

Malaysian CARE - A Welfare

Organisation Study

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## Dedication

This study is dedicated to the staff of HCRS and to the others who have given sacrificially to the field of social welfare work, reaching out to the special people who otherwise would be ignored, neglected and forgotten by society.

"For I was hungry and you gave me something to eat; I was thirsty and you gave me drink; I was a stranger and you invited me in; naked and you clothed me; I was sick and you visited me; I was in prison and you came to me."

-J.C.-

## Acknowledgment

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- to all my housemates and friends who have been an encouragement till the completion of this study.



## Synopsis

This study is a study of a welfare organisation and its activities. The organisation in focus is Malaysian CARE, a Christian organisation involved with social work and social concerns.

How this study is conducted and the methods used is explained in Chapter 1.

In Chapter 2, we see how the organisation, out of the concern of a small group of 6 people, developed into an organisation with 58 staff and seconded workers and many others serving in the capacity of volunteers.

Chapter 3 explains how this comparatively young Home Caring Services ( HCS ) came about, and a further insight of the types of cases that are dealt by the HCS could be seen in the sample cases in Chapter 4.

The study is concluded in Chapter 5 where we see the problems that faces such an organisation and hopefully would help to bring us to the appreciation of people in the social welfare services.



## Sinopsis

Kajian ini adalah kajian tentang sebuah pertubuhan kebajikan dan kegiatan-kegiatanannya. Pertubuhan yang dimaksudkan sini adalah Malaysian CARE, sebuah pertubuhan yang terlibat dengan kerja-kerja kebajikan.

Bagaimana kajian ini dijalankan dan kaedah-kaedah yang digunakan diterangkan dalam Bab 1. Dalam Bab 2, dapat dilihat bagaimana pertubuhan ini membesar kepada sebuah pertubuhan dengan 58 kakitangan dan pekerja-pekerja yang disokong dan lain-lain yang berkhidmat sebagai sukarelawan-sukarelawati, akibat dari tindakan sekumpulan kecil 6 orang. Bab 3 menerangkan bagaimana cawangan yang agak muda, Home Caring Services ( HCS ) wujud dan kegiatan-kegiatanannya. Penerangan selanjutnya mengenai kes-kes yang diterima oleh HCS dapat dilihat dalam Bab 4. Kajian ini diakhiri dengan Bab 5 di mana masalah-masalah yang dihadapi oleh pertubuhan sebegini dilihat dan adalah diharapkan dapat menolong kita menghargai mereka-mereka yang terlibat dalam kerja-kerja kebajikan.

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## CHAPTER 1

### INTRODUCTION TO STUDY

#### 1.1 Introduction

Although social welfare work began to take form in the first half of this century, it grew and spread mainly in the more developed countries in the West. Malaysia is comparatively somewhat slow and underdeveloped in its welfare work. It has never been and probably will never be, a popular option as a vocation or career for most people and thus, welfare services in this country has the tendency of not having enough people, who are not only qualified but also dedicated and committed to the work.

Malaysian CARE has been formed as an organisation to counter this problem and to stir-up people to come forward into this area of work, especially among the Christians in this country.

#### 1.2 Purpose of study

This is basically a descriptive study to introduce and probe into the little known area of welfare work especially in this country. Since the nature of this study is descriptive, much of it would be describing the work of the welfare organisation identified as Malaysian Christian Association for Relief, otherwise

known as Malaysian CARE. It is in this descriptive nature that welfare work is introduced not only to the writer but also to the readers and thus setting the precedent for any other further in-depth studies in the future, which could be directly or indirectly connected to Malaysian CARE, whether a study on any of its centres or not.

### 1.3 Methodology

The main method used for collecting data is by studying files, records of all sort, including brochures, minutes and newsletters. This method is essential in collecting data pertaining to the past which could not be accurately acquired by other methods and also for data that could not be easily seen, for example, structures, finances etc.

This method is then supplemented with interviews. Interviews with the social workers and administrative staff were conducted to gather further information that are directly or indirectly related to the data acquired from the files and records. Clarification could be sought from this source and whatever information that was not recorded could be added on. Interviews conducted were not formally structured. The writer spoke casually to the staff and social workers in the office during lunch



hours or any other available time. This technique was preferred because of its conducive nature in the free-flow of information, mixed together with casual interaction. Straightforward interviews were also conducted at certain times especially when the time was short and such an interview could be finished within a short period of half an hour or more.

Another technique that was used throughout the study period was observation, namely unstructured observation, otherwise known as participant observation, a technique used by social anthropologist. The writer spent a month with the Home Caring Resource Services ( HCRS ) department, which is one of the departments in Malaysian CARE, participating with them on the majority of the cases, thereby observing how the cases were handled. One of the greatest asset of this technique is that behaviour could be recorded as it occurs, thus the reason why this technique was used throughout the study period - in order to record behaviour and actions and attitudes which could otherwise not be found on records or files. This technique also removes most if not all of the suspicions and establishing a sense of trust on both the writer and the staff.

Statistical analysis is used only in analysing the finances and for the case studies. This technique

would help in grasping a better understanding of the types of cases handled and the issues or problems at hand.

Upon reviewing literature, it was discovered that there were studies done on welfare or rehabilitation centres but none on Malaysian CARE or its centres or departments, rendering this method quite impractical hereafter.

#### 1.4 Concepts and definitions

##### 1.4.1 Organisation

When one speaks of an organisation, often the idea of a group of people with some specific aims, comes to mind. Within this group, there would be a hierarchy where there would be leaders and followers. And rightly so too, that in any organisation, there must be a hierarchy or ranks of authority and a chain of command. As Amitai Etzioni ( Etzioni, 1964:3 ) puts it, there should be "...one or more power centres which controls the concerted efforts of the organisation and direct them towards its goals. These power centres also continuously review the organisation's performance and repattern its structure, when necessary, to increase its efficiency." Clearly, is the need for a leader, to show the directions and to guide his followers in that



direction.

An organisation could also be regarded as a social system in the sense that there is a group of people with an identifying characteristic with some form of set relationship which has been established among the group by its interaction. The set relationship is what, as mentioned above, a hierarchy or a chain of command, with one person of authority over a few and those few, in authority over others. It must be said that this chain of command must be as short a chain of command as possible, that "the fewer intermediaries between the highest man in the chain and the lowest, the better, because communication will be easier and there will be less chance of misunderstandings and fewer delays."

( Dale, 1967:31 )

One of the identifying characteristics of the group of people is the name of the organisation itself, or what Caplow ( Caplow, 1964:2 ) calls it, "the unequivocal collective identity", which is recognised not only by the members of the group but any other outsider who has any direct or indirect connection with the group. Normally, it is the name of the group or organisation that gives a hint or a clue to the aims of the organisation, but it need not necessarily<sup>be</sup> so. But in all cases, an organisation has certain specific aims



which would be the goals for the activities.

An organisation is not an end in itself but a means to an end and therefore, a unity of direction is essential in any organisation, in order "to increase its administrative and organisational efficiency." ( Argyris, 1966:13 ). Because of this specific aim, it would also have a "program of activity which would be either extensive or brief, but yet in every instance, some definite goals are specified." ( Caplow, 1964:2 ). In carrying out these activities there would be proper delegation where the incumbent of a position is specialized in his or her area of work and is answerable to his or her superior and the superior is held accountable for the results of the decisions and task he has delegated. In most cases, the span of control of a superior is not more than a specified number of subordinates, variously stated as four to six. ( Dale, 1967:30 )

An organisation also has an exact roster of members ( Caplow, 1964:2 ) which enables the organisation to identify its members. Caplow further states that an organisation has its own procedures for replacing members which covers the recruitment of new members and the transfer of old members from one position to another. This also means that incompetent members could be removed and be replaced.

Thus far, it is clear that organisations includes corporations, hospitals and prisons whilst groups like tribal groups or families are not.

In sum, an organisation could be defined as "...a collectivity with a relatively identifiable boundary, a normative order, ranks of authority, communication systems and a membership - co-ordinating system; this collectivity exists on a relatively continuous basis in an environment and engages in activities that are usually related to a set of goals. Organisations are complex entities that contain a series of elements and are affected by many diverse factors." ( Hall, 1982:32-33 )

#### 1.4.2 Social welfare work

It is clearly a common knowledge that social welfare involves the weaker sections of society ( Chowdhry 1971:30 ) in the sense that help and services are provided specially for them. Needless to say, there is no need for welfare services to be given to those who are capable of meeting their own needs. The classification of "weaker sections of society" includes people who are either physically handicapped, mentally handicapped, the elderly, destitute, emotionally disturbed, the poor or any combination of two or more of these. It is these people who, due to the circumstances they



are in, are not capable of taking proper care of themselves, or in meeting their needs.

According to Abraham Maslow ( Maslow, 1970:35-38 ), man has basically five types of needs, which he listed hierarchically in the order of need as, physiological, safety or security, belongingness and love, esteem and finally self-actualization and other various aesthetic goals. These needs form the motivational forces that drives man to work in order to meet these needs. The preceeding needs must be gratified first before subsequent needs become the motivating force. However, these are not rigid. There might be some slight difference in the hierarchy of need. Thus, the need for security might come only after the need for love for some, and for others, before. The physiological needs includes the need for food, clothing and shelter; the need for safety includes protection and the need for belongingness or love includes acceptance by people and society at large.

In this particular context of this study, social welfare is limited to the providence of the first three needs mentioned - the physiological, safety, and belongingness or love. It is in meeting these needs that welfare services are organised. Furthermore, according to Friedlander, in quoting a definition by the United Nations, ( Friedlander, 1974:4 ) there need to be "...organised activities aimed at helping individuals



or communities to meet *not only*<sup>1</sup> their basic needs *but also*<sup>1</sup> promoting their well-being in harmony with the interest of their families and communities." This is why the existence of various voluntary and government bodies like Malaysian CARE, National Organisation for Human Development, YMCA, Wisma Harapan etc, which organizes and plans various activities and programmes to help the people in need in order to, as much as possible, fulfil the needs in any way possible within the limitations of each organisation.

Friedlander further cites that "...social work is a professional service based on scientific knowledge and skill in human relations which helps individuals, groups or communities obtain social or personal satisfaction and independence." ( Friedlander, 1974:4 ) It is this scientific knowledge and skills that are applied on the cases handled by the social workers. The term social worker is taken to mean "a special group among those employed in rendering social welfare services or conducting programmes of agencies and institutions that make up the social welfare system." ( Sills(ed), 1972:495 - Vol 14 ). With the skills and scientific knowledge, the organisation or institution is then able to plan and carry out activities and programmes based on careful study and research. Evaluations are made on

<sup>1</sup> Italics mine

a pre-determined basis, for example, once or twice a year, in order to obtain feed-back and to monitor the progress made. This is necessary for the organisation so that whatever programmes or activities that are unsatisfactory could be improved or cancelled, pending on the evaluation.

### 1.5 Scope and limitations of study

The following are the areas of study which will be covered in the following chapters:

#### (A) The organisation

- 1) Brief history and development of organisation
- 2) Leadership structure
- 3) Activities of various departments/centres
- 4) Problems faced
- 5) Finance

#### (B) Specific study of HCRS

- 1) The organisation of the department
- 2) Scope and coverage
- 3) Case studies

As the title of this study suggest, this study is confined to the organisation known as Malaysian CARE which is based in Petaling Jaya.

This study would not be an anlysis of what an organisation is but is a descriptive probe into a welfare



body, documenting the activities and functions. The study has been made limited due to time constraint. This is because only one month was allocated for the whole study, of which most of the time was spent with HCRS. Therefore, all observations are limited only to the one month that the writer spent with the organisation.

Also, observations were made by the writer within the capacity of an attachment volunteer. This means that the writer could only see and "feel" whatever that was possible within the capacity of a volunteer. This would be different if the writer observes as a full-time staff, who would have done these work week after week. The writer also is not able to make any psychological analysis in this study.

#### 1.6 Difficulties in carrying out study

Firstly, as in any community, society or organisation, there is a need for trust between the two parties, that is, the writer and the people involved or the organisation. For this particular study, it was between the writer and the staff of Malaysian CARE, including HCRS. On the part of the organisation, they had to trust the researcher that the purpose of studying was not to create discord nor any problems within the organisation, before they



could divulge any information. This was overcome after a brief discussion and talking over with the administration and clarification by the writer regarding the nature and purpose of this study.

On the part of the writer, the trust need to be present, that all information is given in truth and no attempt has been made to distort it in any way. This too was easily resolved, reason being that the writer had some prior knowledge of the organisation.

Secondly is the problem of time, as mentioned in section 1.5. This is quite a major problem in the study. As in any study, insufficiency of time would result in shallowness in findings. The writer tried to overcome this by gathering as much information as possible within the limited time, in any way possible, but despite the attempts, this limitation could still be seen. For instance, the results of the work being done by the social workers could not be seen within an immediate period. Although comparisons between the present and past could be made, comparisons with the future is impossible. One could only speculate.

A comprehensive observation of all situations is not possible within the limitations of time. There are many different cases and situations yet during the period

of study, not all situations presented itself. The writer could only observe those that came along the way. The rest had to be based on reports and interviews. Related to this is the problem or the subjectivity of interviews. Much of what is said by the person interviewed depends largely on his or her ability to report and record.

There is also the question of confidentiality. Because of the nature of the cases that are handled by HCRS, confidentiality is important. As such, the writer had to treat all cases with strictest confidentiality and solely for academic purposes. This too brought problems especially in Chapter 4 ( case studies ) where sample cases are reviewed. In order to protect the identity of the people involved, fictitious names were created.

There is also the problem of the writer being new to the field of social welfare. The writer has no prior exposure to social welfare work. Therefore, the writer could not make any comparative analysis. Also because of the lack of experience, there was a knowledge gap between the staff and the writer. This problem was somewhat reduced by the staff who explained and clarified various matters, which gave the writer a better understanding of the situation at hand.

In evaluating the organisation, the writer is



restricted to a certain extent. The organisation with a religious basis, places a great emphasis on prayer and religious commitment, which is not within the scope of study.

Lastly, is the problem of the writer being too involved with the work because social concern is also an area of concern of the writer. Carelessness on the part of the writer caused some data to be recorded from memory.



## CHAPTER 2

### DEVELOPMENT AND ORGANISATION STUDY

#### 2.1 History and Development

Malaysian CARE was registered with the Registrar of Societies, Malaysia on the 5th of March, 1979. Like other societies or organisations, the initial work began earlier in the previous year. The protem committee meeting was held on the 20th of October, 1978, attended by its six pioneers, and an inaugural general meeting on the 24th of November, the same year.

Even so, the work started before these meetings, in the beginning months of 1978 when six who spearheaded the work became aware of the plight of some children in the Sungai Buloh Leprosy Settlement, who needed to be cared for, outside the settlement. The home would have to be a 'home' in the most realistic manner possible, where they would be loved and cared after, to be taught to accept their parents and themselves. At that time, there were already known in existence, two homes for children of lepers, the Infant Jesus Sisters Children Home. These homes however, could not take in any more children due to limited finances and personnel resources.

The pioneers met with the staff of the Children's Home and also with the Deputy Director of the Leprosarium to discuss matters regarding the need of having such

homes and the problems involved in starting and maintaining such a home.

After much considerations, the protem committee decided that actions should be taken and proceeded to draw up the plans for such a home.

Although the initial intentions of the committee was to be involved only in orphanage work, but it was later decided that this was too limited a field and the society was to be involved in other social projects as well. The main aim of the society was to encourage active Christian concern in social work. Because of the anticipated vast areas of social work eventually to be entered into, the committees felt it needful that an independent body be formed to administer all the projects. It was at the Inaugural General Meeting that the proposed constitution for the organisation was tabled and adopted, subjected to the approval of the Registrar of Societies.

After the children's home was started, other homes for the handicapped, men and women with drug problems, women with emotional problem and ex-prisoners were started, one after another over the years until it became what it is today.

## 2.2 The aims of Malaysian CARE

Generally, the aims of Malaysian CARE can be



summarized under four areas:

- 1) To care for those in need
- 2) To educate and encourage the Church community concerning the need to care.
- 3) To coordinate Christian caring services in Malaysia.
- 4) To promote workers for caring services in Malaysia and overseas.

#### 2.2.1 To care for those in need

To achieve this aim, the focus is mainly on the various centres, catering for children, the physically handicapped, women with emotional problems, men and women with drug problems and also ex-prisoners. The purpose of these centres are two-fold:

##### a) Restoration:<sup>1</sup>

That is, to introduce the residents to Jesus Christ who brings repentance, forgiveness, deliverance, healing and new life. This will result in their being at peace, both with God and themselves.

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<sup>1</sup> Because the organisation is a Christian-based organisation, the principles applied and practised are also Christian principles and beliefs, based on the Bible. These principles are however, not forced on those who are not willing to accept them.

b) Rehabilitation:

Whilst the exact form of rehabilitation may differ in various centres, it will normally include helping the members, both to accept and to be accepted by their family, employer and fellow workers, the local church and society at large.

2.2.2 To educate and encourage the Church concerning the need to care.

This is done in several ways:

a) By providing information

Information regarding those in special need, both locally and overseas, which includes information on the problem of these people, the ways which they can be helped, information about the government and voluntary bodies helping those in need and about the training available for those who are interested to enter the field of social service.

b) By training committed Christian voluntary workers.

These workers includes the centre committee members, and other voluntary helpers. The staff of various centres are also being built up to be mature Christians and competent in their spheres of service.

c) By challenging to action

This includes challenging the Christians to be



involved with those who are at present actively engaged in social welfare work and also urging Christians to start new centres and other types of similar service.

2.2.3 To co-ordinate Christian caring services in Malaysia

This is done with the help of both regional and local representatives<sup>1</sup>, who are to provide information and feed-back both to Malaysian CARE and to local churches or groups especially those who are actively involved in such services. Because of the limited resources in this area of social welfare, co-ordination is essential for the efficient utilisation of the resources available.

2.2.4 To promote workers for caring services in Malaysia and overseas.

By this, it is meant that Malaysia CARE supports in any way possible, within its limitations, social workers in other welfare organisations, both locally and overseas.

2.3 Organisational structure

Henry Mintzberg ( Mintzberg, 1979:2 ) defines the structure of an organisation as "...the sum total of ways in which it divides its labour into distinct tasks and then achieves co-ordination among them."

It is within this structure that all activities and programmes are planned and carried out. The hierarchy ( Diagram 1 - 3 ) is headed by the Board of CARE,<sup>1</sup> consisting of voluntary workers. These are the principal office bearers, the main body that makes all major decisions and policies.

Although it is called the Board of CARE, it is actually a committee, as defined by Brown ( Brown, 1971: 18,86 ), the Board of CARE is "a body of people possessing corporate responsibility for making decisions and who thus, in the last analysis make their decisions by majority vote " and are "collectively accountable" for those decisions. Also consisting of voluntary workers<sup>2</sup> are the CARE Board Executive Committee<sup>3</sup> and the Staff Appointment Committee.

All the people in the committees come from different professions<sup>4</sup> but avail themselves for the service, with a certain amount of commitment.

Immediately below the Board of CARE is the Executive Director<sup>5</sup>, who is a full time staff of Malaysian CARE. This is the top position among the full time staff.

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<sup>1</sup> See Section 2.3.1

<sup>2</sup> See Section 2.3.2

<sup>3</sup> See Section 2.3.3

<sup>4</sup> See Appendix 1

<sup>5</sup> See Section 2.3.4



Further below are all other committees, in charge of various departments. The committee members are also voluntary workers from different professions. This is then followed by the co-ordinators and other full-time staff for the respective department and centres.

As can be seen from the diagrams ( Diagram 1-3 and Table 1 ), the organisational structure and staff capacity has expanded over the years. It has become more complex due to expansion and task specialisation.

#### 2.3.1 Board of CARE

The Board of CARE is the main-body which consist of the principle office bearers. This Board, also known as the Board of Management, consist of a minimum of six elected members and not more than ten. However, there can be as many ex-officio members who will be appointed as deemed necessary for the planning, implementation and management of projects. These ex-officio members includes the chairmen of all the respective departments and centre committees. All Board members are elected at the Annual General Meeting.

The functions of the Board is to manage all the property of Malaysian CARE in all aspects. It makes all the major decisions pertaining to the running of Malaysian CARE, for example, approval of general budget, new area

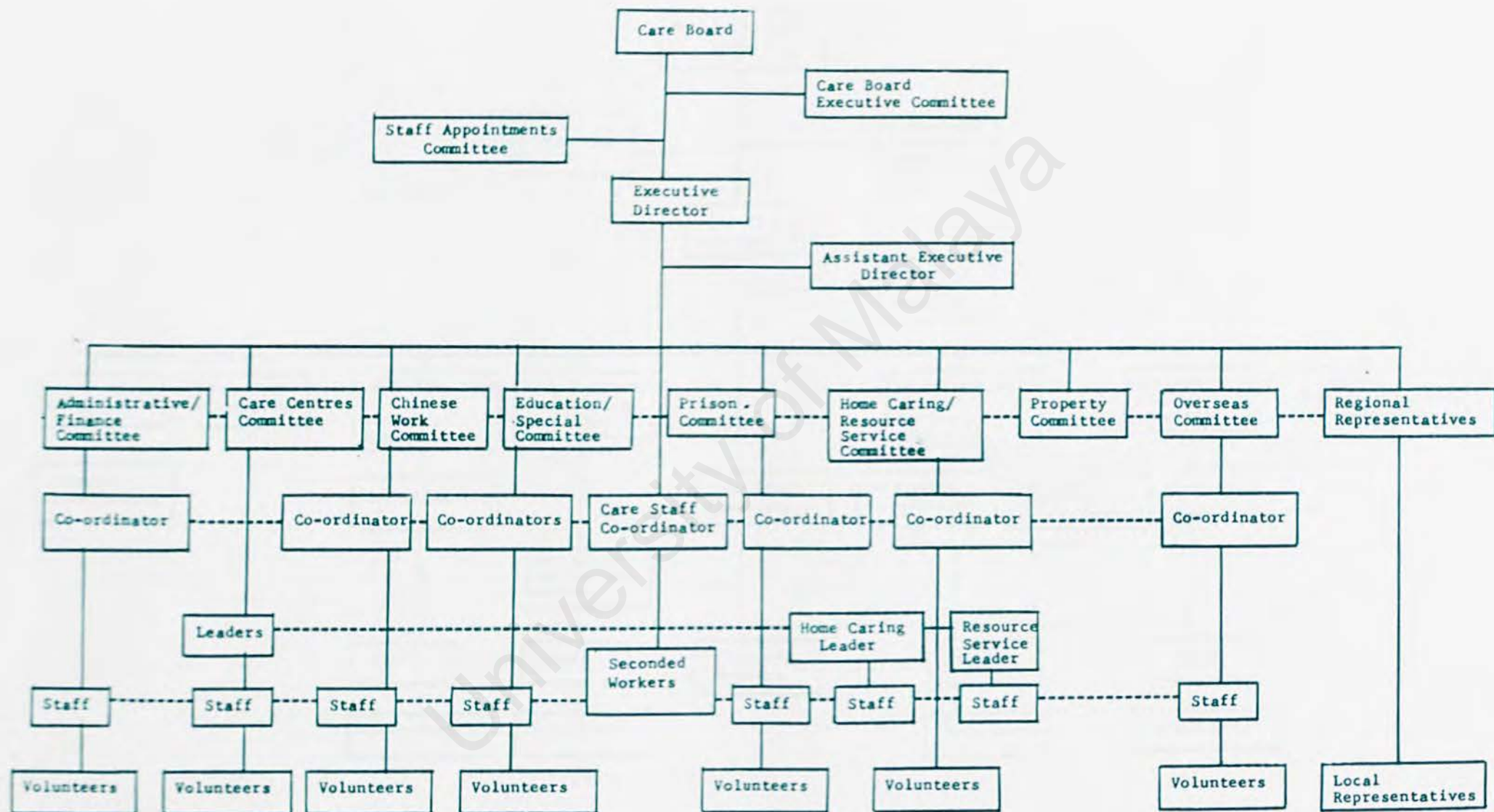




Diagram 11: Malaysian Care Organisational Chart 1981

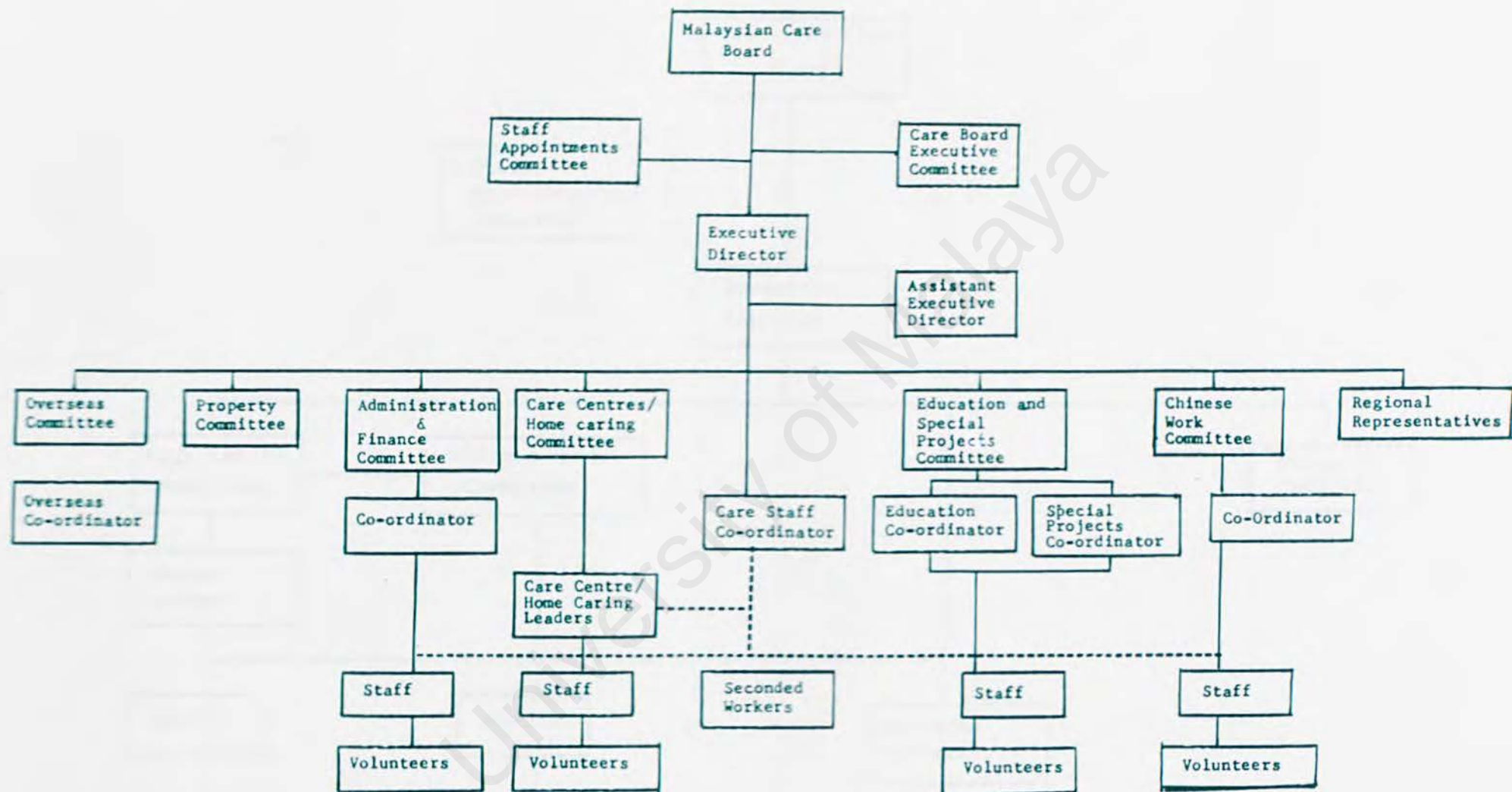


Diagram III: Malaysian Care Organisational Chart 1979

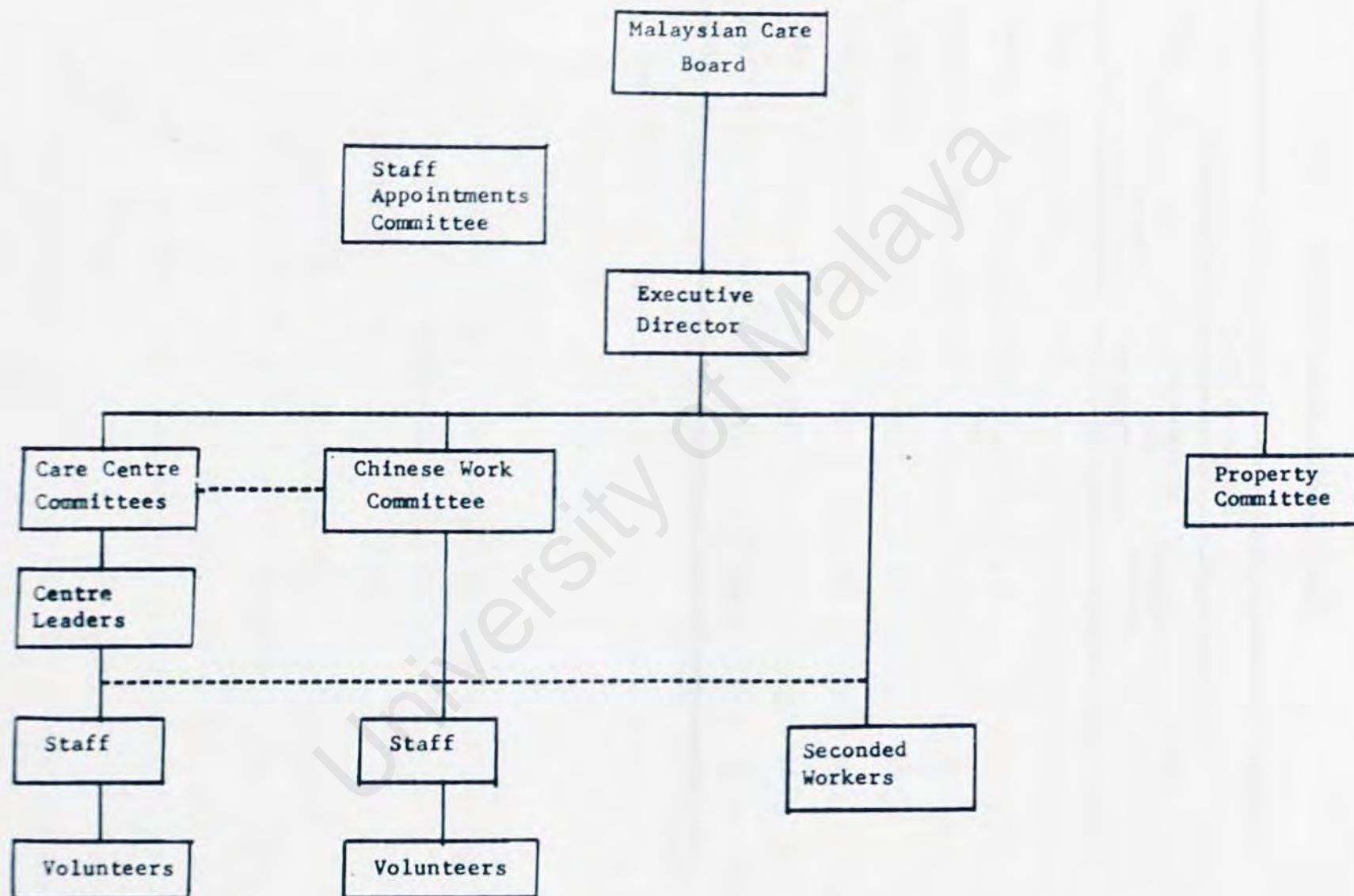




Table 1: Malaysian Care Staff - Growth

Year	Staff Breakdown			Total
	Care Centres	Departments and Administration	Seconded Workers	
1979	3	-	-	3
1980	9	2	2	13
1981	20	5	6	31
1982	23	10	12	45
1983	24	10	12	46
1984	25	12	15	52
1985	28	13	12	53

the minutes of all meetings and particulars of members; the Assistant Secretary, who assists the Secretary; and the Financial Secretary, who keeps all the accounts for all transactions of Malaysian CARE.

At present, the Board of CARE meets once in every two months with a quorum of half the total number of Board members.

### 2.3.2 CARE Board Executive Committee

This committee consists of the five office bearers of the Board of CARE, with the addition of the Executive Director who would serve as the minutes secretary. Other Board or staff members would be invited to attend the meetings as and when the need arises. Because of the nature

of services, etc. It is also responsible for the formulation of policies and in handling all aspects of legality and authorization, for example, the selling or buying of property. All these could be put into effect or carried out only prior to the approval from the Annual General Meeting or Extraordinary General Meeting. The Board members consist of the Chairman, who presides at General Meetings and Board Meetings and is responsible for the administration of CARE on the whole; the Vice Chairman, who assists the Chairman and would assume the role of Chairman in his absence; the Secretary-General, who records the minutes of all meetings and particulars of members; the Assistant Secretary, who assists the Secretary; and the Financial Secretary, who keeps all the accounts for all transactions of Malaysian CARE.

At present, the Board of CARE meets once in every two months with a quorum of half the total member of Board members.

#### 2.3.2 CARE Board Executive Committee

This committee consists of the five office bearers of the Board of CARE, with the addition of the Executive Director who would serve as the minutes secretary. Other Board or staff members would be invited to attend the meetings as and when the need arises. Because of the nature



of this committee, there is a quorum of three members of the committee and all decisions made must be approved by this quorum. The committee meets once a month.

The committee has a four-fold function:

- a) To make decisions or recommendations on matters of policy or action when requested by the Board of CARE. These requests for decisions or recommendations are normally recorded in the minutes of the Board meetings.
- b) To present to the Board, policy papers for discussion and decision.
- c) To approve budgeted capital expenditure.
- d) To make decisions on behalf of the Board on matters relating to the day-to-day running of Malaysian CARE in between meetings of the Board.

### 2.3.3 Staff Appointments Committee

The committee consist of the Chairman, Vice Chairman, Secretary General, Financial Secretary and one other member from the Board of CARE, together with the Executive Director, CARE staff co-ordinator and his assistant. In addition, the Chairman of relevant centre or department committee or his or her representative and the leader of the centre or department will be present to interview candidates for his or her department. This Staff Appointments Committee has the responsibility to interview and appoint staff to fill CARE vacancies of appointments

which have already been approved by the Board. The new staff would be on probation until he or she is confirmed by the committee and placed on an appropriate salary scale. The committee also is responsible in transferring staff from one centre or department to another, in consultation with the relevant chairman, leader and the staff of relevant centre or department, to terminate their appointment or to appoint leaders of centres or departments, in consultation with the committee concerned.

The committee also serves as a disciplinary board, to deal with any matter of staff discipline which cannot be resolved through normal channels at centres or department level. The committee will report to the Board if it considers drastic disciplinary action such as dismissal should be taken.

The committee meets only when there are appointments or as and when there is a need.

#### 2.3.4 Executive Director

Unlike the Board or the Committees, the Executive Director is a full-time staff of Malaysian CARE. He is directly responsible to the Chairman of the Board of CARE.

He is to ensure that proposed policies and projects coming from the CARE centres or departments and other sources are brought to the Board of CARE for consideration,



and decisions made by the Board or by the Executive Committee are carried out. Besides being responsible for the general co-ordination of the total services of Malaysian CARE, working closely with the assistant Executive Director and all co-ordinators and leaders, the Executive Director also assumes the role of public relations with Christian leaders, particularly through the Christian Federation of Malaysia and its membership ( i.e. the Roman Catholic Church, the Council of Churches of Malaysia and the National Evangelical Christian Fellowship ). In relation to this, he is to maintain a close relationship between Malaysian CARE and relevant Government departments and voluntary welfare groups.

#### 2.3.5 Assistant Executive Director

The Assistant Executive Director is also a full-time staff and is responsible to the Executive Director. He is to assist the Executive Director in carrying out his duties.

#### 2.3.6 Administrative and Finance Committee

The committee consists of committee members appointed by the Board of CARE, with the Financial Secretary of the Board of CARE being the chairman of this committee, and the administrative and finance co-ordinator being the secretary.

The appointment of the members is reviewed each year, at the first meeting of the Board of CARE. The committee is responsible in reviewing the administrative and financial system from time to time and make recommendations to the Executive Director concerning improvement to the system.

They are also to prepare the annual budget form for all the centres and departments and to supervise the respective centre and department budgets, and would also conduct regular internal audits in all centres or departments. The committee is also in charge of the planning of fund raising projects.

Besides these, the committee members are to pray<sup>1</sup> specifically and especially for administrative and financial matters. This has been stressed because the organisation is run and sustained by donations and pledges from the Christian community. Because of this, it is possible for the organisation to come to a halt if the support from the Christian community dwindles. The committee meets once a month.

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<sup>1</sup>Being a Christian organisation, Malaysian CARE stresses on prayer. Prayer is regarded by Christians as crucial in their daily life. Prayer is greatly emphasized by the organisation.



### 2.3.7 CARE Centre Committee ( HCRS Committee<sup>1</sup>)

The members of this committee are appointed by the Board of CARE, which reviews the appointments every year, on the first Board of CARE meeting in the same year. The chairman of these committees must be either a Board of CARE member or an ex-officio member. The staff of the centre ( or department ) for each respective committee serves as an ex-officio member of the committee while one of the staff members serve as secretary for the committee, which meets every month.

The committee is to ensure that the staff run the centre ( or department ) in accordance with the programmes which the committee will lay down from time to time, and in accordance with the job description given. The committee would also guide matters of staff welfare and staff training and ensure that the money allocated to the centres ( or departments ) is being wisely spent and properly accounted for.

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<sup>1</sup> Although the CARE centre committee and HCRS committee are two separate committees, their purpose and functions are similar in nature. The difference lies in that whilst the focus of CARE centre committees are on their respective centre, the HCRS committee focuses on the HCRS.

#### 2.3.8 Chinese Work Committee

The members of the committee are appointed by the Board of CARE, reviewed every first Board meeting of the year.

The committee is chaired by a member or ex-officio member of the Board, whilst the Chinese work co-ordinator serve as an ex-officio member for the committee and serves as the secretary to the committee. The committees, meeting every month is responsible in making the Chinese-speaking churches in Malaysia aware of the need for caring services and also to inform them of the work of Malaysian CARE. To achieve this, they must ensure that there are adequate publicity and teaching material in Chinese. Besides these, they are to guide and assist the Chinese work co-ordinator in the implementation and execution of programmes undertaken.

#### 2.3.9 Education and Special Projects committee

The members are appointed by the Board of CARE and the appointment is reviewed every first Board meeting of the year.

The chairman of the committee is either a member or an ex-officio member of the Board of CARE with the Education and Special Projects co-ordinators being ex-officio members and either one of the co-ordinators



serving as the secretary of the committee, which meets every month. The committee has a two-fold function, which is, to recommend to the Board of CARE new areas of service related to the field of education and promotion and to guide and assist the Education and Special Project co-ordinators in the execution and implementation of their programmes.

#### 2.3.10 Prison Services Committee

The members of the committee are appointed by the Board of CARE and their appointments are reviewed every first Board meeting of the year. While the chairman of the committee is a member or an ex-officio member of the Board of CARE, the prison services co-ordinator serves both as an ex-officio member and secretary of the committee. The staff of the prison services department are also ex-officio members of the committee and they meet every month.

The committee is to recommend to the Board, if possible, new areas of services relating to prisoners and ex-prisoners in Malaysia. They are also to supervise and encourage the staff, ex-prisoners, families of prisoners, church education and co-ordination of prison work.<sup>1</sup>

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<sup>1</sup>See Appendix 2

#### 2.3.11 Property Committee

The members of the committee are appointed by the Board of CARE, with the appointments reviewed every first Board meeting of the year.

The committee is chaired by either a member or an ex-officio member of the Board of CARE. The Executive Director is both an ex-officio member and the secretary of the committee.

The committee is responsible for presenting to the Board of CARE a general policy concerning the purchase and erection of property and to implement the decisions made by the Board concerning the purchase and erection of property. They are to maintain and improve all CARE property and therefore the need to inspect all CARE properties not less than once in six months. Besides these, the committee is to present an annual budget for CARE and maintenance of CARE properties.

The committee meets only when there is a need.

#### 2.3.12 Overseas Committee

The members of the committee are appointed by the Board of CARE and the appointments are reviewed every first Board meeting of the year.

The chairman is either a member or an ex-officio member of the Board of CARE and the overseas co-ordinator



serves as both an ex-officio member and secretary of the committee.

The committee would liase with the Education and Special Projects Department to ensure that the Christian public is being made aware of the needs of the caring services overseas and to liase with other Christian organisations in Malaysia which engaged in overseas social services. The committee is responsible to keep in touch with overseas churches, Christian organisations, missionary societies regarding the secondment or support of social workers for the caring services overseas. In addition, the committee would guide and assist the overseas co-ordinator in the implementation of his programmes.

The committee meets every month.

#### 2.3.13 Regional and local representatives

Malaysian CARE has representatives in various towns and districts in Malaysia. Each town has a regional representative while larger towns or districts may have more than one, with the area being divided up into various sections under one regional representative. These regional representatives have several "helpers", the local representatives, based in a particular church or group.

The regional and local representatives are appointed by the Board of CARE and their appointments are reviewed

each year on the first Board meeting of the said year. The qualifying pre-requisite is that the representatives-to-be must be in full agreement with the aims, method of working and doctrinal basis as set out in the Constitution.<sup>1</sup> They are expected to place this service high on their list of priorities or commitments.

In order to equip the regional representatives for their work, they will be sent the report of all Board meetings, a quarterly regional representative letter and all the general CARE publications. They would also be invited to attend short regional representative conference whether on a regional or national level at least once in every two years.

While the functions of a local representative is to make known and promote the services of Malaysian CARE to the members of their local church or group, the responsibilities of a regional representative is much heavier. While keeping in close touch with the leaders of the local churches or Christian groups by liasoning with the local representatives, they are to liase also with the Education and Special Projects Department, Overseas Department and Chinese Work Department in arranging both teaching and promotional programmes in their area.

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<sup>1</sup> See Appendix 3 , Article 12: Interpretation



They make the needs of CARE known to the Christians in their region and seek to increase the number of CARE supporters and donors. Besides encouraging the Christians to participate in the existing social concern work that is being undertaken in their area, the regional representatives are also expected to seek out possible new spheres of Christian social service in their area and to endeavour in consultation with Malaysian CARE, to ensure that such services are carried out either by a local church, a group of churches or by a group of Christians in that locality.

#### 2.3.14 Co-ordinators

In addition to the various committees, there are also co-ordinators. Whilst the committees are voluntary workers, the co-ordinators are full-time staff. Under each committee, there is a co-ordinator, except for the Educational and Special Projects Committee where there is an Education co-ordinator and a Special Projects Co-ordinator.

##### A) CARE Staff Co-ordinator

The co-ordinator is responsible to the Executive Director and puts into effect all decisions made concerning the recruitment and appointment of staff, including salaries and conditions of service of staff;

discipline, resignation, or dismissal of staff; evaluation and training of staff; and any other matters pertaining to staff.

He would also wherever possible, ensure that staff who have resigned be given guidance and encouragement for a period of six months. He would also visit seconded workers and will assist in the general promotion or educational work of Malaysian CARE as required. Therefore, in order to achieve the above, the co-ordinator must work closely with the other co-ordinators, chairmen of committees and leaders of other centres and departments.

B) Administration and Finance Co-ordinator

The co-ordinator who, being responsible to the chairman of the Administration and Finance Committee, is expected to undertake all preliminary arrangements when recruiting Pusat CARE staff<sup>1</sup>. He would also plan the staff daily devotions<sup>2</sup> and arrange the monthly staff meetings.

While shouldering the duties of public relations and handling general enquiry correspondences, he supervises the staff in ensuring that the work of the Financial

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<sup>1</sup> Pusat CARE staff does not refer to the residential centre staff nor departmental staff but refers to the office administrative staff.

<sup>2</sup> Pusat CARE staff have their devotions together, in the mornings before commencing their daily work. It is a session of worship and prayer.



department, stenographic and general office duties are satisfactorily performed. In sum, the co-ordinator is to see to all matters of administration and the day-to-day running of Pusat CARE.

C) Home Caring Resource Service Co-ordinator<sup>1</sup>

The HCRS co-ordinator is basically responsible in ensuring the proper execution of programmes and policies, and the supervising of the administration of HCRS.

D) Chinese Work Co-ordinator

The co-ordinator is responsible to the chairman of the Chinese work committee and has the responsibility of educating the Chinese speaking Christian public on the social welfare services. This includes planning conferences and camps, seminars and meetings, long term and short term courses, rallies and concerts.

In addition, he or she is to supervise the work and training of any staff who are appointed specifically to work with the Chinese work Department.

E) Education Co-ordinator

The co-ordinator is responsible to the chairman of the Education and Special Projects Committee. He or she works closely with the other co-ordinators in educating the Christian public in the caring services

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<sup>1</sup> See Chapter 3

through conferences, seminars, long and short term courses and meetings, with or without audio-visual aids. He or she is also responsible for the training and education of CARE staff, including regional representatives and co-ordinate all staff training programmes undertaken by other co-ordinators.

F) Special Projects Co-ordinator

The co-ordinator is responsible to the chairman of the Education and Special Projects Committee. In seeking to achieve the aim of awakening and informing the Christian public on the need for caring services and concerning the services of Malaysian CARE, and to seek to gain their active support, the Special Projects co-ordinator would conduct rallies, concerts, screening of films, conduct Hunger Meals<sup>1</sup>, Gift Days or Hari Hadiah<sup>2</sup> and other special projects.

G) Prison services co-ordinator

The co-ordinator is responsible to the chairman of the Prison Services Committee. He is to co-ordinate the prison services in Malaysia by visiting and assisting those who are engaged in prison services. Co-ordination is also achieved by forming ad-hoc committees for those involved in the prison services for the purpose of providing information and prayer needs of the prison services in

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<sup>1</sup> See Section 2.4.2

<sup>2</sup> See Section 2.4.2



the country, occasionally arranging conferences, camps or gatherings for ex-prisoners and their families and providing training and literature for voluntary workers.

#### H) Overseas Co-ordinator

The co-ordinator is responsible to the chairman of the Overseas Committee.

In executing and implementing all that has been decided by the committee, the co-ordinator is to ensure that the Christian public is being made aware of the needs of the social services overseas, which may be done through literature, audio-visual aids, talks, seminars, exhibitions, conferences and arranging overseas visits.

He is also to liaise with overseas churches or Christian organisations involved in social work and Overseas Departments of churches and Christian organisations in Malaysia. In addition to these, he is to look into the recruitment and welfare of seconded workers.

#### 2.3.15 Seconded Workers

Malaysian CARE has seconded workers both in and outside Malaysia. These social workers, supported by Malaysian CARE are Christians and are in the social services in different organisations and areas of service.

As of October 1985, Malaysian CARE has 12 seconded workers in the following centres:

- a) Bethany Home, Teluk Intan - a training centre for the epileptic.
- b) Faith Care Centre, Kuala Lumpur - Drug rehabilitation centre
- c) Grace Home, Bukit Mertajam - Drug rehabilitation centre
- d) The Hiding Place, Penang - Drug rehabilitation centre.
- e) Grace Home, Klang - a home for the elderly.
- f) Rumah Aman, Prai - a half-way home for women with mental and emotional problems.
- g) Rumah Damai, Kuala Trengganu - home for the elderly.
- h) Salvation Army, Malacca - Day-care centre for retarded children.
- i) Barn Sukniran, Bangkok - home for destitute girls and child prostitutes.

## 2.4 Activities and programmes.

### 2.4.1 Residential centres

There are at present six residential centres being run by Malaysian CARE.

#### 2.4.1.1 Rumah CARE ( 1&2 )

Rumah CARE is a home for children who are either orphans, or with one or both parent who are unable to take care of the child, which includes the mentally or physically sick, destitute or handicapped. The home was originally started in April 1979 as a house for children



from the Sungai Buloh Leprosarium and had fifteen children but had expanded later into Rumah CARE 1 and Rumah CARE 2 in December 1981 when another house was rented, enlarging the capacity to 21 children. Rumah CARE 1 is for boys while Rumah CARE 2 is for girls and younger boys.

In order for these children to be admitted, they must be within the ages of five and fourteen and of a reasonably good health, not mentally nor physically handicapped and are expected to stay for a minimum of one year and until he finishes at least his form five education. Although the homes are of a Christian organisation, the children accepted into the homes could be of any religion but with the condition that they are willing to listen to Christian teachings.

#### 2.4.1.2 Rumah Harapan

Rumah Harapan is a home for mentally or emotionally disturbed women, started in January 1980. It is a half-way house for women which aims to help the women through programmes of personal teaching or counselling, occupational therapy, for example, handicrafts, typing, sewing and cookery, being carried out by the staff in collaboration with professionals like doctors and social workers.

Because it is not possible to admit all applicants into the home, alternatives like home visiting and counselling through the phone has been carried out.

Willingness on the part of the applicant is an important factor. She must be willing to come on her own accord, agree to the lifestyle and expectations in the home, willing to be motivated to change her condition for the better for example from unemployment to employment and willing to take whatever medication or appointment with her doctor when necessary.

#### 2.4.1.3 Rumah Kepercayaan and Rumah Cahaya

Both Rumah Kepercayaan and Rumah Cahaya are homes for people with drug problems, with the former for women and the latter for men. Rumah Cahaya was originally a place for counselling known as Youth Guidance Centre, run by another organisation. At that time, there were mainly drug addicts coming to seek help and counsel. It was on the verge of closing down due to the lack of adequate staff. It was then in July 1980 that the place was taken over by Malaysian CARE and Rumah Cahaya officially began. The staff went on street visitations in the drug known areas and in the second year, they came upon a female drug dependant, helplessly lying in a construction site, in desperate need of help. They



took her back to Rumah Cahaya for shelter and care. This could only be a temporary arrangement as Rumah Cahaya was a male residential centre. Upon realising the need for a Christian rehabilitation centre for women, Malaysian CARE started Rumah Kepercayaan in March 1981. Those going through the programme for both these centres are expected to finish the full 18 months duration of the programme. Again, the willingness of the person is important, whereby admission, he or she is required to surrender his or her identity card, birth certificate and other documents of the like. He would be asked to leave immediately if any evidence of drug taking or smoking is found during the withdrawal period.

Because of the Christian orientated programme they are expected to participate in activities like attending church, prayer and fellowship meetings, bible classes and other activities pertaining to Christian teachings and principles.

#### 2.4.1.4 Rumah Rahmat

Rumah Rahmat was started in July 1981 as a home for the severely handicapped who due to circumstances could not be adequately cared for at home.

Rumah Rahmat not only provides long term care for such people but also short-term care, for instance to

relieve the strain on people caring for the chronically ill or handicapped in their own homes and enable them to take a short break or for those who are awaiting modification of their home environment to enable the patient to return home.

#### 2.4.2 Non Residential Activities

With the purpose of achieving its aims of educating and encouraging the church concerning the need to care, Malaysian CARE has conducted several seminars which was undertaken by the Education and Special Projects Department. There were Ready To Care and Learning To Care seminars which was first conducted in 1982, with the specific purpose of challenging the people to involve themselves in the welfare services in their own vicinity. The meetings or seminars were geared towards creating the awareness and the need to care. Talks were given with topics like 'Employing the Rehabilitated', 'providing a home for those in need', 'Simple Lifestyle' and 'Careers in Caring' for Ready To Care seminars and topics like 'Mental Breakdown' and 'Mental Retardation' for Learning To Care seminars.

Malaysian CARE also carries out promotional tours every year, where two or more teams are sent to specific areas like Penang, Perak, Johor and Pahang. The first promotional tour began in September 1982, covering 9



districts in Penang, Kedah, Perlis and North Perak. The purpose of these tours is to explain and promote the services of Malaysian CARE and to stir-up Christians to take steps in welfare services.

Another major project of Malaysian CARE is Hari Hadiah or Gift Day. It has a three-fold aim of:

- a) making the Christian public aware of those around them who have special needs,
- b) giving the Christians opportunity to provide immediate practical help to those with special needs by collecting gifts of foodstuffs and household goods, and
- c) encouraging Christians to make long term plans for helping those with special needs.

Gifts which includes food, toiletries, writing materials are brought by the Christian public to a specified centre within a certain period and are then distributed to various welfare homes, for example, the Selangor Chesire Home, Little Sisters of the Poor, Good Shepherd Welfare Centre, Malaysian Mental Health Association Day Care Centre, Taman Sinar Harapan Jubli, Spastic Children Association etc.

The first Hari Hadiah was in June 1982, for Selangor and Federal Territory. This was continued on annually, covering other states up to Ipoh, Penang and Johor.

A somewhat similar project to some extent is called Hunger Meals, where a simple and cheap meal is provided normally for lunch. The purpose is to create the awareness of dire poverty in many parts of the world, urging the Christian public to pray and give to the poor and to go and serve the poor in the other parts of the world. It also encourages the Christians to live more simply. All proceeds from the meals will be given to overseas needs.

Another overseas project is the child sponsorship programme through the Evangelical Alliance Relief ( TEAR ) Fund. Individuals or groups are encouraged to sponsor a child from the Third World<sup>1</sup> countries. Sponsorship of a child costs M\$50/= where the money is used for the child's educational needs, clothes and medical care and if possible, a hot meal each day. Sponsors are then given a photograph and details of the child.

Malaysian CARE also has exhibitions whenever possible, within the time and financial constraints. There would be a display of Malaysian CARE activities on video, photographs, charts and pamphlets or brochures

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<sup>1</sup>The countries includes Belize, Columbia, Dominican Republic, Ecquador, Guatemala, Haiti, India, Indonesia, Kenya, Mexico, Nicaragua, Philippines and Rawanda.



and sale of handicrafts made by the residents of the centres. These are also conducted on Malaysian CARE anniversary celebrations.

One major project that was spearheaded by Malaysian CARE was the Caring Church Expo 1986. It was the first ever to be carried out, jointly organised with 12 other denominational churches and para-church groups. The Expo had the purpose of joining the church together in order to make it known that the church cares for the well-being of people's need in the spiritual, physical, mental or emotional and social areas of their lives. This further creates the awareness of the needs of caring services in Malaysia. The Expo also provides the opportunity for the exchanging of ideas and skills among the groups and among the staff members.

There were exhibitions and displays by all the social welfare organisations that took part, concert by the residents of various homes and centres and seminars on social services.

## 2.5 Finance

Malaysian CARE is funded solely by the Christian public and other organisations. From Table 2, it could be seen that a substantial amount of approximately 70%,

comes from individuals. This amount is from the people who have pledged to support CARE financially as stated by them when they fill the pledge forms<sup>1</sup>. The amount pledged varies from one individual to another.

This is followed by donations and pledges from churches and other Christian groups, amounting to about 23%.

Besides receiving from individuals, churches or groups, Malaysian CARE also receives some financial support from other sources not classified under the above categories. These includes subscriptions from members, seminar gifts<sup>2</sup>, staff Christmas gifts<sup>2</sup> and also from the residents of the centres or their families, which come to a total of 7% of the total income.

With the expansion of Malaysian CARE, the donations and gifts<sup>2</sup> had to increase. It could be seen the results of the CARE annual promotions, that the income increased annually with an average of \$136,368 (Table 3). This could also be seen in Table 4, the increased total number of donors.

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<sup>1</sup>See Appendix 4

<sup>2</sup>These are financial gifts in monetary form.



While the income increases over the years the expenditures also increases, with an average annual increment of \$145,020. When compared with the average income increment, it could be seen that the average expenditure increment exceeds the average income increment. Therefore, if this becomes a trend and continues, the organisation will be running at a loss. Already in the year 1985, Malaysian CARE suffered a deficit of \$6,882. Therefore, the organisation has to either step-up its promotions in order to get more support or to cut down on expenses in order to stabilise its finances.

Chart 1 shows the average for the breakdown of expenditures for the year 1983, 1984 and 1985, with the most substantial amount going to the staff, which includes staff salary, travelling and training, and medical expenses. Expenses for maintenance and household expenses and for general expenses were approximately the same and is followed by the expenses for rental and expenses for promotion and education.

Table 2: Malaysian Care Yearly Income And Expenditure (In Ringgit. Percentage in Brackets)

	1980	1981	1982	1983	1984	1985	Average
Individual Donors	176,067 (82.8)	307,704 (72.5)	378,540 (79.5)	449,438 (72.3)	518,571 (61.0)	555,370 (62.1)	-
Churches and groups donors	22,062 (10.4)	109,634 (25.9)	120,268 (23.7)	139,609 (22.1)	235,268 (27.7)	266,090 (29.7)	-
Others	14,547 (6.8)	6,733 (1.6)	9,264 (1.8)	34,667 (5.6)	96,611 (11.3)	73,107 (8.2)	-
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Total Income	212,676 (100)	424,071 (100)	508,072 (100)	621,715 (100)	850,450 (100)	894,517 (100)	585,250
Expenditure	176,298	337,688	497,434	616,393	846,462	901,399	562,612
Surplus/ Deficit	36,378	86,383	10,638	5,322	3,988	6,882	-

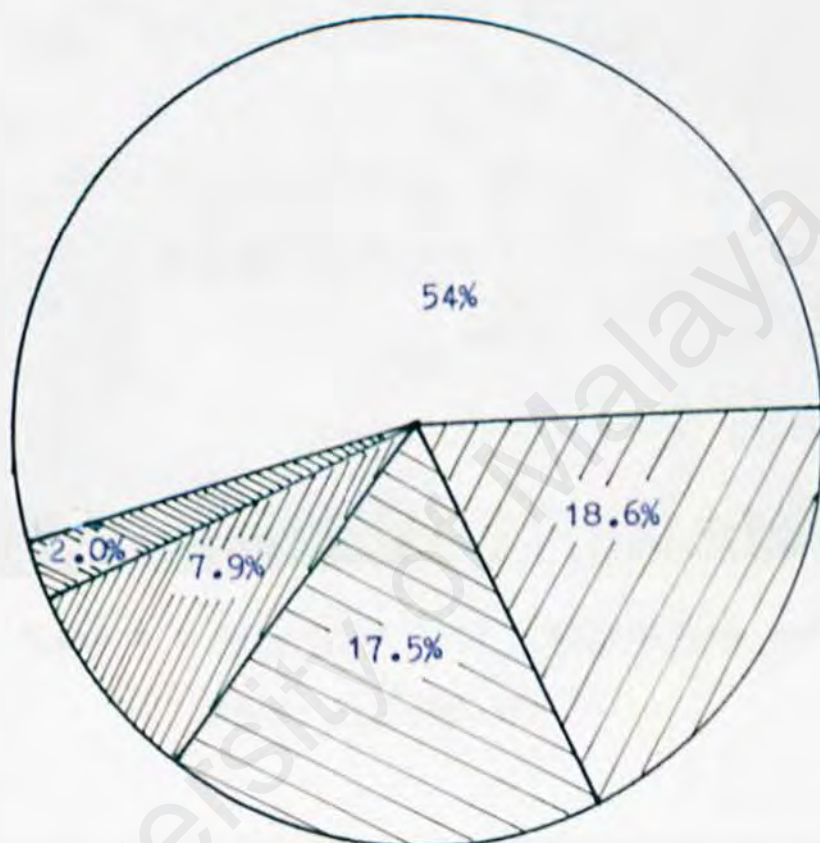


Table 3: Yearly Increment In Income And Expenditure (In Ringgit)

	1980-1981	1981-1982	1982-1983	1983-1984	1984-1985	Average
Income	211,395	84,001	113,643	228,735	44,067	136,368
Expenditure	16,390	159,746	118,959	230,069	54,937	145,020

Table 4: Number of Donors For Malaysian Care

	1980	1981	1982	1983	1984	1985
Individual Donors	530	732	817	962	1,101	1,079
Church and Organisations	128	175	160	249	295	346
Total	658	907	977	1,211	1,396	1,425



Pie -  
Chart 1 : Breakdown of expenditure (Average) for 1983, 1984 and 1985.

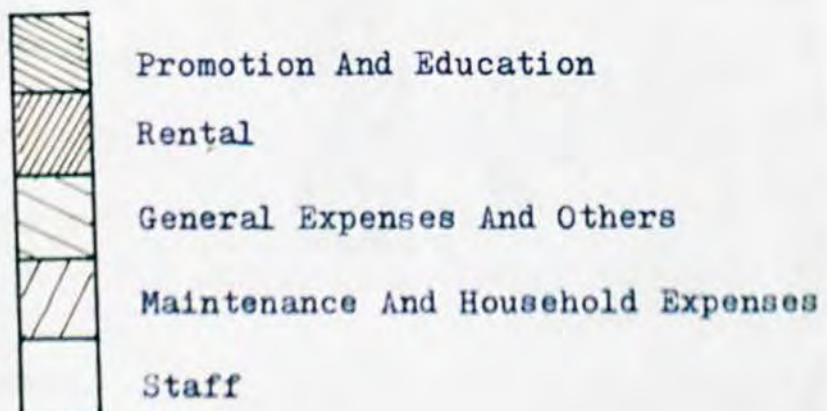






Plate 1 : Malaysian CARE - Exhibition and sales of handicraft.



Plate 2 : Malaysian CARE - Promotional display

## CHAPTER 3

### HOME CARING RESOURCE SERVICES

#### 3.1 Introduction

The Home Caring and Resource Services ( HCRS ) is one of the departments of Malaysian CARE, established in order to help in meeting the aims of CARE. The HCRS actually consists of two sections - the Home Caring Services ( HCS ) and the Resource Services ( RS ).

The HCS was formed in November 1982 whilst the RS was formed in December 1983. HCS came into being when one of the residential centres of Malaysian CARE, Rumah Rahmat could no longer admit or accept any more patients because it was already full. As such, many applicants had to be turned away without receiving the proper help sought. A suitable alternative was needed for these people and the idea of a non-residential help was proposed, thus the birth of HCS. It was also felt that more expertise help was needed within Malaysian CARE, in order that the staff of various centres and departments that are directly involved in caring and social services especially HCS, could be trained and taught. The Resource Services ( RS ) was established with this in mind.



### 3.2 Aims of HCRS

The aims of HCS could generally be said as to provide community service for those who are in need, in the Kuala Lumpur-Petaling Jaya-Klang area. The HCS also seeks to liaise with government and voluntary agencies and local churches in order to provide a better service.

Thus, the HCS pays regular visits for advice and consultations to families or individuals who may have problems owing to physical or mental handicaps, poverty, old age or other social handicaps. Practical arrangements are made concerning some of the problems these individuals or families may face, for example, domestic help, transportation to clinic or hospital, home nursing care, admission to residential centres, etc. Such individuals or families are then, as far as possible, linked to the nearest caring local church. Besides these, the HCS also trains voluntary workers to carry out visitations on a regular basis, in helping those in need.

HCS deals only with the following categories of need:

- a) Those who are disabled, which includes the blind, the deaf, the mentally handicapped, the orthopaedically handicapped and the spastics.

b) Those in need of information or recommendation to other resources within and outside Malaysian CARE.

c) Men who are emotionally and mentally disturbed.

Any woman with emotional and mental problems would be channeled to Rumah Harapan, one of the Malaysian CARE centres.

d) Relationship problem with families.

e) The elderly.

f) The economically poor.

g) The destitute.

h) The socially maladjusted.

i) Persons or families referred by staff of CARE centres for consultation or joint work. This would first be directed to the leader of HCS.

The type of assistance given varies from one case to another, depending on the nature of the case.<sup>1</sup>

The HCS is assisted by the RS, which involves training the staff and volunteers of HCS and participation in the "Partners with the mentally handicapped" programme. The RS provides a small team of resource specialists to support and give training to the staff and volunteers in existing centres for the disabled. This includes giving lectures and training sessions on rehabilitation, assessing the members in the centres

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<sup>1</sup> See Chapter 4 for cases



and giving practical demonstrations of therapy training and techniques which the centres' staff would be able to carry out.

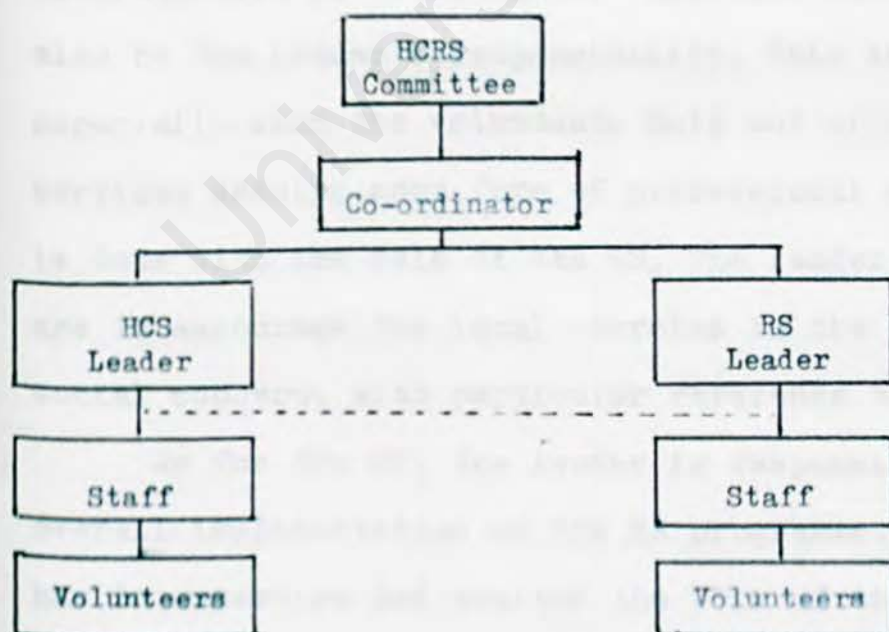
The RS also aims to stimulate and offer advice to churches, Christian groups and any other organisations who wish to establish services for the disabled and to assist them in their services. This will include the task of creating a growing awareness amongst the members of the community, particularly the Christian community, of the needs and potentials of the disabled, encouraging and advising groups interested in setting up programmes or centres to serve the needs of the disabled particularly the mentally handicapped and cerebral palsied, and to run occasional workshops, seminars and lectures on the rehabilitation of the disabled for the churches, staff and volunteers, the disabled and their families and the general public. This aim would be carried out in consultation with the Education and Special Projects Department. The final aim of the RS is to provide information and resource materials. This includes maintaining a resource centre and advising on the use of the books, informative materials and teaching resources which are made available for loan to the families of the disabled and those working amongst the disabled; writing

and creating resource materials appropriate to the local situation, concerning rehabilitation of the disabled and also the setting up of a toy library to be used by the disabled in the local community.

Because of all these aims, the RS team must be a team of committed workers who are in the field of expertise, for example, educational psychologists, occupational therapists, special education teachers, speech therapists or a social worker.

### 3.3 Organisational structure

Diagram 4: HCRS Organisational Chart





With reference to Diagram 4, the HCRS is overseen by the HCRS committee<sup>1</sup>. Immediately responsible to the chairman of the committee is the HCRS co-ordinator, who is responsible for the overall implementation of the HC and RS programme, seeing that all policies and projects decided upon are implemented and executed according to plans. He would supervise the administration of the HCRS and encourage the spiritual growth of the HCRS staff as a whole. Responsible to the HCRS co-ordinator are the leaders for both the HCS team and RS team.

The leader of the HCS team is to support and supervise the case loads of the team and voluntary workers. He would receive and assess cases to the HCS. Co-ordination of training for voluntary workers would also be the leader's responsibility. This is important especially when the volunteers help out with some of the services needing some form of professional advice. This is done with the help of the RS. The leader and the team are to encourage the local churches in the cause of social concern, with particular reference to the HCS.

As for the RS, the leader is responsible for the overall implementation of the RS programme. The leader has to supervise and monitor the work of the team members and would liaise with different government and

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<sup>1</sup> see chapter 2, section 2.3.7

voluntary bodies and organisations which are connected to the services for the disabled in Malaysia. Therefore, in view of the leader's task, a candidate for a leader of the team has to be an experienced professional. Otherwise it would be quite difficult to give and supervise training, advice or support.

Together with the RS leader, the RS team would give training and advise groups in their planning of programmes for the disabled and to assist in any way possible. They are to participate in workshops, seminars and lectures on the rehabilitation of the disabled, which in turn would help in the preparation and gathering of resources and materials for parents and social workers.

Keeping in mind the aims of HCS and RS, both the teams has to work closely together. For instance, the RS staff might with the HCS, visit certain cases where the RS can provide advice on the best facilities available for the disabled.

### 3.4 Activities

HCS has started extention work in the Klang region. This extention work is seen as necessary as there were some cases coming from this region and is within the



reach of HCS. The HCS has been granted permission by the Klang Wesley Church to use its premise as a base. But because of the work load involved at the Petaling Jaya office itself, only one or more staff members would go to Klang once a week, on every Thursday.

For the mentally handicapped, HCS started a 'Social Club' with the purpose of integrating and helping the mentally handicapped adults to socialise and adapt into the environment.

This club was started for the mentally handicapped adults in view that while there are various centres available for the mentally handicapped child, there are no centres or homes for the mentally handicapped adult and therefore they would normally be left alone after whatever training they receive. The club consists of adults who are not severely handicapped and is held Monday afternoons where the members are given mental and physical stimulation<sup>1</sup> through simple games like kicking or throwing a ball, skipping, rolling a hoop, singing and other aids<sup>2</sup> like matching pictures, matching sizes and even outings. It could be seen that after a period of time the members become more responsive and

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<sup>1</sup>See plates 5,6, and 7

<sup>2</sup>See plates 8 and 9

cheerful. Being shorthanded, several volunteers help with the club, in transporting the members, in teaching and looking after the members.

Also related to the fact of being shorthanded, the 'Partners with the mentally handicapped' scheme was started. Volunteers are attached to a mentally handicapped patient where the volunteer would visit the handicapped on a regular basis and help in any way possible, matters pertaining to the care and development of the handicapped. Often, the volunteer is the only link between the mentally handicapped and the family. Parents do feel at times, a sense of hopelessness, not knowing how to help with their handicapped child. Whilst some families receive the volunteers with open arms, some might feel some form of threat.

These volunteers are not professional social workers but are from different occupations. The HCS in collaboration with the RS provides them with training and advice. For example, a series of six workshops has been completed for some of the volunteers.

The HCRS is equipped with a resource centre for reference purposes, which is made available for loan to people involved with the social services and caring for the handicapped. It has a library of more than 300



books, files with articles on disabilities and rehabilitation, reference materials, research papers, booklets and pamphlets, children's books, journals, magazines and newsletters, audio and video cassettes, slides and educational toys.

All the books, cassettes and other materials<sup>1</sup> are properly categorised and catalogued. This was done by the clerk-cum-librarian of HCRS together with the RS, as part of achieving its aim of compilation and dissemination of information and resource materials. The RS compiles information on existing welfare services, both locally and overseas; addresses and newspaper clippings which are related to the handicapped.

The RS keeps contact with other organisations to share their information and also to provide training. One such organisation is the Taman Sinar Harapan in Kuala Kubu Baru, a home for handicapped children.

The RS made assessments of the children in order to recommend an appropriate programme. Long term plans for the improvement of the centre, including facilities and equipment and services required by the physically handicapped were drawn, and a report and proposal for the development of the centre was submitted at the request of the State Social Welfare Department.

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<sup>1</sup>See plate 10,11,12 and 13

As a result, there were many improvements on the centre, including better maintained grounds, piped music to the wards, additional cots, new bedsheets, curtains, napkins and the like. A bathroom planned and designed by the RS was also constructed and the nutritional quality of the food for the children improved.

The RS also assisted the Training Division of the Social Welfare in training new staff, and is responsible in servicing various other centres, for example, The Sunshine Home, Temerloh; Batu Gajah Spastic Centre, Selangor Spastic Centre, Selangor and Federal Territory Association for Retarded Children, and the Kampung Baru School for the Deaf.

Finally, with the aim of promoting and publicising the services of HCRS, the HCRS has open days for the public.<sup>1</sup> In the promotion, the public are explained and shown the many services of HCRS, aids and methods of helping the handicapped etc., with the hope that the public will do more for the people in need and support either as a volunteer or financially or other means.

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<sup>1</sup> See plate 11 and 12





Plate 3 : Self-explanatory visual aids

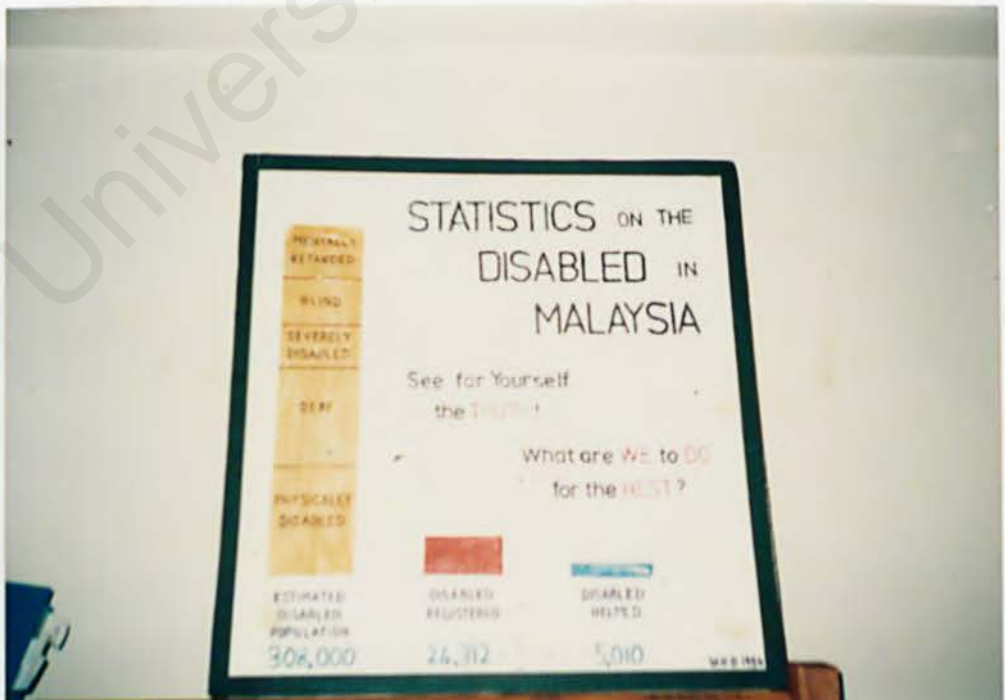


Plate 4 : Creating the awareness of the needy  
with visual aids.



Plate 5 : HCS social club for the mentally handicapped : games.



Plate 6 : HCS social club : singing session.





Plate 7 : HCS social club : teaching aids and mental stimulation.



Plate 8 : Teaching aids used for the mentally handicapped.



Plate 9:  
Toys And Other  
Teaching Aids



Plate 10 : HCRS library.





Plate 11 : Visual Aids.



Plate 12 : Teaching materials.



Plate 13 : HCRS library - journals, magazines and newsletters.



Plate 14 : HCRS openday - guests looking at display.



## CHAPTER 4

### CASE STUDIES

This chapter will deal solely with cases that are handled by the HCS. These cases are random samples, picked out to give an idea of the types of cases that are received.

Names are fictitious, created to protect the actual identity of the person involved, which may or may not represent the race or religion of the actual person. Any person having such names with similar cases is purely coincidental.

- 4.1 Maria is a married woman with four children. Her husband married another wife and has converted to Islam. Since the second marriage, quarrels between Maria and her husband was frequent and she was beaten many times by her husband. She finally left her husband, bringing along her four children to her mother's house. Her problems continued when her husband would not leave her alone and continued to beat her up, way laying her as she travels from work.

Upon investigation by the HCS, it was discovered that Maria was not legally married to her husband. Her eldest child, 'A', aged 16 was not registered at birth and therefore, has no birth certificate nor identity

card. Despite being a fairly bright student, he was stopped from schooling at standard five by his father. The other three children, a daughter 'B' and two sons had Muslim names while their mother's name on the birth certificates was given as a Muslim name, even though she wasn't a Muslim. This complicated the application for their identity cards by the mother.

Even housing was a problem because her mother's place was too crowded. The two younger sons have since stopped schooling, in order to avoid their father who also continues to beat them.

Action was immediately taken by filing a police report regarding the harrasment and battery. Maria was taken to the Legal Aid Bureau<sup>1</sup> to seek legal advice and action and to apply for custody for her children. A search was applied for A's birth records. Upon further action, the mother's real name was reinstated on the children's birth certificates. The two younger boys were re-admitted to school and the HCS provided them with uniforms.

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<sup>1</sup>The Legal Aid Bureau is a government body that provides free legal advice and services to those who are not capable of seeking professional lawyers.



'A' was given a place at Monfort Boy's Home<sup>1</sup> upon application. A full-time job as a child minder was found for 'B' because she chose not to continue her studies.

4.2 Devi is a girl who suffers from brain damage and is grossly retarded and totally dependent. She was referred to HCS when her parents found that they could not manage to take care of her. This is due also to the fact that she is physically handicapped with a dislocated hip and is blind.

Although she is in her early teens, her appearance is of a 9 or 10 year old.

Upon receiving the case, HCS registered her with the Social Welfare Department, thus allowing her to receive free treatment at University Hospital and her parents receiving some allowance. She was brought regularly to see the paediatrician and orthopaedic doctors at the hospital and was later operated on three times for her hip. Unfortunately, all three operations were unsuccessful. A volunteer in the 'Partners with the mentally handicapped' scheme visits her regularly after she was discharged, to help her in stimulation exercises. Because she has also been given a place at a day-care

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<sup>1</sup> Monfort Boy's Home is a residential Vocational training centre for boys above the age of 15, who have problems with their family.

centre for the severely handicapped, volunteers help transport her to the centre daily.

- 4.3 Molly is a 13 year old girl who has been complaining of headache for several years and is also displaying temper tantrums. As a child, she falls often, cried at the slightest provocation and gave a lot of problems to her parents. Because of her temper tantrums and problems she gave, she was beaten severely by her father on several occasions. She has stopped schooling since standard five, on her own accord despite all attempts made by her parents. Although she does not mix with other children or her brother and sister, she is very attached to her mother who, in turn is very protective towards her.

The home was in a bad and dirty condition with dust and cobwebs around and clothes and newspaper stewn here and there.

Molly was referred to the HCS by a psychiatrist in the General Hospital, Kuala Lumpur, to help the family in the basic skills of running a home and functioning of a family unit, in being more organised in their way of life. Also HCS tried to help the family to be more receptive to the therapy from the Psychiatric



Department as regards to the patient and family problems. The HCS applied for a place at the Good Shepherd Home for girls for Molly and persuaded the family to resume counselling under the psychiatry department.

- 4.4 Madam Chan is an elderly in her seventies and also a destitute. She has no known relatives and has been staying at the premise of a sausage factory all on her own. Her 'home' was a little shack not larger than 3 metres on all sides which was in a poor condition<sup>1</sup>, without basic necessities - no proper lighting nor lock or water supply and had very little possessions which could be packed into a medium sized box. Because of her condition, she hardly took any bath and was occasionally helped by some who took pity on her.

The HCS took Madam Chan to the hospital and was warded due to her poor health condition. She was then registered with the Welfare Department and was cared for at the hospital until she was given a place at the Jinjarom Home for the elderly some 7 or 8 months later.

#### 4.5 Overview

Although the four cases were cited to be of females, they could be of any sex. From Table 4, a statistical

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<sup>1</sup>See plates 13 and 14

sample of the number of cases dealt by HCS, a larger proportion of the cases are of females. While the male cases amounted only to 43%, the female cases were 57%.

The HCS has many cases of different classifications depending on its nature, as follows:

- mentally handicapped
- physically handicapped
- mentally and physically handicapped
- elderly
- mentally ill
- physically ill
- socially and emotionally maladjusted
- family problems
- child care
- spiritual problems
- destitute
- others.

While there are 12 different categories, the majority of the cases are related to either physical handicap, mental handicap or a combination of mental and physical handicap, which amounted to 54% or 106 cases in Table 4.

On the whole, the Kuala Lumpur and Petaling Jaya contributed 68% of the total number of cases. This could be due to a number of reasons, with the main reason



being that the said regions are the focus of the HCS, in addition to the fact that the regions are densely populated.



Plate 15 : The "home" of a destitute - the outside view.



Plate 16 : The "home" of a destitute - the inside view.



Plate 17 : HCS visiting a case in squatter area.



Table 5: Home Caring Services - Statistics For September 1984 To August 1985

	Age (Years)					Sex		Area				Total	Percentage
	0-6	7-11	12-20	21-54	55+	M	F	K.L	P.J	Klang	Others		
Mentally Handi-capped	4	12	15	25	29	27	29	30	7	5	14	54	28.7
Physically Handi-capped	2	6	4	12	3	15	12	10	7	1	9	27	13.8
Mentally Physically Handicapped	6	6	6	4	1	14	9	10	2	4	7	23	11.8
Elderly	9	-	-	-	9	3	6	5	4	-	-	9	4.6
Mentally Ill	-	-	1	21	-	11	11	8	7	-	7	22	11.3
Socially Emotionally	-	2	4	1	-	3	4	2	4	-	1	7	3.6
Family Problem	-	-	2	11	1	-	14	9	2	1	2	14	7.2
Physically Ill	-	-	-	4	2	2	4	3	2	-	1	6	3.1
Child Care	-	1	4	3	-	2	6	5	2	-	1	8	4.1
Spiritual Problem	-	-	-	1	-	-	1	1	-	-	-	1	0.5
Destitute	1	-	1	2	-	2	2	1	1	-	2	4	2.1
Others	-	-	2	16	-	4	14	9	2	2	5	18	9.2
Total	13	27	39	100	16	83	112	93	40	13	49	195	100.0
Percentage	6.7	13.8	20	51.3	8.2	42.6	57.4	47.7	20.5	6.7	25.1	100%	

## CHAPTER 5

### CONCLUSION

In trying to achieve its aims, Malaysian CARE faces various problems and obstacles. Among the greatest problems faced are finance related problems. As can be seen in Chapter 2, Section 2.5, the projected increment in income is less than the increment in expenditure. The decline of surplus of income over expenditure can be seen since 1981 ( Table 2 ) until in 1986 when the expenditures clearly overtook the income. As in any organisation, when the financial situation deteriorates, the structural growth will become restricted. It would then be difficult also to carry out activities that have been planned and thus the objectives of the organisation would not be easily met.

Because donations received by Malaysian CARE are voluntary, CARE has no guarantee of a continuous financial support, enough to sustain all its activities. The donors pledge their financial support in pledge forms, promising to donate a certain amount over a specified period of time. The length of the period depends on the donor and as the period ends, the donor is free from his commitment unless and until he or she renews his or her pledge. Like any other welfare organisations, there is the problem of too few resources and manpower with too many



needs and demands. To handle too many cases would be spreading the resources too thinly over a vast area. Therefore, Malaysian CARE centres and departments could not respond to too many cases as it would render it ineffective.

Therefore, the centre or department would have to have their own criterias or a list of priorities to select cases. For example, the Resource Services would respond to people who are less educated than the more educated because comparatively it is more probable for the more educated people to know where and how to obtain help and may already be receiving adequate service than the less educated or uneducated.

Even so, among the centres or departments that are shorthanded, there is the problem of time. The time available has to be divided over a number of cases. If too many cases are being handled, then very little time can be spent on a case.

Social services have always been a people-centred service. It is entirely different from running technical services or machineries that could be switched on or off. Not only must there be a genuine concern for the people whom they're caring for but also a high degree of insight, understanding and sensitivity to the emotions,

needs and problems of the people. A problem surfaces when the perception of the needs by the staff differs from the actual needs present in the situation at hand. Time consuming observations are needed to overcome any bias in perception.

Hindrances for social work exists on the part of the staff or volunteers too. While recognising that there are many who serve with genuine motives, there is the possibility of people serving besides genuine motives which could be due to the desire of public recognition, social advancement, gaining religious merit or even to escape facing their own personal problems. This, in addition to unhealthy attitude of the volunteer, for example, "I'm more superior than you", "I'm doing you a favour" or "I come only when I'm free", thus the lack of commitment further hinders the proper care of the person in need.

In the case of the writer's interaction, it could be seen that the few of those whom the writer interacted with are of healthy and proper motives.<sup>1</sup>

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<sup>1</sup>It is not possible for the writer to say that all the staff are of genuine motives because of the duration of study which was too short and limited for the writer to make such a conclusive statement.



Another problem in rendering services is the lack of local professional service or expertise within Malaysian CARE. An example would be of the Resource Service where there are only two persons and both of them are foreigners - a New Zealander and an American. The other centres also has a lack of local professional expertise like counsellors. The employment of foreigners or even local workers who do not speak fluent Bahasa Malaysia and local dialects, gives rise to the problem of communication. The inability to communicate effectively with the person in need "...means that the whole nature of the problem may be misunderstood. The confidential nature of some of the cases makes it often impossible to use an interpreter." ( Jones, 1958:39 )

Finally, the problems exists also on the part of the Malaysian Society itself and those receiving the help. Malaysians are generally apathetic and sometimes have negative views towards the handicapped.

Parents may even be fatalistic, having a sense of hopelessness not being able to help or do more for the handicapped child and might have guilt feelings for the condition of the child. The lack of motivation on the part of the parents often results in the disabled child being neglected. An example is the case of Devi

( Case 4.2, Chapter 4 ), where the mother has given up hope for her daughter and hardly cares for her. Often the volunteers who fetches her would find her still in the clothes she wore the day before and had not been given a bath.

Parents, especially those who are uneducated or received little education would normally understand little of the overall situation at hand. Even parents who are educated sometimes find it difficult to understand the situation which lies behind a problem, and the help that is being given, to the extent that little appreciation is shown and little effort made.

The example of Maria ( Case 4.1, Chapter 4 ) is taken where her son, 'A', who has been placed in the Monfort Boys' Home after application and recommendation by the Home Caring Services, left after spending only 3 months at the home and is now idling away his time at home. Such an action might not only tarnish the relationship between Home Caring Services and Monfort but also make it quite impossible for 'A' to reapply for Monfort.

Also, in investigating cases, the people involved or his family are sometimes hesitant to divulge any personal information, not knowing whether to trust the



social worker or not.

The successful growth and development of CARE could be attributed to the commitment and perseverance of the staff and volunteers who carried out the many evaluations to ensure the proper direction of the organisation.

The organisational structure too, has been contributive to the growth of the organisation. Comparatively, Malaysian CARE has a fairly simple organisational structure where, the "grass-root" level of workers are able to communicate or interact with other level of workers or committee members. As can be seen in the diagrams in Chapter 2, there is easy access for vertical and horizontal communications. Board or committee members are expected to do their utmost to keep in close touch with the staff of the centres or departments, to visit at least twice a month. They're also encouraged to invite the staff to their homes so that friendship and a better understanding could be fostered.

The annual promotion tours, centre open-days, anniversary celebrations and exhibitions also provide ample opportunity for interaction. These interactions are necessary because it is the various committees that decide upon CARE policies which will affect the running and the efficiency of CARE. It is crucial that these

policy-making bodies understand how it is actually, at the grass-root level.

Unlike government agencies, Malaysian CARE has the advantage of flexibility. This is because it is self-governing and is not bound by a set of fixed and rigid regulations nor restricted by complex red-tape procedures. Because of this, any necessary action could immediately be taken to help the needy. For instance, applications into the CARE centres are processed within a short period. Another example is the starting of Rumah Kepercayaan. The need was seen in starting a rehabilitation centre for women drug dependents and within a month, the centre was in operation.

To conclude, it must be said that despite the many obstacles present in the running of such an organisation, the writer has been greatly impressed by the work done by Malaysian CARE.



Appendix 1:

Malaysian CARE Board members

Name	Occupation
Year: 1979 & 1980	
Mr. Wong Kim Kong	Education Officer
Ms. Christine Foo Sau Ngan	Accountant
Mr. Lim Heng Seng	Lawyer
Mr. Lim Wei Meng	Lawyer
Ms. Lee Kim Gaik	Administrative Secretary
Mr. Jack Cheah	
Mr. Liew Chee Kien	Accountant
Year: 1981 & 1982	
Mr. Wong Kim Kong	Education Officer
Mr. Steven Chong	Personnel Officer
Mr. Daniel Ebineson	Accountant
Ms. Doreen Chan	Education Officer
Mr. Liew Chee Kien	Accountant
Mr. Lim Heng Seng	Lawyer
Dr. Ling Khoon Chin	Dentist
Dr. Peter Simpson	Medical Doctor
Rev. Tan Kim Sai	Lecturer
Mr. Leslie Koch	Architect
Ms. Lydia Wong	Senior Customs Officer

Name	Occupation
Year: 1983 & 1984	
Mr. Wong Kim Kong	Education Officer
Mr. Steven Chong	Personnel Officer
Mr. Daniel Ebineson	Accountant
Ms. Doreen Chan	Education Officer
Mr. Lim Heng Seng	Lawyer
Dr. Ling Khoon Chin	Dentist
Rev. Tan Kim Sai	Lecturer
Ms. Lydia Wong	Senior Customs Officer
Mr. Wee Cheow Beng	Accountant
Mr. Andy Lau	Businessman
Mr. Pax Tan	Pastor
Mr. Richard Yap	Bank Officer
Mr. Leslie Koch	Architect



Name	Occupation
Year: 1985 & 1986	
Mr. Wong Kim Kong	Education Officer
Mr. Steven Chong	Personnel Officer
Mr. Daniel Ebineson	Accountant
Ms. Doreen Chan	Education Officer
Ms. Vicky Ng	Lawyer
Ms. Lydia Wong	Senior Customs Officer
Dr. Ling Khoon Chin	Dentist
Mr. Richard Yap	Bank Officer
Mr. Lim Heng Seng	Lawyer
Rev. Tan Kim Sai	Lecturer
Rev. Dominic Chan	Pastor
Mr. Andy Lau	Businessman

## Appendix 2:

### Rumah Keadilan

Rumah Keadilan was a residential home for ex-prisoners, started in March, 1981. The purpose of the home was to help the ex-prisoners to settle back into society. It was also the base for Prison Services which does counselling among the prisoners, ex-prisoners and their families.

The ex-prisoners who are keen may go through a short term programme at Rumah Keadilan while being helped in seeking employment and in being reunited with their families. This home, however, was discontinued and was replaced completely by a non-residential service, the Prison Services in August 1984.



### Appendix 3 : Malaysian CARE Constitution

#### ARTICLE 1

- 1.1 The name of the Society shall be PERSATUAN PEMBANTUAN KRISTIAN MALAYSIA or "CARE" ( MALAYSIAN CHRISTIAN ASSOCIATION for RELIEF )  
( here inafter referred to as "CARE" ).
- 1.2 The registered address and place of meeting of CARE shall be No. 599 Lorong 17/18A, 46400 Petaling Jaya and any other place or address as may be determined from time to time. The registered address and place of meeting of the Association should not be changed without the prior approval of the Registrar of Societies.
- 1.3 The object of CARE shall be to encourage active concern and care for the welfare of people in need through meaningful action for the advancement of their spiritual, physical and mental well-being in accordance with biblical principles.
- 1.4 The logo of CARE shall comprise of two words i.e. "Malaysian" and "CARE" with a cross lying within the arc of the alphabet 'C' in the word CARE. The colours of the logo shall be white background with the word CARE in orange and the word Malaysian in brown.

## ARTICLE 2: MEMBERSHIP

2.1 Full membership shall be open to Christians who are above the age of 18 years and who willingly and conscientiously sign the following declaration:

" I join CARE fully aware that it is a condition of my membership that I be a Christian and I hereby declare that I have accepted Jesus Christ as my Saviour and God according to the doctrines laid down in the Bible and as set out in the Constitution of this Association and I further declare that I shall use my best efforts to promote and accomplish the objects of CARE and that I do so as a disciple of the Lord Jesus Christ."

Every full member who is not in arrears of his subscriptions shall be entitled to one vote.

2.2 Associate membership shall be open to all persons above the age of 18 years who sympathise with and who desire to promote the objects of CARE and who desire to participate in its activities.

2.3 Junior membership shall be open to all persons below the age of 18 years but above the age of 14 years and who satisfy the conditions in Clause 2.2.

2.4 Associate and Junior members shall have no voting rights and cannot hold office.



- 2.5 Notwithstanding Clauses 2.1, 2.2, 2.3 all memberships shall be subject to the approval of the Board whose decision shall be final.
- 2.6 (a) Membership fee for all members shall be \$1.00 payable when membership has been approved by the Board.
- (b) Subscription fee for all members shall be \$1.00 per annum.
- 2.7 All applications shall be made on the prescribed form.
- 2.8 All applications for membership shall be submitted to the Board for consideration and approval at any Board meeting.
- 2.9 Any member who wishes to resign from the Association shall give two weeks notice in writing to the Secretary-General and shall pay up all dues.

### ARTICLE 3 : MANAGEMENT

- 3.1 There shall be a Board of Management, here inafter called "The Board" consisting of not less than six but more than ten elected members and as many ex-officio members as are appointed under Clause 3.8.
- 3.2 (a) The Members of the first Board of Management shall be elected at the Inaugural General Meeting.
- (b) All office-bearers of the Board of Management shall

relinquish their posts at the end of each year of service at the Annual General Meeting next following the Inaugural General Meeting or Annual General Meeting at which they were elected.

- (c) At the first Annual General Meeting following the Inaugural General Meeting upon relinquishing their posts as aforesaid the members of the Board who are not the Chairman, Vice-Chairman, Secretary-General and Financial Secretary, during the first year shall retire from the Board.
- (d) Thereafter members of the Board shall retire after having served the Board for a period of two consecutive years and their vacancies filled by election.
- (e) Retiring members may offer themselves for re-election.

3.3 The Chairman of the first Board Meeting shall be the Chairman of the Inaugural General Meeting.

3.4 The Board shall at the Board Meeting next following each Annual General Meeting and the Inaugural General Meeting elect from among its members the following office-bearers:

- a. The Chairman
- b. The Vice-Chairman
- c. The Secretary-General
- d. The Assistant Secretary-General
- e. The Financial Secretary.



3.5 The Board shall be responsible for all matters concerning CARE as a whole, the management of the property, moveable or immovable of CARE including the power to sell, dispose of, transfer, exchange, invest or otherwise deal with the property, the management of the finance of CARE including the power to borrow, to lend or to raise funds in any other manner, the formulation of the policies of CARE, the planning of its programmes and activities, correspondence and all other matters of CARE, provided that and notwithstanding anything to the contrary here in contained, when the Board decides to sell, dispose of, transfer, exchange, invest or otherwise deal with any immovable property, the prior approval of the Annual General Meeting or Extraordinary General Meeting shall be first had and obtained.

3.6 Definition of duties:

- (a) The Chairman shall be responsible for the administration of CARE as a whole and shall preside at General Meetings and Board Meetings.
- (b) The Vice-Chairman shall assist the Chairman in the administration of CARE and shall take the place of the Chairman in his absence. He shall further be responsible for the co-ordination of the activities of CARE.

- (c) The Secretary-General shall record the minutes of all meetings and shall be responsible for general correspondence and shall assist the Chairman and Vice-Chairman in the administration of CARE. He shall keep a proper membership book containing all particulars of members.
- (d) The Financial Secretary shall be responsible for the finance of CARE and shall keep proper accounts of all financial transactions and shall be required to present the audited accounts of CARE at the Annual General Meeting. The Financial Secretary is empowered to sign cheques which must be counter-signed by the Chairman, Vice-Chairman or Secretary-General.

3.7 The Board may appoint such other officers from the elected members as may be necessary for the effective management of CARE.

3.8 The Board may appoint committees and their respective Chairman as may be necessary for the planning, implementation and management of CARE's projects. And the Chairman of the Committees shall be ex-officio members of the Board.

3.9 The Board may appoint any full member to fill any vacancies arising in the Board and such appointed member shall hold office until the next Annual General Meeting.



- 3.10 The Board shall have power to sell, dispose, purchase, mortgage, charge, assign, transfer, invest, lease, hire, acquire exchange or otherwise deal with any moveable or immovable property of CARE on its behalf. Provided that in the case of immovable property the Board shall act through the Trustees.
- 3.11 The Board may employ, hire, or otherwise engage full or part-time staff to assist the Board and the committees in the performance of their duties and to work in the projects of CARE.
- 3.12 The Board may appoint one or more advisors to render such advice as it deems fit.
- 3.13 The Board may make rules or by-laws as and when it deems fit and necessary.
- 3.14 The office-bearers of the Association and every officer performing executive functions in the Association shall be Malaysian citizens.

#### ARTICLE 4 : THE ANNUAL GENERAL MEETING

- 4.1 An Annual General Meeting of the Association shall be held as soon as possible after the close of each financial year on a date and at a time and place to be decided by the Board.
- 4.2 The business and agenda of the Annual General Meeting shall include the following:

- (a) to receive the report of the Secretary-General on the working of CARE during the previous year.
- (b) to receive the Financial Secretary's report and the audited accounts of the previous year.
- (c) to elect new Board Members.
- (d) to elect two honorary auditors who are not members of the Board.
- (e) to deal with any other matters.

4.3 Any member who is desirous of bringing up any matter or issue for discussion and consideration at the Annual General Meeting shall submit the matter or issue in written form to the Secretary-General at least 14 days before the date of the Annual General Meeting.

4.4 Notice of the Annual General Meeting together with the Agenda shall be supplied by the Secretary-General to all members not less than 14 days before the date of the Annual General Meeting.

4.5 The quorum of the Annual General Meeting shall be one-half of the total number of full-membership or twice the total number of the Board of Management which ever is the lesser.

4.6 Should the quorum be not present within half an hour of the time appointed for the Annual General Meeting, then the Chairman shall postpone the Annual General



Meeting, which shall then be held at a date within one month of the postponement and if the quorum is not obtained the members present shall have power to proceed with business of the day but they shall have no power to alter the rules of the Association or to make decisions affecting the whole membership.

4.7 Notice of the postponed meeting shall be given not less than 7 days before the date of the meeting.

4.8 A resolution shall be passed at the Annual General Meeting with two-third majority of the members present.

#### ARTICLE 5 : EXTRAORDINARY GENERAL MEETING

5.1 The Chairman or the Secretary-General may commence an Extraordinary General Meeting:

(a) at the request of the Board.

(b) on the written application of 20 or two-thirds of the membership of CARE whichever is the lesser which application shall be held within 21 days of the receipt of the application.

5.2 Notice of the Extraordinary General Meeting shall be given not less than 7 days prior to the date of the meeting.

5.3 Only the matter for which the Extraordinary General Meeting is called shall be on the Agenda.

- 5.4 The rules governing the quorum, majority and postponement of the Extraordinary General Meeting.

#### ARTICLE 6 : BOARD MEETINGS

- 6.1 The Secretary-General may call a Board meeting at any time and at any place from time to time. He shall call such meetings when called upon to do so by two members of the Board. The Board may fix the time and place of the next Board meeting at the preceding Board Meeting.
- 6.2 The quorum of any Board meeting shall be half of the total number of Board Members.
- 6.3 Should the quorum be not present within half an hour of the time appointed for the Board Meeting then the Chairman shall postpone the Board Meeting which shall be held at the time and place agreed to by the members present at the Board Meeting so postponed.
- 6.4 Resolutions shall be passed at any Board Meeting by a simple majority.

#### ARTICLE 7 : AMENDMENTS

- 7.1 This Constitution may be altered or amended by a vote of  $\frac{3}{4}$  of the full members present at the Annual General or Extraordinary General Meeting, provided such amendments shall be submitted to the Board at least 21 days



before the meeting convened.

- 7.2 No amendments made shall be enforced without the prior approval of the Registrar of Societies.

#### ARTICLE 8 : HOLDING OF PROPERTY

- 8.1 If CARE at any time acquire any immovable property, such property shall be vested in trustees. There shall be two (2) trustees at any one time.
- 8.2 Trustees shall be elected from full members at the Annual General Meeting or Extraordinary General Meeting. No one shall be made trustee except with his consent.
- 8.3 Any Trustee may at any time resign his trusteeship by giving four (4) weeks notice to the Board of his intention to resign.
- 8.4 When a full member who is also a trustee ceases to be a full member for whatever reasons, he shall thereupon cease to be a trustee.
- 8.5 If a trustee is guilty of misconduct of such a kind as to render it undesirable that he should continue as a trustee, an Annual General Meeting or Extraordinary General Meeting may remove him from his trusteeship and a new trustee may be elected in his place.
- 8.6 All moveable property including cash, securities, stocks

and investment belonging to or here inafter acquired by CARE shall be deemed to be in the Board for the time being.

#### ARTICLE 9 : FINANCE

- 9.1 CARE shall operate on subscriptions of members, free will gifts, contributions and donations from members and non-members and such income as may be derived from its fund-raising projects.
- 9.2 CARE may request for regular pledges and contributions from the public, any reputable organisation and institution and from members of CARE.
- 9.3 CARE may organise and participate in fund-raising projects and do all things relating thereto to finance its activities.
- 9.4 The Financial Secretary may hold a petty cash advance not exceeding ringgit one thousand at any one time. All money in excess of this sum shall within seven days of receipt be deposited in a bank approved by the Board of Management, The bank account shall be in the name of the Association.
- 9.5 No expenditure exceeding ringgit five thousand at any one time shall be incurred without the prior sanction of the Board and no expenditure exceeding ringgit two



hundred thousand (M\$200,000) in any one month shall be incurred without the prior sanction of a general meeting.

- 9.6 The financial year of the Association shall commence on the first of January and close on the 31st of December every year.

#### ARTICLE 10 : AUDITORS

- 10.1 Two persons who shall not be office-bearers of the Association shall be appointed by the Annual General Meeting as Honorary Auditors. They shall hold office for one year and shall be eligible for re-appointment.
- 10.2 The Auditors shall be required to audit the accounts of the Association for the year and to prepare a report or certificate for the Annual General Meeting. They may also be required by the Chairman to audit accounts of the Association for any period within their tenure of office at any date, and to make a report to the Board.
- 10.3 In addition an external auditor who is a qualified public auditor shall be appointed to audit the accounts of the Association. Audited accounts shall be submitted to the Director-General of Inland Revenue Malaysia.

#### ARTICLE 11 : DISSOLUTION

- 11.1 CARE may be dissolved at an Annual General Meeting or Extraordinary Meeting with a majority of 4/5 of members present.
- 11.2 Notice of dissolution shall be given within 14 days of the dissolution to the Registrar of Societies.
- 11.3 In the event of the dissolution of CARE, all debts and liabilities legally incurred on behalf of CARE shall be fully discharged.
- 11.4 In the event of the dissolution of CARE as aforesaid, any surplus monies, funds and assets belonging to CARE shall be donated to the Government ( Federal or State ) or to other religious organisations approved by the Director of Inland Revenue Malaysia.

#### ARTICLE 12 : INTERPRETATION

- 12.1 In this Constitution the word "Christian" shall mean a person who subscribes to the following principles:
- (a) that there is one God.
  - (b) that the Godhead, known as the Holy Trinity consists of God the Father, God the Son and God the Holy Spirit.
  - (c) that Jesus Christ is the Son of God.
  - (d) that since the fall of Adam, man is universally



sinful and therefore subject to the condemnation and judgment of God and to reconcile man to God.

- (e) that Jesus Christ died to redeem man from the wrath and judgment of God and to reconcile man to God.
- (f) that Jesus Christ bodily resurrected from the dead, has ascended to heaven and is now at the right hand of God the Father.
- (g) that man is justified solely through the grace of God through faith and not through man's works.
- (h) that man is to love God with all his heart, soul, strength and mind and his neighbour as himself and that faith without works is dead.
- (i) that the Holy Spirit indwells the believer and is the appropriator of Christ's redemptive work and the Holy Spirit empowers and regenerates the true believer.
- (j) that Jesus Christ will return one day to earth as Ruler and King.
- (k) that the whole Bible is the divinely inspired Word of God and is the supreme authority in all matters of faith and conduct.

12.2 Between Annual General Meetings, the Board shall interpret the rules and Constitution of the Association

and when necessary determine any point on which the rules or Constitution is silent.

- 12.3 Except where they are contrary to or inconsistent with the policy previously laid down by the General Meeting the decisions of the Board shall be binding on all members of the Association unless and until countermanded by a resolution of a General Meeting.

#### ARTICLE 13 : PROHIBITION

- 13.1 (a) The Association shall not hold any lottery, whether confined to its members or not, in the name of the Association or its office-bearers, committee or members.
- (b) No University or University College student may be admitted as a member except with the prior permission in writing of the Vice-Chancellor of the University College concerned.



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