



From Policy to Practice: Assessing Governance Effectiveness in Childcare Centres for Children with Disabilities

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Abstract. The governance of childcare for children with disabilities is a critical determinant of inclusivity, social justice, and national resilience. Despite Malaysia's progressive policies under the Malaysia MADANI and Persons with Disabilities Act 2008, implementation gaps persist between policy design and actual practice at childcare centres. This paper assesses governance effectiveness in Malaysian childcare institutions for children with disabilities by examining institutional structures, caregiver challenges, accountability mechanisms, and inter-agency coordination. Drawing comparative insights from Singapore, Sweden, and Japan, the study finds that while Malaysia's policy framework reflects strong normative commitments, governance effectiveness is constrained by fragmented implementation, insufficient caregiver training, and weak regulatory monitoring. The paper concludes by proposing an integrated governance model emphasizing collaboration, capacity-building, and outcome-based evaluation aligned with SDG 4 (Quality Education) and SDG 10 (Reduced Inequalities).

Keywords: Governance effectiveness, Childcare, Disabilities, Inclusive Education, Malaysia MADANI, Caregivers, Policy Implementation.

1 Introduction

Inclusive childcare is a cornerstone of equitable education and human capital development that should be in the socioeconomic development policy of all countries in the world. According to estimates released by the WHO, it was found that almost 10 percent of the population in a country are people with disabilities (OKU). However, in Malaysia, an estimated 4.8 million people are disabled and an estimated 589,000 children under 18 live with disabilities[4]. These children require specialized care and adaptive learning environments to ensure full participation in education and society. The Persons with Disabilities Act 2008 (PWDA 2008) which has been introduced in line with the UN Convention on the Rights of Persons with Disabilities, which fights for the right to equality in various matters. PWDA 2008 legally tries to fight for or preserve the rights of the disabled, emphasizing equality including ensuring the effectiveness of the involvement of the disabled in various matters to meet the needs of life and improve their lives better. Besides *National Policy for*

Persons with Disabilities (2016–2022), and the *Malaysia MADANI* also produce a framework that articulate national commitments to inclusivity and welfare protection for person with disability, including children. However, translating these commitments into effective governance at childcare centres remains a challenge.

Governance effectiveness in this context refers to how well institutions implement, coordinate, and monitor policies aimed at inclusive childcare service delivery [7]. It involves transparency, accountability, stakeholder participation, and resource efficiency with a strong emphasis on inclusion, accessibility, and quality. The gap between policy formulation and on-ground implementation continues to hinder the quality of education and care for children with special needs.

Despite Malaysia's progressive legal and policy frameworks related to persons with disability such as PWDA 2008 and National Policy for Persons with Disabilities (2016–2022) as well as Malaysia MADANI, focus on the specific policy and regulation directly to children with disability is still limited. Persistent issues have been highlighted such as inadequate staff training, low caregiver to children with disability ratios, lack of specialized equipment, and weak inter-agency coordination [10], [13], [8]. These gaps reveal a mismatch between policy aspirations and practice realities. Furthermore, the implementation of inclusive childcare is often left to individual centres, NGOs, or private initiatives with limited oversight and accountability. Therefore, this study tries to identify governance mechanisms in translating Malaysia's childcare policies for children with disabilities into practice and the challenges confronting childcare centres and caregivers in delivering inclusive care and education. The discussion will also include a benchmarking of Malaysia's governance arrangements against selected international comparators such as Singapore, Sweden, and Japan to distill transferable lessons. Therefore, to conclude and propose an integrated governance model for inclusive childcare that is explicitly aligned with the Malaysia MADANI values and the Sustainable Development Goals (SDGs).

2 Literature Review

2.1 Governance and Policy Implementation

Governance refers to “the traditions and institutions by which authority is exercised”. In the childcare context, governance effectiveness encompasses policy coherence, stakeholder coordination, transparency, and accountability mechanisms. The UNICEF framework emphasizes that effective childcare governance integrates national policy, intersectoral coordination, and capacity-building for caregivers [21].

In Malaysia, multiple agencies such as the Department of Social Welfare (JKM), Ministry of Education (MOE), and Department of Community Development

(KEMAS) share responsibilities, creating overlapping mandates and fragmented service delivery. This “silo governance” weakens monitoring and evaluation.

2.2 Inclusive Childcare and Special Needs Education

Inclusive childcare involves adapting environments, curricula, and teaching methods to meet diverse needs. Inclusion requires structural, pedagogical, and cultural shifts [1]. In Malaysia, childcare centres registered under JKM are expected to follow the *Guidelines for Children with Special Needs (2018)*, but enforcement varies by state; less than 40% of childcare workers have formal training in special needs education, while caregiver burnout remains high due to emotional and physical strain.

2.3 Comparative Governance Approaches (Singapore, Sweden and Japan)

Across high-performing systems, three governance archetypes illustrate how structure, financing, and workforce policy co-produce inclusive childcare outcomes. In Singapore, a deliberately centralized model under the Early Childhood Development Agency (ECDA) consolidates regulation, quality assurance, workforce development, and curriculum guidance within a single authority, reducing policy fragmentation and transaction costs for providers. Licensing and periodic quality audits are coupled with structured professional pathways and targeted subsidies, while the in-preschool Development Support Programme (DSP) embeds early screening and intervention (e.g., learning support, therapy services) into mainstream settings, thereby lowering referral delays and normalizing inclusion within routine pedagogy.

By contrast, Sweden operates a decentralized but tightly coordinated welfare governance regime in which municipalities are legally responsible for universal access and individualized support; strong national steering (curriculum goals, teacher qualification standards, equity-oriented funding) is balanced with local discretion over service configuration. This blend sustains high coverage, early identification, and continuity of support across preschool and compulsory education, with municipal-level accountability for equity and outcomes.

Japan integrates disability education through a differentiated architecture that combines special needs schools, resource rooms, and inclusive placements, underpinned by national statutes (including the Basic Act for Persons with Disabilities, 2011) and earmarked financing. Trained specialists, clear placement criteria, and systematic individualized education planning ensure that supports follow the child across settings, while national prefectural oversight aligns funding with needs. Taken together, these models demonstrate distinct governance levers central consolidation (Singapore), devolved delivery with strong national guarantees (Sweden), and specialized system integration with statutory funding (Japan) that

converge on three common enablers of effectiveness: (i) stable, needs-based financing; (ii) a professionalized workforce with clear competency standards; and (iii) embedded, data-informed mechanisms for early intervention and accountability. These cases demonstrate that governance effectiveness depends on clarity of roles, professional capacity, and data-driven monitoring.

2.4 Diversity of disabled people and their basic rights that need to be known.

Based on PWDA 2008, people with disabilities are referred to as those who have long-term physical, mental (psychosocial), intellectual or sensory deficiencies that prevent their full interaction and effective participation in society. Therefore, PWDA strongly emphasizes equal rights and opportunities which must be emphasized and implemented well and responsibly to ensure that everyone without marginalizing the less fortunate, vulnerable groups such as the disabled (OKU) and children becomes the main agenda. In line with that, in the Sustainable Development Agenda 2030 (SDG 2030) by the United Nations (UN) has also formed 18 main agendas among which the fourth and 10th agendas are supporting to achieve the right to quality education and reduce inequality or rights which is equal regardless of a person's background.

In ensuring that everyone has the right to a perfect and quality life, PWDA 2008 has stated that the disabled also have the right to receive good education on par with non-disabled people. This specific legislation aims to protect the rights, offer equal opportunities and ensure the effective and full participation of the disabled in order to meet their needs and improve their quality of life. In promoting and developing the quality of life and well-being of the disabled, provisions in PWDA 2008, among others, outline the requirements for the government and parties related to granting access to education, which is also in line with the government's policy in the National Social Policy, the National Action Plan for the Disabled, the Education Policy Malaysia and includes the Shared Prosperity Vision 2030 and the 12th Malaysia Plan presented.

2.5 The importance of quality education for all (Quality Education- SDG4)

Education is one of the important agendas that is the main focus in PWDA 2008, where this Act strongly supports the disabled to have the right to access public education services from early childhood or at a primary level to a higher level starting from pre-school education, primary school, secondary and higher or university. In addition, the Act requires education providers whether in the government sector or the private sector to provide appropriate facilities to support their access to education. This includes infrastructure facilities, equipment, teaching materials, teaching methods and other forms of support needed to meet their needs. This is in line with

international standards such as UNESCO (1994) which emphasizes inclusive education, which was introduced in the Malaysian Education Act 1996 (1998) along with financial allocations to finance services and appropriate needs among children who have barriers to continue learning [21].

2.6 Inclusive Education without ability discrimination

There is a need to add a larger budget to accommodate the provision of quality Education to disabled children. According to UNESCO, inclusive schools are one of the most effective ways to deal with discriminatory approaches and attitudes towards children with disabilities (OKU). Article 24 of the UN Convention on the Rights of Persons with Disabilities recognizes that education should be accessible "... without discrimination and on the basis of equal opportunities ... in an inclusive education system at all levels ...". However, it cannot be denied that children with disabilities continue to experience different forms of exclusion depending on their disability/disability, background of origin, and culture or class standard of life in which they are. This is one of the main causes that limit the accessibility of children with disabilities to get education services at school [22], [23].

In most countries in Europe, the emphasis on the government's role in formulating and implementing educational policies and governance for disabled children is done in tandem with the development of the governance of the education system for normal children. In Poland, the emphasis on inclusive education for disabled children has been implemented since 1980. They are always looking for ways and place great emphasis on the development of various needs and facilities suitable for disabled children to ensure that disabled children do not drop out and are marginalized. There is an important and urgent need to establish a special body who can be facilitators in developing inclusive education for disabled children. They have also found that parents have used various methods to enable their special children to get a good education, either in special schools or in mainstream schools. There is still a lot to be done in helping disabled children so that they do not continue to be marginalized in getting quality education. Teachers are an important focus in ensuring education for disabled students where their professional development training needs to be emphasized. They also face the stigma of the impact of society's views on their careers and this leads to suggestions to improve the weaknesses in the inclusive education policy.

In addition, there are various forms of research that have been conducted on the inclusive education of disabled children, the right to education, the challenges of education and others that focus on the child. Therefore, this study tries to see the perspective of governance by policy makers in ensuring that the basic ecosystem for access to education for disabled children needs to be renewed and improved from time to time. The development of strong governance is essential in ensuring that the uniformity and integrity of the implementation is well monitored and evaluated.

Mutual value or agreement and collaboration through is very important to form a good inclusive education involving children with disabilities.

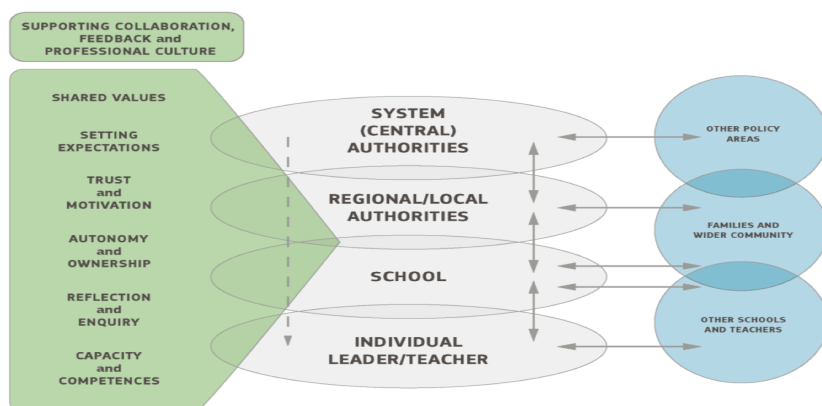


Figure 1: Vertical and horizontal relationships within school education systems with an approach to governance

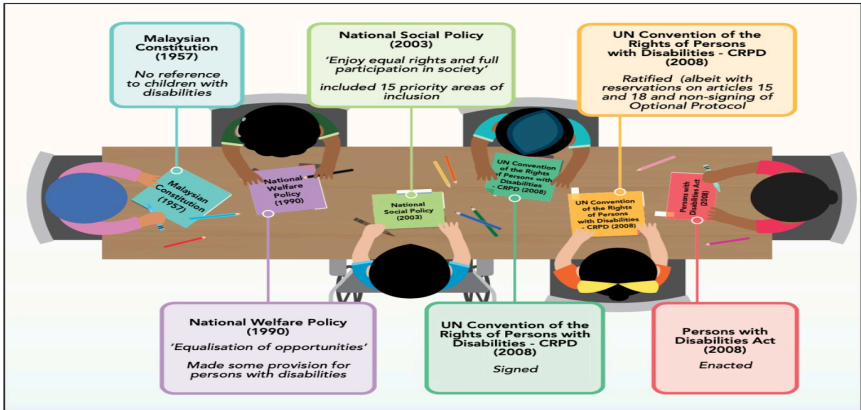
Sources: European Commission's ET 2020 Working Group Schools Report.

Figure 1. Vertical and horizontal relationship within the school education system with an approach to governance.

Referring to the form of good governance in education, the government's role as a policy maker needs to see and develop it carefully, especially for the education of disabled children B40. The uniqueness of the background of their forms of ability and disability will differentiate the need for the required form of curriculum. Various forms of education methods and specific skills of teachers and schools need to be well developed. There are four basic challenges that need to be taken into account in forming a good education governance. Among them are, 1) quality assurance system for the development of the school, 2) continuity and transition in the continuous development of students, 3) teachers and school leaders as a learning organization where there is a policy that encourages collaboration among teachers in improving their abilities them to develop education, and 4) networks for learning and development across school education systems that open up more participation from stakeholders. This method, as shown in Figure 1, can be used to form a more innovative educational governance framework through a chain of intelligent collaboration between schools, policy makers, professionals, parents/families, NGOs and various other stakeholders. Apart from that, all these methods need to be

implemented at the governance level of the policy maker or government because it involves the cost of specific allocations and expertise to produce them inclusively and achieve national or international education quality 'standards'.

Rajah 7: Dasar -Dasar dan Undang-Undang Tentang Orang Kurang Upaya (OKU)



Diadaptasi daripada: UNICEF Malaysia (2019, ms.2)

Figure 2. Policy and Regulation related to Person with Disability.

3 Methodology

A qualitative approach was utilised that gathered information related to governance of childcare of children with disability. Semi-structured interviews with six purposively selected stakeholders, which are centre managers, frontline caregivers, and parents of children with disabilities had been carried out to capture operational, regulatory, and user perspectives across the service chain. Besides, a basic comparative approach was employed to examine governance effectiveness at selected childcare centres for children with disabilities in Malaysia, compared against international benchmarks (Singapore, Sweden, Japan).

4 Findings And Discussion

Malaysia’s dispersed governance architecture where Ministry of Women, and Community Development (KPWKM) steers policy, Department of Community Welfare (JKM) conducts regulation and inspection and Ministry of Education (MOE) shape education and skills pipelines, and service delivery rests with TASKA OKU,

PDK, NGOs or other private providers will translate directly into centre-level behaviours characterised by high autonomy but uneven systemic support.

Interviews and survey from six respondents indicate that limited data sharing and overlapping mandates create a permissive implementation space with few shared benchmarks; as a result, 66.7% of centres report operating with their own education module/approach, of which 75% are self-developed (signalling adaptive problem-solving), 50% incorporate government-certified modules (partial standardisation), and 25% draw on peer-adapted modules (horizontal diffusion without fidelity assurance).

The interview with the respondents also highlight to a structural dynamic in which a very thin inter-agency coordination and non-interoperable data systems create a wide zone of implementation autonomy for all childcare centres of children with disability (TASKA OKU). The existing autonomy is only unevenly supported by technical guidance, funding predictability, or shared benchmarks. The providers (TASKA OKU) repeatedly described difficulties accessing consolidated information on eligibility for subsidies, training pathways, and compliance expectations across the Ministry of Women, and Community Development (KPWKM), Department of Community Welfare (JKM) and Ministry of Education (MOE). In this vacuum, managerial discretion becomes the default driver of programme design and quality assurance at the centre level.

This dynamic is visible in pedagogical choices. Fully 66.7% of centres report using a centre-specific education module/approach; within this group, 75% self-develop modules (signalling agile adaptation to local needs), 50% adopt government-certified modules (partial standardisation), and 25% adapt peer modules (horizontal diffusion). While such diversity can foster innovation, it also introduces variance in instructional fidelity for example, the extent to which IEP cycles are time-bound, the systematic use of AAC/UD strategies, or the integration of therapy into classroom routines. In the absence of a national standards spine and routine outcomes reporting, these locally crafted solutions are difficult to compare, replicate, or improve at scale.

At the organisational layer, findings from the interview indicate that the governance inside centres looks comparatively strong. 83.3% of the respondent report a dedicated board, 50% hold monthly management meetings, and 100% maintain written policies. Several providers even commission external audits beyond routine JKM inspections, using parent feedback and third-party assessments as surrogate accountability mechanisms. These are classic procedural controls that stabilise operations, clarify roles, and surface risks. They also reflect latent demand

for stronger system-level assurance: where external steering is fragmented, centres construct their own oversight architecture to manage reputational and safety risks.

However, procedural strength does not guarantee instructional coherence. Without common metrics for example in measuring the achievement, proportion of goals met/partially met, safety and medication indicators, and a shared data layer to enable benchmarking, learning remains individual and not standardise which can't be generalise between each other.

The system therefore shows what we term as “governing in the gaps”, which means providers compensate for coordination deficits with internal controls, yet pedagogy and service quality diverge because the “glue” of standards, data, and targeted technical assistance is very thin. This also helps explain persistent constraints facing by the respondents, which include financing volatility, shortages of skilled staff, and inconsistent community support. This obstacles of which requires systemic solution approach rather than to base on centre-specific solutions that faces by each centre.

The implication is not to suppress local initiative but to scaffold it. A practical response pathway, supported by the pattern of results, is threefold: (i) institute a standards-based inclusive early years framework that preserves local module development while anchoring it to explicit requirements on Individualised Education Plan (IEP) cycles, Augmentative and Alternative Communication (AAC)/ Universal Design, in early years settings (UD) use, and therapy integration; (ii) deploy a JKM-led quality and data platform for termly reporting on a small set of outcome-oriented indicators, returning comparative dashboards to centres; and (iii) align financing and workforce policy which needs-weighted per-child add-ons and stackable micro-credentials with funded release time, which to address the binding constraints most frequently cited by providers. Under these conditions, centre-level diligence can translate into comparable, accumulative, and equitable improvements across the ecosystem.

Table 1. Comparative Insights (Malaysia, Singapore, Sweden and Japan).

Dimension	Malaysia	Singapore	Sweden	Japan
Governance Structure	Fragmented, multi-agency	Centralized under ECDA	Decentralized but integrated	Centralized with local adaptation

Training Requirement	Limited, non-mandatory	Mandatory ECDA certification	Bachelor-level early education degree	National teacher licensing system
Funding Model	Partial government subsidy, NGO reliance	Full subsidy for low-income families	Universal welfare model	Government and municipal co-funding
Accountability Mechanism	Weak enforcement	Annual audits & quality assurance	Performance-based municipal reviews	National evaluation reports
Parental Involvement	Limited	Structured parental committees	Active parent–municipal cooperation	Integrated family support programs

The comparative table 1 above, delineates four basic coordinating logics that influence the quality of inclusion across systems. The fragmented, multi-agency framework in Malaysia, which the policy related to TASKA OKU is managed by KPWKM at the federal level., regulation by JKM, training divided between MOE/JPK, and service delivery by various providers that refer to the TASKA OKU providers, which then results in an inconsistent implementation of policy into practice. This is particularly indicated that limited training and non-mandatory subsidies or funding are incomplete with dependence on NGOs, and enforcement focuses primarily on compliance rather than outcomes. Besides, parental involvement exists but is infrequent and limited involvement.

In contrast, Singapore's single-agency model under the Early Childhood Development Agency (ECDA) centralises rule-setting, workforce pathways, and curriculum guidance, facilitating mandatory certification, needs-based subsidies that significantly lower cost barriers for low-income families, regular audits and quality assurance cycles, and organised parental committees an arrangement that reduces fragmentation and expedites the transition from screening to support. Sweden exemplifies how decentralised yet standardised welfare governance can ensure universal access: municipalities bear legal responsibility and are funded through a universal model, teacher qualifications are at the degree level, accountability relies on performance-based municipal evaluations, and parents engage through robust local democratic mechanisms, resulting in flexibility at the point of delivery while upholding equity guarantees. Japan integrates centralised standards with localised adaptation: a national licensing system professionalises the workforce; co-financing from central and municipal governments stabilises resources; national evaluation reports maintain oversight; and comprehensive family support is incorporated around

educational placement options (special needs schools, resource rooms, inclusive classes).

The differences of governance structure and other things from Singapore, Sweden and Japan suggest that Malaysia's average results are attributable not to a deficiency in policy intent, but rather to the absence of a standards framework (required training and outcome measures), reliable needs-based funding, and established parental collaboration. Incorporating aspects from these comparators, ECDA-style consolidation for quality assurance, Sweden's universal financing with local accountability, and Japan's licensed workforce alongside national reporting, would facilitate Malaysia's transition from rule compliance to performance-oriented, and family-centered inclusion.

5 Conclusion

Malaysia's childcare governance for children with disabilities (TASKA OKU) is organized across multiple loci of authority: policy is principally formulated by the Ministry of Women, Family and Community Development (KPWKM); regulation and inspection are undertaken by the Department of Social Welfare (JKM); workforce development and pedagogical guidance sit with the Ministry of Education (MOE) and the Jabatan Pembangunan Kemahiran (JPK); and day-to-day implementation rests with a heterogeneous provider landscape comprising TASKA OKU, community-based Pusat Pemulihan Dalam Komuniti (PDK), and private centres. In practice, this dispersion produces a brittle coordination equilibrium. Data systems are siloed in terms of registration, inspection findings, IEP progress, and workforce credentials are rarely interoperable, while mandates overlap (e.g., curriculum advice versus licensing compliance). This indirectly will cause transaction costs for providers and blurred accountability for outcomes. Financing streams are likewise fragmented across subsidies, ad hoc grants, and charity or CSR contributions, leaving centres, especially PDKs and small TASKA OKU dependent on NGOs and community initiatives to fill gaps in assistive technology, therapy inputs, and staff upskilling. Local governments (via planning and building approvals) add another layer of procedural compliance without a parallel mechanism for instructional quality assurance. The net effect is a system that relies on provider ingenuity to stitch together services, resulting in uneven capacity and variable quality across settings; stronger interagency data-sharing, a shared standards spine, and predictable needs-based funding are therefore preconditions for translating Malaysia's policy commitments into consistent, equitable practice.

Basically, Malaysia has established a strong policy foundation for inclusive childcare through its legislative and strategic frameworks. However, governance effectiveness remains constrained by fragmented coordination, capacity limitations, and inadequate accountability mechanisms. Lessons from Singapore, Sweden, and Japan underscore

the importance of centralized coordination, professional training, and outcome-based evaluation.

Strengthening governance requires moving from compliance-based regulation toward performance-oriented accountability and cross-sectoral collaboration. In the spirit of Malaysia MADANI, inclusive childcare governance must embody values of *ihsan* (compassion), *amanah* (trust), and *keadilan* (justice) to ensure that every child regardless of ability has access to quality care and education.

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