Assessing The Types of Rehabilitation and Care for The Homeless in Malaysia

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ABSTRACT

The issue of the homeless is a social issue which requires discussion to find a solution for what is currently happening. Though the government and the non-government agencies have done their best to provide the rehabilitation and care centres for the homeless, these efforts have been described as a temporary solution and not something permanent. The issue to be focused is the significant factor which serves as the background such as the homeless welfare policy, the increase of the minimum wage as well as the provision of low-cost homes. These matters should be implemented first by the government. The existence of a policy that strives to ensure the safety and welfare of the homeless will be a starting point that allows these groups to be assisted more efficiently. The increase of the number of rehabilitation centres provided by the government and non-government agencies may indicate that the homeless issue is not improving but it seems to be getting worse. This is because the increase of the centres is a lens that shows that the number of homeless people is increasing in Malaysia. The situation involves a demand and supply, and the high demand causing the occurrence of high supply clearly shows the state of homelessness in the country. As such, the
government needs to cooperate with the government scholars to find a more comprehensive solution in curbing this homelessness problem. This concept paper will discuss the types of rehabilitation and care to provide in-depth understanding of the homeless issue in Malaysia.

**Contribution/Originality:** This study contributes to the existing literature and fills the gaps that exist about homelessness in Malaysia. Such research can be used to provide guidance to policymakers, academicians, and students in learning more about the welfare assistance provided to homeless people in Malaysia. In addition, this study also displays an overview and statistics of homelessness that exist in Malaysia. It can be used as a reference for other researchers in the future.

1. Introduction

It is normal for human beings to desire for a harmonious and happy life with sufficient needs (Nur Syuhadah & Siti Sarah, 2020; Rusenko, 2014). The basic needs such food, drinks, place of dwelling and safety are the main factors which determine the well-being of a group of individuals (Mackenzie & Chamberlain, 2003; Muhammad Faheem & Muhammad Idris, 2017). If one the basic needs are insufficient, it would cause a dysfunction in the community and in turn will result in social disabilities or a weak society which affect the entire system as well. This could be seen in the issue of the homeless in Malaysia. The homeless and the derelicts are some of the groups which have been marginalised by the rest of the community. According to Straaten et al. (2016), the homeless have been the subject of social marginalisation as they are related to aspects such as lack of housing, financial debts, and lack of social support (Van Laere et al., 2009; Tsai et al., 2012; Fazel et al., 2014). The homeless are a group which have suffered the brunt of extreme social marginalisation in society. The homeless issue is a social problem which is occurring widely and has triggered anxiety among the community (Mohd Alif, Siti Hajar, Norruzeyati, & Noralina, 2021). The homeless or the derelicts can be defined as people who like to wander around aimlessly as they do not have a place to live or a job to do (Dewan Bahasa dan Pustaka, 2017b).

Research into the rehabilitation and care of the homeless should begin with an understanding of the homelessness term itself. A clear definition enables the individual to understand and explore the issue in depth and width. As such, the homeless can be literally defined by referring to Kamus Dewan (2005) can be defined as individuals who like to wander in the streets aimlessly and they usually do not have any residence or jobs. The homeless are referred to as ‘kutu rayau’ in Bahasa Malaysia. The meaning of ‘kutu rayau’ is taken from the characteristics of the insect (‘kutu’ or lice) which is an insect which clings to surfaces on the human body and lives in human hair. Further clarification can be acquired by referring to the Destitute Persons Act 1977 (Act 183) which is an act to provide certain allocation to rehabilitate, care for and control the destitute. As stated in this act, the definition of the destitute covers the derelicts and the homeless as the destitute. Derelicts or also known as destitute persons are a group protected under the Destitute Persons Act 1977. Based on this act under Section 2, the destitute can be defined as persons who have committed begging activities in public places to the extent of causing worry and discomfort to the public and further causing nuisance.
To clarify this statement, the homeless term according to Kamus Dewan (2005) comes from the Indonesian words -ge-la-dang or bergeladang which carry the meaning of walking here and there without any purpose. The term ‘gelandangan’ as stated by the United Nations can be defined as a vagrant or someone who does not have the means to live in a permanent residence or accommodation. Generally, the indicators used to define the homeless and vagrants can be seen from the individual’s inability to have a residence, not having a job, and wandering without any purpose. Additionally, based on the act, vagrants are also defined as a beggar in a public place whether he or she is doing begging activities or otherwise, a person who has no job or shelter and is unable to provide for himself in a satisfactory manner. The homeless are also defined as individuals who do not have a job or a permanent workplace (Dewan Bahasa dan Pustaka, 2017a). These definitions show us that there is a similarity in the meaning between the homeless and the vagrant as these definitions refers to a person who has no permanent residence or job. The term vagrant is known as ‘gelandangan’ in Indonesia. We can perhaps categorise vagrants as a part of the homeless group.

The number of homeless people is increasing every year especially in the urban area. Kuala Lumpur has the highest number of homeless people at 50 % more (RTM News, 2021). The age range of the highest number of homeless persons is between 22-45 years old and they account for 43% of the homeless population (Penang Institute, 2015). Furthermore, the homeless issue happens not only in Malaysia but also all over the world. Based on the statistics published by the United Nations in 2020, the number of homeless people or also known as vagrants has increased to 150 million around the world. Nevertheless, we must ask the question why is the number increasing? Some of the contributing factors towards the issue are the economic factors affecting an individual, a low salary, no resource for income, having family problems and stigma with society which causes an individual to stick with the decision to stick to the deviant behaviour (Nor Amalina, Zaliha, & Yarina, 2018). As such, there is a need to focus attention on the homeless as some of them may have become involved with this group due to other factors (Syazwani & Azlinda, 2016). In line with that, there is a rehabilitation and care centre established by the government as a step towards assisting the homeless so that they could return to the society and contribute something useful and worthwhile to the community. Some examples for these establishments are Rumah Desa Bina Diri and Anjung Singgah which offer various rehabilitation and care programmes to the homeless. Lastly, the community should also give their attention and assistance to people around them as they also need to be given a second chance to change themselves for the better.

2. The Scenario of The Homeless in Malaysia

The homeless scenario in Malaysia can be seen as a social issue which is plaguing the government and non-government bodies. Concerns about this issue is not something new and this has currently become a serious matter as there has been an increase in social problems involving the homeless which require serious attention from all parties. The statistics report published by JKM every year show that there is an increase in the number of the homeless or the destitute in Malaysia. As such, a few states in Malaysia were recorded by the JKM as the states with high number of homeless people such as the Federal Territory of Kuala Lumpur, Selangor, Johore, Penang, and Sarawak. The Federal Territory, Selangor and Penang also had the highest number of homeless people in Malaysia. The increase in the number of homeless people identified each year raises concerns about the well-being of the community as well as other effects that may exist
due to the presence and increase in the number of homeless people. The statistics report in Malaysia refer to the data published by Department of Social Welfare Malaysia (2020) which stated that 3,221 homeless persons had been rescued in 2019. The report also stated that the Federal Territory of Kuala Lumpur was the state with the highest number of the homeless at 699. The number has increased from time to time, and it is not something which can be treated lightly.

Based on Table 1, statistics published by Department of Social Welfare Malaysia (2020) reported that there were 4240 homeless people (including the destitute) in 2017, 3472 homeless people in 2018 and 3221 homeless people in 2019. From all the states in Malaysia, Kuala Lumpur recorded the highest number of 1639 male homeless persons with citizen status and 334 female homeless persons with citizen status in 2017. There were 848 male homeless persons with citizen status and 284 female homeless persons with citizen status in 2018. In 2019, there were 490 male homeless persons with citizen status and 179 female homeless persons with citizen status with citizen status. While the number of the homeless has shown a decrease, the reality is that they still live in worrying conditions (Fuad & Noor Amalina, 2019; Mohd Alif, Siti Hajar & Norruzeyati, 2020, 2021; Muhammad Wafi & Sharifah, 2017; Nurul Mahfuzah et al., 2016). This number does not include the recorded number of the homeless or the number already reported in the system. This is because the real number is much higher than those already reported in the statistics. The current statistics do not show the reality of the homeless in the country. The existence of various homeless persons in Kuala Lumpur is episodic and temporary in nature and some can be described as chronic. A study conducted by KWP with the DBKL in 2014 showed that the homeless issue in Kuala Lumpur was caused by these factors: being ex-convicts, drug/alcohol addiction, abandoned by family, worsening sickness, inability to manage oneself, jobless, mental problem/depression, jobless immigrant and the neglected poor and senior citizens (Fuad & Noor Amalina, 2019). Discussion about the homeless issue in Malaysia would focus this concept paper on relevant issues associated with this group. Some of the issues are insufficient rehabilitation and care centres as well as the stigma and negative perception towards this group. Every issue should be assessed carefully to provide a more detailed view. The first issue is that the rehabilitation centres are not enough to provide for the number of homeless people in Malaysia.
Table 1: Cases of homeless persons according to citizen /non-citizen status and gender from 2017-2019

| State        | 2017 |         | 2018 |         | 2019 |         | Total |         |
|--------------|------|---------|------|---------|------|---------|-------|---------|
|              | C    | NC      | C    | NC      | C    | NC      |       |         |
|              | M    | F       | M    | F       | M    | F       |       |         |
| Johor        | 127  | 51      | 6    | 10      | 158  | 46      | 9     | 25      | 246   | 83     | 18     | 4      | 711    | 71     |
| Kedah        | 15   | 9       | 5    | 3       | 74   | 32      | 36    | 13      | 72    | 42     | 25     | 1      | 244    | 83     |
| Kelantan     | 8    | 6       | 1    | 0       | 41   | 8       | 24    | 15      | 49    | 9      | 7      | 0      | 121    | 47     |
| Melaka       | 97   | 29      | 25   | 7       | 67   | 20      | 8     | 2       | 125   | 53     | 9      | 1      | 391    | 52     |
| N. Sembilan  | 73   | 35      | 11   | 18      | 63   | 15      | 7     | 91      | 34    | 7      | 8      | 311    | 52     |
| Pahang       | 48   | 31      | 6    | 1       | 78   | 34      | 3     | 1       | 49    | 22     | 28     | 25     | 262    | 64     |
| Perak        | 109  | 31      | 9    | 7       | 44   | 22      | 2     | 0       | 125   | 33     | 7      | 3      | 364    | 28     |
| Perlis       | 18   | 7       | 0    | 0       | 31   | 0       | 0     | 8       | 7     | 2      | 0      | 71     | 2      |
| P.Pinang     | 382  | 129     | 51   | 19      | 342  | 125     | 87    | 69      | 312   | 130    | 86     | 59     | 1420   | 371    |
| Sabah        | 0    | 0       | 0    | 0       | 0    | 0       | 0     | 0       | 58    | 20     | 36     | 45     | 78     | 81     |
| Sarawak      | 55   | 12      | 3    | 0       | 4    | 0       | 0     | 0       | 52    | 17     | 3      | 0      | 140    | 6      |
| Selangor     | 136  | 70      | 59   | 73      | 212  | 85      | 98    | 43      | 204   | 59     | 73     | 76     | 766    | 422    |
| Terengganu   | 90   | 22      | 8    | 12      | 105  | 26      | 14    | 20      | 44    | 21     | 4      | 6      | 308    | 64     |
| W.P. Kuala Lumpur | 1639 | 334     | 264  | 73      | 848  | 284     | 117   | 110     | 492   | 179    | 20     | 8      | 3776   | 592    |
| W.P. Labuan  | 4    | 0       | 2    | 0       | 1    | 0       | 0     | 3       | 8     | 13     | 3      | 0      | 26     | 8      |
| Total        | 2801 | 766     | 450  | 223     | 2068 | 697     | 399   | 308     | 1935  | 722    | 328    | 236    | 8989   | 1944   |
| Total C and NC | 4240 | 3472    | 3221 | 10933   | 10933| 10933   |       |         |

Indicator: M – Male; F – Female; C – Citizen; NC – Non-citizen

Source: Department of Social Welfare Malaysia (2020)
As stated by Ku Basyirah, Mohd Suhaimi and Norulhuda (2017), the rehabilitation centres in Malaysia specifically for the homeless to reside in are still insufficient. This is based on the study by Sharifah dan Alifatul (2012) which informed that the (3) rehabilitation centres for the homeless or the destitute (Desa Bina Diri in Johor, Desa Bina Diri in Jerantut, Pahang and Pusat Sehenti Bina Diri Sungai Buloh) were not enough to provide for the growing number of homeless persons every year. However, this problem has been slightly improved by increasing the rehabilitation centres in Kuching, Sarawak and Kota Kinabalu, Sabah, as well as getting the cooperation from non-government agencies such as Dapur Jalan Kuala Lumpur, Kenchara Kitchen, Pertiwi Kitchen and others to help control this situation.

The next issue concerns the stigma and negative perception received by the homeless people. The important aspect in the stigma issue is the social discrimination, which causes an individual to refrain from interacting with the stigmatised group, thus creating a stereotype towards this group (Phelan, Link, & Dovidio, 2008). Usually, the stigma towards the homeless group is caused by their inability to maintain their cleanliness and self-appearance which, in turn, cause them to be socially rejected. Additionally, the homeless people are often associated with mental health problems and the misuse of illegal substances, which further cause them to be stigmatised by the society (Markowitz & Syverson, 2019). The stigmatisation towards the homeless has caused them to further wallow in mental health issues, affect their self-confidence, tendency to self-blame, and being involved in discrimination. They would also have the tendency to get themselves involved in criminal activities due to the pressures from the stigmatisation.

3. The Rehabilitation Aspects for The Homeless and The Derelicts

Rehabilitation for any marginal groups is usually focused on the fulfillment of basic needs. Failure to provide these basic needs such as food and shelter would force an individual or a group of individuals to suffer from hunger or worse, fall into the trap of homelessness which would not enable them to live as normal human beings. Maslow (1954) states that there are 5 levels in an individual’s hierarchy of needs. Those needs are physiological needs, safety needs, love and belonging needs, esteem needs, and self-actualization needs. According to Muhammad Wafi and Sharifah Rohayah (2017), the analysis of the homeless life context indicated that the suitable level of needs for the homeless should be the physiological, safety and love needs. This theory informs us that the most important need is the need to acquire food, drinks, and shelter. If the main needs are not fulfilled, the individual will face a dysfunction which may cause them to commit activities which are against the society’s norms. Additionally, individuals who face a deficit in needs could also be involved in social problems such as robbery, begging, drug addiction and other social problems. As such, when planning rehabilitation and care for the homeless and the derelicts, it is important to focus on the fulfillment of basic needs such as food, drink, clothes, and shelter.

The second level of needs would concern the need for shelter, stability, and freedom from fear. When the homeless have no place to stay or a shelter which can make them feel safe, they will have a problem of feeling paranoid or fearful as there is no protection that can guarantee their safety. The rehabilitation from the aspect of safety requirement can be provided by giving them shelter or protection from any harm. Ciambrone and Edgington (2009) stated that the life of the homeless could be seen as something open and not having privacy; this causes the homeless to be exposed to many threats due to
their nature of living on the streets. As such, to provide effective rehabilitation and care, research on moving the context of homeless life to a safer way of life needs to be emphasized. This is because after the physiological needs have been fulfilled and rehabilitated, the needs of the homeless will move to the next level which are the needs for safety and general well-being.

Another need required by the homeless is the need for love. The need for love is one of the important requirements to give the homeless a sense of belonging or a feeling of being loved by the society. Although the homeless are being seen as a marginalised group, they still need emotional and social support, the need to be loved and the need to be respected and believed (Limebury & Shea, 2015). In any situation, it is human nature to want to be loved by another person. This feeling is an element of social control which can assist in preventing the individual from getting involved with anything which may go against the society norms. As such, the physiological, safety and loved needs are the three basic needs required in the analysis of the aspects of rehabilitation for the homeless and the derelicts. It is not impossible to improve the well-being of these groups if we can fulfill these requirements.

4. Rehabilitation and Care for The Homeless and The Destitute Persons Act 1977

Rehabilitation means an act of restoring or returning something to its original condition (Dewan Bahasa dan Pustaka, 2017a). Another definition from the aspect of penology is to restoring life towards a more useful way through therapy and education programmes. Various effects are felt by the homeless in terms of the biological, psychological, and social aspects. As such, the rehabilitation and care should be given to the homeless and the derelicts so that they could return to society in a better way, and they could change their lives towards something better. Based on Maslow’s Hierarchy Theory, there are a few basic needs which humans require to get on with their lives such as food, drinks, and shelter. These are known as the physiological needs. Failure to provide these needs may cause a person to succumb to homelessness. Therefore, these rehabilitation and care programmes could be provided based on the needs of the homeless and the derelicts to improve their well-being and to decrease the percentage of the homeless in Malaysia. The following are some of the rehabilitation and care programme provided by the government and non-government agencies.

Rehabilitation and care for the homeless can be assessed in detail using the Destitute Persons Act 1977 (Act 183). This act provides a definition of the destitute and other allocations which outline the welfare of these needy groups. The rehabilitation and care using this act can be seen in the allocation for entry into welfare homes, the right to get treatment, the opportunity to be freed and the opportunity for one to be involved in related programmes. Entry to welfare institutions for the homeless can be seen in the Destitute Persons Act 1977 (Act 183). This act provides that a destitute person can be admitted into a welfare home by order of the Court under the provisions of Section 3 (4) of the Destitute Persons Act 1977. The admission of the destitute or the homeless into these welfare homes can be done voluntarily by individuals related to the entry process using methods under Section 4 of the Destitute Persons Act 1977. According to this act, any pauper who voluntarily requests to be admitted to a welfare home is required to promise, that if he or she is admitted, that he or she will comply with the conditions of admission imposed under this Act or any rules made thereunder. The entry of poor or homeless people into houses or welfare institutions can be implemented through two methods, namely the court order method and voluntary method. The Act also clarifies
that the poor can be released from welfare homes. Through the provisions available in this act, rehabilitation, and care for the derelicts and the homeless are emphasized from all aspects. A review of this act shows that rehabilitation and care are provided based on the needs of the derelicts or the homeless. For example, the need for food, drink, shelter, security needs and the need for love. The entry of homeless people into homes or welfare institutions allows them to have the opportunity to be rehabilitated and re-integrated into society. Rehabilitation and care given to this group is expected to help in restoring the functioning of individuals in the society.

There are various forms of rehabilitation and care under the **Destitute Persons Act 1977**. The act was created to protect the poor which includes the homeless, derelicts and beggars. One form of care and rehabilitation under the act is to take care of the health aspects of the poor. According to subsection 31, a medical officer shall conduct an examination on the homeless who reside in the institution or care centre. In addition, health officers should also conduct inspections around the area of the institution or care centre. This is done to ensure a good level of cleanliness of the institution area so that the homeless do not have dangerous diseases due to the poor environment. Apart from that, the health officer will also always check the health records of the homeless to identify their health status and provide treatment as soon as possible if they suffer from chronic diseases. In relation to that, based on subsection 50, there is an explanation about the care given to the homeless who live in the institution or care centre. Among the forms of care provided by the institutions or care centres are shelter, separate beds, facilities such as bathrooms, clothing, and other daily necessities. In addition, food, drink, and religious classes are also given to the poor to increase the level of motivation and self-confidence. Finally, the homeless are also allowed to participate in recreational activities, tourism and social activities provided by the institution. The main purpose of the facility is to provide opportunities for the poor to interact with their environment well.

### 5. Institutions and Programmes Implemented for The Homeless by The Government

Malaysia is a country which is very concerned about the well-being of its society. Due to this, the establishment of various institutions and welfare centres is seen as very encouraging from the government and non-governmental organizations (NGOs) as well as the private sector. There are several rehabilitation and care centres provided by the government. Some of them are Desa Bina Diri, Anjung Singgah, Kuala Lumpur Homeless Transit Center, Jalinan Kasih Guidance School, and OPS Qaseh (Nor Amalina, Zaliha, & Yarina, 2018; Thinkcity.com., 2018).

#### 5.1. Desa Bina Diri

Desa Bina Diri is one of the initiatives to protect the homeless under the **Destitute Persons Act 1977**. This initiative also focuses on the beggars and derelicts (Department of Social Welfare Malaysia, 2021). This centre was established by the Ministry of Women, Family and Community Development and the Department of Social Welfare. This institution was established by the Department of Social Welfare to provide care, rehabilitation, and protection to those under the Destitute Persons Act 1977 (Mohd Suhaimi, Khaidzir, Nasuridin & Nik Hairi, 2016). The main purpose of Desa Bina Diri is to improve the skills of the individual and to develop a productive individual to return to the society in good condition (Nor Amalina, Zaliha, & Yarina, 2018). Furthermore, the
following institutions also provide training to the individuals to be able to adapt to the environment so that they can return to society with a renewed spirit. In addition, the homeless who have been detained because of the Ops Qaseh operations will be placed in Desa Bina Diri for 6 months before they are transferred to the appropriate agencies such as the Social Welfare Department and the National Anti-Drug Agency (AADK) for follow-up action.

In Malaysia, there are five (5) Desa Bina Diri centres under the administration of the Social Welfare Department (JKM) namely in Mersing, Jerantut, Kuching, Kota Kinabalu and Sungai Buloh (Nor Amalina, Zaliha, & Yarina, 2018). Desa Bina Diri aims to provide protection, care, and rehabilitation to the homeless, train them to adapt and to be reintegrated into the society and the final objective is to equip them with basic learning and skills. There are two ways whereby one can be admitted to this institution which is by court order or voluntary. Among the entry requirements for this institution is that the individual should be a Malaysian citizen, aged 18-59 years, with no family, income and he or she does not suffer from infectious diseases. There are various rehabilitation and care programmes conducted at Desa Bina Diri. Among them are physiotherapy care programmes and occupational rehabilitation. This care programme focuses on the physical rehabilitation of the individual to restore the functional problems in the affected areas. The care programme implemented focuses on the health of the residents. When their health can be improved directly, their ability will also be improved.

5.2. Anjung Singgah

The next institution in implementing rehabilitation and care for the homeless is Anjung Singgah. This is a social intervention place created by the government with the cooperation of National Welfare Foundation (YKN) to help homeless people throughout the country. This project is implemented with the support of the government to help the homeless to give them a space and opportunity to live independently so they would be equipped to return to the society (Nor Amalina, Zaliha, & Yarina, 2018). Anjung Singgah was established by the Ministry of Women, Family and Community Development, the National Welfare Foundation, and the Social Welfare Department as one of the initiatives to provide rehabilitation and protection to the homeless under the Destitute Persons Act 1977. It also provides temporary shelter, food and drink and an intervention centre to improve the homeless people’s adaptation to the current development of the country. The main purpose of the establishment of the intervention center is to prevent the homeless people from being left behind in the development of the country which is undergoing very rapid changes. In addition, Yayasan Kebajikan Negara (YKN) has also provided a skill-training programme in collaboration with the Ministry of Rural Development in 2019. Some of the skills provided are cooking skills, making handicrafts, hairdressing and so on through the Community Development Department (KEMAS). The main purpose of the skill-training programme for the homeless especially for the womenfolk is to improve their skills to get them moving towards a better direction, to be able to use those skills in employment and to return to society in a much better condition.

This centre aids in terms of food, drink, temporary accommodation, employment as well as the intervention process for the residents in identifying the problems experienced by them. Through the intervention process, the homeless people will be given temporary accommodation for two weeks to help them become independent and find suitable accommodation on their own. Counselling is also provided at all Anjung Singgah
branches whether individually, in groups or as families. Various other facilities are also provided for homeless people who are temporarily staying at Anjung Singgah. Among them are accommodation in hostels complete with all kinds of facilities, free food three (3) times a day sponsored by individuals, corporate companies and non-governmental organizations, providing personal hygiene sets, counseling sessions, career matching and advisory services. Most of the homeless people in Anjung Singgah are given a boost to get them out of the homeless situation and start building a more prosperous life. Most of them are advised to start a small business. Since they are only given a period of two (2) weeks to stay here, they need to be motivated to diligently find a job. According to Anjung Singgah, 73.7% of the residents registered with the centre have managed to get jobs. Some of the agencies that have also cooperated with Anjung Singgah are the Department of Manpower, Social Welfare Organization (SOCSO), Malaysian Social Welfare Department, Baitumal Institution Malaysia, various non-governmental organisations, National Population and Family Development Board and various other agencies that also cooperate in helping the homeless.

5.3. The Kuala Lumpur Homeless Transit Centre

Jabatan Kebajikan Masyarakat also established the Kuala Lumpur Homeless Transit Centre to provide protection and rehabilitation to the homeless. This transit was formed via the cooperation of Kementerian Wilayah Persekutuan, Dewan Bandaraya Kuala Lumpur (DBKL) and Jabatan Kebajikan Masyarakat. Some of the forms of care given included food, drinks, and shelter in the form of beds to sleep in. This centre is also a one-stop centre for the homeless.

5.4. Sekolah Bimbingan Jalinan Kasih

Sekolah Bimbingan Jalinan Kasih was established by Kementerian Pendidikan Malaysia in 2017 in Chow Kit as an initiative to provide education for the homeless children. Another aim was to ensure that every citizen could acquire education as planned in Pelan Pembangunan Malaysia (PPPM). Some of the main objectives of this school are to provide formal education to the marginalised and homeless children in a comfortable setting, to decrease the rate of drop out children, to provide a career opportunity for the homeless and derelict children and to develop individuals who are knowledgeable, skilled, and independent. The school also provides 3 level of education which are preschool for 3- to 6-year-olds, primary for 7- to 12-year-olds and secondary and basic vocational for teenagers. It also provides an educational setting for the children so that they could feel the school environment. A co-curriculum system is provided at the school which is suitable with the students’ background, requirements, formal education, team learning and flexible learning time. As such, this school hopes to provide the homeless children with knowledge and at the same time enable them to develop themselves towards good careers.

5.5. Ops Qaseh

Ops Qaseh is an operation which was started by Kementerian Pembangunan Wanita, Keluarga & Masyarakat in 2014. Its aim was to gather the groups under the Destitute Persons Act 1977 such as the homeless and the beggars and to place them in temporary centres such as Desa Bina Diri before they are being placed in welfare agencies. The main objective was to assist the homeless and the derelicts by giving them medical aid
and rehabilitation services. Besides that, Ops Qaseh was also established to eliminate begging syndicates in Malaysia to create a harmonious environment.

6. Rehabilitation and Care for The Homeless Given by the Non-Government Organisations (NGO)

There are various non-government agencies which are active in helping the homeless. The rehabilitation aspects provided by these agencies focus on the fulfillment of physiological needs such as the preparation of food, drinks, and the allocation of food banks. There are also NGOss which provide medical supplies, counselling, education, and skills for the homeless. Some of these active NGOs are the Kenchara Soup, Dapur Jalanan, PERTIWI Soup Kitchen and various others NGOs (Nor Amalina, Zaliha, & Yarina, 2018; Thinkcity.com., 2018).

6.1. Kechara Soup

Kechara Soup Kitchen is a non-government organisation which provides various initiatives for groups which need help in terms of food and drinks preparation so that they could go on with their lives (Kechara Soup Kitchen.com., 2021). Kechara Soup Kitchen has been operating since 2009. In 2016, Kechara Soup Kitchen started a partnership with Kementerian Wilayah Persekutuan. This agency provides food and drinks assistance using the supplies in the Food Bank. The Food Back is a space for anyone to contribute food and drinks for the homeless people (Nor Amalina, Zaliha, & Yarina, 2018). Kenchara Soup Kitchen is one of the NGOS which have been involved in giving help to the homeless and other groups such as the needy and the Orang Asli population. Three main programmes are provided by the Kenchara Soup Kitchen which are the preparation of food, food bank and individual empowerment. The agency's aims are to develop a nation which has a low homeless, poverty and starvation rate without any discrimination in the assistance given to the target groups. All these show us that the homeless and poverty issues should be given attention by the relevant parties. The issues should be seen as important, and they should be overcome and controlled so that they would not cause any other problems.

Additionally, Kechara Soup Kitchen also provides courses in selected skills for single mothers and mothers who are at risk to enable them to get a source of income for their families. This is because the single mothers are a group which are often marginalised by the society to the extent that they become abandoned by the community members. As such, it is hoped that this programme could improve their skills so that they could use the skills to find jobs. Some of the skills which have been taught to the single mothers are sewing skills and baking skills. Kechara Soup Kitchen also provides health check-ups for the homeless to ensure that they are in a healthy condition and free medication to those who are at risk or having illnesses. Kechara Soup Kitchen also assists the homeless by giving them counselling sessions and link them to the relevant rehabilitation centres. The main aim of Kechara soup kitchen is to improve the well-being of the homeless people so that they could go on with their lives and decrease the percentages of the homeless, food wastage and poverty in order to develop a quality society.

6.2. Pertiwi Soup Kitchen

PERTIWI is a non-government agency which helps the needy such as the derelicts. This agency was introduced in 1967 and has played a big role in empowering women in
Malaysia by providing education and a positive attitude for women. It also provides food assistance to the derelicts and the homeless in certain areas in Malaysia (Nor Amalina, Zaliha, & Yarina, 2018). The main aim for this programme is to prepare food assistance to the needy and the homeless. Additionally, the soup kitchen programme also aims to increase the community’s awareness towards the environment and the disadvantaged and to provide a space for the volunteers to offer their help to people who need it. The PERTIWI Soup Kitchen also provides basic medical treatment and free haircut for the needy. This is because the needy may face some problems in getting such treatment due to their lack of money. As such, PERTIWI provides these treatment sessions so that they can improve their health and cleanliness levels.

### 6.3. Other Programmes and Food Aid Given by The Non-Government Agencies

Besides PERTIWI, Kechara, and there are also programmes and service assistance provided by the non-government agencies such as Dapur Jalanan, Streetfeeder of KL, Kaseh 4U, Jom Bakpes!, Need to Feed the Need (NFN) which provides food assistance for 400-500 homeless people every night at 9 pm in the Medan Tuanku area (Nor Amalina, Zaliha, & Yarina, 2018; Sedunia.me., 2021). Additionally, there is also the Fungates Superflow Foundation which is a non-government agency which conducts a soup kitchen programme for the needy such the destitute, the urban poor and the derelicts every day. The Soup Kitchen Programme is a cross between a restaurant and food shelter. This programme is currently conducted at Alor Setar, Kedah and Jinjang, Kuala Lumpur. Lastly, there is also Food Not Bombs, Kuala Lumpur, another non-government organisation which provides food assistance to the homeless in Kuala Lumpur every weekend. This organisation was established in 2001 by people who were active in community activities. These three non-government organisations have the same function and role which is to provide food assistance to the homeless.

### 7. Conclusion

Based on these types of rehabilitation provided by the government to those under the Destitute Persons Act 1977 including the derelicts and beggars, we can ascertain that there are various rehabilitation and care centres which have been established. The initiatives were started by the government as well as the non-government organisations and volunteers to help these groups. The agencies had the same objective which was to protect and rehabilitate the homeless and the destitute so that they could return to the society in a dignified manner. There are various programmes which could increase the skills and knowledge of these marginalised groups via the rehabilitation centres and assistance such as sewing, gardening, and cooking skills. As such, the homeless and the destitute could apply their skills at the workplace. The initiatives given by these parties are excellent and can fulfill the requirements of the homeless so that they could have a better future.

In line with that, we would like to suggest that the service and rehabilitation delivery system for the homeless could be improved by providing free health treatment incentives such in clinics and hospitals. As we know, there are health check-ups provided by the government, non-government agencies and volunteers to the homeless. However, the check-ups are only given in the shelter agencies and the area where they are generally found in. Furthermore, the homeless only receive infrequent health care. As such, free health care given to the homeless people who live outside the shelter agencies at the hospitals and clinics can help them if they have chronic diseases or an
illness which require prompt treatment and access to the medical centres. Therefore, this initiative should be given to the homeless and similar groups to enable them to get access to the medical centres which could assure the well-being of these disadvantaged groups.

**Acknowledgement**

This article has been done as part of the graduation requirements for the PhD in Social Work from Universiti Kebangsaan Malaysia. The first writer’s experience as a volunteer at the Pertubuhan Kebajikan Ar-Riqab Kuala Lumpur was used in producing the article. The author is deepening his expertise in the field of homelessness and social work. It is hoped that this writing can provide an overview of the welfare assistance that exists in helping the existing homeless.

**Funding**

The researcher acquired a grant known as the 2021 Generating Research Grant with the code number S/O 21123 valued at RM10,000 from the Research Management and Innovation Centre (RMIC), Universiti Utara Malaysia and the Petaling Jaya Mampan (2021) community grant with the code number S/O 21200 valued at RM8,400 from the Petaling Jaya City Council for this study.

**Conflict of Interests**

The authors declare no conflict of interest in this study.

**References**

Ciambrone, S, & Edgington, S. (2009). Medical respite services for homeless people: Practical planning. *National Health Care for the Homeless Council.*

Dewan Bahasa dan Pustaka (2017a). Kamus bahasa melayu: gelandangan. Pprm.dbp.com. Diakses daripada https://prpm.dbp.gov.my/Cari1?keyword=gelandangan pada 16 November 2021.

Dewan Bahasa dan Pustaka (2017b). Kamus bahasa melayu: kutu. Pprm.dbp.com. Diakses daripada https://prpm.dbp.gov.my/Cari1?keyword=kutu&d=175768& pada 16 November 2021.

Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: Descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet,* 384, 1529–1540. doi:10.1016/S0140-6736(14)61132-6

Fuad Mohamed Berawi & Noor Amalina Ismail (2019). Gelandangan di Kuala Lumpur: Tinjauan awal. https://www.researchgate.net/publication/337679453_Gelandangan_di_Kuala_Lumpur_Tinjauan_Awal [13 Januari 2022].

Department of Social Welfare Malaysia. (2020). Cases of homeless persons according to citizen/non-citizen status and gender from 2017-2019.

Department of Social Welfare Malaysia. (2021). Desa bina diri. Diakses daripada https://www.jkm.gov.my/jkm/index.php?r=portal/left&id=Wm1WK1I5dnZkUGw vR55MNktbm5Zz09 pada 12 November 2021.

Destitute Persons Act 1977 (Act 183)
Kamus Dewan. (2020) *Edisi keempat*, Kuala Lumpur: Dewan Bahasa dan Pustaka.

Kechara Soup Kitchen.com. (2021). About Kechara soup kitchen. Diakses daripada https://kecharasoupkitchen.com/ 12 November 2021.

Ku Basyirah Ku Yaacob, Mohd Suhaime Mohamed & Norulhuda Sarno. (2017). Isu gelandangan di Malaysia: Tahap kesihatan mental & kemahiran hidup. *Jurnal Sultan Alaauddin Sulaiman Shah* (Special Issue), 0, 119-131.

Limebury, J., & Shea, S. (2015). The role of compassion and ‘Tough Love’in caring for and supporting the homeless: Experiences from ‘Catching Lives’ Canterbury, UK. *Journal of Compassionate Health Care*, 2(1), 2-9.

Mackenzie, D., & Chamberlain.C. (2003). Homeless careers: pathways in and out of homelessness. RMIT Universities. Australia. Diakses daripada https://researchbank.swinburne.edu.au/file/28f2dd6d-577d-4e60-ac81-cd126a121a71/1/PDF%20(81%20pages).pdf

Maslow, A. H. (1954). *Motivation and personality* ([1st ed.]). New York: Harper.

Markowitz, F. E. & Syverson, J. (2019). race, gender, and homelessness stigma: effects of perceived blameworthiness and dangerousness. *Journal of Deviant Behavior*, doi 10.1080/01639625.2019.170614

Mohd Alif Jasni, Siti Hajar Abu Bakar Ah, & Norruezayati Che Mohd Nasir Ah, (2020). Three major interrelated factors contributing to homelessness issue among former prisoners in Malaysia. *The International Journal of Criminology and Sociology*, 9, 415–430.

Mohd Alif Jasni, Siti Hajar Abu Bakar Ah, & Norruezayati Che Mohd Nasir Ah (2021). Tough life after prison: An analysis of 19 former prisoners in Malaysia. *Journal of Community Development Research (Humanities and Social Sciences)*, 14(1), 24–36.

Muhmmad Faheem Mod Dahlan., & Muhammad Idris Bullare @ Bahari. (2017). Kesejahteraan hidup dalam kelangsungan hidup. *Jurnal Psikologi dan Kesihatan Sosial*. Vol, 1, 35-62 pages. Diakses daripada http://jpsiks.cseap.edu.my/index.php/journal/singleJournal/7 pada 12 November 2021.

Muhammad Wafi Ramli & Sharifah Rohayah Sheikh Dawood. (2017). Memahami permasalahan golongan terpinggir di bandar: Kajian kes gelandangan di George Town, Pulau Pinang. *Geografi*, 5(2), 78-94.

Mohd Suhaime Mohamed, Khaidzir Ismail, Nasuridn Subhi.,& Nik Hairi Omar. (2016). Hubungan di antara kesihatan mental dengan minat kerjaya dalam kelangsungan hidup. *Akademika*. 86(1), 11-19. Doi: http://dx.doi.org/10.17576/akad-2016-8601-02

Nor Amalina Mohd Adib., Zaliha Hj. Hussin., & Yarina Ahmad. (2018). How effective are the current initiatives in dealing with Homelessness in Malaysia? *Journal of Administrative Science*, 15(3). Diakses daripada https://jas.uitm.edu.my/images/SPECIALEDITIONICOPSISSUE3_2018/8.pdf pada 12 November 2021.

Nur Syuhadah Hamdan., & Siti Sarah Herman. (2020). Homeless in Kuala Lumpur. *Malaysia Architectural Journal*. Vol. 2, Issue 1, 17-24 pages. Diakses daripada
Nurul Mahfuzah Ahmad Yani, Nur Zakirah Zahari, Nur Fatini Haziqah Abu Samah, Muhammad Ammar Faidhi Mohamed Azahar, Siti Munira Yasin, Mohd Shahril Ahmad Saman & Nor Aini Mohd Noor (2016). Factors associated with homelessness and its medical issues among urban Malaysians: A qualitative research. *Journal of Clinical and Health Sciences*, 1(1), 46–58.

Penang Institute. (2015). Homelessness in our cities. Diakses daripada https://penanginstitute.org/wpcontent/uploads/jml/files/research_papers/HomelessnessInOurCities_AReportbyPenangInstitute_Kenneth_21Jan15_OKM25Feb2015.pdf pada 12 November 2021.

Phelan, J. B., Link, G. & John F. D. (2008). Stigma and prejudice: One animal or two? *Social Science and Medicine* 67, 358–67. doi: 10.1016/j.socscimed.2008.03.022.

RTM News. (2021). Kuala Lumpur catat jumlah gelandangan tertinggi di Malaysia. Diakses daripada https://berita.rtm.gov.my/index.php/nasional/20104kualalumpur-catat-jumlah-gelandangan-tertinggi-di-malaysia pada 29 Oktober 2021.

Sharifah, M.A. & Alifatul, K.A.M. (2012). Homelessness in Kuala Lumpur, Malaysia: A Case of Agenda Denial. *International Journal of Social Science Tomorrow*, 1(2), 1-9.

Syazwani Drani., & Azlinda Azman. (2016). Strategi tindakan menangani isu dan permasalahan golongan geladangan. Seminar Psikologi Kebangsaan-III. Kota Kinabalu, Sabah. 26 & 27 Mei 2016. Diakses daripada http://digilib.mercubuana.ac.id/manager/t!@file_artikel_abstrak/Isi_Artikel_648618779385.pdf pada 12 November 2021.

Syazwani Drani., & Azlinda Azman. (2016). Strategi tindakan menangani isu dan permasalahan golongan geladangan. Seminar Psikologi Kebangsaan-III. Kota Kinabalu, Sabah. 26 & 27 Mei 2016. Diakses daripada http://digilib.mercubuana.ac.id/manager/t!@file_artikel_abstrak/Isi_Artikel_648618779385.pdf pada 12 November 2021.