

Children with Disabilities in Malaysia

Mapping the Policies,
Programmes, Interventions
and Stakeholders

May 2013

INDEX

I	INTRODUCTION	3
II	METHODOLOGY AND CONSTRAINTS	5
A	Introduction	5
B	Methodology	5
C	Constraints	6
III	LAWS AND POLICIES	7
A	International Commitments	7
	A.1 Convention on the Rights of the Child	7
	A.2 Convention on the Rights of Persons With Disabilities	8
B	National Legal and Policy Framework	9
	B.1 Federal Constitution of Malaysia	9
	B.2 Child Act 2001	9
	B.3 Persons With Disabilities Act 2008	10
	B.4 Education Act and Regulations	12
	B.5 National policy framework for children with disabilities	12
	B.6 National Policy for Persons With Disabilities 2007	12
	B.7 National Plan of Action for Persons With Disabilities	13
	B.8 National Policy for Children and Action Plan	14
	B.9 National Child Protection Policy and Action Plan	14
C	Defining Children With Disabilities	14
IV	STATISTICAL DATA ON CHILDREN WITH DISABILITIES	19
A	Sources and Mechanisms for the Collation of Data on Children With Disabilities	19
B	Statistical Data from the Department of Social Welfare	20
C	Statistical Data from the Ministry of Health	25
D	Statistical Data from the Ministry of Education	28
V	STAKEHOLDERS	30
A	National Council for Persons With Disabilities	30
B	Government Bodies	31
C	National Bodies	33
D	Non-Government Organisations	35

VI	PROGRAMMES AND SERVICES FOR CHILDREN WITH DISABILITIES	35
A	Early Detection of Children With Disabilities	35
A.1	Background	35
A.2	Current detection methods	35
A.3	Shortcomings in the current system of early detection	37
A.4	The Way Forward	38
B	Health	38
B.1	Healthcare system for children with disabilities	38
B.2	Problems in the delivery of healthcare services to children with disabilities	40
C	Education	41
C.1	Early childhood care and education	41
C.2	The education options in the national school system for children with disabilities	41
C.3	Education options in the private sector	42
C.4	Eligibility requirements for the special needs education system	42
C.5	Number of children with disabilities enrolled in the special education system	44
C.6	Problems in the delivery of education services to children with disabilities	45
C.7	Inclusive Education	46
D	Community Based Rehabilitation	49
E	Social Protection Programmes	51
F	Protection	51
F.1	Background	51
F.2	National legal and policy framework	52
F.3	Programmes and primary agencies involved	52
G	Accessibility	54
G.1	Background	54
G.2	Access to public premises	54
G.3	Access to public transport facilities	55
VII	CONCLUSIONS AND RECOMMENDATIONS	56
	ANNEX 1	63
	ANNEX 2	65
	REFERENCES	70

I INTRODUCTION

The objectives of the exercise to map Policies, Programmes, Interventions and Stakeholders for Children With Disabilities in Malaysia are as follows:

- (a) To map all the national stakeholders on the issue of children with disabilities and their roles and responsibilities;
- (b) To understand the extent of the abilities of these organisations to advocate and influence policy decision-making as well as influence the design, planning, implementation and evaluation of programmes and services;
- (c) To map available services in the country for children with disabilities;
- (d) To identify gaps in policies, legislation, participation and service delivery.

Malaysia ratified the Convention on the Rights of the Child (CRC) in 1995 with several reservations, of which 5 currently remain. As a consequence of its obligations under the CRC, in 2001, Malaysia enacted the Child Act 2001 (Child Act). In 2008, Malaysia enacted the Persons with Disabilities Act (PWD Act). In 2010, Malaysia ratified the Convention on the Rights of Persons With Disabilities (CRPD) with two reservations. However, Malaysia has yet to ratify the Optional Protocol to the CRPD.

There is no national Act specific to children with disabilities. The rights of children with disabilities to care, protection and development are subsumed primarily within the Child Act and the PWD Act and fall under the Constitutional umbrella of protection of fundamental liberties under the Malaysian Federal Constitution.

The primary national stakeholders that provide programmes and services for the care and development of children with disabilities are the Department of Social Welfare (Ministry of Women, Family and Community Development (MWFC)), the Ministry of Health and the Ministry of Education.

Policies at a ministerial level are framed for persons with disabilities as a general class or for children as a general class. Goals and strategies for the care, protection and development of children with disabilities filter down from policies for these general classes.

Through the conduct of this mapping exercise, a number of gaps in legislation, policies, participation and service delivery were identified. In the course of the mapping exercise, the interconnection, but lack of effective synergy, in the provision of healthcare, education, rehabilitation, protection and welfare services to children with disabilities was apparent. The lack of an integrated national policy or statement of direction that cuts across service sectors likely contributes to the barriers faced in healthcare, education, rehabilitation and protection services for children with disabilities. One of the recommendations of this study is that the crafting of policies, strategies and services in these areas should be holistic, multidisciplinary and coordinated.

In November 2012, Malaysia together with other members of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), adopted the Incheon Strategy to “Make the Right Real” for persons with disabilities in Asia and the Pacific. The Incheon Strategy comprises 10 goals, 27 targets and 62 indicators for improvements on the quality of life and the fulfilment of the rights of persons with disabilities, which include strategies for expanding early intervention of children with disabilities, strengthening social protection and enhancing accessibility to the physical environment, public transportation, knowledge, information and communication. One of the key principles and policy direction of the Incheon Strategy is “respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities”.

Malaysia will be adapting its national policies for persons with disabilities in light of its commitments under the Incheon Strategy. It is hoped that the gaps in existing policies, programmes and service delivery that have been identified in this report will assist in the revision and improvement of policies and strategies for children with disabilities.

II METHODOLOGY AND CONSTRAINTS

A INTRODUCTION

The following activities were undertaken to meet the objectives of this exercise

- (a) Identify and analyse existing data on children with disabilities from a spectrum of sources including from the Department of Social Welfare, Ministry of Health, Ministry of Education, population census, Human Rights Commission and NGOs;
- (b) Review existing policies and laws to determine the extent to which they address the needs and rights of children with disabilities and conduct a qualitative assessment of key obstacles for effective delivery of services for children with disabilities;
- (c) Identify existing coordination and networking and constraints to effective coordination between different government ministries and departments and between government and NGOs in respect of children with disabilities;
- (d) Examine strengths and weaknesses of existing systems for the care and support of children with disabilities;
- (e) Mapping of stakeholders working on the issue of children with disabilities;
- (f) Provide recommendations on the way forward, based on the analysis.

B METHODOLOGY

The mapping exercise commenced with an analysis of the international commitments and national laws and policies of Malaysia, to understand the international and national commitments and obligations of the government in relation to children with disabilities. Thereafter, the government stakeholders and services involved were identified. An outline of specific stakeholder roles, functions, obligations and services was developed. This was followed by identification of the issues and practical problems that have arisen in the delivery of services by these stakeholders.

Once the issues and possible gaps were identified, government stakeholders were approached to verify the scope of their functions and services, for clarification on issues and gaps and to obtain further data and information. Various non-government associations and groups concerned with children with disabilities were contacted to obtain the perspectives of advocates for the rights of children with disabilities and organisations involved in the teaching, training and rehabilitation of children with disabilities.

Interviews were conducted with the officers in the Department of Social Welfare, Ministry of Health, Ministry of Education, the National Human Rights Commission (SUHAKAM), 4 children's disability rights NGOs, one concerned individual, one private practitioner and one public hospital-based service. Documents and data gathered from the interviewees, the websites of the Ministry of Women, Family and Community Development, the Ministry of Health, the Ministry of Education, various national bodies, international bodies and non-government organisations were analysed. Various reports from the government and NGOs were also analysed.

C CONSTRAINTS

The first stage of the preparation for this report occurred from 12 November 2012 to 11 January 2013.

The second stage of the preparation of this report, which was to review and revise the report taking into consideration the original terms of reference and comments provided, occurred from 8 May 2013 to 31 May 2013.

There were a number of limitations and constraints faced in conducting the mapping study:

- (a) It was not possible to carry out field visits to centres where the stakeholders provide their services, such as the Ministry of Health's health centres, the Ministry of Education's special education schools and classes or the Department of Social Welfare's community based rehabilitation centres.
- (b) While ministry officers were largely cooperative in providing data and documents, in some instances, relevant documents were not readily available.
- (c) Some difficulties were also encountered in setting up interviews with a key ministerial department, despite written requests.
- (d) While the principal and secondary government bodies involved in formulating policies and delivering services to children with disabilities have been identified in this study, an exhaustive mapping of all government agencies involved could not be done within the parameters of the assignment.

III LAWS AND POLICIES

A INTERNATIONAL COMMITMENTS

A.1 Convention on the Rights of the Child (CRC)

Article 23 of the CRC states that a mentally or physically disabled child should enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. Article 23 requires State Parties to recognise the right of the disabled child to special care, to render assistance free of charge whenever possible and to ensure that the disabled child has effective access to and receives:

- (a) Education;
- (b) Training;
- (c) Health care services;
- (d) Rehabilitation services;
- (e) Preparation for employment; and
- (f) recreation opportunities,

in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

Malaysia ratified the CRC in 1995, originally with 12 reservations. The government has however, progressively lifted most of the reservations. The reservations that still remain relate to:

- (a) Article 2 which concerns non-discrimination of children whether due to race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status;
- (b) Article 7 which is about the right of the child to a name and nationality;
- (c) Article 14 which spells out the right of the child to freedom of thought, conscience and religion;
- (d) Article 28 (1) (a) which concerns free and compulsory primary level education;

- (e) Article 37 which deals with torture and deprivation of liberty.

The reason provided for Malaysia's reservations to the above Articles of the CRC are that they do "not conform with the Constitution, national laws and national policies of the Government of Malaysia, including the Syariah law".¹

Two of the reservations to the CRC touch directly on the situation of children with disabilities in Malaysia:

- (a) Article 2 of the CRC protects (amongst others) non-discrimination of the child by reason of any disability. The issue of discrimination against children with disabilities remains a core concern.²
- (b) With regard to Article 28(1)(a) of the CRC, it is noted that primary level education has been compulsory in Malaysia since 2003.³

A.2 Convention on the Rights of Persons With Disabilities (CRPD)

Malaysia ratified the CRPD in 2010. However, the ratification was with reservations to Article 15 (prohibition of torture and ill treatment) and Article 18 (the right to liberty of movement and nationality).⁴

Malaysia has yet to sign the Optional Protocol to the CRPD.⁵ The Optional Protocol introduces two procedures to strengthen the implementation of the CRPD: an individual communications procedure and an inquiry procedure.⁶ In short, it sets up a complaints and redress mechanism for those aggrieved by a violation of the CRPD by parties to the convention.

The non-acceptance of the Optional Protocol by the Malaysian government is connected to the larger concern that Malaysia at present provides no legal mechanism for redress, and in fact expressly prohibits legal action against the government, for violating the rights of persons with disabilities.⁷ This issue is addressed further in the Section below.

¹ UNICEF-Malaysia, 'Child rights – CRC reservations'. Retrieved on 21 May 2013 from http://www.unicef.org/malaysia/17982_crc-reservations-malaysia.html.

² Rights Coalition Malaysia, *Status Report on Children's Rights In Malaysia*, December 2012, p. 7.

³ Laws of Malaysia, Education Act 1996, Section 29A. The Minister's Order prescribing primary education as compulsory education was gazetted on 8 November 2002 [P.U. (A) 459].

⁴ Human Rights Watch, *Malaysia: Disability Rights Treaty Ratification an 'Important Step'*, 16 August 2010. Retrieved from <http://www.hrw.org/news/2010/08/16/malaysia-disability-rights-treaty-ratification-important-step>.

⁵ United Nations Enable, *Convention and Optional Protocol Signatures and Ratifications*. Retrieved on 21 May 2013 from <http://www.un.org/disabilities/countries.asp?id=166>.

⁶ United Nations Enable, *Chapter Three: Monitoring the Convention and the Optional Protocol*. Retrieved on 21 May 2013 from <http://www.un.org/disabilities/default.asp?id=229>.

⁷ Human Rights Watch, *Malaysia: Disability Rights Treaty Ratification an 'Important Step'*, 16 August 2010. Retrieved from <http://www.hrw.org/news/2010/08/16/malaysia-disability-rights-treaty-ratification-important-step>.

B NATIONAL LEGAL AND POLICY FRAMEWORK

B.1 Federal Constitution of Malaysia (Federal Constitution)

Malaysia is a federation with a constitutional monarchy. The Federal Constitution is the supreme law of the Federation.⁸ Article 4 of the Federal Constitution stipulates that any law passed by Parliament that is inconsistent with the Federal Constitution will be void to the extent of that inconsistency.⁹

Articles 8 and 12 of the Federal Constitution are particularly relevant to persons with disabilities in Malaysia. Article 8(2) of the Federal Constitution, which prohibits discrimination on various grounds, does not prohibit discrimination against those with disabilities.¹⁰ Similarly, Article 12(1) that deals with the right to access to education, does not specifically prevent discrimination against children with disabilities with regard to admission into educational institutions and the provision of government financial aid.¹¹

Because of these lacunae in Articles 8(2) and 12(1), laws that discriminate against persons with disabilities can still be passed and enforced in Malaysia.

The failure to amend Articles 8(2) and 12(1) of the Federal Constitution to extend the prohibition against discrimination to persons with disabilities is a cause of concern for non-government organisations, and there have been various calls for an amendment of those constitutional provisions to protect discrimination based on disabilities.¹²

Non-discrimination is one of the defining principles of both the CRC and the CRPD. In light of this, the failure to enshrine the prohibition against non-discrimination of persons with disabilities in the Federal Constitution facilitates the perpetuation of discrimination against persons with disabilities. An amendment to Articles 8(2) and 12(1) of the Federal Constitution to include such a prohibition would likely allow Malaysia to lift its reservations to Article 2 of the CRC and could act as a further tool of empowerment to advocate, protect and enforce the rights of children with disabilities in Malaysia.

B.2 Child Act 2001 (Child Act)

In 2001, Malaysia enacted the Child Act. In its initial report to the Committee on the Rights of the Child in 2006,¹³ Malaysia cites the four core principles of the CRC, namely: (1) non-discrimination, (2) best interest of the child, (3) the right to life, survival and development, and (4) respect for the views of the child, as the basis for the provisions of the Child Act.

⁸ Laws of Malaysia, Federal Constitution, Article 4.

⁹ Ibid.

¹⁰ Laws of Malaysia, Federal Constitution, Article 8 (2).

¹¹ Laws of Malaysia, Federal Constitution, Article 12(1).

¹² Child Rights Coalition Malaysia, *Status Report on Children's Rights In Malaysia*, December 2012, pp. 7 & 29; Gerakan Bersama Kebangkitan OKU 2012 *Memorandum BANGKIT 2012(Stand Up)*, 17 March 2012, p. 1.

¹³ UN Committee on the Rights of the Child (CRC), *UN Committee on the Rights of the Child: Initial Report of States Parties Due in 1997, Malaysia*, 22 December 2006, CRC/C/MYS/1, p. 21.

Despite basing the Child Act on the four core principles of the CRC which includes non-discrimination against the child, Malaysia's reservation regarding Article 2 of the CRC that concerns non-discrimination¹⁴ remains in place and the provisions in the Federal Constitution that protect against discrimination have not been extended to cover persons with disabilities.¹⁵

The definition of "child" in the Child Act¹⁶ is "person under the age of 18 years" Consequently, all the rights and protections available to children under the Child Act extend to children with disabilities.

B.3 Persons With Disabilities Act 2008 (PWD Act)

The PWD Act was passed in 2008. It defines "persons with disabilities" as including "those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society".

The PWD Act protects the rights of persons with disabilities and imposes obligations on government, private sector and non-government organisations in relation to:¹⁷

- (a) access to public facilities, amenities, services and buildings;
- (b) access to public transport facilities;
- (c) access to education;
- (d) access to employment;
- (e) access to information, communication and technology;
- (f) access to cultural life;
- (g) access to recreation, leisure and sport;
- (h) habilitation and rehabilitation services;

¹⁴ Article 2 of the CRC reads:

"State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."

¹⁵ See Chapter III, Section B.1 of this Report.

¹⁶ The complete definition of "child" under Section 2 of the Child Act is as follows:

"child" –

- (a) Means a person under the age of eighteen years; and
- (b) In relation to criminal proceedings, means a person who has attained the age of criminal responsibility as prescribed in section 82 of the Penal Code [Act 574]"

¹⁷ Laws of Malaysia, Persons With Disabilities Act 2008.

- (i) access to healthcare, health personnel and protection against further occurrence of disabilities;
- (j) lifelong protection for persons with severe disabilities;
- (k) access to assistance in situations of risk and humanitarian emergencies.

The PWD Act also establishes a national body called the National Council for Persons with Disabilities (National Council) with obligations under the Act to oversee, co-ordinate and monitor the implementation of national policies and plans of action relating to persons with disabilities.¹⁸ The functions and roles of the National Council are addressed in Chapter V of this report.

Advocates for the rights of persons with disabilities in Malaysia have pointed to a number of significant omissions in the PWD Act, including:¹⁹

- (a) The lack of any or any comprehensive monitoring,²⁰ penalties or remedies mechanism against parties who violate the PWD Act or the rights of persons with disabilities;
- (b) The lack of a redress mechanism against the government for violating the PWD Act or the rights of persons with disabilities;
- (c) The lack of specific anti-discrimination and anti-harassment provisions.

The significant omissions in the PWD Act have led it to be labelled a “toothless tiger”.²¹ There have been calls for the PWD Act to be amended to address its shortcomings,²² including from the Human Rights Commission of Malaysia (SUHAKAM) which opined that a more comprehensive Act is required to reflect the CRPD and cover all the rights of persons with disabilities.²³ Rights advocates have repeatedly asserted that a paradigm shift is needed so that laws relating to persons with disabilities are rights-based and not drafted from a charity or social welfare perspective.²⁴

¹⁸ Laws of Malaysia, Persons With Disabilities Act 2008, Section 9.

¹⁹ Child Rights Coalition Malaysia, *Status Report on Children’s Rights In Malaysia*, December 2012, pp. 20 - 21; Report on the *Public forum: ‘Persons with Disabilities Act 2008 – What Next’*, Bar Council Malaysia’s Law Reform and Special Areas Committee, 19 January 2009. Retrieved on 22 May 2013 from http://www.malaysianbar.org.my/bar_news/berita_badan_peguam/public_forum_persons_with_disabilities_act_2008_what_next_.html.

²⁰ Human Rights Commission of Malaysia (SUHAKAM), *Annual Report 2010*, p. 16.

²¹ United States Department of State, *2010 Country Reports on Human Rights Practices – Malaysia*.

²² Report on the *Public forum: ‘Persons with Disabilities Act 2008 – What Next’*, Bar Council Malaysia’s Law Reform and Special Areas Committee, 19 January 2009.

²³ SUHAKAM, *Annual Report 2010*, p. 16.

²⁴ Ibid.

It is understood that the government is presently considering including enforcement mechanisms within the PWD Act, although no information could be obtained on the exact nature and scope of the proposed mechanisms.²⁵

B.4 Education Act and Regulations

The legal framework for education insofar as children with disabilities are concerned is the Education Act 1996 (Education Act) and the Education (Special Education) Regulations 1997 (Special Education Regulations).

- (a) Section 40 of the Education Act requires the Minister for Education to provide special education in special schools or designated primary and secondary schools.²⁶
- (b) The Special Education Regulations specify the children with disabilities who are eligible for special education and this issue is addressed in greater detail in Section C of this chapter.²⁷

B.5 National policy framework for children with disabilities

There is no national policy specifically for children with disabilities. The policies, strategies and programmes for children with disabilities are subsumed within:

- (a) national policies and action plans for persons with disabilities; and
- (b) national policies and action plans for children.

As such, the policies behind the services and programmes for the health, rehabilitation, education, protection and advancement of children with disabilities are developed from two distinct focal points: the child with disabilities as a “person with disabilities” and the child with disabilities as a “child”.

B.6 National Policy for Persons With Disabilities 2007

The National Policy for Persons With Disabilities sets out the national strategies for the implementation of the provisions in the PWD Act and includes strategies for persons with disabilities relating to:

- (a) Advocacy;
- (b) Accessibility to facilities, transport services and information and communications technology;

²⁵ Interview with Mr. Pathmanathan a/I R. Nalasamy (Principal Assistant Director, Department for the Development of Persons with Disabilities, Department of Social Welfare, Malaysia) on 15 May 2013

²⁶ Laws of Malaysia, Education Act 1996, Section 40.

²⁷ Laws of Malaysia, Education (Special Education) Regulations 1997, Paragraph 3.

- (c) Health services;
- (d) Rehabilitation programmes;
- (e) Access to education;
- (f) Employment opportunities;
- (g) Personal safety and social protection;
- (h) Capacity Development;
- (i) Participation of society in programmes for persons with disabilities;
- (j) Housing; and
- (k) Development, advancement and empowerment of children with disabilities.

However, critics say that it lacks full commitment from the main stakeholders. In meetings to discuss the implementation of the policy, no timelines were set. Also, the outcomes of the policy were stated in large sweeping statements and objectives were not operationalised. There was no clear idea of who, or which departments, would be responsible for each of the outcomes²⁸.

B.7 National Plan of Action for Persons With Disabilities

The strategies in the National Policy for Persons With Disabilities are to be executed through National Plans of Action. The first National Plan of Action for persons with disabilities was in force from 2008 to 2012. There has not been a review or evaluation of progress of the first National Plan but the Department of Social Welfare is presently conducting a study on the policies, implementation and outcome of the past and current strategies and programmes for persons with disabilities.²⁹

With the expiry of the National Plan of Action (2008 – 2012), a new 10-year action plan is being created. The government intends to seek input from local and foreign experts and organisations and to take into consideration the terms of the Incheon Strategy in the crafting of the new action plan.³⁰

The Incheon Strategy, developed by the United Nations Economic and Social Commission of Asia and the Pacific (UNESCAP), is the first set of regionally agreed disability-inclusive development goals and was developed after consultations with governments of State parties in the region and civil society stakeholders. The Incheon Strategy builds on the CRPD, the Biwako Millennium Framework for Action and the Biwako Plus Five to create an inclusive,

²⁸ Interview with Asha Lim of Malaysia Child Resource Institute on 10 December 2012.

²⁹ Interview with Mr. Pathmanathan a/l R. Nalasamy (Principal Assistant Director, Department for the Development of Persons with Disabilities, Department of Social Welfare, Malaysia) on 15 May 2013.

³⁰ Ibid.

barrier-free and rights-based society for persons with disabilities in Asia and the Pacific.³¹ It comprises 10 goals, 27 targets and 62 indicators.³² The Malaysian government, as one of the State parties within UNESCAP, has agreed to adopt and commit to the implementation of the Incheon Strategy by promoting action to reach the Incheon Strategy goals and targets by 2020.³³

B.8 National Policy for Children and Action Plan

The National Policy for Children and Action Plan set out strategies, programmes and targets for (amongst others) survival, protection, development, participation and advocacy with regard to children.³⁴ In the policy and plan of action, there is explicit reference to children with disabilities in relation to policies for development (education, early detection and intervention and rehabilitation programmes) and advocacy (raising awareness on equality and discrimination issues).

B.9 National Child Protection Policy and Action Plan

The National Child Protection Policy and Action Plan 2009 contain strategies for child protection and these include advocacy, prevention, support services and research and development. This policy is discussed further in Chapter VI, Section F of this report.

C DEFINING CHILDREN WITH DISABILITIES

The national legal and policy framework does not have one definitive classification of disabilities. As previously stated, under the PWD Act, persons with disabilities “include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society”.³⁵

The use of broad terms and the word “include” in the definition suggests that the categorisation of persons with disabilities in the PWD Act can be open to differing interpretations. However, specific categories of disabilities are stipulated by the Ministry of Women, Family and Community Development (MWFCDD)³⁶ for the purposes of registering persons with disabilities,³⁷ and these are set out in Table 1 below.³⁸

³¹ United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), *Incheon Strategy to “make the Right Real” for Persons with Disabilities in Asia and the Pacific*, 2012. Retrieved on 21 May 2013 from <http://www.unescap.org/publications/detail.asp?id=1523>.

³² Ibid.

³³ Ibid, pp. 2 – 10.

³⁴ The definition of ‘child’ for the purposes of this Policy is “a person below the age of 18 years as provided in the Convention on the Rights of the Child”: Department of Social Welfare, *National Policy for Children and Action Plan*. Retrieved on 21 May 2012 from http://www.jkm.gov.my/index.php?option=com_content&view=article&id=672&Itemid=1020&lang=en.

³⁵ Laws of Malaysia. Persons with Disabilities Act 2008, Section 2.

³⁶ Ministry of Women, Family and Community Development (MWFCDD), *Pendaftaran Orang Kurang Upaya (Registration of Persons With Disabilities)*. Retrieved on 21 May 2013 from

Table 1

Categories of Disabilities Eligible for Registration as Persons With Disabilities

No.	Category	Explanation
1.	Hearing	<p>Hearing Disabled means unable to hear clearly in both ears without the use of a hearing aid or unable to hear at all even with the use of a hearing aid. Hearing disabilities can be divided into four levels, namely:-</p> <ul style="list-style-type: none"> ○ Minimum 15 - <30 decibels (a child) ○ 20 - <30 decibels (adults) ○ Moderate 30 - <60 decibels ○ Severe 60 - <90decibels ○ Profound ≥ 90decibels
2.	Vision	<p>Visually Disabled means blind in both eyes OR blind in one eye OR limited vision in both eyes OR any other permanent visual impairment. Visual disabilities can be divided into:-</p> <ul style="list-style-type: none"> ○ Low vision means vision that is worse than 6/18 but equal to or better than 3/60 even with the use of visual aids or a visual field that is less than 20 degrees from fixation. ○ Blindness means vision of less than 3/60 or a visual field of less than 10 degrees from fixation. <p>** Less than 3/60 means counting Fingers (CF), Hand Movement (HM), Perception of Light (PL) and No-Light Perception (NPL).</p> <p>Other permanent visual disturbances (must be confirmed by an Ophthalmologist)</p>
3.	Speech	<p>Speech Disability means an inability to speak that impairs proper communication and cannot be understood by those who interact with the person. The condition is permanent or incurable. With regard to children, it must be based on an assessment at age five years and above. In case of doubt, an Otorhinolaryngology Expert is to be consulted.</p>
4.	Physical	<p>Physical Disability means the permanent inability of parts of the body whether caused by loss OR absence OR the inability of any part of the body that can affect their functions in fully carrying out basic activities. Basic activities refer to self-care, movement and changing the position of the body. The condition can occur as a result of injury (trauma) or disease in either the nervous,</p>

http://www.jkm.gov.my/index.php?option=com_content&view=article&id=363:a-pendaftaran-orang-kurang-upaya&catid=46:orang-kurang-upaya&Itemid=81&lang=en.

³⁷ The Department of Social Welfare manages a national registration database of persons with disabilities. Registration is voluntary.

³⁸ This table is a translation of the Malay language table that appears on the MWFCF website.

		<p>cardiovascular, respiratory, haematology, immunology, urology, hepatobiliary, musculoskeletal, gynaecology and others systems that cause malfunctions. Examples of causes of malfunctions are:</p> <ol style="list-style-type: none"> Limb defects (congenital / acquired), including loss of thumb Spinal Cord Injury Stroke Traumatic Brain Injury Dwarfism (achondroplasia) namely $\leq 142\text{cm}$ for men and $\leq 138\text{cm}$ for women Cerebral Palsy <p>Note: Individuals who suffer from impairment without jeopardising their functionality, for example the loss of a finger, additional fingers (polydactyly) and without a earlobe or without a fully-formed earlobe cannot be considered for registration purposes.</p>
5.	Learning Difficulties	<p>Learning Difficulties mean intellectual capabilities that do not conform with biological age. Those that fall within this category are Late Global Development, Down Syndrome and intellectual disabilities. This category also includes conditions that affect the learning ability of an individual such as autism (autistic spectrum disorder), Attention Deficit Hyperactivity Disorder (ADHD) and specific learning difficulties such as (dyslexia, dyscalculia and dysgraphia).</p>
6.	Mental	<p>Mental Disability refers to a state of severe mental illness that causes an inability to function in person whether partly or fully in matters related to him/ herself or his / her relationships within the community.</p> <p>Among the types of mental illness are serious and chronic Organic Mental Disorder, Schizophrenia, Paranoia, Mood Disorder (depression, bipolar) and other Psychotic Disorders such as Schizoaffective Disorder and Persistent Delusional Disorders.</p> <p>Note:</p> <ol style="list-style-type: none"> Clients must have undergone psychiatric treatment for at least two years. A psychiatrist will determine if the levels of social, cognitive and behavioural control functions of the patient are significantly or severely affected before (s)he is considered for the purpose of registration as a person with disabilities.
7.	Various (Multiple Disabilities)	<p>Multiple Disabilities means having more than one type of disability and in general is not appropriate to be classified in category I to VI.</p>

The definition of persons with disabilities both in the PWD Act and by the MWFCDD stands in sharp contrast to the stricter eligibility requirements for enrolment into the special needs

education system in government and government-aided schools.³⁹ Under Regulation 3 of the Special Education Regulations:

- (a) Only children with special needs that are educable are eligible, where 'educable' is defined to mean:
 - a child who is able to manage him/herself without help; and
 - a panel consisting of a medical practitioner, an officer from the Ministry of Education and an officer from the Department of Welfare has confirmed that the child is capable of undergoing the national educational programme.
- (b) Regardless of whether they fall within the definition of 'educable' as defined in the regulations, the following categories of children are excluded from eligibility:
 - physically handicapped children with the mental ability to learn like normal pupils;⁴⁰ and
 - pupils with multiple disabilities or with profound physical handicap or with severe mental retardation.

In addition, the only children with disabilities who are eligible for the educational services provided by the Ministry of Education are those with visual and auditory disabilities and specific learning difficulties namely: (i) Down Syndrome; (ii) Mild Autism; (iii) Attention Deficit Hyperactivity Disorder (ADHD); (iv) minimal mental retardation; and (v) specific learning difficulties (such as dyslexia).⁴¹

In summary, children with disabilities who fall within the definition in the PWD Act and the categories of disabilities set by the MWFCDD may nevertheless be ineligible for special needs education in government and government-aided schools. The restrictions on the eligibility of children with disabilities for entry into the national education system contravenes the PWD Act which prohibits the exclusion of children with disabilities from pre-school, primary, secondary and higher education⁴² and which mandates that government-run and private education institutions are responsible for providing infrastructure, equipment and teaching materials, teaching methods, curricula and other forms of support to enable children with disabilities to pursue education.⁴³

The dichotomy between the PWD Act and the eligibility requirements for the national education system has drawn calls for the restrictions in the Special Education Regulations to

³⁹ The special needs education system is discussed in Chapter VI of this report.

⁴⁰ While physically handicapped children with normal cognitive abilities are not eligible for special education under the Special Education Regulations, the Ministry of Education extends its educational services to them through inclusive education programmes: Dr. Haniz Ibrahim, *Special Education, Inclusive Practices and the Teaching of Sciences and Mathematics to Children With Special Needs*, a paper delivered at the International Conference on Science & Mathematics Education 2007 in Penang, Malaysia, 13 – 16 November 2007.

Retrieved on 21 May 2013 from

<http://www.recsam.edu.my/cosmed/cosmed07/AbstractsFullPapers2007/keynotes%20&%20plenary%5CPL001F.pdf>.

⁴¹ Putrajaya Federal Territory Education Department, *Special Education*. Retrieved on 21 May 2013 from <http://www.moe.gov.my/jpwpp/index.php/en/students/55-special-education>.

⁴² Laws of Malaysia, Persons With Disabilities Act 2008, Section 28(1).

⁴³ Ibid, Section 28(2).

be removed.⁴⁴ It is understood that the government is currently considering amending the eligibility requirements under those regulations; however, information on the exact nature of the amendments or when it might be implemented was not forthcoming.⁴⁵

⁴⁴ Gerakan Bersama Kebangkitan OKU 2012, *Memorandum BANGKIT 2012 (Stand Up 2012)*, 17 March 2012, p. 5.

⁴⁵ Interview with Ms. Lim Weng Fong (Special Education Division, Ministry of Education) on 16 May 2013.

IV STATISTICAL DATA ON CHILDREN WITH DISABILITIES

A SOURCES AND MECHANISMS FOR THE COLLATION OF DATA ON CHILDREN WITH DISABILITIES

Malaysia lacks a comprehensive and structured system of data collection and compilation for children with disabilities, with the result that reliable statistics on the actual number of children with disabilities in Malaysia is not available.⁴⁶ A lack of reliable and comprehensive data presents a gross underestimate of the total population with disabilities,⁴⁷ affects the ability of State entities to develop policies targeting children with disabilities⁴⁸ and contributes to the large number of children with disabilities who remain undetected.⁴⁹ Over the years, there have been calls from both international and local groups for the government to establish an integrated data collection system.⁵⁰

There are a number of reasons for the difficulties in collecting comprehensive statistical data. The primary database, which is maintained by the Department of Social Welfare, is compiled from the data obtained from the registration system for persons with disabilities established under the PWD Act.⁵¹ The registration system is not compulsory and sees low registration rates, which have been attributed to a fear that registration as a 'person with disabilities' might cause a child to be stigmatised,⁵² or might pre-determine the child's enrolment into special needs education in the national school system instead of being assessed as to whether he / she is able to cope under the mainstream schooling system.⁵³

Further, the initial detection of disabilities is not confined to or coordinated by a single government agency but by several. Therefore, there is no system in place to ensure that a child with disabilities will come into contact with the principal record-keeping entity, which is the Department of Social Welfare, let alone that he or she will submit to the voluntary registration process.

⁴⁶ Dr. Amar-Singh HSS, *Meeting the Needs of Children with Disability in Malaysia*, Med J Malaysia Vol 63 No. 1 (March 2008); UN Human Rights Council, *Report of the Special Rapporteur on the Right to Education, Vernor Muñoz Villalobos: addendum : mission to Malaysia*, 20 March 2009, A/HRC/11/8/Add.2, p. 17.

⁴⁷ Dr. Amar-Singh HSS, *Meeting the Needs of Children with Disability in Malaysia*, Med J Malaysia Vol 63 No. 1, March 2008.

⁴⁸ UN Human Rights Council, *Report of the Special Rapporteur on the Right to Education, Vernor Muñoz Villalobos: addendum: mission to Malaysia*, 20 March 2009, A/HRC/11/8/Add.2, p. 17.

⁴⁹ Dr. Amar-Singh HSS, *Meeting the Needs of Children with Disability in Malaysia*, Med J Malaysia Vol 63 No. 1, March 2008.

⁵⁰ UN Committee on the Rights of the Child (CRC), *UN Committee on the Rights of the Child: Concluding Observations, Malaysia*, 25 June 2007, CRC/C/MYS/CO/1, p. 13; UN Human Rights Council, *Report of the Special Rapporteur on the Right to Education, Vernor Muñoz Villalobos: addendum : mission to Malaysia*, 20 March 2009, A/HRC/11/8/Add.2, p. 17.

⁵¹ Interview with Mr. Pathmanathan a/l R. Nalasamy (Principal Assistant Director, Department for the Development of Persons with Disabilities, Department of Social Welfare, Malaysia) on 15 May 2013.

⁵² Interview with Dr. Amar-Singh HSS on 11 December 2012.

⁵³ Interview with Pauline Wong of Malaysian Care on 23 May 2013.

Presently, the Department of Social Welfare, Ministry of Health and Ministry of Education maintain separate databases on children with disabilities. However, their data has not been collated into a single source.

B STATISTICAL DATA FROM THE DEPARTMENT OF SOCIAL WELFARE

The statistics in Table 2, Table 3 and Table 4 below were obtained from the Department of Social Welfare.⁵⁴

Table 2

Registration of Persons With Disabilities by Disability 2011- 2012

Type of Disability	Total Registrations as at year end 2011	Total Registrations as at year end 2012	New Registrations in 2012
Visual	31,924	40,510	8,586
Hearing	43,788	53,357	9,569
Physical	123,346	148,461	25,115
Learning Difficulties	134,659	165,281	30,622
Cerebral Palsy	0	0	0
Speech	725	1,734	1,009
Mental	8,927	14,990	6,063
Others*	15,834	20,673	4,839
TOTAL	359,203	445,006	85,803

* "Others" means those with multiple disabilities or severe disabilities

Table 2 shows that 445,006 persons with disabilities are registered with the national registration system as at the end of 2012, and that there were 85,803 new registrations in 2012. Unfortunately, the total number of registered persons with disabilities as at 2012 of 445,006 is not disaggregated by age. It is therefore not possible to tell how many of them are children with disabilities.

The 445,006 registered persons with disabilities is approximately 1.6% of the total population of approximately 28.3 million (according to a 2010 Census).⁵⁵ This is significantly lower than

⁵⁴ Department of Social Welfare. Obtained from Mr. Pathmanathan a/I R. Nalasamy (Principal Assistant Director, Department for the Development of Persons with Disabilities, Department of Social Welfare, Malaysia).

⁵⁵ Department of Statistics Malaysia, *Population Distribution and Basic Demographic Characteristics 2010*. Retrieved on 21 May 2013 from http://www.statistics.gov.my/portal/download_Population/files/census2010/Taburan_Penduduk_dan_Ciri-ciri_Asas_Demografi.pdf.

the average percentage of persons with disabilities in general (estimated to be around 10% of the total population).⁵⁶ It is also significantly lower than the estimated average percentage of children with disabilities in a community (estimated to be around 3% of the population).⁵⁷

Prevalence data on specific disabilities in Malaysia also suggests that the Department of Social Welfare's registration data is a gross underestimation of the actual number of persons with disabilities within the overall population. For example:

- (a) The National Eye Survey carried out in 1996 on the prevalence of blindness and low vision in the Malaysian population estimated the prevalence of blindness to be 0.29% of the total population and the prevalence of low vision to be 2.44% of the total population.⁵⁸ However, as shown in Table 2 above, the number of persons registered with visual disabilities (comprising blindness and low vision)⁵⁹ as at 2012 is 40,510 which is approximately only 0.14% of the total population of about 28.3 million.
- (b) The National Ear and Hearing Disorder Survey carried out in 2006⁶⁰ showed a prevalence of hearing loss in 21.57% of the total population where:
 - 63% comprise persons above 56 years of age;
 - 16.1% comprise persons aged 18 to 55; and
 - 16.7% comprise children aged 3 to 17.

The survey also found the prevalence of deafness (moderate and severe) to be 3.83% of the total population. In contrast, the number of persons registered with hearing disabilities as at 2012 is 53,357 as shown in Table 2 above, which is approximately only 0.19% of the estimated total population of 28.3 million.

The prevalence rates set out above indicates that the statistics compiled from the national registration database on persons with disabilities is unlikely to be representative of the true population of persons with disabilities in Malaysia.

In 2010, the Department of Social Welfare embarked on a pilot project to develop an online registration service for persons with disabilities and to manage the data collected through an electronic information management system (which is known by the acronym 'SMOKU'). At that stage, the service was available at social welfare departments. In 2011, the project was officially launched and in 2012, the information management system was modified to allow registration of persons with disabilities online from anywhere. However, direct verification by

⁵⁶ United Nations Secretariat for the Convention on the Rights of Persons with Disabilities (SCRPD), *Fact Sheet on Persons with Disabilities*. Retrieved on 21 May 2013 from <http://www.un.org/disabilities/documents/toolaction/pwdfs.pdf>.

⁵⁷ Dr. Amar-Singh HSS, *Services for Children with Disability (Handicapped Children) in Malaysia*, Malaysia Paediatric Association, 1997.

⁵⁸ Zainal, M., Ismail, S.M., Ropilah, A.R., et al, *Prevalence of blindness and low vision in Malaysian population: results from the National Eye Survey 1996*, (2002) British Journal of Ophthalmology, 86(9):951-6. Retrieved from http://www.acrm.org.my/ned/documents/NationalEyeSurvey_BJO2002.pdf.

⁵⁹ Refer to Table 1 of this report for the categories of disabilities eligible for registration as Persons With Disabilities.

⁶⁰ Ministry of Health, *My Health Portal: People With Disabilities – Deaf*. Retrieved from <http://www.myhealth.gov.my/v2/index.php/en/prime-years/people-with-disabilities/deaf>.

a medical officer of the person's disabilities must still be provided before the registration is accepted and a registration card issued. With the introduction of the electronic information management system, data on persons with disabilities who have registered from 2010 onwards may be disaggregated by age, gender and disability.⁶¹

Table 3 and Table 4 below disaggregate the number of persons with disabilities who registered in 2011 and 2012 respectively according to age group, gender and type of disability. A total of 15,263 out of 44,956 new registrations in 2011 were children with disabilities. A total of 29,289 out of 85,803 new registrations in 2012 were children with disabilities. The percentage of child registrants in 2011 and 2012 remained constant at approximately 34%.

⁶¹ Interview with Mr. Pathmanathan a/I R. Nalasamy (Principal Assistant Director, Department for the Development of Persons with Disabilities, Department of Social Welfare, Malaysia) on 27 & 28 May 2013.

Table 4

Number of New Registrations in the year 2012 by Age Group, Type of Disability and Gender

Age Group	VISUAL		HEARING		PHYSICAL		LEARNING DIFFICULTIES		SPEECH		MENTAL		OTHERS		SUB-TOTAL		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
0 - 6 months	114	70	169	153	630	467	1,390	879	56	39	-	-	306	281	2,665	1,889	4,554
Age 7 - 12	306	214	411	356	884	729	5,799	3,057	163	94	10	6	443	315	8,016	4,771	12,787
Age 13 – 18	317	244	513	453	925	651	5,101	2,924	79	59	39	30	382	231	7,356	4,592	11,948
Total (a)	737	528	1,093	962	2,439	1,847	12,290	6,860	298	192	49	36	1,131	827	18,037	11,252	29,289
Age 19 – 21	184	133	247	228	655	320	1,343	979	40	31	90	65	130	100	2,689	1,856	4,545
Age 22 – 35	971	574	1,478	1,282	3,356	1,617	3,010	2,456	102	81	1,238	654	591	414	10,746	7,078	17,824
Age 36 – 45	854	492	772	685	2,864	1,305	967	878	52	49	1,093	671	330	235	6,932	4,315	11,247
Age 46 – 59	1,448	810	964	829	4,319	2,210	622	586	61	51	912	724	401	277	8,727	5,487	14,214
Age 60 above	1,150	705	638	391	2,716	1,467	352	279	29	23	257	274	237	166	5,379	3,305	8,684
Total (b)	4,607	2,714	4,099	3,415	13,910	6,919	6,294	5,178	284	235	3,590	2,388	1,689	1,192	34,473	22,041	56,514
Total (a + b)	5,344	3,242	5,192	4,377	16,349	8,766	18,584	12,038	582	427	3,639	2,424	2,820	2,019	52,510	33,293	85,803

C STATISTICAL DATA FROM THE MINISTRY OF HEALTH

The Ministry of Health collates some statistics on the number of children with disabilities, through registration data compiled from hospitals and health clinics. However, the data is not conclusive as it is dependent on the child's disability being apparent or manifesting during a medical examination. Children with mild or non-apparent disabilities are unlikely to be identified and registered as such.⁶² Table 5 below is a tabulation of the number of children with special needs detected and registered in the Ministry's registration database from 2004 to 2012.⁶³ 'Special needs' include hearing impairment, visual impairment, physical disabilities, cerebral palsy, late development, down syndrome, autism, ADHD, mental disabilities and other specific learning disabilities.⁶⁴

Table 5

Registration of Children With Special Needs (2004 – 2012)

Year	Number of Children Registered
2004	5,710
2005	2,644
2006	2,349
2007	1,542
2008	1,446
2009	1,468
2010	1,925
2011	2,239
2012	2,766
Total	22,089

Table 6 and Table 7 below contain disaggregated data by age and type of disability for the children with special needs registered by the Ministry of Health for the years 2011 and 2012.⁶⁵

⁶² Interviews with Dr. Salimah bt. Hj. Othman and Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

⁶³ Ministry of Health. Obtained from. Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

⁶⁴ Ibid.

⁶⁵ Ibid.

TABLE 6

DETECTED AND REGISTERED SPECIAL NEEDS CASES IN 2011*

Age Group (years)	HEARING IMPAIRMENT				VISUAL IMPAIRMENT		PHYSICAL DISABILITY	CEREBRAL PALSY			LATE DEVELOPMENT	DOWN SYNDROME	AUTISM	ADHD	MENTAL DISABILITY	SPECIFIC LEARNING DIFFICULTIES	SLOW LEARNER	OTHERS**	TOTAL
	MINIMAL	MODERATE	SEVERE	PROFOUND	BLIND	LIMITED VISION		HEMIPLEGIA	DIPLEGIA	QUADRIPLEGIA									
0 - < 1	1	1	-	-	6	4	44	9	-	16	58	220	-	-	-	-	-	75	434
1 – 2	1	3	10	1	1	4	47	22	10	29	155	78	9	4	2	5	4	79	464
3 – 4	1	2	7	2	1	4	13	7	9	15	44	34	37	11	7	11	5	60	270
5 – 6	1	8	5	2	2	-	11	8	10	6	20	18	43	24	19	32	30	36	275
7 – 12	1	5	5	3	1	6	20	9	5	4	16	19	26	45	71	168	213	54	671
13 – 18	1	7	4	2	1	1	8	1	2	8	5	6	2	3	19	19	29	7	125
TOTAL	6	26	31	10	12	19	143	56	36	78	298	375	117	87	118	235	281	311	2,239

*This record of detected and registered special needs cases in 2011 is stated to be of 'major cases only'.⁶⁶

**"Others" means those with multiple disabilities or severe disabilities.

⁶⁶ Ministry of Health. Obtained from Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

TABLE 7

DETECTED AND REGISTERED SPECIAL NEEDS CASES IN 2012*

Age Group (years)	HEARING IMPAIRMENT				VISUAL IMPAIRMENT		PHYSICAL DISABILITY	CEREBRAL PALSY			LATE DEVELOPMENT	DOWN SYNDROME	AUTISM	ADHD	MENTAL DISABILITY	SPECIFIC LEARNING DIFFICULTIES	SLOW LEARNER	OTHERS	TOTAL
	MINIMAL	MODERATE	SEVERE	PROFOUND	BLIND	LIMITED VISION		HEMIPLEGIA	DIPLEGIA	QUADRIPEGIA									
0 - < 1	-	2	1	1	4	8	57	18	7	19	96	274	-	-	-	-	-	135	622
1 – 2	-	6	7	-	4	10	37	25	10	24	169	102	14	7	-	12	8	62	497
3 – 4	1	4	14	2	3	1	20	24	5	14	93	26	54	14	2	14	13	49	353
5 – 6	1	2	6	-	5	5	11	11	7	2	21	24	58	28	6	59	38	37	321
7 – 12	5	6	6	-	3	4	31	9	13	14	16	26	33	43	59	251	205	47	771
13 – 18	-	3	2	-	7	1	10	5	2	6	5	18	11	4	20	50	44	14	202
TOTAL	7	23	36	3	26	29	166	92	44	79	400	470	170	96	87	386	308	344	2,766

*This record of detected and registered special needs cases in 2012 is stated to be of 'major cases only'.⁶⁷

**"Others" means those with multiple disabilities or severe disabilities.

⁶⁷ Ibid.

D STATISTICAL DATA FROM THE MINISTRY OF EDUCATION

The Ministry of Education makes available statistics on the number of enrolments in the special needs education system that is established for children with disabilities in government-run schools. Table 8 below is a comparison of the number of children enrolled in the special education system against the total number of children enrolled for pre-school, primary and secondary level education in government-run schools. The data is extracted and tabulated from 'Quick Facts 2012 – Malaysia Educational Statistics' published by the Ministry of Education in July 2012.⁶⁸

Table 8

Percentage of Children Enrolled in the Special Needs Education System (2010-2012)

Category	2010	2011	2012
Total enrolment in pre-school, primary and secondary level ⁶⁹	5,386,824	5,332,777	5,272,478
Enrolment in Special Needs Education*	48,140	49,661	50,738
Percentage of enrolment in Special Education Programmes	0.9%	0.9%	1.0%

* Enrolment in the special needs education system means the total enrolment in government-run special education schools, special education integrated programme (SEIP) and inclusive education programme.

The Ministry of Education's statistics on the total number of children with disabilities who participate in the government's special needs education system remains consistent at around 1% of the total number of children enrolled between 2010 to 2012. The number of children with disabilities in the special needs education system for the 2013 enrolment is estimated at approximately 54,000 which remains at 1% of the total number of students enrolled.⁷⁰ These statistics do not take into account the number of children with disabilities who are registered in private education institutions.

In addition, given that eligibility for special needs education does not extend to all children with disabilities (as defined in the PWD Act and classified by the MWFCDD), it is possible that these statistics do not account for children with disabilities who do not qualify for the special needs education system but are nevertheless in the mainstream education system. It was estimated that there were likely to be around 200,000 students with disabilities in the primary

⁶⁸ Ministry of Education (Educational Data Sector, Educational Planning and Research Division), *Quick Facts 2012 – Malaysia Educational Statistics*, (July 2012). Retrieved on 22 May 2013 from http://emisportal.moe.gov.my/emis/emis2/emisportal2/doc/fckeditor/File/Quickfacts_2012/quickfacts2012.pdf.

⁶⁹ Verification was sought on 29 May 2013 from Ms. Lim Weng Fong of the Special Education Division, Ministry of Education for the decreasing total enrolment figures from 2010 to 2012. However, she could not provide an explanation.

⁷⁰ Interview with Ms. Lim Weng Fong (Special Education Division, Ministry of Education) on 16 May 2013.

school population that have gone unidentified and another 23,000 children with disabilities or so out of school in 2010.⁷¹

Therefore, the Ministry of Education's statistics based on the enrolment of children in its special education system is not conclusive as to the number of children with disabilities in Malaysia.

⁷¹ Special Education Division, Ministry of Education, *Setting Up a Multidisciplinary Framework for Early Identification and Intervention Support Services for Children with Disabilities*, 2011, pp. 6 – 7.

V STAKEHOLDERS

A NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES (NATIONAL COUNCIL)

The National Council was established under the PWD Act to have overall responsibility to oversee, co-ordinate and monitor the implementation of national policies and plans of action relating to persons with disabilities. To achieve its objectives, the National Council uses a multisectoral and collaborative approach with the various government agencies that provide services to persons with disabilities.⁷² The National Council comprises:⁷³

- (a) senior officers of the core government ministries that are involved in the healthcare and development of persons with disabilities, namely:
 - the Minister of Women, Family and Community Development (MWFCDD);
 - the Secretary-Generals of the MWFCDD, Ministry of Finance, Ministry of Transport and Ministry of Human Resources;
 - the Directors-General of the Department of Social Welfare, Ministry of Education and Ministry of Health;
 - the Attorney General of Malaysia;
 - the Chairman of the Commercial Vehicle Licensing Board; and
- (b) no more than ten other persons with appropriate experience, knowledge and expertise in problems and issues relating to persons with disabilities.

The National Council is required by law to meet at least three times a year and in 2011,⁷⁴ it held a total of three meetings.⁷⁵ In that year, the National Council held a dialogue session with persons with disabilities welfare organisations and a seminar on accessibility for persons with disabilities.⁷⁶

Six committees are presently set up under the National Council to assist in the performance of its functions with regard to specific services, namely:⁷⁷

- (a) **Committee for Universal Design and Building Environment**, chaired by the Secretary General of the MWFCDD, which focuses on accessibility for persons with disabilities in buildings and public spaces;

⁷² National Council for Persons With Disabilities, *Annual Report 2011*, p. (vi).

⁷³ Laws of Malaysia, Persons With Disabilities Act 2008, Section 3.

⁷⁴ Laws of Malaysia, Persons With Disabilities Act 2008, Section 7(1).

⁷⁵ National Council for Persons With Disabilities, *Annual Report 2011*, p. (xxvii).

⁷⁶ *Ibid.*, pp. (xxix) – (xxxii).

⁷⁷ *Ibid.*, pp. (viii) – (ix).

- (b) **Transport Committee**, chaired by the Secretary General of the Ministry of Transport, which focuses on accessibility for persons with disabilities in public transportation systems;
- (c) **Employment Committee**, chaired by the Secretary General of Human Resources, which focuses on the creation of employment and career opportunities for persons with disabilities;
- (d) **Education Committee**, chaired by the Director General of the Ministry of Education, which focuses on the access to education for persons with disabilities;
- (e) **Committee for Quality Life Care**, chaired by the Director General of the Ministry of Health which focuses on early detection and prevention of disabilities, residential care and community based rehabilitation services and access to healthcare for persons with disabilities; and
- (f) **Committee for the Registration of Persons With Disabilities**, chaired by the Secretary General of the MWFC, which focuses on improving the persons with disabilities' registration system and improving the number of registrations.

B GOVERNMENT BODIES

Table 9 below identifies the key government bodies that formulate and deliver programmes and services relating to the protection, rehabilitation, development and well-being of children with disabilities in Malaysia. However, an analysis of the key services provided by these ministries and any constraints will be addressed in Chapter VI of this report.

Table 9

Key Government Bodies in the Formulation and Delivery of Services for Children With Disabilities

Organisation	Services / Programmes
Department of Social Welfare, MWFC⁷⁸	<ul style="list-style-type: none"> • Registration and issuance of identification card for children with disabilities; • Management of institutional care and rehabilitation services for children with disabilities who are abandoned, orphaned or without a caregiver; • Provision of pre-vocational training and rehabilitation programmes; • Operation of 11 institutions for persons with disabilities; • Provision and management of facilities and privileges for children with disabilities including financial assistance for prosthetics, reimbursement

⁷⁸ Department of Social Welfare, *Orang Kurang Upaya*. Retrieved on 22 May 2013 from http://www.jkm.gov.my/index.php?option=com_content&view=category&id=46&Itemid=81&lang=en; Interview with Mr. Pathmanathan a/I R. Nalasamy (Principal Assistant Director, Department for the Development of Persons with Disabilities, Department of Social Welfare, Malaysia) on 15 May 2013.

	<p>of white canes and Braille machines;</p> <ul style="list-style-type: none"> • Monitor and adapt the running of the Community Based Rehabilitation (CBR) programme; • Conduct Disability Equality Training (DET) to enhance understanding of the cause of disabilities and train advocates of the rights of persons with disabilities; • Supporting and facilitating training of persons with disabilities in Independent Living programmes; • Coordination of the delivery of services from other government agencies such as the Ministry of Transport and the Ministry of Health to children with disabilities; • Development and periodic review of policies, services and programmes for persons with disabilities.
Ministry of Health⁷⁹	<ul style="list-style-type: none"> • Provision of and promoting early detection of disabilities; • Provision of initial assessment of children with disabilities; • Provision of follow-up treatment of children with disabilities; • Provision of primary health care, management and rehabilitation services including speech therapy, hearing therapy / audiology, physiotherapy and activities of daily living in hospitals and health clinics; • Provision of immunisation and nutritional guidance; • Formulation of healthcare policies and plans for the detection, treatment and rehabilitation of children with disabilities; • Development of health education materials focused on specific disabilities; • Conduct of national campaigns to increase public awareness on disability detection and prevention; • Provision of essential medical examination for students entering the first year of primary level education including physical examination, eye examination and hearing assessment; • Conduct of post basic training for health care providers; • Provision of technical input and outreach services to some CBR centres; • Advocacy on issues and policies on persons with disabilities; • Development and periodic review of health policies, services and programmes for persons with disabilities.
Ministry of Education⁸⁰	<ul style="list-style-type: none"> • Provision and management of special needs education to certain categories of children with disabilities through special education schools, Special Education Integration Programme (SEIP) and inclusive education programmes; • Formulation of curricula and educational modules for special needs

⁷⁹ Ministry of Health Plan of Action *Health Care for Persons with Disabilities (2011 – 2020)*; Interviews with Dr. Salimah bt. Hj. Othman and Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

⁸⁰ One-Stop Special Education Information Centre (*Pusat Maklumat Setempat Pendidikan Khas*), Ministry of Education. Retrieved on 22 May 2013 from <http://pmspk.moe.gov.my/>; Interview with Ms. Lim Weng Fong (Special Education Division, Ministry of Education) on 16 May 2013.

	<p>education;</p> <ul style="list-style-type: none"> • Management of the training of teachers and teaching resources for special needs education; • Provision of support services and augmentative and assistive devices for students in special needs education; • Facilitation of sports and co-curriculum activities and art programmes for children in special needs education; • Management of early intervention for children with disabilities at pre-school level and from 0 – 6 years of age at Special Education Service Centres; • Registration and monitoring of private special education institutions at pre-school, primary and secondary level including teaching curricula and infrastructure; • Development and periodic review of education policies, services and programmes for persons with disabilities.
Economic Planning Unit, Prime Minister's Department⁸¹	<ul style="list-style-type: none"> • Formulation of the country's policies and strategies for socioeconomic development including in health, family and community development and youth and sports development sectors; • Provision of sectoral planning work structure for the medium and long-term periods for the these sectors; • Evaluation and coordination of financial allocation for projects and programmes under these sectors.
Performance Management and Delivery Unit (PEMANDU), Prime Minister's Department⁸²	<ul style="list-style-type: none"> • Oversee the implementation and assess progress of (amongst others) government transformation programme in relation to education; • Coordination of the multisectoral effort to develop the new National Education Blueprint (which includes policies on the education of children with disabilities).

Other ministries and agencies that also play a role in the provision and delivery of programmes and services for children with disabilities include the Ministry of Transport, the Ministry of Information, Communication and Culture, the Ministry of Science, Technology & Innovation and the Ministry of Youth and Sports.

C NATIONAL BODIES

A number of national bodies exist to represent and provide services and support for people with disabilities. A non-exhaustive list of national bodies and their primary functions and services are set out in Annex 1 to this report.

⁸¹ Official website of the Economic Planning Unit of the Prime Minister's Department. Retrieved on 23 May 2013 from <http://www.epu.gov.my/en/home>.

⁸² Official website of the Performance Management and Delivery Unit (PEMANDU) of the Prime Minister's Department. Retrieved on 23 May 2013 from <http://pemandu.gov.my/>.

D NON-GOVERNMENT ORGANISATIONS (NGOs)

The exact number of NGOs and other service providers working with children with disabilities are unavailable to MWFCDD. One of the reasons for this is that many services remain unregistered with the MWFCDD. Unavailable from the government also, are the types of services provided by the different NGOs. However, NGOs that work with or advocate for the rights of children with disabilities are instrumental in the care and development of children with disabilities. Malaysian Care⁸³ maintains a directory of organisations and agencies that work with and on issues relating to persons with disabilities in Malaysia.

There are non-profit learning and care centres that provide early intervention, learning, rehabilitation and training programmes for children with disabilities. This fills an important gap in the public system. For example, Malaysian Care, Asia Community Services, Kiwanis Centre for Learning Disabilities are some of the non-government organisations that provide early intervention education for the child and the parents. They also provide training for the children in order for them to fit in better in mainstream schools. They advocate for the admission of children with special needs into mainstream schools.⁸⁴

There are also NGOs that play a crucial role in advocating with government for improvements in early detection mechanisms, health and education services and accessibility for children with disabilities. For example, the National Early Childhood Intervention Council (NECIC) actively campaigns for effective early childhood intervention methods and improving the special needs education system for children with disabilities.⁸⁵

Annex 2 to this report contains a (non-exhaustive) list of NGOs who work with children with disabilities, and a summary of their services.

⁸³ Malaysian Care Service Directory, <http://www.malaysiancare.org/subsystem.cfm?&menuid=94>.

⁸⁴ Annex 2 to this report; Interview with Ms. Pauline Wong of Malaysian Care on 23 May 2013.

⁸⁵ Interview with Dr. Amar-Singh HSS on 11 December 2012.

VI PROGRAMMES AND SERVICES FOR CHILDREN WITH DISABILITIES

A EARLY DETECTION AND INTERVENTION OF CHILDREN WITH DISABILITIES

A.1 Background

Early childhood intervention is critical to optimise the learning and development of children with disabilities. The early childhood years of 0 – 8 are critical for all children in establishing learning patterns and in acquiring foundational skills.⁸⁶

The UNESCAP Biwako Millennium Framework for Action (2003) which was endorsed by Malaysia identified three main targets for early intervention and education:

- (a) By 2010, at least 75% of children and youth with disabilities will be able to complete a full course of primary schooling;
- (b) By 2012, all infants and young children (0-4 years) will have access to and receive community based early intervention services;
- (c) By 2015 children everywhere will be able to complete a full course of primary education.

The first two targets have not been fulfilled in Malaysia by their targeted dates. The number of children with disabilities enrolled in primary school under special needs education in 2010 was 25,674, which is approximately 9% of the total estimated population of children with disabilities who were of primary school going age in that year of 297,053.⁸⁷ As for providing all infants and young children within 0 – 4 years access to community based early intervention services, this goal too has not been met.⁸⁸

A.2 Current detection methods

Early detection of children with disabilities falls within the purview of both the Ministry of Health and the Ministry of Education. It is stated that more than 95% of children and their families are accessible by public health staff in the newborn period and in primary school under existing programmes.⁸⁹ It is therefore ideal and crucial that these ministries have in

⁸⁶ NECIC, *Memorandum of Early Childhood Intervention* adopted at the 1st National Early Childhood Intervention Conference (Penang, Malaysia), 18 – 20 November 2006; Dr. Amar-Singh HSS (NECIC), *Screening & Diagnosing Learning Disabilities* (2013).

⁸⁷ Special Education Division, Ministry of Education, *Setting Up a Multidisciplinary Framework for Early Identification and Intervention Support Services for Children with Disabilities*, 2011, pp. 6 – 7.

⁸⁸ Dr. Amar-Singh HSS, *Whither (Wither?) Services for Children with Disability in Malaysia*, 2012.

⁸⁹ Irene Cheah Guat Sim & Choo Wan Yuen, *Child maltreatment prevention readiness assessment in Malaysia: Country Report*, p. 12. Retrieved on 25 May 2013 from http://www.who.int/violence_injury_prevention/violence/child/malaysia_rap_cm.pdf.

place effective, holistic and proactive mechanisms for early detection of disabilities in children.

In recent years, the Family Health Development Division of the Ministry of Health has begun to put in place early detection initiatives to improve and accelerate the detection of children with disabilities.

In 2008, the Ministry of Health ran a pilot programme in 5 areas within Malaysia that included specific development health screening at 5 months, 12 months, 18 months and 4 years. The programme strongly encouraged health professionals to take note of parental concerns of developmental delay and incorporated a child developmental checklist to assess parental concerns, M-CHAT (Modified Checklist for Autism in Toddlers) at 18 months and ADHD / Learning Disorders screening at 4 years.⁹⁰

In 2012, the programme was launched and implemented at national level as a health monitoring programme for 0 – 6 year olds that commences at the pre-natal stage and which is targeted at identifying the earliest signs of potential disabilities.⁹¹ Parents in both public and private medical institutions are issued a 'Health Record for Baby and Child (0 – 6 years)'⁹² record book that contains checklists to chart a child's development at various stages, information on childcare, immunisation and certain disabilities, and a schedule of healthcare appointments. Specific development screening tests are conducted at various stages of the child's growth and development. This programme engages both parents and healthcare providers to look out for and act on the early signs of potential disabilities.⁹³

However, while the health monitoring programme is disseminated to both public and private medical institutions and is therefore available to all parents, it may not be easily accessible by the urban poor and those in rural areas. Adherence to the monitoring programme is not compulsory,⁹⁴ and the effectiveness of the programme depends on the vigilance, proper implementation and follow-up by parents, caregivers, private medical institutions, state health departments and individual health centres.

In the national schooling system, children with disabilities who remain undetected are expected to be filtered out when they take the Literacy and Numeracy Screening (LINUS) Programme, which are tests conducted over the first three years of primary level education that all students in mainstream schools are required to pass. Where a child fails the LINUS screening tests repeatedly over the three year period, his / her parents will be asked to refer the child to the Ministry of Health for medical assessment and screening.⁹⁵

However, the LINUS screening test is not specifically catered to detect all forms of learning disabilities. The threshold of the screening test is also low, so that it is also possible for some

⁹⁰ Dr. Amar-Singh HSS, 'Meeting the Needs of Children with Disability in Malaysia', Med J Malaysia Vol 63 No 1, March 2008.

⁹¹ Interviews with Dr. Salimah bt. Hj. Othman and Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

⁹² Ministry of Health, *Health Record for Baby and Child (0 – 6 years)*, 2011.

⁹³ Interviews with Dr. Salimah bt. Hj. Othman and Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

⁹⁴ Ibid.

⁹⁵ Interview with Ms. Lim Weng Fong (Special Education Division, Ministry of Education) on 16 May 2013.

children with learning disabilities to pass the tests.⁹⁶ Even in where the test identifies a child with potential learning disabilities, it will be up to the parents of the child to follow through with the process of assessment at the Ministry of Health.

A.3 Shortcomings in the current system of early detection

Both the Ministry of Health and the Ministry of Education recognise that early detection and intervention is critical and that there exists problems in the implementation of their programmes which they attribute to:

- (a) The lack of screening tools and expertise to carry out assessments;⁹⁷
- (b) The lack of a more comprehensive identification procedure for children with disabilities;⁹⁸
- (c) The lack of prevalence rates and the normality of disabilities;⁹⁹
- (d) The absence of a well-concerted multidisciplinary team approach in the identification and intervention process and in addressing the needs of the child and his / her family.¹⁰⁰

However, early detection and intervention advocacy groups have identified other problems that contribute to the poor early detection and intervention process:¹⁰¹

- (a) The training curriculum for learning disabilities for medical students is almost non-existent in some universities and extremely limited in most;
- (b) Most doctors, whether in government-run or private medical institutions, are not able to identify correctly children with learning disabilities and often dismiss parental concern;
- (c) Many specialists lack skills to adequately assess milder learning disabilities such as dyslexia, high functioning autism and dyspraxia;
- (d) There is a serious lack of educational psychologists, developmental paediatricians, community paediatricians and other trained professionals both in the Ministry of Health and the Ministry of Education to aid in the assessment.

⁹⁶ Ibid.

⁹⁷ Family Health Development Division, Ministry of Health, *Health Care for Persons with Disabilities (2011 – 2020)*, 2011 p. 9.

⁹⁸ Special Education Division, Ministry of Education, *Setting Up a Multidisciplinary Framework for Early Identification and Intervention Support Services for Children with Disabilities*, 2011, p.8.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Dr. Amar-Singh HSS (NECIC), *Screening & Diagnosing Learning Disabilities*, 2013, p. 9.

Another concern with early detection lies with the screening tools used. For example, while schools have incorporated a screening tool developed by psychologists, the screening tool has not been validated. Reports from persons interviewed indicate that the tool does not consist of internationally recognised screenings for learning disabilities¹⁰².

A.4 The Way Forward

There seems to be some consensus that a multi-disciplinary approach must be adopted in the early assessment process, involving the three government agencies that provide primary services – the Ministry of Health, Ministry of Education and the Department of Social Welfare. Expertise from each of these sectors should be incorporated as core elements in early detection processes.

While the Ministry of Health has taken great strides in recent years to improve the process of early detection by including early detection checklists into the routine check-ups for children aged 0 – 6 at government-run medical facilities,¹⁰³ these efforts are reactive and not proactive in tackling the problem as they depend on the diligence and ability of parents to monitor the child and to follow through with medical appointments.

Rights advocates for children with disabilities have therefore recommended:¹⁰⁴

- (a) Compulsory and multi-disciplinary routine developmental surveillance and screening for all children from 0 – 8 years.
- (b) Early childhood intervention units established and run together by the Ministry of Health, Ministry of Education and Department of Social Welfare that operate or carry out assessments in all hospitals, health clinics, local pre-schools, early childhood education and community service centres.
- (c) The needs of parents of children with disabilities, especially poor and disadvantaged families, should be identified and provided for.
- (d) A comprehensive and integrated national database of children with disabilities should be established as a collaborative effort between the Ministry of Health, Ministry of Education and Department of Social Welfare to better analyse the needs of the target population and enable for effective policy formulation and programme implementation.

B HEALTH

B.1 Healthcare system for children with disabilities

¹⁰² Interview with Dr. Amar-Singh HSS on 11 December 2012.

¹⁰³ Interview with Dr. Salimah bt. Hj. Othman and Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

¹⁰⁴ NECIC, *Memorandum on Early Childhood Intervention*, 2006.

Apart from early detection, healthcare programmes for children with disabilities are provided by the Ministry of Health at the following facilities:¹⁰⁵

(a) **Government hospitals and health centres**

As at 2011, 242 or 30% of health centres have rehabilitation services for children with special needs, provided by paramedics such as public health nurses and medical assistants who also undergo a six-month training in acute hospital-based care and follow-up management for chronic conditions in primary care. Physiotherapists and occupational therapists based in government hospitals provide input on case management plans and supervise the rehabilitation cases in health centres. Certain health centres with heavy attendances have their own physiotherapists and occupational therapists. As at 2011, there were 55 occupational therapists, 56 physiotherapists and 8 medical social workers operating at the various health centres.

(b) **Community Based Rehabilitation (CBR) centres**

The Ministry of Health provides technical input and outreach services to some CBR centres across the country including, for example, training of both CBR staff and social welfare officers to provide awareness training to children with disabilities on personal safety and sexual reproductive health.

The Ministry of Health also operates school health teams in every district. These teams conduct yearly health screening for students in Years 1 and 6 in primary schools and Form 3 in secondary schools¹⁰⁶ which include physical examination, eye examination and hearing assessment.¹⁰⁷

The Ministry of Health's Health Care for Persons With Disabilities Years 2011 – 2020 Plan of Action (PWD Healthcare Plan of Action) is said to meet the obligations and strategies under the CRPD, PWD Act and National Policy. It has 5 strategies:¹⁰⁸

- (a) Advocating issues and policies relating to persons with disabilities;
- (b) Increasing accessibility to facilities and services;
- (c) Empowering Individuals, families and communities;
- (d) Strengthening intersectoral collaboration with both government agencies and NGOs;

¹⁰⁵ Ministry of Health, *Health Care for Persons with Disabilities (2012 – 2020)*, 2011; Ministry of Health, *Annual Report 2011*, pp. 92 – 93.

¹⁰⁶ Interviews with Dr. Salimah bt. Hj. Othman and Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

¹⁰⁷ Ministry of Health, *Health Care for Persons with Disabilities (2012 – 2020)*, 2011.

¹⁰⁸ Ibid.

- (e) Ensuring an adequate and competent workforce in the medical facilities that offer rehabilitative care;
- (f) Intensifying research and development; and
- (g) Developing programme planning and implementation for specific disabilities.

As stated earlier in this chapter, in 2012, the Ministry of Health rolled out a health monitoring programme for 0 – 6 year olds that commences at the pre-natal stage and which is targeted at identifying the earliest signs of potential disabilities.¹⁰⁹ Parents in both public and private medical institutions are issued a 'Health Record for Baby and Child (0 – 6 years)' record book that contains checklists to chart a child's development at various stages, information on childcare, immunisation and certain disabilities, and a schedule of healthcare appointments. During these healthcare appointments, the health nurses will go through the checklists with the parents and conduct specific development screening tests to assess the child's development and identify if there are any signs of atypical development or possible symptoms of disability that should be escalated to a doctor.¹¹⁰ Some home visits are conducted by public health nurses if the mothers-to-be who have registered with the health clinics default in attending follow-up appointments.

However, this health monitoring programme faces a number of constraints as indicated previously, including difficulties in accessibility by the urban poor and those in rural areas and the reliance it places on parents, caregivers, private medical institutions, state health departments and individual health centres to ensure proper implementation and follow-up.¹¹¹

B.2 Problems in the delivery of healthcare services to children with disabilities

Healthcare services for children with disabilities have advanced significantly in recent years. However, a number of fundamental problems stand in the way of the optimisation of the Ministry of Health's healthcare programme for persons with disabilities, in particular for children with disabilities. There is a lack of skilled health care providers placed at every health centre who are trained to work with children with disabilities, including physiotherapists, occupational therapists, clinical psychologists and psychiatrists.

While most parents send their children to CBR centres for screening, intervention and rehabilitation, the Ministry of Health's allocation of manpower and resources to these centres is severely limited. As stated previously, not all CBR centres are serviced by Ministry of Health healthcare providers, and even those that are serviced are only visited by healthcare providers once a month for screening and intervention programmes.¹¹²

There remains a shortage of infrastructure and resources that prevents healthcare and rehabilitation services at health centres and CBR centres from reaching those in rural areas

¹⁰⁹ Interviews with Dr. Salimah bt. Hj. Othman and Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² Ibid.

and the urban poor. The health centres are generally located in cities and towns.¹¹³ While the health teams at these centres do carry out home visits in cases of children with severe disabilities,¹¹⁴ there remain many children, especially those from rural communities (including the interior areas of Sabah and Sarawak) and lower income groups, who face difficulties in accessing healthcare due to lack of transport and the costs associated with it.¹¹⁵

One solution to bridge the physical distance between health clinics, hospitals and CBR centres and the child, is for the service providers concerned to leverage on other government agencies such as the Ministry of Transport, the Ministry of Rural and Regional Development or the respective State governments that would have developed access routes to these areas. Another potential and related solution is to work together with these other government and state agencies to run mobile health clinic services to these areas. In remote regions of Sabah for example, the authorities have successfully implemented 'Mobile Courtrooms' where buses, modified and out-fitted with the necessary facilities and equipment carry magistrates and legal officers to rural areas to conduct hearings.¹¹⁶

C EDUCATION

C.1 Early childhood care and education

Early childhood care and education for children aged 0 – 4 years is regulated by the Department of Social Welfare under the MWFCDD. The Department of Social Welfare regulates affordable childcare centres or nurseries under the Childcare Centres Act 1984, which are colloquially referred to as 'TASKA'. These childcare centres are licensed by the Department of Social Welfare and childcare providers must undergo a course in childcare services that is accredited by the Department of Social Welfare.¹¹⁷

In 2012, it was announced that the MWFCDD would include within all TASKA childcare centres, programmes for early detection of disabilities.¹¹⁸ In the 2013 Budget, provision was made for 6 TASKA childcare centres to be set up specifically for children with disabilities for six separate categories of disabilities (those with Down syndrome, autism, blind or partially sighted, hearing and speaking disabilities, physical disabilities and other learning difficulties). It is unknown if these two programmes have been implemented.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Interview with Veronica Retnam on 6 December 2012.

¹¹⁶ Borneo Post Online, *Rural folk benefit from mobile court*, 28 September 2012. Retrieved on 26 May 2013 from <http://www.theborneopost.com/2012/09/28/rural-folk-benefit-from-mobile-court/>.

¹¹⁷ Department of Social Welfare, *TASKA*. Retrieved on 25 May 2013 from http://www.jkm.gov.my/index.php?option=com_content&view=category&id=178&Itemid=502&lang=ms.

¹¹⁸ Ministry of Women, Family and Community Development, *Programme for Early Detection of Dyslexia in TASKAs*. Retrieved on 25 May 2013 from http://www.jkm.gov.my/images/stories/pdf/press_release_program_pengesanan_awal_dyslexia_ditaska.pdf.

For children aged 4 – 6 years, early intervention programmes are provided by the Ministry of Education in Special Education Schools under the special needs education system.¹¹⁹

C.2 The education options in the national school system for children with disabilities

There are three different schooling options provided by the Ministry of Education for children with disabilities under the national special needs education system:¹²⁰

- (a) **Special Education Schools**, which are specific schools for children with disabilities. There are currently 28 primary level and 5 secondary level Special Education Schools. Of the 28 primary schools, 22 are for children who are hearing impaired, 5 are for children who are visually impaired and 1 is for children with learning disabilities. Of the 5 secondary schools, 3 are vocational schools, while the remaining 2 are academic schools for the hearing impaired and the visually impaired respectively.¹²¹
- (b) **Special Education Integrated Programmes (SEIP)**, which are specific classes in mainstream schools dedicated to children with special needs. There are currently just under 2000 mainstream schools with SEIP of which around 1300 are primary level schools and around 670 are secondary level schools.¹²²
- (c) **Inclusive Education Programmes**, where children with disabilities are integrated into mainstream classes. Information on the number of mainstream schools currently running inclusive education programmes was not made available to us.¹²³

C.3 Education options in the private sector

The private sector and NGOs also provide some options for education for children with disabilities. There are home schools and private special needs schools that cater for children with learning disabilities such as MAJoseph Special Needs¹²⁴ and Sri Rafelsia.¹²⁵

NGOs and faith based organisations (FBOs), especially church-based ones, also provide services which include assessment and treatment of learning disabilities. These fill a serious gap in the public system. Malaysian Care, for example, provides early intervention education for the child and training for the parents. They also provide training for children to fit in better in mainstream schools. They advocate the admission of children with special needs into mainstream schools. The organisation encourages parents to involve themselves in the

¹¹⁹ Interview with Ms. Lim Weng Fong (Special Education Division, Ministry of Education) on 16 May 2013.

¹²⁰ Ministry of Education, *National Education Policy (2012)*, pp. 21 – 22.

¹²¹ Interview with Ms. Lim Weng Fong (Special Education Division, Ministry of Education) on 16 May 2013.

¹²² Ibid.

¹²³ Ibid.

¹²⁴ <http://www.myautisticmalaysia.com/>.

¹²⁵ <http://www.srirafelsia.com/>.

child's education and they are given training in order to continue the child's education and training at home¹²⁶.

C.4 Eligibility requirements for the special needs education system

The Special Education Regulations stipulate that eligibility into the national special needs education system is restricted to children with special needs who are educable, where 'educable' is defined to mean a child who is able to manage him/herself without help and has been confirmed as being capable of undergoing the national educational programme by a panel consisting of a medical practitioner, an officer from the Ministry of Education and an officer from the Department of Welfare.¹²⁷

In addition, the only children eligible for the national special needs education system are those with visual and auditory disabilities and specific learning difficulties namely: (i) Down Syndrome; (ii) Mild Autism; (iii) Attention Deficit Hyperactivity Disorder (ADHD); (iv) minimal mental retardation; and (v) specific learning difficulties (such as dyslexia).¹²⁸ Regardless of whether they fall within the definition of 'educable' as defined in the Special Education Regulations, the following categories of children are excluded from eligibility:¹²⁹

- Physically handicapped children with the mental ability to learn like normal pupils; and
- Pupils with multiple disabilities or with profound physical handicap or with severe mental retardation.

A child with disabilities who does not meet the eligibility criteria under the Special Education Regulations will be referred to Community Based Rehabilitation (CBR) centres managed by the Department of Social Welfare.¹³⁰

Although there is a reference in the Special Education Regulations to a 'panel' to confirm that the child is capable of undergoing the national educational programme, no such fixed panel in fact exists. The Literacy and Numeracy Screening (LINUS) Programme, which is referred to earlier in this chapter, is a series of tests that are now conducted over the first three years of primary level education that all students in mainstream schools are required to pass. Where a child fails the LINUS screening tests repeatedly over the three year period, his / her parents will be asked to refer the child to the Ministry of Health for medical assessment and screening.¹³¹

¹²⁶ Interview with Pauline Wong of Malaysian Care on 12 December 2012.

¹²⁷ Laws of Malaysia, Regulations (Special Education) Regulations 1997, Regulation 3.

¹²⁸ Putrajaya Federal Territory Education Department, *Special Education*. Retrieved from <http://www.moe.gov.my/jpwpp/index.php/en/students/55-special-education>.

¹²⁹ Laws of Malaysia, Regulations (Special Education) Regulations 1997, Regulation 3.

¹³⁰ While physically handicapped children with normal cognitive abilities are not eligible for special education under the Special Education Regulations, the Ministry of Education extends its educational services to them through inclusive education programmes: Dr. Haniz Ibrahim, *Special Education, Inclusive Practices and the Teaching of Sciences and Mathematics to Children With Special Needs*, 2007, a paper delivered at the International Conference on Science & Mathematics Education 2007 in Penang, Malaysia, 13 – 16 November 2007. (<http://www.recsam.edu.my/cosmed/cosmed07/AbstractsFullPapers2007/keynotes%20&%20plenary%5CPL001F.pdf>).

¹³¹ Interview with Ms. Lim Weng Fong (Special Education Division, Ministry of Education) on 16 May 2013.

There are a number of shortcomings with the LINUS screening test as a tool for detecting disabilities, and these shortcomings have been mentioned earlier in this chapter. They include the fact that the test is not specifically catered to detect all forms of learning disabilities and that the threshold of the test is low such that it is possible for some children with learning disabilities to pass the tests.¹³²

Where a child is assessed as having learning disabilities, the choice of placing the child in inclusive education programmes (integration into mainstream classes) or in SEIP lies in the hands of the special education coordinator or the school principal within the school concerned.¹³³

The lack of a streamlined process of identification of children with disabilities and placement into the different special needs education options allows for its misuse. There are reports that schools may tend to place students with learning disabilities into the special needs education system to avoid impact on the schools overall academic performance in public examinations.¹³⁴ Further, the decision whether to place a child with disabilities in mainstream classes is influenced not simply by the child or the nature of his/her disability, but by the school's capacity to cope with a child with disabilities in mainstream classes, such as the availability of trained teachers or the necessary teaching facilities / infrastructure.¹³⁵

C.5 Number of children with disabilities enrolled in the special needs education system

The tables below set out the enrolment figures from 2010 – 2012 for each of the three schooling options under the special needs education system.¹³⁶

Table 10

Enrolment in Special Education Schools by Level and Gender (2010 – 2012)

Level	2010			2011			2012		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Pre-school	63	38	101	55	54	109	55	36	91
Primary	896	719	1,615	888	718	1,606	835	700	1,535
Secondary (Forms 1 – 5)	313	256	569	373	301	674	355	287	642
Secondary Form 6	1	2	3	0	0	0	0	2	2

¹³² Ibid.

¹³³ Ibid.

¹³⁴ Bar Council of Malaysia, *Roundtable Discussion on Persons With Disabilities Act 2008 – Right to Education: Report Summary*, 7 September 2008.

¹³⁵ Ibid.

¹³⁶ Ministry of Education (Educational Data Sector, Educational Planning and Research Division), *Quick Facts 2012 – Malaysia Educational Statistics*, July 2012. Retrieved on 22 May 2013 from http://emisportal.moe.gov.my/emis/emis2/emisportal2/doc/fckeditor/File/Quickfacts_2012/quickfacts2012.pdf.

Total	1,273	1,015	2,288	1,316	1,073	2,389	1,245	1,025	2,270
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Table 11

Enrolment in the Special Education Integration Programme by Level (2010-2012)

Level	2010	2011	2012
Pre-school	536	573	490
Primary	23,104	25,181	27,096
Secondary (Forms 1 – 5)	15,844	18,252	20,296
Secondary (Form 6)	8	5	24
Total	39,492	44,011	47,906

Table 12

Enrolment in the Inclusive Education Programmes (2010-2012)

Level	2010	2011	2012
Inclusive Education	6,360	3,261	562

The number of children with disabilities in Special Education Schools over the period of 2010 to 2012 (Table 10) has remained consistent. The enrolment of children with disabilities in the Special Education Integration Programme (SEIP) (Table 11) during that same period has seen an increase. However, the number of children with disabilities enrolled in inclusive education programmes from 2010 to 2012 (Table 12) has shown a significant decline.

The overall percentage of children with disabilities within the total student population in the national school system is inordinately low, at around 1%.¹³⁷

C.6 Problems in the delivery of education services to children with disabilities

There are various reasons for the low enrolment rate of children with disabilities in the special needs education system. The shortcomings recognised by the government include the shortage of qualified teachers and professional support such as audiologists and occupational therapists, the lack of a tailored curriculum for certain learning disabilities and a general lack of facilities in mainstream schools such as disabled-friendly facilities and assistive technological devices like hearing aids and Braille typing machines.¹³⁸

However, rights advocates for children with disabilities point to wider and more systemic reasons for the shortcomings in the education options available to children with disabilities, including the following:

- (a) The quality of special education teachers varies enormously. The training syllabus for special education teachers needs to be reviewed. There appears to

¹³⁷ Refer to Table 8, Chapter IV of this report.

¹³⁸ Ministry of Education, *Malaysian Education Blueprint 2013 – 2025 Preliminary Report*, September 2012, pp. 4-17.

be a reluctance to institute a teacher aid programme to support children in the mainstream education system. Without adequate training, teachers in mainstream classes are unable to deal with children with learning disabilities.¹³⁹

- (b) In addition, there is also an extremely limited availability of speech and language therapists and educational psychologists in national schools. There is also a lack of uniformity of access to education services, specifically in smaller towns in Sabah, Sarawak and the interior of Peninsular Malaysia.¹⁴⁰
- (c) Although children with disabilities are estimated to comprise around 10% of all children, only around 5% to 7% of education expenditure appears to be channelled to special needs education. Table 13 below sets out data on education expenditure from 2004 to 2006 provided by the Malaysian government to the Committee on the Rights of the Child during consideration of Malaysia's Initial Report.¹⁴¹

Table 13
Education Expenditure by Level (2004 – 2006)

Year	Level / Programme	Total Expenditure (RM)	Percentage (%)
2004	Pre-school	176,477,000	1.31
	Primary education	5,601,625,600	41.63
	Secondary education	4,991,467,300	37.10
	Special Education	59,369,200	5.38
	Total	112,490,000,000	100.00
2005	Pre-school	178,061,100	1.31
	Primary education	5,674,836,800	41.60
	Secondary education	5,057,590,900	37.07
	Special Education	54,760,000	7.07
	Total	117,444,984,600	100.00
2006	Pre-school	173,528,500	1.22
	Primary education	6,060,289,900	42.66
	Secondary education	5,421,272,800	38.16
	Special Education	56,875,800	7.21

¹³⁹ Dr. Amar-Singh HSS, *Screening & Diagnosing Learning Disabilities*, presented at the Forum on the Right of Education For Children With Learning Disabilities organised by the Human Rights Commission of Malaysia (SUHAKAM), 22 April 2013.

¹⁴⁰ Dr. Amar-Singh HSS, *Screening & Diagnosing Learning Disabilities*, presented at the Forum on the Right of Education For Children With Learning Disabilities organised by the Human Rights Commission of Malaysia (SUHAKAM), 22 April 2013.

¹⁴¹ Written Replies by the Government of Malaysia Concerning the List of Issues (CRC/C/MYS/Q/1) received by the Committee on the Rights of the Child Relating to the Consideration of the Initial Report of Malaysia, 4 December 2006, CRC/C/MYS/Q/1/Add.1.

	Total	136,748,522,510	100.00
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C.7 Inclusive Education

The principal shortcoming in the special needs education system in Malaysia is the failure of the government to make inroads in the implementation of the Inclusive Education Programmes in mainstream schools.¹⁴² The principle of Inclusive Education for children with disabilities starts from the core concepts that all children are educable although they may learn at different rates and levels and that all children will benefit from an inclusive programme regardless of their differences.¹⁴³ Research has shown that children with special needs improve in their communication and social skills when placed in mainstream school settings, in addition to improving in other academic skills, and that children who have classmates with special needs in their classroom grow up to be more accepting of people with different needs.¹⁴⁴

The 1994 UNESCO Salamanca Statement, ratified by Malaysia, states that those with special needs must have access to mainstream schools and that mainstream schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities and building an inclusive society.¹⁴⁵ The principle of Inclusive Education is also enshrined in the CRPD (Article 24) and in Malaysia's own PWD Act (Section 28).

Yet Malaysia's international and national commitments to implement Inclusive Education do not appear to have been translated into action, and this has called into question Malaysia's commitment to implementing Inclusive Education as the core policy of special needs education.¹⁴⁶ The data on the enrolment of children with disabilities in Inclusive Education Programmes demonstrates that these criticisms have basis. In 2012, only 562 children with disabilities were enrolled in the Inclusive Education Programme in mainstream classes (Table 10). This figure represents:

- (a) around 1% out of the 50,738 children with disabilities enrolled in special needs education in that year;¹⁴⁷ and
- (b) around 0.01% out of the 5,086,180 students (both with and without disabilities) who were enrolled in the national education system in that year.¹⁴⁸

¹⁴² Dr. Amar-Singh HSS, *Screening & Diagnosing Learning Disabilities*, presented at the Forum on the Right of Education For Children With Learning Disabilities, Human Rights Commission of Malaysia (SUHAKAM), 22 April 2013.

¹⁴³ NECIC, *Inclusive Education As National Policy For Children With Special Needs*, April 2012.

¹⁴⁴ NECIC, *Inclusive Education As National Policy For Children With Special Needs*, April 2012.

¹⁴⁵ UNESCO, *The Salamanca Statement and Framework For Action on Special Needs Education*, 1994. Retrieved on 23 May 21013 from <http://unesdoc.unesco.org/images/0009/000984/098427eo.pdf>.

¹⁴⁶ Dr. Amar-Singh HSS, *Screening & Diagnosing Learning Disabilities*, presented at the Forum on the Right of Education For Children With Learning Disabilities, Human Rights Commission of Malaysia (SUHAKAM), 22 April 2013; UN Human Rights Council, *Report of the Special Rapporteur on the Right to Education, Vernor Muñoz Villalobos: addendum: mission to Malaysia*, 20 March 2009, A/HRC/11/8/Add.2, pp. 16 – 17.

¹⁴⁷ Refer to Table 8, Chapter IV of this report.

More alarmingly, the number of children with disabilities enrolled in inclusive education programmes showed a marked decline from 2010 to 2012 (Table 10).

It is worth noting that the government has recognised that the inclusion of children with disabilities within mainstream schools through Inclusive Education Programmes is the most effective means of overcoming discriminatory attitudes and building an inclusive society, and is in line with the government's commitment under the PWD Act to facilitate their "full and equal participation in education."¹⁴⁹ In the Preliminary Report on the Malaysia Education Blueprint 2013 – 2025 (September 2012), the government proposed to improve the special needs education system in three stages (or 'waves'):

- (a) The first wave seeks to link schooling options for students with special needs to competency levels, so that only "high-functioning" special needs students who can cope with the mainstream curriculum and assessment will be encouraged to attend inclusive education programmes, while moderate functioning special needs students will attend the Special Education Integrated Programme (SEIP).
- (b) The basic training of all teachers in special needs education and the exploration of partnerships with other government agencies and non-government and international organisations to provide support for special needs education are to occur during the second wave of the proposal.
- (c) The target at the end of the third wave is to have 75% of students with special needs enrolled in Inclusive Education Programmes and every teacher equipped with a basic knowledge of special education.

The segregated approach proposed in the first wave of the Education Blueprint that bases access to education on potential, competency or "high-functioning" has been rejected as going against the principles of Inclusive Education, which seeks to bring children with special needs, except for the severely disabled, into mainstream education.¹⁵⁰

The Education Blueprint was also criticised for paying only superficial attention to special needs education, without the meticulous analysis and documentation presented in other areas covered by the Education Blueprint. For example, while measures to improve the training of teachers and building partnerships with relevant local organisations in respect of other areas addressed in the Education Blueprint are to start in the first wave, in respect of special needs education, the improvement in training of teachers and exploring partnerships with local organisations will only be undertaken in the second wave.¹⁵¹

A Memorandum on Inclusive Education as National Policy for Children With Special Needs, prepared by the National Early Childhood Intervention Council (NECIC) and supported by over 60 non-government organisations was submitted to the Ministry of Education in 2012 for consideration in the drafting of the proposals for special needs education in the Education

¹⁴⁸ Ibid.

¹⁴⁹ Ministry of Education, *Malaysian Education Blueprint 2013 – 2025 (Preliminary Report)*, September 2012, p. 4-17.

¹⁵⁰ NECIC, *Letdown for Special Needs Kids*, The Star, 26 September 2012. Retrieved on 23 May 2013 from <http://thestar.com.my/news/story.asp?file=/2012/9/26/focus/12080104&sec=focus>

¹⁵¹ Ibid.

Blueprint.¹⁵² The Memorandum contains detailed and comprehensive recommendations of policies and strategies to integrate children with disabilities into mainstream classes.¹⁵³ However, much, if not all, of the recommendations in the Memorandum were not adopted into the Education Blueprint.

A response to the various criticisms raised against the Education Blueprint was sought from an official in the Special Education Division of the Ministry of Education. However, the official declined to comment citing confidentiality as the finalisation of the Blueprint is ongoing.¹⁵⁴

D COMMUNITY BASED REHABILITATION

Community Based Rehabilitation (CBR) centres are established throughout the country by the Department of Social Welfare. A CBR centre is meant to be a one-stop centre for persons with disabilities, and is intended to provide such services as diagnosis, rehabilitation, treatment, special education and vocational training.¹⁵⁵

There are currently 486 CBR centres throughout the country with approximately 20,000 trainees.¹⁵⁶ According to the Malaysian government's report to the Committee of the Rights of the Child, the MWFCDC plans to open at least 10 new CBR centres every year.¹⁵⁷ The report adds that the MWFCDC provides yearly monetary grants to the CBR centres for their operational expenses, programmes and activities. People with disabilities who participate in CBR receive a monthly allowance of RM25 from the MWFCDC. This allowance was reported to have been increased to RM50 per month from January 2007¹⁵⁸.

According to the Malaysian Government report to the Committee on the Rights of the Child, CBR centres organise several activities for the benefit children with disabilities, including:¹⁵⁹

- (a) **Therapy:** There are three kinds of therapy offered, namely physiology therapy, occupational therapy and speech therapy. This training is done under the close supervision of selected specialists. Physiology therapy focuses on the rehabilitation of the human body which involves activities concerning basic motion skills such as crawling, walking, running, jumping and kicking. Occupational therapy teaches persons with disabilities various occupational skills. Lastly, speech therapy focuses on verbal communications skills that help persons with speech impediments to learn to speak better.

¹⁵² Ibid.

¹⁵³ NECIC, *Memorandum on Inclusive Education as National Policy for Children with Special Needs* (April 2012).

¹⁵⁴ Interview with Ms. Lim Weng Fong (Special Education Division, Ministry of Education) on 16 May 2013.

¹⁵⁵ Interview with Mr. Pathmanathan a/I R. Nalasamy (Principal Assistant Director, Department for the Development of Persons with Disabilities, Department of Social Welfare, Malaysia) on 15 May 2013

¹⁵⁶ Ibid., on 15 May 2013 and 28 May 2013.

¹⁵⁷ UN Committee on the Rights of the Child (CRC), *UN Committee on the Rights of the Child: Initial Report of States Parties Due in 1997, Malaysia*, 22 December 2006, CRC/C/MYS/1.

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

- (b) **Language and Social Development:** Persons with disabilities are taught to express themselves verbally, through writing and inscriptions. This allows them to communicate properly and for other people to understand them better. Under this activity, persons with disabilities are also taught interaction skills, such as sign language.
- (c) **Basic Daily Life Skills:** This activity provides basic skills training on how to take care of oneself. It includes regular food and water intake, bathing, toilet training, grooming, wheelchair handling as well as getting in and out of bed and vehicles.
- (d) **Reading, Writing and Arithmetic (3R):** Persons with disabilities are taught basic skills in reading, writing and arithmetic. In addition, they are trained to handle writing tools and materials.
- (e) **Recreational Therapy:** Persons with disabilities are encouraged to explore their talents through games, making handicrafts and playing musical instruments. Often, outdoor excursions to various places are conducted.
- (f) **Independent Living Training:** This is training that focuses on helping persons with disabilities achieve independence in all aspects of their lives. It can provide children with various needs with positive as well as fun activities to improve their cognitive, physical and motor skills. Several 'hostels' are set up where four to five people with disabilities learn to live together on their own under the supervision of a coordinator.

The CBR programme is a preferred alternative to institutional care since: (i) it provides decentralised rehabilitation services and early intervention for children with disabilities within their own communities; and (ii) it helps to ensure the acceptance and social integration of children with disabilities.¹⁶⁰

However, the services offered at CBR centres are not specialised for children. The space is open for adults and children alike. While CBR centres are placed in communities for accessibility, many parents still find it difficult to access it. Many parents are also unaware of the service.¹⁶¹

Also, the CBR centres lack adequately trained staff, and even trained therapists¹⁶². Where there are therapists, their numbers are often insufficient to handle the case loads. These shortcomings have led some to term CBR centres as little more than childcare centres¹⁶³.

¹⁶⁰ Government of Malaysia, *Country Report Malaysia: Welfare and the Protection of Children*. Presented during the 3rd ASEAN Inter-Parliamentary Assembly (AIPA) Caucus in Manila, Philippines from 31 May – 2 June 2011.

¹⁶¹ Interview with Veronica Retnam on 6 December 2012.

¹⁶² Dr. Amar-Singh HSS, *Services for Children with Disability (Handicapped Children) in Malaysia*, Malaysia Paediatric Association, 1997.

¹⁶³ Interview with Dr. Amar-Singh HSS on 11 December 2012.

The centres are also frequented by “educable” children who can, and should, attend school. Some organisations insist that these centres should be prioritised for those who are found to be ineligible to be admitted to mainstream schools¹⁶⁴.

Children with severe disabilities are often confined to the home and are unable to access CBR centres. Some CBR teachers do visit these children at their homes for therapy but this is not done on a regular basis and is dependent on the commitment of the teacher.¹⁶⁵ As such, there is inadequate intervention for children with severe disabilities. In some rural communities, CBR centres are only available to children below the age of eight.¹⁶⁶

Many private organisations also run rehabilitation programmes along with their assessment services. These, again, are an expensive option. These services are hospital or centre based and can result in similar problems of access as noted in the paragraphs above.

E. SOCIAL PROTECTION PROGRAMMES

Although most social protection programmes available for persons with disabilities target adults, some are directed to children with disabilities, including:

- (a) A monthly cash allowance of RM150 is provided by the Ministry of Education for children enrolled in special needs education in the national primary and secondary schools.¹⁶⁷
- (b) *Taman Sinar Harapan* homes provide residence, care and rehabilitation for children with disabilities. There are seven such homes across the country and they fall within the purview of the Department of Social Welfare.¹⁶⁸

F PROTECTION

F.1 Background

Studies from the United States have shown that children with disabilities who are in pre-school or younger are more likely to be abused than peers without disabilities.¹⁶⁹ A national survey of deaf adults in Norway found that girls were twice as likely to experience sexual

¹⁶⁴ Interview with Pauline Wong of Malaysian Care on 12 December 2012.

¹⁶⁵ Ibid.

¹⁶⁶ SUHAKAM *Report on Human Rights and Access to Equitable Healthcare*, 2011, pp. 21-33.

¹⁶⁷ One-Stop Special Education Information Centre (Ministry of Education). Retrieved on 28 May 2013 from http://pmspk.moe.gov.my/index.php?option=com_content&view=article&id=108&Itemid=130&lang=en&limitstart=1.

¹⁶⁸ Department of Social Welfare. Retrieved on 28 May 2013 from http://www.jkm.gov.my/index.php?option=com_content&view=article&id=91%3Ataman-sinar-harapan&catid=60%3Ainstitusi-oku&Itemid=67&lang=ms.

¹⁶⁹ UNICEF *State of the World's Children 2013: Children With Disabilities*, p. 41.

abuse, and boys three times as likely, as peers who had no disability.¹⁷⁰ Factors which place children with disabilities at a higher risk of violence include stigma, discrimination and ignorance about disability, as well as a lack of social support for those who care for them.¹⁷¹

State parties to the CRPD are obligated under Article 16 to provide effective legal protection for children with disabilities and to take all appropriate measures to prevent all forms of exploitation, violence and abuse.¹⁷² For resulting legislation to be meaningful, it is essential not only to ensure that the laws are enforced but also that children with disabilities are educated about their right to protection from discrimination and abuse and how to exercise the right.¹⁷³

F.2 National legal and policy framework

The Child Act, which extends to children with disabilities, covers 12 categories of children in need of protection and these include cases of physical, sexual, mental and emotional abuse, and ill-treatment, neglect and abandonment.¹⁷⁴ It allows authorities to:

- (a) take over temporary custody or remove to a place of safety a child deemed to be in need of care and protection and the conduct of medical examinations and treatment by the appropriate authorities;¹⁷⁵
- (b) remove a child to a place of refuge and rehabilitation for a child deemed to be in need of protection and rehabilitation.¹⁷⁶

The Child Act makes it mandatory for family members, child care providers and medical officer or practitioners to report any suspected cases of child abuse to the relevant authorities.¹⁷⁷ The Child Act also establishes a special Court for Children which decides on issues relating to the custody, removal, care and rehabilitation of a child in need of protection. In making decisions, the Court for Children is obliged to take into consideration the best interest of the child.¹⁷⁸

The National Child Protection Policy and Action Plan 2009 formulate strategies for child protection including advocacy, prevention, support services and research and development strategies. Among these strategies are:

- (a) To ensure that children are provided with an understanding of their rights to protection under the CRC and with basic knowledge of how to protect

¹⁷⁰ Ibid.

¹⁷¹ World Health Organisation (WHO), *Children with disabilities more likely to experience violence*, 12 July 2012. Retrieved on 26 May 2013 from http://www.who.int/mediacentre/news/notes/2012/child_disabilities_violence_20120712/en/.

¹⁷² Convention on the Rights of Persons With Disabilities, Article 16.

¹⁷³ UNICEF *State of the World's Children 2013: Children With Disabilities*, p. 41.

¹⁷⁴ Laws of Malaysia, Child Act 2001, Sections 17 and 31.

¹⁷⁵ Ibid., Sections 18 to 30.

¹⁷⁶ Ibid., Sections 38 to 40.

¹⁷⁷ Ibid., Sections 27 – 29.

¹⁷⁸ Ibid., Sections 30, 39 and 40.

themselves from neglect, abuse, violence and exploitation and to recognise situations of risk; and

- (b) To develop a standardised training module on child protection and screening system for persons who work directly with children.

F.3 Programmes and primary agencies involved

The main service providers involved in providing and coordinating child protection services are the Department of Social Welfare under the MWFC and the Ministry of Health, with other agencies such as the police force also playing a crucial role in the enforcement of child protection programmes. These agencies work together in dispensing the various child protection services.

Child Protection Teams (the composition of which includes a medical officer and a senior police officer) are set up to coordinate district-based services to families and children in need of protection.¹⁷⁹ In addition, some social welfare officers are designated as Protectors under the Child Act and are empowered to take a child into temporary custody if they are satisfied on reasonable grounds that the child is in need of care and protection and if deemed necessary, to have the child examined or treated by a medical officer.¹⁸⁰

The Ministry of Health coordinates One-Stop Crisis Centres and Suspected Child Abuse and Neglect (SCAN) teams. The One-Stop Crisis Centres are located in most government hospitals, based in the emergency departments. The centres provide clinical management, counselling, temporary shelter and assist in arranging for social welfare, shelter and legal support for the victims of child abuse, domestic violence, rape and sodomy.¹⁸¹ SCAN Teams are placed in specialist government hospitals and are multidisciplinary, multiagency hospital-based teams with welfare officers and police officers that provide medical care, treatment and support to maltreated children.¹⁸²

Child Rights Coalition Malaysia has noted that the interagency collaboration between the Ministry of Health's SCAN Teams, the police and Protectors under the Department of Social Welfare helps make the process of reporting an abuse less traumatic.¹⁸³ However, it has also identified a number of constraints with the current child protection system:¹⁸⁴

- (a) There are an insufficient number of Protectors and their caseloads are too high to allow for effective case management and proper review of a child's placement. This has led to some children being returned to their families, with the risk that the abuse may continue.

¹⁷⁹ Ibid., Section 9.

¹⁸⁰ Ibid., Sections 18 and 20.

¹⁸¹ Information obtained from the Ministry of Health website. Retrieved on 25 May 2013 from <http://www.myhealth.gov.my/v2/index.php/en/prime-years/violence/one-stop-crisis-centre>.

¹⁸² Irene Cheah Guat Sim & Choo Wan Yuen, *Child maltreatment prevention readiness assessment in Malaysia: Country Report*, pp. 103 – 104. Retrieved on 25 May 2013 from http://www.who.int/violence_injury_prevention/violence/child/malaysia_rap_cm.pdf.

¹⁸³ Child Rights Coalition Malaysia, *Status Report on Children's Rights In Malaysia*, December 2012, p. 13.

¹⁸⁴ Ibid., pp. 12 – 16.

- (b) The implementation of child protection policies and services is not evenly applied and vulnerable groups such as children with disabilities continue to face difficulties in accessing the full reporting and investigative processes.

When the child in need of protection has a disability, specific mechanisms must be set in place to ensure that the child can fully access and utilise the child protection services that are in place. Social workers, medical officers, law enforcement officers, lawyers, judges and other relevant professionals who aid or work with the child must be trained to work with children who have disabilities.

Children with disabilities are particularly susceptible to abuse, and are three to four times more likely to be victims of violence.¹⁸⁵ Child protection policies should therefore prepare strategies, services and resources that specifically cater to this group. For example, certain nurse home-visiting programmes for children at risk of violence and trainings to improve parenting skills have been shown to work to prevent violence against non-disabled children.¹⁸⁶ The authorities should therefore consider implementing these forms of interventions as a routine programme both in private homes and in institutions that have children with disabilities.

G ACCESSIBILITY

G.1 Background

The PWD Act guarantees the rights of access for all persons with disabilities to among others, public facilities and transport. The provision of access to premises and transportation is intertwined with the ability of children with disabilities to fully utilise their other basic rights, such as to healthcare and education. In the healthcare system, a lack of an adequate means of transport for children with disabilities in rural or interior areas impedes their ability to utilise rehabilitation services in health clinics and CBR centres.¹⁸⁷ In the education system, the lack of disabled-friendly infrastructure or facilities in a school can determine whether or not the school will accept a child with disabilities into mainstream classes under the inclusive education programme.¹⁸⁸

G.2 Access to public premises

Local authorities require architects and builders to adhere to Malaysian Standard Codes of Practice for building plans to be approved. After a building is constructed, an “access audit”

¹⁸⁵ Jones, Lisa, et al., ‘Violence against children with disabilities’, UNICEF *State of the World’s Children 2013: Children With Disabilities*, pp. 44 – 45.

¹⁸⁶ World Health Organisation (WHO), *Children with disabilities more likely to experience violence*, 12 July 2012. Retrieved on 26 May 2013 from http://www.who.int/mediacentre/news/notes/2012/child_disabilities_violence_20120712/en/.

¹⁸⁷ Interviews with Dr. Salimah bt. Hj. Othman and Matron Cheoh Siew Tin (Family Health Development Division, Ministry of Health) on 17 May 2013.

¹⁸⁸ Interview with Ms. Lim Weng Fong (Special Education Division, Ministry of Education) on 16 May 2013.

is done to gauge the usability and functionality of the premises for people with disabilities.¹⁸⁹ The purpose of the audit is to:¹⁹⁰

- (a) Increase awareness among planners and architects about barrier-free environments for people with disabilities;
- (b) Ensure in both new buildings and in retro-fitting, the use of universal design concepts and adherence to the standard codes relating to people with disabilities.

As a result of the government's efforts, new buildings and renovated buildings are generally built and equipped with a full range of facilities for persons with disabilities. However, many older public facilities and public walkways and spaces have not been adapted to be disabled friendly.¹⁹¹

G.3 Access to public transport facilities

While persons with disabilities receive a number of rebates and discounts for road tax and fares for public transport, the question of physical access to such transport has still not been adequately addressed and much of public transportation is still not disabled friendly.¹⁹²

Further, merely easing the financial burden of public transport facilities does not achieve the objectives of the CRPD; access to transport facilities and buildings must be read together with the other rights under the CRPD, such as to healthcare and education services, as the former is facilitative of the latter. In other words, when providing education, healthcare and rehabilitation programmes to children with disabilities, the government agencies concerned should also put in place services that provide access to those facilities, for those children who would not otherwise be able to utilise them.

¹⁸⁹ Interview with Mr. Pathmanathan a/I R. Nalasamy (Principal Assistant Director, Department for the Development of Persons with Disabilities, Department of Social Welfare, Malaysia) on 15 May 2013.

¹⁹⁰ Ministry of Women, Family and Community Development et al., *'1 Malaysia Audit Access Manual as Guidelines for Universal Design Facilitators'* (1st Ed.).

¹⁹¹ US State Department, *2010 Country Reports on Human Rights Practices – Malaysia*.

¹⁹² COMANGO, *Statement prepared for the 4th session of UPR*, February 2009, p.6.

VII CONCLUSIONS AND RECOMMENDATIONS

We summarise our conclusions and provide recommendations in Table 14 below.

Table 14
Conclusions and Recommendations

Issue	Conclusions & Recommendations
Law and Policies	<p>Conclusions</p> <ul style="list-style-type: none"> • There is a lack of consistency between the CRPD, which prevents discrimination against persons with disabilities, and Articles 8(2) and 12(1) of the Federal Constitution. This gap could allow laws that discriminate persons with disabilities to be passed and enforced. • Non-discrimination is one of the defining principles of both the CRC and the CRPD. A failure to include a prohibition against discrimination of persons with disabilities in the Federal Constitution and to remove the reservation to Article 2 of the CRC could perpetuate discrimination. • The lack of penalties or a mechanism to redress violations of the PWD Act and the government not signing the Optional Protocol to the CRPD, has drawn criticism from rights advocates. The apparent protection of the rights of persons with disabilities under the PWD Act would be illusory without an effective redress mechanism that is accessible by those the Act seeks to protect. • The fact that the government is considering including enforcement mechanisms within the PWD Act is encouraging and to be lauded. • Malaysia's recent commitment to the Incheon Strategy (developed by UNESCAP), and the intention of the government to draft a new national action plan for persons with disabilities that takes into consideration the goals and targets of the Incheon Strategy, are welcomed. <p>Recommendations</p> <ul style="list-style-type: none"> • Malaysia's reservations to the CRC and the CRPD should be lifted and it should sign the Optional Protocol to the CRPD. • Articles 8(2) and 12(1) of the Federal Constitution should be amended to include prohibitions against discrimination of persons with disabilities. • The PWD Act should be amended, in consultation with rights advocates and NGOs who work with persons with disabilities, to include penalties and a redress mechanism for violations of the Act. • The goals and targets of the Incheon Strategy should be used as a basis for the strategies and plans of the new national action plan for persons with disabilities. • Where necessary, the National Policy for Persons With Disabilities and

	the health and education policies relating to persons / children with disabilities should be harmonised accordingly.
Issue	Conclusions & Recommendations
Defining or Classifying Children with Disabilities	<p>Conclusions</p> <ul style="list-style-type: none"> • Access to national special needs education is not granted to all children with disabilities. There are inconsistencies in the class of children with disabilities who fall under the PWD Act and the policies of the Ministry of Women, Family and Community Department on the one hand, and the eligibility requirements for special needs education on the other. • The inconsistencies should be resolved and the eligibility requirements in the education legislation should be amended to include all categories of children with disabilities who are covered under the PWD Act. • The fact that the government is considering making amendments to the eligibility requirements in respect of special needs education is to be lauded. <p>Recommendations</p> <ul style="list-style-type: none"> • The Education (Special Regulations) Regulation 1997 should be amended to remove paragraph 3 in its entirety. • A standard definition of children with disabilities should be adopted and utilised across all sectors of service.
Data	<p>Conclusions</p> <ul style="list-style-type: none"> • There is currently no comprehensive and structured data collection mechanism on children with disabilities. Available data is not reflective of the real number of children with disabilities in Malaysia and is not sufficiently disaggregated by age, gender and disability type. • The gross underestimate of the total population with disabilities, affects the ability of State entities to develop policies targeting children with disabilities and results in a large number of children with disabilities who remain undetected. • However, the recent institution of the SMOKU information management system by the Department of Social Welfare that allows for disaggregation of data is to be lauded. • Similarly, the maintenance of databases on children with disabilities by the Ministry of Health and the Ministry of Education is to be lauded. <p>Recommendations</p> <ul style="list-style-type: none"> • The collection of data on children with disabilities must be systematised and comprehensive. • Data on children with disabilities should be shared between and collated from the primary agencies that provide services to children with disabilities (Department of Social Welfare, Ministry of Health and the

	Ministry of Education).
Issue	Conclusions & Recommendations
Primary Stakeholders involved in providing Services for Children With Disabilities	<p>Conclusions</p> <ul style="list-style-type: none"> • There are several underlying and interrelated shortcomings that underpin the planning and execution of programmes and services for children with disabilities. • A number of services provided by different agencies, such as the Ministry of Health's health centres and the Department of Welfare's CBR centres, may be optimised by synergising some resources and facilities. Similarly, disability detection programmes are carried out by the Ministry of Health and the Ministry of Education at different age groups, and the reach and effectiveness of these programmes would be enhanced if these agencies combined infrastructure and expertise. • Some of the barriers to accessing services such as the inability of certain communities to attend rehabilitation services in health care centres and CBR centres may be overcome by leveraging on the services run by other government agencies that routinely access these communities. • In addition, there should be a shift to a more proactive approach in the delivery of services to children with disabilities. Early detection, intervention and rehabilitation services still rely on the child's parents or guardian to make the approach to service providers or to take the lead in accessing such services, when many, do not have the capacity, resources or requisite knowledge to do so. On the other hand, government agencies have the multidisciplinary resources and multiagency access to implement proactive early detection and intervention programmes as recommended by certain rights advocates. • The core objective should be that the various services for children with disabilities must be seamless, so that there is no gap through which the agencies could lose supervision of a child with disabilities. • The fragmented delivery of services to children with disabilities and the lack of cohesion between the primary government agencies suggest that the current organisation structure under the National Council for Persons With Disabilities may be less than ideal. Any body that coordinates the formulation and delivery of services to children with disabilities should have sufficient and direct authority over the various ministerial departments concerned. <p>Recommendations</p> <ul style="list-style-type: none"> • The functions and role of the National Council should be enhanced so that it is empowered to directly formulate, coordinate and enforce multidisciplinary and multiagency policies, strategies and programmes for children with disabilities. The National Council should also be empowered to facilitate and oversee funding for programmes and services, by liaising directly with the Ministry of Finance and the ministries that execute these programmes and services, to request the

	allocation and disbursement of funds.
Issue	Conclusions & Recommendations
Early Detection of Children With Disabilities	<p>Conclusions</p> <ul style="list-style-type: none"> • Effective early detection programmes require a multi-disciplinary approach, involving the three government agencies that provide the key services – the Ministry of Health, Ministry of Education and the Department of Social Welfare. Expertise from each of these sectors should be incorporated as core elements in early detection processes. • The current early detection programmes are reactive and not proactive, as they depend largely on the diligence or ability of parents / guardians to monitor the child and actively participate in the process. • Screening tools used must be validated. <p>Recommendations</p> <ul style="list-style-type: none"> • The Recommendations in the Memorandum on Early Childhood Intervention (2006) proposed by the National Early Childhood Intervention Council should be adopted. • Any early detection programme must be a multi-disciplinary and multiagency effort and its core strategy must be proactive.
Health	<p>Conclusions</p> <ul style="list-style-type: none"> • Healthcare services for children with disabilities have advanced significantly in recent years. The Ministry of Health's health monitoring programme for 0 – 6 year olds is to be commended. • However, there remains a shortage of skilled health care providers to work with children with disabilities while access to the centres is difficult for certain segments of society. <p>Recommendations</p> <ul style="list-style-type: none"> • Health care providers in hospitals and health centres should be sufficiently trained in the health needs of children with disabilities. • Sufficient numbers of specialised health care providers such as physiotherapists, occupational therapists, clinical psychologists and psychiatrists, should be available at or for all medical facilities that offer services for children with disabilities. • The Public Works Department's criteria for clinical psychologist should be tightened to ensure adequately trained psychologists are employed. • The fee schedule for citizens vs. non-citizens should be reviewed to ensure all children with disabilities can access the public health care system. • The Ministry of Health should mobilise healthcare services and leverage

	on other government agencies such as the Ministry of Transport, the Ministry of Rural and Regional Development and state governments to access rural and interior areas.
Issue	Conclusions & Recommendations
Education	<p>Conclusions</p> <ul style="list-style-type: none"> • Eligibility requirements for special needs education under the education regulations exclude a number of categories of children with disabilities. • Within the schooling system, there are problems identifying children with disabilities through the LINUS screening test. • Teachers in special needs education are not sufficiently trained and there is a limited availability of speech and language therapists and educational psychologists in national schools. • The implementation of the Inclusive Education Programme in mainstream schools is poor. <p>Recommendations</p> <ul style="list-style-type: none"> • Only adequately validated screening tools should be used to identify children with special needs in schools. • All teachers should undergo basic training in special needs education. • The facilities and infrastructure in all schools should be upgraded to be disabled friendly. • The government should work with NGOs in early intervention, special education and skills training programmes for children with disabilities. • There should be immediate efforts to implement inclusive education in schools and the recommendations of the National Early Childhood Intervention Council in its Memorandum on Inclusive Education as National Policy for Children with Special Needs should be considered for adoption in the new national education blueprint.
Community Based Rehabilitation	<p>Conclusions</p> <ul style="list-style-type: none"> • The number of CBR centres nationwide and the continued yearly increase is encouraging, as is the number of participants. • However, there remains a shortage of sufficiently trained personnel and equipment to conduct adequate rehabilitation activities, while access to the centres is difficult for certain segments of society. <p>Recommendations</p> <ul style="list-style-type: none"> • A full range of community-based rehabilitation services should be available in all CBR centres. • Sufficient numbers of trained personnel and more resources such as rehabilitation equipment should be made available to provide proper rehabilitation services at CBR centres. • The Department of Social Welfare should work together with

	communities to mobilise the services provided at CBR centres and leverage on other government and state agencies to access rural and interior areas.
Issue	Conclusions & Recommendations
Protection	<p>Conclusions</p> <ul style="list-style-type: none"> • Children with disabilities are particularly susceptible to abuse, and are three to four times more likely to be victims of violence. • Child protection policies should include strategies, services and resources that specifically cater to this group. • There is inadequate information on violence / abuse and exploitation of children with disabilities. • There is inadequate information on the number and situation of children with disabilities in institutional care. <p>Recommendations</p> <ul style="list-style-type: none"> • Child Protection Teams, Protectors, social workers, medical workers, police officers and others involved in the child protection services should undergo specialised training in how to work with children with disabilities. • Where the child in need of protection has a disability, an officer specially trained in that particular disability should be on hand to aid the child. • A routine programme of home-visits in both private homes and institutions that have children with disabilities should be implemented. • Research should be conducted to establish the nature and magnitude of violence, abuse, ill-treatment and neglect for children with disabilities in residential care.
Access	<p>Conclusions</p> <ul style="list-style-type: none"> • The provision of access to premises and transportation is intertwined with the ability of children with disabilities to fully utilise their other basic rights, such as to healthcare and education. • When providing education, healthcare and rehabilitation programmes to children with disabilities, the government agencies concerned should also put in place services that provide access to those facilities, to those children who would not otherwise be able to utilise them. • There are insufficient means of access to public transport facilities for children with disabilities. <p>Recommendations</p> <ul style="list-style-type: none"> • All buildings and public spaces (including older ones) should be out-fitted with a full range of facilities for persons with disabilities, and a timeline for compliance should be set. • All public transport vehicles must be disabled-friendly and a timeline for

	compliance should be set.
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Annex 1

National Bodies that provide Functions and Services for Children With Disabilities

Organisation	Functions and Services
Malaysian Council for Rehabilitation	<ul style="list-style-type: none"> • Coordinates the work of voluntary disability organisations in the country; • Promotes the concept of Full Participation and Equal Opportunities for persons with disabilities; • Collaborates with state, national and international bodies to develop and promote meaningful habilitation and rehabilitation services for persons with disabilities; • Promotes early intervention programmes to equip persons with disabilities with basic living techniques and compensatory skills, provide parents with knowledge and skills in counselling and foster the development of self-reliance among the disabled; • Teaches and promotes Abilympics¹⁹³ and Very Special Arts¹⁹⁴ • Conducts workshops and training in traditional dance, drumming, music and handicrafts; • Organises biennial national rehabilitation conferences to share knowledge and expertise and update information on developments in rehabilitation programmes for the disabled.
Malaysian Council For Child Welfare ¹⁹⁵	<ul style="list-style-type: none"> • Promotes the well-being of children; • Complements government efforts in the welfare and development of children; • Promotes the general principles embodied in the Convention on the Rights of the Child.
Malaysian Association for the Blind (MAB) ¹⁹⁶	<ul style="list-style-type: none"> • Advocates for the rights and welfare of blind persons; • Conducts early intervention programmes to assess and train children who are blind or have low-vision; • Conducts educational programmes, rehabilitations courses, vocational training and placement services.

¹⁹³ Abilympics is an international vocational skills competition for persons with disabilities that is held approximately once every four years: Malaysian Council for Rehabilitation, *Abilympics Malaysia*. Retrieved on 23 May 2013 from http://abilympicsmalaysia.org/about_AB.html.

¹⁹⁴ Very Special Arts (VSA) is an organization on arts, education and disability that provides arts and education opportunities for persons with disabilities and promotes the inclusion of persons with disabilities in the arts, education and culture around the world. Malaysian Council for Rehabilitation is the Malaysian affiliate of VSA: Department of VSA and Accessibility, John F. Kennedy Center for the Performing Arts. Retrieved on 23 May 2013 from <http://www.kennedy-center.org/education/vsa>.

¹⁹⁵ <http://www.mkkm.org.my/mkkm1.htm> (accessed on 28 May 2013).

¹⁹⁶ <http://www.mab.org.my> (accessed on 28 May 2013).

Organisation	Functions and Services
National Council of Welfare and Social Development ¹⁹⁷	<ul style="list-style-type: none"> • Advocates the development and wellbeing of amongst others) persons with disabilities; • Acts as the primary body for all welfare and social development organisations.
Malaysian Paralympic Council ¹⁹⁸	<ul style="list-style-type: none"> • Implements and maintains a “Sports For All” policy to benefit the quality of life of the disabled; • Coordinates participation of persons with disabilities in international paralympic events.

¹⁹⁷ <http://www.ncwsdm.org.my/index.html> (accessed on 28 May 2013).

¹⁹⁸ <http://www.paralympic.org.my/mpc/aboutmpc.asp> (accessed on 28 May 2013).

Annex 2

NGOs that work with Children With Disabilities

No.	Organisation	Disability	Services	Activities / Programmes
1.	National Early Childhood Intervention Council ¹⁹⁹	<ul style="list-style-type: none"> Disabilities (non-specific) 	<ul style="list-style-type: none"> Advocacy 	<ul style="list-style-type: none"> Acts as a forum to discuss, advocate, monitor and review all policies and actions related to early childhood intervention; Promotes effective early childhood intervention methods; Promotes inclusive education in mainstream schools; Conducts biennial national conferences on early childhood intervention issues.
2.	Malaysian Association for the Protection of Children (MAPC) ²⁰⁰	<ul style="list-style-type: none"> Children (non-specific) 	<ul style="list-style-type: none"> Protection Advocacy & Awareness building 	<ul style="list-style-type: none"> Advocates for child rights; Raises awareness on child abuse and neglect; Protects children from abuse and neglect; Supports abused children through the legal system to prevent further trauma.
3.	Malaysian Care ²⁰¹	<ul style="list-style-type: none"> Learning disabilities 	<ul style="list-style-type: none"> Early intervention Skills training Educational therapy Awareness raising 	<ul style="list-style-type: none"> Conducts early intervention programmes that provide educational and practical training for pre-school children; Collaborates and provides training, resources and guidance with other organisations for the setting up and management of early intervention programmes throughout the country; Conducts inclusive pre-school programmes in pre-schools by providing training and technical support to teachers and parents; Collaborates with government departments and mainstream schools to provide teacher training and resources; Conducts outreach programmes in urban poor and rural areas to identify and carry out intervention programmes.

¹⁹⁹ <http://www.necicmalaysia.org> (accessed on 23 May 2013).

²⁰⁰ <http://www.hati.my/children/malaysian-association-for-the-protection-of-children-mapc/> (accessed on 24 May 2013).

²⁰¹ Interview with Ms. Pauline Wong (Director, Malaysian Care) on 23 May 2013.

No.	Organisation	Disability	Services	Activities / Programmes
4.	Asia Community Service ²⁰²	• Learning disabilities	<ul style="list-style-type: none"> • Early intervention • Skills training • Educational therapy • Awareness raising 	<ul style="list-style-type: none"> • Provides early childhood special education to toddlers and pre-school children; • Conducts transition programmes for entry into regular pre-schools and mainstreaming schooling which focuses on the areas of social competence, communication, self-help skills and pre-academic skills; • Conducts inclusion support programmes for pre-schools by providing training, resources and consultation support to enable screening of students.
5.	Kiwanis Centre for Learning Disabilities ²⁰³	• Learning disabilities	<ul style="list-style-type: none"> • Early intervention • Skills training • Educational therapy 	<ul style="list-style-type: none"> • Conducts education and training programmes to provide self-help skills and behaviour modification therapy to enable continued education in normal mainstream schools.
6.	Handicapped Children's Centre (HCC) ²⁰⁴	• Learning and physical disabilities	<ul style="list-style-type: none"> • Skills training 	<ul style="list-style-type: none"> • Provides training for the mentally retarded, physically disabled, multiple handicapped, hyperactive and those with Down syndrome and autism.
7.	Bureau of Learning Difficulties (BOLD) ²⁰⁵	• Learning disabilities	<ul style="list-style-type: none"> • Early intervention • Skill training • Educational therapy • Advocacy & Awareness raising 	<ul style="list-style-type: none"> • Provides early intervention and skills training; • Conducts inclusive pre-school programmes in pre-schools and schools by providing training and technical support to teachers and parents; • Provides resources on special needs; • Promotes effective early childhood intervention methods; • Promotes inclusive education in mainstream education.

²⁰² <http://www.asiacommunityservice.org> (accessed on 23 May 2013).

²⁰³ <http://www.kiwanis.org.my> (accessed on 23 May 2013).

²⁰⁴ <http://www.hati.my/children/handicapped-childrens-centre-hcc/> (accessed on 24 May 2013).

²⁰⁵ <http://www.boldspecial.org/about-us> (accessed on 27 May 2013).

No.	Organisation	Disability	Services	Activities / Programmes
8.	Special Children Society Of Ampang ²⁰⁶	<ul style="list-style-type: none"> • Learning disabilities 	<ul style="list-style-type: none"> • Education • Skills training 	<ul style="list-style-type: none"> • Provides individual education programmes.
9.	Cheshire Home ²⁰⁷	<ul style="list-style-type: none"> • Learning disabilities 	<ul style="list-style-type: none"> • Early intervention • Rehabilitation • Advocacy and Awareness raising 	<ul style="list-style-type: none"> • Conducts early intervention programmes; • Conducts rehabilitation services; • Advocates and campaigns for the rights of the disabled; • Provides skills training and residential care; • Provides skill and vocational training.
10.	CADS Enhancement Centre ²⁰⁸	<ul style="list-style-type: none"> • Learning disabilities 	<ul style="list-style-type: none"> • Early intervention • Skills training • Rehabilitation • Advocacy and Awareness raising 	<ul style="list-style-type: none"> • Conducts vocational and technical training; • Conducts early intervention programmes; • Conducts rehabilitation programmes.
11.	Bethany Home ²⁰⁹	<ul style="list-style-type: none"> • Learning disabilities 	<ul style="list-style-type: none"> • Early intervention • Skills training • Rehabilitation 	<ul style="list-style-type: none"> • Conducts early intervention programmes; • Conducts skills training programmes; • Conducts rehabilitation programmes.
12.	New Horizons Society ²¹⁰	<ul style="list-style-type: none"> • Learning disabilities 	<ul style="list-style-type: none"> • Early intervention • Skills training 	<ul style="list-style-type: none"> • Conducts early intervention programmes; • Conducts skills training programmes.
13.	Society of Families of Persons with	<ul style="list-style-type: none"> • Learning disabilities 	<ul style="list-style-type: none"> • Advocacy • Support of caregivers 	<ul style="list-style-type: none"> • Acts as support network for families of persons with learning difficulties; • Develops appropriate care services and activities for persons with learning difficulties;

²⁰⁶ <http://www.hati.my/children/special-children-society-of-ampang/> (accessed on 27 May 2013).

²⁰⁷ <http://www.cheshiremalaysia.org/national/> (accessed on 27 May 2013).

²⁰⁸ <http://care4cads.my/> (accessed on 27 May 2013).

²⁰⁹ <http://www.bethanyhome.org.my/> (accessed on 27 May 2013).

²¹⁰ <http://www.hati.my/disabled/new-horizons-society-early-intervention-centre/> (accessed on 27 May 2013).

	Learning Difficulties ²¹¹			<ul style="list-style-type: none"> • Advocates for the needs and rights of persons with learning difficulties.
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No.	Organisation	Disability	Services	Activities / Programmes
14.	Association of Learning Disabilities, Petaling District ²¹²	<ul style="list-style-type: none"> • Learning disabilities 	<ul style="list-style-type: none"> • Education therapy • Skills training • Vocational training • Advocacy 	<ul style="list-style-type: none"> • Provides learning and training programmes. • Advocates integrated education programmes; • Promotes independent living.
15.	United Voice ²¹³	<ul style="list-style-type: none"> • Learning disabilities 	<ul style="list-style-type: none"> • Advocacy 	<ul style="list-style-type: none"> • Provides assistance and training in developing self-advocacy for those with learning disabilities.
16.	Spastic Children's Association of Selangor and Federal Territory (SCASFT) ²¹⁴	<ul style="list-style-type: none"> • Cerebral palsy 	<ul style="list-style-type: none"> • Educational therapy • Rehabilitation 	<ul style="list-style-type: none"> • Provides educational therapy programmes; • Provides rehabilitation services.
17.	The National Autism Society of Malaysia (NASOM) ²¹⁵	<ul style="list-style-type: none"> • Autism 	<ul style="list-style-type: none"> • Assessment and Diagnosis • Early intervention • Skills training • Educational therapy • Vocational training • Advocacy & Awareness raising 	<ul style="list-style-type: none"> • Conducts autism intervention programmes; • Conducts programmes to integrate children into mainstream schools; • Conducts pre-vocational training programmes and vocational programmes; • Promotes treatment, education, welfare and acceptance of people with autism; • Provides advice for families of people with autism.

²¹¹ <http://www.perkobp.org/> (accessed on 27 May 2013).

²¹² <http://gold3c.blogspot.com/> (accessed on 27 May 2013).

²¹³ <http://www.unitedvoice.com.my/index.html> (accessed on 27 May 2013).

²¹⁴ <http://scasft.org/> (accessed on 27 May 2013).

²¹⁵ <http://www.nasom.com.my/> (accessed on 27 May 2013).

			<ul style="list-style-type: none">• Support for caregivers	
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No.	Organisation	Disability	Services	Activities / Programmes
18.	Association of Resources & Education for Autistic Children (REACH) ²¹⁶	<ul style="list-style-type: none"> • Autism 	<ul style="list-style-type: none"> • Early intervention • Skills training • Educational therapy • Advocacy & Awareness raising 	<ul style="list-style-type: none"> • Provides early intervention and skills training including computer classes, sensory integration, music and movement and pre-vocational training; • Provides resources and information on autism; • Advocates and supports integration and inclusion of children with autism into mainstream education and society.
19.	Society of the Orthopedically Handicapped ²¹⁷	<ul style="list-style-type: none"> • Physically handicapped 	<ul style="list-style-type: none"> • Advocacy 	<ul style="list-style-type: none"> • Promotes ways and means of improving the physical, special and economic conditions of the orthopedically handicapped; • Assists in the education and training of the orthopedically handicapped; • Organises sports, social and other events for the benefit of the orthopedically handicapped.
20.	Kiwanis Down Syndrome Foundation ²¹⁸	<ul style="list-style-type: none"> • Down syndrome 	<ul style="list-style-type: none"> • Education • Educational therapy • Awareness raising • Down syndrome 	<ul style="list-style-type: none"> • Conducts special education programmes; • Conducts training of teachers in special needs education; • Maintains a comprehensive resource centre; • Promotes public awareness.
21.	Down Syndrome Association of Malaysia ²¹⁹	<ul style="list-style-type: none"> • Down syndrome 	<ul style="list-style-type: none"> • Early intervention • Advocacy and Awareness raising 	<ul style="list-style-type: none"> • Promotes integration and collaboration with the government to generate awareness towards persons with Down Syndrome; • Conducts weekday day care centre for children with down syndrome and hosts support group meetings for families; • Conducts early intervention programmes for children with developmental disabilities or delays.

²¹⁶ <http://www.hati.my/disabled/the-association-of-resource-and-education-for-autistic-children/> (accessed on 27 May 2013).

²¹⁷ <http://pocam.org/index.php?option=Image1> (accessed on 23 May 2013).

²¹⁸ <http://www.kdsf.org.my/> (accessed on 27 May 2013).

²¹⁹ <http://downsyndromemalaysia.org/> accessed on 23 May 2013).

No.	Organisation	Disability	Services	Activities / Programmes
22.	National Council for the Blind (NCBM) ²²⁰	• Blind / Visually impaired	• Advocacy and Awareness raising	<ul style="list-style-type: none"> • Coordinates the activities of member organisations for the blind; • Promotes progress in the fields of education, Braille literacy, rehabilitation and vocational training; • Runs the Malaysian Braille Press (MBP).
23.	National Early Intervention Service (PPIA) ²²¹	• Blind / Visually impaired	<ul style="list-style-type: none"> • Training • Advocacy & Awareness raising 	<ul style="list-style-type: none"> • Provides resources; • Assists in education and rehabilitation through training and support services; • Coordinates employment opportunities; • Provides facilities, visual aids, reading materials in Braille, audio, digital and other forms easily accessible by the blind; • Encourages social integration and assistance in overcoming discrimination in education, employment and access.
24.	Malaysian Federation of the Deaf ²²²	• Deaf / hearing impaired	<ul style="list-style-type: none"> • Skills training • Advocacy & Awareness raising 	<ul style="list-style-type: none"> • Advocates for the rights and needs of persons with hearing disabilities at all levels; • Conducts Independent Living Skills Programmes to train basic living skills to equip persons with hearing disabilities for entering the employment; • Operates a communication centre for the deaf (PUSKOM) which is a one-stop centre that provides sign language translators, sign language classes and various activities for persons with hearing disabilities.
25.	Y-Self Reliance Centre for the Deaf (YMCA) ²²³	• Deaf / hearing impaired	<ul style="list-style-type: none"> • Intervention • Education • Skills training • Awareness raising 	<ul style="list-style-type: none"> • Promotes early education, bilingual education and training opportunities; • Promotes public awareness of deafness and participation of the deaf community in society.

²²⁰ <http://www.hati.my/disabled/national-council-for-the-blind-ncbm/> (accessed on 27 May 2013).

²²¹ <http://www.ppia.org.my/> (accessed on 24 May 2013).

²²² <http://www.mfd.org.my/> (accessed on 27 May 2013).

²²³ <http://www.ymcakl.com/PMY/index.htm> (accessed on 27 May 2013).

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