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Abstract

This study aims to measure social services deprivation experienced by Malaysian poor children. Social services are among the basic needs that are required for the prosperity and development of children. Living in poverty makes children vulnerable to social services deprivation due to family economic conditions. Malaysians still do not have a comprehensive index and indicator on social services deprivation. Comprehensive index and indicator needed to improve existing child social services delivery and social welfare system in Malaysia. This quantitative study involved 360 children from low-income families who reside in Kelantan, Kuala Lumpur, and Selangor. The percentage was used as a scale to determine the level of social services deprivation. The findings imply that children who participated in this study experienced moderate and low levels of social services deprivation. The results of this study were used to formulate intervention programs to reduce the social services deprivation of Malaysian poor children. The government and child social services providers can use this input as a guidance to improve existing social services programs for children. The inputs from this study also can be used to achieve Sustainable Development Goals (SDGs) and National Social Policy.

Keywords: Social Services, Deprivation, Poor Children, Vulnerable Children, Poverty

Introduction

An estimated 1 billion children are multidimensionally poor and 356 million children live in extreme poverty worldwide (UNICEF, 2021). Meanwhile, in Malaysia, 5.6 percent of households with children live in poverty (Nur Hasliza, 2022). Poverty is a major obstacle for these children to enjoy social services, well-being, and rights. Low socioeconomic status affects poor children in obtaining essential needs and services. Adamson (2013) reports that many children around the globe live in a scarce and inadequate physical environment, have nutrition deficiency, are illiterate and unschooled, impoverished and suffer from various types of diseases. Children who come from a low socio-economic status have a high tendency to experience social deprivation which directly impacts their social well-being and quality of life status (Li & Zhang, 2020). Poverty is a multidimensional concept; these poor children are not

only experiencing monetary deprivation but also experiencing material deprivation and social services deprivation.

Recently policymakers, supranational organisations, social workers, and child social services providers employ multidimensional measurement to understand the experience of children living in poverty (Tomyn et al., 2017). In Malaysia, the Poverty Line Index (PLI) is used in poverty measurement. According to the Department of Statistics Malaysia, children are considered poor when their families earn less than RM2,208 per month (Lim, 2020). However, this measurement does not capture much of the real experience of children living in poverty and is not effective in understanding the deprivation and well-being of poor children overall. The number in the Poverty Line Index (PLI) does not measure health, education, equality of opportunity, environment, and other crucial services (Stiglitz, 2020). It does not even measure crucial aspects of the basic needs of poor children such as social services.

Measuring social services deprivation is crucial for policymakers and government to understand the social services needs of poor children such as healthcare needs, education needs, social welfare, and public transportation needs. Social services are a list of essential needs for children to enjoy a comfortable and prosperous life. Social services will also help, support, and fulfil the essential needs of children (Moriarty et al., 2015). Children who are not receiving or are unable to obtain social services will be considered deprived in terms of social services (Sabri, 2016). In this study, the researcher intends to measure social services deprivation experienced by Malaysian poor children. Input from this study will be used to formulate social services intervention programs.

Literature Review
What is Social Service
Social services are crucial components of the child's needs to grow and develop. In social work and social policy, social services refer to human services including service-oriented prevention, improvement, or the resolution of health, mental health, social, or environmental problems that affect individuals, families, specific groups, or communities (Gilbelmen, 2005). Sabri and Siti Hajar (2020) describes social services as a service provided to help individuals, children's families, and communities for social support in terms of needs. It is covering multiple types of assistance to the public who are in a crisis condition or unprofitable. Examples of social services are health assistance, welfare assistance, housing assistance, physiotherapy, socio-therapy, financial assistance, and intervention assistance (Alcock et al., 2004). Social services promote the health and well-being of individuals by helping them to become more self-sufficient, strengthening family relationships, and restoring individuals, families, groups, and communities to successful social functioning. Munday (1996) describes those social services referred to as personal social services, while elsewhere it may be called "social welfare services" or "social care services". From this explanation, the researcher can conclude that social services are social assistance and support that intentionally help vulnerable and marginalised individuals, children, family, and communities to improve their living conditions and well-being.

Scenario Child Poverty in Malaysia
Malaysia is a developing country which is situated in Southeast Asia. According to Children's statistics released by the Department of Statistics Malaysia (2022), there are about 9.19

million (28.1%) children under the age of 18 in Malaysia in 2022 with 4.75 million of them boys and 4.44 million girls. The Child Act 2001 (Amendment, 2016) defines a child as a person below 18 years old (Percetakan Nasional Malaysia Berhad, 2016). Malaysia still doesn't have official statistics on the number of children living in poverty. In 2022, nearly 60% of Malaysian households with children were not able or only partially able to cover their monthly basic needs and 21% had no savings, up from 16% in 2021 (Williams, 2022). Malaysian children who grow up in these poor households suffer from various types of deprivations including social services deprivation (Hajar et al., 2021). Based on these explanations, the researchers believe that it is essential to measure social services deprivation experienced by Malaysian poor children. It could help to understand the social services needed by Malaysian children.

Methodology
Study Design
A quantitative approach has been employed to collect information and answer research questions in this study. A quantitative approach is useful to explore situations and phenomena where little is known about the issues, and useful for describing a complex phenomenon (Abdullah et al., 2018). A self-administrative survey questionnaire was employed to collect information on the respondent's profiles on the deprivation of social services experienced by Malaysian poor children. This approach was utilised by the previous researcher in their articles and research paper such as Siti Hajar et al (2015); Haris et al (2016); Hoe et al (2017) to describe a social phenomenon. A self-report survey technique (Kidd et al., 2017) point-in-time survey assessed a broad range of demographic information along with social services deprivation. Creswell (2008) describes self-reporting techniques used to determine individual opinions, feelings, attitudes, behaviours, or experiences of social phenomena without disruption and influence from any parties such as friends, teachers, and parents. Using this approach can help the researcher obtain more details about the education barriers experienced by them.

Study Area
This study was conducted in a resettlement residential area for low-income families. The government of Malaysia has provided an exclusive housing scheme for families from low-income backgrounds namely People Housing Programme (PHP), the 1Malaysia People Friendly House (RMR1M), and the Local Community Development Programme (LCDP). In this study, two People Housing Programme (PHP) in Lembah Subang, Selangor and Lembah Pantai, Kuala Lumpur, 1Malaysia People Friendly House (RMR1M) in Pasir Mas Kelantan and Local Community Development Program (LCDP) in Gua Musang Kelantan selected as a study location of this study. The study chose Kuala Lumpur and Selangor as the location of the survey because children in those areas are at imminent risk of urban poverty. Kelantan, on the other hand, was selected because it has the highest number of poor households in Peninsular Malaysia (Department Planning Unit Malaysia, 2021).

Sampling Technique
In this study, the researcher has employed two sampling techniques to select a respondent. Firstly, a purposive sampling technique to select a respondent at SBJK. The selection of this technique due to all the SBJK students sharing the same characteristic which is they come from homeless families, undocumented children and street children background which was living in the marginalised Chow Kit and Kuala Lumpur areas. The second is a snowball sampling

technique to select street children who are living in the Chow Kit area as research respondents. Following this procedure, the researcher asked the respondents who are likely to know who is sharing the same characteristic as them.

Study Participant
The study involved 360 poor children aged from 9 to 17 years old. Child Act 2001 (Act 611) defined children as a person under the age of 18 years old. Furthermore, the term street children used in this study is provided by a supranational agency which is UNICEF. Concerning this, a multistage sampling technique was used to select the geographical location of the study, housing programmes, study area and children as a respondent of the survey. In the first stage, the researchers selected the geographical location of the study. From this technique, Kelantan, Kuala Lumpur, and Selangor have been selected as the geographical location of the study. Apart from that, this technique was used to select three-housing programmes namely People Housing Programme (PHP), the 1Malaysia People Friendly House (RMR1M), and the Local Community Development Programme (LCDP). In the second stage, the convenience sampling method is employed to choose the housing area for each state and programme. Lastly, the study used the simple random sampling technique to select 180 samples in Kelantan, 90 samples in Kuala Lumpur, and 90 samples in Selangor resulting in 360 respondents involved in this study.

Data Collection Method and Instruments
In this study, the researcher has employed a structured questionnaire to collect information and to achieve the research objective of this study. The researcher employed the self-report technique by allowing children to give their opinion and point of view without influence from their parents and other adults. Respondents recruited in this study answered the questionnaire through a self-administered survey. The respondents will fill up and complete the questionnaire without assistance from the research enumerator, researcher, and other adults. In some cases, such as being illiterate, cannot write, and having a disability, the researcher will assist the respondent to complete the survey. It is to ensure all information received in this study is accurate. This questionnaire was developed based on the social indicator approach and socially perceived necessities methodology. The methodology involves presenting a list of items to the public and asking them to indicate which of the things they believe are necessities that no adult or child should have to do without due to low income (Swords et al., 2011). The socially perceived necessities approach allows 'ordinary' people to define poverty by collectively determining the key features of an unacceptably low standard of living (Barnes and Wright, 2012). The list of items in the research instrument was inspired by the Child Perception and Experiences of Deprivation from Swords et al (2011), UNICEF's Child Well-being Index and Child Indicators Index by (Bradshaw et al., 2007). The study integrated selected domains and items from those instruments to create the questionnaire.

Data Analysis Techniques
The raw was collected through questionnaires analysed using SPSS version 25.0. First, we performed descriptive statistics to analyse respondents' demographic profiles such as age, gender, race, religion, living with, living status and household size. The second, descriptive statistics were employed to find barriers to education experienced by street children. All the

outputs obtained in this study were presented in the form of a percentage, standard deviation (SD) and mean, see Table 1 and Table 2 below.

Research Ethic
The participation of the respondents in this study was on a voluntary basis. As they are still underage, the researcher has received consent from the parents, and. guardians to recruit these children as the study respondents. To ensure this study followed the high standards of excellence and morality in the research activities, the researcher has employed the Code of the Research Ethics University of Malaya (CREUM). Under CREUM, all research conducted by UM researcher must follow codes of ethical guidelines for research involving human participants to ensure the conducted study were not touches on the context of national security, sensitive issues mean any issue that can cause prejudice, hatred, enmity or contempt between or towards any ethnic or religious group and can affect public safety, national security and/or the integrity of the Government and is generally connected with the following acts or behaviour (University of Malaya, 2013).

Findings and Discussion
Demographic Profile
Table 1 displays the demographic profile of the respondents in this study. The descriptive analysis found that the majority of 199 (55.3%) respondents in this study were female, and 161 (44.7%) of the respondents were male. The range of age of respondents in this study was between 9- to 17-year-old. The researcher decided the age of 9 years old as the minimum age limit because, at this level of development they can think concretely and can make a realistic assessment; compared to younger children (Papalia et al., 2004). For the state, this study involved 180 respondents from Kelantan, 90 respondents from Kuala Lumpur, and 90 respondents from Selangor. The majority of 183 (50.8%) of the respondents in this study were from low-income families. In Malaysia, households are considered poor when their monthly income is below RM4,850 (USD$1139.00) (Romeli, 2022). A total of 351 (97.5%) respondents in this study go to school, and another 9 (2.5%) of the respondents reported they were not going to school.

Table 1
Demographic Profile of the respondents

Gender	Number	Percentage (%)
Female	199	55.3
Male	161	44.7
Total	***360***	***100***
Age	**Number**	**Percentage (%)**
9-12	119	33.3
13-15	102	28.1
16-17	139	38.6
Total	***360***	***100***
State	**Number**	**Percentage (%)**
Kelantan	180	50
Kuala Lumpur	90	25

Selangor	90	25
Total	**360**	**100**
Family income	**Number**	**Percentage (%)**
<1000	66	18.3
1001-2500	183	50.8
2501-3500	60	16.7
3501-5000	39	10.8
5001>	12	3.4
Total	**360**	**100**
Schooling status	**Number**	**Percentage (%)**
Yes	351	97.5
No	9	2.5
Total	**360**	**100**

Social Services Deprivation

In this study, the percentage was used to determine the level of social services deprivation experienced by children as employed by previous researchers and scholars namely (Gordon et al., 2003; Bradshaw and Main, 2012; Barnes, 2009; Watson et al., 2012; Swords et al., 2011; Saunders and Abe, 2010; UNICEF, 2013; UNICEF, 2007; OECD, 2009). As shown in Table 2, the social services deprivation scale used to determine the level of social services deprivation is divided into five (5) scales namely very critical (81%>), critical (75-80%), moderate (40-74%), low (1-39%), and not experience deprivation (0%).

Table 2
Social Services Deprivation Scale

Percentage (%)	Social Services Scale
81>	Very critical
75 - 80	Critical
40 - 74	Moderate
1 - 39	Low
0	Not experience deprivation

Table 3 shows that the total deprivation for social assistance is 60.9% which is moderate deprivation. All the items in social assistance domains namely financial assistance (68.9%), tablet and computer assistance (61.9%), and student financial aid (51.9%) also show a moderate level of deprivation. Although the findings show all the items in the social assistance domain in moderate deprivation, the respondents are still considered living in deprivation. Social assistance is a part of social welfare that is crucial for child development and is needed to reduce the impact of poverty and exclusion (UNICEF, 2023). In Malaysia, the government has provided various types of social assistance for vulnerable and marginalised children such as cash transfers, subside, Additional Food Plans (*Rancangan Makanan Tambahan*), School Free Milk, Subsistence Allowance, free tablet, and free book text. However, based on this finding, Malaysian poor children still experience moderate deprivation although the Malaysian government has provided various types of social assistance. This situation might be influenced by another factor such as poverty measurement used by Malaysia's government as an indicator to target benefits and assistance to children. The Poverty Threshold (PT) or Poverty Line Index (PLI) was used in Malaysia to determine the number of

households with children living in poverty. The data from PT or PLI will be used in benefits or assistance delivery to children living in low-income households. However, targeting benefits and assistance to a small number of poor children rarely do much to reduce child poverty and deprivation. Inclusive and universal benefits and assistance to middle-income families and working families will deliver better poverty reduction results (Barrett, 2019). Furthermore, it will reduce the level of social services deprivation.

Table 3
Findings for Social Services Deprivation

Items for Social Services	(%)
Social Assistance	
Financial assistance	68.9
Tablet and computer assistance	61.9
Student financial aid	51.9
Total deprivation	***60.9***
Insurance protection	
Insurance protection scheme and investment	46.9
Total deprivation	***46.9***
Food and nutrition assistance	
School food aid	48.9
Free milk aid	48.6
Total deprivation	***48.7***
Banking services	
Investment account	65.3
National Education Saving Scheme (SSPN)	62.8
Personal bank account	35.3
Total deprivation	***54.4***
Healthcare services	
Dental and health treatment	31.7
Immunisation and vaccination	29.4
Total deprivation	***30.5***
Educational services	
Additional class	43.3
Counselling services in school	27.5
Life and social skill training in school	23.9
Religious education	22.5
Total deprivation	***29.3***
Facilities services	

Public library	45.8
Child activity centre	43.6
School bus/van	39.7
Nearest shop	22.2
Clean water	16.4
Total deprivation	**33.5**
Total overall deprivation	**43.4**
	27.0

A total of 54.4% of respondents experienced a moderate level of deprivation for banking services. In banking services domains, the investment account (65.3%) and National Education Saving Scheme (SSPN) (62.8%) show moderate deprivation, whereas the item of personal bank account (35.3%) shows a low level of deprivation. All these items are important savings and investments for the children's future education. As shown in table 3 food and nutrition assistance (48.7%) shows a moderate level of deprivation with all the items namely school food aid (48.9%), and Free milk aid (48.6%) showing a low level of deprivation. School food aid and Free milk aid is an initiative by the government of Malaysia to improve the health, physical, and eating habits of poor and underprivileged children in primary school (Ministry of Education Malaysia, 2023). Insurance protection (46.9%) also shows a moderate deprivation level. Insurance protection such as medical insurance is the most important service for children. Usually, children are covered by insurance protection primarily through their parents. Another domain that needs to be highlighted in this paper is facilities services (33.5%), healthcare services (30.5%), and educational services (29.3%) where all these domains show a low level of deprivation. Healthcare services are a child's fundamental right and crucial for their development and well-being (Zdunek et al., 2019). In Malaysia, free medical check-ups, vaccination injections, and dental check-ups will be given to children to protect them from acute diseases (Sabri, 2016). As displayed in table 3, children in this study experienced a moderate level of social services deprivation (43.3%). The level of deprivation shown in this study is not satisfied due to many of them still experiencing social services deprivation. Therefore, reliable intervention programs must be formulated to minimise the level of social services deprivation, as well as to improve their social well-being.

Suggestion and Conclusion

The main objective of this study is to measure social services deprivation experienced by Malaysian poor children. In total, children who participated in this study experienced moderate social services deprivation. Moderate social services consider living deprivation and potentially become critical deprivation if no action is taken by the government. Based on this finding, the researcher has suggested two important intervention programs that potentially reduce the level of social services deprivation. There are as below:

Universal Social Protection for Children

The suggestion of universal social assistance for children is based on the provision of the findings in this study. The percentage shown in table 3 shows that social assistance is the highest percentage of deprivation experienced by poor children in this study. Therefore, the researcher considered universal social protection as an intervention program for reducing social services deprivation. Universal social protection means that "everyone" is "covered" and not just some members of society (Gentilini et al., 2019). Universal social protection

covers multiple types of social assistance from child benefits, access to better food and nutrition, improved access to educational services, social insurance, and child support (Rutkowski & Ortiz, 2016). Thus, the researcher would like to suggest that universal social protection can be an alternative social program to minimise the impact of social services deprivation and poverty on children.

Social Recreational and Facilities for Children

Although social recreational and facilities services show a low level of social services deprivation. Somehow, this service is crucial in improving well-being and minimising the involvement of children in antisocial behaviour. According to Abu Bakar Ah et al (2021), every single housing area or village should be equipped with social recreational facilities such as a one-stop centre, parks, green space areas, and activity centres for children to stop after school hours, and during school holidays. The centre can be a place for children to learn, study, remedy their learning deficit, and improve their behaviour. The centre can be a place for children to get essential services such as medical, legal, and psychosocial services that could improve their social well-being. For example, in Malawi, One-Stop Centres (known as 'Chikwanekwanes') have been established by the Department for International Development, the Ministries of Health, Social Welfare and UNICEF. This one-stop is to provide medical, legal, social welfare and counselling services for vulnerable children (Mulambia et al., 2018). These services could help children to get essential services such as medical, welfare, and legal services. Yet, it could facilitate children to understand their rights, play with their peers, and learn under adult guidance such as social workers, teachers, counsellors, nurses, paediatricians, and police.

Based on this explanation, the researcher concludes that social services are among the important needs for children for their development and well-being. Intervention programs proposed in this study can be alternative programs which can minimise the impact of deprivation experienced by poor children. Collaboration between organisation and agency is required to ensure proposed intervention programs are successfully implemented.

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