"COMMUNITY DEVELOPMENT PROGRAMMES (CDP's): AN ASSESSMENT OF CDP's FOR THE SENIOR CITIZENS IN KUALA LUMPUR"

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ABSTRACT

Scholars have defined community development as a process, methods, programmes, movement, and paradigm which lead to social change. It is crucial for urban population as it encourages community participation in designing and implementing Community Development Programmes (CDPs). This study focuses on senior citizens from low and middle income community in Kuala Lumpur. The intention of the study was to examine the CDPs conducted by Kuala Lumpur City Hall (KLCH), identification on the issues and challenges and evaluates the impacts of CDPs implementation on the senior citizens. This study will focus on CDPs for senior citizens as this group fabricates the composition of the population in Kuala Lumpur. This study employs a mixed method approach; a combination of both quantitative and qualitative research. From the findings, 100 per cent from the respondents have involved in CDPs and are interested to join again in the future. Senior citizens in those areas ranked the physical facilities at their surroundings at satisfactory level. In selection of CDPs, these group more interested in financial assistance programme, programmes that lead to social bonding and religious activities. As a CDPs providers and supporters, KLCH faced several challenges in CDPs implementation namely financial constraint, lack of expertise, lack of cooperation and involvement from various parties. As a change agent, KLCH has successfully delegate to the community the opportunities to design and create CDPs that fit for the senior citizens. In a nutshell, CDPs for senior citizens in Kuala Lumpur has give a positive impact and need to be sustained.

Keywords: Community development programmes, impact, issues and challenges and senior citizens,

INTRODUCTION

Kuala Lumpur is known as the capital city of Malaysia that comprises of several ethnics namely Malay, Chinese, Indian and others. This divergence creates a population that are characterised by various backgrounds. The society has created a group of community that differs in terms of ways of life, culture and thinking. As of 2010, Kuala Lumpur is occupied by 1 681 591 people (http://www.epu.gov.my, 2010). The population density has created an environment where many problems exist within the society. It demands a strategic cooperation between the government and the society to create a better community in the city. One of the solutions is to have a community development Programmes (CDPs) that can create positive changes to the community. It is undeniable that, the roles of various parties are needed and community participation is vital in creating successful CDPs.

Community development nurtures collective action, challenging discrimination, actively involves and empowers traditionally marginalised members of the community. It

begins with the experiences and perspectives of communities themselves, enabling them to define their own needs and to set their own agenda (SCCD, 1992: Crowley, Green, Freake and Drinkwater, 2002). Community development requires community involvement and participation from the early stages until its implementation. Community involvement through consultation process is the main method of identifying key local concerns and issues. Initial needs assessment in United Kingdom indicated a demand for citizen participation rather than consultation. Through networking with the community, information about local concerns can be generated. As an example, by identifying the needs of community in Newcastle, United Kingdom, it created awareness on particular perspectives and issues especially in relation to the needs of minority groups; it brought the voice of the people out there closer to the government. The community in Newcastle preferred programmes of action which encouraged local people involvement rather than consultation programmes. This focus has shifted from a model of consumers' services responding in terms of their own personal needs, towards a more active and more collective role for people in the process of shaping services (Crowley et al, 2002). Similar cases exist in West Ireland as the community interaction has resulted on various community needs identification. The tight groupings of families, friends and neighbours have formed informal social support system among them (Brennan, 2007).

In explaining the citizens participation in designing the CDPs, Figure 1.1 displays the concept of eight rungs on the ladder of citizens' participation proposed by Arnstein (1970). The model constitutes eight level of citizen participation starting from manipulation to the citizen control. In the level on non participation, the citizen has no control in the programme as the programme was done by the local authority. In the level of tokenism, people may voice and give their opinion in what they need, but the local authority still in control. In the citizen power, the citizen was in control and has power in decision making. It is a phase where citizens were fully participated in the programme and in charge in it through partnership, delegated power or decentralisation and citizen control.

Figure 1.1: Eight Rungs on the Ladder of Citizen Participation
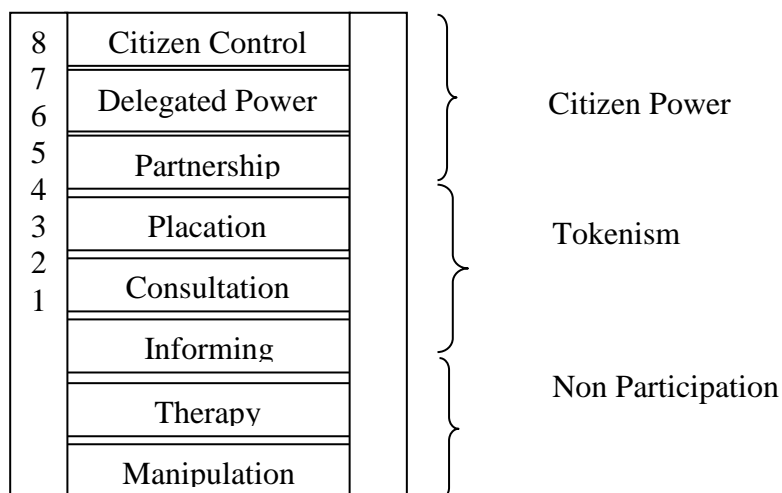
Community Development Defined

Community development can be defined as a process, method, programmes and movement (Christensen and Robinson, 1980). MacIntyre (1997) states community development as a paradigm by referring it as something new. Thus, community development is a process of social action at local level that is generated through various programmes, using methods for helping people and involving social movement from the

networking and cooperation resulted from community development. At the same time, community development has often been promoted as a simple "grassroots", "bottom-up" approach towards social change. The social change is about the lasting shifts in economic, social and political structures and rearrangements in role patterns and relationship between and within them. However, prerequisite in the successful of community development is the desire of the community to change and to make themselves better. It is not easy as it need influences on human behaviour for achieving lasting change (Lagassé, 1961: MacIntyre, 1997). The communities need to have determination and intention to change for the social changes to take place. As mentioned in the Holy Qur'an:

"Allah changeth not the condition of a folk until they first change that."

(Surah Ar'Ra'd, Verse 11).

The summary of various authors and scholars on the theory of the Community Development Process are presented at Table 1.1. United States International Cooperation (1956); Fischer (1989); Cawley (1989); Wan Azmi (1992) and Tamas (2000) agreed that assessing the community and identifying community needs are crucial in the CDPs process. Some scholars was then stress on the importance of evaluation at the end of CDPs process. The evaluation appears at the CDPs process as proposed by Ficher (1989); Wan Azmi (1992) and Tamas (2000).

Table 1.1: Authors Discussion on the Facet of Community Development Process

Sources	Community Development Process
United States International Cooperation (1956)	- Identify community problems and needs - Plan and conduct activities together using available community resources
Cawley (1989)	- Awareness of the process - Identifying needs - Setting goals - Planning actions - Taking actions - Completion and consolidation
Fischer (1989)	- Assessing the needs of the community - Establishing goals - Determining objectives - Considering alternatives - Deciding on a course of actions - Implementing action - Documenting and evaluating
Wan Azmi (1992)	- Accumulate the information - Identifying needs and problems - Support the community - Set the programs and projects objectives - Evaluation and assessment - Record
Shatar (1999)	- External stimulus(government and agencies involvement on CDP) - Preliminary CD process (external stimulus) - People involvement - Primary CD process

Tamas (2000)	- Successful implementation of projects
	- Assessing the community
	- Selecting development goals
	- Planning a strategy to reach those goals
	- Carrying activities to achieve goals
	- Evaluating progress

There are several problems in community development implementation. First, there are limited of freedom to act independently (Abbott, 1996). Communities in urban areas are increasingly constrained in their freedom of action by bureaucracies and by external economy forces. In Malaysia, the development planning is a top-down approach rather than bottom-up approach. It contradicts with the democratic process by which the community must be involved in starting up a programme. Even though the top-down approach has raise the standard of living in the society but it caused certain segment of the community being marginalised and remains neglected. The limited community involvement has created vulnerable groups in the society (Tan and Ng, 2006: Wong and Tey, 2006).

Second is the misinterpretation between the communities and the government that creates problems in their relationship. Communities are actually being manipulated by the government. As a result, the communities are being disempowered, disenfranchised, embittered or disillusioned. It can be solved through external assistance to identify, plan and organise remedial action (Abbot, 1996).

Third, there was less community organisation initiated by the government in pioneering the community development programmes. These organisations only focus in specific projects that fall under their capacity and interest. As a result, only a handful of people are involved. Other problems are as follows; the activities are ad-hoc in nature, one organisation is more active than others and those organisation are too relying on government and external funding (Tan and Ng, 2006; Wong and Tey 2006).

CDPs implementation must be started with the community needs assessment and ended with programme evaluation. These two prerequisite can guarantee the sustainability of the programmes. As CDPs are implemented on the community, their needs fulfillment is crucial as the outcomes from the programmes the community changes. Those changes will be realised if only the right programmes are imposed on the community. The evaluation will take place at the end of the programmes to evaluate on its viability and improving the CDPs

Senior Citizens and the Needs for CDPs

Malaysia will be estimated to have 3.3 million Malaysians aged 60 years and above in the year of 2020. As of 2000, the population of Malaysian elderly was 1.4 million and it has increased by 6.3 percent since 1970 (Mafauzy, 2000). The increasing numbers of senior citizens remarks the ageing population in a country especially when it outnumbered the young generation. Malaysia is not alienated from have to spotlight the issue regarding the ageing population. Tengku Aizan & Nurizan (2008) defined older population as non-homogenous group. They are different based on gender, experiences, social economic background, social class, ethnicity, religion, and in spatial and geographical location. The diversity of the older population may affect the provision and accessibility of care. In a plural society like Malaysia, these differences are reinforced by the different rate of ageing amongst the major ethnic groups. The diversity

also influences the kind of planning that should be made to cater for their current and future needs.

In Kuala Lumpur, there are 124 952 senior citizens aged 60 years old and above. 50.8 percent are male and 49.2 percent are female (http://www.epu.gov.my/pdf , 2010). The aged population increment has a direct relation with urbanisation process and it has increased the demand on health and social services among the senior citizens (Mafauzy, 2000). Furthermore, a study by Malaysian Welfare Department (2001) found that 51.4 percent of senior citizens in urban areas feel that the government has not fulfilled its role sufficiently or sufficient in its social responsibility to the society. It includes in the aspect of caring for the older person, public housing, educational opportunities, public health care and social security responsibility. From the data, it is perceptible that proper CDPs were crucial in fulfilling the community needs and to mitigate with social issues among urban community. Table 1.2 provides various programmed designed for the senior citizens in various countries. It can be concluded that different programmes are needed to make sure senior citizens are felt appreciated and the current government at various nations do acknowledged the roles and functions of the elder as the generation that shaped the nations development.

Table 1.2: Summary on Programmes for Senior Citizens

Programmes	Nations	Types of Programmes
Financial	Singapore Malaysia Korea	Financial assistance through private network. *"Skim Bantuan Warga Tua".* Public Pension Programme, Public Assistance Programme, Old Age Allowance.
Leisure and Recreation	Singapore	Grandparents Day, Senior Citizens Week, Model Grandparents, Active Senior Citizens Award, Senior Citizens and retiree clubs.
	Malaysia	Senior Citizen Day, *"Kelab Warga Tua"*, Day Centre for Senior Citizens.
	Korea	Elderly Week and Day of Elderly (2nd October), special award for filial family, Community Senior Centre/*Kyundrodang*, Multipurpose senior centre.
	Thailand	Elderly day, Family Day, Senior citizens club Service Centre for elderly
Health	Singapore Malaysia Korea	Eldercare Fund. Health Centres for senior citizens Livelihood Protection Programme. Community Visiting Nurse Programme
Employment	Singapore	People for Jobs Traineeship Programme, STEER Programme, Back to Work Programme.
	Malaysia	Reemployment for the retirees.
	Korea	Elderly Job Placement Centre, Elderly Workplace, Elderly Employment Promotion.
Education	Singapore Thailand	Programs on Respect for Elderly Non Formal Education for elderly, Education and Training for the health personnel and caregivers.
Social Integration	Singapore	Housing programmes by Singapore Housing Development Board, Active Senior Programmes. Free Barriers Housing
	Malaysia Korea Canada	Encourage volunteerism, Housing design programmes (ease of access, elder-care facilities, and design). Elder Friendly communities Programme (EFCP).

Methodology

This study employed both quantitative and qualitative approach known as mixed methods (Creswell, 2003 and Wayt, 2008). Mixed method will allow earlier methods to guide the development of later methods and in order to triangulate findings (Greene et al., 1989; Reardon, 1998: Seonhee Jeong, 2008; Creswell and Clark, 2007: Wayt, 2008; Wright, 2008). Creswell and Clark (2007) state the advantage of mixed method is to directly compare and contrast quantitative statistical results with qualitative data. Through this study, questionnaires, interviews and observation were used as the primary source of data, while books, journals, government publications and reports, newspaper and previous studies were used as a secondary data.

Simple Random Sampling Technique was used in this research, where 50 respondents were randomly selected from three "Kelab Warga Emas" or KeWE that were established and supervised by the Department of Community and Social Development, KLCH. In analysing the questionnaires, SPSS version 11.0 were used. Both descriptive and inferential statistics were used to analyse and process the data. Prior to that, data reliability test was conducted.

Findings

This study involved senior citizens in low cost housing in selected area in Kuala Lumpur. All the respondents in the study are "Malay" and they were selected from three "*Kelab Warga Emas"* or *(*KeWE) namely "KeWE Jalan Siakap" (38 percent), "KeWE Seri Perlis 2" (32 percent), and "KeWE Bandar Tun Razak" (30 percent). 32 percent of the respondents are "male" and the rest are "female" (68%). More than half of the respondents aged "61 to 70 years old" and only 8 percent of the respondents aged more than "71 years old". For this group, their involvements in community development programmes (CDPs) were through activities organised by KeWE. This KeWEs are located within their residential areas and supervised by the Department of Community and Social Development, Kuala Lumpur City hall (KLCH).

Table 1.3: Demographic Profiles

Variables	n	%	Variables	n	%
Race:			**KeWE:**		
Malay	50	100	KeWE Jaalan Siakap	16	38
Non malay	0	0	KeWE Sri Perlis 2	19	32
			KeWE Bandar Tun Razak	15	30
Gender:			**Age:**		
Male	16	32	50-60 Years Old	17	34
Female	34	68	61-70 Years Old	29	58
			>70 Years Old	4	8

CDPs for Senior Citizens under KLCH

"Kelab Warga Emas" (KeWE) is organised by the Department of Community and Social Development for the senior citizens in Kuala Lumpur. KeWE will be a centre for the senior citizens to organise activities, mingle and interact with their friends. Being handled by the officers appointed by KLCH, it was open from 9.00 a.m to 5.00 p.m. The department will provide the place and basic needs such as tables and chairs, newspapers and reading material, exercise equipments such as massage chair and television. The senior citizens and residents associations will have autonomy to decorate the place and having their own activities. Those aged 56 years old and above are invited to join KeWE. There are four fully operated KeWE in Kuala Lumpur, namely; Kelab Warga Emas Sri Perlis II, Keramat, Kelab Warga Emas Jalan Siakap, Cheras, Kelab Warga Emas Bandar Tun Razak and Kelab Warga Emas Sri Labuan Cheras. Those KeWEs are located at PPR housing areas and highly density populated.

Under KeWE, various programmes for senior citizens are organised. For instance, free medical checkup and seminar on health from the Department of Health, KLCH that will be conducted from time to time. There are also exercise and recreational activities like Tai Chi, reflexology and aerobics. In the same time, various indoor and outdoor activities will eliminate the feeling of lonely among the elderly. For example, the senior citizens were brought to the city centre with the public transportation such as Sistem Transit Aliran Ringan (STAR), PUTRA and MONORAIL and visiting places in Kuala Lumpur. Various seminars, motivational courses, religious classes and English Language classes will also be conducted to increase their level of knowledge.

In poverty eradication programmes, the department responsible to channel the distribution of goods and assistance from the government by working together with the Ministry of Housing and Local Government (MOHLG) and private sectors. Financial assistance also will be given to the low income community. The eligible recipient from PPR will receive RM124 for their house renting and special financial assistance during the festive season. The income of the recipient will be monitor by *"Pusat Rahmat"*. *"Pusat Rahmat"* is a unit directly under the Department of Community and Social Development and it was a project conducted under Implementation Coordination Unit (ICU).

The development of housing projects or *"Projek Perumahan Rakyat"* (PPR) was the physical development of CDPs. It changed the landscape of Kuala Lumpur from dwellers and squatters environment. In the record of the department, there were only 5000 squatters area in Kuala Lumpur compare to 30 000 in the 1980's and the target of KLCH was to eradicate the poverty by the year of 2010.

"Program Komuniti Harmoni" was the latest CDP organised by the KLCH. It is a community-based programme and the roles of the department in this programme were as a consultant and logistics providers. The programmes are organised by the community and resident associations and KLCH will only provide the logistics such as tents, tables and chairs for the programme. Financial support came from private sectors and government agencies that participate in the programmes. Among the agencies involved are Jabatan Agama Islam Wilayah Persekutuan (JAWI) and Police Department, Jabatan Kemajuan Islam Malaysia (JAKIM), The Welfare Department, and Agensi Anti Dadah Kebangsaan (AADK).

In summary, there are various CDPs undertaken by KLCH for Kuala Lumpur community which cater various groups. This effort remarks positive efforts by KLCH in changing the landscape of Kuala Lumpur to have a world class community. The objectives of helping and giving assistance to the low income community at the city were to motivate them to have better living conditions.

Problems Encountered by Senior Citizens

The first objectives of this study is to identify the problems faced by the senior citizens which covers problems with the facilities in their residential areas and other forms of problems that may related to the need for CDPs. This is because, to create a CDPs, the identification of problems faced by the target groups are needed.

From the study, it was discovered that most of problems encountered by the senior citizens in those areas ranked at "moderate" level. These include financial constraint, lack of facilities for senior citizens, loneliness and depression, problems in socialising with local community, serious illnesses, and absence of programmes for senior citizens. The moderate level of those problems signifies that CDPs that can cater those problems in these areas are needed and can be improved for the benefit of the senior citizens. Other than that, there are "very low" level for problems such as family conflict and stress and emotional disturbances. It shows that senior citizens in these areas do not encounter serious problems on the elements that may contribute to family and personal conflict. Focusing on loneliness and depression, this study identified that it has relationship with the gender, it means both male and female senior citizens did facing the same problems. As for the stress and emotional disturbances, even though more than 60% respondents ranked it at very low, but, it appears that this problem was associated with the number of family members that they have in house. It shows that number of household may contribute to the stress and emotional disturbances among the senior citizens. As for family conflict, the rate was divided with only 10 per cent and this problem was associated with the senior citizens employment status.

Table 1.4 : Respondents' Responses on their Personal Problems

Facilities	Very Low %	Moderate %	Very High %
1. Financial problems	38	44	18
2. Lack of facilities for senior citizens	24	64	12
3. Loneliness and depression	44	50	6
4. Problems in socialising with local community	36	44	20
5. Serious illnesses	44	46	10
6. Absence of programmes for senior citizens	46	50	4
7. Family conflict	52	42	8
8. Stress and emotional disturbances	62	32	6

For respondent's relationship and social interactions, this study identified that respondents have a very frequent interaction with neighbours and local communities as it was ranked more than 70 percent. But the interaction with the younger generation must be facilitated more as it was only at 40 percent. This shows that there exist low social interactions among the senior citizens with the young generation.

Table 1.5 : Respondents' Relationship and Social Interaction

Relationship and Social Interaction	Very Frequent %	Moderate %	Not Very Frequent %
1. With Neighbours	76	22	2
2. With Local Communities	74	22	8
3. With Younger Generations	40	44	16

The level of interactions and social interaction among the senior citizen was identified to have relationship with their residential areas and KeWE that they attached with. These elements determined how frequent that these two groups of generation interact one another. Thus, programmes that incorporate both the elder and the young generation are needed.

Apart from abovementioned problems, the surroundings and facilities at the respondents housing areas also may contribute to the problems and needs for CDPs. This study identify that senior citizens ranked the surrounding and housing facilities at "very good" level except for leisure and recreational areas, public transportation, parking areas and facilities for disabled that was ranked at "moderate" level and need enhancement. It should be noted that that CDPs comes in two forms; Place-based programmes and People-based programmes. The creation for better facilities and surroundings will lead to the place-based programmes for CDPs.

Table 1.6 : Respondents' Responses on their Surroundings and Housing Facilities

Facilities	Very Good	Moderate	Very Bad
	%	%	%
1. Leisure and recreational area	44	52	4
2. Public transportation	32	52	16
3. Parking area	34	52	14
4. Facilities for the disabled	36	52	12
5. Community hall	58	24	18
6. Hospital/Clinic	52	38	10
7. Mosque/*Surau*	76	22	2

CDPs Needed by Senior Citizens.

From this study, 78 percent of senior citizens did engaged and involved in community activities and programmes in their community areas. It was also discovered that 100 percent did involve with the CDPs organised by the KeWE. Among the programmes joined by the senior citizens are summarised at Table 1.7.

Table 1.7: Types of CDPs Involved by the Senior Citizens

CDPs Involved from open ended questions/interview
1. Religious classes/"smart solat" programmes
2. Healthcare programmes
3. Intervention activities
4. "Tai-Chi" classes
5. Various motivation courses and seminars
6. Field trips to Putrajaya, Petrosains, Pangkor Island and old folks centre
7. Watching movies at Berjaya Times Square
8. Skill enhancement programmes

Apart from the listed CDPs, it was found out that more than 90 percent of respondents choose religious programmes and the creation of active senior citizens association as part of the programmes that suit for senior citizens. The selection for religious programmes was associated with the respondents age while they need an active senior citizens association due to their employment status. Other than that, more than 80 percent of the respondents choose programmes that can create a family bonding, health awareness programmes, field trip, education-based prgrammes, celebration of senior citizens day, financial assistance and home-ownership programmes. Focusing on home ownership programmes, senior citizens choose this types of programmes due to the factors of number of households that they have and their residential areas.

The least favoured programmes would be employment placement programmes. Those programmes were at their interest and was correlated with their age their residential areas.

Table : Types of CDPs Needed by the Senior Citizens

CDPs Needed by Senior Citizens	Interested	Moderate	Not Interested
	%	%	%
1. Active Senior Citizens Associations	94	6	0
2. Religious programmes	90	10	0
3. Field trips	88	12	0
4. Family-bonding programmes	88	12	0
5. Senior Citizen Day	86	12	2
6. Education based programmes	84	14	2
7. Health-based programmes	82	18	0
8. Home ownership programmes	82	18	0

Impacts of CDPs on Senior Citizens

From the CDPs organised by KLCH and KEWE, 90 percent of the participant positively responded that through the programmes, they were able to get new friends, create a good relationship with their children and community, closer to religious practice and activities, having a better health condition, and reduced their feeling of loneliness. This programmes enable them to get new friends due to their long tenure of stay in the housing area. Various religious programmes by KeWE and near to Mosque/*Surau* also led the elder to more close with the religious practice. Other than that, existence of KeWE also has successfully contribute to the reduction of the feeling of loneliness among the senior citizens. All the positive impacts were mostly influenced by their residential areas and KeWE that they attached with. 100 percent from the respondents agreed that CDPs for senior citizens are vital and will support or actively join the CDPs for senior citizens.

Table : Impacts of CDPs on Senior Citizens

Impacts	Strongly Agree	Neutral	Strongly Disagree
	%	%	%
1. Create a good family relationship	96	2	2
2. Create a good community relationship	96	4	0
3. Closer to religious practice	96	2	2
4. Get new friends	94	6	0
5. Reduced the feeling of loneliness	94	4	2
6. Better health condition	90	8	2

4.0   Conclusion and Recommendations

This study has achieved its' research objectives that are to identify the issues in the implementation of CDPs and to assess the impact of the programmes on the community. From this study, several implications were noted. The CDPs had positive impacts on the respondents. It was realised in this study that the CDPs had allowed senior citizens to get new friends, built self confidence and changed their life. In particular, it had created a better family relationship, and reduced emotional-related problems. The impact of CDPs also had relationship with certain variables. For senior citizens, their impacts were based on their residential area and KeWE they attached with. Thus, family institution must be strengthened for the perseverance of positive outcomes. Other than that, KeWE for senior citizens were agreed to be the most practical CDPs for this segment of community. Other than that, the CDPs conducted by KLCH received positive responses from the respondents. They put a great importance in the CDPs as it was beneficial to them and that they agreed to participate in CDPs organised by the KLCH. This strong pledge and commitment was a sign of a strong support of community participation in CDPs.

From the aspect of citizen participation, the level of public participation in the CDPs organised by KLCH is at the level of Tokenism and Citizen Power. Based on the *"Eight Rungs on the Ladder of Citizen Participation",* most of the CDPs organised by KLCH are based on the feedback and opinion given by the community. It means that from the community feedback, KLCH will organise the programme that needed by the community. This is the Tokenism level which the community will give opinion and make their voice heard while the local authority will be in control of the programme. The level of citizen power was seen in the *"Program Komuniti Harmoni"* and *"Kelab Warga Emas"* or KeWE. This is good because in both programmes, the citizen was in control in designing their own CDPs, KLCH delegated power to the community to have their own activities and there were partnership with various agencies in realising both programmes.

There is a need for better environment and surroundings for senior citizens. As KeWE was found to be a very good CDPs, the number of KeWE can be increased to benefit the elderly Apart from that, the physical development in CDPs is needed in terms of providing better facilities for the senior citizens. PPR areas must be designed with resident-friendly elements, easily accessible to these citizens, and provide community integration. It is noted that there is no specific programme for the disabled or *"Orang Kurang Upaya (OKU)"*. Therefore, special CDPs for the disabled must be planned for them. This is to nurture the feeling of inclusiveness among the disabled and denote that they are not being marginalised.

In encouraging better social interaction among different walks of life in the community, various programmes that can reduce the generation gap need to be energised. From the findings, the social interaction among the elder and the young generation in the community was at moderate level. This situation need to be improved for the benefit of the two generation.

CDPs should incorporate parties participations from related ministries, government agencies, NGOs, private sectors and corporate partners, people representatives, politicians, community associations and individuals to make sure that the focus group are well identified and the right recipients will benefit from the programmes. This was what Dato' Seri Shahrizat Abd Jalil (2003) mentioned in her ministry's 2003 annual report as a *"smart partnership"*. Thus, KLCH through the Department of Community and Social Development must collaborate with other agencies as this will benefit the community. As a result, the resources and CDPs can be channelled directly to the communities.

In addition, the staffs must collaborate actively with the residents association and have a field visit to attract more participation. Monitoring and evaluation must be carried out for each CDP that had been implemented. It is to identify and assess whether the CDPs have been successfully conducted and are really fulfilling the needs of the focus groups. Proper research can be conducted to identify whether the programmes really changed the communities' living condition. The challenges and impact can be identified to get a better understanding from the programmes evaluation and assessment. From the research, a database will then be set up so that it will provide as the main information centre for future programmes planning. A niche area on what programmes should be provided to the community also can be identified from the research.

REFERENCES

Abbott, J. (1996). *Sharing the City: Community Participation in Urban Management*. London: Earthscan Publication Ltd.

Arnstein, R. S. (1970), A Ladder of Citizen Participation in the USA. *Journal of the American Institute of Planner*.

Brennan, M. (2007). Community Development in the West of Ireland: 20 years on in the Killala Area [Electronic version]. *Community Development Journal*. Vol. 42, No. 3 July 2007. 330-347.

Crowley, P., Green, J., Freake, D., and Drinkwater, C. (2002). Primary Care Trusts Involving the Community: Is the Community Development the Way Forward?. *Journal of Management in Medicine*. Vol. 16 No. 4.

MacIntyre, G. (1997). Active Partners: Educating and Community Development. *International Journal of Social Economics*. Vol. 24 No. 11.

Mafauzy, M. (2000). The Problems and Challenges of the Ageing Population of Malaysian. *Malaysian Journal of Medical Sciences*. Vol. 7 No. 1. Pp. 1-3. Retrieved on 14th February 2010 from http://www.medic.usm.my.

Muhammad Shatar, S. (2003). *An Introduction to Community Development and Leadership*. Kuala Lumpur: UPM Press.

Mohammad Shatar, S. (2004). Community Development Model and Productivity Enhancement. In Dani, S. *Pembangunan Komuniti: Dasar, Konsep, Strategi dan Isu di Malaysia*. Kedah: Penerbit Universiti Utara Malaysia.

Official Website of the Economy Planning Unit (EPU). *"Penduduk Mengikut Jantina, Kumpulan Etnik dan Umur di Malaysia, 2010"*. Retrieved on 10th November 2010 from http://www.epu.gov.my/pdf.

Official Website of the Welfare Department. *Social Care by the Government* Retrieved on 24th November 2009 from http://www.jkm.gov.my.

Seonhee, J. (2008). *Assessing Social Capital and Community Involvement: Social Network Analysis for the Sustainable Amish Community Tourism Development.* Doctorate Dissertation, University of Illinois. Retrieved on 8th March 2010 from http://www.proquest.umi.com/pdf.

Tamas, A. (2000). *System Theory in Community Development.* Retrieved on 24th November 2009 from http://www.tamas.com.pdf.

Tan, P. C. and Ng, S.T. (2006). Community Participation in Development. In Wong, Y. L. and Tey, N. P. Our People Our Future: Malaysian Population in Perspective. Kuala Lumpur: University of Malaya Press.

Tengku Aizan, H. and Nurizan, Y. (2008). *National Policy for the Elderly in Malaysia: Achievements & Challenges.* In Lee, H.G. *Ageing in Southeast and East Asia: Family, Social Protection and Policy Challenges.* Singapore: Institute of Southeast Asian (ISEAS).

United Nations (1983), *Country Monograph on the Profile of Youth of Malaysia,* Economy and Social Commission for Asia and the Pacific, Bangkok.

Wan Azmi, R. (1992). *Pembangunan Masyarakat Dari Perspektif Kebajikan.* Kuala Lumpur: Utusan Publications and Distributors.

Wayt, C. A. (2008). *Empowerement and Community Development: Two cities in Context.* Master Dissertation, South Dakota State University. Retrieved on 8th February 2010 from http://www.proquest.umi.com/pdf.

Wong, G. (2008). Quality of Life of the Elderly in Singapore's Multiracial Society. In Lee, H. G. *Ageing in Southeast and East Asia: Family, Social Protection and Policy Challenges.* Singapore: Institute of Southeast Asian.