relative of that person shall not be reckoned in determining the number of persons received at the premises for the purposes of this definition

The use of institutional care and residential care is relatively widespread across the country. According to Save the Children’s report Alternative Care for Children without Primary Caregivers in Tsunami-Affected Countries (2006), the use of residential care as a primary response to children who have been orphaned, abandoned, or neglected is a major drawback of the social care system in Malaysia. While legislation and policy reforms would suggest a strong commitment to family reintegration, the number of children placed in residential care over family-based care indicates that there is still a great deal of reliance towards the use of residential care in crisis situations.17

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87% of children living in institutions had at least one living parent and 35% of these children had both living parents.18
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An unofficial number has been reported to The Star, a popular Malaysian publication, which included statistics from 2015 that cited an estimate of 50,000 children in privately operated shelters and/or residential care facilities. Sources indicated that the number has risen to 60,000 (2017) and field interviews inferred that boys are likely to be placed in institutional care, and a majority of the institutional care facilities are caring for children between the ages of 5-15 years old. Reasons cited for child placement into institutional care include being sent by relatives who do not want to be responsible; grandparents who have grown old to provide care; parents/families without any social support; single parents (either partner is being incarcerated or isolated for having a child out of wedlock); large families; dysfunctional/broken families etc. Yet, recent figures (2017) shared by Ministry of Women, Family and Community Development (KPWKM) indicate that there was a total of 11,000 children in government run care facilities and registered institutional residential care centres. It has also been suggested that half of the children in institutions are children with disabilities.

List of registered care centre (children)


Save the Children’s findings also indicate that institutional care is misused, and it is treated as a first resort rather than last resort. However, UNICEF released a report that stated otherwise: “Unlike many other countries in the region, Malaysia fortunately does not have a history of institutionalisation of children. Programmes established in recent years have emphasised the importance of caring for children in foster homes and small group homes.”21 That being said, the Child Act (amended) 2016 seem to list mainly the safeguarding practices for care of children under Section 38 (Refer to 5.1) in rehabilitation or reformatory centres (i.e. places of safety, place of refuge, places of detention, probation hostels, approved and Henry Gurney schools). The Act further stipulates that children under the age of 10 years old are not permitted by law to be sent to a Probations Hostel or an Approved School, while those under the age of 14 would be sent to Henry Gurney schools.

Due to the general lack of data on the number of children in any form of care, it is difficult to accurately assess the institutional care system in Malaysia. Insufficient data collection and analysis may also suggest a lack of information on the lives and backgrounds of children in care. The acquisition of such information (by caseworkers and institutions) would presumably be required in order to provide children who have been neglected, abandoned, or orphaned with care that is suited to the specifics of their situation(s). Thou, field interviewees shared the common reason for parents sending children into institutional care is because of poverty where many households struggle in meeting up the increasing standard of living i.e. keeping a roof under their heads, providing meals and sending their children to schools. Most often parents work various jobs and odd hours to make ends meet and unable to find a safe place for their child to stay while at work.

Moreover, a number of concerns have been raised in regard to a clause of the Child Act, which states that children who have been placed in institutional care are expected to remain in the facility for a minimum of three years, or until the child has reached adulthood (18 years of age). Although this statement was later revised by the Director General of the Department of Social Welfare, the need for further clarification and an increase in permanency planning is strong. In their report, Save the Children suggests that case management is necessary to the realization of permanency planning and reintegration:

Case management should be two-pronged: 1) To prevent at the outset the placement of children in institutions and to support families in their own communities; and 2) to remove children already in institutions in the aim of reintegrating them with their own families by means of placing children in foster homes or, where applicable, placing the children with adoptive families.22

Notably, Section 35 of the Child Act mandates that any institution and care centre must notify the “Protector”. i.e. KPWKM/JKM authorities not later than one week upon the admission of the child into their “care, custody and control”. And with the new amendment in 2016 additional clause Section 53A permits the Minister who has the authority to “approve any centre to be a place for the care, protection and rehabilitation of children”; to call for an inspection of the care facilities to ensure the safety and well-being while under the care. Hence, some preventive guards have put in place to lower the likelihood of abuses within institutions.

2.1 Government / state-run child care facilities

Findings of a desk review by SOS Children’s Villages and European Commission, Alternative Child Care and Deinstitutionalisation in Asia (2016),23 cited there were 10 government-run child care facilities based on 3rd ASEAN Inter-parliamentary Assembly (AIPA) CAUCUS Report, 2011 and UNICEF EAPRO, 2006*. Whilst, a local NGO, OrphanCare (OC) cited that there were 35 government-run institutions in article, featured on The Star Online dated 26 Jul 2014.

Beneficially, JKM’s website enlisted the three types the current government-run facilities for children in need of protection in various states, namely

1. Rumah Kanak-Kanak (RKK) i.e. Children’s Homes (13)
2. Rumah Tunas Harapan i.e. Tunas Harapan Homes (9)
3. Rumah Perlindungan (RP) ATIP2

The 13 RKKs throughout the whole of Malaysia have a total capacity of children at 1430.24 The Homes were set up in accordance with the Child Act; Section 54, Admission to the Homes is via a court order under Section 30(1)(d) of the same Act and the duration of stay for three years or until the age of 18 years old. The children whom are placed in the RKKs are either

a) abused physically, emotionally, sexually by parents or guardians;

b) will be physically abused or emotionally abused or sexually abused;

c) parents / guardians of children neglected / unable to carry out supervision & supervision;

d) parents or guardians of children have neglected or objected to providing adequate preservation, clothing and shelter for children;

e) no parent or guardian;

f) abandoned by parents;

g) engaged in custody battle;

h) street children is involved with begging, basking / offering anything for sale; and

i) conduct unlawful activities such as gambling, lotteries or any harmful activities.

However, no further information provided on such as well as operational and management structure of the institutions. Thou it was reported that parents would need to seek the permission of the “Protector” to visit their children and hence making it less accessible for family to maintain relationship with the children in care.

Whereas, it was showcase that the nine Tunas Harapan Homes care structure mirrored a cottage family/home approach children and differs drastically from that of larger residential care institutions. On average, cottage families consist of 8-10 children who are being cared for by a married couple or multiple married couples (40-60 years old). The married couples that care for children are often referred to as “adopted parents,” more frequently the woman carer is referred to as “adopted mother.” The adopted parents’ children are also allowed to stay within the compound with the children. The structure of the cottage family environment allows for children to be placed with temporary carers (and other children) with similar cultural backgrounds, religious beliefs, and daily routines. Unfortunately, it has been reported that the biological parents of the children who are being cared for in family cottages rarely visit. Notably, children who are in family cottages can still be adopted (locally)25. The Homes provide residential care for children between the ages of 1-18 years old, who have left the RKK, are orphans, or have families that are in crisis. One of the other pre-requisites is that the child does not exhibit any behavioural problems for the admission.26 The construction of all the Homes and facilities were sponsored by private corporations with funding ranging from RM208,000 to 4.9million (USD49,000 ~ 1.2 million). JKM provides a yearly grant for the operational of the Homes.

NOTE: Malaysia has not ratified the 1993 Hague Convention on intercountry Adoption. Hence, only domestic adoption is permissible.
RP is gazetted at place of safety to shelter the children and youth victims of exploitation either sex, forced labour/service, slavery or practice that mimics slavery, devotion or illegal activity or human organ transplantation under the Anti-Trafficking in Persons and Migrant Smuggling Act (ATIPSOM Amendment 2007). There are 2 separate facilities accommodating girls i.e. Rumah Perlindungan Rembau in Negeri Sembilan and the boys are at Rumah Perlindungan Bukit Senyum in Johor. All the residents are under the age of 18 years old and cases are mandated by law to be presented to the Court within 14 days of admission in order to secure 3 months of protection order – or until the case investigation is completed. Sources had indicated that children or/and youths who were deemed to be posing challenging behaviours would be transferred to these facilities from children’s homes.

In addition, the Department of Social Welfare (JKM) under KPWKM is also responsible in overseeing the rehabilitation care centres (place of safety/refuge/detention, approved schools and Henry Gurney schools) which are gazetted by the Minister. Since 2015, JKM have mobilized 133 Jawatankuasa Kanak-Kanak Daerah (JJK) i.e. Area Children Committee and a separate entity of Ahli Lembaga Pelawat (JKK) i.e. Area Children Committee and a separate entity of Ahli Lembaga Pelawat. Board of Visitors delegated to visit the government-run care facilities across the country and report to JKM. There is no information on the frequency of the visit or the background of the Board members i.e. they are appointed by the Minister. Nor were field findings able to ascertain the number of rehabilitation/reforatory care centres or number of children placed in such institutions. Nonetheless, the Committee appears to present itself as a watchdog body in having access to the running of such closed doors institutions. In this sense it might be worth extending its role to also overseeing the RKKA, Tunas Harapan Homes as well as the non-government run institutional care centres/facilities.

2. Private child care facilities

There is limited information on the private sector in Malaysia. Some organizations are listed as NGOs, but they offer no statement as to whether they are for profit or non-profit organizations (i.e. Dignity for Children Foundation). According to the Luminus publication, Ending the Institutionalization of children in Malaysia (2014), it was quoted that there were 50 registered privately-run institutions housing 4,500 children, and 175 registered privately-run institutions housing 5850 children with disabilities. It was further reported during the course of field mission that it was not uncommon for the private child care facilities which are funded by corporations or individuals to seek out and look for children to be place in their care centres. With the conjecture that the children would be better off taken care by them in the newly built institutions with high quality facilities and the assurance of a good education. As part of an “amal jariah” i.e. religious obligation rooted in the Muslim belief to care for orphans/poor children. Hence, more often the parents’ roles are elapsed substituted by the eagerness of the care providers’ conviction of providing a “better life for the children” and yet negating the familial ties nor the child is prepared for transition back to into living with family upon graduating from the facilities. To also note that private institutions do not admit children with challenging behaviours which are deemed difficult to manage and unlikely be able to perform academically.

2.3 Non-profit & community child care facilities

Malaysia has a substantial number of non-profit and community-based residential care facilities, which implies that residential care is frequently used as an alternative to family-based care. There are over 33,000 NGO run children’s homes in Malaysia, but only 3,000 of those institutions are welfare related (See 7.1). Of which many were reported to be caring for children under the age of 5 years old. Very few of these NGO run institutions are recipients of government assistance i.e. grants, funding. Only 207 of the 33,000 NGO institutional facilities are provided with annual grants (government subsidies), regardless of the fact that all 33,000 institutions are registered with the JKM. This is significant in that government assistance is clearly not an incentive for NGO registration. The total amount of government funding that is set aside for institutional care facilities (generally for the purpose of funding projects, or supplying children with food, education, etc.) is RM4.8 million (USD1.1). The exact amount per care facilities in unknown. Sources make known that the government is to provide RM8 (USD2) daily meal allowance for each child however given the limited funding, the facilities are unlikely to get a full coverage for all the children. Home of Peace (HoP), Founder Justine Morais indicated that the amount is inadequate and often NGOs have to do own fundraising and/or rely on private donors and sponsors for the running of the care facilities. Furthermore, it was disclosed that there is a tendency for the government grant to be awarded to faith-based institutions, particularly Muslim-run orphanages (given that Malaysia is a Muslim dominated community).

Another source indicated that the grants were only given to institutional care facilities in Selangor which crafted a Child Protection Policy. It was reported there were 31 homes which received large government subsidies, thereof NGOs contribute to the prosperity of local communities by providing care without private or government funding. Despite the fact that NGOs do not generally receive large government subsidies, there is some tension between the government and the third sector around child welfare resources. In order to reach the goals and standards proposed by the Child Act, the Children’s Division would need increased access to resources. As the child protection/care system currently stands, there is an insufficient amount of communication between the NGOs, community-based care providers and the government. This
issue is evidenced by the lack of trained Child Protectors operating within the child welfare system, which prevents the sectors from being capable of meeting the needs of some communities in Malaysia. According to UNICEF’s research findings, communities located in the more remote districts of East Malaysia are particularly neglected by the existing social welfare programme. The lack of Child Protectors also points to a need for more sectoral/cross-sectoral development of the coordination strategies that are currently in place.

In this sense, the tensions between this sector and the government revolve around both structural challenges and financial deficit. In an effort to rectify the situation, the amended Child Act in 2016, included an additional article with the appointment of “Assistant Protectors” in Section 8A.

Due to the high number of unregistered NGOs and charities, it is difficult to accurately assess the size of the sector. Several sources have noted the pluralism of NGOs in Malaysia, but the exact size of the sector remains unknown. It is known, however, that the vast majority of third sector organizations in Malaysia are established for the purpose of providing underprivileged children with educational opportunities through “Home School” centres. Because the culture in Malaysia is highly connected to religious beliefs, alternative care centres and programmes for children tend to have religious roots. Additionally, it is common for churches, mosques, and temples to provide social welfare services and child care/supervision/activities to the surrounding community. In fact, religious institutions make up a large portion of the third sector.

Dr Hartini Zainudin, Founder of Yayasan Chow Kit (YCK) highlighted the increasing number of children being sent to tahfiz schools (i.e. school to memorise Al Quran instead of a regular secular school or integrated Islamic school) which are not registered care facilities. Malaysia correspondent in Kuala Lumpur for Straits Times (main Singapore newspaper), reported there have been 900 new private Islamic schools across the whole of Malaysia over the past six years. Further supported by Prime Minister Najib Razak’s unprecedentedly endorsement of RM30mil (USD7.3m) financial aid to develop tahfiz education in April 2013.

More alarmingly, Dr Hartini mentioned that there have been 20 known cases of under welfare care between 5 years as there were no safety and security regulations. Needless to say, neither are child protection or safeguarding policies being in place as these institutions do not fall under the purview any system i.e. government ministry/boad or legislation. Instead, the 3,000 tahfiz schools are governed by religious affairs authorities in respective states. The unregulated nature of the establishments came to light with the death of 11 year old, Thaqif Mohd Gadaffi who was whipped by an assistant school warden for “making noise” with a water hose.

Thaqif passed on 26 April 2017 after his legs were amputated during recovery from the beatings which was not a one-off incidents journaled in his diary while residing in the facility located in Johor. Tho-post mortem subsequently indicated his cause of death due to leptospirosis did it not dismiss the fact that the private school/institutions under Section 29 of the Child Act 2001, fail to report the mistreatment while under their care which was committed by a care staff (whom was employed despite known criminal conviction). More glaringly not providing medical attention to Thaqif whom would likely show symptoms for his infection. Lastly, an indication on the state of the care facility as the disease also known as “rat’s urine” is common contracted among drum dwellers coming into contact with the infected rodent.

Another tragedy, this time resulting in 23 fatalities strike another tahfiz school in Kuala Lumpur five months later in Sep 2017. Where 21 students and two dormitory wards were killed as they were unable to escape from the fire that broke out at their dormitory. The fire department stated that it was a common happenings testifying that there were 1,083 fires which struck religious schools in the past two years. Of which, 211 were burned to the ground. Incongruously, another RM50mil (USD12.2m) has been allocated by PM Najib to the GiatMara Centre (skills training centres) for repair and maintenance of the wiring system of registered tahfiz schools. Spokesman from the Prime Minister’s Department justified that the previous RM30mil government aid were not utilized to look into the safety aspects of the institutions.

The Department of Islamic Development Malaysia (Jakim) and Ministry of Education had indicated in working together to draw up standard operating procedures and guidelines for the registration of tahfiz schools in response to Thaqif’s tragic death since May 2017. However, to date there is no information on the development of the new regulations. Perhaps, due consideration should be considered for such facilities to simply abide to the Care Centres Act 1993 (Act 506) given that it fit the characteristic of a residential set up where the children under the pretext of learning Islamic teachings live a considerable period of years that their lives within the premises. Also the huge endorsements provided by PM Najib could aid in not only putting in place safety measures but to re-examine the level of care provided by the facilities.

The Pertubuhan Kebajikan Anak Yatim Malaysia (PEYATIM) in Terengganu state is one of the largest faith-based association which cares for orphans and needy children, house close to 4,000 orphans in 54 dormitories in Malaysia. Established in 1990, it portrays itself as the wakil (representative) of the orphans in Malaysia in ensuring their wellbeing and access to education. In line with its mission, PEYATIM strives to develop the potential of orphans and poor children to be independent conscientious citizens, with a motto that reads “Kebajikan Anak Yatim Tanggungjawab Bersama”.

The Wakf Pendidikan Anak Yatim Atau Miskin Malaysia i.e. Waqf Foundation Orphanage or Poor Malaysia Education. In seeking regional collaboration to improve the care, PEYATIM signed a memorandum of understanding (MOU) with a Singapore based welfare organization Jamahy (which also run a children’s home). The MOU would facilitate the knowledge and experience sharing between the two organizations in enhancing the early childhood education which PEYATIM is developing as it also runs the University College Bestari, which caters to the children under their care.
PEYATIM has an active recruitment strategy of “students” i.e. boarders. Admission forms will be circulated at various national secondary schools for lower secondary Muslim-Malay students to come finish their education in their institutions. The intake process will select the fair i.e. poor children to reside in their care facilities till graduation. Most often the children are able to meet with their parents once/twice a year during the school holidays. PEYATIM does not deem itself as a residential care provider and have often write off trainings or round-table discussion on safeguarding children in care. It identify itself as a welfare agency serving the underprivileged by rallying around them in providing education opportunities. Unfortunately, overlooking the basic fundamental need for a child to remain in families.

Home of Peace (HoP), Kuala Lumpur is one of the enlisted agency providing services for children i.e. registered children’s home. Set up in 2005, it is presently caring for 37 girls between the age of 1 to 17 years old (2 of the age 1-5; 6 of the age 6-11 and 7 of the age 12-18). The founder, Justine Morais and her team came up with the idea after they had received a call from a mother who were embroiled in sex trade/syndicate and unable to care for the children. Though it must be noted that the custody of the children are reviewed every 3 years under the Fit & Proper Person Order. In addition, the girls also have their own insurance policy under their name. The girls were observed to be well-adjusted. One of the girls is presently on an early education scholarship in New Zealand, and now sits on the Board of HoP in providing guidance from her lived experience as a child grown up in a care facility.

2.5 Are there any cartels/strategic alliances?
UNICEF has developed a number of informal partnerships (or collaborative efforts) with the KPWKM. From this partnership, the Social Work Competency Standards (2010) were formulated. The Safe School Programme, an anti-bullying programme designed for universities, was established through the strategic partnership of UNICEF, Help University, and the Ministry of Education (MoE). UNICEF also partnered with the Malaysian government in order to launch the “Get on Board” (digital) campaign against child abuse. Additionally, UNICEF and KPWKM combined efforts and devised the Supplementary Reading Programme (SRP), a service that provides vulnerable children from Sabah and Sarawak with reading materials and resources. UNICEF and Salt Media Consultancy also worked together in order to establish a partnership with Dewan Bahasa and Pustaka writers/editors. Through this partnership, the aforementioned organizations and publications were able to launch a media based HIV and AIDS awareness program.

NOTE: The idea was mooted together with the originator of Social Workers Act, thou the Bill has yet to be approved nor presented to the Parliament.

In recent years, Lumos, which has been a pivotal actor in working to end the institutionalization of children globally, and KPWKM are partnering to promote and ensure children retain their right to family life. Lumos has presented at two national conferences (2015 and 2016) where alternative care service providers from the government as well as the non-profit, private and faith-based care centres have attended to discuss the rolling out of national deinstitutionalization action plans. A mapping exercise of the care system in Negri Sembilan state has been conducted, and findings will aid in the formulation of the State Action Plan to be released end of 2017. Working alongside, OrphanCare (OC) which shared similar mission in advocating ‘Every Child Needs a Family’ and an organizer of the conferences has extended an outreach programme to various NGOs, encouraging them to come on board the deinstitutionalization initiative by providing technical support for the process.

Baby Homes and Baby “Hatches” Malaysia has a large number of baby abandonment incidences. Most of the time baby abandonment goes unreported, as data collection and monitoring services are not diligently enforced practices in Malaysia. However, between 2005 and 2011, there were 517 cases of abandonment reported, with 287 abandoned infants found dead. In 2012, there were 31 cases, including at least one instance of a child being tossed from a window of a high rise apartment. Recent published figure provided by KPWKM stands at 697 for the period of 2010 to Dec 2016. The main reasons for abandonment and relinquishment are poverty and the stigma connected with having a child out of wedlock. Due to the frequency of infant abandonment, the OC launched the baby hatch programme as an effort to keep women and families from abandoning their infants in dangerous environments. The first Baby Hatch was launched on 29 May 2010 in Kampung Tunku, Petaling Jaya, Selangor, which was also the operations office.

The Baby Hatch is a 24 hours service where the babies could be left anonymously in the hatch and a bell/alarm alerts the staff the baby presence. The baby hatch is a box equipped with air-conditioning, mattresses and pillows, lighting, closed-circuit television (CCTV) cameras, including sensors to detect the body weight and trigger the alarm to alert the centre’s guard that a baby had been placed in the box. It is not only a safe place to leave a baby but also create opportunities for the mothers to be engaged and offered counselling sessions, support, and a temporary shelter for pregnant mothers as an alternative to abortion. It is crucial to note that the baby hatch also provide medical care and health consultations to the mother. Additionally, after a mother leaves her child in the care of the baby hatch, she has a right to claim the baby later on if she finds that her circumstances have changed. At the same time, OC also facilitate adoption of the unwanted babies. Since its operation 2010-2015, 130 babies and 15 children aged 3-12 years old who were previously living in orphanages/institutions have been adopted. And a total of 82 biological mothers have been counselled in keeping their child. 11 baby hatches have been set up nationwide, including three operated by the foundation, Selangor, Johor Bahru and Kedah states. While 8 others are operated by KPU Health Care Berhad (OC partner) across Malaysia.

Baby Hatches continue to be a point of controversy in Malaysia, some argue that the very existence and growing number may in fact encourage further abandonment. It is mandated by law that healthcare professionals i.e. hospitals, nurses, doctors are to call parents and the child’s religious department who have seek preventive measure to the social issue. Currently, workshops on safe abortion or contraceptive methods are only offered to married couple by community-based/ welfare groups.

84 https://www.youtube.com/watch?v=eGdm9HTXi64
3. What is the current political stance/approach to care?

Malaysia’s current political approach to care acknowledges the need to further develop preventative services. Therefore, the lack of intervention services has come to the attention of the Malaysian government (particularly the Child Division of KPWKM and the JMK). It was expounded that these agencies are the main bodies responsible for developing the social care initiatives, while implementation is delegated to the state’s local government units. Hence, these areas in need of improvement tend to be addressed by third parties, such as UNICEF, ITU, and other international organizations with a focus on child protection. However, KPWKM was only established in 2001 and took upon the task in the governance of NGOs in 2004. Therefore, it could be seen as a new entity in developing social care initiatives.

While the Malaysian government glosses over the need for social equality in order to strengthen the country’s economy, documents such as the 11th Malaysia Plan (11MP) do not explicitly address the need for a drastic reform to the current social welfare system. The entire premise of the 11MP is “Anchoring Growth on People,” and “building a better Malaysia for all Malaysia,” yet the definition of a “better Malaysia” seems to be rooted in a purely economic vision for the country. The general focus on economic issues and goals in the 11MP is significant in that the Plan was modelled after the Malaysian National Development Strategy (MyNDS), and it was formulated in order to reach the Malaysia’s Vision 2020 goals.

This indicates that the overall framework for change that is being utilized by the Malaysian government is likely centred on economic development. A strong focus on economic development has allowed Malaysia to make multiple major advances, such as establishing a middle income economic status in 1992, after being considered a low income economy in the 1970s. Additionally, between the years of 1970 and 2014, the poverty rate in Malaysia was reduced from 49.3% to 0.6%. These shifts paved the way for the current economic status of the country, and the various attributes that make the country a safe and comfortable place for its citizens to live (i.e. access to electricity, access to water, etc). In this sense, a great deal of change has taken place within the country due to the economic focus of the country’s major development plans. Notably, although the 11MP does not addresses issues pertaining to child protection services and family based care, the Plan does include a goal to achieve universal access to quality health care, as well as a goal to provide affordable housing to low income households. Ultimately the wellbeing of Malaysian families is taken into consideration by the 11MP, but the need to further develop family support programmes and child protection systems is not discussed within the document as a primary concern.

3.2 What is the social policy agenda and how advanced are developments?

- what policies exist and how important are they perceived within the country?

In 1995, Malaysia participated in the global promotion of children’s rights by adopting the Convention on the Rights of the Child (CRC) policy framework. Malaysia also signed the World Declaration on Survival, Protection and Development of Children (1991), and made plans to further advance the country’s policies and regulations on care for children through A National Plan of Action. Malaysia has shown dedication and commitment to the World Summit for Social Development, which illustrates a general awareness of the need for policy development concerning access to education and nutrition. Additionally, Malaysia has participated in the international advancement of equality and women’s rights (Convention on the Elimination of All Forms of Discrimination Against Women, signed 1995), and advocated for the development of labour laws and rights (International Labour Organization Convention 182, in 2001). Beyond Malaysia’s cooperation with international efforts towards strengthening the child care/protection policy framework, the country has also made significant advancements on regional and national levels. It should be noted that Malaysia is a member of ASEAN, and has therefore taken action in the development of laws and conventions against human trafficking (ASEAN Declaration against Trafficking in Persons Particularly Women and Children, 2004).

Additional changes to the policy framework for the provision of alternative care for children include the National policy on Children (approved 2009), as well as the National Child Protection Policy (approved 2009). Alongside these developments, the government also devised a plan of action (Plan of Action on the General Principles of the CRC) as an effort to ensure the implementation of the aforementioned policies.

1) Child Protection Team - PPKK

The Team is to comprise of a “Protector,” practitioners with appropriate experience, knowledge & expertise in child care and protection, a medical officer, and a senior police officer. The function of a child protection team is similar to that of a family monitoring service. Child protection teams in Malaysia assist families and children by means of connecting a family and/or child that is deemed to be in need of support with locally based services. PPKK are to be established in all states and federal territories to serve as a support system of child protection services. Notably, according to JKM website, one of PPKK’s main activities is the Children’s Activity Centre (PAKK) which “have been planned and implemented according to the needs of the local community.” This might involve the setting up of either and/or

- Shelter
- Advocacy Centre
- Resource Centre
- Learning Center
- Crisis Intervention Centre
- Social Centre / Sports / Recreation

• Providing a range of activities appropriate to the age of the child.
• Provides reading / reference to children.
• Classroom coaching / computer / religious classes / painting class / class drama / speech / poem recital.
• Provides counselling sessions.
• Sports / recreation / cultural programs / arts etc.

Hence, variedly in the administrative districts and dependent on the support of the Local Council, Local Residents’ Committee or assistance / support from individuals. There are 126 PPKK and 149 PAKK across Malaysia in 2016.
2) Child Welfare Team - JKK

Similarly, all states and federal territories are instituted to set up a Child Welfare Team to oversee children needing protection; and rehabilitation or suspected of wrongdoing as indicated in amendments made in 2016 Child Act (2001) with the addition of Section 7A. Likewise, members are to be made up not more than 7 members with the same background and instead of a medical officer is substituted by an education officer. Appointments of the body team members is by the Mentri Besar (i.e. First Minister; head of government of the nine states) and Ketua Menteri (Chief Minister; for states without a monarch).

Another important arm assigned to take considerations on matters relating concerning child/family protection is the Child Division of KPWK which was created in 2005. The Division was established for the purpose of catering specifically to the needs of children. Through the Children’s Division the KPWK deploys Protectors, who are responsible for carrying out interventions in cases that involve abuse and neglect. In addition, the amended Child Act Section 29A now requires person/s to report suspected cases of ill-treatment, neglect, abandonment or abuse to a Social Welfare Officer which assumed the role of the Protectors. As well as clearly specifying in Section 19 that any child taken under temporary custody on the grounds of need of care and protection by the Protector, would need to be brought before the Court of Children within 12 hours in determining placement options for the child i) place of safety or ii) care of a fit and proper person.

• Birth registration

One of the primary concerns highlighted by UNICEF’s report on Child Protection in Malaysia is the lack of birth registration. Without documentation, children are more susceptible to abuse and exploitation. Additionally, the document states the following about undocumented children: “Their families are less likely to report cases either due to physical access to services or because they are unwilling to reveal themselves.” This suggests that children who do not have documentation are more vulnerable to a number of child protection concerns. Without documentation, it is also possible that a child could enter the care system and permanently lose communication with their family, as there may be no way to trace the child back to their parents.

• Child Trafficking

According to Al Jazeera’s report “Babies for Sale,” there is currently a network of baby-traffickers and doctors who are selling infants to “the highest bidders.” Their research found that these infants were most often born into situations wherein their mothers could not provide them with care. For example, there were reports of babies being sold because their mothers were migrant workers in Malaysia, and they could not legally have children in the country. There were also some cases wherein mothers were forced to give up their children/infants because they were born out of wedlock, which can be highly stigmatized in some contexts. It should be noted that not all of the mothers were reported to have willingly given up their babies, although the specifics of the various situations were not available. Once the mothers agreed to give up their babies or had their baby’s taken from them, undercover traffickers advertised the infants on social media. In one case, the researchers found a woman who was housing over 7 pregnant women in Malaysia. The woman had a catalogue of photographs of the women, so buyers could choose the child based on the mother’s features. Information such as the mother’s occupations, stage of pregnancy, and names are provided. In order to complete the sale, falsified birth documents tend to be required by the buyer. Therefore, traffickers have infiltrated the birth registration units and coerced/bribed/etc. officials to falsify birth documents. In some cases, doctors have been the ones to falsify child birth documents, thus registering the traffickers as the child’s legal parents.

The report found that babies were being sold for a price between RM400 and RM7,500 (USD100-1,800), depending on the baby’s race, skin tone, weight and gender. The buyers of these babies come from a wide range of backgrounds – some are wealthy, others are paupers.86

• Stateless children

Reports state that there are currently 290,437 “stateless” or unregistered children in Malaysia, thus making the number of stateless children equivalent to the entire population of Perlis. Research has shown that the issue of stateless children in Malaysia is most often the result of unregistered or unrecognized marriages, wherein a Malaysian man has a child with a non-Malaysian woman. However, based on the laws stipulated by the Federal Constitution, it should not be possible for there to be stateless children in Malaysia. The constitution states that, by law, citizenship must be granted to “...every person born within the Federation of whose parents one at least is at the time of the birth either a citizen or permanent resident in the Federation.” In fact, the Constitution does not even state that the parents of the child have to be married in order to secure the child’s citizenship status in Malaysia. Yet, 8 children are born every day without citizenship. These children are not able to attend school or work, nor are they able to seek medical attention without an IC or MyKad (identification/proof of citizenship). Without the rights that come with Malaysian citizenship, stateless children are being deprived of the services they require to succeed and lead a happy, healthy life. Statelessness may cause issues for the entire country, as stateless persons cannot legally contribute to society. Moreover, statelessness puts the lives of children, young persons and women at risk, as it makes them more vulnerable to sexual and physical abuse, violence and trafficking.87

In many cases, children who are not granted their IC (or official birth registration) at birth are permanently denied their right to citizenship. One family has reportedly attempted to state their case and apply for citizenship on multiple occasions, but they were repeatedly refused by various immigration offices across the country. In this particular situation, the mother and father had four children together in Malaysia, all of whom were denied the birth registration due to their parents’ unregistered marriage. This family’s case highlights that Malaysian-born children of non-Malaysian women cannot be registered at birth unless their mother is already a citizen of Malaysia. Statelessness is a severe problem that affects not only the mother and father, but their children and their children’s children. There is nowhere for these families to go, as they do not legally belong to any country, and they are denied the right to ever be legally considered a citizen of Malaysia. Therefore, the cycle repeats itself, and more generations to come will be faced with the same grievances their parents and grandparents endured.

While more people are becoming aware of the crisis of stateless children in Malaysia, changes to the registration and/or immigration system(s) do not appear to be treated as a priority by the Malaysian Government. With the number of stateless children growing substantially every day, it is crucial that the situation of stateless children receives more attention and care from child protection units and the social welfare system as a whole. Although, it should be noted that one Member of Parliament raised the issue publically, and she is currently pushing for reforms in the registration system in order to ensure that the rights of all Malaysian children and families are respected by the legal and social systems.

Video Links:

• “Stateless Children, what’s next?” https://www.youtube.com/watch?v=ULog7qTuKsk
• “Anak Malaysia tanpa kerakyatan” https://www.youtube.com/watch?v=AM4FDvEE7ZE

HOTLINE

The first national 24-hour emergency line i.e. Talian Nur 15999 for children was launched in 2010. A cross sectoral collaboration between Childline Malaysia, KPWK and UNICEF. And an initiative funded by Malaysian Children’s TV Foundation with a contribution of RM1 million (USD240,000). Calls received by the call centre are attended by trained agents who would divert crisis i.e. cases of abuse/neglect to JKM. While non-emergency situations are attended by ChildLine Support Officers whom would either offer direct assistance or refer the child to other supporting agencies/NGO to receive help accordingly. The hotline has in recent years been taken over and managed by KPWP, Known as Talian Kash.15999, it is now an outlet for other social concerns where members of the public could call in to seek assistance in matters relating to counselling, reproductive health services, protection (including domestic, elderly abuse etc), welfare assistance, baby abandonment as well as youth social issues.

86 Ibid. 76
87 Ibid. 76
workforce for care

4.1 Who/which agencies are offering social work qualifications?

In order to work as a professional social worker in Malaysia, academic qualifications in the Social Work discipline are required. A complete list of universities and colleges offering degrees in Social Work is not available. Prior to 1994, only Universiti Sain Malaysia (USM) offered Social Work courses. It now provides 32 Social Work programmes, but seem to revolve around development planning and management or corporate social responsibility and philanthropy. There are currently 9 learning institutions with Social Work related modules / qualifications. Of which only 3 has a BA programme on Social Work, Universiti Utara Malaysia (UUM) enlisted a range of 35 Social Work courses including MA and Phd programmes in Social Work in Working with Children & Youth (by research) and with Family (by research). While Universiti of Sarawak (UNIMAS) is highly regarded and graduates are often sought given their strong BA and MA programme in Social Work Studies, Family and Mental Health Counselling.

The Ministry of Higher Education (MoHE) had also recently approved the Diploma in Social Work programme, which is to be held at the Methodist College in Kuala Lumpur. According to the Methodist College, the programme is “is the first of its kind in Malaysia,” as it is highly based on the National Competency Standards for Social Work Practice (2010). Methodist College graduates who receive diplomas from the Social Work programme are immediately granted a full membership with the Malaysian Association of Social Workers (MASW).

4.2 Is there an association/ accreditation body for the social workers?

The first social work association in Malaysia was established in 1955 by British expatriates. In its origin, the association was called the Malayan Association of Almoners (MAA), however in the 1960s the association’s name was officially changed to the Malaysian Association of Medical Social Workers (MAMSW). In later years, professional medical social workers, education-based social workers, and professionals working in social welfare joined forces in order to create a national body of social work. These events ultimately lead to the formation of the Malaysian Association of Social Workers (MASW) in 1973, which continues to act as the leading association for all persons involved in social work in Malaysia.

According to the MASW website, the association has been registered and/or associated with a variety of both national and international social work organizations, including: International Association of Schools of Social Work, the Asia Pacific Association of Social Work Educators, the Malaysian Association of Schools of Social Work, the Asia Pacific Association of Social Work, the Commonwealth Organization of Social Workers (since 1993), and the IFSW-Asia Pacific Executive Committee (MASW acts as a representative of the Committee). In order to become a member of MASW, applicants must apply with proof of a social work education (i.e. a Social Work diploma).14

Code of Ethics is available on the MASW’s website and MASW have been in discussion with the various agencies including the KPWKM and UNICEF in the formulation of the National Social Work Competency Standards to pass the Social Workers Act since 2010. Unfortunately, the idea was shelved when it was initially mooted then having had resistance from the Sarawak state government which disparage it as a movement that will kill volunteerism.15 However, at the opening of National Welfare Month (Oct 2017) Deputy Prime Minister Datuk Seri Ahmad Zahid Hamidi indicated that the drafted legislative proposal is being finalized by the KPWKM and likely to be reviewed by the Cabinet this year. The Standards would lay the expectations and enlist the knowledge and skills as well as competency values of social workers in delivering international best practices.

4.3 How is the social work profession perceived in the country?

Research has yielded mixed results in terms of the overall perception of social work as a profession in Malaysia. The MASW website indicates that there are various appreciation days for professional social workers in Malaysia. Additionally, as previously mentioned, the recent approval of the Social Work course at the Methodist College of Kuala Lumpur is indicative of a cultural and societal shift towards recognizing the importance of professional social work.16 However, other sources highlighted that there is a general lack of qualified social workers and child care/protection agencies. It was reported that the total number of social work graduates to be at 359 in 2008 and 314 in 2009*. This issue was further proven by the JKM, after they conducted a national study that found less than 10% of the social service providers in Malaysia possessed the required qualifications.

The lack of academic courses as underlined in 4.1 as well as no clear path for a career succession and personal development seem to present social work as an unattractive profession. Chua Choon Hwa, Deputy Undersecretary / Division of Policy for KPWKM revealed that only 7000 out of 9000 of the positions posted in the KPWKM is filled up. Of which 4000 of the staff are under the “Scheme S” in the civil structure which is deemed as the least attractive given the non-lucrative salary package. It is typical for a JKM officer to manage 400-500 cases covering different social issues of varying beneficiaries. Hence, given the overload casework, it is not surprising social work suffers from a high turnover rate.

Coupled with the common perception equating social work to volunteerism or charity-based work, the job is not highly regarded in the community. Past MASW President Teoh Ai Hua was once quoted stating that “In general, social work is not a profession that is really understood by Malaysians. People think it is the same as voluntary and charity work, without looking at the requirements for training and supervision.” Hence, he had been advocating for a regulatory body i.e. Social Work Council and the National Social Work Competency Standards to build on the capacity of professions incorporating benchmark on the standards of professionalism, trainings and direct supervision on job practice. Marking a significant step in the direction of formulating quality intervention programmes and social welfare services, it was further pointed out by there would also be a need for accreditation of training programme and practice licensure. More importantly a Complaint Protocol to hold the social work practitioners accountable for their practice.

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17 Ibid.

The main legislative document concerning alternative child care is the Child (Amendment) Act 2016. Although the document contains a substantial list of country-specific terms and definitions, the Child Act does not provide a formal definition of alternative care of children. Although the definition of alternative care for children presented by the UNICEF report Alternative Care for Children without Primary Caregivers in Tsunami-Affected Countries (2006) is not specific to the terminology used in Malaysia, it is the most relevant definition made available. According to the report:

"Alternative care is defined as care for orphans and other vulnerable children who are not under the custody of their biological parents. It includes adoption, foster families, guardianship, kinship care, residential care and other community-based arrangements to care for children in need of special protection, particularly children without primary caregivers."

According to Child (Amendment) Act 2016 and Care Centre Act (1993):

<table>
<thead>
<tr>
<th>Terms</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Child</td>
<td>Means a person under the age of 18 years</td>
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</table>
| Child in need of protection and rehabilitation | Part V / Children in need of Care & Protection – Section 17  
(a) the child has been or there is substantial risk that the child will be physically injured or emotionally injured or sexually abused by his parent or guardian or a member of his relative;  
(b) the child has been or there is substantial risk that the child will be physically injured or emotionally injured or sexually abused and his parent or guardian, knowing of such injury or abuse or risk, has not protected or is unlikely to protect the child from such injury or abuse;  
(c) the parent or guardian of the child –  
   i. is unfit, or has neglected, or is unable, to exercise; or  
   ii. has acted negligently in exercising, proper supervision and control over the child  
   (d) the parent or guardian of the child has neglected or is unwilling to provide for him adequate care, food, clothing and shelter;  
(e) the child—  
   i. has no parent or guardian; or  
   ii. has been abandoned by his parent or guardian and after reasonable inquiries the parent or guardian cannot be found  
(f) the child needs to be examined, investigated or treated—  
   i. for the purpose of restoring or preserving his health; and  
   ii. his parent or guardian neglects or refuses to have him so examined, investigated or treated;  
(g) the child behaves in a manner that is, or is likely to be, harmful to himself or to any other person and his parent or guardian is unable or unwilling to take necessary measures to remedy the situation or the remedial measures taken by the parent or guardian fail;  
(h) the child is a person in respect of whom any of the offences specified in the First Schedule or any offence of the nature described in sections 31, 32 and 33 has been or is suspected to have been committed and his parent or guardian—  
   i. is the person who committed such offence or is suspected to have committed such offence; or  
   ii. has not protected or is unlikely to protect him from such offence;  
(i) the child is—  
   i. a member of the same household as the child referred to in paragraph (i); or  
   ii. a member of the same household as the person who has been convicted of the offence referred to in paragraph (i), and appears to be in danger of the commission upon or in respect of him of a similar offence and his parent or guardian—  
   (aa) is the person who committed or is suspected to have committed the offence;  
   (bb) is the person who is convicted of such offence; or  
   (cc) is unable or unwilling to protect him from such offence;  
(j) the child is allowed to be on any street, premises or place for the purposes of—  
   i. begging or receiving alms, whether or not there is any pretence of singing, playing, performing or offering anything for sale;  
   ii. carrying out illegal hawking, illegal lotteries, gambling or other illegal activities detrimental to the health and welfare of the child; or  
   iii. carrying out any other illegal activities |

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</tr>
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<tbody>
<tr>
<td>Child in need of protection and rehabilitation</td>
<td>Part VI / Children in need of Protection &amp; Rehabilitation – Section 38&lt;br&gt;(a) is being induced to perform any sexual act, or is in any physical or social environment which may lead to the performance of such act; (b) lives in or frequents any brothel or place of assignation; or (c) is habitually in the company or under the control of brothel-keepers or procurers or persons employed or directly interested in the business carried on in brothels or in connection with prostitution</td>
</tr>
<tr>
<td>Children in urgent need of protection</td>
<td>(a) the child is being threatened or intimidated for purposes of prostitution or for purposes of having sexual intercourse with another or for any immoral purpose; (b) the child is to be confined or detained by another in contravention of this Part; (c) an offence against this Part is being or likely to be committed in respect of the child; or (d) if the child is a female, that she is pregnant out of wedlock</td>
</tr>
<tr>
<td>Member of the family</td>
<td>Includes a parent or a guardian, or a member of the extended family, who is a household member</td>
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<tr>
<td>Guardian</td>
<td>In relation to a child, includes any person who, in the opinion of the Court For Children having cognizance of any case in relation to the child or in which the child is concerned, has for the time being the charge of or control over the child</td>
</tr>
<tr>
<td>Foster parent</td>
<td>means a person, not being a parent or a relative of a child—&lt;br&gt;(a) to whom the care, custody and control of a child has been given by order of a Court under paragraph 30(1)(e); or (b) permitted by the Protector under section 35 or 37, as the case may be, to receive a child into his care, custody and control</td>
</tr>
<tr>
<td>Protector</td>
<td>(a) the Director General; (b) the Deputy Director General; (c) a Divisional Director of Social Welfare, Department of Social Welfare; (d) the State Director of Social Welfare of each of the States; (e) any Social Welfare Officer appointed</td>
</tr>
<tr>
<td>Day Care Centre</td>
<td>Any premise which receive four (4) or more to care for a continuous period more than 3 hours a day, at least three (3) days a week, whether receiving wages or otherwise</td>
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<tr>
<td>Residential Care Centre</td>
<td>Any premise which receive four (4) or more for care as an occupier therein, whether receiving wages or otherwise</td>
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<tr>
<td>Centre</td>
<td>(1) The Minister may approve any centre to be a place for the care, protection and rehabilitation of children as may be required for the purposes of this Act. (2) The Minister shall cause centres to be inspected for the purpose of ensuring the safety and well-being of children placed in such centres/</td>
</tr>
<tr>
<td>Places of safety</td>
<td>(1) The Minister may, by notification in the Gazette, establish or appoint any place, institution or centre to be a place of refuge for the care and rehabilitation of children. (2) The Minister may at any time direct the closing of any place of refuge established or appointed under subsection (1).</td>
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<td>Places of refuge</td>
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<tr>
<td>Places of detention</td>
<td>The Minister may, by notification in the Gazette, establish or appoint such places of detention as may be required for the purposes of this Act.</td>
</tr>
<tr>
<td>Probation hostels</td>
<td>(1) The Minister may, by notification in the Gazette, establish or appoint such probation hostels as may be required for the purposes of this Act. (2) The Minister may make regulations for the regulation, management and inspection of probation hostels.</td>
</tr>
<tr>
<td>Approved schools</td>
<td>(1) The Minister may, by notification in the Gazette, establish or appoint such approved schools as may be required for the education, training and detention of children to be sent there in pursuance of this Act. (2) The Minister may classify such approved schools—&lt;br&gt;a) according to the ages of the persons for whom they are intended; and&lt;br&gt;b) in such other ways as he may think fit so as to ensure that a child sent to an approved school is sent to a school appropriate to his case.</td>
</tr>
<tr>
<td>Henry Gurney schools</td>
<td>The Minister may, by notification in the Gazette, establish or appoint such Henry Gurney Schools as may be required for the purposes of this Act.</td>
</tr>
</tbody>
</table>
Statistics of children in alternative care

Total number of children in alternative care (total)
There is currently no (publicly available) information on the number of children in alternative care in Malaysia. Although UNICEF compiled a statistics database on Malaysia in 2013, all information concerning the number of orphaned children, children orphaned due to AIDS, children in care, and the number of abandoned children was excluded from the published data. This may be indicative of a need for more reliable monitoring and data collecting services.

Total number of children in family based care - foster care / kinship care
Data unavailable

Total number of boys in care
Data unavailable

Total number of females in care
Data unavailable

Legal age of leaving care
Listed at 18 years old. Thou special provision have been made for Henry Gurney School till the age of 21 years old.

Total number of children adopted
Available data reported there were 960 adoption placements in 2003.

Total number of children in residential / institutional care
An unofficial number has been reported to The Star, a popular Malaysian publication. One article included statistics from 2015 that showed there were 8,000 registered children in welfare institutions, and an additional 50,000 children in privately operated shelters and/or residential care facilities. KPWKM cited that the current (2017) children in care stands at 11,000 for registered residential care centres. In summation, OrphanCare indicated that there are a total of 64,000 living in institutional care facilities.

structure of care for children & young persons with disabilities

In 2010, Malaysia ratified the Convention on the Rights of Persons with Disabilities (CRPD), with two reservations. Malaysia maintains reservations on articles 15 (prohibits torture/maltreatment) and 18 (the right to nationality/liberty of movement). Malaysia has also ratified the Convention on the Rights of the Child (CRC), which demands the fair treatment of children with disabilities, and ensures the protection of a full and dignified life. Moreover, the CRC also requires that the State recognize the rights of a child with disabilities, which include access to: special care, free assistance, education, training and health services, rehabilitation services, preparation for employment opportunities and recreational activities. However, despite Malaysia's ratification of international laws that protect the rights of children with disabilities, there are a lack of national laws that prohibit discrimination towards children and/or persons with disabilities. In fact, the Malaysian legal system is structured in such a way that would still allow for discriminatory laws concerning persons with disabilities to be passed. Even the Constitution of Malaysia does not prohibit discrimination against persons with disabilities, nor does it require that access to education and financial aid is provided to persons with disabilities.

The national law that would be most relevant to the protection of children with disabilities in the Persons with Disabilities Act (PwDA), which was only recently passed in 2008. The PwDA requires that a national body, the National Council for Persons with Disabilities, oversees, monitors, coordinates and implements the Act. However, the PwDA has received a fair amount of criticism, as there are few explicitly stated anti-discrimination provisions. Additionally, the PwDA does not maintain a comprehensive monitoring system, nor does it state specific penalties for those who violate the act or mistreat/abuse/discriminate against a person with disabilities. It should be noted that the creation of the PwDA was prompted by the National Policy for Persons with Disabilities (2007). The Policy essentially dictates the ways in which the PwDA should be implemented and utilized. Despite the potential effectiveness of the Policy, reports show that implementation was hindered by a lack of commitment from stakeholders. Overall, the Policy was not specific enough, which allowed it to operate more as general guidelines than a law.

As the original action plan was only designed to span four years (2008-2012), a new 10-year action plan was drawn up. A National Policy for Children and Action Plan was also established, which provides a wider range of strategies and programmes targeted towards children with disabilities. However, there remains to be an overarching lack of national policies and laws that protect children/persons with disabilities from discrimination and abuse. Implementation of policies, as well as initial detection mechanisms and monitoring systems, are weakened by Malaysia's decentralized data collection system. There are several government units that tasked with disability detection in children, including the Department of Social Welfare, the Ministry of Health and the Ministry of Education. Each of these ministries maintain their own databases of information concerning children with disabilities, but lack of cross-sectoral collaboration has prohibited and undermined the need for a comprehensive data bank. It is estimated that approximately 1.6 percent of the country’s population have disabilities. Data from 2012 suggests that there were a total of 29,289 children with disabilities who registered with a government unit. This number accounts for 4,554 infants (between the ages of 0-6 months old) with disabilities, 12,787 children with disabilities between the ages of 7 and 12, and 11,948 young persons (between the ages of 13 and 18) with disabilities. However, reports highlight the fact that this data is compromised due to the lack of centralized data monitoring system, and the true number of persons with disabilities is likely to be significantly higher.

Research has yielded minimal information concerning the programmes/services that are currently made available to children and young persons with disabilities. However some groups/organizations, such as the National Human Rights Commission of Malaysia (SUHAKAM), have partnered with international NGOs and charities in order to raise awareness of the need for services/programmes for children with disabilities. SUHAKAM’s recent partnership with the Center for Economic and Social Rights (CESR) has led to the making of a new report, which addresses the rights of a child with disabilities to education. While the publication of this report marks a step towards further development of the sector, it does not guarantee an increase in available programmes and services for children with disabilities. Still, the report will be presented to the National Council for Persons with Disabilities, which may have some influence on the establishment of new programmes and services for children and young persons with disabilities in Malaysia.

79 Ibid. 21
80 Ibid. 24
81 Ibid. 26
family based care

6.1 What is the definition of family-based care? How is it defined? Is there emphasis on/priority given to it? While it is reported that there are a number of family based care programmes under the government of Malaysia, the JKM does not offer an official definition of family based care. According to Moving Forward: Implementing the ‘Guidelines for the Alternative Care of Children’ the family based care programmes in Malaysia are “two-fold,” meaning that both financial assistance and community-based preventative care are made available to Malaysian citizens in vulnerable economic situations. The family based care programmes in operation are primarily targeted at families in need, as well as vulnerable children who require special protection. In order to qualify for financial assistance from the JKM, families/guardians/care-takers are obligated to undergo a means assessment test. If a family/guardian/care-taker is approved for financial aid, assistance grants are made available for a maximum of 30 months. If financial assistance is not the foremost concern of the family or child in need, support services such as educational assistance, counselling, parenting workshops, and other forms of community-based care are offered.63

Family based care services and programmes are also offered through various NGOs operating in Malaysia. For example, Focus on the Family functions through the organization. A recent sharing by a KPWM representative Umi Fadhilah Hamzah, Assistant Secretary from the Policy & Strategic Planning Division at a regional workshop in May 2017 also highlighted the Ministry’s priority in promoting family based care. Enlisting that the first option of care would be for the care to be placed under

1. Parents/guardians/relatives; followed by
2. Foster parents or fit & proper person; and lastly
3. Care centre

However, it is unclear as to whether or not family based care programmes and strategies are efficiently implemented at each state. Notably, there was no mention on any initiatives in promoting family preservation or strengthening in preventing admissions of children into institutions. Nor any discussion or weight given toward reunification efforts of the children already in the care centres. Moreover, the quality and availability of such programmes may vary depending on location. Hence, there would be a variations at national, state and districts level.

6.2 Is there a need for family based service? Whilst Malaysia’s legal documents and policy plans often promote the importance of preventing family separation, several organizations have noted the JKM’s tendency to provide crisis relief programmes rather than preventative/intervention services. An additional concern is raised by the lack of monitoring services and data collection, which is that there is an extremely limited amount of information concerning the implementation and/or success of family based service initiatives. Given the parameters of the current family (financial) assistance programme, it is highly likely that the support provided by the JKM is simply not enough to sustain families in need. As the programme currently stands, families within the family support programme only receive RM80 (USD19) per child (with a monthly maximum of RM350/USD83). When compared to the country’s poverty line, which is set at RM529 (USD125) per month, the government run family support programmes are clearly not designed to provide families with enough financial support to even approach surpassing the poverty line.64

In the process of assessing the need for other family-based services, such as foster care and kinship care, it is important to consider that the information published about these forms of care may not accurately represent the reality of family based care in practice, as foster and kinship care are often arranged in an informal manner.65 Informal kinship-fostering situations are particularly common in Malaysia. However, formal foster care placement is an option made available by the JKM. It is unclear as to whether or not unregistered (not affiliated with the JKM) foster carers are provided with financial assistance. Overall, there tends to be a lack of information on these provision with regard to main body overseeing the recruitment, supervision and management of the foster carers. The legislation pertaining to foster and kinship care is also sparse. With these issues in mind, clearer legislation and stronger data collection efforts may substantially improve the quality of family-based care in Malaysia.

6.3 Is there poor practice or short-fall of service? Are standards very high; is the sector strong? If there is a need; then why? – Short-falls come from; govt/private/NGO? In 2012, a status report on children’s rights was compiled by the Child’s Rights Coalition that brought a number of major issues in the care sector to light. One of the primary concerns addressed by the status report is the widespread discrimination against children from indigenous communities, children from minority communities, undocumented children, migrant children, children seeking refuge or asylum, LGBTQ children, and impoverished children from rural areas. The aforementioned groups of children have been systematically kept from receiving access to education, child protection services, quality healthcare, and birth registration. There is also a distinct lack of data concerning disadvantaged children, which may point to a need for improvement in areas such as family and/or child monitoring and protection services. Notably, the status report states that few NGOs seem to systematically document instances of child rights violations.66 Moreover, the data that has been successfully collected by the KPWKM and corresponding NGOs is not made available to the public,67 which raises a number of concerns regarding the care sector’s commitment to transparency. Without a comprehensive data collection approach and complete transparency on the part of the institutional caregivers, it is difficult to make an accurate assessment of the current state of the social welfare system in Malaysia.


66 Ibid. 50.


69 Ibid. 5.
The legal status of corporal punishment has also proven to be an issue in both residential and family based care situations. Technically, corporal punishment is permitted by law (in the juvenile justice system). Therefore, corporal punishment is considered to be an acceptable form of punishment in environments such as educational facilities and residential care centres. However, as stated previously, the use of corporal punishment is certainly not limited to an institutional setting - it is also used within families, which brings the legal definition of child abuse into question. Efforts to revise the law on corporal punishment (Articles 89 and 350 of the Penal Code, 1936) are still being made, with organizations such as the Global Initiative to End All Corporal Punishment of Children advocating for the prohibition of corporal punishment in all settings (i.e. in homes, schools, institutional care facilities, etc.). Recent attempts to prohibit the use of corporal punishment have not yielded fruitful results, as evidenced by the Malaysian government’s postponement of law reform. The Global Initiative to End All Corporal Punishment’s report makes reference to this issue: “The Government did not clearly reject the recommendation to prohibit all corporal punishment of children made during the Universal Periodic Review (UPR) in 2009.” Further efforts were made in 2013 (during the UPR of Malaysia), but the government continued to reject the prohibition of corporal punishment of children in the home and in school.

As of now, corporal punishment is a lawful act in the home, in institutional care facilities and other alternative care settings (because they are considered to be the child’s home), in schools (of boys under 12 only), in day care, and in penal institutions (under the Prison Act of 1995, article 50). Based on the Child Act of 2001, the Penal Code of 1936, the Criminal Procedure code of 1976, and the Criminal Offences Acts of Shari’a law corporal punishment is also legally used as a sentence for committing a crime.

The severe lack of monitoring services, preventative services, and data collection efforts have greatly affected the efficacy of the child protection system in Malaysia. Although there are numerous action plans and strategic partnerships amongst care agencies, there is insufficient implementation of the strategies proposed by care agencies/organizations. Progress has made been made in the sector, but recent reports have found that the number of reported cases remains to be quite low. This may be indicative of a failure on the part of the monitoring services that are provided by the JKM and the Child Division of KPWKM. Moreover, it points to the fact that the child protection system in Malaysia is overly focused on responding to victims of abuse (particularly victims of sexual & cyber abuse), rather than preventing the abuse from occurring in the first place. Alongside the issue of implementing preventative measures is the need for stronger follow-up care strategies and efforts. This issue has been addressed in recent years by organizations such as UNICEF, who found that despite their commitment, at the present time neither the welfare officers nor the courts are able to consistently provide for continued assessment of, and provision of support to, families and children at risk.

6.4 If there is a need; then is this politically and professionally acknowledged? Or is the need resented and concealed?

Recent reports and news articles on the system for alternative care of children tend to suggest that deinstitutionalization is supported by the Malaysian government. In 2015, The Star Online published an article that highlighted the current amendments being made to the Child Act, most of which indicate a motion towards family-based care over institutional care. According to the article, “...biological and foster parents will be given priority to receive custody of children in need of care, protection and rehabilitation.”

This shift towards family-based care is partly due to the recent involvement of Lamos, an international organization that specializes in deinstitutionalization. Four officers from the Ministry received training from Lamos representatives in an effort to help prepare government units for the changes that will need to take place in order to develop and maintain a family based care framework in 2015. Lamos has since extended its support in providing technical guidance for a national survey on demographics and statistics of children in institution in Negeri Sembilan which aid in developing a State Strategic Plan.

The findings are being reviewed and will be released end of 2017. It is hoped that the government would appreciate the outcomes of the mapping exercise would be distinctively applicable to the state of Negri Sembilan and continue to collate similar information of the other 12 states in order to develop a holistic approach to providing quality universal care for the children in taken considerations of the needs of the children, regional district situations, customary child practice of each state etc.

The two main highlight of the change
1) Prove that the child d/n have family
2) Making family responsible sending child to orphanage

There have been several amendments made to the Child Act (Amendment) (2016), thus there is currently no evidence or data to suggest that the updated family based care laws/regulations have been effectively implemented. Moreover, glaringly, there seem to a confusion on the national stance on family based care, especially with the introduction of “deinstitutionalization” i.e. DI. The concept is taken as a new phenomenon and “foreign” to the social care sector. The current confusion of DI taken as a new phenomenon by the government as contrasted with NGO/community as well private practitioners perceived it has been already in existence since 2000 with the family preservation & strengthening work. Without clear definition or understanding both the government and civil society are unlikely to agree on a common strategy to secure better outcomes for the children in care.

With the government emphasis family based care as part of the deinstitutionalization; the third sector have taken it literally meaning shutting down of institutions and been resistance to the initiative. With decades of unwavering belief that they are providing the “best care” for the children, more platforms of discussions and engagement with the institutional care service providers is needed to challenge their long-standing philosophy/mission and open the possibility to reflect on maintaining the child right to family life. KPWKM had indicated capacity building for institutions in a national conference on “Deinstitutionalization of Children: A Paradigm Shift” Nov 2016 which involve training as part of DI 2017 goals. There is also hesitation of the sector to work alongside the identified agency OC in family reintegration/reunification work citing integrity issues and fear of having to shut down their operations.

6.5 What model(s) of family-based care is used?

Family preservation / strengthening i.e. preventing admission into institutional care

The JKM offers a range of services and programmes to assist families and/ or children in need. Financial aid and psychosocial support programmes are offered as the first level of care for families in need. The aim of the JKM is to provide families with the support that they require in order to prevent family separation and the institutionalization of children. The assistance programme is made available to families who qualify for aid, which depends on the results of the family’s means test. If the family or child qualifies for the financial assistance programme, they will be eligible for a grant (30 months maximum). It is estimated that the financial assistance programme will reach approximately 17,000 families and 52,000 children. While there is a grant system in place, there are seemingly no conditional cash transfer programmes made available to families in need. Notably, it is emphasized by the Save the Children report that financial assistance is largely provided for the purpose of funding access to education.

There is a severe lack of information available on NGO operated family strengthening and preservation programmes. This issue was highlighted by UNICEF’s report (2006) Children without Primary Caregivers in Tsunami Affected Countries, which listed family preservation services as one of the main suggestions for child care reform in Malaysia. In 2007 Yayasan Chow Kit (YCK) was established to champion the rights of marginalized vulnerable children. During the initial years, YCK first set up a Home named Rumah Nur Salam as a safe haven for children living in sub-district of central Kuala Lumpur, Cho Kit. The area was known for the nightly businesses, syndicate, sex workers, transgender and drug addiction within the premises. And a more recent quardary where sons were acting as pimps for their mothers. Where the activities has become a way of living for many of the struggling families who came to the urbanized city to seek a better life. Noting the urgency to provide a “safe spaces” for the children.

90 Ibid 1.
92 Ibid 2.
93 Ibid 3.2.
94 Ibid. 3.
96 Ibid 106.
Dr Hartini developed 2 Care Centres as a preventive measure for the children as well as being sent away to institutional care facilities for rehabilitation at the same time continue to engage with the families.

YCK Chief Operations Officer, Ananti Raj clammed the initiatives to be the first initial deinstitutionalization effort supported by UNICEF and JKM. The Centres operates as one of the 131 Pusat Aktiviti Kanak-Kanak (PAMK) cater to children ranging the age of 7 to 12 years old under Nur Salam and youths from the ages of 13-17 under KL Krash Pad. The community-based model PAMK receives a monthly contribution of RM800 for the employment of 2 staff and rental of RM17,000 yearly from the government. Notably, YCK has a team of 13 staff attending to at one time 40-50 children at each centre having raised operations funding on their own via various sponsors including Sime Darby, HSBC and CSR partnerships. The team is made up of 3 teachers; 6 care providers; 1 Manager, 1 Programme Coordinator and 2 Social Workers who write up a social report and assess the basic needs of the children and families. Through the daily engagement with the children, the social workers are then able to offer a comprehensive range of services including

- Home Schooling
- Documentation
- Homeless
- Counselling
- Health
- Empowerment
- Rehabilitation
- Shelter
- Referral
- Legal services
- Financial assistance
- Emergency hotline

COO Ananti noted that there has been a change of the demographics of the children and families they are seeing over past years. During the initial set up, most of the children came from the 40% families who were living below poverty line and of late seen an increasing number of migrant families as well as refugees. YCK does not only work alongside with the families while under their “care” but also plan for the youths who are turning 18 years with skill developments/job placement. They had recently started an entrepreneurship programme involving the children and families in cottage industry of making local sambal paste.

YCK still house children in Rumah Nur Salam however it functions as a transitional home/emergency shelter for about 10 residents for babies to children age 12 years old before securing permanent care placements or alternative living arrangement.

Family assistance i.e. family tracing / reintegration / reunification etc

Research has yielded that there is no history on family tracing, family reintegration or reunification programme available or provided in the past. With the exception of OrphanCare (OC) which had only began offering such service late 2016. It is unclear as whether other similar services/programme are currently operating in other part Malaysia. To date, OC reintegration services are conducted only in the state of Selangor, in West Malaysia and only with a handful of institutional care facilities whom are open working alongside with OC. Which involve OC Social Workers working directly with the child’s family in developing a ‘Care Plan’ i.e. identifying both child and family needs. OC would then enlist assistance from various partners in securing the assistance (financial assistance, groceries, school uniforms, job placement, housing issues, educational support, etc) needed to facilitate the reintegration. A ‘Post Reintegration Care Plans’ is also put in place where duration of follow up is determined by attending counselour/social worker and OC Management.

Elsie Das, Honorary Secretary of Selangor Council of Welfare and Social Development pointed out that more than often parents had somehow made to believe that they have lost their parental right once the child is placed in institutions/care centres. Further accentuated by the structural pre-requisite i.e. parents needing permission from Protectors to visit their children hence denying their access/maintaining regular contact with their children in care facilities. Elsie has since been approaching children’s homes in Selangor state to train staff how to conduct a Family Assessment for Reunification (FAR). The FAR traces the situational circumstances that lead for the placement of the child in institution at onset, the family background and level of functioning in evaluating the family strengths and protective factors before developing an intervention programme in rebuilding the estranged relationships due to the institutionalization. Elsie added that it is a gradual process with the initiation of the emotional reunification before the physical reunification could take place. It is an individualised programme with varied duration for each child and family. Thou it was noted, the longer the child have stayed in a residential care centre, more work need to be done in getting the family back together.

It was further unravelled that many of the children whom are under the care of non-government care facilities do not have any referral and investigations report when they were admitted into the facilities. Hence, with no information i.e. family background/contact details, often they are assumed “unwanted, abandoned” and there is no concerted effort needed in maintaining the family ties. In other cases, institutional staff would discourage parents (known facing with difficult circumstances i.e. poor, drug abusers, sex workers etc) not to visit the children as fear that the children would be “tainted”. With such hindrance coupled with the need to seek higher authorities permission to see their own child, parents are often disheartened and made to believe that they no longer have parental rights (or obligations) furthering severing the parent-child bond. Evident through a programme, Elsie shared it took 2 years to convince a group of parents in a care centre that the children still belong to them. The institutional care facility had since allowed the children to call their parents and also permitted the parents to meet the teachers in school and inquire about their children academic performance/activities.

I know you’re new here and do you know why your parents left you here?

It is because they don’t care about you, so get used to it.

The stinging words still haunts Dr. Eric Sivanesh Richards having lived an orphanage since age of 12 years old and corroborated how it had adversely impacted his relationship with his mother and siblings (whom were also placed in care thou in different orphanages) after he was reunified with them. He lamented that he is still not able to ‘forgive’ his mother and maintain a rather civil relationship with her and his siblings. Pursuing a Masters programme in paediatrics, Dr Eric shared how he was often confounded with the fact that no one in the institutional care made an attempt in passing on any of his parent’s belongings i.e. clothes or bantal busuk (smelly pillow) i.e. a customary Asian practice where a child had a special comfort pillow made to comfort them in giving some sense of familiarity and connection in maintaining the family link intact.
Kinship care
Informal kinship care is likely the most common form of alternative care for children in Malaysia, although formal kinship care or guardianship is also utilized as a popular method of providing family-based care to vulnerable children. While there is generally limited information on kinship care funding in Malaysia, there is a family support programme that is made available to poor families, single parents, and kin who are responsible for caring for a (related) child. The capacity of this programme is somewhat unknown, but the programme was designed to assist over 17,000 families and 52,000 children. In order to qualify for the grant, the family or caregiver must undergo a testing process (including means testing). If the applicant is approved for the receivable of government assistance, grants are made available to the caregiver for a maximum of 30 months. The size of these grants varies, and is determined based the specifics of the child and caregiver’s socio-economic situation(s). Financial assistance is not the only option made available to families in need, such as counselling, intervention, educational support, family planning, health services, and activities for children also serve as alternative options.41

Foster care
In Malaysia, formal foster caring is presently carried out only through official government agencies i.e. JKM.42 If a family chooses to arrange foster care placement through a government approved agency, they are given RM250 (USD60) per month (per child, with a maximum of RM500/USD118 per month).43 Prospective foster parents must be evaluated by a social worker. The evaluation process is designed to assess the prospective foster care family’s background, housing situation, behavioural patterns, and other aspects of their life that may impact the wellbeing of a child. If the applicant is approved for foster caring, they are provided with financial support from the Malaysian government (RM250 per child/per month, with a maximum of RM500 (USD/per month). After the child has been in the care of foster parents for two years, the foster family is provided with the option to formally adopt the child. In order to complete this process, a social care worker must attempt to contact/trace the child’s biological parents. If the biological parents do not claim the child, the adoption process can ensue.44

Although such practice could be lauded as securing a permanent placement i.e. adoption for the child, Dr Hartini Zainudin, Founder of Yayasan Chow Kit and highly regarded child advocate agonized over the number of children below the age of 1 year old being ‘adopted’. Hence putting in question the fact that the community is also unaware of such programme. There is no national campaign or active drive in recruiting foster parents. Informal foster care arrangements are also common, especially amongst extended family members and friends.45

Adoption
Adoption is a fairly common family-based care option in Malaysia. However, the adoption process is somewhat complicated. It should be noted that legislation and practice also differs between Peninsular Malaysia and East Malaysia (Sabah and Sarawak), the latter having their own set of laws. The adoption of a child born in Sarawak is governed by the Sarawak Adoption Ordinance (Amended) 2002. According to OC (also involve in adoption as part of their work in promoting deinstitutionalization and advocating family based care), it is quite complicated to adopt a child in Peninsular Malaysia and bring him/her back to Sabah and/or Sarawak and vice versa.46

Malaysia also has different adoption laws for Muslim and non-Muslim children.47 There are two separate but concurrent legislative schemes for adoption in Malaysia, both are Court Adoptions;

1) The Registration of Adoption Act (1952). Commonly known as “RAA”, “registrat adoption” or “departmental adoption”. This type of adoption is done via the National Registration Department (NRD). The Registration of Adoptions Act takes into account Islamic law to make it possible for Muslims to legally adopt children. Under this Act the adoptive parents of a child only have custodial rights over the adopted child, with responsibilities to care, maintain and educate him/her. The child will not have a right to inherit any property of their adoptive parents if the latter die intestate. Nor is there a name change. This Act however is not restricted to Muslims only.48

2) Court Adoption under the Adoption Act (1952) which stipulates certain pre requisite conditions. This Act does not apply to Muslims.

NOTE: Pursuant to the laws of Malaysia, prospective adoptive parent(s) who are non-Muslims may not adopt Muslim children.

Available figure on adoption is dated to 2003 where over 960 adoptions were processed.49 Each adoption case requires a court appointed “Guardian” who investigates the applicant’s background, as well as the child’s history and family circumstances. Requiring prospective adopters to register with JKM. The adoptive parents would have to be over the age of 25, with at least a 21 year age difference between the adoptive parent and the child. However, if the prospective adoptive parents are related to the child, they only have to be 21 in order to adopt the child. A parent can make an adoption order for their own child without the consent of a spouse.50 Notably, single men cannot adopt female children.

Adoption orders will only be considered if the applicant has cared for the child for a minimum of 3 consecutive months. Adoption orders also require that the JKM has been informed of the applicant’s intention to adopt for at least 3 months.51 JKM would then take on a preliminary “home assessment” which were discovered to be conducted via over Whatsapp or a telephone conversation. No training, supervision or any form of support for the adopters is made available by the government body or any known accredited agency. Of which there are crucial components in supporting a successful permanent placement for a child transition into adoption. Moreover, the legislative framework permit adopters to return or place the child back in institutions (for the lack of support services) when issues arise years after the adoption have taken place. In this sense, adoption is not necessarily treated as a form of permanent placement nor in the best interest of the child.

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53 Notably, single men cannot adopt female children.
54 Adoption orders will only be considered if the applicant has cared for the child for a minimum of 3 consecutive months. Adoption orders also require that the JKM has been informed of the applicant’s intention to adopt for at least 3 months. JKM would then take on a preliminary ‘home assessment’ which were discovered to be conducted via over Whatsapp or a telephone conversation. No training, supervision or any form of support for the adopters is made available by the government body or any known accredited agency. Of which there are crucial components in supporting a successful permanent placement for a child transition into adoption. Moreover, the legislative framework permit adopters to return or place the child back in institutions (for the lack of support services) when issues arise years after the adoption have taken place. In this sense, adoption is not necessarily treated as a form of permanent placement nor in the best interest of the child.
Nonetheless, Lari Cannon, Adoption Consultant mentioned many local adopters struggle with their domestic adoption application which is often marred by the tedious process of completing various administrative forms and reluctance of the National Registration Department (NRD). i.e. Jabatan Pendaftaran Negara (JPN) to register abandoned babies for being able to ascertain the ‘nationality’/immigration status left at baby hatch public spaces. In 2013, Goh Siu Lin, then Vice President of The Association of Women Lawyers, Malaysia, referred to there being over 400,000 children who have been orphaned in Malaysia. She added that thousands of homes have been set up across the country to look after them. It was noted that children needing adoption may come from a children’s home/orphanage, baby hatch or via a direct arrangement between birth parents and adopters. However, it was reported that the institutional care centres are resisting in exploring the possibility of being shut down of the best interest of the child. It was noted that children needing adoption may come from a children’s home/orphanage, baby hatch or via a direct arrangement between birth parents and adopters. However, it was reported that the institutional care centres are resisting in exploring the possibility of being shut down.

Informal private adoption placements continue to take place in Malaysia. Some say this is in part due to the complex adoption procedures and the many obstacles desperate to have a child. It is difficult to trace clear information in the case of a direct private placement. The babies are likely “marketed” by midwives, doctors, birth mothers who have babies for sale/faced with difficult circumstances and prostitution implicated by their pimps. These baby rackets operations run deep involving the most respectable echelon of the society i.e. doctors whom could easily falsify the medical certification for birth registration of the child. The child often goes to the highest bidder in the scheme thou not necessarily the best parents or family. These “agents” and “broker” will charge depending on the background of the baby. An An Aljazeera undercover operation into baby selling states a healthy baby boy of 3kg can be RM2000 (USD475). Another Malaysian Blog, Money Matters quotes the range; Chinese baby boy (new-born or as young as possible) payment is RM20,000 (USD4,600) at least in 2012. On the other end of the spectrum, an Indian baby girl may fetch only RM800 (USD185). Most of which are under the age of 1 year old. A proper adoption proceedings with legal assistance with cost at RM40,000 (USD9,500).

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Furthermore, a child who is adopted directly by a couple through a “broker” i.e. not through the legal process, and where there is no documentation is technically stateless. Without proper documentation i.e. not considered as a Malaysian, the child could be denied access to education, healthy/ social benefits and worst, the right to an identity. The problem also extends to abandoned babies placed in the baby baches or found in public spaces. Unable to ascertain the ‘nationality/ immigration status’ of the children - both the Adoption Act and the Registration of Adoptions Act refuse to issue citizenship to facilitate the adoption of the children.

The National Registration Department (JPN) will furnish a birth certificate which declares the child as a “permanent resident” or “non-citizen” disregarding the fact that the adoptive parents may be Malaysian citizens.124

The death of toddler Muhammad Al Fathel Abdulah aged 21 months in Johor State, Jul 2017 brought the attention and call for the government to review standard operating procedures (SOP) of potential families and married couples for fostering or adopting children.125 Muhammad was under the placement of foster parents in transition to adoption since birth. Despite, being admitted to hospital four times and suspected abuse from an injury in the right arm, the JKM had allowed the care to be returned to the foster parents. Several questions have been raised on the screening process of the foster parents, the lack of inter-agency collaboration in reporting/ follow up in suspected child abuse cases. As highlighted previously, there is no national guidelines or regulations on adoption. Nor are they any accredited/ licensed agency to facilitate the process as well as provide post-adoption support services in guaranteeing the welfare and safety of the children.

Inter-country adoption is not permitted under the Adoption Act of 1952 (revised January, 2013).126 Malaysia has not ratified the 1993 Hague Convention on the Protection of Children.127

**Kafala**

Despite, several publications and research indicating that kafala care is in practice in Malaysia, field findings noted otherwise. Kafala of Islamic law refers to a form of family based care. Evidently, there was no mention of kafala in the amendments of the Child Act in 2016 as an option for alternative family based care option for children in need of care. It is reported to exist in certain countries, but little is known about either the extent of its use among Muslim communities or the conditions and outcomes of the measure. In addition, kafala can have very different implications in practice from one country to another and may even only involve financial sponsorship.128 Despite being a Muslim majority country the practice of kafala in Malaysia does not appear to be widely understood. It was not possible to identify any evidence or found any indication of its use in practice.

**Guardianship**

The use of guardianship as a form of alternative care for children has not been widely addressed in Malaysia’s context. As a general concept, guardianship is worked into Malaysia’s legal framework. However, it is generally referenced in relation to divorce or separation agreements (i.e. custody and guardianship agreements). The legislation most relevant to guardianship care is the Guardianship of Infants Act 1961 (Revised 1998), which is only applicable to guardianship situations in Peninsular Malaysia.129

**Legal Considerations**

The Care Centres Act 1993 (Act 506) was drafted “to provide for the registration and enforcement of inspection care centers and for matters connected therewith to determine the welfare, well-being, and safety of the occupants priority.”130 As indicated previously, the Act (1993) categorizes the care centre into two

1) Day Care Centre
2) Residential Care Centre

The registration process involves an application to the District Social Welfare Office (PKMD) nearby which will be processed within 14 days with a fee of RM50 (USD12). There is an allowance of 6 months to submit application for registration upon the set up of the care centre. Disconcertingly, the Act fail to dictate any standards of care or safeguards for the children. Despite, enlisting the factors for inspection most components are pertaining the operational aspect of running the centres and does not specify the frequency of the inspection. Care centres i.e. children’s homes had confirmed that some of them were inspected once after being in establishment for a decade while others never received any visits from the authorities. Lumos report (2014) also highlighted that the Act “makes no stipulation on the admission of the children” nor a comprehensive framework in supporting the child and family gesturing towards reunification131. Nonetheless, the Act does denote the ratio of staff to children needed in care. For instance,

i) 1:5 – for children under 4 years old
ii) 1:18 – for children 4-10 years old
iii) 1:18 – for children above 10 years old

Evidently, the registration process for alternative care service provision is not integrated alongside with the other Acts in protecting children in care. Therefore, it is not uncommon for NGOs, private and faith-based organizations to operate without registration or licensing. From a legal standpoint, registration is mandatory for all NGOs as there are legal implications for failing to do so as indicated by the authorities. However, the entities have the option to register under other acts, depending on the services offered by the organization. Or simply register under either the Registrar of Societies (ROS) or the Companies Act.132 As Malaysia Today stated: “The main statutes dealing with establishment & regulation of NGOs are the Societies Act 1966, the Companies Act 1965, the Income Tax Act 1967 and House to House and Street Collection Act 1947.”133 Lamentably, by doing the registration seem to be administrative and hence hold none of the service providers accountable in ensuring the best interest of the child under their ‘care’ nor perhaps be penalized should they fail to protect and meet the needs of the child.

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129 The legal considerations section has been included at the end of the document.

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### National Laws, Policies, Regulations, Codes Etc.

- Criminal Procedure Code  
- Juvenile Courts Act  
- Adoption Act  
- Registration of Adoption Act (RAA)  
- Guardianship of Infants Act  
- Societies Act  
- Women and Girls Protection Act  
- Rules of the Juvenile Welfare Committee (Protection & Obligation)  
- Child Care Centre Act  
- Islamic Family Law Act, Islamic Family Law (Federal Territories)  
  Care Centres Act 1993 (Act 506)  
- Child Protection Act  
- Domestic Violence Act  
- Regulations on Fit & Proper Person  
- Child Act 2001  
- Anti-Trafficking in Persons Act  
- Child Care Centre Community Regulations  
- National Child Protection Policy  
- National Policy on Children  
- Sex Offenders Bill Against Children

### International Treaties/Acts/Laws Ratified

- ASEAN Declaration Against Trafficking in Persons Particularly Women and Children  
- Convention on the Rights of the Child (CRC)  
- Convention on the Elimination of All Forms of Discrimination Against Women  
- Worst Forms of Child Labour Convention, 1999 (No. 182)  
- Bali Consensus on Partnerships with and for Children in the East Asia & Pacific Region  

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