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PARLIAMENTARY DEBATES

SINGAPORE

OFFICIAL REPORT

FOURTEENTH PARLIAMENT

FIRST SESSION

Friday, 3 March 2023

The House met at 10:30 am

VOLUME 95

NO 91

ATTENDANCE

PRESENT:

Mr SPEAKER (Mr Tan Chuan-Jin (Marine Parade)).

Mr Abdul Samad (Nominated Member).

Ms Janet Ang (Nominated Member).

Mr Ang Wei Neng (West Coast).

Mr Baey Yam Keng (Tampines), Senior Parliamentary Secretary to the Minister for Sustainability and the Environment and Minister for Transport.

Mr Chan Chun Sing (Tanjong Pagar), Minister for Education.

Miss Cheryl Chan Wei Ling (East Coast).

Mr Mark Chay (Nominated Member).

Mr Chee Hong Tat (Bishan-Toa Payoh), Senior Minister of State for Finance and Transport.

Miss Cheng Li Hui (Tampines).

Mr Edward Chia Bing Hui (Holland-Bukit Timah).

Mr Chong Kee Hiong (Bishan-Toa Payoh).

Mr Desmond Choo (Tampines).

Mr Eric Chua (Tanjong Pagar), Senior Parliamentary Secretary to the Minister for Culture, Community and Youth and Minister for Social and Family Development.

Mr Chua Kheng Wee Louis (Sengkang).

Mr Darryl David (Ang Mo Kio).

Mr Christopher de Souza (Holland-Bukit Timah), Deputy Speaker.

Ms Foo Mee Har (West Coast).

Ms Grace Fu Hai Yien (Yuhua), Minister for Sustainability and the Environment.

Ms Gan Siow Huang (Marymount), Minister of State for Education and Manpower.

Mr Gan Thiam Poh (Ang Mo Kio).

Mr Gerald Giam Yean Song (Aljunied).

Mr Derrick Goh (Nee Soon).

Ms He Ting Ru (Sengkang).

Mr Heng Chee How (Jalan Besar), Senior Minister of State for Defence.

Mr Heng Swee Keat (East Coast), Deputy Prime Minister and Coordinating Minister for Economic Policies.

Prof Hoon Hian Teck (Nominated Member).

Mr Shawn Huang Wei Zhong (Jurong).

Ms Indranee Rajah (Tanjong Pagar), Minister, Prime Minister's Office and Second Minister for Finance and National Development and Leader of the House.

Mr S Iswaran (West Coast), Minister for Transport and Minister-in-charge of Trade Relations.

Dr Janil Puthucheary (Pasir Ris-Punggol), Senior Minister of State for Communications and Information and Health and Government Whip.

Dr Amy Khor Lean Suan (Hong Kah North), Senior Minister of State for Sustainability and the Environment and Transport.

Prof Koh Lian Pin (Nominated Member).

Dr Koh Poh Koon (Tampines), Senior Minister of State for Manpower and Sustainability and the Environment.

Mr Kwek Hian Chuan Henry (Kebun Baru).

Mr Desmond Lee (West Coast), Minister for National Development, Minister-in-charge of Social Services Integration.

Mr Lee Hsien Loong (Ang Mo Kio), Prime Minister.

Mr Leong Mun Wai (Non-Constituency Member).

Mr Liang Eng Hwa (Bukit Panjang).

Mr Lim Biow Chuan (Mountbatten).

Assoc Prof Jamus Jerome Lim (Sengkang).

Ms Sylvia Lim (Aljunied).

Dr Lim Wee Kiak (Sembawang).

Ms Low Yen Ling (Chua Chu Kang), Minister of State for Culture, Community and Youth and Trade and Industry.

Ms Mariam Jaafar (Sembawang).

Mr Masagos Zulkifli B M M (Tampines), Minister for Social and Family Development, Second Minister for Health and Minister-in-charge of Muslim Affairs.

Dr Mohamad Maliki Bin Osman (East Coast), Minister, Prime Minister's Office and Second Minister for Education and Foreign Affairs.

Mr Mohd Fahmi Aliman (Marine Parade).

Mr Muhamad Faisal Bin Abdul Manap (Aljunied).

Assoc Prof Dr Muhammad Faishal Ibrahim (Nee Soon), Minister of State for Home Affairs and National Development.

Mr Murali Pillai (Bukit Batok).

Ms Nadia Ahmad Samdin (Ang Mo Kio).

Dr Ng Eng Hen (Bishan-Toa Payoh), Minister for Defence.

Mr Louis Ng Kok Kwang (Nee Soon).

Ms Ng Ling Ling (Ang Mo Kio).

Miss Rachel Ong (West Coast).

Mr Ong Ye Kung (Sembawang), Minister for Health.

Ms Joan Pereira (Tanjong Pagar).

Mr Leon Perera (Aljunied).

Ms Denise Phua Lay Peng (Jalan Besar).

Ms Poh Li San (Sembawang).

Mr Pritam Singh (Aljunied), Leader of the Opposition.

Ms Rahayu Mahzam (Jurong), Senior Parliamentary Secretary to the Minister for Health and Minister for Law.

Mr Saktiandi Supaat (Bishan-Toa Payoh).

Mr Seah Kian Peng (Marine Parade).

Dr Shahira Abdullah (Nominated Member).

Mr K Shanmugam (Nee Soon), Minister for Home Affairs and Law.

Mr Sharael Taha (Pasir Ris-Punggol).

Ms Sim Ann (Holland-Bukit Timah), Senior Minister of State for Foreign Affairs and National Development and Deputy Government Whip.

Mr Sitoh Yih Pin (Potong Pasir).

Ms Hany Soh (Marsiling-Yew Tee).

Ms Sun Xueling (Punggol West), Minister of State for Home Affairs and Social and Family Development.

Mr Alvin Tan (Tanjong Pagar), Minister of State for Culture, Community and Youth and Trade and Industry.

Ms Carrie Tan (Nee Soon).

Mr Desmond Tan (Pasir Ris-Punggol), Minister of State, Prime Minister's Office.

Mr Tan Kiat How (East Coast), Senior Minister of State for Communications and Information and National Development.

Mr Dennis Tan Lip Fong (Hougang).

Dr Tan See Leng (Marine Parade), Minister for Manpower and Second Minister for Trade and Industry.

Ms Jessica Tan Soon Neo (East Coast), Deputy Speaker.

Dr Tan Wu Meng (Jurong).

Dr Tan Yia Swam (Nominated Member).

Mr Patrick Tay Teck Guan (Pioneer).

Mr Teo Chee Hean (Pasir Ris-Punggol), Senior Minister and Coordinating Minister for National Security.

Mrs Josephine Teo (Jalan Besar), Minister for Communications and Information and Second Minister for Home Affairs.

Mr Raj Joshua Thomas (Nominated Member).

Mr Edwin Tong Chun Fai (Marine Parade), Minister for Culture, Community and Youth and Second Minister for Law.

Dr Wan Rizal (Jalan Besar).

Mr Don Wee (Chua Chu Kang).

Mr Lawrence Wong (Marsiling-Yew Tee), Deputy Prime Minister and Minister for Finance.

Mr Xie Yao Quan (Jurong).

Mr Alex Yam (Marsiling-Yew Tee).

Ms Yeo Wan Ling (Pasir Ris-Punggol).

Mr Yip Hon Weng (Yio Chu Kang).
Mr Melvin Yong Yik Chye (Radin Mas).
Mr Zaqy Mohamad (Marsiling-Yew Tee), Senior Minister of State for Defence and Manpower and Deputy Leader of the House.
Mr Zhulkarnain Abdul Rahim (Chua Chu Kang).

ABSENT:

Mr Cheng Hsing Yao (Nominated Member).
Mr Gan Kim Yong (Chua Chu Kang), Minister for Trade and Industry.
Ms Hazel Poa (Non-Constituency Member).
Mr Tharman Shanmugaratnam (Jurong), Senior Minister and Coordinating Minister for Social Policies.
Ms Tin Pei Ling (MacPherson).
Mr Vikram Nair (Sembawang).
Dr Vivian Balakrishnan (Holland-Bukit Timah), Minister for Foreign Affairs.

PERMISSION TO MEMBERS TO BE ABSENT

Under the provisions of clause 2(d) of Article 46 of the Constitution of the Republic of Singapore, the following Members have been granted permission by the Speaker to be absent from sittings of Parliament (or any Committee of Parliament to which they have been appointed) for the periods stated:

Name	From	To
	(2023)	(2023)
Mr Tharman Shanmugaratnam	26 Feb	05 Mar
Dr Ng Eng Hen	01 Mar	03 Mar
Dr Vivian Balakrishnan	01 Mar	03 Mar
Mr Gan Kim Yong	02 Mar	05 Mar
Ms Sun Xueling	02 Mar	03 Mar
Mr Vikram Nair	02 Mar	05 Mar
Mr Cheng Hsing Yao	03 Mar	03 Mar
Ms Hazel Poa	03 Mar	07 Mar

[Mr Speaker in the Chair]

ORAL ANSWERS TO QUESTIONS

CONDUCTING ISLAND-WIDE NOISE MANAGEMENT STUDIES IN AREAS AFFECTED BY MULTIPLE CONSTRUCTION PROJECTS

1 **Mr Yip Hon Weng** asked the Minister for Transport (a) whether the Ministry intends to conduct another island-wide noise measurement study, since the last study was done in 2018, particularly in areas affected by multiple construction projects, such as Ang Mo Kio Avenue 6 which is located in the vicinity of ongoing residential development projects and the North South corridor construction; and (b) when was the last traffic noise impact assessment conducted for Ang Mo Kio Avenue 6,

The Senior Minister of State for Transport (Dr Amy Khor Lean Suan) (for the Minister for Transport): The Land Transport Authority (LTA) conducted an island-wide noise measurement study in 2018, for the specific purpose of identifying locations near above-ground MRT stations where the noise level exceeded the National Environment Agency (NEA)'s recommended threshold.

NEA requires LTA's contractors to carry out localised noise impact assessments prior to the commencement of all major infrastructure projects. LTA conducted a noise impact assessment at Ang Mo Kio Avenue 6 in 2019 prior to the commencement of North South Corridor (NSC) construction works.

LTA and its contractors have taken various measures to mitigate the impact of construction noise. These include erecting noise barriers and noise enclosures, installing mufflers on machineries, using rubber mallets for hammering and carrying out noisier works in the day. However, safety critical works such as the construction of diaphragm walls have to be conducted continuously, which could include working through the night. In such instances, LTA and the Contractors will notify affected stakeholders through circulars and social media platforms.

LTA regularly engages residents to inform them of the progress of the project. We seek the understanding of all stakeholders for the NSC project which will enhance connectivity between the North to the City Centre for all residents when completed.

Mr Speaker: Mr Yip Hon Weng.

Mr Yip Hon Weng (Yio Chu Kang): I thank the Senior Minister of State for the reply. Will the Ministry consider more targeted and frequent noise monitoring at residential developments, which are affected by multiple construction projections managed by different agencies, as the noise can be amplified by these different things that are happening on the ground?

For instance, Nuovo and Castle Green condominiums along Avenue 6 are affected by noise from the NSC, the MRT line, as well as the BTO construction, all happening within the same vicinity. Will the Ministry of Transport (MOT) also consider constructing noise barriers along the MRT lines near these residential projects?

Dr Amy Khor Lean Suan: I thank the Member for his supplementary question. There are two parts to this. Firstly, for construction noise, for all construction projects, if they are near residential projects or noise-sensitive facilities, NEA requires these projects to have noise meters installed throughout the projects' duration to monitor the noise levels. And all contractors are required to mitigate the impact of the noise and not exceed the levels stipulated.

For LTA projects, we go beyond that, in the sense that we do everything that is possible, particularly in major projects like the NSC project, which is a national, major project. We do as much as possible to mitigate noise from the construction. To do this, we erect noise barriers at source, at the construction site near to these residential developments, including like the Member cited – Nuovo condominium, for instance. There are noise barriers that are as high as is practicable, and all the other measures – noise enclosures, mufflers for the heavy machinery and equipment, and so on.

But the reality would be that it is really not possible to mitigate all noise. We do as much as we can. When there is a need, for instance, for deep excavation, pouring of concrete continuously for the diaphragm walls, we will have to do it through the night and then, we will have to inform the stakeholders.

With regard to construction of noise barriers along MRT lines, the noise impact assessment studies, for instance that we did in 2018, was to look at certain stretches along the MRT lines and identify where the noise exceeds the recommended level by NEA. For those stretches, noise barriers will be constructed – that is for rail noise. Then, for construction noise, it is barriers and mitigation at source.

RESEARCH TO UNDERSTAND NUMBER OF CHILDREN SINGAPOREAN WOMEN WOULD LIKE TO HAVE

2 Mr Leon Perera asked the Prime Minister (a) whether the Government has conducted any research to understand the number of children that Singaporean women would like to have and the reasons why this may be different from the number they actually do have; and (b) if not, whether it will consider doing so and publishing the findings of the fertility gap and the reasons for it.

The Minister, Prime Minister's Office (Ms Indranee Rajah) (for the Prime Minister): Mr Speaker, the Government regularly engages Singaporeans to better understand attitudes and perceptions towards marriage and parenthood.

According to the 2021 Marriage and Parenthood Survey of about 6,000 respondents, Singaporean women want to have at least two children on average. However, in practice, married female respondents had less than two children. Common reasons cited for not having more children include concerns over the financial cost and the stress of raising children, and difficulties in managing work and family demands.

These are issues that the Government is addressing, including through the latest enhancements to the marriage and parenthood measures in this year's Budget. However, beyond Government-initiated measures, we need a whole-of-society approach that is supportive of families, values family well-being, and acts accordingly. We encourage everyone to work toward building a Singapore that is Made for Families.

Mr Speaker: Mr Perera.

Mr Leon Perera (Aljunied): I thank the Minister for replying. I have two supplementary questions.

The first is regarding the survey and the data that she referred to, is this data publicly available and can Singaporeans study the statistical fertility gap within that survey, the gap between the number of children women want to have and how many they actually have? And does that data provide reasons for that gap, including all possible reasons such as housing affordability, for one, which has been discussed before in this House, where there is evidence from another study by an NUS researcher that there is a correlation between high house prices and low total fertility rate (TFR)?

The second supplementary question is, does this study contain – and if not, could future studies address – differences between different segments in Singapore? Because that may be a source of policy ideas if we look at outliers where there are certain segments be it by income or by other characteristics —

Mr Speaker: Mr Perera, can you keep it concise, please.

Mr Leon Perera: Yes. Where the TFR is higher or the TFR is lower. In America, for example, some research shows higher-income, better educated women have more children. So, can that information also be made available so that we can have a whole-of-society approach to address what is really an existential issue?

Ms Indranee Rajah: Mr Speaker, I thank the Member for his clarifications. The survey results are, in fact, publicly available. Mr Perera may have missed them, but they are available. They were published by the Prime Minister's Office, so the survey is available online. I would encourage him to have a look at it.

You will see when you look the survey that it actually contains quite a lot of information. The survey was conducted from February to June 2021, with respondents comprising 2,848 single – that means, never married – and 3,017 married Singapore residents, aged 21 to 45 years. In the annex to the survey, there are details of the profile of survey respondents.

The highlights of the survey do not indicate housing prices, as Mr Perera mentioned. What was key on their mind were other reasons and let me just highlight them.

The first thing among the key findings was that marriage and parenthood aspirations remained strong. So, Singaporeans do want to get married and do want to have children. In terms of the factors that affected having children, the survey showed that in making parenthood decisions, key considerations included the ability to manage the costs of child-raising as well as to manage work and family commitments. Another key consideration was that fathers were equally important as caregivers and could play a greater role at home. And the third key finding was that many agreed that Flexible Work Arrangements make it easier for couples to start a family and have more children.

So, we do understand that for young couples starting family, having a home is important and you would have seen that in the Budget, the measures to prioritise first-timer families, young families and married couples, are aimed at ensuring that they have a home. And we have had a whole debate on affordability and accessibility. Singaporeans can rest assured that that is very much on our minds and we are making sure that housing is available for those who wish to start families and have children.

But the other findings, which were the key findings from this, you can see that this year's Budget, in particular, the Marriage and Parenthood measures are targeted squarely at that. The measures are directed towards financial support for parents. So, the increase in the Baby Bonus cash gift, the CDA top-up, the in the enhancement of the CDA co-matching. That addresses the financial concern. We have doubled the Government-Paid Paternity Leave, which addresses this finding that they wish to see more involvement of the fathers. And the other, which was said in the Budget, and actually, we have said many times but has not yet received as much attention is the Flexible Work Arrangements.

Flexible Work Arrangements are sometimes confused with work from home. But it is not equal to work from home. Work from home is a subset of Flexible Work Arrangements, which is a much broader thing. This I think is what would help parents the most – that sense that they would be able to take time off or to be able to arrange their work in such a way that allows them to care for young children. Also bearing in mind that many parents also have to look after their own parents, the grandparents.

So, Flexible Work Arrangements will be key and hence, that is why in my earlier answer, I indicated that we need a whole-of-society approach, where everyone is supportive or families and family well-being.

AVERAGE RATE OF INCREASE IN PROPERTY TAX FOR PRIVATE RESIDENTIAL PROPERTIES AND PROPOSAL TO REDUCE THESE FOR PROPERTIES OCCUPIED BY ELDERLY RETIREES

3 Ms Joan Pereira asked the Deputy Prime Minister and Minister for Finance whether the Ministry will consider reducing the property tax rates for owner-occupied private residential properties occupied by elderly retirees who have been unduly affected by the escalating rental of neighbouring units, which disproportionately affects their properties' annual value.

4 Mr Yip Hon Weng asked the Deputy Prime Minister and Minister for Finance (a) for the past three years, what is the annual average rate of increase of property tax for owner-occupied private properties in both prime and non-prime locations respectively; (b) whether the annual property tax computation is influenced by the use of neighbouring properties for rental income; and (c) whether the Ministry will review the property tax computation for prime locations so that owners of these owner-occupied homes, especially retirees, are not unfairly penalised.

The Senior Minister of State for Finance (Mr Chee Hong Tat) (for the Deputy Prime Minister and Minister for Finance): Mr Speaker, may I have your permission to answer Question Nos 3 and 4 together?

Mr Speaker: Yes, please.

Mr Chee Hong Tat: Thank you, Sir. Property tax or PT, is our primary means of taxing wealth. PT payable is based on the applicable PT rate, applied to the Annual Value or AV of the property, where AV is a proxy for the property value and thus, the owner's wealth.

In line with the wealth tax intent of PT, the PT on residential properties is taxed on a progressive schedule. Properties with AVs of up to \$8,000 pay no PT, while properties with higher AVs pay PT at progressively higher rates of taxation. Owner-occupied residential properties enjoy concessionary PT rates and are taxed at rates lower than non-owner-occupied ones.

Sir, over the years, the Government has received feedback, including from Members from both sides of this House, to enhance our wealth taxes. This is what we have been doing.

As announced in Budget 2022, PT rates have been raised for higher-end owner-occupied residential properties, with AVs above \$30,000 in 2023 and 2024. The new rates affect less than one in 10 owner-occupied residential properties.

The AV is a proxy of the value of a property and is determined based on the rental transactions for comparable properties with similar attributes, such as location, age and condition. A property that earns more rental income has greater value. And therefore, the AV and the PT payable will be higher.

The median PT for owner-occupied private residential properties in Singapore, grew at a compound annual growth rate (CAGR) of around 7% from 2020 to 2023. The growth rate is similar for owner-occupied private residential properties within and outside the central region.

I understand Members' concerns that some retirees may face financial difficulties. The Government remains committed to supporting retirees.

We do so not by lowering PT rates for residential properties owned by retirees, but by supporting our seniors in other ways. We have various schemes to help retirees, whether living in private residential properties or HDB flats. For example, through the Assurance Package (AP), seniors living in private properties can receive AP cash, AP MediSave and the cost-of-living special payment.

Mr Speaker: Mr Yip Hon Weng.

Mr Yip Hon Weng (Yio Chu Kang): I thank the Senior Minister of State for his reply. How can the Government better help a particular group of retired seniors who are private home residents but are cash poor and would like to retire in the home that they have called "home" for decades.

Mr Chee Hong Tat: Mr Speaker, I mentioned some examples in my reply earlier. In addition to what I mentioned, we also provide certain assistance and certain help schemes, that are applicable to all households, regardless of housing type.

For example, the \$300 Community Development Council (CDC) voucher that was given out in January this year, the Household Utilities Credit that was given out last year. And for seniors who are in the Merdeka Generation or Pioneer Generation, they can also receive additional MediSave top-ups and healthcare subsidies when they visit the polyclinics, when they go see the general practitioner (GP), when they go to the hospital.

Sir, I think the design of our tax and benefits system is based on a concept of it being fair and progressive. And by that, what we mean is that everybody will contribute, but those who are wealthier, earn higher income, will contribute more.

As I mentioned in my reply earlier, the property tax is a form of wealth tax on immovable assets. And if we look at the retirees who are staying in private properties, especially higher-end private properties with higher AVs, compared to retirees who are staying in rental flats or smaller HDB flats, I think there is a difference in their wealth.

Mr Speaker: Ms Joan Pereira.

Ms Joan Pereira (Tanjong Pagar): Thank you, Speaker. I have one clarification for Senior Minister of State. Can MOF share, does Inland Revenue Authority of Singapore (IRAS) have a system to calibrate annual property values as a ratio of all owner- and tenant-occupied properties, to ensure that AVs are not disproportionately skewed by a few high rental units?

Mr Chee Hong Tat: Mr Speaker, AV is determined based on the rental transactions for comparable properties with similar attributes, such as location, age and condition. The way that IRAS goes about computing AV is that they will, generally, exclude very high and outlier rentals that the properties may fetch. And so, I think this is a way to ensure that the data and the statistics are not skewed by some of these outliers.

Mr Speaker: Mr Lim Biow Chuan.

Mr Lim Biow Chuan (Mountbatten): Sir, may I ask the Senior Minister of State whether we can relook the definition of wealth tax? For some of these retirees, they do not see themselves as wealthy. I know they have got a property that may be worth quite a bit, but they are retirees, no income. They just have the luck of buying a property at a lower price when they were much younger.

So, how do we want, as a matter of principle, to deal with this group of people who are living in a better property, but no income? Is it the principle of the Government that we would want to persuade them to sell their property, so that they would not be considered wealthy? I mean, how do we define the term "wealth"? Because I cannot see this group of retirees as being wealthy, except for the fact that they were fortunate enough to buy a property when they were younger.

Mr Chee Hong Tat: Sir, I think I had explained this in my response to Mr Yip Hon Weng earlier and also in my main reply. Property is an asset, and I hope Mr Lim agrees with me on that. An asset is part of your wealth. So, I think we do need to consider that a person's assets is a proxy measurement of the person's wealth.

This does not mean, therefore, that we do not empathise with the situation that I am sure Mr Lim's residents face. I also have residents who are in a similar situation. We do understand that they are retirees, they may not be able to earn a lot of income because they are not working.

So, the way to help them is not to have a lower property tax, because that is something that we need to put in place as part of our fair and progressive tax system, but to find other ways of helping them. I mentioned some examples earlier, in AP, and also when we look at certain schemes that we design. In our polyclinics, for example, we do not means test based on your property type, but when you go to a polyclinic, we look at your age, and seniors do receive additional subsidies.

TRAINING FOR SERVICE STAFF AT TELECOMMUNICATIONS COMPANIES TO SPOT POSSIBLE SCAMS TARGETED AT CUSTOMERS FROM VULNERABLE GROUPS

5 Mr Zhulkarnain Abdul Rahim asked the Minister for Communications and Information whether there is any regulation or safeguard to ensure that service staff of telecommunications companies in Singapore are aware of any red flags, to prevent vulnerable groups such as elderly or special needs adults, from being exploited or scammed to sign up for mobile lines and phone contracts.

The Senior Minister of State for Communications and Information (Mr Tan Kiat How) (for the Minister for Communications and Information): Mr Speaker, the Infocomm Media Development Authority, or IMDA, has required telecom operators to put in place measures to safeguard the interest of consumers who use telecommunication services.

These measures are intended to protect all consumers, including those in the vulnerable groups. Examples include requiring telco service staff to verify consumers' identity during the registration process, explain key contractual terms and conditions to consumers at the point of sign up and ensure that these are understood before service sign-up.

In addition to regulatory safeguards, the Ministry of Communications and Information (MCI)'s public education programmes help to ensure that Singaporeans are equipped with digital literacy skills and can safeguard themselves against online harm and threats.

This includes the SG Digital Office's (SDO), Seniors Go Digital Programme and the Cyber Security Agency (CSA)'s SG Cyber Safe Seniors Programme, which aims to raise seniors' awareness of cybersecurity and cybercrime and encourage the adoption of good cyber hygiene practices.

The Government also works with the people, private and public sectors, on grounds-up initiatives under the Digital for Life movement, to uplift digital literacy among vulnerable groups. Taken together, these consumer protection measures and public education programmes help to protect our population from exploitation and scams by bad actors.

The public can also remain vigilant by learning to identify and avoid scams and scam tactics, such as signing up for mobile lines on behalf of strangers. All of us have a part to play in helping the more vulnerable segments of our community.

Mr Speaker: Mr Zhulkarnain Abdul Rahim.

Mr Zhulkarnain Abdul Rahim (Chua Chu Kang): Thank you, Sir. I thank Senior Minister of State Tan for the answer. Sir, my Keat Hong resident, an elderly couple came to see me during a Meet-the-People Sessions. Their 31-year-old intellectually disabled son was tricked to sign up for different telco lines and mobile phone contracts.

Within the span of one week, he signed up for four lines and various phone contracts. The scammers made off with the phones, the family saddled with tens of thousands of dollars of bills, but thanks to IMDA's swift intervention, I thank the colleagues at IMDA, they intervened and the bills were waived.

My question is given the vulnerability of individuals, like elderly or intellectually disabled adults, can MCI work with telcos to train or raise awareness amongst the frontline staff to have a checklist of red flags when it comes to contracting, perhaps similar to tellers at frontline banks, so that we can prevent our vulnerable individuals and adults and elderly residents from falling prey to such scams.

Mr Tan Kiat How: Mr Speaker, I thank the Member for his supplementary question. It is always particularly heart-wrenching and upsetting when you hear about crimes and scams targeting the more vulnerable in our population – the elderly or people with disabilities. For that particular case, I am glad that the case was quickly dealt with by the IMDA colleagues and the telcos, and I thank Mr Zhulkarnain, the Member, for commending the IMDA team on that.

In fact, for this case, when the IMDA team knew about the appeal from Mr Zhulkarnain, they immediately contacted the telco staff and within a couple of days, the telcos agreed to waive the charges or freeze the charges and we got back to the family very soon. Because we know the anxieties and the concerns of the parents, the family members and the individual himself.

As I understand it, a Police report has been made over the case, and Police investigations are ongoing.

But the broader point that Mr Zhulkarnain has raised is something that we are continually looking into. We will work together with our telcos, especially their frontline staff, to review their practices and whether additional staff training may be needed, so that they can flag out some of these possible scams and tactics being used against the vulnerable members of our community and see what ways we can improve the telcos themselves. This is in their interest. They are, also in a way, a victim of this crime, defrauded by some of these scams.

So, it is in our collective interest to not just minimise the risk of scams and such tactics against vulnerable members of the community, but to collectively take action to prevent such cases from happening. I thank the Member for his suggestion. It is something that we continue to review.

ASSESSING EMPLOYABILITY IMPACT OF TRAINING COURSES SUPPORTED BY GOVERNMENT FUNDS

6 **Mr Leon Perera** asked the Minister for Education (a) what surveys or research are currently undertaken to assess the job impact of training courses that are supported by Government funds; (b) whether the Government will publish the findings of such studies; and (c) whether the Government will consider extending funding support to trainers based on the outcome of the studies.

The Minister of State for Education (Ms Gan Siow Huang) (for the Minister for Education): Mr Speaker, SkillsFuture Singapore (SSG) adopts a range of approaches and metrics to evaluate the quality and outcomes of SkillsFuture-funded programmes.

SSG runs the Training Quality and Outcomes Measures (TRAQOM) survey on all SSG-funded programmes, to collect trainee feedback on the quality of training and whether the training has enabled them to improve their work performance and take on enhanced job roles.

This is a useful dimension because not all training necessarily leads to an immediate wage increase. Training benefits workers, who are otherwise at risk of displacement, to stay employable and to keep their jobs. The TRAQOM survey results are published on the MySkillsFuture portal to help individuals make informed training choices. And SSG uses these results when assessing training providers for continued funding.

In addition, we work with partners, such as the Ministry of Trade and Industry (MTI) to monitor wage and employment outcomes through programme-specific surveys and studies. Economic studies that have been published include evaluations of the Work-Study Post-Diploma programmes in 2019 and Singapore Workforce Skills Qualification (WSQ) training in 2018.

Both showed trainees graduating from these programmes with positive wage outcomes. Regular surveys, such as the Work-Study Programme Outcomes Survey, also collect information on employment outcomes six months after completion of the programme.

SSG is continually enhancing its methods of assessment and evaluation of outcomes of training courses. This is to enable us to better channel our subsidies to courses that deliver manpower development outcomes for Singaporeans.

Mr Speaker: Mr Perera, a quick one, please.

Mr Leon Perera (Aljunied): I thank the Minister of State for her helpful reply. Just one supplementary question. Based on these survey results, which I assume are provided by a trainer or training organisation, has there been any cases of a training organisation that consistently gets very poor results and, therefore, has been removed from the list of trainers that are eligible for Government financial support?

Ms Gan Siow Huang: I thank Mr Leon Perera for the supplementary question. I do not have the data with me, but I believe that SSG has considered past feedback from trainees on training providers where the courses did not meet their expectations and that the training quality was deemed to be not satisfactory and had either worked with the training providers to adjust training mode of conduct or ceased training for such training providers.

10.59 am

Mr Speaker: Order. End of question time, The Clerk will now proceed to read the Orders of the Day.

[Pursuant to Standing Order No 22(3), written answers to questions not reached by the end of Question Time are reproduced in the Appendix, unless Members had asked for questions standing in their names to be postponed to a later Sitting day or withdrawn.]

ESTIMATES OF EXPENDITURE FOR THE FINANCIAL YEAR 1 APRIL 2023 TO 31 MARCH 2024

(Committee of Supply - Paper Cmd 20 of 2023)

Order read for consideration in Committee of Supply [6th Allotted Day].

[Mr Speaker in the Chair]

COMMITTEE OF SUPPLY – HEAD W (MINISTRY OF TRANSPORT)

(An inclusive and sustainable home)

Head W (cont) –

Resumption of Debate on Question [3 March 2023].

"That the total sum to be allocated for Head W of the Estimates be reduced by \$100." – [Mr Saktiandi Supaat].

Question again proposed.

The Chairman: Minister for Transport.

11.00 am

The Minister for Transport (Mr S Iswaran): Mr Chairman, I would like to thank all the Members who persevered till 8.00 pm last night to speak on the Budget of the Ministry of Transport (MOT). And many have made it back to the Chamber this morning.

In responding to Members' questions and suggestions, my colleagues, Amy Khor, Chee Hong Tat, Baey Yam Keng and I will elaborate on how my Ministry is working to build a resilient, sustainable and inclusive transport sector.

My response will focus on three broad themes: recovery; growth and sustainability; and our social compact.

Our air and land transport sectors have recovered strongly from the debilitating impact of the pandemic. Let me start with aviation, about which Mr Saktiandi Supaat and Ms Ng Ling Ling have enquired. At its lowest point in 2020, Changi's passenger traffic was less than 0.5% of pre-COVID-19 levels. Today, Changi's passenger traffic volumes, flights and city links stand at about 80% of pre-COVID-19 levels. To Mr Gan Thiam Poh's query, flights at Seletar have fully recovered since January this year.

Based on the current trajectory, Changi should return to pre-pandemic levels by 2024, possibly earlier.

One determinant, as Ms Ng Ling Ling noted, would be how quickly air connectivity with China is restored. Weekly services to China have more than doubled since January, from 38 to nearly 100. That is about a quarter of the number we had in 2019, with Chinese and Singapore carriers expected to resume even more services in the coming months.

Ms Poh Li San asked about our aviation hub's challenges amidst the recovery. Let me highlight three.

First, our aviation stakeholders must continue to ramp up their workforce to sustain the recovery. Today, the sector's workforce is at about 90% of pre-COVID-19 levels and we expect a full recovery by this year. But beyond recruitment, we must ensure that the new hires gain the requisite experience to meet the demands of the job and also to ensure their safety, welfare and morale, as Ms Ng Ling Ling has highlighted.

Second, though Singapore is now in DORSCON Green, we must remain alert to new threats from the virus and other similar threats. We are therefore closely monitoring the situation with MOH and must be prepared to respond quickly should the public health risk assessment change. This is the new normal for aviation.

Third, the recovery of air travel will have to contend with uncertainties in the global economy and rising energy and manpower costs. Against this backdrop, Ms Poh had asked if there was room for airport charges to be raised. Last September, the Civil Aviation Authority of Singapore (CAAS) and the Changi Airport Group (CAG) announced increases to the airport charges for passengers and airlines. We will review these charges periodically so that CAAS and CAG can continue to invest in capacity building and essential infrastructure, while ensuring Changi remains competitive.

Turning to land transport, our public transport ridership reached 90% of pre-COVID-19 levels in January this year. However, this recovery has been uneven. Public transport journeys to the Downtown Core in the morning peak are at about 70%; whereas journeys to other areas like Queenstown are at 90% and Woodlands and Tuas are already back to pre-COVID-19 levels. We are tracking these travel patterns, which have yet to stabilise because of various adjustments to work practices.

Our maritime hub was resilient and performed well through the pandemic. In 2022, we achieved our second highest container throughput of 37.3 million twenty-foot equivalent units (TEUs) and remained the world's largest transshipment hub. More recently, due to global economic headwinds, international container trade and container freight rates have softened from the exceptionally high levels of 2021, but the mid- to long-term outlook remains positive.

Overall, our air, sea and land transport sectors are back on track. Capitalising on the recovery, as well as learning from the pandemic, we are now gearing up for growth. We have three priorities – capacity, capability and sustainability.

First, a core focus of my Ministry is to invest in our transport infrastructure capacity to meet future needs. Our major projects are progressing well. In January, we held ground-breaking ceremonies to commence work on the Jurong Region Line and the Cross Island Line.

We are on course to expand our rail network by a further 100 kilometres over the next decade, with eight in 10 homes within a 10-minute walk of train stations. To Mr Gan Thiam Poh's query, these lines will have several points of intersections with our existing rail network, thereby enhancing the resilience of the system and convenience for commuters.

Our land connectivity with Malaysia will improve with the JB-Singapore Rapid Transit System Link, which is expected to be completed by the end of 2026. As for Mr Gan's question about a possible HSR link, I would like to reiterate what we have said before, that Singapore remains open to discussing any new proposal from Malaysia, starting from a clean slate.

Mr Melvin Yong and Mr Dennis Tan sought an update on Terminal 5 (T5). At last year's National Day Rally, Prime Minister Lee announced that we have restarted the T5 project. We are working with the consultants to incorporate lessons from the pandemic and update the design to be more modular, resilient and energy-efficient.

We plan for T5 to be operational in the mid-2030s. Land preparation and drainage works at Changi East have been completed, and construction is expected to commence by 2025. The third runway will also be ready towards the later part of this decade.

As shared by Deputy Prime Minister Wong in his Budget round-up speech, it is important that we set aside some resources whenever we have the means for projects with large and lumpy expenditure. In this regard, the Government will inject a further \$2 billion into the Changi Airport Development Fund (CADF).

Meanwhile, the CAG and airport stakeholders have worked out operational plans to manage the anticipated growth in flights and passengers at Changi in the run-up to T5.

Ms Janet Ang asked about the development of Tuas Port, which will be completed in four phases by the 2040s, with an annual handling capacity of 65 million TEUs. Reclamation for Phase 1 has been completed and Phase 2 is at about 60%. When the berths in both phases are fully operational, Tuas Port's annual handling capacity will be more than 40 million TEUs.

Second, to strengthen our capabilities, we will invest in our workforce, redesign jobs and deepen skillsets. Our upcoming rail lines will create about 800 good jobs. We will use the Rail Manpower Development Incentive to equip our workers for these jobs. More than 2,900 have already been trained in skills such as data analytics and condition-based monitoring since 2020. This year, we are committing a

further \$12 million to this effort.

Attracting talent to the aviation and maritime sectors is a key thrust as highlighted by Mr Melvin Yong and Ms Janet Ang. We are collaborating with our partners to do so through student outreach and work-study programmes, mid-career conversions and skills upgrading for workers. We will also provide career guidance and employability support through touchpoints such as the OneAviation Careers Hub portal. Senior Minister of State Chee will elaborate on our plans for the maritime sector.

Thirdly, Mr Chairman, sustainability is central to the growth of our transport sectors. Hence, we have partnered the industry to develop sustainability pathways all three domains. Last year, I highlighted our plans to drive electrification in the land transport sector. We made good progress in 2022 with Electric Vehicles (EVs) accounting for 11.8% of new car registrations last year, up from 3.8% in 2021. So, more than threefold increase. Of all EVs registered in 2022, 20% were from Category A (Cat A), 50% from Cat B and 30% from Cat C.

We can attribute this to several factors.

First, we have established clear regulatory milestones. We have announced that diesel cars and taxis cannot be registered for use from 2025, nor Internal Combustion Engine (ICE) cars and taxis from 2030.

Second, we have financial incentives to encourage the adoption of EVs. Ms Sylvia Lim asked why EVs incur an Additional Flat Component. As the then-Minister for Finance explained in Budget 2020, fuel excise duties are significant contributors to Government revenue, yielding around \$1 billion annually. The Additional Flat Component for EVs, of \$700 a year, was introduced to partly account for this loss in fuel excise duties. By way of comparison, a typical ICE car user, will pay about \$1,000 a year of fuel excise duties, assuming they use the 92 or 95 octane petrol.

Separately, the total cost of ownership for EVs has been reduced through Government initiatives such as the EV Early Adoption Incentive and the reduction in road tax for mass-market EVs, our adjustments in power-rating. We will continue to review road tax as part of the overall vehicular tax structure, taking into account the transition to electric as well as other cleaner energy vehicles and technological developments, while staying true to our objectives of controlling private vehicle ownership and usage.

Thirdly, we have brought forward the island-wide deployment of EV chargers to address range anxiety. One in three HDB carparks will have EV charging points by the end of this year. We have also supported the installation of EV chargers in private developments through legislative amendments and the EV Common Charger Grant. Senior Minister of State Khor will give more details.

Our efforts to green the public transport sector are also gathering pace. Mr Gan Thiam Poh and Mr Ang Wei Neng asked about the electrification of our public buses. This month, LTA will launch a tender for about 400 electric buses, to replace diesel buses reaching end of life from December 2024. New bus depots will be completed in tandem to support e-bus operations. This will help achieve the goal of electrifying half our bus fleet by 2030 and a 100% cleaner-energy bus fleet by 2040.

Several Members asked about the cost impact of switching to e-buses. We are in the early stages of electrifying our bus fleet. But based on the experience of the e-bus fleet trial, the higher upfront costs are expected to be offset by lower-operating costs in the long run. I should also add that, as announced at the launch of GreenGov.SG in July 2021, from this year, all new cars procured by the public sector will be electric, or alternatives with zero tailpipe emissions.

Electrification will also be a key lever to reduce domestic emissions in our air and sea transport sectors.

Let me first outline our ambition for Changi Airport. Currently, close to 20% of around 2,500 airside vehicles at Changi Airport are electric. We want all vehicles on the airside to run on cleaner energy by 2040. This would include electrification or the use of biofuels. To drive this transition, we will embark on three initiatives.

First, all new airside light vehicles, such as cars, vans and minibuses, must be electric from 2025, as they already have viable electric alternatives, which can progressively replace existing diesel models. We will also require certain new heavy vehicles like forklifts and tractors, for which viable electric models are available, to be electric from 2025.

Second, we will enhance the charging infrastructure on the airside. To date, CAG has installed about 100 EV charging stations, and this will increase to more than 300 over the next few years in tandem with the needs of its airport partners as they electrify their airside fleet.

11.15 am

Third, we will commence trials on the use of renewable diesel, especially for specialised airport ground handling vehicles for which there are no electric models. These trials will inform our evaluation of renewable diesel as a complement to electrification to achieve the goal of cleaner airside vehicles by 2040.

Moving to the maritime sector, the harbour craft sector will be required to achieve net-zero emissions by 2050. This will apply to about 1,600 harbour craft currently licensed by MPA. To achieve this transition, from 2030, all new harbour craft operating in our port waters must be fully electric, be capable of using B100 biofuels or be compatible with net-zero fuels such as hydrogen.

MPA will partner industry, financial institutions, harbour craft operators and manufacturers to help lower the cost of adoption and mobilise support for early adopters. MPA will launch an Expression of Interest (EOI) in the second quarter of this year to call for proposals for the design and development, demand aggregation and green financing for new electric harbour craft.

The pleasure craft sector and domestic tugboats will also be required to achieve net-zero emissions by 2050. MPA is studying the timelines for the transition given their different power requirements and will provide an update next year. Senior Minister of State Chee will share more about our initiatives to support the transition for the maritime sector.

Ms Poh Li San asked about international partnerships to catalyse our sustainability initiatives. As a major international aviation and maritime hub, we actively support the efforts of the International Civil Aviation Organization (ICAO) and the International Maritime Organization (IMO) to reduce emissions from international transport. We are also working with like-minded country partners to create sustainable international aviation and maritime ecosystems through "green lanes" for flights powered by Sustainable Aviation Fuels (SAF) as well as green and digital shipping corridors.

Ms Ng Ling Ling asked how we will encourage the aviation hub to step up its sustainability efforts. The Government will establish a \$50 million Aviation Sustainability Programme to support feasibility trials and research studies and bring stakeholders together to create innovative solutions for a more sustainable air hub. CAAS will be releasing more details, and I encourage companies to make full use of the funding. More broadly, CAAS is studying the recommendations of the International Advisory Panel (IAP) on Sustainable Air Hub and will publish the Sustainable Air Hub Blueprint in the second half of this year.

Mr Chairman, I would now like to focus on the way forward to meet our evolving urban mobility needs as well as the undergirding social compact.

Let me first address the questions from Mr Pritam Singh and Mr Saktiandi Supaat about motorcycle Certificates of Entitlement (COEs). Our COE system aims to efficiently allocate our limited vehicle quota. Prices inevitably increase when demand is high relative to supply.

The cost of Category D COEs and its impact on motorcycle users is an issue that has been raised by Members from all sides of the House. Besides Mr Saktiandi and the Leader of the Opposition, Ms Mariam Jaafar asked a Parliamentary Question (PQ) earlier this week. Mr Murali Pillai and Mr Abdul Samad did so at the end of last year, and indeed many other Members have raised this point.

And we fully understand the concern especially for those who rely on their motorcycles for their livelihoods. This is why motorcycle owners receive preferential treatment under the current vehicle ownership regime. The Additional Registration Fee, Road Tax and Electronic Road Pricing (ERP) charges for motorcycles are all lower compared to other vehicle types.

And in March last year, we took additional measures to curb any speculative bidding by dealers for motorcycle COEs. We halved the temporary COE (TCOE) validity period from six to three months and increased the bid deposit from \$200 to \$800. More broadly, to reduce volatility in the COE cycle for all categories, we also smoothened the supply by basing the quota on the rolling average of the de-registrations from the preceding four quarters instead of just one quarter.

Following the changes in March last year, the TCOE utilisation rates have remained high, close to 100%, in the ensuing months which reflects strong underlying demand. It is noteworthy that in the last two months, about 450 TCOEs, secured when Category D prices were close to or above \$13,000, have been forfeited along with the deposits. However, the market subsequently corrected itself with prices easing and utilisation rates going up again. And this indicates that the system is working as intended with corrections where the market cannot support the levels of prices.

The forfeited 450 TCOEs will be reinjected into the May to July quarter's Cat D supply. This would constitute an additional 15% above the projected supply from de-registrations. I trust that motorcycle buyers and dealers will take this into account when making their decisions to bid or buy. And we will monitor the market closely and will make further moves if warranted, including a further reduction in the TCOE validity period or a further increase in the bid deposit, as Mr Saktiandi and Mr Singh have suggested.

Mr Singh also suggested reviewing motorcycle financing, specifically in-house financing. Such financing agreements are not new. They are a part of industry practice providing a service for prospective buyers. The Hire-Purchase Act provides for regulations governing such agreements. Our agencies will take action if there is evidence of practices that contravene these regulations.

Mr Ang Wei Neng and Mr Lim Biow Chuan asked about the Forward Singapore engagements that we launched in 2022. We brought together Singaporeans from all walks of life to discuss our aspirations for future urban mobility, the trade-offs and what our renewed social compact should be. I was heartened that many participants recognised and appreciated the improvements to our public transport system over the last decade, making it more accessible, reliable and inclusive.

Ms Poh Li San asked about the cost of running public transport. Over the last decade, operating costs for public transport increased by about 7% per year on average. This was not matched by revenue growth. As Members would be aware, fares have gone up by an average of about 1% a year over the last decade. Hence, Government subsidises public transport operating costs by more than \$2 billion annually and that is about slightly more than \$1 per journey.

While we aspire to have a high-quality, world-class public transport system, we must also ensure financial sustainability, and this is the shared responsibility of Government, operators and commuters. Where we land on the balance between quality, affordability and financial sustainability is driven by what we value as a society. We believe that commuters and taxpayers must share the financial burden equitably, because ultimately, we do not want a financially unsustainable system with a large fiscal burden for future generations of Singaporeans to bear.

The Public Transport Council is reviewing the fare adjustment formula and mechanism guided by the need for a balance across these three factors. To Mr Lim Biow Chuan's query on the progress of this review, the council will announce its recommendations by the second quarter of this year.

Another strong sentiment that emerged from our engagements was that inclusiveness should be at the heart of our social compact.

And we agree fully. First, we can be more inclusive in our road design. Hitherto, much of the focus in road planning has been to meet the needs of vehicular flows. However, our local streets are also an integral part of our daily lives and the pedestrian network in our communities. We use them to visit neighbourhood centres, markets, polyclinics and schools. It is where we might meet our neighbours and friends. And there was a strong feeling amongst the dialogue participants that we should make our streets more conducive for such everyday pedestrian use, especially with an ageing population.

LTA will therefore pilot an initiative to design such streets with local communities. They will be called "Friendly Streets", which I think aptly captures the intent of this effort. Senior Minister of State Khor will elaborate on this.

Second, where at-grade road crossings are not possible, we will incorporate lifts in all new pedestrian overhead bridges built by Government agencies where suitable and cost-effective. In tandem, we are pressing on with our works to retrofit lifts at existing pedestrian overhead bridges. Senior Minister of State Khor will share more on our plans.

And third, in addition to pedestrians, we will also place greater emphasis on the needs of those who use active modes of transport such as cycling. They can expect more intra-town paths that will aid first- and last-mile connectivity to the major transportation nodes and key amenities. For longer commutes, we are exploring cycling trunk routes to connect cyclists to more places. Senior Parliamentary Secretary Baey Yam Keng will give more details.

Fourth, we will also look at ways to expand the range of choices in the transport system to meet needs that may currently be underserved. And in this regard, I am happy to share that the Government accepts the Active Mobility Advisory Panel's recommendations on the rules and guidelines for cargo bicycles, tricycles and recumbents. Senior Parliamentary Secretary Baey will elaborate further.

Mr Chairman, three years ago, we were confronted by a crisis, unprecedented and unimaginable for this generation. Today, steeled by the experience of the pandemic and having emerged stronger, we are building for the future with optimism and confidence to drive the next bound of growth across our air, sea and land transport sectors. Even as the challenges and resource constraints become more complex, I would like to conclude by assuring Members that the Ministry of Transport and our stakeholders and partners remain resolutely committed in our endeavour to build a resilient, sustainable and inclusive transport system for all Singaporeans.

The Chairman: Senior Minister of State Chee Hong Tat.

The Senior Minister of State for Transport (Mr Chee Hong Tat): Sir, I will first address cuts by Members on public transport.

Mr Faisal Manap asked about bus services in Kaki Bukit. On bus services 137 and 137A, LTA introduced service 137A in 2019 to provide more trips during the morning peak. This reduced the headway from 15 minutes, which is within Bus Contracting Model standards, to a maximum of 10 minutes during the morning peak. Some of the headways are within five minutes. Commuters can also use the MyTransport app to estimate bus arrival timings and further reduce their waiting times at the bus stop.

In January 2023, the average heaviest one-hour loading for Service 137 at the bus stops before the Bedok North station was 58%, which is within acceptable levels. However, on a few days in January 2023, the operator reduced two trips for Service 137A due to manpower shortages and this resulted in the higher loading levels which Mr Faisal described.

These trips have been restored, and the situation has improved. I want to assure Mr Faisal that LTA will continue to monitor, and we will introduce additional bus trips if necessary to meet higher commuter demand during peak periods.

The second issue was on "Townlink feeder services". This was the previous name used before the Bus Contracting Model was introduced in 2016. We now refer to such arrangements as "intra-town feeder services", where feeder services would travel around the town usually in two loops from the bus interchange. There are trade-offs to run such services, which is why they are no longer introduced for new routes.

First, these services often ply a much longer route, compared to a conventional hub-and-spoke model with shorter feeder services connecting different parts of the town to key transport nodes. The bus timings are, therefore, subject to more variability along the journey, which may lead to reduced reliability and longer waiting times for commuters.

11.30 am

About 10% of commuters use intra-town feeder services to travel to another part of the town. The large majority of commuters use them to connect to the MRT and other bus services at key transport nodes. This means, that their commuting needs will be better served with a hub-and-spoke model instead of using intra-town feeder services. The hub-and-spoke model is also more flexible in meeting new demand, for example when a new Built-To-Order (BTO) estate is constructed within the town.

Mr Gan Thiam Poh asked about City Direct Services. For City Direct Service 671 from Sengkang to Central Business District, the ridership has been increasing as more residents move into the new BTO blocks at Sengkang West. I am happy to share with Mr Gan that LTA will add an additional trip during the morning peak in the second quarter of this year.

Ms Yeo Wan Ling asked for an update on the transport options for our workers at Tuas Port. There is currently one public bus service from Tuas West Road MRT station to Tuas Port. PSA also operates shuttle services for its staff between Tuas Port and about 50 locations across Singapore.

The Maritime and Port Authority of Singapore (MPA) will form a tripartite committee with Government agencies, industry partners and unions to discuss and jointly propose practical solutions to improve accessibility to Tuas Port.

Sir, let me now speak about Maritime Singapore. Like waves in the ocean, the global maritime sector has experienced ups and downs over the years. We remain optimistic about the medium- to longer-term outlook for Maritime Singapore, which will be boosted by the development of Tuas Port and the growth of our International Maritime Centre.

However, there are driving forces we need to prepare for. Governments and companies are reconfiguring supply chains to enhance resilience. Port operators and shipping lines are integrating adjacent functions and tapping on digitalisation and technology. There is also an increased emphasis on environmental sustainability. The International Maritime Organization (IMO) could announce a higher level of ambition to reduce greenhouse gas emissions later this year. Corporates and individuals are becoming more conscious of their carbon footprint.

Mr Raj Joshua Thomas filed a cut on how we will ensure the relevance and competitiveness of our maritime sector. We plan to do so in three ways: enhancing digitalisation, improving sustainability and streamlining business costs.

Mr Saktiandi Supaat asked for an update on our digitalisation plans. We are on track to provide full 5G coverage in our anchorages, fairways, terminals and boarding grounds by mid-2025. Twelve maritime 5G base stations will be set up, of which three will be ready by 2023 to support the testing and development of new applications, such as remote pilotage and digital bunkering.

MPA will launch its Next Generation Vessel Traffic Management System in 2025. This uses data analytics and machine learning to enable our port to safely handle more complex and numerous vessel movements. We will launch a tender to develop the system prototype this year, for testing in a real-time operating environment.

Mr Saktiandi also asked about digitalOCEANS™. MPA worked with the China Maritime Safety Administration to develop and trial standards for the exchange of electronic certificates and port clearance data, to facilitate efficient vessel clearance. The standards will be operationalised for ships travelling between the Port of Guangzhou and Singapore later this year. China and Singapore have also submitted a joint paper to the IMO, to promote global adoption of these standards.

Another key enabler is common data infrastructures. They facilitate trusted and secure data sharing, resulting in better visibility and increased efficiency across the supply chain.

Ms Janet Ang asked about the development of the Singapore Trade Data Exchange (SGTraDex). Last year, MPA co-funded a data sharing pilot for ship supplies procurement and lighterage logistics with SGTraDex, Jurong Port and other partners. The pilot reduces manual data reconciliation and can save the industry over S\$20 million annually.

In 2022, MPA expanded the Industry Digital Plan to all Sea Transport sub-sectors. More than 3,000 SMEs can now apply for funding support to adopt pre-approved digital solutions and I encourage them to do so.

Sir, I agree with Mr Saktiandi that digitalisation will increase cyberattack risks. We need robust cyber defences.

First, for critical information infrastructure in MPA and our port operators, we have upgraded the existing Maritime Security Operations Centre (MSOC) with more advanced capabilities to enhance early threat detection, monitoring, response, information sharing and analysis. As cyber threats evolve, we will continue to expand our capabilities.

Next, MPA will establish a Maritime Cyber Assurance and Operations Centre, in collaboration with the industry. When fully operational in 2025, it will provide real-time security monitoring and disseminate information to mitigate cyber threats, advise on post-incident measures and facilitate information-sharing and training for stakeholders.

Sir, I will now touch on environmental sustainability.

Decarbonising is critical for Maritime Singapore's long-term competitiveness. However, the transition to a greener future will involve costs and trade-offs. Similar to digitalisation, the Government will walk this journey with our companies, but it is important also for businesses and business owners to take action and to start to embark on the journey.

From 2030, new harbour craft operating in our port waters must be fully electric, be capable of using B100 biofuels, or be compatible with net-zero fuels such as hydrogen. MPA has made good progress in supporting the electrification of harbour craft. Pilots for the first full-electric ferry by the consortium led by Keppel Offshore & Marine and full-electric lighter craft by the consortium led by SeaTech Solutions will commence later this year.

MPA is also working with terminal and harbour craft operators to pilot the implementation of charging stations. The first charging station will be deployed by Shell at the Shell Energy and Chemicals Park Singapore on Pulau Bukom by the first half of 2023 to support full-electric ferries owned and operated by Penguin International. This will form part of a larger charging infrastructure implementation masterplan, which MPA will roll out by 2025.

The transition to a sustainable future will take time. We need to start now to achieve our 2050 net-zero emissions targets.

Mr Chairman, while Singapore does not compete on costs alone, there are areas where we could help businesses to save time and money by reviewing our rules and regulations. The work is ongoing. I will share three examples.

First, we are reviewing our transshipment procedures at the land checkpoints. Currently, the transshipment of goods through our land checkpoints at Woodlands and Tuas is considered import to be re-exported. Companies must apply for two permits from Customs – one for importing the goods, and another for exporting them, resulting in higher administrative and compliance costs.

The review streamlines land transshipment procedures through the use of transshipment permits, similar to existing practices for air and sea transshipment. This will reduce the number of permits that companies need to apply for, with potential cost savings of up to S\$40 for each transshipment. The total savings for the industry could amount to S\$2 million annually.

Next, we are reviewing the requirements for exports at our air checkpoint. Companies are required to screen their cargo before export, which may involve physically opening the cargo for inspection. Companies with appropriate supply chain security controls in place can apply to the Police, for consideration to receive a reduced level of screening on their cargo. These requirements were put in place for good reasons – to ensure safety and security. They have served us well, upholding Singapore's position as a trusted supply chain hub.

However, there is scope to further calibrate the requirement based on risk management. For example, we could reduce the level of screening for goods exported through Singapore, if they come from overseas companies with strict safety and security processes in place.

Finally, we are exploring ways to move goods more efficiently between land checkpoints and our sea ports, to support multi-modal connectivity. Currently, only Singapore-registered container trucks and Singaporean or work permit drivers are allowed to enter our container terminals. Trucks from Malaysia that are not Singapore-registered and have foreign drivers will have to offload their containers outside the port after entering Singapore and load them onto Singapore-registered trucks with Singaporean or work permit drivers, before these containers are allowed to enter our container terminals.

This double-handling is not productive, as it leads to increased manpower requirements and business costs. We are also short of local drivers. PSA is working with the industry to allow non-Singapore registered trucks and non-Singaporean drivers under local logistics and haulier companies to access the container terminals and handle containers. They will do this in a phased approach to ensure safety and security. The companies and drivers will be subject to PSA's approval, after attending workplace safety training and assessments.

Allied Container Services is the first company that PSA has approved under this new arrangement. Allied Container Services will now be able to directly transport the goods of its customers from Malaysia to the container terminals in Singapore, without double handling. Mr Chairman, in Mandarin, please.

(In Mandarin): [Please refer to [Vernacular Speech](#).] Chairman, while Maritime Singapore does not compete on cost alone, there are areas where we could help businesses to save time and money by reviewing our rules and regulations. The Government will continue to work with industry partners and unions to achieve this. The work is ongoing. I will share three examples.

First, we are reviewing our transshipment procedures at the land checkpoints to reduce the number of permits companies need to apply for and help businesses save costs.

Second, we are simplifying the requirements for exports at our air checkpoint to reduce the level of screening required for goods from companies with strict safety and security processes in place.

Third, for goods moving between land checkpoints and our seaports, our operators are exploring ways to improve efficiency.

Currently, cargo coming in from Malaysia or Malaysian-registered trucks need to be unloaded and loaded onto a Singapore-registered container truck with a Singaporean or work permit driver before they are allowed to enter our container terminals.

PSA is working with the industry to allow non-Singapore-registered and non-Singaporean drivers under local logistics and haulier companies to access the container terminals. These companies and drivers will be subject to PSA's approval after attending workplace safety training and assessments.

With this initiative, local logistics and haulier companies approved by PSA will now be able to directly transport the goods from Malaysia to the container terminals in Singapore, saving time and money.

As we adopt a tripartite approach to review our regulations and create a pro-business environment, I also urge companies to make full use of the Government's support to improve their efficiency, including through digitalisation.

(In English): Mr Chairman, I am also glad to know that PSA, the Singapore Transport Association (STA), the Container Depot and Logistics Association (Singapore), and Enterprise Singapore have worked together to develop the OptETruck app in November 2022.

It allows the haulier community to exchange data, job pool and integrate solutions, for trips made by their trucks. Currently, each truck makes up to 12 trips a day on average, but about 30% are empty trips. With dynamic job allocation and job pooling provided by the app, the number of empty trips will be reduced by up to 50%. This will also reduce the carbon footprint of the trucks – equivalent to planting up to 300,000 trees a year.

Sir, we need to enhance our competitiveness to provide good jobs and career opportunities for our people. At the same time, we need to continue building a future-ready workforce with the right skills and expertise.

11.45 am

In response to Ms Janet Ang, we have put in place several schemes over the years to attract and develop a steady pipeline of maritime talent.

Last year, I announced that MPA and our tripartite partners would fund a new Sail Milestone Achievement Programme – we call it SailMAP – to support the earnings of our local seafarers.

Ms Nur Farhana was one of the 41 seafarers who benefited from this programme. Under SailMAP, she received \$5,000 for attaining her Class 1 Certificate of Competency (CoC). This is the highest level of certification. This helped to offset her training costs for CoC Class 1 and will support her plans to pursue a Master of Science in Maritime Studies at the Nanyang Technological University.

I agree with Mr Gan Thiam Poh that we need a pipeline of local seafarers to support our essential harbour craft sector.

SailMAP is designed to deal with the challenges unique to ocean-going seafarers who sail for extended periods while our seafarers within the harbour craft sector can disembark and return home to their families more frequently.

MPA, the Employment and Employability Institute (e2i) and Workforce Singapore (WSG) have designed training programmes to groom local seafarers to become harbour craft captains and chief engineers. The programme fees are fully funded and trainees receive training allowances.

MPA will continue to strengthen the training and support for our local seafarers and work with tripartite partners to attract and retain locals for these roles.

So, I hope our young people will take up maritime-related courses and consider making maritime your port of call.

The Chairman: Senior Minister of State Dr Amy Khor.

The Senior Minister of State for Transport (Dr Amy Khor Lean Suan): Chairman, I will elaborate on how we will put the community at the centre of our efforts to improve our land transport system.

A journey is not just about getting from one place to another. The experience, safety and convenience matter too. During our Forward Singapore engagements, participants shared their aspirations for better connectivity, walkability and more inclusive transport infrastructure. We have made good progress in these areas and plan to do more.

Ms Nadia Ahmad Samdin will be glad to know that we have implemented 27 Silver Zones so far and are on track to complete 50 by 2025.

Overall, the accident rate for senior pedestrians across all Silver Zones has reduced by 80%. Building on residents' feedback, future Silver Zones will have even more safety measures, including Y-junctions, which create a gradual bend so that motorists slow down when approaching the junction.

Besides these zones, we are also improving infrastructure for pedestrians to safely cross our roads.

As Ms Hany Soh highlighted, we have been retrofitting existing pedestrian overhead bridges (POBs) with lifts since 2013. So far, we have completed retrofitting 77 POBs with lifts and will continue with 30 more. We prioritised POBs near major transport nodes and healthcare institutions so that the lifts will benefit commuters with mobility challenges.

As our population ages, the need for more POBs to be retrofitted with lifts will grow. We are thus looking to launch a new phase to retrofit over 110 more existing POBs with lifts.

Beyond safer road crossing infrastructure, we saw the opportunity to convert some existing road space into footpaths, cycling paths or bus lanes to make it even safer for the community and improve connectivity. We identified 60 potential road repurposing projects.

Ms Yeo Wan Ling and Ms Poh Li San asked for an update.

So far, we have been working on four projects done through extensive consultation with local stakeholders. We completed projects in Havelock Road and Civic District in 2021 and will complete permanent repurposing works at Kampung Admiralty and Tiong Bahru this year.

At Kampung Admiralty, when we complete the pedestrianisation of a section of Woodlands Ring Road this month, residents can reach the neighbourhood centre more comfortably via covered linkways and widened footpaths. A new bus stop has also been added and from next year, more segments of cycling paths will be ready as part of the wider Woodlands network.

At Tiong Bahru, we have worked on pedestrianising and widening footpaths along various streets.

Throughout the process, we engaged local stakeholders and residents and will incorporate some of their ideas into the final design, such as creating open spaces for community activities. These enhancements will be completed by June.

We will also start two new repurposing projects in the second half of this year at Yung Sheng Road and Choa Chu Kang Terrace.

Pedestrianising Yung Sheng Road will enhance pedestrian safety and accessibility between the Taman Jurong Shopping Centre, Market and Food Centre whilst pedestrianising Choa Chu Kang Terrace will make walking to Sunshine Place neighbourhood centre and the upcoming Jurong Region Line more pleasant.

We will continue community engagements to implement more such projects.

Beyond LTA-led projects, LTA has been working alongside other agencies on larger-scale urban rejuvenation.

One example is the public-private partnership to revitalise Tanjong Pagar, which Mr Cheng Hsing Yao has asked about.

As part of the effort, LTA has worked with URA and commercial stakeholders to identify and build new pedestrian crossings and cycling paths and widen some footpaths in the precinct.

I visited the area recently and met teachers and children from a childcare centre at Tanjong Pagar Plaza. The teachers told me that the children loved playing at a nearby eco-playground but it was previously very challenging for them to bring the children there due to safety concerns.

As part of the rejuvenation project, LTA built new crossings along Tanjong Pagar Road and Tras Street. The teachers shared that it is much safer now to walk with the children to the playground while allowing the children to expand their learning beyond the classroom.

These changes go beyond making Tanjong Pagar safer for the young. They also bring the community together.

As a colleague noted, "To LTA, it is a crossing. But to the kids, it is many memories."

We will continue to work with stakeholders in Tanjong Pagar to identify and repurpose more stretches of roads to create more space for placemaking and complement the wider urban rejuvenation.

It is clear that our roads and paths are not just conduits for vehicles and people. They make our towns safer and more vibrant. More importantly, over time, they impact the way Singaporeans interact with each other – taking care of more vulnerable users, being more gracious to one another.

This is why we are launching the Friendly Streets initiative – to harness the potential of our streets to connect people, activate spaces and strengthen the sense of local identity.

The Friendly Streets initiative builds on LTA's existing efforts to prioritise road space for active mobility, public transport and community uses. This includes Silver and School Zones, Road Repurposing and added features to collectively support more inclusive people-friendly neighbourhoods and gracious communities. These will be in high-activity areas and near key amenities in our towns.

Streets will be made people-friendly in two main ways. First, by creating a pleasant, inclusive and green environment with widened footpaths, more greenery, barrier-free crossings and road markings to inform road users that they are in a Friendly Streets zone. Second, by facilitating more direct and safer journeys to amenities and transport nodes by implementing more pedestrian crossings where there are natural pedestrian flows and reducing pedestrians' waiting time to cross the road.

While there will be some common features for Friendly Streets, we hope to have designs unique to each area, co-created with the community. We will form a Friendly Streets Committee in each locality to spearhead this effort.

For a start, we will pilot the Friendly Streets initiative around some streets in five locations – Ang Mo Kio, Bukit Batok West, Tampines, Toa Payoh and West Coast.

With your permission, Chairman, may I ask the Clerks to distribute handouts illustrating the Friendly Streets concept, with some preliminary ideas for the network of streets around Ang Mo Kio Street 31?

The Chairman: Yes, please. *[A handout was distributed to hon Members.]*

Dr Amy Khor Lean Suan: Thank you. Members may also access the handout through the MP@SG Parl app.

As you enter a Friendly Streets zone, you will be greeted by specially designed signages and on-road markings. This encourages all to be more aware and look out for others. The streetscapes will also be filled with more greenery and we will consider upgrading bus stops where possible.

As you move down the street, you will see more people-friendly features such as pedestrian crossings and cycling paths designed to be used by all. As you cross the road and enjoy your safer, smoother and greener journey to the Teck Ghee neighbourhood centre, you will likely meet a neighbour or a friend. We hope you will all greet one another with a friendly smile.

Chairman and Members, this is but a simple example, because we are looking forward to co-designing the details with local stakeholders and bringing in their suggestions for their own neighbourhoods.

Engagements for Friendly Streets in these five locations will start this year, with the pilots targeted to be realised by 2025.

Together, we will not just build roads, but also memories.

Moving to Mr Melvin Yong's suggestion on only allowing lorries fitted with seat belts on the rear deck to be sold in Singapore.

As previously shared, original equipment manufacturers had concerns that seatbelts on rear seats create new safety risks. As the chassis and rear deck of lorries are separately put together, they will not be strong enough to anchor seat belts.

There are also liability issues. Original equipment manufacturers (OEMs) will not fit seat belts onto the rear deck of new lorries, nor vouch for the safety of such lorries.

On phasing out lorries that can ferry workers on the rear deck as the lorries' COE expire, this could be disruptive for many industries.

I would also like to clarify that many lorries with COEs expiring within the next five years will not have reached the end of their statutory lifespan of 20 years. Owners may choose to renew the COE. Over 60% of lorries with COEs that expired in 2022 had their COEs renewed.

Our "Walk Cycle Ride" vision remains at the heart of our future land transport system. Still, we understand that some need a car for various reasons. When private transport is required, we encourage drivers to choose cleaner energy vehicles, especially EVs.

We have been making steady progress to make charging points more accessible and reduce range anxiety among potential EV drivers.

To Prof Koh Lian Pin's question, there are over 3,800 charging points island-wide today, up from 1,500 in 2019. This includes around 1,600 publicly accessible and 1,200 private charging points, with the remainder for BlueSG users only.

The EV Common Charger Grant was launched in July 2021 to co-fund charger installation costs in private condominiums. To date, LTA has co-funded 267 chargers in 107 condominiums.

I am pleased to announce that we will extend the EV Common Charger Grant for another two years to December 2025. The extension complements recent amendments to the Building Maintenance and Strata Management Act that make it easier to pass resolutions to install chargers and further boost charger deployment.

LTA and the Urban Redevelopment of Authority (URA) awarded a pilot tender in 2021 to deploy more than 600 charging points in over 200 public carparks. I am happy to announce that all of them will be installed by the end of this month.

Building on this experience, LTA launched a large-scale tender last year to deploy 12,000 more EV charging points at around 2,000 HDB carparks in the next three years. The five successful tenderers will simultaneously install chargers all across Singapore.

Responding to Mr Gan Thiam Poh, these charging points will support the charging needs of both electric cars and electric motorcycles.

12.00 pm

Regarding the usage of charging points, utilisation rates for EV charging points under the pilot tender are around 8%, on average, over the last month. This is within expectations because the Government is frontloading charger deployment in the early years of EV adoption to give drivers the assurance to choose EVs. LTA works closely with EV charging operators to plan charger deployment based on local demand, to deploy slightly ahead of expected demand, but not over-deploy.

Ms Poh Li San asked about the costs of EV charger deployment. For the tenders at public car parks, EV charging operators bear the cost of the charging equipment. LTA, EMA and HDB are conducting an advanced engineering study to assess electrical upgrades required to support residential EV charging. The Government will bear the cost of these upgrades and eventually recover this cost through a tariff on EV charging operators and users.

The deployment of EV charging points on the ground will be planned and managed by EVe, a fully-owned subsidiary of LTA. We have also convened the EV Steering Group, an interagency committee to coordinate the Government's charger deployment policy across key agencies, such as LTA, HDB, BCA and EMA. This Steering Group, co-chaired by Senior Parliamentary Secretary Baey Yam Keng and myself, will focus on three "Cs".

First, capacity. Most of the charging points that we are deploying island-wide will be slow chargers at residential estates. However, we are also exploring where fast chargers can be deployed to provide an option for high-mileage users, such as taxi drivers, who may need top-ups on the go.

The ramp-up in charging points is necessary to serve Singapore's growing EV population, especially among light goods vehicles, or LGVs. Last year, electric or e-LGVs accounted for over 30% of new LGV registrations. This suggests that existing incentives, such as the Commercial Vehicle Emissions and Early Turnover schemes, are effective. As e-LGVs have lower operating costs than diesel LGVs, many fleet owners have realised that it is cheaper to operate an e-LGV over its lifecycle. For heavier vehicles, we will engage fleet owners to see how we can facilitate their transition to a greener fleet. Dedicated charging infrastructure will likely be needed.

The second "C", culture. LTA has been engaging EV drivers on their driving and charging experiences and is working with operators to foster socially responsible EV charging norms. Many EV charging operators today are considering measures to deter lot-hogging, such as idle fees.

But we must do more to develop gracious charging etiquette among EV users. So, LTA is planning a citizen engagement exercise to develop ground-up recommendations on nurturing good charging etiquette.

The third "C", capability. We will support the industry in training the workforce in areas, such as EV charging standards. Our Steering Group, together with EVe, will engage industry stakeholders and the public to support a safe and sustainable EV transition.

Chairman, I will now move on to point-to-point, or P2P, transport, which plays an integral role in complementing other transport modes.

As Ms Yeo Wan Ling noted, the P2P sector and drivers' livelihoods were significantly impacted during the pandemic. But as Singapore transitioned towards an endemic COVID-19 norm, P2P trips recovered to about 80% of pre-COVID-19 levels in 2022. In addition, fuel prices moderated over 2022, mitigating the impact of GST on drivers' costs. With this ridership recovery, P2P drivers have seen improved earnings and incomes returning to pre-COVID-19 levels.

Whilst demand for P2P services has increased, there are now fewer P2P drivers, as some had left the sector during the pandemic. The number of monthly active P2P drivers dropped from around 69,000 pre-COVID-19 to 55,000 in the fourth quarter of 2022. The decline is steeper for taxi drivers as there are around 9,000 fewer active drivers, compared to pre-COVID-19, and many who left were two-shift drivers who would drive night or weekend shifts.

Hence, with fewer P2P drivers available, riders experience high surge fares and longer waiting times, especially during the late evening or night. Mr Gan Thiam Poh and Mr Mark Chay asked for an update.

The tight supply of P2P drivers reflects the manpower shortage in many sectors post-COVID-19 and the industry will require time to adjust to demand for P2P rides.

For now, P2P operators have shared that they are recruiting more new drivers. Operators are also rolling out features, such as "hotspot navigation" to alert drivers to areas with more booking requests to better match demand and supply. Some have reintroduced ride-sharing services, where riders going to similar destinations can share a ride and be served by one driver. This allows the existing limited pool of drivers to serve more riders.

Nonetheless, we have seen an increase in P2P vocational licence applications in the past year, with 950 new applications per month in 2022, up from about 650 per month in 2021. On the Government's part, LTA will work with operators to reduce the time to process vocational licence applications.

As operators tackle new challenges faced by the sector, we will continue working with the industry stakeholders and drivers to address issues, ensuring drivers' livelihoods, addressing P2P availability and looking ahead to shifts in the sector's landscape.

Over time, we have seen structural shifts in the needs of our land transport system. During our Forward Singapore engagements, we heard some youths sharing aspirations to have the option to use a car, without necessarily owning a car. As Ms Poh Li San shared, car sharing may be an option for people who only require a private vehicle from time to time. Car sharing refers to the short-term leasing of cars, typically for less than a day. There are several operators, like Getgo and BlueSG.

Based on preliminary engagements with operators last year, we understand that there is growing demand for car sharing. With over 5,000 shared cars throughout Singapore today, operators plan to expand their fleets further to meet expected demand.

As car sharing can add to our mix of connectivity options for occasional car users, LTA will be further studying car sharing. LTA will work with operators to better understand the needs and potential role of the industry. We will share more when ready.

Chairman, in conclusion, we look forward to working with the community to co-create friendly streets, making our towns safer and more vibrant. As we reimagine our road space, we also encourage the use of more sustainable alternatives, such as EVs and shared modes of transport. Through these initiatives, we can work together to create a more people-centric land transport system for all.

The Chairman: Senior Parliamentary Secretary Baey Yam Keng.

The Senior Parliamentary Secretary to the Minister for Transport (Mr Baey Yam Keng): Mr Chairman, I will first provide an update on the progress of our Active Mobility, or AM, landscape, before elaborating on our efforts to promote inclusive journeys and a sharing culture.

Over the last few years, the AM landscape has evolved significantly, with more people taking up active modes of transport, such as walking and cycling. This is a good thing, as AM is the greenest, cheapest and healthiest mode of transport available.

Mr Dennis Tan asked how we intend to curb the illegal use of PMDs. First, we have implemented various regulations. E-scooters have been required to be registered since 2019 and be inspected every two years since 2020. In 2021, we also introduced import controls to stem the inflow of non-compliant motorised devices. E-scooter and power-assisted bicycle users, or PAB users, are required to pass the mandatory theory test before they can ride their devices in public spaces. As of end-2022, we have 39,000 passes, which is an increase of 8,000 from the previous year and accounts for almost 93% of the existing registered device population.

Second, through active enforcement. Our AM enforcement officers are deployed daily to ensure that our paths remain safe and to take action against errant riders. LTA also leverages technology, such as mobile CCTV cameras, to augment its enforcement efforts and conducts joint operations with other agencies.

With that, I am glad to say that we have made good progress in improving AM safety over the years. The number of AM-related accidents on public paths and fire incidents have dropped significantly, each by more than 30% since 2021. The number of accidents on paths fell from 155 to 101 while the number of fires involving motorised AM devices fell from 63 in 2021 to 42 in 2022.

But we need to sustain this good progress. We will continue to work closely with our partners and communities to do so, such as the AM Community Ambassadors. Since our call for volunteers last November, a few cycling interest groups, such as BPR Cycling Club and RIDERS Arena, have registered their interest with us. LTA has started to onboard these new volunteers last month and I look forward to the contributions from all our ambassadors. Moving forward, we will work closely with new and existing ambassador teams to expand outreach activities. For those who are interested to join us, you can indicate your interest through the LTA website.

As the AM landscape continues to grow rapidly, we are monitoring new trends closely. Together with the Active Mobility Advisory Panel, or AMAP, we are strengthening our regulatory framework while building a more inclusive culture.

AMAP comprises a diverse mix of representatives of different stakeholder groups, such as seniors, youths, people with disabilities, cyclists and motorists. This allows us to consider various perspectives to ensure that our rules remain relevant and effective.

As Mr Eric Chua mentioned, AMAP recently reviewed the use of cargo bikes, trikes, rider-only tricycles and recumbents. These are gaining popularity overseas. While these devices are still used in small numbers locally, it is timely for our regulations to be reviewed to ensure that the rules of usage are clear and that they can be used safely in Singapore. The Panel engaged a wide range of stakeholders and has provided a set of balanced recommendations.

As earlier mentioned by Minister Iswaran, the Government has accepted AMAP's recommendations. In our evaluation, we have aimed to balance between facilitating the use of more devices and ensuring the safety of all path and road users. Non-motorised devices will be subject to the existing device criteria when used on paths, including weight and width limits. Motorised versions of these devices will continue to be disallowed on paths and roads until recognised safety standards are available.

In consultation with MHA and the Traffic Police, we will also be introducing new limits for all AM devices used on roads. This is to address concerns that overly wide or long devices are less manoeuvrable and may pose safety risks. We will introduce a width limit of 1.3 metres and length limit of 2.6 metres on all AM devices used on roads. These limits are pegged to the largest AM devices being used in Singapore today: 1.3 metres is about the width limit of a trishaw, while 2.6 metres is the length of a two-seater tandem bicycle. We hope to continue facilitating such devices that have been used on the roads in Singapore for a long time with no major safety issues, while preventing proliferation of overly large devices.

We will raise public awareness and safe use of these newer devices and I thank all stakeholders who have contributed to this review.

12.15 pm

AMAP is currently reviewing the safe and responsible use of personal mobility aids, or PMAs. PMAs help individuals with mobility challenges, including those who have non-visible medical conditions, such as arthritis, that prevent them from walking long distances.

However, there have been reports of potential abuse and misuse. We want to ensure that these devices remain accessible to those who need them, but at the same time, it is also important to ensure that they are being used safely on our paths and that they do not detract from encouraging healthier lifestyles, such as walking.

AMAP is in the midst of engaging stakeholders and will submit its recommendations later this year. Chairman, I will now say a few words in Mandarin.

(In Mandarin): [Please refer to [Vernacular Speech](#).] This year, we will review the regulations of personal mobility aids (PMAs), such as motorised wheelchairs. Thus far, we have taken a light touch on regulations in order to remain inclusive to cater for elderly who may have mobility issues and require such devices to commute.

However, there have been recent feedback that seemingly fit and younger people were seen riding motorised wheelchairs in the neighbourhood and even on roads. There are also concerns on fire safety when modified PMAs are being charged.

To ensure public safety, we will review the regulations of PMAs. We will strike a balance between ensuring the safety of public paths and the accessibility of people who need these devices.

I also urge everyone to walk when you can. The less we walk, the weaker our legs will become. Even if our legs are weak, do not become over-reliant on motorised wheelchairs. The key is to stay healthy and strong.

(In English): Ms Yeo Wan Ling shared some concerns of delivery riders and asked if we could consider allowing different classes of AM devices, such as heavier ones, to be used on roads and paths. We note these concerns and will continue to review our existing regulations. But they have to be balanced with concerns of safety raised by other path and road users and also by Members of the House. The limits were put in place in consideration of the power of such devices and the potential dangers posed to other users in the event of an accident.

To support greener commutes, we are pressing ahead to implement more cycling paths island-wide. They will be constructed progressively across all towns over the coming years. With the launch of about 30 kilometres of cycling paths in various towns across Singapore recently, we now have about 550 kilometres of cycling paths in total. Residents living in the East and Northeast regions can expect more comprehensive cycling path networks from 2024.

On Ms Ng Ling Ling's request, we will first prioritise connectivity to transport nodes and key amenities, before expanding to other areas progressively. Nonetheless, the relevant agencies are studying the area and would be happy to work with her.

For those living in the West and Central areas, including Nanyang Division which Mr Ang Wei Neng asked about, we will be rolling out plans to build cycling paths there as well. Residents in these areas can look forward to better connectivity within and between these towns when these are progressively implemented.

With this, all 27 HDB towns and estates can look forward to having some cycling paths by the end of next year, up from the current 13. This is an ambitious programme, especially when we have to construct most of the paths in estates which are already very built up and space is scarce. Finding space can be a challenge, and in some cases, we need stakeholders' support to make way for new cycling paths. For example, LTA recently worked with five different schools in Bukit Panjang to reconstruct their school boundary walls and fences to create space for cycling paths.

During construction, we also take the opportunity to dovetail with other infrastructural works where possible. So, as much as we are trying to accelerate the programme, we seek Members' and Singaporeans' patience and understanding.

Apart from these intra-town paths, we are also looking into options for cyclists who prefer longer-distance cycling commutes. One such example is the North-South Corridor, designed with a cycling trunk route that would connect AM device users directly from the Northern region to the city.

Ms Poh Li San and Mr Saktiandi Supaat may wish to know that where space allows, we try to have dedicated cycling paths for AM device users. The CBD is a good place to do so and Senior Minister of State Amy Khor had previously mentioned about our plans to rejuvenate Tanjong Pagar. However, given Singapore's land constraints, it is not possible to always build separate paths for different users. We will all need to be prepared to share our spaces, and to do so graciously and safely.

Last year, LTA launched the Sunday Cycling Lane trial along West Camp Road in Seletar. This is to facilitate larger-group road cycling. A 4.6-kilometre on-road cycling lane was demarcated and set aside for buses and cyclists only, on Sundays from 5.00 am to 11.00 am. Five months into the trial, we observed that cyclists and motorists have co-existed well by keeping to their respective lanes, and the journey time of buses and other vehicles travelling along West Camp Road have also not been affected.

Into the last month of the trial, LTA will conduct surveys with stakeholders and gather feedback, before deciding whether the lane would be permanent or enhanced further. Moving forward, LTA is studying other stretches which are frequented by on-road cyclists and where vehicular traffic is relatively low. This would also be subject to consultation with other agencies and engagements with relevant stakeholders.

Mr Chair, we are also stepping up efforts on inclusivity in public transport. As Mr Ang Wei Neng notes, many Singaporeans are keen for our transport system to be more inclusive. Let me give a few updates.

First, I am happy to share that all MRT stations, bus interchanges and Integrated Transport Hubs have been designated as Dementia Go-To Points. Members of the public can bring people who lose their way to any of these major public transport nodes and enlist the help of our public transport staff.

Beginning last year, we have also fitted Braille signs at the queue rails of each boarding berth at bus interchanges. These signs allow commuters with visual impairments to know which bus services are available at the berth.

For the elderly and families with young children, we have built accessible changing rooms and family toilets. All these rooms with automatic sliding doors will come with audio announcements. These will be useful for visually-impaired commuters who can also just wave a hand to lock the door. These infrastructure upgrades have been included in new bus interchanges since last year and will be added to existing bus interchanges that are slated for upgrading where practicable.

Sir, we are providing Singaporeans with sheltered connections from our public transport nodes to key amenities nearby. Over 2019 to 2022, we expanded our network of covered linkways by about 72 kilometres. Today, we have a total of 275 kilometres of covered linkways built by LTA. Typically, a new MRT station brings about 800 metres of covered linkways. With more than 60 new MRT stations, including interchanges, coming up in the next decade, our network of covered linkways will only continue to grow. We will continue to work closely with other agencies to enhance the walking experiences of Singaporeans.

While we make improvements in hardware, we have also continued to foster a caring commuting culture in public transport, primarily through the Caring SG Commuters movement. In 2022, we had a new initiative to spread awareness to more people.

I am glad to share that more than 900 people have undergone training to assist commuters in need under the Caring Commuter Champion initiative. Another 700 volunteers are undergoing the online training course at their own pace. Anyone can enrol for the online training for free at the Caring Commuters website.

Mr Eric Chua may be glad to learn that we will expand the Caring Commuter Champion initiative. This year, we are developing content that is suitable for primary school children to enlarge our pool of young Caring Commuter Champions. Moving forward, we will actively increase outreach efforts and engage our existing partners to promote inclusivity on public transport and enhance outreach to private sector organisations to raise awareness and recruit more Caring Commuter Champions.

Our Public Transport Operators (PTOs), who are the frontline touchpoint for commuters, are our close partners. They have worked closely with Social Service Agencies to develop inclusive initiatives. One of the initiatives was the Helping Hand scheme.

We started with a sticker or card displaying "May I have a seat please?" to help commuters be aware of those who need a seat more, especially those whose medical conditions may not be obvious. This message has been expanded to the entire bus and train network across all PTOs, and commuters who need these stickers or cards may request for them at bus interchanges and MRT stations. We encourage commuters to exercise graciousness and give up their seats, and not just priority seats, to fellow commuters who need them more and will put up posters at prominent locations as visual reminders. From April 2023 onwards, we will expand the Helping Hand scheme by adding more messages to assist the special needs of other commuters. The new messages will be progressively rolled out, starting with the bus network, and publicity will be done on various online and out-of-home platforms.

Chairman, Sir, we have made good progress in our AM landscape over the past few years. We will keep up the momentum to provide more inclusive and sustainable modes of transport. Nonetheless, more can be done to achieve our goal for a gracious and sharing community. No matter your mode of transport – whether you choose AM or public transport – let us look out for one another so that everyone can move around Singapore safely and with ease.

The Chairman: Clarification. Mr Pritam Singh.

Mr Pritam Singh (Aljunied): Thank you, Chairman. Minister, my cut to MOT this year is a follow-up to my colleague, Mr Faisal Manap's Adjournment Motion of October 2021 on motorcycle ownership and his other Parliamentary Questions (PQs) on high motorcycle COEs.

I note the Minister's point about finance as a service offered by many motorcycle dealerships and I recognise the role that it plays. However, the prospect of speculative bidding of motorcycle COEs has always been a concern of the public. I will not go through the newspaper articles that can substantiate this concern.

The Minister said that the violations of motorcycle financing would be subject to the Hire Purchase Act. But the Hire Purchase Act comes under the purview of the Ministry of Trade and Industry (MTI). In view of high motorcycles COE prices, does MOT, for example, monitor the number of repossessed motorcycles and would it consider doing so to have a better fix on the impact of motorcycle financing through dealerships today?

To this end, would the Ministry consider a broader study into alternative financing options for our motorcycle riders, such as through cooperatives, that could bargain for not just better block-financing rates from financial institutions, but also reduce the arbitrage component of some loans that are in turn offered by some motorcycle finance companies today?

My second clarification is very short. It pertains to the second point of my cut. Does the Minister have a perspective on the total number of motorcycle COEs transferred to the Open Category over the last 10 years? I use 10 years because it is the lifespan of a COE, even though I note that the practice had been stopped in 2017.

Would the Ministry consider an increase in motorcycle COEs to make up for the COEs transferred to the Open Category in the past?

Mr S Iswaran: Mr Chairman, I thank the Leader of the Opposition for his questions. Actually, these two questions, straddle the gamut of almost all the issues; so, they are deceptive in their apparent simplicity. But let me endeavour to respond.

Perhaps, I will start with the second point on COEs and allocation. I think what the Leader of the Opposition is driving at is whether there is a way to re-allocate some of the old COEs. I think that was the point he made earlier because of the old system, which was discontinued in 2017.

12.30 pm

First, let me say and I want to reiterate this point. I omitted to mention Mr Faisal Manap's Adjournment Motion, but as I said, I do not think any one party here has a monopoly on the care and concern for motorcycle owners. We all do. We are all endeavouring to help. And the question is, how to best achieve that.

Secondly, let me make the point that we need to be clear about what is the overall intent and structure of the system. So, I start with the vehicle growth rate. We have taken an important albeit difficult decision that the vehicle growth rate will be zero. We have done this because of the overall interest in terms of the liveability of our city and ensuring that even our roads, the flows, the vehicular flows can be sustained, going forward, taking into account road development and all the other modes of transportation that we are developing.

So, that is the first and important consideration, baseline point, that vehicle growth rate is zero. Why is that important? It is important because the moment we agree on that and – I am assuming the Leader of the Opposition agrees with that as a principle. Because if you do, then any mechanism to re-allocate COEs is basically a zero-sum exercise. We have to take it from some other category in order to give it to a more critical category. The Leader of the Opposition's proposal is to take it from, I think, Cat E, or – I cannot remember where.

But there have been similar arguments made for other categories – whether it is for Cat A, whether it is for Cat C, commercial – in this House. So, how do we decide then where to take it from, where to allocate it, how much to allocate and how do you measure that the outcome has been successful? Because, clearly, the intent here is that – and I am reading into the Member's comment – unless prices soften, the desired objective has not been served.

But we have to look at any change we make to the COE system holistically for all the reasons I have just highlighted.

So, to propose one particular dimension for modification without looking at the systemic implications, I think would be remiss on our part.

But as I have said, having said that, we have been prepared to take measures. We have, not just in terms of the systemic measures to help motorcycle owners in terms of costs, but also some of the more recent measures to curb any potential speculative behaviour on the part of motorcycle dealers. And we remain ready to do more.

As I have pointed out, the most recent couple of months has been quite telling because there have been 450 TCOEs that have been forfeited. Which means at a certain point, there was pushback in the market and now the dealers have to let them go. And this re-enters the supply. And, as I said, I hope buyers and dealers will take note of this when making their decisions on bidding and buying for Cat D.

The first point that he raised was on the financing elements. First, we should all be very focused on our core mission. And the mission in LTA and for MOT is to make sure that we have agreed on a policy for managing the population of vehicles and we have an allocation mechanism through the COE, and we should ensure that that is working to the best of our ability.

Having said that, financing is essential because most buyers of vehicles, generally, do need financing assistance. Whether we can study further, whether there are any other alternatives, I would say that this is actually better left to the market and to industry players to respond. Because in the end, LTA or the Government is not in a unique position in any way or even in a position where we have special insights into this. The practices – and the Member himself has highlighted, there is a cooperative and so on – the mechanisms exist, in other context perhaps. And it is really best left to the market.

What we will do, however, is even though the Hire Purchase Act is under MTI, if there are issues about practices that contravene the regulations, these are areas that we will want to make sure they are investigated thoroughly, because they do affect the effective functioning of the COE market.

The Chairman: Mr Pritam Singh.

Mr Pritam Singh: I thank the Minister for the considered reply.

On the point of how do you re-allocate, I recognise the difficulty in doing so, particularly in the context of a zero vehicle growth policy. But I think the other context to consider, and I make this appeal to the Minister, is the landscape with regard to what has happened since 2017 and today, insofar as a burgeoning of the gig economy and the need for lower-income Singaporeans to have an affordable mode of transportation to deliver food and whatever else, has changed.

So, that was the context in which I raised the argument that covered a previous policy of LTA, which was to take COEs from the motorcycle Cat D and put it to the Open Category. And I was wondering whether there could be some considerations because of the landscape, to see whether it is feasible to consider a transfer back. And in my cut, I use the word "equity and fairness". It is not meant to dilute the Minister's response of the larger task of re-allocation from other categories as well. I take that point.

On the point of the market, indeed, ultimately, that is the bedrock that has to sustain financing. But in view of the Forward Singapore exercise, I think there was an exercise which looked at the prospect of cooperatives partnering businesses to better manage finance. I am wondering whether the Ministry could nudge our cooperatives to consider providing loans for lower-income Singaporeans so as to ensure that the arbitrage that motorcycle financiers gain is not overly large, to the detriment of lower-income Singaporeans who need these bikes in the first place.

Mr S Iswaran: Mr Chairman, on the point on re-allocation, some data points are useful. Over the last 10 years, the population of motorcycles in Singapore has been around 130,000 to 140,000. So, it has been at about that level. It has not been so volatile.

And when we talk about allocation to Cat E, it is not just from Cat D. And we continue to have allocation from Cat A, Cat B and Cat C into Cat E, which then gets recycled.

So, if we talk about changed circumstances that warrant considerations specifically for motorcycles because of, say, delivery, the same might apply to Cat A cars, for example, because they are used for Grab, or those kinds of platform services.

What I am trying to illustrate is, I do not think we have a disagreement in terms of wanting to help. But we have to be very clear that in our desire to do so, we do not throw the baby out with the bathwater. Because it is a system that in general has worked. But let us also be clear: why we are discussing this today is because the prices have gone up. When the prices were lower, we were not debating these issues in the same way.

So, we have to understand clearly what is the driver, what is causing it, be prepared to respond if, in fact, there are structural issues or systemic issues that we think need to be resolved. But I am just advocating having a care and also trying to present the larger perspective.

The second point is, the point has been made, by the way, on "equity and fairness", and I think "equity and fairness" depends on where you stand and whom you are advocating for. And I can assure the Leader of the Opposition that I have had many who have advocated for other groups with equally meritorious claims for favourable allocation.

So, I think it is a subjective discussion, one that we need to take into account, we need to take serious consideration of, in terms of the circumstances. But we should also make sure that if we are going to make a systemic change, it is one that we can then not just defend but also make sure that we can sustain it in the long run because it is warranted, in the manner that we have just discussed.

On the possibility – so, now, it is beyond MTI; it has gone to the cooperatives and whether we can ask them. I will dutifully convey the message. But I just want to come back to what I said at the start, which is that, in the end, there are various market mechanisms. We should encourage it, I fully agree with that. As the Leader of the Opposition said, if there is an arbitrage possibility and if the market is functioning well, then somebody would take advantage of the arbitrage and come in – whether it is a cooperative or another finance business or whatever. So, I just want to make that point.

The Chairman: Ms Ng Ling Ling.

Ms Ng Ling Ling (Ang Mo Kio): Thank you, Chairman. I just have two clarifications for Senior Minister of State Amy Khor. I welcome the Friendly Street pilot. I think it is a great project. My question is, instead of it being just a standalone project with a committee, for constituencies that are entering into a major Neighbourhood Renewal Programme (NRP), can it also be a standard as part of it, so that we can have a more collective and integrated plan for our residents.

The second clarification is for the installing of lifts in pedestrian overhead bridges (POBs). I am really glad to hear that it will be expanded in recognition of our ageing population. I have a block facing a POB. On one side is a very densely populated residential area but on the opposite side, is the industrial area. In the consultation with LTA, I have been informed that because the density is not high enough to justify this, it will be considered. I would just like to ask if there is a hope for it, so that my residents can hope for one day having the lift there as well because they are also ageing.

Dr Amy Khor Lean Suan: On the Friendly Streets pilot, we are wanting to work with the local community and will form a committee. That committee would comprise all stakeholders. So, if you have a Neighbourhood Renewal Programme there, then the relevant stakeholders can also be involved. Indeed, the Friendly Streets initiative is really about integrating: looking at an entire zone and then putting in place the various projects that we may have, whether it is a School Zone, Silver Zone, your NRP as well as other initiatives to make the area more friendly for users. So, definitely.

Regarding the POBs, it is a coveted scarce commodity. We will always have to prioritise. But having said that, definitely, you can continue to hope for it and we will take note of this.

The Chairman: Ms Poh Li San.

Ms Poh Li San (Sembawang): Thank you, Chairman, I have three clarifications.

First one for Minister Iswaran. Minister Iswaran mentioned the mandatory switch to EVs by 2025 for the airside vehicles. These airside vehicles are mainly owned by private companies or listed companies, the ground handlers. This will add new cost pressures with new vehicles and electricity for these companies. May I know if there are any plans for MOT to look at some incentives to ease the transition for these companies to deal with these cost pressures?

12.45 pm

The second question is for Senior Minister of State Amy Khor. This is regarding the EV chargers. We have about half a million private vehicles in Singapore and there are plans to increase to about 60,000 EV charging points island-wide by 2030.

I have a question in my cut regarding whether there are plans to convert the existing petrol stations to support EV charging. There are currently 180 of these. Hopefully, we may also use some of these assets to convert them into fast-charging EV stations in the future to augment the 60,000 EV charging points required nationwide.

The third clarification is for Senior Parliamentary Secretary Baey Yam Keng who shared about the trial of the cycling zones in Seletar West Camp. Thank you for this trial. I am sure the cyclists will appreciate it. I would just like to know, following the successful five-month trial, whether there would be plans to extend to more areas, especially the longer stretches like those in the Lim Chu Kang area?

Dr Amy Khor Lean Suan: As we have said, 60,000 by 2030, our estimate is that they should be able to serve at least half the car population.

The kiosks – about 180 all round – about half are actually on TOLs or short leases. So, depending on how the demand for EV chargers pan out – basically, now, there are already petrol kiosks that have installed EV chargers. For some, it is a question of business model and how they transit. For others, depending on whether there is demand in that specific location and so on, some may actually transit out. So, we will have to look at this as the EV charging network builds up and demand for EV cars increases.

Mr Baey Yam Keng: I thank Ms Poh Li San for her interest in the road cycling lane.

This is a time-based cycling lane. It is actually a road lane for normal vehicles at other times. As we have limited land space, road space, we cannot always built dedicated paths. Therefore, we came up with this first time ever time-based lane at West Camp Road. So, only for six hours a week, it is open to cyclists and buses only.

So far, it has been five months since we started it. As I have said, the feedback and the observation have been positive. We are going to do a proper survey among the users also to get feedback on how the scheme could be improved.

If all things go well, I hope the cycling lane at Seletar will become a permanent one. That would give us confidence to explore other areas. These would be areas where road cyclists are already using because we want to go where they want. But at the same time, at a time or day where normal road traffic is already low so that it does not have a high potential for clashes to happen.

So, Lim Chu Kang area, yes, we will look at that and we hope that we will be able to do more in other areas as well.

Mr S Iswaran: Mr Chairman, Ms Poh Li San has raised an important point regarding the cost impact. This is why, in coming up with this recommendation on electrification from 2025, it is really about focusing on the replacement of the airside vehicles.

As the existing fleet reaches its end of life, the replacement has to be electric. Eventually, perhaps some other variants may emerge.

Then, the question of cost, relative cost, I would say that there are a few things happening here at the same time. Even today, based on our discussions with the operators like the larger players, the life cycle cost evens out when you make the switch. So, that is the first point.

Secondly, we have to bear in mind that the cost of electric vehicles and solutions, as the scale grows, it is a reasonable proposition that the cost may become even more competitive. We have already seen that over the last several years as EV manufacturing and supply have scaled up.

On the other side of it, any cost associated with emissions also has to be factored in. For example, in Singapore, we have already spoken about our carbon tax trajectory.

So, when you factor all of these into account, in general, it is a manageable transition without imposing undue cost and I think the businesses also see the competitive value proposition of doing so.

Mr Saktiandi Supaat (Bishan-Toa Payoh): Mr Chairman, I would like to ask about two and a half questions.

My first question is with regard to the Friendly Streets, which I actually laud, and I am happy to hear that Friendly Streets will be launched, including in Toa Payoh as well. My first question with regard to Friendly Streets is that when you co-create, does it involve the option of having covered linkways? The reason why I asked is because some areas are beyond MRT stations. Will the covered linkways be part of the suite of options that can be chosen by the committee?

The second question is with regard to the question in my cut on the Ministry's plans to roll out affordable EV motorcycles as part of the sustainability efforts in our land transport system. I would like to ask the Minister whether these affordable EV motorcycles—hopefully, we will move away from ICE motorcycles to EV motorcycles over the next decade or so, but it has an impact on the demand that Member Pritam Singh has mentioned just now. What does it mean for Singapore and can we have an assessment of the possible early adoption incentives for EV motorcycles? For Singaporeans who want to get EV motorcycles, will there be incentives?

My "half" question is with regard to electric buses. The Minister mentioned 400 new electric buses and electrification. I have met residents who mentioned that they really want to have electric buses because they are quieter, they are less noisy, especially for those staying near on the second, third floors of HDB blocks facing bus stops. Can it be sped up even faster – half of the buses by 2030, possibly, all by 2030, if it is possible?

The Chairman: That sounds like a full question. Your "half" question was requesting it to be in Toa Payoh. So, it is three-and-a-half questions. But never mind. *[Laughter.]*

Dr Amy Khor Lean Suan: Yes, it is okay. I can answer that "half" question on the linkway.

That is why we are forming a committee and getting local stakeholders involved. We will take all suggestions and ideas into consideration and study this as part of the Friendly Streets initiative. Obviously, we will have to look at the viability and so on.

Mr S Iswaran: I am tempted to say that every street is a friendly street. *[Laughter.]*

On affordable electric motorbikes, we are running various trials, as Mr Saktiandi would be aware. There are different models. You have the plug-in charger types but they are largely the more high-end type of motorcycles. There are the battery-swapping models, which seem to be becoming more common in other markets.

Our concerns would, in particular, centre on fire safety type issues because, if they are batteries that can be removed, then, what is the charging arrangement and so on? So, this is the reason why we are conducting these pilots. I think learning from them, we will be able to come up with the appropriate regulations on that.

In terms of affordability, my expectation is they will probably end up, like in cars, with a spectrum of such electric motorbike solutions available in the market. In fact, you can already see it in other parts of the world.

On buses and electric buses, can we speed it up? This is already quite a bit of an acceleration over the last one to two years because we decided we have to move. What I think I would say is, let us get this first tender out, let us run in the system a bit more, because what we have had up to now are pilots and trials. We now need to do this at scale and understand the implications because when you ramp up and it goes up to half or more of your fleet, the implications are quite different from running a small-scale pilot.

So, let us do that. I just want to assure the Member that we share his enthusiasm for this transition.

The Chairman: Mr Dennis Tan. Keep it tight.

Mr Dennis Tan Lip Fong (Hougang): Thank you, Chairman. I have three clarifications for Senior Minister of State Amy Khor and one quick clarification for Senior Parliamentary Secretary Baey Yam Keng.

The Chairman: We need to finish by 1.00 pm.

Mr Dennis Tan Lip Fong: Yes, I will endeavour to do that.

The Chairman: But we need time for the response as well.

Mr Dennis Tan Lip Fong: I will do that, yes.

First, I would like to ask very quickly, does the Government have any plans for alternate renewable energy choices for EV drivers besides natural gas? Related to this, has the Government studied the feasibility of having some of the public chargers be powered by solar panels fitted on the multi-storey car parks (MSCPs), at least in part?

My second clarification is whether the Government is concerned with the slower conversion of heavier vehicles and lorries to EVs and will it affect our plans for 2030 and beyond.

The third clarification for Senior Minister of State Amy Khor is whether the Government will actively engage logistics companies directly on their plans to convert to EVs to speed up the process.

My clarification for Senior Parliamentary Secretary Baey Yam Keng – I thank him for the reply on PMDs – I just want to request that the Government continue its enforcement, engagement and public education efforts in respect of power-assisted bicycles (PABs) as well because it is common to see e-bikes beating red lights, cycling against traffic, not wearing helmets. I also see many cruising on e-bikes without having a pedal at all, which is not consistent with LTA requirements that the motor power can only cut in when the cyclists start to pedal. So, it suggests that there is still a lot of illegal PABs running around.

The Chairman: Short responses, please.

Dr Amy Khor Lean Suan: On using cleaner renewable energy for electricity generation, that is actually under MTI.

On MSCP solar panels, there is already a scheme. HDB also has a scheme – the SolarNova scheme – to put solar panels on rooftops and, if it is possible for MSCPs, I am sure. Actually, that is also not under this Ministry.

On logistics companies' transition to cleaner vehicles, we are working with them, but it is now limited by the availability of this kind of vehicles, in terms of technology.

Mr Baey Yam Keng: I agree with Mr Dennis Tan that, indeed, when we restricted usage of PMDs, a lot use PABs. But looking at the data we have, on the offences where we have caught people using non-compliant PABs, they have come down since 2020.

Last year, we had about 600 summonses given for non-compliant PABs. That would include those which the Member observed where they were not pedalling but they were able to move. Probably, they have some illegal modifications as well. So, if these are caught, they would be confiscated.

As for enforcement on the roads – speeding, beating red lights and so on – we hold joint enforcement with the Traffic Police. In areas like Park Connector Networks (PCNs), we hold joint operations with NParks' officers as well.

So, we will continue to do enforcement. We want all users to understand the rules and abide by the rules.

Mr S Iswaran: Thank you, Mr Chairman. Just on the specific point that Mr Dennis Tan raised, I think the practical way forward is for our chargers to tap off the grid rather than have dedicated solar panels or other sources of energy coming in.

The reason is because if we take solar panels, for example, the intermittency means that if there is cloud cover, you will have a problem and how does the charging rate work? Then, you need batteries to store the electricity in order to do this.

So, the more efficient way of doing this is to have the diversification and the incorporation of renewable energies at the grid level, which is what the Energy Market Authority is doing by calling for proposals for renewable energy supply into Singapore. Through that, we will achieve greater renewable energy component in the electricity that is used to charge EVs as well.

The Chairman: Mr Saktiandi Supaat, would you like to withdraw your amendment?

Mr Saktiandi Supaat: Thank you, Mr Chairman. I would like to thank the team from MOT for answering all our questions, especially the 46 cuts from Members, which took a very efficient timeframe – one hour from 6.55 pm to 8.00 pm sharp.

1.00 pm

The responses taken by MOT Minister Iswaran, Senior Minister of State Amy Khor and Senior Minister of State Chee Hong Tat and Senior Parliamentary Secretary Baey Yam Keng which took just one-and-a-half hours which, in line with what Senior Minister of State Chee Hong Tat mentioned, we, being efficient at the checkpoints, like MOT, has shown it is being efficient.

At the same time, as the Senior Minister of State mentioned, I was surprised to hear that there are 300,000 trees being saved, equivalent to 300,000 trees being saved by changes in the maritime sector as well.

I would like to thank the MOT team at the backend as well for their continued work to ensure a resilient, sustainable and inclusive transport system and all the Members who have spoken within that one hour last night. I hope we can continue to make sure that we continue to maintain that sustainability efforts going forward as well. Mr Chairman, with that, I beg leave to withdraw my amendment.

Amendment, by leave, withdrawn.

The sum of \$2,550,842,700 for Head W ordered to stand part of the Main Estimates.

The sum of \$10,165,701,000 for Head W ordered to stand part of the Development Estimates.

COMMITTEE OF SUPPLY – HEAD O (MINISTRY OF HEALTH)

(A united and caring society)

The Chairman: Head O, Ministry of Health. Dr Tan Wu Meng.

1.02 pm

Health and Care – From Today to Tomorrow

Dr Tan Wu Meng (Jurong): Chairman, I beg to move, "That the total sum to be allocated for Head O of the Estimates be reduced by \$100".

I declare that I am a medical doctor in a public hospital and I am the son of a cancer patient. Today I will speak on our patients and our healthcare workers, our healthcare system and our pandemic defence.

On our patients. Our people want to live at home. And sometimes, when a patient has incurable terminal illness, that patient wants to die at home as well. So, the care must follow the patient. And if the policy intention is to subsidise the care, it is important to look at whether the subsidy and support follow the patient as well, including into the home. It is important in end-of-life care, palliative care. It is important when patients are less mobile because each trip to and fro for a less mobile senior, can mean expenses on a taxi trip, a private hired vehicle or even a private ambulance for some of the sickest patients who are based at home.

It important as family sizes get smaller – fewer children to share the caregiver filial duty of accompanying a parent to a clinic. Each visit, each trip to and fro, means cutting into family care leave, annual leave from work and sometimes, that leads of friction with the employer. It is often the less well-off workers, with less bargaining power who face difficulty being a caregiver – because we know that while some employers are kind, some employers are "one kind".

Last year, during the debate on Healthier SG, I shared about one of our Clementi seniors. Ah Ma was bedbound, not able to get out of the home, not able to physically get to the polyclinic nearby. Her home visit doctor wrote a prescription. But when the prescription was brought to the polyclinic, she had to pay unsubsidised rates for her medicine. She could not make use of her Pioneer Generation ((PG) card because she was not physically able to get to the polyclinic, walk in the door, register as a subsidised patient, make use of that subsidy and the PG additional subsidy too.

Minister Ong Ye Kung, last year, thanked my Clementi residents and I for pointing out. "that healthcare subsidies should not be tied to services being delivered in brick-and-mortar facilities". Minister also said, "This will naturally have to be reviewed as we shift our paradigm". Can the Minister share what is the progress of the review and what improvements are being looked at to support less mobile patients and seniors at home?

Because healthcare is changing. Care is moving "beyond hospital to community", MOH's own words from half a decade ago. The Healthcare Services Act (HCSA) recognises that healthcare goes beyond places of brick-and-mortar. The National Electronic Health Record (NEHR) also recognises that patients move between different places of care and so there has to be continuity of medical records as part of continuity of care.

And, therefore, it makes sense. It is a natural policy progression to look at how subsidy can be made more portable with the appropriate processes and safeguards, to make subsidies more portable so that care follows the patient, including to the home for patients who are less mobile.

Traditionally, MediSave was tied to the inpatient hospital setting. But over the years, we now allow MediSave to be used for outpatient care of chronic diseases in the clinic.

But more can be done because some patients at home have medical conditions which mean it is very hard to move around, very hard to go out of the home, to a clinic. Patients with chronic neurological conditions, such as muscular dystrophy or motor neuron disease. Some patients may be homebound because of old age. Each trip going out, not so straightforward. And there are also some patients, some seniors, with incurable illness, terminal illness, limited time left. And for these patients, every trip to and fro from a healthcare facility, means less time spent at home, less time at home with loved ones in a place that they want to be. So, it matters.

Can MOH look at how healthcare financing and healthcare delivery can be made more portable for such patients? Subsidy, 3Ms: MediSave, MediShield Life, MediFund, so that care can be delivered at home, closer to home especially if the intent is already to subsidise such care.

When patients need to do a blood test a few days before the appointment, can MOH make it more straightforward for patients to have blood tests done at home, or at a polyclinic near to home, to reduce the distance travelled by patients and caregivers?

Can MOH make blood test forms more portable across the different public healthcare institutions?

My Clementi residents tell me of fellow Singaporeans discharged from one public hospital, given blood test forms to be brought to their regular doctor at another public hospital and the doctor at the second public hospital, the regular doctor, has to reorder, reprint, reissue the blood test form, even though both hospitals were part of the same healthcare cluster.

There is more that can be done to make the journey smoother for our patients. In short, policy design must be about seeing through the eyes of our people because that is how we make better policy and deliver better care.

I want to move on to talk about our healthcare workers and in particular, flexible work arrangements in healthcare.

Amidst our ageing population in Singapore, many healthcare workers are themselves caregivers as well. There is the filial son, the filial daughter, works a full shift at work in the hospital, comes home, put in that extra mile for their parents too, extra mile at work, extra mile as the caregiver after knocking off work, looking after an aged parent who may have dementia, or themselves have a serious illness.

There are single mothers working in healthcare on the healthcare frontlines. When they finish their shift, they go home, look after their children, putting their full heart in at work and at home. There are also healthcare workers who themselves have special needs children at home. Each time a healthcare worker faces challenges with flexible working arrangements, it poses challenges at home as well.

Some healthcare workers have themselves fallen ill with a serious illness, such as cancer. They have gone through treatment, fighting their way back to health, rebuilding their health even as they rebuild their work identity, trying to make progress, trying to come back to work, helping patients who are recovering from their illness.

So, flexible working arrangements can make the difference between healthcare workers having to choose between their family and their job or, in some cases, between their health and their job.

Can MOH tell us how many healthcare workers left the workforce in the past five years, despite still being of working age? And how many former healthcare workers have returned to service in the last five years?

I also want to speak for our older healthcare workers. These healthcare workers have served on the frontline for decades, full of experience, wisdom. The journeys and wisdom of a lifetime. They still want to contribute. But, sometimes, they also are looking for flexible work arrangements as they have elderly parents at home. We should find ways to keep these workers in the workforce serving as long as they are able to and wish to do so.

Progressive, supportive HR practices, it matters in the workplace; it matters in healthcare. It keeps the workplace open to sisters and brothers coming from different backgrounds, different walks of life, different personal journeys. It helps us recruit and retain the full diversity and depth of talent and life experience that is Singapore. And all this adds to the team because healthcare is a fundamentally human endeavour, no matter how much technology and science there is. Healthcare is fundamentally about human endeavour and humanity. And when our workforce draws on a full breadth of experience, life experience, talent, diversity, it helps our healthcare system. It makes our system stronger. It strengthens our ability to deliver care.

I want to speak on our system of healthcare.

Mr Lim Siong Guan was former Head of Civil Service. I remember a quote which Senior Minister of State Chee Hong Tat mentioned in a speech at an MOH event in 2017, "Implementation is policy", that is what Mr Lim Siong Guan said. "Implementation is policy" because the effectiveness of policy is not measured by how elegant it looks on paper, but how it is translated into reality, during implementation. So, I want to ask MOH some questions on implementation.

On Healthier SG, what is being done to help family doctors come onboard, especially at older clinics which are not already digital? When can our residents start joining Healthier SG? What about patients with chronic disease, already seeing an established doctor in the community? How will the subsidy and financing framework operate for chronic disease medications? And how will it interlock with the existing model of care that many family doctors provide? And how will this connect with wellness and exercise programmes in the

community? Because my residents in Clementi and in Faber Hills within Clementi, they tell me that HPB at one point was cutting back on exercise programmes in the community. And this meant that some seniors had to travel further in order to access their usual exercise programmes of their choice. Implementation matters.

On IT, information technology, with Healthier SG, many more GPs and family doctor clinics will join our national healthcare IT systems. We owe it to patients and healthcare workers to ensure these IT systems are best-in-class, not just best in Singapore, but best in the world.

On New Year's Eve last year, the New York Times had a sharply written article on IT and software design and maintenance. The author talked about "technical debt". "Technical debt" is the gap between what software is and what we want it to be.

This "technical debt" is paid not by the software developers or manufacturers. "Technical debt" is paid by users. In healthcare IT, "technical debt" is paid by patients and healthcare workers – waiting for computers to load, windows to open. How many mouse clicks and how many keystrokes to make something happen?

In 2019, the last year before COVID-19, there were 14 million consultations across the healthcare system alone. If in each consultation, you spend one minute less navigating the software, making things happen on the computer, that is 14 million minutes saved – 14 million minutes of technical debt, 10,000 workdays or 27 years of someone working round the clock, 24 hours a day. It is not a small amount.

1.15 pm

And with more private clinics plugging into the national IT system for healthcare, there will be far more than 14 million consults a year, depending on that infrastructure. So, it is all the more important we ensure our IT infrastructure in healthcare is best-in-class, not just in Singapore but internationally around the world.

Last year I asked, is this something GovTech can look at? The Minister-in-charge of GovTech also sits in MOH. Is there an opportunity for deeper synergy, a healthcare IT platform built by Singaporeans for Singaporeans, good enough to compete against the best in the world. It is a matter of funding, willpower, ambition and vision.

I want to talk about why time is care. Healthcare economists talk about "supply-induced demand" where in some countries a patient might be encouraged to use more healthcare resources. The 1993 White Paper on Affordable Healthcare mentioned this. In short, there can be market failure. But there can also be other kinds of market failure.

Let me talk about "demand-induced demand". I spoke up on this 10 years ago, in an article in The Straits Times.

If a clinic is too busy and consultation times are too short, it becomes harder to promote health. Six consultations of five minutes each are not the same as a half-hour conversation, especially when speaking with someone about quitting smoking, changing a lifestyle to save someone's life. And in our ageing society, with patients having more medical conditions, our healthcare system must allow sufficient time because time is as much a part of healthcare as clinics and hospitals, medication and technology.

Time with someone you have just met to build trust and rapport for a long journey down the road. Time with a young Singaporean facing a mental wellness challenge. Time with someone who has just been diagnosed with a life-changing situation, and you are talking to that person, connecting, understanding their hopes and fears, preparing for the journey ahead. All this needs time. Time is part of care.

And so, whether it is our family doctors' clinics operations, healthcare IT or the real-world journey of patients and families, our policymakers must continue seeing through the eyes of the people to understand what happens in real life, on the ground. Otherwise even the brightest policy-maker is flying an aircraft through a storm without instruments, not knowing the airspeed, altitude or how much is in the fuel tank.

On our pandemic defence, we need to learn the right lessons of a generation from the crisis of a generation.

Excess deaths – I asked this in Parliament. Can MOH give an update? What is driving excess deaths now that the reported infection numbers are subsiding? What was the impact of people delaying care and screening due to pandemic fear? Did socioeconomic status and housing affect COVID-19 outcomes and excess deaths?

On securing our supplies in a challenging world, is MOH working with MTI to strengthen our supply chains? If there needs to be a new vaccine, can Singapore innovate and manufacture it on shore? I asked this in the Budget debate two years ago.

Learning from the lessons of PPE protectionism where some countries imposed export bans, will MOH consider working with the Ministry of Law (MinLaw) and the Attorney-General's Office (AGC) to study whether certain essential supplies purchased by the Singapore Government can be gazetted as sovereign state property the moment the purchase is complete, even if the item is still in a overseas supplier's warehouse? The Senior Parliamentary Secretary for Health serves in both MOH and MinLaw and I hope the agencies will study this too.

Sir, in conclusion. I said this three years ago during the Debate on the President's Address. I will say it again. Healthcare is about our people's lives – your life and mine, the lives of our loved ones, the life of every Singaporean.

Last year, I spoke up to MOH about change – A Change Agenda. And as we emerge from the pandemic, it is a time for choosing. A time for choosing how we shape the future ahead. Because our policy choices today shape all our tomorrows, in sickness and in health. I beg to move.

Question proposed.

Increasing Healthspan and Longevity

Mr Kwek Hian Chuan Henry (Kebun Baru): Chairman, Sir. Longevity science offers great potential for boosting the healthspan of Singaporeans, particularly seniors. The PAP senior group believes that this will be a gamechanger.

Indeed, researchers have made remarkable strides in understanding the ageing process. Studies have shown that various preventive measures can extend our healthspan, which is the amount of time we spend in good health.

It is now possible to stay healthier than one's age or what scientist terms as chronological age, would imply with the correct lifestyle and medical intervention. Furthermore, biomarker tests can now be used to measure a person's biological age more accurately, allowing us to better monitor our healthspan.

Lifestyle changes like intermittent fasting and exercises are already known to be beneficial. There is also the possibility of clinical interventions such as new supplements, existing drugs adapted for healthy longevity and novel drugs.

To accomplish this, much work needs to be done to turn cutting-edge research into clinical and lifestyle interventions in Singapore. It will also take time to convince and train local healthcare practitioners to adopt longevity science.

Can the MOH provide an update on our attempts to utilise centres such as NUS' Centre of Healthy Longevity to extend the lifespan of our seniors and future generations? Can the Minister give news about the upcoming longevity clinic at Alexander Hospital set to open this year? And can MOH tell us how can we equip our healthcare professionals with the knowledge for this growing field of healthcare?

Promoting Healthier Living

Dr Lim Wee Kiak (Sembawang): Sir. I declare my interest as an eye doctor in private practice.

This year, we will see the launch of Healthier SG, which will transform the way healthcare is delivered. Our people will be empowered to take care of their quality of life through preventive and dedicated patient-doctors relation. This is a paradigm shift from reactively caring for those who are already sick to proactively preventing healthy individuals from falling ill.

This big shift in our approach for healthcare is for everyone. As our population ages, if we do not change our current healthcare model, our healthcare expenditure will be increasing exponentially. So, a change of mindset and healthcare model is required currently now to make sure that healthcare and quality healthcare remains affordable in the future.

We have talked a lot about the ageing population and I think my colleague Ms Poh Li San has mentioned about the "grey rhino", which is a highly probable, high impact yet neglected trap that will happen. By 2030, one quarter of Singapore's population will be aged 65 and above, and life expectancy currently of 83.9 will be expected to reach 85.4 by 2040.

With ageing demographics, we will see an increased prevalence of chronic diseases such as diabetes, hypertension and hyperlipidemia with its consequential diseases in cardiovascular, such as strokes and heart diseases. On the other hand, we have smaller families now, which means there will be greater burden for those who are caring for their seniors as mentioned by Deputy Prime Minister Wong in his Budget statement.

We are fortunate to have various Government endowment funds from Elder Care Fund and MediFund to finance various programmes on an ongoing basis. On the other hand, we have Healthier SG now which will take care of another facet of healthcare, and you address how our citizens can live a good healthy and meaningful life ahead. We must give full support for Healthier SG, both citizens as well as medical profession.

On this note, I would like to ask the Minister for an update on the launch of Healthier SG, which is targeted for middle of this year. What is the roll-out plan? How many family doctors have come on board, and what is MOH doing to engage those who have not signed up by now for the buy-in? For Singaporeans who are above 60 years old will be the first batch to be signed up, how will this be carried out? How will they be paired with their family doctors and what if their current family doctors did not sign up for Healthier SG?

Today, we are seeing a rise in cost of living due to high inflation. Medical expenses are not spared as premium for medical insurance have gone up as well. Across all sectors of healthcare expenses from rental, utility, salaries and operating costs, the cost of running healthcare institutions have risen over the past three years as well.

As our medical facilities are acquiring more advanced medical technologies, the cost of treatment would have risen accordingly. The Government should look into reining in this infrastructure cost of public healthcare institution as that every available space in a healthcare setting is properly planned for optimal utilisation.

Not every single public hospital lobbies need to look like a five-star hotel or a shopping centre. This can help to tame capital expenses and costs for subsequent maintenance. What is the current and projected medical inflation for Singapore? What measures are MOH taking to tame medical inflation and what is the Government doing to help Singapore cope with the increasing out-of-pocket medical expenses? Will MOH review the current withdrawal limits of MediSave and increase it so that as to reduce the out-of-pocket expenses for our citizens?

Healthier SG Implementation

Mr Ang Wei Neng (West Coast): Chairman. Healthier SG is a major initiative of MOH. Would MOH update us on the progress and challenges of getting general practitioners (GPs) on board this initiative? I understand that many GPs make profits from dispensing the medicines. At the same time, many residents told me that they look forward to buying chronic diseases medication from GPs at a price that is comparable to the price charged by polyclinics. Will this happen?

At the community level, we have many activities such as zumba, qigong, gardening, to name a few, that are very healthy and suitable for the elderly and all ages. How would MOH facilitate the linkage between the GPs and the community so that the GPs in our community can recommend their patients to enrol in such healthy activities?

Meanwhile, many community clubs are organising health carnivals for residents over 50 years old. Such carnivals often attract hundreds of seniors. Would MOH be keen to tap on such health carnivals to encourage senior citizens to sign up for Healthier SG? If so, Nanyang division would be the first one to volunteer.

The Chairman: Ms Ng Ling Ling. Take your two cuts, please.

Enabling Resources of GPs in Healthier SG

Ms Ng Ling Ling (Ang Mo Kio): Mr Chairman, I had quite severe childhood asthma when I was growing up, but I have the general practitioners (GPs) in my neighbourhood to thank for treating me and enabling me to grow up a healthy woman. I thus applaud the Government's move to place key roles on our primary care doctors in the Healthier SG initiative.

I asked at the Healthier SG White Paper debate on how the slightly over \$1 billion start-up budget would be used. I was thankful that besides the broad allocation of this amount, which will include a chunk to upgrade the capabilities and IT capabilities of GPs, Minister Ong Ye Kung added that there will be a recurrent expense of about \$400 million annually, of which half will go to GPs as their capitated service fee for looking after enrolled patients.

I did a probably highly inaccurate and overly simplistic back-of-the envelope estimate using \$200 million annually, and assuming the total 1,250 GPs mentioned in MOH website on the Chronic Disease Management Programme (CDMP) are to all participate in Healthier SG, noting that this number includes specialist outpatient clinics. This may still come up to about over \$100,000 per GP annually.

I was hopeful that this substantial annual funding will make it business viable for most GPs, who operate business models and face cost pressures just like any SMEs to fully support Healthier SG. Nonetheless, when I asked the GPs I know, there seems to be some mixed feelings and need for further clarity around a few matters.

First, while there will be a capitated service fee, how much of the GPs' current revenue will be impacted by the new subsidies criteria on the medications?

1.30 pm

Second, what form of IT capabilities will be provided, especially if GPs are to treat more chronic disease patients and how will the set-up and recurrent costs of maintaining such IT capabilities be covered? Third, with more enrolled patients, there will inevitably be added administrative overheads. While such are often regarded as deadweight costs in public financing, they are real costs to GPs and how will they be supported?

Lastly, before 3 April 2020, CHAS subsidies and MediSave were not permitted for any telehealth or telemedicine services. During COVID-19, from 3 April 2020 and subsequently, 9 October 2020, a time-limited exception was provided by MOH for patients to use CHAS and MediSave for their regular follow-ups for all chronic conditions under the CDMP through video consultation.

My question is, given the advancement in telehealth to help increase productivity and enhance patient self-management, should this time-limited exception be made a permanent provision instead, so that GPs can innovate and utilise more proven health-tech solutions?

Enabling Support for TCM Research

I would like to declare my interest in leading ESG efforts for an investment company that invests into TCM business as well.

Mr Chairman, I think I am not alone in benefiting from traditional Chinese herbs and medicines. While most of us would not be able to explain why TCM helps in improving various health conditions, almost all who believe in TCM know intuitively that there must be scientific reasons involved in the many herbs that nature provides and non-invasive methods that work with our bodies which TCM adopts to improve our health.

The privilege to work with western medicine trained doctors with strong research capabilities in the past few years has opened my knowledge on systematic and well-designed clinical research that helps to provide data and insights for evidence-based conclusions on health intervention efficacy. My residents in Jalan Kayu also benefited for decades from the highly affordable TCM services by Sian Chay Medical Institution, a charity with IPC status approved by MOH. I thus hope to see TCM given a higher national role to play in keeping Singaporeans healthier, including the Healthier SG initiative.

I would like to ask how MOH would help willing TCM practitioners to embark on clinical research that will meet the high standards of IRB, or the Institutional Review Board —

The Chairman: Ms Ng, kindly wrap up, please.

Ms Ng Ling Ling: — Review Board of our public health institutions and the standards for healthcare efficacy assessment by MOH.

Social-health Integration

Mr Xie Yao Quan (Jurong): Sir, we know that the lower-income segment has poorer health outcomes and a lower propensity for health seeking behaviours, for various reasons. So, I would like to repeat the call that I have made during the debate on Healthier SG to the Ministry to pay attention to removing the particular barriers to health seeking behaviours facing this segment and ensure that our Healthier SG strategy is inclusive socioeconomically. We need to pay attention to improving seemingly basic things like nutrition, sleep, smoking cessation and exercise, through targeted interventions for this segment because these things may not be basic for them.

And we need to better bring social service officers and agencies into the framework of healthcare clusters and primary care network, so as to tighten the nexus between social service and health for the low income. Could the Ministry share more about its plans in this regard?

Vaccine-related Injuries

Mr Pritam Singh (Aljunied): Sir, this cut is about the Vaccine Injury, Financial Assistance Programme for COVID-19, or VIFAP. MOH has released information that as of 31 December 2022, 413 applications have received payments under VIFAP with nearly \$1.9 million having been paid out.

May I ask the Minister how many applications were made in total, up to 31 December 2022, so that we can know how many applications have been turned down? Could the Minister also let us know the reasons for turning down those applications?

It would be reasonable to conclude that unsuccessful applications were turned down because the injuries were determined not to have been caused by the vaccines.

However, can we go beyond that? Considering that there has only been such a short time to understand the side effects of vaccines, I would like to ask the Minister a few questions. For those applicants who were turned down, how many of them claimed that they were unable to perform the activities of daily living? What threshold does MOH use to decide that a person is eligible for a payout? Must the vaccine be proven to have caused the effects suffered before payouts are made or are payouts made if it cannot be proven that the effects were due to some other cause? Or are there some other tests or thresholds being used? When more information becomes available over the years, can the unsuccessful applications be reconsidered?

Bolstering Support for Caregivers

Ms Carrie Tan (Nee Soon): Mr Chairman, there are over 210,000 Singaporeans who do the full-time work of caregiving. They are the backbone of our ageing care system and should be recognised and supported more formally.

I spoke about "Carefare" in Parliament in the past two COSes and I advocate for it a third time now. Carefare, as an income supplement is needed by stay-home caregivers from low-income families, especially who are forced by circumstances to give up their jobs and livelihoods to care full-time.

Because of how retirement adequacy in Singapore is tied so much to employment, caregivers who give up their most productive earning years because of care needs in their families are exposed to old age poverty and this cannot be right.

Bringing forward financial support mitigates the stress faced by caregivers over finances, anxiety towards their own ageing, which contribute to long-term chronic health conditions like hypertension and diabetes, among others. These will in turn exacerbate the healthcare cost burden down the road, which will only get worse as our population ages. Why do we wait to give, if giving now can help us to save more costs in future?

Other than direct income support, MOH can help redistribute the day-to-day care load from caregivers' shoulders by helping to scale community solutions. This can also prevent caregivers from having to give up their jobs in the first place.

Nee Soon South is piloting a Caregiver Resource Centre where a peer support network is being built for caregivers. And this initiative helped me to see the potential of the grassroots to be tapped for this purpose.

I urge MOH to partner with MCCY to build the community's aging care capacity through the People's Association platform. We can even explore creating a time-banking system in the likes of Japan's model which allows seniors to swap services for free. They provide companionship, help run errands, cook for the bedridden when they are still physically able and can exchange their time credits for similar services when they themselves get older and less physically able.

Such social connection helps to fight elderly loneliness and reduces reliance —

The Chairman: Ms Tan, can you wrap up, please.

Ms Carrie Tan: — on financial resources of the elderly in old age.

Improving Caregiver Support

Mr Gerald Giam Yean Song (Aljunied): Caring for elderly parents is a heavy responsibility that many Singaporeans bear. And it can take a toll on their physical and mental health leading to burnout. Many caregivers are women or single adults who sacrifice their careers or personal lives to be caregivers. Our society must recognise caregivers' challenges and give them more support.

The Home Caregiving Grant (HCG) is now between \$250 and \$400 per month. However, those who have a monthly household income per person of more than \$2,800 do not qualify.

A study by researchers at Duke-NUS Medical School found that the cost of informal caregiving time for a care recipient who needs help with three or more Activities of Daily Living or ADLs, is about \$53,244 annually, or \$4,437 monthly.

Can I propose that the Government extend the HCG to households earning up to the prevailing median income per household member? This will help more middle-income earners who struggle with the cost of caregiving.

Second, caregivers sometimes need temporary nursing home places for their loved ones so that they can occasionally travel or have some respite care. Can MOH expand the availability and accessibility of such temporary nursing home places?

And lastly, I would like to reiterate my call – and that of many other Members – for Family Care Leave to be legislated. While this is not a panacea to address caregiving challenges, it can be part of a package of help that is extended to caregivers.

Sir, caregiving is probably one of the most stressful responsibilities for anyone to bear. Implementing these suggestions will go some way to assure caregivers that they have not been forgotten in their difficult and often lonely journey.

Healthier SG to Support Ageing-in-place

Mr Yip Hon Weng (Yio Chu Kang): Chairman, Healthier SG is essential to support ageing in place. It focuses on preventive care and goes upstream to reduce hospitalisation rates. To achieve widespread participation and success, there are four critical areas that needs to be addressed.

First, working with general practitioners (GPs) is a vital component of Healthier SG. However, some GPs are concerned about the proposed Drug Whitelist and the price caps for each drug in the Whitelist. Following these price caps could result in significant earnings loss for them. There is also no guarantee on earnings from Healthier SG payouts, as the number of new patient enrollees and complete cooperation from patients are not guaranteed. Ultimately, managing a private practice is a business venture. As such, if GPs believe that joining Healthier SG would result in a loss in earnings, they would hesitate to participate. In the end, residents lose out because they have fewer GPs to choose from. In fact, some of them would not even have a choice, because the GP that is nearest or most convenient for them, is not part of the programme. How will the MOH address these concerns in time for the roll-out in July this year?

Second, what can seniors expect when Healthier SG is launched? Many seniors have shared with me that they are concerned about what this means for their medical expenses.

Third, there are also some concerns about social prescription, which is a major component of Healthier SG. Some community exercises led by HPB have closed down and have not resumed, even as we resume normalcy post-COVID. Are there plans to bring them back? Can the quantity and variety of Healthier SG activities be increased? Who is curating these activities? Are our healthcare clusters involved in the curation? Can ground-up activities be part of Healthier SG? If so, can we link them up with ActiveSG, while ensuring that there is no conflict and keeping the overlap of resources minimal?

Furthermore, with the increasing popularity of home-based medical care services, would these be under Healthier SG? What are the Ministry's efforts in regulating this sector? Are there steps being taken to ensure the safety and quality of such services for patients who require them? Are there plans to allow the use of MediSave for home care services provided by approved providers? This could help alleviate the financial burden on patients who require such services and encourage the use of home-based care, where appropriate.

As we promote the shift from hospital to community care, home-based care too, plays an important role in achieving this and in freeing up hospital resources.

Lastly, End-Of-Life or EOL and palliative care should be incorporated into Healthier SG. We should ride on the GP mantra "cradle to grave." Families that have a trusted GP that they have seen for years, will be relieved to continue receiving care with them. As part of this effort, can our GPs promote Advanced Care Planning or ACP, as part of Healthier SG? We should encourage Singaporeans to tap on the MyLegacy portal for EOL planning. This is a good opportunity to involve the wider community such as lawyers, grassroots, financial planners and religious leaders.

Good palliative care is about providing loving care. It is not about medications. We should not over-medicalise palliative care. It should be patient-centric care led by nurses and allied healthcare workers, with an empowered family to deliver care, so that seniors can live their lives with dignity and in the care of loved ones in their final days.

Assisted Living Services for Ageing-in-place

Mr Kwek Hian Chuan Henry: Chairman, Sir, to empower our seniors to age-in-place, we must spur the creation of affordable Assisted Living services. This is especially so as our people have differing needs and budgets.

The PAP Senior Group is of the view that we require a whole-of-Government coordination. MOH will need to work with various ministries and agencies to map out the needs of our people, determine the optimal network design of such Assisted Living services in both public and private estates so as to minimise the service provision cost, fund the infrastructure building and co-fund the service provision, help our seniors free up their assets to pay for their share of these services and to work with the private and people sector to spur the creation of a spectrum of services that will meet differing needs and budgets.

Can the Minister for Health share his thinking on how these matters, especially on how it will work with the whole-of-Government to come up with a concrete roadmap to spur the Assisted Living service sector for all?

The Chairman: Mr Xie Yao Quan. Take both cuts, please.

Active Ageing Centres

Mr Xie Yao Quan: Sir, the Ministry has rolled out the Active Ageing Centre model and envisages these centres as key community nodes to improve social support and care for seniors. It plans to grow the number of active ageing centres significantly.

I note that core services to be provided by the Active Ageing Centres, include (a) for active ageing; (b) for befriending; and (c) for referral to care services. These are core services that the Silver Generation Office and Silver Generation Ambassadors across the island have been providing for some years now.

Could the Ministry share how it plans for active ageing centres to build on and complement the (a), (b), (c) services that Silver Generation Office has been providing over the years?

1.45 pm

Live Well, Leave Well

Sir, many Singaporeans wish to eventually pass on at home but not many actually do. Does the Ministry have plans to scale up our palliative care capabilities and capacities, especially for home-based palliative care, and what might be the challenges?

Finally, how might we help Singaporeans to break down the stigma of talking about end-of-life issues and wishes?

The Chairman: Ms Ng Ling Ling, two cuts please.

Enhancing Health-Social Community Nodes

Ms Ng Ling Ling: Mr Chairman, a key to the Healthier SG strategy is to pivot from just treating sickness when one is ill to an upstream preventive-health approach for a population-wide health management.

I am glad that with this shift, Healthier SG will enable enrolment of Singaporeans, starting with 60 years and above later this year with the emphasis for them to build relationship with a trusted family doctor for their health planning and long-term health management.

However, we all know that changing behaviors and lifestyle choices which are critical for preventive health and better health outcomes are way harder than popping a pill. As such, having strong nodes and connectors in the community to support and even conjure healthier lifestyles is essential for the full potential of Healthier SG to be reaped.

This is important because Singaporeans are also living longer but facing challenges of higher disease prevalence and less family support, with seniors above 65 years old living alone or with a senior having increased.

On this note, I would like to ask what the planning parameters in expansion of Active Ageing Centres (AACs). I have checked about two years ago for such a centre in a part of my constituency comprising mostly 4-room, 5-room, executive and maisonette flats as I often meet seniors who are alone in their flats through my house visits. The phenomenon is the same in the private landed housing estates in my constituency. I would like to know these locales can have Government-funded AACs too.

Respect and Care for Healthcare Workers

Chairman, I have a young cousin who has just entered the nursing profession after graduating from NUS last year. When I asked her what her motivations were to choose the nursing degree, she said that she wanted a job with a purpose, with direct impact to care for people in their most vulnerable times. She scored very well in her International Baccalaureate (IB) programme in School of the Arts Singapore (SOTA) and our family are proud that she opted for the NUS Nursing degree without hesitation, even though she has many other degree options. She has a sincere heart to care for people.

However, my heart sinks whenever I read about cases of verbal or even physical abuse towards our nurses and other healthcare workers in our healthcare institutions. We owe it to our healthcare workers in bracing through heavy workload in almost three years of fight against the COVID-19 pandemic. Yet, they continue to face unnecessary harassment.

On the other hand, I remember the ordeal that my family went through when a loved one was struck by a serious brain virus attack. I was promptly asked to go through financial counselling on his admission into ICU to ensure that I am aware of his insurance and eligibility for Government subsidies, before choosing his hospital ward. While I gained financial clarity on his hospital stay, my family did not expect the emotional roller coaster in the following three months while his conditions went up and down in the hospital.

We had strong family support to breeze through, some frustrating times when no one had control over his healing. But I empathise with some caregivers who are struggling alone with little support in similar situations and unwittingly turning anger into frustrations on the nurses and doctors.

I would like to ask MOH how we can play a stronger role in deterring abuses towards our healthcare workers and whether more counselling support can be given to families whose loved ones are going through very complex illnesses in the hospital so that besides being financially prepared, they are also emotionally prepared for the healing process.

Manpower Situation

Ms Sylvia Lim (Aljunied): Chairman, in the last two years, there has been much press on the bad working conditions of junior doctors and nurses in the public healthcare system. There is also evidence, both anecdotal and from statistics, that Singapore is losing experienced healthcare practitioners to other countries and to private healthcare. One of the most often cited reasons is burnout and bad work-life balance.

As Singapore's population ages, the expected number of healthcare professionals needed to meet the rising demand for healthcare is increasing in absolute terms. Thus, this attrition in healthcare staff is clearly not sustainable. I would like to ask the Minister for Health three questions pertaining to the healthcare manpower issues.

First, what are the measures in place to retain experienced staff, including those from foreign countries? Alternatively, are there active plans to encourage experienced staff that have left the public healthcare system to come back, by making their overall package and working conditions more attractive?

Secondly, regarding the 2021 National Wellness Committee for junior doctors, have any recommendations from it been implemented so far? Is there a similar committee for nurses and allied healthcare professionals?

Lastly, are there concrete performance indicators that the Ministry sets to measure the work-life balance of junior doctors and nurses, for example, a target average number of working hours per week?

Healthcare Manpower

Ms Mariam Jaafar (Sembawang): Sir, I have spoken during the past two Committees of Supply (COS) for healthcare manpower, especially nurses, perhaps not as vociferously as Mr Louis Ng, but with no less personal conviction. There has been a multi-year shortage and our healthcare workers are overworked. Looking at the plans for more healthcare facilities and nursing homes coming onstream, we know that many, including Woodlands Health, are struggling with a shortage of nurses and other healthcare manpower, in advance of their opening. We might say that we are just coming out of a pandemic. But in truth, the demand for nurses will only get worse as Singapore ages.

There has been welcome news in the past few years of the increase in salaries and efforts to reduce administrative workload. But recruiting is taking a lot of time and the attrition rates remain high. Beyond the clinical and non-clinical workload, it is also not uncommon now to hear reports of harassment and abuse from unreasonable patients and families. Much more needs to be done to educate the public.

Can more be done to entice nurses who have left the profession to rejoin nursing? Can immigration privileges be temporarily enhanced for trained foreign nurses? What more game-changing moves is MOH considering to recruit and retain healthcare workers fast?

Healthcare Workers

Mr Abdul Samad (Nominated Member): Chairman, I would like to ask whether the Ministry does any uninformed surveillance across our restructured hospitals of any unfair practice or biasness that takes place towards the healthcare workers, for both nurses and even allied health personnel whose duty is to help clinicians diagnose patients by running necessary tests.

The welfare of healthcare workers and even doctors, starts from management of the hospitals, from the CEO down to line managers. As fellow Singaporeans, we must never be shy to thank and appreciate them. We should not neither nor condone any forms of abuse towards them and penalise those who cross that line unnecessarily!

In conclusion, thank you to all our healthcare workers and doctors every time and everywhere!

Better Protect Healthcare Workers

Mr Ang Wei Neng (West Coast): When I was managing 5,000 bus captains in the past, we had many cases of bus captains being assaulted by passengers. We then worked with the Police, the unions and a few other agencies to create awareness that bus captains are public workers and should not be harassed or assaulted for doing their jobs.

In recent years, more and more healthcare workers at public health institutions suffer from harassment or abuse. Healthcare workers are critical in providing the quality public healthcare that we are enjoying in Singapore.

To better protect our healthcare workers, I would like to ask if all the public health institutions have a standard definition of abuse against healthcare workers?

Two, is MOH coordinating across all public health institutions to provide a standard protocol to take action against such abusers?

Three, how is MOH working with unions to run campaigns to educate patients and patients' family members not to abuse healthcare workers?

Four, how is MOH working with the law enforcement agencies to prosecute abusers for serious cases under the Protection from Harassment Act (POHA)?

With joint efforts across different agencies, Mr Chairman, I am confident that healthcare workers can be better protected against harassment, abuse and assault.

Intermediate and Long-term Care

Mr Gerald Giam Yean Song (Aljunied): As Singapore's population ages, the demand for intermediate and long-term care (ILTC) will continue to increase. A paper on the Future of Long-Term Care in Singapore by researchers from the LKY School of Public Policy, identified three main issues to tackle in this sector – manpower capabilities, infrastructure capacity and coordination across the sector. I will focus on manpower in my cut.

Manpower shortages are a key challenge for the ILTC sector. The ILTC workforce includes doctors, nurses, allied health professionals and social workers. A high proportion are foreigners. The Lien Foundation has pointed out that Singapore's ILTC sector is more reliant on foreign workers than other fast-ageing economies such as Australia, Hong Kong, Japan and South Korea. More needs to be done to attract locals to work in the ILTC sector.

What plans do MOH and ILTC providers have to encourage more Singaporeans to join the sector and what results have been achieved so far?

What progress has been made in enhancing salaries, work-life balance, organisational culture, professional development opportunities and fostering a greater sense of purpose towards the profession, particularly in the ILTC sector?

The Ministry could also look at attracting non-practicing or retired nurses to return, perhaps on a locum basis, to help relieve the manpower crunch in ILTCs. Ms Sylvia Lim also called for this earlier on.

Lastly, only 12% of registered nurses in 2021 were males. Is MOH looking to encourage more men to enter the profession so as to boost the overall numbers of nurses?

Supporting Our Healthcare Workers

Mr Yip Hon Weng (Yio Chu Kang): Chairman, our healthcare workers are dedicated individuals who serve industriously on the frontlines. However, despite being mistreated, healthcare workers are obliged to continue looking after their patient, even if it means coming into frequent contact with the abuser, like the patient's caregivers, or even the patients themselves. This is because a healthcare institution cannot endanger a patient's life, by denying service to the patient.

Additionally, patients are entitled to medical confidentiality and institutions have policies on media engagement. This may leave healthcare workers unable to respond to false allegations, even when they can be defamatory, and lead to identification and targeting of the employee or their family.

I would like to know what institutional support and steps are being taken to protect healthcare workers when facing abuse in the line of work. This is especially when the abuse is from someone who is not ill, such as a patient's caregiver or relative.

Furthermore, what if the manner of abuse is egregious or discriminating, such as abuse invoking a person's race or gender? Do healthcare institutions have policies in place to ensure that these incidents are reported, documented and recorded? If not, how can we accurately measure the true extent of the problem and take steps to address it?

Moreover, when a healthcare worker's reputation is dragged through the mud with false allegations, especially on social media, what is being done to support and protect them? If the healthcare institution would consider suing for defamation, will patient confidentiality obligations and institutional policies, present hurdles for healthcare workers to defend themselves?

Finally, abuse can be traumatic for its victims. Are healthcare institutions providing our healthcare workers with adequate support, such as counselling or support groups?

Support for Healthcare Workers

Dr Wan Rizal (Jalan Besar): Chairman, our healthcare workers play a crucial role in ensuring the delivery of high-quality healthcare services to the population.

However, recent reports have highlighted the issue of workplace harassment and abuse faced by healthcare workers, which may harm their mental health and well-being.

We must establish a zero-tolerance policy with clear protocols and say that if you harass or abuse our officers, there will be consequences.

Studies have shown that healthcare workers who experienced workplace harassment and abuse are more likely to experience burnout, job dissatisfaction and emotional exhaustion, leading to higher absenteeism and turnover rates. These factors may contribute to shortage of healthcare workers impacting the quality and accessibility of healthcare services.

Therefore, I would like to ask the Minister what are the plans to help our healthcare workers grow and support them, including addressing workplace harassment and abuse and ensuring the mental health and well-being of healthcare workers are looked after.

Special Care and Geriatric Dentistry

Dr Shahira Abdullah (Nominated Member): I would like to declare that I am an Orthodontist working in Khoo Teck Puat Hospital (KTPH).

Singapore's disability rate is approximately 2.1% of the student population, 3.4% of those aged 18 to 49 years and 13.3% of those aged 50 and above. By 2030, the number of individuals with disabilities is expected to significantly rise due to Singapore's ageing population.

At the same time studies have shown that minimally 20 teeth are needed to maintain to speak, chew and swallow effectively. Unfortunately, a 2016 study revealed that only 9% of people aged 80 or older possess at least 20 teeth, while 30% of those aged 60 and above have no teeth at all.

Geriatric dentistry focuses on the oral health of elderly patients, while special care dentistry addresses the unique needs of those with special needs. They require specialised knowledge and training to provide the best possible care to these patients. Both are crucial to ensure all have access to quality care.

2.00 pm

However, geriatric and special care dentistry are not recognised as a dental specialty. What this means is that dentists who decide to specialise in this field do not have a clear route of career progression. Most would actually need to go through the medical boards of respective institutions and a special appeal process just to get promoted. This may deter young dentists from getting this training.

Therefore, I strongly urge MOH to make it a recognised specialty. May I ask what are the considerations involved to do so?

Secondly, geriatric and special care dentists cannot handle the needs of the ageing population alone. General practitioners (GPs) should be able to handle the mild to moderate cases. However, the reality on the ground is that many may not be confident serving such patients and it may incur more costs. Therefore, could MOH consider dentists getting some incentives for the backbreaking work and increased time spent caring for these patients?

For standard of care, can we have a clinical practice guideline to help ensure quality and appropriate care for these vulnerable populations? For example, the UK has a clear framework with stratified levels of care for persons with disabilities that we could consider.

Thirdly, Healthier SG is a laudable move in preventive care. For dentistry, we have a school dental service that does preventive screening and intervention. The school dental service covers Special Education (SPED) schools but not all due to limited capacity.

Dental screening uptakes are much lower in SPED schools. These children are almost twice as likely to develop caries than those in mainstream schools. Therefore, I hope that in the push for Healthier SG, we do not forget oral healthcare and dentistry, especially for geriatric and special needs patients.

Can MOH tell us more about their plans for these special groups?

Nurturing Our Healthcare Workforce

Mr Xie Yao Quan: Sir, manpower shortage in the sector is a perennial concern. For nurses, how does the Ministry plan to enhance its foreign manpower pipeline amidst intensifying competition to complement our local workforce?

For allied health professionals, does the Ministry plan to increase the capacity of local degree programmes in physiotherapy, radiology, pharmacy and so on?

For the intermediate and long-term care sector, how might the Ministry help to ensure that they continue to attract a fair share of healthcare talent?

For all job groups, how does the Ministry plan to help them practise at the top of their licenses, especially in the community, as part of the Healthier SG strategy?

I repeat my call to the Ministry to shape more equal roles and more room for co-leadership for healthcare professionals alongside doctors to prevent and manage chronic diseases across our population. I think this requires a mindset shift in our population from a doctor-centric view to one that equally respects all healthcare professionals, including nurses, allied health professionals and pharmacists.

The Chairman: Mr Louis Ng, three cuts, please.

Nurses' Rest Time during Shifts

Mr Louis Ng Kok Kwang (Nee Soon): The Leader just told me that I always ask for more and I should ask for less as well. So, I will. Less workload for our nurses.

As I shared during my Budget speech, many nurses do not get any rest while on shift. Nurses' dedication to and responsibility for their patients mean that many sacrifice their break time for patients. We should not expect our nurses to work without proper breaks, which places physical, mental and emotional stress on them. Can MOH ensure that nurses' breaks during their shifts are protected?

Nurses' Rest Time between Shifts

Not only do nurses barely get a chance to rest during their shift, they often get insufficient rest between shifts. It is not uncommon for nurses to work overtime and a PM-AM-PM-AM shift – or PAPA shift. This means that nurses work two consecutive sets of afternoon shifts and morning shifts.

Many nurses are burnt out and tired and this affects patient safety too. Can MOH look into ensuring that nurses have a minimum amount of rest between shifts, similar to what we do for air stewardesses and air stewards?

More Support Staff for Nurses

Lastly, during the height of the pandemic, 900 Singapore Airlines cabin crew were redeployed as Care Ambassadors to support our healthcare staff. Nurses shared with me that they appreciated the presence of these Care Ambassadors who addressed patients' service needs, allowing nurses to focus on clinical work.

Will MOH look into formalising the role of Care Ambassadors and providing our nurses more support through hiring more ancillary healthcare staff so that they can focus more on clinical work?

The Chairman: Dr Tan Yia Swam, your three cuts, please.

Building Resilience in Healthcare Workers

Dr Tan Yia Swam (Nominated Member): Mr Chairman, I declare my interest as a breast surgeon in private practice and my role as the elected president of the Singapore Medical Association (SMA).

Today, I want to talk about the heart and soul of healthcare. I am gratified to see many Members of Parliament speaking up for healthcare workers over these recent years and I hope that you will continue to do so because who heals the healer?

After three years of fighting COVID-19, healthcare workers are burnt out. Many feel overworked, underappreciated, even trapped, with no way out.

Let me share from my personal and professional experiences on three key areas for parliamentarians to consider: (a) why we chose to enter healthcare; (b) how circumstances are interfering with the delivery of care; and (c) how can you help?

Many of us entered healthcare because we wanted to help people. Many were inspired by healthcare workers who attended to our loved ones in their time of need and we also want to do the same. A handful, perhaps, are street smart and see that being a healthcare worker provides a comfortable and steady income. But I believe most of us had the calling to serve.

However, along the way, many of us got jaded. Some of my doctor and nursing friends have said, they will never allow their children to follow in their footsteps. It is too hard – "I don't want them to suffer like I did."

People see the glamour of being a doctor. Maybe they see the top 1%, who are earning very well. Even here in this House, the perception of the overcharging doctor is prevalent. Yet, do you know the junior doctor who is the sole income earner looking after his elderly sick parents, a disabled sibling and starts off his career with a large student's loan? Do you know the doctor-nurse couple struggling with infertility because they were too busy, too stressed to try for a family during their training years when they worked shifts and 100-hour work weeks? Do you know the solo-practice doctor struggling to maintain a viable business because of increasing manpower and rental costs and falling prey to unfair corporate insurance contracts?

I know there are some really bad doctors out there. Of course, I do. The newspapers, social media are full of these reports. But for the rest of us, we have no outlet to share our woes, our struggles.

Secondly, the practice of medicine has changed, not just the medical aspect, but the social and legal aspects. We face stressors and problems which the general public is not aware of:

Changes in specialist training systems, electronic records which are no better than paper documents placed online.

The use of multiple and sometimes duplicate checklists in the name of patient safety.

Increasingly strangulating regulations while complementary health services flourish with no checks or balances – I will speak more in my later cut;

Imposition of key performance indicators (KPIs) which drown out what I feel is the most essential – to be a good clinician.

We, as a society, have also changed. We lost the ability to listen, to empathise. We have short attention spans, are quick to take offence, are quick to judge.

I blame social media, allowing baseless accusations and falsehoods to be amplified by anonymous keyboard warriors.

When healthcare is managed as a business, healthcare workers become mere service providers, with a fee for service. Patients become customers, expecting customer service. Some have self-diagnosed and demand a treatment which they have googled online because they perceive that 20 minutes of googling is more significant than 20 years of your experience.

Doctors adopt defensive medicine. You have all heard about these concerns in October 2020 in the Second Reading of the Medical Registration (Amendment) Bill.

The more senior I get, the more artificial barriers I find between me and real patient care: third party administrators, insurance restrictions; the Cancer Drug List; reimbursement limits for various schemes. I have spoken on these before and will elaborate on some of these in my later cuts. It is this deep sense of unease that is poisoning our entire healthcare ecosystem.

My gut feel is we complain about tangible things – asking for more pay, more leave – because we could not quite express just how sick we feel. Well, I have just tried and unless we treat the illness and not just the symptoms, no amount of pay will ever give us back the joy we once had.

Finally, how can you all help? Rather than more legislation, I am asking for understanding. I ask for kindness. Help us to help you. The next time a healthcare worker complains about the system, listen. Truly listen, with your heart. The next time a healthcare worker quits and walks away, take the exit interview seriously.

In the next round of engagements, listen, past the naysayers, to the core issues which are bothering us.

Help us with public education: how to navigate the local healthcare system, how to best utilise your health insurance plan. I intend to lead the SMA in collaboration with CASE to jump start this.

Help us re-establish respect for all healthcare professionals – patient service associates, audiologists, dieticians, medical social workers, lab technicians, podiatrists, couriers, to name but just a few. Help us with IT challenges. Help us reduce unnecessary paperwork.

Protect us from undue influences by market forces and business entities. Recognise and call out abusers.

Recognise mental health problems in yourself. If you suffer from anxiety or anger management, do not take it out on your healthcare worker; get real help from a mental health professional. I ask each and every one of you to be understanding, to be kind and help us to help you.

Developing Clinical Capabilities of Insurers

During my surgical training years in Singapore General Hospital (SGH), I had this highly principled and no-nonsense trainer called Dr Koh Poh Koon – now Senior Minister of State for Manpower. I regard him as a man of wisdom and insight and a mentor to me professionally.

On 29 November 2022, he rejected a proposal by the General Insurance Association (GIA). He said, "GIA's suggestion of using only existing prolonged medical leave insurance or group personal accident insurance in place of WICA would relegate this to a private insurance policy whose terms and conditions are dictated by the insurer without a clear mechanism to adjudicate disputes... I do not think we should be leaving it to insurers to be the final arbiter of any disputes to work injury claims," citing possible conflicts of interest.

Once again, I learnt something valuable from him, as I often had in the past as a surgical trainee – the concept of "final arbiter".

There is no final arbiter in Integrated Shield Plans (IPs) when clinical matters are involved. The Monetary Authority of Singapore (MAS) is the final arbiter for matters pertaining to the financial viability of insurance companies in Singapore, including IP providers. But regrettably, they do not deal with clinical matters.

Currently, there is a Clinical Claims Resolution Process (CCRP), which was one of the solutions presented by the Multilateral Healthcare Insurance Committee (MHIC), of which I am an appointed member. It is a platform with great potential, in which patients, IP providers and healthcare providers – both doctors and hospitals – can take part in when disputes arise due to clinical issues.

But the CCRP is a voluntary process and it falls apart when any one party does not wish to participate. In other words, it has no teeth and it is no final arbiter. Will MOH consider annual updates on the number of CCRP cases that have been filed and, in addition, state how many cases could not proceed because one or more of these parties refused to take part, and who the refusing parties were?

So, who should be the final arbiter for clinical matters in IP policies and claims? Could there be a law to directly compel IP providers to cover and reimburse healthcare services, in line with acceptable clinical practices or even best practices?

Let me tell you about patient Mr B. He had colon cancer, which was operated on several years ago. On a follow-up, his oncologist found an abnormal lymph node near the armpit, which he thought was a relapse of the first cancer. A core needle biopsy was done to sample the lump and the result was normal. However, six months later, that lump grew larger and looked worrying for a different kind of cancer – lymphoma. Mr B was then referred to me for surgical biopsy. This is a surgery to remove the lump for complete testing.

I was a doctor on the patient's insurance panel and completed the pre-authorisation process. However, the problem came later on, when even the lab could not make a clear diagnosis and needed to send to another even more specialised lab for a second opinion and additional complex immunohistochemistry tests.

The lab needed payment prior to doing the tests and the patient should pay first and reimburse later, but he declined to do so as he had a limited cash flow and was worried that the insurer will not reimburse him despite written reassurance that he would be.

In the end, I had to circumvent the issue and asked Mr J, one of the senior managers I know in that insurance company, to help with this. On the backend, he personally attended to the case and helped the patient to have cashless payment and got the tests done.

A few months later, I was asked by the insurance administrator to explain and justify why the second opinion was needed. I checked in with Mr J. He noted the duplicate request and had it withdrawn.

Long story, I know. But now you know why doctors complain so much about paperwork and insurance.

Thankfully, this case had a happy ending. This was possible only because of mutual trust. Mr B trusted his oncologist to recommend the appropriate surgeon for a necessary surgery. Mr J trusted me – that my medical judgement was sound and my explanations were adequate.

However, how many patients or doctors enjoy such a relationship with their insurer?

I propose three solutions: (a) insurers can approach a professional body to provide training to their administrators to better process clinical claims; (b) maybe there should be an on-call agent, much like how hospitals have an on-call doctor to attend to any emergency, and this agent will help the clients to navigate the paperwork STAT; and (c) perhaps there needs to be a new speciality – a clinical insurer – a medical doctor who changes track mid-career and brings a wealth of clinical knowledge into how insurers should work.

Finally, I want to put on record my personal appreciation to the MOH Deputy Secretaries and staff leading the MHIC who have been instrumental in bringing together various stakeholders to a common table and work for the greater good.

Financial Planning for Cancer Care

As our population grows older, more people will be diagnosed with cancers. As medical technology advances, there will be newer and better drugs for cancer care, which are costly.

The MOH Cancer Drug List (CDL) dictates which drugs will qualify for subsidies and MediSave Coverage. Integrated Shield Plans (IPs) providers have also updated their coverage and claim limit terms.

2.15 pm

As a breast surgeon in private practice, most of my patients with breast cancers will be referred to medical oncologists for systemic treatments. These include chemo-, targeted- and immunotherapy.

Sixty-five percent of Singaporeans have IPs and we bought them with the expectation that when a catastrophic disease like cancer strikes us, we can proceed with treatment in the private sector where we get to choose the doctors we are comfortable with, have faster access to treatments and be able to afford it.

Let me run through some numbers. The 2022 median monthly household income was around \$10,000. Using the latest available SingStats Survey on household expenditure ending 2018, I extrapolate: monthly expenditure all in was around \$5,800. In the report, the monthly housing rental is around \$1,000; in current times, monthly rental may range from \$2,000 to \$3,000. So, the surplus may be about \$2,000 to \$4,000.

In this family, if someone has cancer and needs treatment, the financial implications are sobering – potential loss of job and loss of income. Even with a Shield Plan, if the out-of-pocket payment exceeds, say, \$3,000 a month, not just for drugs but for all services, such as consultation fees, investigations and non-cancer drugs to treat side effects of therapy, then perhaps this patient may opt for subsidised care in a restructured hospital even though he or she has private insurance.

In itself, this is fine, and I have often vouched for the high quality care in restructured hospitals. But it begs the question as to whether the policy intent of IP is met, which is, that insurance will make private services affordable to more people through risk-pooling.

Should there be a big shift of patients to the public sector, it will lead to a further strain on the system, with longer waiting times for appointments and treatments. Also, do not forget that the subsidies are, ultimately, paid for by taxpayers through the MOH budget.

Singaporeans should be strongly advised that having an IP does not mean that private healthcare will necessarily be affordable when it comes to cancer care. It is a tragic and stressful situation to have a double whammy of receiving a cancer diagnosis and then finding out that they actually cannot afford cancer care in private because the IP coverage is inadequate.

I hope MOH can use existing bill sizes and conduct a large-scale study of the out-of-pocket payments for cancer treatment for IP policyholders under the new terms for CDL versus non-CDL drugs should they opt for private healthcare.

I pose several issues for thought: (a) the insurance industry is heavily regulated and I respect their work; yet, I am mindful that they are business entities who need to be profitable, yet keep premiums affordable; (b) public expectations of what our IPs can cover have to be managed; (c) out-of-pocket payments by patients need to stay affordable; and (d) limited public healthcare resources have to be managed prudently.

These are difficult issues and we need to think carefully about them.

How many patients on private insurance will still not be able to pay for drugs and have to go to the restructured hospitals for care; and how many may never be able to afford the so-called "better medications"?

How will this affect long-term cancer survival rates? This will be a hard lesson for all of us to learn and to accept the practical limits of what we, collectively and individually, can afford.

Dental Subsidies in Government Hospitals

Dr Shahira Abdullah: I would like to declare that I am an orthodontist working in KTPH.

Currently, only our two national specialty dental centres (NSCs), namely, the National Dental Centre and the National University Centre for Oral Health, are referral centres that provide the full range of subsidised dental services. Hospital dental clinics (HDCs), which are essentially all other hospitals with a dental clinic, are only permitted to provide medically indicated subsidised dental services to hospital patients across inpatient, outpatient and day surgery settings.

In my previous Parliamentary Question in October 2021, it was stated that HDCs may refer patients to NSCs when services capacity or capabilities are not available at the HDCs. Where appropriate, HDCs can partner the NSCs to provide an expanded scope of subsidised services at the hospitals based on services, needs and specialty support by the NSCs. However, in many of these HDCs, service capacity and capability are already available. For example, in KTPH, there are service capacity and capability to handle wisdom teeth surgeries, and these were actually already previously subsidised in KTPH. But now they are not.

What commonly happens is that the patients may be able to have a full range of crowns, bridges and gum treatment done in one hospital at a subsidised rate, and suddenly have to hop over to another hospital to get a wisdom tooth surgery done. This is not ideal for continuation of care for the patient. Another example. An elderly person living in Yishun in need of subsidised specialty dental care and treatment will have to travel to NDC and NUCOHS even though the nearby hospital he goes to for medical care also has a dental clinic.

Therefore, considering the close proximity of the current dental NSCs situated centrally, mainly NDC and NUH, can the Ministry consider allowing all hospital dental clinics to provide specialised subsidised treatment in order to better serve patients located in further geographical locations?

Can MOH also explain why HDCs need to partner NSCs to provide an expanded scope of subsidised services?

Affordability for Non-Singaporeans

Mr Xie Yao Quan: Sir, I have many residents – Singapore Citizens with non-citizen spouses – expecting a child, who will, in all likelihood, be born as a Singapore Citizen, but the expecting mothers are burdened with high costs of pre-partum care services. I also have residents – citizens – with parents who are permanent residents (PRs) worried about healthcare costs for their parents because the difference in subsidies for PRs is around 30 percentage points for C2 and B2 Class wards, around the same for day surgeries, and usually even higher for outpatient clinic visits and standard drugs.

I know we have finite resources to meet various needs, but I hope the Ministry could do more to make healthcare affordable for non-Singaporeans with a clear and immediate Singaporean nexus because, ultimately, we are helping their Singaporean loved ones, too.

Regulate Complementary Health Services

Dr Tan Yia Swam: Mr Chairman, I declare my interest as a breast surgeon in private practice.

Sir, part of the burnout and stresses on the healthcare system are misinformation and complications arising from complementary health and wellness services.

I work closely with allied health professionals, such as physiotherapists, diagnostic radiographers, radiation therapists and TCM practitioners, whom I know and acknowledge as fellow health professionals.

I am alarmed by anecdotal reports, some from my patients, some from newspapers, of patients who have suffered unusual complications from some forms of treatments. I state a few examples.

One, free filler injections into the breast, which interfere with screening mammograms for breast cancers permanently. Some present years later with pain and infection, requiring surgery. These complications cause significant scarring and cosmetic defects in appearance.

Two, international news reported a few deaths after chiropractor manipulations. In a 2018 Channel News Asia article, Dr Yap, then President of the Chiropractic Association, himself asked for regulation, so that patients can make a safer choice.

Three, people who have received Botox or other invasive beauty treatments in HDB flats – a few victims have reported to HSA or MOH, with the culprits being charged and reported in local newspapers.

These are not new issues and have been brought up before. I strongly urge MOH to look into these. It is better to prevent problems than having to stress an already over-burdened healthcare system. Educate the public and encourage victims to lodge Police reports of battery and assault.

The wellness industry is booming, with many providers in various forms, such as fitness, mindfulness and life coaches, and many more complementary health services. Psychologists and counsellors come from a diverse background and are currently not registered under the Allied Health Professions Act.

While I believe that the majority of these providers are doing good work, I would like to advise MOH to monitor for any reports of a missed diagnosis, for example, someone with a psychiatric disorder not getting the correct diagnosis or treatment, with adverse outcomes.

Finally, I am perpetually bemused why are poorly written search engine optimisation (SEO) articles always more widely read than those written by real doctors, or those published on Government websites, such as Healthhub and hospital sites. I think we write too responsibly and factually, which is boring, without any sensationalism. Should we and are we able to regulate these SEO articles? If not, can MOH work with other Ministries to educate the public on how to choose the right reading materials?

Recall the confusion during COVID-19. We must learn from it and prepare for future health crises. An educated population is the best defence we can have.

Reviewing Gestational Limit for Abortion

Mr Alex Yam (Marsiling-Yew Tee): Mr Chairman, for more than a decade, the hon Member Christopher de Souza and myself had been asking for a review of gestational limits for abortions in Singapore, as well as the provision of alternatives to termination of pregnancies.

I am heartened that pre-termination mandatory counselling has been made mandatory since 2015, I repeat my call for gestational limits to be lowered to 22 weeks. Singapore is one of only seven countries at the moment that provide elective termination after 20 weeks and we see evidence of increasing foetal viability in recent years with improvements in medical care. We can and we should make a move to lower the gestational limit to 22 weeks, as the science informs us. This is a signal for us, as a pro-family society as well. Let us do right by unborn children who do not have a choice to choose their chance at life.

Egg Freezing Age Limit

Miss Cheng Li Hui (Tampines): Chairman, motherhood is one of, if not the most, noble of aspirations.

While I thank MOH for the steps it has taken in the right direction with respect to Elective Egg Freezing (EEF), I feel that the ideal destination is still some distance away.

The decision to fix the upper age limit for egg freezing at 35 may be well-grounded in scientific and medical arguments. However, egg quality declines significantly after age 35. Women who remain excluded from this option in Singapore hold the general view that "lower chance, lower quantity is still better than no chance at all".

In MOH's response to my Parliamentary Question filed on 9 May 2022, the Minister mentioned that "MOH will continue to monitor medical advances and review the age limit from time to time". May I ask whether MOH is ready to raise the upper age limit for egg freezing?

National Electronic Health Record

Dr Lim Wee Kiak: Chairman, I declare my interest as an eye doctor in private practice.

In today's medical setting, a patient would often visit multiple healthcare providers from their GPs, to polyclinics and then to specialist centres. From there, some may be referred to therapy centres or to hospitals where, again, there are many centres with different specialist functions for diagnosis, treatment and care.

Hence, the National Electronic Health Record (NEHR) is a critical platform for many different healthcare professionals to come together to carry out their work in a healthcare setting. They can get quick access to health information electronically to provide better quality and safer care for our patients. The system would provide complete and up-to-date information about the patient for their healthcare teams to deliver coordinated care. NEHR, which collects patients' health records across different healthcare providers and platforms, will enable the authorised healthcare professionals to have a longitudinal view of the patient's medical history, thus allowing multidisciplinary healthcare professionals across Singapore to access a patient's health records to develop a holistic care plan for the patient. The doctor would know the information of your blood type, of your allergies and the type of medications that you have been prescribed.

As of April 2022, all MOH polyclinics and almost 60% of private medical clinics have access to NEHR, but we should get more of these clinics to sign up. I understand some reasons given were that there was a lot of paperwork for them. I believe some doctors have concerns that using NEHR could result in their medical practice being monitored and controlled, while others cite the lack of technical IT support. Others said that they are very small clinics with just one to two assistants and could not be able to cope with the transition to NEHR.

What is MOH doing to get all private healthcare clinics to sign up with NEHR and what are the reasons for holding back? How can their concerns be addressed? Getting everyone on board is important in aligning the launch of Healthier SG as well.

Lastly, I would like to ask what digital platform will the Healthier SG initiative be using. Currently, on our handphone, we have HealthHub; we have Healthy 365. Will NEHR be another app that we have to download? Will all these be integrated into a single app?

Digital and Data Enablers of Healthier SG

Ms Mariam Jaafar: Sir, during the debate on the Healthier SG White Paper, I advocated that MOH, in addition to electronic medical records and simplifying and automating processes and digital tools, really push the envelope in using digital technology and data analytics to personalise how we engage and advise citizens with relevant information and make targeted interventions, at the right time, on their journey towards preventive health.

The Healthier SG plan will allow citizens to follow their personalised health plans on HealthHub and track their physical activities on the Healthy 365 app. But the vision I shared would be a significant jump from this.

Can the Minister provide an update on what the minimum viable product would look like at the launch of Healthier SG, and a roadmap for subsequent releases?

Updates on Mental Health Efforts

Dr Wan Rizal: Sir, mental health is a critical aspect of our overall well-being but, often, it is overlooked, stigmatised and neglected.

In recent years, Singapore has been making significant efforts to address this. Conversations around mental health have become much easier among Singaporeans over the years, and this is not a coincidence.

It is made possible by the efforts from the Government, ground-up groups and community partners like Calm Collective, Total Wellness Initiative, Silver Ribbon, to name a few, to destigmatise mental health issues.

2.30 pm

Last year, the People's Action Party (PAP) launched the #bettertogether campaign to support these efforts further. These efforts have been particularly important in today's world, notwithstanding impact of the COVID-19, depression, anxiety and other mental health issues are ever-present.

Last year, the Inter-Agency Taskforce on Mental Health and Well-being proposed 12 preliminary recommendations in three focus areas. I believe this is a step in the right direction and like many mental health advocates, I look forward to the details of the plans.

Therefore, may I ask the Minister, what are the updates from the Inter-Agency Taskforce on Mental Health and Well-being?

Sir, there is another taskforce that looks into the Child and Maternal Health and Well-being, to provide comprehensive support to women and their children. However, fathers play an important role too. While mothers are often primary caregivers in a child's life, fathers are also critical in providing support, love and stability for the family and children.

Research has shown that fathers who are involved in their children's lives can often have positive impact on their mental health and well-being. For mothers, fathers who are there can provide emotional and practical support during pregnancy, childbirth and postpartum period. Research has also shown that fathers can be indirectly impacted from depression.

I would like to ask the Minister if there are plans to support fathers and at the same time, provide updates on this taskforce.

Mental Health Taskforce

Mr Xie Yao Quan: Sir, I would like to acknowledge the important work of the Inter-Agency Taskforce on Mental Health and Well-being in the past year. Could the Ministry update on its plans for the Inter-Agency Taskforce on Mental Health and Well-being in the year ahead?

Anti-vaping

Mr Ang Wei Neng: Sir, many young children and young adults are vaping in the public places. Health Sciences Authority or HSA dealt with 2,477 cases of vaping in 2019. The number increased by three times to 7,593 in 2021.

Over the past three years, an average of about seven out of 1,000 students from a public school were caught for smoking and vaping offences. But vaping appears to be growing in popularity with young people. There are reports of primary school pupils getting caught as well.

Some people think that vaping is healthier than smoking. This is not true. A Johns Hopkins report suggests that vaping is not safe, may be bad for the heart and lungs and may be just as addictive as cigarettes. The fun, fruity "flavours" of these e-vaporisers adds to the misconception that vapes are harmless. I am worried that a new generation is getting hooked on nicotine.

Thus, I would like to suggest HSA consider working with other agencies to educate youths and general public that vaping is not harmless and that vaping is illegal. I also hope HSA could work with schools and other law enforcement agencies to double the enforcement efforts.

Lastly, I understand the purchase, usage or ownership of an electronic vape may result in fines of up to \$2,000 per offence. Is this a sufficient deterrence? I suggest MOH consider doubling the fine quantum and consider a jail sentence for repeat offenders.

Access to Healthy Living Programmes

Mr Xie Yao Quan: Sir, HPB's plans to expand the capacity of its physical activity programmes in the community by 50% as part of Healthier SG is heartening.

However, with the move to online and mobile enrollment into these programmes, can the Ministry share how it plans to ensure continued, easy access to these programmes for seniors who may not be digitally-savvy. Also, how does the Ministry plan to ensure that these programmes remain well-distributed across various locations so that residents in every neighbourhood continue to have easy access to this physical activity programmes?

The Chairman: Minister for Health.

The Minister for Health (Mr Ong Ye Kung): Thank you, Mr Chairman, let me start by answering a couple of COVID-19 related questions posed by Dr Tan Wu Meng. He asked about excess deaths.

I reported in the House late last year that as at end-June 2022, our age standardised death rate throughout the pandemic was 549.9, per 100,000 person years. This is higher than the base rate which we used in 2019, which is 525 per 100,000 person years. So, there is some excess death.

As at end December 2022, the number has gone up further and slightly to 555.7. This is expected as we are taking in the mortality of all major infection waves throughout the pandemic. This indicates an excess death rate of 30.7 per 100,000 person years. Nevertheless, due to the concerted effort of Singaporeans, we remain one of the countries with the lowest mortality rate and excess death rate in the world throughout the COVID-19 pandemic.

Dr Tan also asked about strengthening our vaccine capability. This is something we are actively looking at, both in terms of building up our research and development (R&D) capabilities and also anchoring local manufacturing capabilities here. I will give a fuller update at a subsequent Sitting, because we are going to table our full after-action review in the House. This will take place not too long after the COS debate.

A major after-effect of COVID-19 pandemic is that it inspired us to accelerate the changes to our healthcare system. As a result, the healthcare system is now at a very decisive stage of a major transformation, working off a foundation that took many, many years to build. And now, we look at healthcare system not as one system but as three interlinked systems.

First, the acute care system, which is mature, well-developed. This is a system comprising hospitals, specialist clinics, treating the sick. Second, the population health system. I would say this is a teenager or adolescent. We are putting more emphasis on this through preventive care, through Healthier SG. And third, the aged care system. This one is a baby, still developing. We need aged care to take place predominantly in the community and not nursing homes.

The imperative for this transformation is our rapidly ageing population, which I think is the biggest social development for this generation.

The impetus to act now is COVID-19, which made things that were hitherto impossible now possible. In crisis, we made it possible. So, do not waste a crisis. Most importantly, through the crisis, the crisis brought to the forefront the power of preventive care, like good hygiene, screening tests and vaccinations.

Mr Chairman, today, I will give the House an update on the three systems and answers questions at the same time.

But before that, there are a few common, foundational issues undergirding all three healthcare systems, which my colleagues in MOH will address.

First, we need the right size and quality of manpower. Senior Parliamentary Secretary Rahayu will be speaking on this. But let me make a few comments first. We need, based on our projections, to increase the number of nurses and support care staff by about 40% – from 49,000 now, to 69,000 in 2030.

I have explained in the House before, that with a rising population of seniors who will fall sick more often and the shrinking population of new local entrants into the workforce, the numbers simply do not add up. We will not have enough local healthcare workers to support our healthcare needs.

We have to do first whatever we can to develop our local pipeline of talent, including some of the suggestions Mr Gerald Giam put forward – attract retired nurses to return; serve as locums; increase male participation, that will be most welcome. But we still need to complement it with foreign healthcare workers, from varied sources.

Various Members raised the issue about welfare of workers. I thank you for this. But fundamentally, the best safeguard for their welfare is to have sufficient manpower. No sufficient manpower and you have people who are so responsible, they are going to burn their weekends, they are going to burn their rest days and so on. You have to simply beef up the manpower resources. Senior Parliamentary Secretary Rahayu will speak more about it.

As for foreign healthcare workers who become valuable members of our team and demonstrate commitment to Singapore, we should be prepared to integrate them into our society, just as we do for many foreign professionals.

At the same time, and a few Members have raised this, society needs to appreciate and respect healthcare workers. The great majority of our patients and their loved ones and their family members, do. This is hugely motivating for our healthcare workers. But abuse and harassment by a small minority is a rising issue in our healthcare institutions. This is not acceptable. We will need to take a firmer stand against this.

We need, as Mr Ang Wei Neng suggested, a consistent understanding across the healthcare system on what constitutes abuse of healthcare workers. We need to then empower hospitals to take a firmer stand against such abuse. When hospitals take such firm stand against abuse, the hospitals must feel confident that their management, MOH, the Minister and hopefully, this House and the public, will stand behind in protecting our healthcare workers against abuse. MOH has convened a workgroup to study this issue. They have completed their work. We will be sharing the findings on MOH's plans later this month.

Second undergirding issue is we need the right IT systems and tools, to allow patients' key health data to be collected and shared across health providers safely and securely to ensure seamless and integrated care. Senior Minister of State Janil Puthucheary will elaborate on this.

Third, we also need to improve the support system and safety net for vulnerable groups, especially to the lower-income families. Minister Masagos will elaborate on this.

Let me move on to talk about the three healthcare systems. Let me start with the one we are most familiar with and briefly, the acute care system.

We have about 11,000 public hospital beds today and we intend to add 1,900 more public hospital beds over the next five years. This will mainly come from Woodlands Health Campus which we are waiting eagerly for, and this will progressively start operations from end of this year. Tan Tock Seng Hospital Integrated Care Hub will also start operations this year. Preparation works for the redevelopment of Alexandra Hospital and the new Eastern Integrated Health Campus are also in progress.

While not part of the acute care system, polyclinics are a very important part of our healthcare ecosystem. The Sembawang Polyclinic will start operations in the second half of this year and so too the Tampines North Polyclinic. Another eight will come on stream by 2030.

We need to have adequate hospital capacity. But we should not overbuild or worse, think that the solution to future challenges of healthcare lies only in infrastructure and number of beds. Ultimately, with an ageing population, we need to become healthier.

And this brings us to the second system, which is the population health system. We are building it up through Healthier SG.

Dr Tan Wu Meng, Dr Lim Wee Kiak, Mr Ang Wei Neng, Ms Ng Ling Ling and probably a couple more others, have asked for updates on Healthier SG. Let me provide them by walking through the experience of Healthier SG.

We want each of our residents to enrol with a family doctor, to build a long-term patient-doctor relationship. We think the doctor is best placed to guide a resident to better health. That makes family doctors the lynchpin of Healthier SG, the most important component. Therefore, we have been engaging our private sector GPs to co-develop Healthier SG.

We are supporting GPs in many ways: IT grants, annual service fees for Healthier SG when they take care of enrolled participants. This is a new stream of revenue for the GPs for managing the health of enrolled residents.

We will also be fully funding preventive services, like nationally recommended vaccinations and health screenings for enrolled Singaporeans. GPs will very likely have to deliver more of such services, which is another source of revenue. We have been explaining to GPs that with greater investment in preventive care, the primary care will grow, both in terms of size and importance.

I thank Ms Ng Ling Ling for reminding me of that very simple back of envelope calculation. The money is there. The investment is there. The pie will grow. But GPs will incur more costs, but they will also earn more fee-based income and services-based incomes from the Government.

2.45 pm

It is voluntary for GPs to be a Healthier SG clinic. We have about 1,600 GP clinics in Singapore focused on primary care. Our assessment is that the great majority appreciates the objective of Healthier SG. They think it is a move that should have come earlier and they want to be part of it. But the sums have to work for them and we are working with them closely. We hope to secure the great majority of them to be our partners in Healthier SG eventually.

I announced last week that we will launch Healthier SG enrolment for Singaporeans aged 60 and above in July this year. I also announced that we will launch a pre-enrolment exercise in May 2023. This is an early bird exercise. Who does it apply to? Those aged 40 and above, already have chronic illnesses and regularly visit their GPs. But their GPs need to sign up for Healthier SG. If they have not signed up, please try to persuade your GPs to sign up. This will ensure that this group of patients who need Healthier SG the most do not get crowded out.

Mr Ang Wei Neng suggested using health carnivals to encourage sign-ups and volunteered the Pioneer Division to be the first. We are keen to take it up and will discuss with you as well. And I hope you are the pioneer. You are, indeed, the pioneer and many more community and grassroots organisations will come after you. You will come second, after Sembawang. *[Laughter.]*

From July 2023, the first tranche of Healthier SG benefits will also kick in.

This includes, one, a first Healthier SG doctor consultation which will be fully subsidised by the Government.

Two, once the first consultation is completed, you will be awarded 3,000 Healthpoints worth \$20. I did a check. To earn 3,000 Healthpoints using Healthy 365, you must walk 5,000 steps for 300 days. So, 3,000 Healthpoints is quite a lot. This is MOH's way of saying, "Well done! Welcome to Healthier SG."

Three, nationally recommended health screenings and vaccinations like influenza and mammograms will be free of charge for eligible residents.

Four, after seeing the doctor, you want to heed his advice and to be more physically active, our community organisations will be organising more activities near your home. Participation will earn you Healthpoints.

Dr Tan Wu Meng talked about sessions being terminated. There was a time when we were cost-conscious and wanted to be cost-effective. Those with fewer participants were suspended. I think we have changed our approach. Because of Healthier SG, we want to provide stronger support. So, even for those with a lower participation rate, we want to work with the local community, beef up participation and give sufficient lead time for us to be able to do that.

But what has been suspended, I am afraid we cannot undo. So, please erase that from your memory and let us look forward.

Ultimately, the best payback is better health for everyone.

In early 2024, a second tranche of benefits, which will require more operational preparation, will kick in. This includes, one, enhanced subsidies for chronic drugs at GP clinics. This needs a little bit of explanation.

Today, CHAS already provides significant subsidies for patients with low chronic medication needs. Just with their CHAS subsidies, they pay \$0 or very little for their visits and medications. However, there are patients with complex chronic diseases who need several drugs and medication. The current CHAS benefits are not enough for them. Hence, these patients tend to go to polyclinics to get their subsidised drugs.

Under Healthier SG, this group of patients has the choice to get their supply of polyclinic chronic drugs at Healthier SG GP clinics at around the same price as polyclinic drugs. This is because we will provide a new Healthier SG CHAS Chronic Tier subsidy for selected drugs. They will be available at your enrolled Healthier SG GP clinic.

I should emphasise that this Healthier SG CHAS Chronic Tier is an option for this group of patients. It is an option because we know that some of these patients in this group are used to certain brands of drugs and they prefer to get it their GPs even though the drugs are not subsidised. So, now, we make the subsidised and cheaper alternatives used by polyclinics available to these patients through their private GP clinics but they are not compelled to switch. They can stay with the unsubsidised drugs that they are used to if they wish to.

Another benefit is the removal of cash co-payment when using MediSave for chronic treatment. Patients can use MediSave to pay their bills fully, up to the withdrawal limit. This will also be effective early 2024.

Finally, Ms Ng Ling Ling asked about traditional Chinese medicine (TCM). We are working closely with TCM practitioners by providing more support on research and development to generate evidence on the efficacies of TCM. There will be more developments in this area, which I will update the House when ready.

Let me move on to the third system, which is the aged care system. Several Members of Parliament have asked about this.

We are building many more nursing homes, doubling from 16,000 in 2020 to over 31,000 in 2030. Nursing homes have, indeed, provided important support to many families with frail parents. It is highly subsidised and supports families who are no longer able to take care of their loved ones at home.

However, building more nursing homes is not a sustainable long-term solution. We run the risk of becoming over-reliant on it. Why do I say that? Because the worst enemy of the aged is often not diseases but isolation and loneliness. Without the companionship and love of family members or friends, the loss of function will hasten and they become frail very quickly.

As I mentioned in this House before, research shows that the impact of loneliness on an elderly is equivalent to smoking 15 cigarettes a day. Our seniors need friends, relationships, love and activities around them. They need to feel active and purposeful, doing full-time work, part-time work, volunteer work, take walks in the park, hear the laughter of children, occasionally get into a squabble with their kakis – all these keep them healthy.

These things can even reverse frailty in certain instances, but they can happen only if the seniors can age actively in the community.

The Ministry of National Development (MND) has announced that they are building more Community Care Apartments. It will help. But it will not cater to the great majority. Therefore, what is more important is for seniors to be able to age in their current homes, which hold unique memories. To do so, we can leverage two important assets.

First, our HDB estates. They are designed with many common spaces for interaction amongst residents – void decks, exercise corners, coffee shops, supermarkets, hawker centres. They served a different imperative in the early years of our nation building, but now, these common spaces offer opportunities for seniors to age healthily in the community.

Second, our community partners, who have been providing social care and support in our housing estates. They have built up very precious personal relationships with residents. We have been working with them to implement pilot programmes for ageing in communities.

Recently, I visited Montfort Care's Active Ageing Centre (AAC) at Marine Parade. They told me there are 5,000 seniors in the area they are in charge of and they have so far identified 400 seniors living alone. These 400 are their top priority for engagement. So, like MOH, they know from experience the pain and detriment of loneliness. Montfort is hosting many activities for seniors. Like many AAC partners I visited, Montfort came to the conclusion as everybody on how best to attract seniors – it is to makan together.

So, once or twice a week, get donors to donate food, then volunteers to prepare the food, serve it in a nice environment like a nicely done up void deck, and seniors will come and gather. From there, they make friends. Then, they start to watch out for one another. The centre's staff can then further engage them to ensure that they are taking their medication, they are going to their health screenings and they can monitor their health.

The other attraction is the gym. I did not know that until I visited many of them, especially now that we have many Gym Tonics on the ground.

Many seniors who do not like to leave their homes will go to the gym. It is called "Gym Tonic". It is a bit corny. It is not gin and tonic.

Many seniors who do not like to leave their homes will come to the gym. I suspect they heard enough stories of how gym work actually strengthens them and people who were immobile are able to walk again and even reverse frailty in certain circumstances.

We are putting these ground experiences together into an effective and workable operating model for all AACs even as we expand the network.

To do this well, our community partners will need stronger support in both money and manpower. MOH is studying how best to strengthen our support to AACs. This is, potentially, another major healthcare programme, alongside Healthier SG.

This is urgent work. We are racing against time because the pace of ageing in Singapore is relentless. But if done well, this will be one of the best gifts to our seniors.

Mr Chairman, over the years, MOH has been explaining the need to shift healthcare from hospitals to the community. With the three healthcare systems, we are making this into a concrete reality.

But if care is shifting from hospitals to community, so must other aspects of healthcare.

We need to be service-centric, not premises-centric.

Take regulation, for example. We cannot just have standards and rules for hospitals and clinics. We need them for wherever healthcare services are delivered, including senior centres in the community, residential homes, mobile clinics or even remotely, via telemedicine.

That is one of the key purposes of the Healthcare Services (Amendment) Bill, which we will present to the House at the end of the COS debate.

Patient data is another good example. They need to flow across different healthcare providers and settings. That is why we will be presenting the Health Information Bill to improve the current situation of data collection and sharing.

Likewise, the same argument can be made for healthcare financing for patients. The healthcare financing framework, which is "S+3Ms", namely, subsidies, MediShield Life, MediSave and MediFund – they must extend beyond hospitals to wherever healthcare services are delivered.

We are, therefore, undertaking a review of our healthcare financing framework to make it more premises-neutral. But this will take some time. It is a complicated issue. In the meantime, we will make three smaller, no-regrets moves.

First, MediSave claims for home care. Dr Tan Wu Meng has told the story of "Ah Ma" twice – once during the White Paper on Healthier SG and once just a couple of hours ago. He put up a compelling case why financing schemes need to be premises-neutral – to support patients like Ah Ma, who is immobile, homebound and finds it challenging to visit the polyclinic or the hospitals and, therefore, they have to rely on home care.

Hence, in the second half of this year, we will extend the use of MediSave to homebound patients receiving home medical care. They will be able to tap on the MediSave500/700 and Flexi-MediSave schemes.

As a start, this will apply to 25 home medical and home nursing providers that are receiving subvention and support from MOH. Collectively, they serve close to 10,000 patients. When the scheme stabilises, we will consider extending to the rest of the service providers.

Dr Tan Wu Meng also suggested allowing patients to take their blood tests at polyclinics before their surgery and to standardise their forms. We will look into that, but we are mindful not to add further workload to the polyclinics, especially with Healthier SG coming onstream and they are extremely busy. But let us study the proposal carefully.

3.00 pm

The second thing we will do is normalise telehealth for care delivery.

During the COVID-19 pandemic, we wanted healthy individuals to recover from COVID-19 infections at home so as to minimise their visits to the clinics.

Telehealth made this possible. Infected persons isolated at home, they could seek consultation from a doctor online and have medication sent to them. Doctors too, can now leverage technology to attend and care for more patients.

To support and encourage the use of telehealth during the pandemic, we extended usage of MediSave and CHAS Chronic subsidies for teleconsultations for chronic disease management. And this policy was meant to be time-bound, effective only during the period of the pandemic.

Now that we are in DORSCON Green, we will not lapse it because telehealth has become widely accepted and demonstrated to be effective. Hence, we have decided to continue the pandemic arrangement and normalise the use of appropriate telehealth and make it part of routine chronic disease management.

Third thing, stronger support for palliative care. Mr Yip Hon Weng and Mr Xie Yao Quan have asked about this.

Survey findings consistently show that the great majority of Singaporeans prefer to pass on at home, in familiar surroundings, in the presence of loved ones, instead of an unfamiliar hospital surrounding.

However, currently three in five deaths still happen in hospitals. We have a long way to go in fulfilling the wishes of Singaporeans.

Hence, we are improving the clinical protocols in the hospitals. We are upskilling providers to develop general palliative care capabilities. We are engaging in early conversations with patients and their loved ones on their wishes.

Later this year, MOH will be embarking on an outreach effort, to encourage more Singaporeans to plan ahead with a Lasting Power of Attorney and Advance Care Plan.

But we also need to work on expanding the capacity of the palliative care sector.

Community palliative care providers, namely HCA, Assisi, Dover Park, they have been doing a tremendous job. They provide three modes of palliative care – at home, in day hospice or in the inpatient hospice. They have also been raising significant amount of charity dollars every year to complement Government funding to support their operations. However, their capacities are heavily utilised. To unlock their capacity constraints, hospices will need additional resources.

At the same time, instead of having three funding formulas and three funding streams for different hospice settings – home, day, inpatient – we can bundle them into one per patient funding rate, set it at an adequate level and then empower the hospice to decide which settings are most suitable, depending on the care needs of the patients and also their family circumstances.

We will pilot this new approach with Dover Park Hospice, which is working closely with Tan Tock Seng Hospital (TTSH). We will grant them more resources through a new bundled per patient funding rate and we will learn from the pilot, review the arrangements, with a view to mainstream the scheme next year.

Let me end this section with some comments on questions raised healthcare costs, posed by Dr Lim Wee Kiak and Mr Xie Yao Quan.

Healthcare inflation in 2021 is 1.1%, 2022 is 2.2%, and this is calculated post-subsidies and significantly lower than general inflation in both years.

We will continue to keep healthcare costs affordable through our S+3Ms framework. Low-income Singaporeans, in particular, can be assured that additional financial assistance will be available to you if you need them.

We will also extend financial assistance. This is a question raised by Mr Xie Yao Quan. We will extend financial assistance on a case-by-case basis to needy Permanent Residents, especially those with a strong nexus to Singaporeans.

However, for the great majority of Singaporeans who are healthy, the best way to keep healthcare costs low is to stay healthy. This is another reason why Healthier SG and ageing in communities are two top priorities now. Mr Chairman, in Mandarin please.

(In Mandarin): [Please refer to [Vernacular Speech](#).] I believe all of us have noticed that Singapore's population is ageing rapidly. There are more and more seniors in our neighbourhood. The burden on the society, family, healthcare system and our national finances will become heavier as well.

Population ageing is an inevitable trend, but this does not mean that our hands are tied or that we have to give in. We cannot reverse the demographic change but we can change our views towards age. Many seniors who are above 65 may be old in age but are young at heart.

Recently, I met an auntie when I was doing a walk-about in my constituency. She said to me amicably, "Minister Ong, you are so young. I am almost 90 but you are only 60 plus." I replied, "Auntie, actually I am only 53!" Auntie said, without a trace of embarrassment: "Uh, nowadays whether you are in your 50s or 60s, you all look the same!"

I thought about it later. Indeed, the auntie was spot on. My grandmother passed on in her 50s. I have never met her. My grandfather passed on in his 60s. In my memory, he looked haggard and old. But now, many uncles and aunties in their 60s are still very active and do not look any older than me.

As the quality of life improves, Singaporean's life expectancy has been increasing as well. What age is considered old? The best response is to take care of your health. If you can do this, you can refuse to admit that you are old.

Staying healthy is our own responsibility, but the Government will also have policies to take care of the elderly. Let me briefly explain some of the key policies that we have in place.

First, MOH is working on the Healthier SG programme, which will be launched soon. Starting from July this year, we will invite Singaporeans aged 60 and above to enrol into the programme. They can choose a family doctor to be their long-term health partner.

The first consultation will be free-of-charge. After the first consultation, the Government will provide an award worth \$20. Subsequently, annual vaccination and health screening as recommended by MOH will also be free-of-charge. MOH will work with community centres and grassroots organisations to help with the enrolment.

Second, we will try our best to let our seniors to age in the community that he is familiar with. As we enter the golden years, the biggest fear is not diseases but loneliness and isolation.

Once the seniors lose the companionship, care and love of their friends and family, their health will deteriorate and their body will become frail. Ageing in place with the companionship of family members, neighbours, friends and community volunteers, seniors can stay healthy or even reverse their frailness.

This is an attainable vision, but not one that can be achieved by MOH alone. Fortunately, we have many community partners that provide care services in our housing estates and build precious relationships with the residents.

Recently, I visited a cafe in Marine Parade. The cafe has a unique name. It is called "独一无二 (du yi wu er)" because the cafe is located at the void deck of block 52. It belongs to Montfort Care's Active Ageing Centre.

The volunteers who help out in the centre are seniors themselves. They go to the centre one or two days a week and prepare some food to serve the seniors living nearby. They work together, some cut meat, some clean beansprouts, some do the cooking and some do the plating.

Once they eat together, they start to make friends and become good neighbours. Afterwards, they start to take care of each other and watch out for each other's health.

The operation of a place like "du yi wu er" relies on donations from kind-hearted donors. The Government will consider how to fund such programmes so that they can spread across the whole island.

Third, we will make changes to the MediSave policy. Currently, some senior Singaporeans who are wheelchair-bound or bedridden have to seek home medical care. But under the current policy, MediSave cannot be used for home medical care.

In the second half of this year, we will adjust the policy so that this group of patients can use MediSave for home medical care to reduce their medical burden.

The fourth point is more sensitive, which is end-of-life arrangement or hospice care. Many people avoid this topic. They think it is inauspicious and see it as taboo. But surveys conducted in recent years show that many Singaporeans prefer to pass on at home in the company of their loved ones.

In order to fulfil the wishes of Singaporeans in this area, we need to work harder. Next, we will work together with palliative care provider Dover Park Hospice and their close partner, Tan Tock Seng Hospital, to conduct a pilot programme.

Under the pilot, we will provide more grants and subsidies. To encourage these operators to expand their services, we will also allow them to determine the type of palliative care to deliver to the patients based on their care needs, as well as the family circumstances. If all goes well, we expect to incorporate such an arrangement into our mainstream healthcare system next year.

I hope that the Government, businesses, community and the people can work together to reform our healthcare system, change our views towards ageing and to help our seniors to enjoy a fulfilling, happy and peaceful golden age.

(In English): Mr Chairman, let me conclude by addressing Mr Henry Kwek's question on longevity science.

The Geriatric Education and Research Institute and Centre for Healthy Longevity as well as other similar centres, they are doing very good work. In the transformation of healthcare, we are dealing with much broader and much more fundamental questions.

They are: What is medical science? How does it translate into public policy?

I think the definition of medical science lies on a spectrum. At one end, medicine is a frontier science.

As a matter of life and death, it attracts a lot of R&D, including very exciting work on human longevity. Some of the advances sounds like science fiction. Today, you can 3D print body replacement parts, you can teach yourselves to fight a disease, you can edit genes to treat cancer.

Many medical moon shots have been fired.

But we need to exercise caution when translating medicine as a frontier science, no matter how promising and exciting, into public health policy. Emerging treatments usually work for exceptional cases. While these get reported in the media, they usually are not suitable for the majority of patients.

Furthermore, they are by nature very expensive. So, if we are not wise or careful in the development of frontier medical science, the country can end up paying a lot – including wiping out savings of many people – for very little good outcomes. We have to ensure that standard clinical practices and healthcare policies do not run ahead of the evidence of clinical benefit and cost-effectiveness.

And that is one end of medical science. In the broad middle, medicine is a biological science. This is where medicine finds wide applications in treatment of diseases. It is the heartbeat of our acute care system. It has improved lives all over the world.

When people unfortunately fall sick, hospitals do their best to treat them. Safety nets are set up to try to make healthcare costs affordable. But make no mistake, we do not like sickness and all countries in the world hope that demand for medical care is as low as possible. Therefore, the system must be designed with an emphasis on personal responsibility to ensure prudence and discipline in spending on sickness. And that is why co-payment of medical bills and insurance payouts remain an important principle of our system.

Then, there is the other end of the spectrum. Here, medicine comprises relatively simple and general interventions that apply to entire populations – adequate sleep, eat healthily, exercise regularly, do not smoke, do not doctor-hop, go for periodic screenings and vaccinations.

Unlike medicine in hospitals where we wish for less, we want more of such socially good medicine that enhances health, well-being and productivity. As Rudolf Virchow, the father of modern pathology and social medicine famously said in 1848, "medicine is a social science, and politics (is)...medicine at a larger scale". But this is of course 1848.

However, while the benefits are significant in this spectrum, many people are unable to bring themselves to do these simple things that make us healthier. Because eating well, exercise and so on takes effort, sacrifice, perseverance, the rewards happen gradually and later, and they deny the all-too-human need for instant gratification.

Hence, our public policies need to recognise the positive externalities of this spectrum of medicine and overcome and compensate for this hesitancy in order to maximise social good. This is the driving force behind the healthcare transformation that we are witnessing.

So, through Healthier SG, we have decided to make preventive care like nationally recommended health screenings and vaccinations like public parks and libraries all over and free. We need to invest in infrastructure and systems that keep people healthy, just as we do for public transport and clean water. We cannot sweat those minority of abuse cases and let them dictate the overall design of our preventive care system, just like how we design the vaccination system during the COVID-19 pandemic.

We need to mobilise the support of communities and partners to deliver preventive care well, similar to how we say it takes a village to raise our children. We need every individual to play a part in health and assume personal responsibility, just like national defence. It is a new realm of thinking in healthcare policy, but the considerations are not at all unfamiliar in public policy-making.

Mr Chairman, our healthcare system has always reflected the face of Singapore. In the 1960s, we had a lean, cost-efficient system suited to a mainly young and vigorous people. Today, we need a more mature and multi-faceted healthcare system, three systems in fact – spanning frontier, biological and social sciences – so as to provide for the more complex needs and opportunities of an ageing population.

Today, we have, through the crisis of COVID-19 and all that we as a nation have learnt in overcoming it, a powerful impetus to act – decisively, with resolve and extraordinary will to see us through this necessary transformation. And if it is true that politics is medicine on a larger scale, we in this House have the duty to ensure that we, our families and fellow Singaporeans will enjoy good health for generations to come. I ask for your support. *[Applause.]*

The Chairman: Minister Masagos.

The Second Minister for Health (Mr Masagos Zulkifli B M M): Chairman, I thank Members for their suggestions on ways we can enable Singaporeans to keep healthy and build strong families. Health like education and housing is foundational to the well-being of a family. When families are healthy, they can thrive, support their seniors and enable their children to flourish and reach their fullest potential in life. This is why over the years, we have strengthened our policies to build strong and healthy families.

MOH has been building an integrated ecosystem to support children and their families across the health and social domains. We are further enhancing it through the Child and Maternal Health and Well-being Strategy. We have begun the effort to enable families to access cross-domain services at a one-stop community node near their homes. Last year, I announced that we were piloting this programme, which we call Family Nexus.

I am pleased to update that the first Family Nexus pilot has since been rolled out at Our Tampines Hub (OTH). Since November last year, families with young children living in the East have been able to access health services and parenting programmes close to home at FamNex@OTH.

Over the next few months, a wider spectrum of services and programmes for families will be added on with more partnerships forged, providing holistic support for families. For example, the father can bring his elder child to the library for reading programmes while waiting for the mother and their newborn child who are receiving support on recommended childhood developmental screening and lactation support from Family Nexus. The family could attend parenting programmes organised by Family Nexus before enjoying a meal at OTH or participate in family-oriented sports activities by ActiveSG.

One such family who has benefitted from the Family Nexus' support is Mdm D and her family who reside in Tampines. The FamNex@OTH team noticed that her children frequently hang out at the community space. With the help of the volunteer from the Family Service Centre, Mdm D was connected to the FamNex team from SingHealth and shared her concerns on the health conditions of her children, including her observation that one of her children might be slower in development.

The FamNex community nurses followed up with a comprehensive health assessment for her children with the support of a paediatric nurse from KK Women's and Children's Hospital (KKH) and provided Mdm D with guidance and know-how to better care for her children's health conditions. This includes educating her on the right medication to manage asthma for one of her children, working out a plan to support her child's development and equipping Mdm D with educational resources and visual aid to guide her in monitoring her child's behaviour and symptoms.

Mdm D has also attended parenting workshops to pick up relevant parenting skills. With the support from FamNex@OTH and other partners, Mdm D is now more confident and equipped to care for her children aged two to 18 years old.

Integrated hubs like FamNex@OTH will be rolled out to more sites across Singapore, at Choa Chu Kang and Punggol, supporting more families. Family Nexus@ Sembawang will also be ready when the new Sembawang Polyclinic opens at Bukit Canberra later this year.

Chairman, we will also continue to roll out mother-child dyad services at our polyclinics nationwide, enabling more children and mothers to benefit from services such as vaccination, childhood development screenings, breastfeeding and lactation support and maternal mental health screening. Parents and children can receive support concurrently at a single session without making multiple trips.

Today, there are nine polyclinics which offer mother-child dyad services, an increase from the two polyclinics a year ago. We will roll out these services to several more polyclinics by the end of this year and are ahead of our target to scale these services to 14 polyclinics by 2025.

We are investing more in upstream measures to help families keep healthy. This is in line with the Healthier SG effort on preventive health.

To improve the health outcomes of our women and children, we are going upstream starting from as early as at the pre-conception stage, ensuring that couples are supported throughout the different stages of their parenthood journey.

In addition, to ensure that we address emerging issues and trends in a relevant manner, we need to adopt an evidence-based approach and be informed by research. Findings from local studies such as the Growing Up in Singapore Towards Healthy Outcomes (GUSTO) have shown that maternal depression and anxiety affects the brain development of the fetus which could give rise to vulnerability to mood and anxiety disorders in the child's later life as well as their readiness for school. This is not a foregone conclusion, fortunately. Early identification and intervention will help.

I am glad that hospitals and professionals are tapping into this evidence-based finding in designing services and resources. Last month, KKH together with the College of Obstetricians and Gynaecologists Singapore launched the Perinatal Mental Health Guidelines. These guidelines provide comprehensive advice to better address maternal depression and anxiety during the preconception, antenatal and postnatal phases. These guidelines are readable, and I encourage all, from family physicians, general practitioners to social workers and couples themselves to reference them.

Early detection of diseases is key to enable timely intervention to achieve good health outcomes. Which is why we have encouraged our residents to take up the appropriate health screening programmes.

Similarly, early identification and intervention are key to support maternal mental health. Hence, I am pleased to learn that KKH has implemented the Psychological Resilience in Antenatal Management (PRAM) since last December. Under this programme, all pregnant women receiving outpatient obstetric care at the hospital can access universal antenatal mental health screening and will be referred to the necessary care if they have depressive symptoms. Through these efforts, families will be supported in keeping healthy through the various chapters of their lives.

We will empower parents, providing them with more evidence-based resources and practical help to raise healthy and happy children. Our children today grow up in a world of digital services. However, the best practices on the use of such devices are not always clear. I can understand that many parents would be concerned to learn that studies such as GUSTO show that early passive screen use for young children, especially those under 18 months old, has been associated with poorer language skills and shorter attention spans when the children are in primary school.

To provide more practical help to parents, I am pleased to launch the advisory on screen use for children aged zero to 12 years old. The advisory has been developed by an expert panel comprising professionals from healthcare, social and educational sectors. It provides useful tips such as for parents to be role-models for positive screen-use behaviours and set boundaries on screen use with children. We hope that it will be a helpful guide for parents, educators and more.

We share the same view as Dr Wan Rizal that we need to do more to support fathers. The role that fathers play in early childhood development may not be well-known, but it is no less important. Studies such as SG LEADS show that fathers play a sizeable role in the development of a child's self-regulation and ability to delay enjoyment. This refers to the ability to defer short-term enjoyment for longer-term gain, an important predictor of ability and academic achievement.

Hence, it is important that we support the mental well-being of fathers too to keep them well. I am glad to share that National University Hospital (NUH) will be extending its mental health screening and support to fathers of children and husbands of women under its care.

Besides parents, we will also leverage existing natural touchpoints, such as schools and preschools, to do more, to give every child a good head start in keeping healthy. We will be enhancing school health and preschool health programmes, to provide a more comprehensive and holistic school health package for students to foster good healthy habits from young.

More details will be announced together with the Ministry of Education (MOE) and the Ministry for Social and Family Development (MSF) later this year.

3.30 pm

Ultimately, we want to empower families to take charge of their health and enable families to flourish.

We recognise that some families may need more support. For such families, a single health event can be destabilising. Early detection and intervention will prevent small issues from snowballing into larger problems later. Keeping families on an even keel and helping them achieve stability, self-reliance and ultimately, social mobility.

I agree with Mr Xie Yao Quan that we can do more to integrate health and social services to provide more holistic support for lower-income families.

We have made progress. Today, public healthcare institutions are in partnerships with Social Service Offices (SSOs) to jointly support lower-income residents in their region.

For example, Changi General Hospital (CGH) community care staff and SSO officers work together as one team at SSO@Bedok. When families come to SSO@Bedok for financial assistance, CGH community nurses take the opportunity to assess their health needs and provide support, such as advice on recommended health screenings. Clients with health concerns are referred to the community nurses who are stationed onsite at SSO@Bedok and who will liaise with their primary care doctor if there is a need. For those who are unable to make a trip down to the SSO, the community nurses visit them at home together with the SSO officers to offer support and help.

We are also improving lower-income families' access to health promotion programmes. Last year, HPB worked with community partners, such as People's Association, M³@Towns and ComLink, to proactively reach out to lower-income families with young children, supporting them with resources and encouragement to facilitate healthier lifestyle choices, such as buying groceries with healthier choice symbol and engaging in regular physical exercises.

This year, we will be enhancing efforts to support lower-income families through two regional pilots, in collaboration with social agencies and preschools, supporting these families in accessing health services and providing wraparound support for both parents and children. This involves redesigning the care model and services around these families, facilitating health and developmental screenings, equipping preschools and social agencies to identify and refer at-risk preschool children for further assessment, equipping parents through home visits and fast-tracking referrals for medical appointments where needed.

In the Northeast Region, SingHealth will lead cross-domain and multi-agency efforts to support children from low-income families through Project HOME (Holistic Management and Enablement). These efforts will build on the efforts of existing programmes, like KidSTART and ComLink.

Healthcare agencies like Sengkang Hospital (SKH), KKH, Punggol Polyclinic will partner My First Campus preschools as well as social services centres, the SSOs and Family Service Centres to jointly support case management of children under six years old.

A similar pilot will be rolled out in the West by NUH through the HEADS-UPP, or HEAlth and Development SUpport in Preschool Partnerships, programme. NUH will partner Care Corner and PCF Sparkletots preschools in the West.

These pilots will provide deeper insights on how we could further strengthen cross-domain collaborations to better support lower-income families. If they are proven effective, we will explore scaling them nation-wide to benefit even more families.

With Healthier SG, we expect these collaborations to be further deepened, particularly with polyclinics and the Primary Care Networks.

Last but not least, we are also enhancing support for caregivers who are the cornerstones of our families' well-being. Like Mr Gerald Giam and Ms Carrie Tan, we recognise that caregivers play a significant role and must be supported well.

The Government has enhanced our support for caregiving for families over the years. In 2019, we introduced the Caregiver Support Action Plan that outlined key initiatives in the areas of financial support, respite care, caregiver empowerment, workplace support and care navigation. Last year, we shared more initiatives to recognise caregivers' contributions and ease their burden when we debated the White Paper on Singapore Women's Development.

MOH has recently enhanced the Home Caregiving Grant (HCG) to further defray the costs of caring for seniors and those with disabilities. From this month, those who are eligible will start receiving enhanced payouts of either \$400 or \$250 per month, up from the current \$200, with more support provided to the lower income. This already covers households earning up to the median income per household member.

As Minister Ong shared earlier, we are also taking steps to further improve affordability for those receiving care at home, as part of the holistic shift for healthcare services to be more premises-neutral and care-centric.

For those taking care of very frail seniors, there are around 60 nursing homes which offer residential respite care. Others could tap on various subsidised eldercare services, such as home and day care services for respite.

For those families with lighter caregiving needs, MOM has earlier shared that it will expand the scope of the Household Services Scheme (HSS) to provide basic child-minding and elder-minding services. This will offer an additional option for families. More details will be shared by the Ministry of Manpower (MOM) at a later time.

There have also been suggestions to enhance family care leave. Beyond legislating leave provisions, it is more critical and sustainable for caregivers to be provided with family-friendly work environment, to help them balance work and caregiving responsibilities. We will continue to enhance efforts to support a more family-friendly work culture, including promoting flexible work arrangements (FWAs).

We are also enhancing support to persons with disabilities and their caregivers in building an inclusive Singapore. We will share more about our plans later during MSF's Committee of Supply.

In closing, healthy families lay a foundation for a strong society. We want to empower families to sustain their health through the chapters of their lives, making it easier for families to access services and enhancing support for caregivers, adopting a preventive health approach to better support fathers, mothers and their children, maximising their well-being and helping their children achieve their fullest potential in life, creating a Singapore that is truly made for families.

The Chairman: Order. I propose to take a break now.

Thereupon Mr Speaker left the Chair of the Committee and took the Chair of the House.

Mr Speaker: Order. I suspend the Sitting and will take the Chair at 4.00 pm. Order. Order.

Sitting accordingly suspended

at 3.38 pm until 4.00 pm.

Sitting resumed at 4.00 pm.

[Mr Speaker in the Chair]

Debate in Committee of Supply resumed.

[Mr Speaker in the Chair]

Head O (cont) –

The Chairman: Senior Minister of State Dr Janil Puthucheary.

4.00 pm

The Senior Minister of State for Health (Dr Janil Puthucheary): Mr Chairman, Sir, as our healthcare system evolves, services such as home care and teleconsultations are becoming more commonplace. These changes drove our move towards a premises-neutral and services-based regulatory regime. However, sharing of information remains limited. Patients need to remember and repeat their medical history and there is an administrative burden on providers to avoid unnecessary investigations or tests.

Some programmes are attempting to close this gap, like the Primary Tech-Enhanced Care-Hypertension (PTEC-HT) Programme in polyclinics mentioned last year. This allows patients to submit their blood pressure data to their primary care team who views these readings through a dashboard. A patient can change polyclinics and the new polyclinic can continue to monitor the patient's blood pressure through the dashboard. The patient need not record and repeat their blood pressure readings from the original polyclinic. These are small steps in the right direction and we need to build on these steps.

It is critical that healthcare providers can collect, access and share standardised health information across settings to facilitate the provision of uninterrupted and holistic care. For example, we screen women at risk of gestational diabetes during pregnancy. We know that early detection and intervention for such women can improve both maternal and infant health outcomes.

With Healthier SG and data sharing, general practitioners (GPs) can identify women with pre-diabetes and support them on lifestyle changes to prevent the onset of diabetes. When the woman becomes pregnant, data sharing will enable her health information to be accessed by her obstetrician, who will then know about her higher risk to develop gestational diabetes. If she does develop the condition during pregnancy, she will have a higher risk of developing diabetes within the five next years after delivery. So, her regular GP will need to know about what happened during the pregnancy and so work with her on preventive measures to keep diabetes at bay. Data sharing enables care and preventive care provision to take place seamlessly as she goes through different stages of her life and this data sharing needs to happen from the community practitioners to the hospital specialists, and back again.

I agree with Dr Lim Wee Kiak that data sharing is needed to enhance patient care and on the need to expand the National Electronic Health Records (NEHR), as with Ms Mariam Jaafar on building our capabilities to harness the power of digital tools. The NEHR was designed to facilitate data sharing for care coordination and give healthcare providers greater visibility of the patient's medical history. This will enable practitioners to make better care decisions for their patients.

We have integrated the HealthHub application within the NEHR. In addition to viewing health information such as drug allergies and medications, patients and their authorised caregivers can also manage their medical appointments via the HealthHub app. With Healthy365, patients can check their health points, track their physical activities and diet as well as access community activities. We intend to progressively make available more health information from the NEHR on the HealthHub app.

To support these initiatives and many others, we will require our licensed healthcare providers and allow selected entities to contribute data to the NEHR. GPs participating in Healthier SG will be required to contribute to the NEHR within one year from the launch. We are also exploring how to better facilitate the sharing of health and administrative data between these partners.

The sharing of data also enables public agencies such as the Health Promotion Board (HPB) and Agency for Integrated Care (AIC) to formulate national programmes, initiate new preventive healthcare programmes or reach out to residents who may be socially isolated and require support. For example, through its Preventive Health Visits with seniors, AIC's Silver Generation Office (SGO) shares relevant information it gathers with Active Ageing Centres and the Regional Health Systems so that they can follow up with relevant programmes for their residents.

To achieve all this, we will be introducing new legislation, the Health Information Bill. This was announced by Minister Ong Ye Kung during the COS debate last year.

There are three things the legislation will seek to achieve. First, to enable the collection of patients' selected health data from healthcare providers. Second, to allow healthcare providers to share health and administrative data with one another for specific purposes. And three – and third, I beg your pardon, to govern the collection, use and disclosure of such data by setting out robust cyber security and data security requirements.

Given the sensitive nature of health information and the consequences of misuse, stringent requirements must be placed on the collection, use and sharing of health information. There are measures already in place under the Personal Data Protection Act and the Cybersecurity Act, and these requirements already apply to our healthcare providers today.

However, we will do more. We are engaging the Personal Data Protection Commission (PDPC) and the Cyber Security Agency of Singapore (CSA) to identify areas where requirements need to be strengthened and where safeguards need to be fortified specifically for health information.

Health information is personal and it is something that Singaporeans expect to be carefully and sensitively handled. Thus, beyond engaging the PDPC and CSA, we have been extensively consulting stakeholders on issues surrounding data privacy and sharing. These include our licensees, healthcare professionals, IT vendors, members of the public, patients and caregivers.

The views gathered are helping us shape the Bill to address our policy intent, the needs of patients and the administrative and operational costs for providers. The consultations continue and we will address the feedback. We subsequently intend to table the Bill in this House in the later part of this year.

If I may, Sir, turn to addressing some of the cuts that Members have filed. Mr Alex Yam asked if the gestation limit for abortion could be lowered.

Many countries have similar rules as us and allow for abortions for medical and socioeconomic reasons after 20 weeks. Our current rules are not exceptional.

At 23 weeks gestation, there are high risks that these extremely pre-term babies if they survive, lead a very poor quality of life. Although it is improving, the chance of survival remains low.

We will continue to work with the professional community to monitor the neonatal survival and morbidity data and continue to evaluate the appropriate gestational threshold.

In response to Miss Cheng Li Hui, the upper age limit of donors for elective egg freezing, which will be implemented in June 2023, is presently set at 35 years of age. Nonetheless, we are aware that the success rates of egg freezing remain relatively stable up to 37 years old at the point of donation. We are reviewing the evidence as part of the overall effort in developing the Assisted Reproduction Regulations under the Healthcare Services Act.

We agree with Dr Tan that we need to sustain our efforts on the affordability of cancer treatment while keeping MediShield Life premiums affordable. Although cancer patients account for about 2% of all patients, cancer drugs make up 35% of public sector drug spending. Over the five-year period from 2017 to 2021, this spending increased by over 90% while overall national age-adjusted cancer mortality improved by 2.1%.

The Cancer Drug List (CDL) has allowed MOH to negotiate for lower drug prices, thus making cancer treatments more cost-effective and lowering financial burden on patients and families. Since its announcement in 2021, the CDL has helped MOH secure an average price reduction of 30% on the listed drugs. Expensive and novel treatments may not equate to better outcomes and we strongly encourage patients and practitioners to choose the listed drugs where possible.

From 1 September to 31 December 2022, an average of 90% of patients in private medical institutions and about 95% of patients in Public Healthcare Institutions were on CDL treatments. A minority of patients are on non-CDL treatments and they may need time to adjust to the changes. Multiple support measures are being provided to help them continue with their current treatment course with minimal impact to their out-of-pocket expenses. These include financial support for existing patients in our public institutions and the preservation of Integrated Shield Plans coverage until 30 September this year. Thereafter, non-CDL treatments may remain covered by private insurance products such as IP riders. If affordability is an issue in private healthcare institutions, patients can opt for subsidised care at the public healthcare institutions where they may apply for additional support such as MediFund.

Patients who receive ancillary services such as consultations, scans and blood tests as part of their cancer drug treatment and those requiring more intensive treatments are worried about future treatment costs. These can be claimed from MediShield Life under a separate cancer drug services limit. I would like to reassure patients that we are reviewing the data and intend to increase the claim limits. We will announce more details soon.

I would like to assure Dr Tan Yia Swam that complementary health and wellness service providers are not licensed under the Healthcare Services Act or the Private Hospitals and Medical Clinics Act. As such they are not allowed to provide any licensable healthcare services or purport to treat, diagnose or manage any medical conditions or diseases.

We do not allow unlicensed providers to advertise services or skills relating to the treatment of a medical condition. These measures will be ported over to the Healthcare Services (Amendment) Bill which will be debated in the House later this month. This allows unlicensed providers to be subject to the same penalties as licensed providers if they contravene the regulations on healthcare advertising under the Healthcare Services Act. We take a serious view of this and will not hesitate to take errant providers to task. Members of the public are encouraged to remain wary of exaggerated claims when consuming healthcare services from unlicensed providers.

I also agree with Dr Tan that the Clinical Claims Resolution Process (CCRP) could be used more widely. It was designed to be voluntary, where parties using the CCRP must mutually agree to participate and abide by the CCRP's decision via a contract. MOH will continue to work with the relevant organisations to strengthen the CCRP process and its participation by all stakeholders.

To Dr Tan's suggestion of a future collaboration with SMA in enhancing the education of payors, we agree that stronger collaboration between payers and the care team will contribute to a better patient experience, and this can be discussed further with the Multilateral Healthcare Insurance Committee.

MOH currently requires licensees using Third Party Administrator (TPA) services to reflect TPA administrative fees in the patient's bill. However, as there is no direct patient care involved, we do not regulate the TPAs themselves.

We understand that there are concerns about the potential impact on healthcare affordability and access when using TPAs, and we remain committed to minimising the risks by working closely with stakeholders such as the College of Family Physicians.

In response to Dr Shahira Abdullah, our two National Specialty Dental Centres (NSCs), namely the National University Centre for Oral Health Singapore and the National Dental Centre Singapore were set up to provide subsidised dental services for patients requiring more complex or specialist dental treatment. Although the NSCs also receive subsidised patient referrals directly from other Government hospitals, these numbers are very small and there is adequate capacity at the two NSCs to manage referrals for specialist treatment.

On special care and geriatric dentistry, the Bachelor of Dental Surgery programme at the National University of Singapore (NUS) includes training in geriatric dentistry. Today, the majority of dental needs of geriatric or special needs patients are met by general dentists.

We are reviewing and monitoring dental specialities that are not formally recognised by the Dental Specialist Accreditation Board in Singapore, including the need for clinical practice guidelines for geriatric and special needs dentistry.

Beyond these measures, healthcare institutions are provided funding to enable better accessibility and care transition for elderly and special needs patients, and we encourage dentists to tap on the institutional scholarships or the Health Manpower Development Plan to pursue further clinical training in these areas.

4.15 pm

Mr Pritam Singh wishes to understand more about the Vaccine Injury Financial Assistance Programme for COVID-19 Vaccination (VIFAP). As of 31 January 2023, MOH has received 2,405 applications, with 414 payouts made. VIFAP applications are reviewed and assessed by an independent VIFAP clinical panel, which includes senior specialists in the relevant fields of neurology, immunology and allergy, and infectious diseases.

To determine eligibility for VIFAP, the panel reviews the medical details of the application objectively alongside available scientific evidence, to assess if it was likely caused by the COVID-19 vaccine received and its severity. It is not necessary to prove absolute causality for a payout to be awarded. This is in line with the standards applied internationally and by the World Health Organization.

Payouts for events assessed to be related to the vaccine are based on the panel's assessment of severity, including if activities of daily living are affected. Persons will also continue to receive support through applicable healthcare financing schemes, such as CareShield Life, MediShield Life and subsidies at our public healthcare institutions.

Unsuccessful applicants can file an application for reassessment if new evidence becomes available. The VIFAP panel will assess the application and consider the new evidence. There have been 24 applications that were successfully reassessed.

We have informed healthcare professionals to be facilitative and support their patient's applications in a timely manner. That said, I would like to assure the House that patients have three years to apply for VIFAP.

With time, if new evidence emerges showing potential links between vaccination and a severe adverse event, the VIFAP panel may reassess related applications.

Mr Chairman, Sir, if I may now shift the focus to mental health.

We recognise the multifaceted nature of mental health issues and the need for better coordination between the health and social sectors. For this reason, the Interagency Taskforce on Mental Health and Well-being was established in July 2021 to oversee and coordinate mental health efforts across different sectors, focusing on cross-cutting issues that require interagency collaborations. The Taskforce is co-led by MOH and the Ministry of Social and Family Development (MSF) and comprises public sector agencies, such as the Ministry of Culture, Community and Youth (MCCY), Ministry of Education (MOE) and Ministry of Manpower (MOM), as well as private and people sector agencies.

Dr Wan Rizal and Mr Xie Yao Quan have asked for an update on the work done and plans under the Taskforce. In the past year, members of the Taskforce played an important role in reviewing the population's mental health needs, identifying gaps and challenges and developing plans for improvements.

The Taskforce has preliminarily identified 12 recommendations focused on three areas: (a) improving the accessibility, coordination and quality of mental health services; (b) strengthening services and support for youth mental well-being; and (c) improving workplace well-being measures and employment support.

To gather views and feedback on the preliminary recommendations, the task force conducted public consultations between May and August 2022. Over 950 responses were received, with feedback from groups, such as youths, parents, persons with mental health conditions, service providers, employers and community agencies. In general, respondents agreed with and were supportive of the preliminary recommendations, and most of the feedback were suggestions to refine the implementation details.

If I may, let me now elaborate on some of the plans under the Taskforce. We have recommended to implement a tiered care model for mental healthcare delivery. This is a framework that matches the level of care to the severity of the mental health need. The model is based on the idea that different individuals have different levels of mental health needs at different times and interventions can be tailored to meet each person's specific needs.

The tiers differ in their levels of care intensity. For instance, the first tier typically involves self-help resources, peer support networks and hotlines offering basic emotional support for individuals. Individuals with more severe mental health symptoms would access higher level of care, such as ones involving psychotherapy or more intensive medical treatment.

What are the benefits of this model and how is it different from the existing model of service delivery?

The tiered care model will map both health and social services involved in mental healthcare delivery into the same framework, using the same language and mental models. This will facilitate clearer referrals, coordination and care planning for individuals whose needs are managed by different service providers who may be operating from the social, educational and clinical care sectors.

Let me give some examples of progress on this.

Last year, KKH embarked on Temasek Foundation Youth Connect pilot programme to support adolescents facing difficulties with life challenges or mental health issues. The multidisciplinary KKH team came together with counsellors and social workers from schools and social service agencies to develop a set of intervention resources.

KKH is also working closely with schools and community providers to facilitate referrals of adolescent patients between social services and healthcare settings. Such collaborations ensure that adolescents' needs are holistically met through the respective touchpoints.

Another example from social and education stakeholders – recognising the need for deeper collaboration to meet the mental health and well-being needs of students, AMKFSC Community Services has been working closely with counsellors from Nanyang Polytechnic (NYP) to ensure timely and coordinated mental health support for students facing academic stress as well as family and peer relationship issues.

In the last example, the Institute of Mental Health (IMH) has partnered the Samaritans of Singapore (SOS) and are in the midst of developing a set of guidelines for youth suicide prevention programmes as a resource for service providers.

Other benefits of the tiered care model include ensuring better access to care and encouraging early help-seeking and intervention. The mapping of services and professionals across the tiers in the care model serves as a signpost to the public on the mental health resources and touchpoints available in the community, primary and tertiary care settings. This supports individuals in identifying the services that best meets their needs and gives them the know-how to access care as early as possible.

Ultimately, the goal of the model is to ensure individuals receive the care most appropriate for their needs in a timely manner. In doing so, it also avoids an overreliance on centralised specialist care and optimises the use of resources.

For the tiered care model to be implemented effectively, there is a need to ensure adequate competencies and standards amongst all mental health practitioners. Task force representatives from the social, health and education sectors have come together to develop a national mental health competency training framework. The framework will establish a structured approach to guide mental health practitioners in developing the knowledge, skills and competencies necessary to deliver high-quality and effective care. The framework will spell out the training needs of the practitioners and, through this, mental health training courses can be aligned towards a common set of training standards as described by the framework.

The framework will apply to practitioners involved in supporting individuals with mental health needs, ranging from lay responders, such as peer supporters, to mental health professionals, including nurses, social workers and counsellors, amongst others. Practitioners can benefit by receiving more consistent and evidence-based instruction and training. This uplifts mental health care capabilities for all providers, which will result in higher quality care and improved outcomes for clients.

Finally, to complement these efforts, there needs to be a proper understanding and perception of mental health issues as well as a willingness to seek help when needed. That is why HPB launched the "It's OKAY to Reach Out" campaign to emphasise that help-seeking is appropriate and to encourage individuals to seek help for their mental health needs.

Normalising conversations on mental health will take time and may require different approaches for different citizen segments.

At the broad level, we continue to encourage such conversations through the SG Mental Well-being Network. To better support parents, HPB rolled out a public education campaign for parents to better understand their children's emotional health and identify behaviours of concern so that parents can be better equipped to support their children and know where to seek help from as early as possible.

The Interagency Taskforce fulfils the critical role of bringing together diverse partners and stakeholders to shape mental health policies and strategies, spearhead initiatives, proliferate resources and create a conducive environment for ground-up initiatives to thrive.

The Taskforce will continue to carry out its mandate and work towards the development of a national strategy for mental health and well-being aimed to be released by the end of this year. We will also continue to explore other options to coordinate national efforts on mental health and well-being, such as considering the value of establishing a central coordination office.

With these efforts, we can expect a cohesive system of diverse mental health service providers coordinating care within a common frame of reference and a tiered model of care delivery. A more well-defined competency training framework will enhance the quality of care provided to all Singaporeans. And I hope we will develop a more inclusive and supportive culture as a nation, with improved awareness and knowledge on mental health and well-being.

Sir, I have outlined MOH's plans on health information, mental health capacity, and we will focus our efforts to provide our healthcare workers with the necessary information, technology and infrastructure so that they continue to do what they do best – deliver quality care to our patients and keep our nation healthy.

As we emerge from the pandemic, I would like to express my deepest gratitude once again to the healthcare workers who have held the fort and led us through the pandemic.

With that, Sir, I wish you and all Singaporeans good health.

The Chairman: Thank you. Senior Parliamentary Secretary Rahayu Mahzam.

The Senior Parliamentary Secretary to the Minister for Health (Ms Rahayu Mahzam): Mr Chairman, my colleagues have spoken at length about the upcoming initiatives in healthcare. In order for those to bear fruit, it is essential that we grow and retain our healthcare workforce.

We often say that healthcare workers are the backbone or the lifeblood of the healthcare sector. These medical metaphors are correct because if the healthcare system were a body, none of it would function without healthcare workers. It is, therefore, important that we continue to recruit healthcare workers from diverse sources and ensure that the sector remains an attractive one.

Our manpower policies are designed to meet present and future needs. We regularly update our projections to ensure that we plan this well.

We have increased local intakes of students over time to ensure a stable supply of healthcare professionals. This increase will materialise in the workforce in the coming years. For example, the first batch of 230 allied health graduates from the Singapore Institute of Technology entered the workforce in 2020. After increasing the intake by around 85%, about 430 students from the 2022 batch will enter the workforce in 2026.

As the demand for healthcare services grows and our care model evolves, we will continue to work with schools to review our intakes. We want to attract students from all pathways into suitable healthcare programmes. Take for example the Diploma in Nursing offered by polytechnics. Besides "N" Level, "O" Level and "A" Level pathways, students can also join from the Integrated and International

Baccalaureate Programmes, whether at the fourth or sixth year of study. The other nursing schools like ITE and NUS also offer multiple admission pathways.

We are working towards making the entry criteria for each pathway more transparent. I want to assure all students that while there are entry criteria, no student from any particular educational pathway is denied eligibility.

Healthcare staff are also encouraged to continue upgrading their skills and practise at the top of their licence. Healthcare is a multidisciplinary team effort. Our nurses, pharmacists and allied health professionals work closely with doctors to step up to lead care initiatives in the community. By expanding and advancing their skillset, they can look forward to a long and fulfilling career in healthcare.

However, the most important and urgent step we need to take is to beef up nursing manpower. In recent years, the global competition for healthcare workers has intensified, especially for nurses. The attrition rate for local nurses has remained stable over 2019 to 2022, but, for foreign nurses, this has spiked from 9.5% to 14.5% over the same period. The loss of both local and foreign nurses to our competitor countries is a key reason for the stress and high workload for our nurses. We need to replace the manpower lost to other countries, safeguard the welfare of nurses and meet increasing needs.

Therefore, as Ms Mariam Jaafar has rightly pointed out, the most critical and practical thing to do is to increase manpower. To this end, we are ramping up recruitment of foreign nurses. We will go through a period of increased inflow of foreign nurses because of their higher attrition in recent years.

Looking forward, we will continue to need foreign nurses to complement our local core. Because if our population has more and more seniors and fewer young graduates joining the workforce, the numbers will not add up and local nurses alone cannot meet our healthcare needs.

We are glad that Members share these concerns, such as Ms Sylvia Lim, who asked about our measures to retain experienced foreign staff.

Some of these foreign healthcare workers may grow to become valued members of our healthcare community and demonstrate their commitment to Singapore. We should be prepared to grant them PR status, because it means retaining a pool of manpower that is of critical value to Singapore.

4.30 pm

So, I hope all Members of this House will support our efforts to expand the manpower of the healthcare sector, including recruitment of foreign manpower. This allows us to deliver quality healthcare and safeguard the welfare of our healthcare workers.

After recruiting them, it is equally important that we retain the healthcare workers we have. To answer Mr Gerald Giam's question, we review salaries regularly to ensure that healthcare workers are paid competitively. Last year, we announced an enhanced special payment package for nurses in both the public and community care sectors. Among the public healthcare institutions, they will also refresh and update pay components, such as allowances for shifts and for work duties beyond regular hours.

As Dr Tan Wu Meng has pointed out, other measures, such as flexible work arrangements can help retain staff who might leave otherwise. For those who leave the sector, our healthcare institutions maintain contact to encourage them to return. Every year, over the past five years, about 750 non-practising nurses return to practice, joining some 2,400 new nurses. In comparison, about 1,300 nurses do not renew their practicing certificates each year. We will continue with our efforts to retain the nursing workforce.

Last but certainly not least, we will continue to ensure the well-being of our healthcare workers and that starts with a healthy working culture and environment. I thank several Members and Nominated Members who have spoken up on this, such as Mr Abdul Samad, Dr Tan Yia Swam, Ms Ng Ling Ling and Mr Louis Ng. Those who have worked in a healthcare institution will know that many of our healthcare workers work beyond their call of duty, skip meals and forego rest time. Their strong sense of duty keeps them going, but it is neither sustainable nor fair that they constantly sacrifice their well-being. In a profession where people come first, there must be more we can do to ensure their welfare.

We work closely with public healthcare clusters on this. In recent years, the public healthcare clusters have appointed Chief Wellness Officers to develop system changes to improve staff well-being and also support measures like counselling and peer support networks. The clusters also regularly survey staff on whether they feel able to cope with the demands at work and whether they know how to seek help when faced with stress or workplace bullying.

To ensure healthcare workers have enough rest between and during shifts, the clusters regularly review administrative processes and remove them if not needed. We are also reviewing the working hours of junior doctors, but it is a complex issue that will take time to work out. At present, the hospitals use methods like electronic logging and surveys to monitor junior doctors' working hours and well-being.

That said, hospitals are operational environments which have to address patient needs on a day-to-day basis. When planning rosters, hospitals take into account the skill mix of staff on each shift and each staff's preferred shift pattern. Healthcare workers have also covered for each other occasionally where there is an operational need.

In addition, Singaporeans can show their support by lightening the load on healthcare workers. Each of us can avoid bogging nurses down with administrative and basic tasks that do not require nursing expertise to address. We seek the public's understanding on this. Family members can do their part in assisting their loved ones in the hospitals with basic care, such as feeding and moving around. It is also reassuring for patients to be attended to by their loved ones. Your support in such activities will allow nurses to focus on complex care tasks, such as medication administration and wound care. We are grateful to those who already do their best to support healthcare workers.

Last year, the Ministry announced that we were forming a Tripartite Workgroup to look into the rising number of cases where healthcare workers had been abused and harassed. Since then, we have extensively engaged healthcare workers and members of the public on this issue.

Based on our findings, abuse has become a more common occurrence that healthcare workers face. Almost one in three healthcare workers witnessed or experienced abuse at least once a week.

We need to take decisive steps to ensure the safety and well-being of our healthcare workers. This includes enhancing protection for healthcare workers by improving and standardising how public healthcare institutions deal with abuse and harassment. We need to have a clear and common definition of abuse across healthcare workers and members of the public. It also means taking steps to prevent potentially abusive situations, as well as promoting trust and respect between patients, caregivers and healthcare workers.

We appreciate that Members of this House have raised various questions on this important issue. As shared by Minister Ong earlier, we have completed the first phase of our work. We will share more details of the Workgroup's engagement findings and a progress update on MOH's plans later this month.

I would like to talk about healthier living through increased physical activity and balanced diets.

Last year, I spoke about our efforts to reach out to ethnic minority groups, including the formation of the Malay Community Outreach, or MCO, Workgroup. I also shared on HPB's efforts to use culturally significant events for public education on healthier lifestyles. We have kept up the momentum of these efforts.

In the past year or so, over 29,000 Malay residents and over 32,000 Indian residents have participated in healthy living programmes, like exercise and mental well-being workshops. To engage the Indian community, we promoted healthy eating messages during Deepavali, such as the need to reduce sugar consumption in desserts. The public may have seen last year's Deepavali music video with Mediacorp's Vasantham. HPB also held exercise sessions and health screening in places of worship, such as the Central Sikh Temple. Mr Chairman, please allow me to say a few words in Malay.

(In Malay): [Please refer to [Vernacular Speech](#).] To encourage people to take charge of their own health, we are making it easier for the community to organise and run their own programmes. One example is a new initiative by the MCO Workgroup, called Saham Kesihatan (Healthy Investment), which was piloted at M³@Towns at Tampines and Jurong. It is aimed at nurturing a group of peer leaders in the community who organise community-led interest groups for Malay/Muslim residents to live healthily.

For people who lead sedentary lifestyles, it can feel challenging to get into the habit of exercising. Luckily, it is never too late to start. Someone who illustrates that perfectly is Mdm Haslina Aziz, who is an active volunteer and leader in Gems Empowering Me Series. Gems is a social enterprise that organises activities for women to lead healthy lifestyles. Since joining Gems almost 10 years ago, Mdm Haslina has participated in activities such as Spartan Races, sea expeditions and dragon boating. She also earned her rock-climbing certification. This is a woman at the peak of her physical prowess, and you might assume I am describing someone in her 20s. In fact, Madam Haslina is a grandmother of five. She has diabetes but keeps that in check by making a sustained effort to live healthily. She shows us that age and medical conditions should not deter us from pursuing an active lifestyle.

We often think that participating in sports activities helps to keep us active and healthy. Let us think of it this way instead: it is by staying active and healthy that we are able to continue enjoying these activities well into our golden years. And that is what makes for a fulfilling life.

On that note, I encourage everyone to join us at the Saham Kesihatan Family Festival at Our Tampines Hub next Sunday morning on 12 March. We will be starting at 8.30am with a mass workout, followed by a team tele-match with quizzes and physical activities. Afterwards, you can explore the festival to learn about nutrition and health screening. There is also a health zone where residents can learn about the importance of quitting smoking and HPB's "I Quit" programme. If anyone in your family is a smoker, please take this chance to speak to them seriously about quitting smoking.

We all have a part to play in nudging family and friends towards adopting a healthy lifestyle. This extends to the Malay/Muslim community as well. If you have a passion for organising healthy lifestyle activities for our community, the carnival will have booths where you can sign up with our M³@ Towns partners. This is a fun opportunity for the community to get together and make the switch to a healthy lifestyle. I hope to see you there.

(In English): Mr Chairman, as we embark on the Healthier SG strategy, the public can expect to see more of such programmes for ethnic minority groups, as well as for the rest of Singaporeans. As Mr Xie Yao Quan has pointed out, it is important that we make it easy to join these activities.

HPB conducts physical activity programmes, such as weekly exercise sessions and these are accessible, regardless of which neighbourhood you live in. You can sign up conveniently through the Healthy 365 app. Seniors who are unfamiliar with a smartphone can ask their relatives to sign up on their behalf, or simply walk in with their ID.

Community involvement is key to ensuring that health promotion efforts are sustained for the long term. We believe in supporting and encouraging more ground-up initiatives to meet the needs of the community. Last year, I shared that HPB is partnering MCCY to establish a \$1.5 million fund, Our Healthy Singapore Fund. This fund empowers community volunteers and organisations to kickstart ground-up health promotion initiatives.

I am pleased to share that between April and December last year, we received almost 50 proposals. We are in the midst of evaluation and have awarded seven proposals so far. We are heartened by how these Singaporeans have dedicated their time and skills to improve the health of their community.

I would like to encourage members of the public to participate wholeheartedly in our health promotion programmes. Small lifestyle changes can go a long way towards lasting habits and better health outcomes. This is especially true for those with chronic medical conditions like diabetes. To provide diabetes patients with health information to manage their condition, we worked with more than 40 expert members and patient champions to develop Tier 2 of the National Diabetes Reference Materials. This will be published next month. It will contain easy-to-understand information on diabetic care, like reading nutrition labels and monitoring glycaemic index. We hope that this will empower diabetic patients and their caregivers to "be aware, be healthy and be proactive" to manage and live with diabetes.

As we talk about healthy lifestyles, a major area of concern is smoking. Tobacco use is the single greatest cause of preventable death globally. Based on the latest National Population Health Survey 2022, the prevalence of daily smoking remains stable at 9.2%. We remain committed to our long-term goal to bring the overall smoking rate to a level that is as low as possible and ultimately to pursue a nicotine-free Singapore.

Another concern to address is vaping. To answer Mr Ang Wei Neng's question on anti-vaping measures, we take a multi-pronged approach to address the issue of vaping, including enforcement and education measures. At Singapore's borders, the Immigration and Checkpoints Authority (ICA) works with the Health Sciences Authority (HSA) for detection and enforcement of illegal imports of e-vaporisers. HSA monitors and targets the illicit sales of e-vaporisers on social media and messaging platforms to curb online access. HSA and the National Environment Agency (NEA) are working together on a cross-enforcement pilot for NEA's enforcement officers to also act against vaping offences. Lastly, HPB has rolled out a digital campaign to raise awareness on the illegality and negative health effects of vaping, as well as how it leads to nicotine addiction.

Vaping among youths is a worrying problem. In schools, we are raising awareness among students about the benefits of leading a nicotine-free lifestyle. MOE takes a firm stand against vaping. When students are caught using or possessing e-vaporisers, it will be confiscated and their parents informed. School-based disciplinary action is taken, including suspension, or caning for boys. They are referred to counsellors who will guide them through their cessation journey to effect long-term behavioural change. Recalcitrant offenders may be referred to HSA which may issue them a fine.

Youths might also have misconceptions about smoking and vaping. It is important that we dispel these misconceptions and equip youths with knowledge and life skills to say no to cigarettes and e-vaporisers.

Parents have a part to play as well, and they can refer to relevant information and resources through online articles on Parent Hub. We hope that parents can have a serious conversation with their children about smoking and vaping and do it soon, before it becomes a life-long habit.

We will continue to work towards a nicotine-free Singapore by exploring next-bound efforts of the tobacco control strategy. We will also continue to enhance our strategy to address the issue of vaping, including reviewing legislated penalties, enhancing enforcement, deterrence and education.

4.45 pm

Preventive health forms the foundation for better health. The Ministry continues to strengthen upstream preventive health efforts, but Singaporeans must do their part to make healthier choices and lead healthier lifestyles. We are heartened that many have participated in our programmes and made a lasting switch to a healthy lifestyle.

Programmes may come with incentives like Healthpoints and that is useful to help us get started. But we must be self-motivated in order to sustain these lifestyle changes.

At the end of the day, what we are nudging Singaporeans towards – the real reward that matters – are the positive health outcomes of embracing a healthy lifestyle. Singaporeans have it within them to take charge of their health and to create the health outcomes they want to have. *[Applause.]*

The Chairman: Clarifications? Dr Tan Yia Swam.

Dr Tan Yia Swam: Chairman, I thank Dr Janil for the detailed replies. I have some clarifications. Regarding wellness and beauty salons claiming to offer treatments for slimming and detox, such as fat loss pills and lymphatic treatments to reduce cancer risk: firstly, are these medical treatments? Secondly, how do we recognise misleading claims? Thirdly, whom may the public lodge a complaint with?

Dr Janil Puthucheary: Sir, I thank Dr Tan for her questions. Certainly, if the claim is to treat an identifiable medical disease like cancer, that would be a misleading claim. If they are unlicensed providers, we can take them to task.

I encourage the Member or members of the public to notify us directly if they come across such an instance and make a complaint. Ultimately, perhaps one of the best ways to protect themselves is to have a regular relationship with a trusted care provider.

I beg your pardon, was there a third question?

Dr Tan Yia Swam: So, the three questions I had were: are these considered medical treatment; how do we recognise misleading claims; and who do we report to?

Dr Janil Puthucheary: On Dr Tan's second question of how to recognise the misleading claims, I think this is an area where there is quite a lot of education that is needed. It is going to have to require ongoing efforts around public education because medical treatment does change. I think the key issue is that if the provider is licensed, they are required only to assert claims that are provable and demonstrable. So, I think the first thing is to establish whether this is a licensed medical provider.

The Chairman: Ms Ng Ling Ling.

Ms Ng Ling Ling: Thank you, Chairman. I have two clarifications for Minister Ong.

The first one is on the good news of normalising telehealth. I am very glad to hear the response to my cut that the time limited extension of telehealth for CHARS subsidies and MediSave to be applicable for chronic disease management is going to come.

But in the time extension, it was specified for video consultation. So, my clarification is for proven health technology – such as the class of remote vital signs monitoring technology, which has been proven effective for hypertension management, for example, in the US as well as in pilots in Singapore – will they be considered?

The second question I have is on the AAC. I cannot agree with the Minister more that community nodes like these are extremely important to motivate our seniors, especially to live actively and maintain their health. I want to ask how fast would the expansion plan be. I have two sites in my constituency that has no AAC. We have willing partners who are very keen to start. I would like to know a sense of the pace of expansion.

Mr Ong Ye Kung: On telehealth, the short answer is, so long as it is appropriate, efficacious, we would like to extend the support.

The Member mentioned remote vital signs monitoring. These are free. If you have the remote apparatus, you can monitor without charge. But if it involves consultation, whether by phone, by video, these are efficacious interventions and they should be covered.

What we want is to bring telehealth in, to normalise the funding and support for telehealth, but there is a range of practices. Dr Tan Yia Swam also mentioned there are so many different kinds; and some will claim to be efficacious, but they are not. So, I think we also need a gateway system to make sure that the legitimate ones, useful ones, we support; but keeping out the not useful or even detrimental ones.

On the expansion of AAC, we are on the same page. We want to expand quickly as we can. I mentioned and I alluded to the possibility that this may become a significant national programme. So, give us some time. I am in a hurry. As I mentioned, we are racing against time. The pace of ageing is fast. In the community, we can see in a matter of months, how some of our residents become frail. They do need the support near their homes, in the neighbourhoods, to keep them active, healthy, give them friends. So, I hope I can give an update very soon.

The Chairman: Mr Gerald Giam.

Mr Gerald Giam Yean Song: Sir, just now, the Second Minister said that the Home Caregiving Grant (HCG) already extends to households earning the median income. According to the AIC website, the household monthly income per person ceiling for the HCG is \$2,800. But according to the Department of Statistics (DOS), the median monthly household income from work per household member in 2022 was \$3,287. So, should the HCG not be using the \$3,287 number instead of \$2,800? In any case, can the HCG qualifying income be pegged to the median income?

Mr Masagos Zulkifli B M M: Thank you to the Member for the clarification question. It is pegged to the median income based on DOS' statistics, but it does not include the CPF contribution of the employer. [*Please refer to "[Clarification by Second Minister for Health](#)", Official Report, 3 March 2023, Vol 95, Issue 91, Correction By Written Statement section.*]

The Chairman: Ms Carrie Tan.

Ms Carrie Tan: I would like to ask the Minister this. We have the recognition that ageing is going at a relentless pace and I am quite taken aback by the numbers of how many healthcare workers we need.

Last year, I spoke about incorporating or rather setting up a care force as part of "national service" so that our young men and women can be tapped on to help with healthcare manpower needs. Is there any possibility that the Ministry might look into this as a model that could help us with this very urgent care avalanche that simply just needs more hands on deck?

I understand there are many functions within a healthcare system that do not require medical training and can relieve a lot of the nurses' workload.

Mr Ong Ye Kung: I am sorry, I do not recall the care force proposal. If it is meant to be some form of "national service" for women, I think you need to pose this to the Ministry of Defence.

For MOH, if we really expand AACs into an ubiquitous support system for our aged and seniors and to be able to befriend them, engage them in activities, teach them digital literacy, teach them how to use HealthHub, how to use Healthy 365, monitor their vital signs, I think we need a lot of volunteers, just befriending.

In my own constituency, we are trying very hard to recruit such a care force. You do not require a lot of medical training. In fact, you require a lot of heart and to be able to commit a morning every month during the weekend – every week is better – and just have enough hands and legs; and I think we can do a lot more for our seniors in the community.

The Chairman: Dr Shahira Abdullah.

Dr Shahira Abdullah: I thank Senior Minister of State Janil for his clarification. I just have two questions. Previously, Khoo Teck Puat Hospital's dental clinic already offers the full range of subsidised specialised treatment for many, many years. But now, for the treatment to be subsidised, the hospital needs to partner with an NSC. So, actually, they do have the capacity and capability.

May I find out why this is so and how MOH decides which dental specialty to subsidise since now in the hospitals, some are and some are not?

Secondly, I am heartened that there are institutional scholarships for special care and geriatric dentistry for students, but their career progression is still unclear, especially if the specialty is not recognised. For example, if you want to go from a Registrar to an Associate Consultant (AC), you cannot because there is no board exam to pass.

I understand that MOH will be doing a review, but for the time being, will MOH consider coming out with a set career progression ladder for them, especially in hospitals, because I think it will really encourage people to go into this field?

Dr Janil Puthucheary: Sir, I thank Dr Shahira for her questions. We will look at the career progression issue, but we also do need to make sure that where there is this process of specialist accreditation and career progression, we do give a structure that provides assurance to the practitioner as they progress along their career, to the institution that employs him or her, and to the patients. I think we do want to wait for that process to work through as we review the needs and the process of doing specialist accreditation within dentistry.

On the issue of subsidised treatments, the bottom line is that there are very few patients that require that type of treatment outside of the NSCs. The NSCs continue to have quite a lot of capacity. We would like for these treatments to be provided where there is a significant patient load and significant service provider experience as well. Currently, they are concentrated at the national centres.

The Chairman: Mr Louis Ng.

Mr Louis Ng Kok Kwang: Thank you, Sir. I thank the Senior Parliamentary Secretary for sharing about the efforts we are making in terms of helping with the nurses' workload, including removing some of the administrative work. Could I just ask, what else are we doing further? I know we are ramping up the hiring of more nurses, but that could be just replacing the nurses who are resigning; and we are in this vicious cycle.

In all the dialogues with nurses, there is this recurring cry for help and fatigue. It is really not like a two-day vacation to rest and recharge but, really, they are burning out. I fear that we will lose more instead of being able to hire more. Again, it is the vicious cycle that we are in now.

Mr Ong Ye Kung: This is an important subject. I would say, particularly, Members of Parliament such as you who come into contact with healthcare workers, you hear a lot more feedback that is more stark. I think the pandemic has something to do with it. In these three years, really, the workload has been relentless. We know what they have been through. We have to support them fully.

In terms of attrition, I should correct some misperception that we are losing doctors, we are losing local nurses. Actually, the attrition of doctors and local nurses has been stable throughout the pandemic, despite the very hard, very heavy workload.

What we have lost is foreign nurses. I think from 7%, 8% or 9%, which was at steady state, it jumped to 14% during the pandemic. That is because many countries were desperate for nurses and we lost foreign nurses because of that.

So, in hospitals, in certain wards and the emergency departments, these are sometimes shorthanded – the answer is yes.

As I mentioned, this is the main issue. We can set rest days, enforce rest time and all that, but we know our nurses. When there are patients, they will take care of them, even though it is their rest time. I think the best way to support them would be to beef up the manpower.

We are not just replacing. We are planning to expand. As I mentioned just now, from 49,000, we want to increase to 69,000 by 2030. If you plot and interpolate the numbers, in between, we do need to expand the manpower. And the work has started. In terms of local recruitment, Senior Parliamentary Secretary Rahayu has mentioned a lot of things we are doing.

I should say healthcare is an attractive sector for many young people. The number of new students per cohort, in every cohort, one in 20 chose healthcare and the majority are nurses. A great majority choose nursing.

So, it is not a sector where people are avoiding. People want to join. I cannot wish for more. If you look at 20 students, I know one is joining MOH and our healthcare system. If we keep our intake and the cohort sizes start to shrink, is starting to shrink, it may well go up beyond one in 20.

So, we are getting our fair share but we need to beef up to replace and expand our foreign nursing workforce.

It is a competitive market out there. I do not want to describe in too much details what are the techniques that we are using, but I think Singapore is a fairly attractive place to many nurses out there. Similarly, as it is attractive to many of our young students, they want to join healthcare.

I think what the attraction is: we are a safe city to live in and in joining our system, there is a career pathway and there is very good training. By and large, except for the very small minority, it is a well-respected profession.

5.00 pm

The Chairman: Dr Lim Wee Kiat.

Dr Lim Wee Kiak: Thank you, Sir. I would like to thank the Minister for the 3,000 health points for those who first signed up for Healthier SG. I would like to ask that for the elderly, especially those who do not have Healthy 365 and do not know how to encash these 3,000 health points, is there an option for them to ask for vouchers directly instead, or something like that?

Secondly, will there be any other incentive schemes to retain people who have signed up for Healthier SG? So, if they are compliant to whatever social prescription that is given by GP, what is the reward system going to be given to them?

Lastly, on the Healthy 365 app, currently, how many Singaporeans are actually on this particular app? It seems that the Ministry is going to push the main platform for Healthier SG through Health Hub as well as Healthy 365. What are the plans now to beef up to get Singaporeans to sign up for the Healthy 365 app?

Mr Ong Ye Kung: I think there is an option to give vouchers. I will confirm. I believe there is.

Second is the reward system after the sign-up. Because when it comes to preventive care, you cannot run away from exercise and taking steps, keeping your heartbeat moderate to intense certain times of a week and, therefore, Healthy 365 is one way to keep you going. Yes, keep on reminding you that you can accumulate health points by having an active lifestyle. So, this is the reward system that is long lasting.

How to get more people onto Healthy 365? I think your neighbour has a very good suggestion – hold carnivals. That is one way to get it kickstarted because we do know that if you hold a carnival, people do come down, participate and we will have ambassadors – we will mobilise all our SG ambassadors who were very useful when we rolled out the Pioneer Generation and Merdeka Generation packages. Now we can use them and leverage their network to help people sign up for Healthier SG and also sign up for Healthy 365.

The Member mentioned the two apps – one is Health Hub; one is Healthy 365. I just want to explain that we need both apps. I know there was a suggestion to lump everything into one app. But I think we have so many apps in our smartphone, we can live with two. There is a good reason.

Health Hub is your private data. Your medical data, summary health data, is in there and you should access it using Singpass and have sufficiently high security. But it will also be shared when the Health Information Bill is passed by this House. These are data that can be shared across healthcare providers in different settings.

Healthy 365 is your own lifestyle data. It should be just for yourself. You can show your doctor but this is actually your data, it will not be shared.

The Chairman: Mr Yip Hon Weng.

Mr Yip Hon Weng: Chairman, I have two clarifications.

As part of our plans to improve palliative and end-of-life care, how will the Government promote the use and awareness of the My Legacy portal? There is a lot of useful information and services inside, such as applying for your Lasting Power of Attorney as well as Advanced Care Planning. I can say that many residents on the ground do not know about this and it is useful for them to get more awareness about this.

Second, just now, the Minister mentioned that a lot of volunteers are needed for the AACs. Will MOH consider creating micro jobs for seniors to take up some of these tasks, like befriending other seniors and escort services for medical appointments? These will also keep them active and healthy in the spirit of Healthier SG.

Mr Ong Ye Kung: Thank you for reminding us on the My Legacy portal. It will be a very useful resource.

But on an issue as personal as how you decide you want to go and where you want to go, it goes beyond a portal that we need to actually consciously speak to patients and their loved ones and have that conversation early. And you never know, with Healthier SG, once you develop a long-term relationship, patient-doctor relationship with a trusted doctor, at some point, it is something that the doctor can speak to you. And once you think about it, these are things you may have to even discuss within the family and, in that context, then refer to My Legacy portal.

This is how I think it will work. It is quite unlike you surfing the Internet, ChatGPT – how should I go – and suddenly come up with a revelation, it is quite unlikely. It requires quite a serious intimate discussion with somebody you trust.

Second, will MOH consider micro jobs? I think we will. I am keen to look into that.

Many of our AACs actually look into that. They do have one word of caution – that you do not want to pay your volunteers just cash. In fact, for many seniors, it is not about the payment but about getting involved, feeling useful and then being recognised in some way. Does not need to be paid. It could be health points or could be something else. So, we will think along those lines. But these are important suggestions.

The Chairman: Dr Wan Rizal.

Dr Wan Rizal: Sir, I thank Senior Minister of State Janil Puthuchery for the updates on the mental health and well-being efforts. I have a question on the training framework he mentioned earlier. Can I get clarifications on whether there is a regulatory body to manage the trained personnel that he mentioned earlier?

I ask because I understand that there will be peer leaders that will be involved, and I know that, being peer leaders on the ground, there will be many and there is a need for us to recognise that we want to keep these standards high, especially when it comes to mental health issues although it is the early stages. So, we need to ensure accountability, especially if things go wrong and we need it to be carried out properly.

Dr Janil Puthuchery: Sir, Dr Wan Rizal raises a very good point and it is precisely because the service provision in this space involves professionals from different sectors that have different processes of licensing and accreditation and answer to the different professional bodies that we do need to have a common language about how referrals are made, how care is coordinated and how they are trained on a common framework to serve the same clients and patients.

So, the process is to bring the professional bodies together through the representatives that are participating in this approach to develop the national mental health competency framework and, through that, have the same language and then the same high standards applied across all the different professional bodies, rather than try to, at this point in time, create a single regulatory framework for these sets of conditions.

The Chairman: Mr Gerald Giam.

Mr Gerald Giam Yean Song: Clarification. I am not sure the Minister addressed my question about creating more temporary nursing home places for respite care. This is something that quite a few of my residents have requested for.

Mr Masagos Zulkifli B M M: Currently, there are 60 nursing homes already providing the temporary respite care. Of course, we want to do more. We have to expand the capabilities as well as capacities and, where they are available, we will make it available, and we are working with AIC to do so.

The Chairman: Dr Tan Wu Meng, would you like to withdraw your amendment, please?

Dr Tan Wu Meng: Mr Chairman, if I may beg your indulgence, through you, may I say a big thank you to our Multi-Ministry Taskforce, Ministers, Senior Ministers of State, Senior Parliamentary Secretary, a very big thank you to our frontliners, healthcare workers, public officers. Your strength and effort got us through the pandemic and to a new normal, a new dawn coloured in DORSCON Green. In Mandarin.

(In Mandarin): [Please refer to [Vernacular Speech](#).] I would like to thank our frontline workers, healthcare providers and public officers. Because of your contribution and sacrifice, we can finally reopen and see the sunshine again!

(In Malay): [Please refer to [Vernacular Speech](#).] As a community that helps one another, as a community that is united, as friends of different races, languages and religions, we were able to overcome the COVID-19 pandemic!

(In English): Forward together! Healthier together! Majulah Singapura! Singapore Forever! Mr Chairman, I beg leave to withdraw my amendment. [Applause.]

The Chairman: Dr Tan, when you ask for my indulgence, I did not realise you were going to all the different languages. Lesson learnt.

Amendment, by leave, withdrawn.

The sum of \$15,511,404,200 for Head O ordered to stand part of the Main Estimates.

The sum of \$1,377,740,000 for Head O ordered to stand part of the Development Estimates.

COMMITTEE OF SUPPLY – HEAD I (MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT)

(A united and caring society)

The Chairman: Head I, Ministry of Social and Family Development. Mr Seah Kian Peng.

5.10 pm

Social Compact

Mr Seah Kian Peng (Marine Parade): Chairman, I beg to move, "That the total sum to be allocated for Head I of the Estimates be reduced by \$100".

Singapore's success, resilience and unity are built on the foundation of a strong social compact, which has been built up by generations over the years.

Our social compact is anchored in the strong partnership between individuals and families, the community and the Government. It is the shared understanding of the various roles and responsibilities that different stakeholders play.

In this compact, instead of an exercise of raw might and power, where the strong prosper and the weak perish, we have a society where we all agree on a set of rules, that distributes resources and ensures opportunities in ways we all think are fair and just.

As Singapore develops, both economically and politically, our language has become more alive with contests of values, and consensus about public goals is harder to achieve.

Both developments are, to me at least, great virtues of a small and vulnerable state like Singapore. We have nothing but good ideas, and these can only come through vigorous, honest debate and a commitment to Singapore.

I stress "honest" because, often, the policy problems that we deal with are highly complex and require not just a deep recollection of history, but also a willingness to invest time, mental and emotional energy into a topic.

At the same time, it is important for those of us who do want to, or have a duty to, take part in debates on public policy issues, to be willing to make commitments to honest, high integrity debates, and to work for the good of Singapore.

I had said in my main Budget speech that this Budget breaks from the past and, hence, gives a new shape to our social compact. Let me say why this is so.

First, social spending now accounts for over half of the Government's Budget. We have a population that is ageing, that is facing many social pressures in a world that is increasingly uncertain. We have become more generous, in giving subsidies, employment and other forms of welfare. In fact, in terms of the depth and reach of social spending, "welfare" should not be a dirty word.

In fact, Singapore has a chance to establish a new form of the welfare state – where generous subsidies are as targeted as practically possible to keep faith with a progressive structure. At the same time, for areas, such as preventive health, which we just debated, the Government has shifted to a more generous "subsidies-for-all" regime, as can be seen in the vaccination programme.

The Government also strives to provide subsidies in a way to achieve welfare without eroding the work ethic. That is the first element of our social compact – that the most go to the people who have the least so that their lives would be free from precariousness and be rooted in dignity.

Second, with the Government Budget that is more than 18% of our GDP, Singapore is still below the US and France. But these two countries are also among the most highly-taxed populations. Singapore tries to keep both Government expenditure and taxes low by targeted subsidies and a progressive tax regime.

The second element of our social compact, therefore, is that the market stops where social needs arise, and that the tax burden falls most heavily on the rich as a form of public duty and equity.

The third element of our social compact speaks about opportunities – in our investments in innovation, employability and progress for every worker.

As we continue to build the society that Singaporeans want to see, we can take heart that we are moving forward from a strong foundation.

From the Forward Singapore conversations that have been ongoing for some time, I would like to ask the Minister to share what he feels are the critical pillars that need more attention to strengthen our social compact going forward.

Question proposed.

5.15 pm

Ms Ng Ling Ling (Ang Mo Kio): Chairman, when I was in my 20s, my strong sense of social justice caused me to constantly question how much more welfare our Government can and should provide for the less privileged among us. In my 50s now, and after spending about 16 years with the social service sector and another four years with the primary and community healthcare sector through my former job in the Public Service, I have a much deeper appreciation of what it takes to uplift the lives of those amongst us who need more support in Singapore.

Challenging economic times can weaken the social fabric, and inequalities, if left unchecked, can widen income gaps. Social mobility may slow if students from less financially able and stable families have lesser opportunities than their peers to optimise their potential. These are social trends that we are familiar with and there is much learning we can glean from developed countries with longer history and development, like the United States of America, Europe and the Scandinavian countries.

However, I wonder if our unique history, our nation-building philosophy that has seen us leapfrog from Third World to the First in one generation and our multiracial and multi-cultural society may yield us a context that requires us to delve deeper and consider social interventions and approaches that have and will work better for Singaporeans in the years ahead. In this aspect, I would like to ask two questions.

One, how is the Government enabling more longitudinal and local research to understand what social intervention works and what do not for our different groups of underprivileged Singaporeans in need?

Two, how can we keep Singaporeans, especially our younger people, understanding the version of stability, self-reliance and social mobility that will work for our people and how can this be done to build a stronger social compact in the FowardSG efforts.

Strengthening Marriages

Mr Melvin Yong Yik Chye (Radin Mas): Mr Chairman, families are the bedrock of our society and are often our first lines of support.

I would like to ask how MSF plans to better support families to stay strong in Singapore? Have the efforts of programmes, such as Families for Life, been effective?

Beyond strengthening families, we need also to pay attention to marriages that are at risk of falling apart. In 2021, there was a sharp spike in divorce applications filed, in part, due to the COVID-19 pandemic. Will we see a continued upward trend in divorce cases? I certainly hope that this does not happen, as the impact on the individuals and the children, if any, can be significant.

As a Catholic, I went through a marriage preparation programme conducted by the Church to help me and my wife-to-be understand the challenges of married life. The programme equipped us with conflict management tools and how we can build a lasting relationship. We celebrated our Silver Jubilee just two weeks ago.

I would like to ask if MSF would encourage more couples to attend pre-marital marriage preparation programmes and to increase the quantity and quality of such programmes on offer.

One initiative that I find heartwarming is the Golden Jubilee Celebration, an annual event started in 2018 to honour couples who have been married for 50 years. It is a wonderful way to reaffirm a couple's love and commitment to their marriage. I would like to encourage the Ministry to expand this initiative and perhaps organise celebrations for marriages at every 10-year milestone.

Support for Single Unwed Mothers

Dr Shahira Abdullah (Nominated Member): Chairman, though our policies aim to encourage parenthood within marriage, penalising unwed single mothers will invariably penalise the children as well. These unwed single mothers are usually already the sole breadwinner and the caregiver of the family. Having these policies would further exacerbate unequal access and reduce social mobility of these children.

Previous statistics show that in 2017, unwed single mothers under 35 earn a median monthly income of \$600 from work. It was found that it is likely that quite a number may be working in part-time jobs or only for a few months of the year, contributing to their lower monthly income. This may be because they are forced to take part-time jobs, which do not pay as well, as they juggle their caregiving responsibilities. Are there any new statistics on the median and average monthly income of single unwed mothers?

Therefore, to help them in their role as single mothers supporting their own family, could we consider allowing them to claim the Working Mother's Child Relief and Parenthood tax rebates? As they may have financial struggles as well, could we also consider granting them the Baby Bonus cash gift?

Accelerating Adoption of Lasting Power of Attorney

Mr Kwek Hian Chuan Henry (Kebun Baru): Chairman, Sir, I would like to ask MSF how we can accelerate the adoption of the Lasting Power of Attorney (LPA).

More Singaporeans, especially seniors, need to do up their LPAs so that they can get their wishes better respected should they lose mental capacity.

Our society will have to pay a high price if there is no widespread adoption of LPA. And as LPA becomes more prevalent, there is also a chance of abuse by a small number of Donees. The PAP senior group closely monitor these issues, given their importance.

As such, can the Minister for MSF share on: one, the progress of our new LPA online portal and how much has it spurred adoption; two, the protocols and processes to ensure that abuses by Donees can be proactively identified and minimised; and three, how can MSF partner other Government agencies and the media to increase awareness so as to encourage more Singaporeans to do up their LPAs?

Support for Lower-income Families

Mr Seah Kian Peng: At Singapore's current stage of development, no child should fear going hungry or missing out on school, especially preschool. Since 2016, the KidSTART programme led by the the Early Childhood Development Agency (ECDA) has been in place to help children from low-income families to have a good start in life.

Under KidSTART, ECDA provides services for families and monitors the developmental progress of children from birth onwards. Today, this is a nation-wide programme supporting 5,000 children. Can the Minister tell us if this number is the anticipated number at steady state, or are there more children who have not yet accessed these resources? If so, what is MSF going to do to ensure better outreach?

Second, is the current level of support adequate for these families?

Third, given that it is already seven years since the start of the programme, can the Minister provide some data to show how children under this programme has fared since 2016?

Mr Mohd Fahmi Aliman (Marine Parade): Chairman, last year, the Forward Singapore dialogue was held to provide a platform for social service practitioners to voice their concerns. In the dialogue, one social service practitioner underscored how children from less-advantaged backgrounds face hurdles to success, such as low morale from not performing as well as their peers. Notably, he mentioned, "We always observe that people from disadvantaged backgrounds feel discouraged. They lack motivation. They want to get ahead. They want to fulfil their dreams. But, sometimes, they just find it too difficult."

In view of this practitioner's account, it is evident that preschoolers from lower-income families face more challenges in getting a good start in life. Furthermore, it was also noted that there is growing evidence to show that children who attend preschool early require lesser intervention for learning support programmes, in juxtaposition to children who do not attend preschools perhaps due to financial hardship.

In view of this, could MSF share its existing efforts to provide greater support for children from lower-income families.

The Chairman: Mr Leon Perera, you have three cuts, please.

Strengthening the Trampoline

Mr Leon Perera (Aljunied): Mr Chairman, the trampoline is used to talk about helping individuals bounce back. Safety nets are equally important but, today, I will make proposals to improve the trampoline.

Firstly, the Global Nutrition Report says Singapore is "off course" to prevent prevalence of overweight children under five from increasing. The cost of healthy eating is a key reason why we say it is expensive to be poor. Would the Government consider offering vouchers programmed to help parents buy healthier foods, like whole fruits and vegetables, to help children start off on the right foot?

Secondly, financial literacy needs to be hands-on as it involves trust and experience in research-based concepts. Discourse builds this trust. For schools, MoneySENSE co-funds vendor talks and workshops covering at least one of three tiers: basic money management, financial planning and investment know-how.

Since schools infuse financial literacy in Character and Citizenship Education and Food and Consumer Education curricula, could they dovetail the three MoneySENSE tiers into existing curricula to avoid repetition while ensuring good coverage of topics?

Poverty Relief for Specific Segments

Mr Chairman, I want to draw attention to three possibly underserved groups in our social service landscape.

With full-time National Servicemen (NSFs), allowances start at \$580, going up to \$1,280 or more, depending on vocation. In most cases, NSFs need to depend on their family, at least in terms of housing, and are unlikely to be able to save anything without this support. Has the Ministry of Defence (MINDEF) or other Government bodies studied whether these allowances have resulted in increased poverty within this group, for those from poorer families? My colleague Mr Gerald Giam raised a related issue recently.

Secondly, an ageing population means caregivers are in demand. This is often near-full-time work. Grant quantum is low and is not meant to replace paid work. For instance, the Home Caregiving Grant pays \$200. Again, there is a dearth of research here.

Another underserved group is inmates. Inmates get 30 cents to \$2.60 per hour at prison workshops. I have heard from ex-inmates that work programmes pay up to around \$1,000 monthly. Has the Government studied the financial impact of incarceration and whether this, in turn, has impacts on poverty and recidivism?

Sir, I would like to suggest that financial and other state interventions for these at-risk groups be centralised under one agency under MSF, rather than be dispersed among different Ministries like MINDEF and MHA, so that expertise, resources and economies of scale around addressing poverty can be centralised and shared.

Mr Chairman, our Family Service Centres (FSCs) and Social Service Offices (SSOs) are intended to be the core nodes for social support. Our social workers are best placed to understand and respond to residents' needs. Social workers help point residents to more specific assistance schemes, such as those for students.

I would like to ask if trained social workers participate in the decisions made by SSO staff. Such professional training should be brought to bear on financial assistance decisions, as opposed to taking a rigid schemes administration approach.

Also, would the Ministry consider centralising under SSO social workers all financial assistance schemes that are not sector-specific? This includes Community Development Council (CDC) cash assistance. Currently, I understand that residents have to approach both the FSC social worker and the CDC, going through means testing twice.

From the Parliamentary Questions I have asked, ComCare disbursements take four weeks, on average, or up to six weeks to disburse. CDC takes two to three weeks for COVID-19 grants and financial assistance.

The Chairman: Mr Leon Perera, can you please wrap up?

Mr Leon Perera: I would like to ask how long CDC takes for cash assistance to be disbursed and could all financial assistance be centralised at the systems level.

Making ComLink Work

Ms Denise Phua Lay Peng (Jalan Besar): Sir, ComLink is a worthy MSF-driven programme designed to support families with children living in public rental housing – a great model to provide support in a coordinated manner.

I chair the ComLink alliances in two ComLink towns – Jalan Besar and Ang Mo Kio. In each ComLink town, MSF's Social Service Office (SSO) general manager (GM) plays the role of a social services integrator – assessing the needs of each family, coordinating with the alliance of partners, such as schools, job centres, HDB, Police and so forth, to meet those needs. There are three critical success factors needed for ComLink to be effective. And I seek the Ministry of Social and Family Development (MSF)'s support to make it happen.

First, clarity. Many like-minded parties are still unclear about how all the many helping hands for families in public rental housing are connected. Sir, there needs to be clarity and mapping of all the help and parties' initiatives like ComLink, Project Dian@M³, UPLIFT, programmes of self-help groups like CDAC, SINDA, MENDAKI, CDCs, charities and grassroots volunteers.

Second, competence. Each family assessed to be in need will require a competent social service integrator who is the trained case manager, able to do the heavy lifting to identify root issues and solutions. These integrators have to be able to pull in other agency representatives in the ComLink Workgroup Alliance for meetings and actions. I have the privilege of working with SSO GMs and Family Service Centres (FSCs) social workers who play this role really well; but they are not easily available. We need to grow more of them.

Lastly, commitment. Sir, integrating services and case management are additional and higher-order skills and duties that need to be resourced. For ComLink to succeed, there must be a commitment to resource by the Government, not only for tangible needs like headcounts, skills training, but also for different agency partners to commit beyond lip service, to get that needed flexible job, financial assistance, preschool placements and so forth to families who need them to move along; and a willingness to share information, track actions and outcomes.

Are all alliance partners equally committed or is ComLink seen as just an MSF-driven project?

The Chairman: Ms Denise Phua, kindly wrap up.

Ms Denise Phua Lay Peng: So, for ComLink to be successful, there must be clarity, competence and commitment.

Enhancement to ComLink Befriending

Ms Carrie Tan (Nee Soon): I would like to echo Ms Denise Phua's sentiment and add on.

I am very happy to know ComLink will be scaled up. I understand though that there have been implementation challenges from a shortage of volunteers to help with needs assessments in some localities. And for this, I propose that MSF tap on graduated beneficiaries of various social service organisations to bolster the befriending efforts and offer a stipend for their time and contribution.

Graduated beneficiaries can relate well to families in rental housing as they have experienced similar challenges before. They can be effective in building trust and rapport, which are critical for effective social support.

At the same time, they can provide useful and honest feedback from the bridging perspective of both the user and intervener, to help address implementation gaps which sometimes officers from the public agencies may not be cognisant of.

Receiving supplementary part-time income from this programme will also help their financial adequacy and social mobility. Paying it forward with their time and empathy to others also enhances their self-esteem and dignity. These can make them positive role models to give ComLink families the hope and encouragement they need to overcome their adversities.

Assoc Prof Jamus Jerome Lim (Sengkang): The Social Services Office (SSO) supports the less fortunate and less able in our society with the Community Care Endowment Fund or ComCare payouts. The Fund was launched in June 2005 and in FY2021, it amounted to \$2.4 billion, disbursing around \$177 million to about 100,000 individuals, a non-trivial number, including cash assistance for a shorter as well as longer duration.

During my Meet-the-People Sessions, I have occasionally encountered residents who had shared with me about their reluctance to pursue ComCare assistance because they find that the approval process is intrusive, onerous or demeaning. SSO officers often require a careful and complete accounting of a household's income and expenses, and offers strong indications of what they regard as reasonable or not.

At some level, this is fair and expected. ComCare are public monies and the Government has to be responsible with the disbursement of such funds. But, on the other, it is important to allow the needy to retain their dignity, even as they seek financial assistance.

There is one way that we can potentially soften the intrusiveness of this process. A significant share of assistance rendered is in the form of regular bills with public and semi-public agencies, such as rental, utilities and S&CC. Could these be obtained directly from these entities rather than provided by the resident?

I understand that this would mean potentially additional costs, at least at the outset, in terms of setting up informational exchange systems. But once established, the automation will reduce the need for additional verification or data entry. This is the added advantage that the system could be tuned to flag extraordinary increases or decreases, should these occur to better target assistance.

There is yet another strategy that we can also deploy to reduce the need for documentary scrutiny. We can deploy conditional cash transfers, or CCTs, in exchange for supplementary educational expenditures, such as tuition or fees and equipment spending for co-curricular activities, or CCAs. Such support will enable low-income children who would otherwise be unable to pursue such opportunities, which are increasingly becoming de rigueur in a holistic education in Singapore. Of course, disbursements will be conditional on their continued participation in these activities.

CCTs have been successfully deployed in many advanced and developing countries settings for the purposes of social protection, especially in terms of improving outcomes for school-going children. CCTs are also not alien in the local context.

In this regard, the Straits Times School Pocket Money Fund supports around 12,000 beneficiaries, providing cash in exchange for school assistance. Research suggests that the Straits Times School Pocket Money Fund has achieved its educational goals. But such beneficiaries are likely to be a fraction of those of school-going age who are in need of financial help, the support is of a limited duration and the grant amounts are also relatively small.

Mr Chairman, I believe that the SSO already applies some conditionality for ComCare payouts, requiring households that receive financial support ensure that their children attend school. A CCT explicitly for ComCare targeted towards supplementary educational expenditures will fill a gap in our educational support for low-income households while keeping children as well as their parents accountable.

Preschool Affordability

Mr Seah Kian Peng (Marine Parade): As a House, we have each year approved increased spending on early childhood. In 2018, the Government spent about \$1 billion on this item. In the near future, this will more than double.

As a result, preschool affordability and quality has improved, in particular for children aged three to six. But what about those younger than three years old?

To nurture and develop children in their early years, families would need to consider all care options available to them. Centre-based care may not be the best solution for all families, if parents and other family members are able to provide familial care for the very young. What is the Ministry doing to assure parents that there will be accessible support in their children's early years?

The Government had earlier said that ECDA will be reviewing the Early Years Development Framework for educators of children aged three and below and that this will include new areas, such as the learning of mother tongue languages and creating an inclusive classroom environment. Can the Minister update us on the outcome of this review?

Ms Ng Ling Ling (Ang Mo Kio): Mr Chairman, in my Budget 2023 debate speech last week, I spoke about the importance of supporting our young families amidst the rise in cost of living. Having affordable preschool is an important aspect of such support.

When The Straits Times reported in October 2022 that several preschools would be increasing fees for 2023 due to rising costs, I was worried for our young families. I thus felt assured when the Government promptly announced thereafter that from 1 January this year, full-day childcare and infant care fee caps for anchor operator and partner operator centres, like PCF Sparkletots Preschool and My First Skool will instead be lowered by S\$40, excluding GST. Kindergarten fee caps for anchor operator centres will also be lowered by S\$10, excluding GST.

My question is, for estates where there are preschools not run by the anchor operator and partner operator centres and young families have no choice but to send their infants and preschoolers to these centres because of distance or shortage of places, can these subsidies be made portable for them?

The Chairman: Mr Leon Perera, your three cuts, please.

Financial Assistance Schemes

Mr Leon Perera: Mr Chairman, the ComCare Endowment Fund has been topped up by \$300 million. What is the impact this has on ComCare's dollar payouts and the number of people assisted? From ComCare's reports, it appears that individuals on average received short-to-medium term assistance worth \$1,700 a year in 2021, \$2,300 in 2020, \$1,600 in 2019, and \$1,400 in 2018, and \$1,300 in 2017.

Annual growth is at about 7%, which is less than the increase in Government revenue and NIRC over the same period.

I would argue that this derived average of about \$150 a month is not enough in most cases for a core welfare scheme.

Similarly, the Workfare Income Supplement (WIS) provides about \$300 in cash per month. Silver Support pays less than that.

For someone earning a little over \$1,000 or less, these schemes do defray expenses, but assessed against academic research on minimum income standards, as I alluded to in last year's Budget debate, this is woefully inadequate for care protection and bouncing back.

Would MSF at least trial higher ComCare amounts to test the effect on real outcomes, including on the trampoline effect to enable a family to bounce back rather than have to be too anxious about day-to-day survival to plan ahead?

Financial Assistance Accessibility

Mr Chairman, the Government has pushed out an increasing number of schemes over the years to support Singaporeans in need. This is commendable, although I have concerns over the quantum of core aid schemes, as mentioned.

To manage the many available schemes, the SupportGoWhere website was established where Singaporeans can search and get information in a single place. However, the application processes are still separately administered. I wonder if the sheer number of named schemes can be housed under a smaller number of schemes, with officers empowered with the ability to cover more adjacent schemes so there is less forwarding of applicants from one officer to another.

Secondly, there are potential schemes offered by various agencies that have not yet been incorporated onto the portal, such as the Ministry of Health (MOH) subsidies or bursaries administered by educational institutions.

Awareness about various schemes has been identified as a problem previously, in a study conducted by REACH in 2014. It would be good to build upon a centralised platform to reduce the administrative strain of multiple means tests and application processes for all schemes.

Financial Assistance Application Process

Mr Chairman, applicants for financial assistance are burdened with presenting documents and also often face the embarrassment of having family members interviewed. Would the Ministry consider having two formal means of application? For applicants who agree to presenting documents and having family members interviewed, they can do so. For those who have difficulty finding documents or do not wish to have their family members interviewed, they can instead choose to declare that the information that they provide is accurate. Should they be found to have made a false declaration later, they could be subject to penalties.

According to an MSF report, 40% of households are already having their applications treated flexibly. Hence, I urge the Ministry to consider providing such a declarative option.

Also, short-to-medium-term assistance offers assistance for three to six months, requiring applicants to re-apply frequently and providing them with less leeway or runway to plan ahead for their finances, while sometimes generating tremendous stress about the renewal, stress that can affect decision-making, impose bandwidth tax.

Can the Government consider a pilot test of a longer period of nine to 12 months for such assistance, to see if this generates better outcomes in terms of encouraging that mental energy and capacity to plan ahead to turn their lives around and also lead to better outcomes for their children?

ComLink

Ms Joan Pereira (Tanjong Pagar): Chairman, to better help vulnerable, lower-income families, it is crucial to deliver coordinated and family-centric assistance. I was very glad when ComLink was announced in 2019 to bring together Social Service Offices (SSOs), Government agencies, charities, grassroots organisations and other community partners to help families with children living in public rental flats.

I have been meeting various stakeholders to coordinate assistance for distressed families in my constituency. I appreciate the usefulness of these collaborative sessions as it has been effective in providing holistic care. We know who is doing what for whom in the family, thereby preventing duplication in efforts and plugging gaps.

A feature which I have been hoping for is a centralised case file which all the stakeholders involved can access and link or refer to the relevant Government and other external assistance programmes.

At last year's COS, Minister Desmond Lee mentioned that the Government would "strengthen backroom integration across agencies", consolidate common systems and processes where possible and manage them centrally. This will be really helpful in speeding up delivery and reduce coordination costs. Would the Ministry provide an update on the centralisation process?

I would also like to ask about the befrienders with ComLink. As the Ministry scales up this scheme, how is the recruitment of these volunteers progressing? What are the main challenges encountered in attracting and retaining befrienders? How is the Ministry reaching out to more Singaporeans to volunteer and participate in this worthy endeavour?

KidSTART

Chairman, I am heartened that KidSTART which you started, will be expanded nationwide to support more eligible children in lower-income families. The early indicators that children in the programme had better preschool attendance than their peers of similar socioeconomic backgrounds were encouraging, so was the feedback from the parents and caregivers that they were better supported in their parenting journey.

I would like to ask the Ministry how it will improve and sustain the attendance of the family members in KidSTART at information and counselling sessions organised by Government agencies and volunteers.

KidSTART organised an information session at a void deck in my constituency and the families just needed to come downstairs to attend the session. However, the parents were unable to attend and even if they attended, they were unable to concentrate unless someone helped to look after their children.

In addition, to enhance coordination for each case, we need to map out and identify which agencies to work with and share information within the team looking after the family. Based on my experience, there is still room for improvement in information sharing and updating among the different agencies and volunteer groups.

If the Ministry can provide more support and resources to facilitate consolidation and updating, that would be helpful as the assistance delivery process can be expedited.

The Chairman: For mentioning KidSTART, I give you more time. Mr Muhamad Faisal Abdul Manap.

Kindergarten Fee Assistance Scheme

Mr Muhamad Faisal Bin Abdul Manap (Aljunied): Sir, I have made several calls in this Chamber to have the Kindergarten Fee Assistance Scheme (KiFAS) made available to Singapore students from less privileged families who attend kindergartens apart from the Ministry of Education (MOE)'s and that run by anchored operators. However, the situation remains.

As one of the main focus for this year's Budget Statement is to strengthen our social compact, it would be appropriate for me to echo my earlier calls on this.

Sir, each child is unique. The diverse choices of kindergartens give parents the option to select the centre which they deem to be in the child's best interest. Parents know their child best. They would obviously want their child to attend a preschool education centre which suits that child's learning style.

Apart from the child's learning style, there are parents who may also want their children to attend a preschool institution which provides religious knowledge. Naturally, their choices would be kindergartens run by religious entities, such as mosques and churches.

5.45 pm

However, this choice can be out of reach for parents who do not have the financial means to do so because the Kindergarten Fee Assistance Scheme (KiFAS) would not be extended to their children if they were to attend such institutions.

I hope that the scheme's coverage can be extended beyond MOE kindergartens and kindergartens run by anchor operators.

The second suggestion I have, Sir, is for KiFAS to be made available for children who are Permanent Residents (PRs), provided one of their parents or stepparents is a Singaporean. I have also suggested for MOE's Financial Assistance Scheme (FAS) to be extended to school-going children who have such parentage for the same reasons of elevating the financial burdens of such households where a Singapore Citizen has a child or stepchild who is a PR resulting from a transnational marriage.

Children with Developmental Needs

Mr Seah Kian Peng: We all know of the importance of early intervention services for children with developmental needs and in fostering inclusive preschool environments. Families with children with developmental needs will face challenges in bringing up their children. They need greater support in identifying their children's needs early and in accessing the necessary tools and information.

Since 2019, the Ministry had introduced the Development Support Plus (DS-Plus) programme and Early Intervention Programme for Infants and Children (EIPIC) under two. In the same year, MSF had convened the Inclusive Preschool Workgroup (IPWG), which made several recommendations that have since been implemented.

I would like to ask the Minister to give us an update on these recommendations, including the Inclusive Support Programme (InSP) at the selected preschools? In general, what is the Ministry doing to better support families with children who have developmental needs?

Staff-child Ratios in Infant Care

Dr Shahira Abdullah (Nominated Member): Chairman, studies show that a higher staff-child ratio and smaller group sizes contribute to the health, safety, better staff-child interactions and better development outcomes in children. A 2006 research shows that infants and toddlers, particularly, benefit from these ratios.

Many early childhood educators believe that a ratio of one to three or four is higher and the best to allow for effective staff-child interaction. This also results in a smaller workload, lowers the stress level and improves the working conditions of the teachers.

The current staff-child ratio is one to five. Therefore, would MSF consider a review of staff-child ratios in childcare and infant care centres?

I understand such ratios may be dependent on the number of teachers available. In October 2022, ECDA said the annual attrition rate in the sector has been between 10% and 15% over the last few years, in a workforce of about 23,000 people.

I note that preschool educators' pay is set to rise by 10% to 30%, amidst a review of working conditions. However, there has been anecdotal evidence that it may be due to the workload of these teachers. May I ask whether there is data on possible reasons why preschool teachers leave the workforce? What are MSF's plans to tackle the turnover rate of preschool teachers?

SG Made for Families – Childcare Places

Mr Louis Ng Kok Kwang (Nee Soon): I am glad we are increasing the number of childcare places but we also need to consider the timing.

Let me share an example. At Yishun Glen, a new Build-To-Order (BTO) estate in Nee Soon East, most of the blocks have been completed and keys have been issued many months ago. But the childcare centre in the estate is still not completed. ECDA has not even announced the anchor operator who will run the centre. Even if the centre is completed tomorrow, it will take months more for the operator to take over and renovate the centre.

Many of the estimated 179 children younger than seven living in Yishun Glen will need the childcare centre. Surrounding childcare centres are also quite full, so, parents are stuck.

In the future, can ECDA appoint the childcare centre operator much earlier and work with HDB to have the main contractor of the BTO project build and renovate the childcare centre for the operator? All these efforts will help save valuable time and resources and will mean that the childcare centre can be ready when residents move into their new homes.

Support for Families

Mr Mohd Fahmi Aliman (Marine Parade): Chairman, to nurture and develop children in the early years, families would need to consider all care options available to them.

In 2013, ECDA was launched to integrate the regulation, planning, professional development and public education functions of MOE's preschool education branch and MSF's childcare division. ECDA now serves as the regulatory and developmental authority for the early childhood sector in Singapore, overseeing all aspects of children's development below the age of seven, across both kindergartens and childcare centres.

Since its inception, how effective has ECDA been in early childhood development? Beyond ECDA, are there any initiatives MSF have introduced to assure parents that there will be accessible support in their children's early years?

Shortage of Infant Care Teachers

Ms Joan Pereira (Tanjong Pagar): Chairman, there is feedback from my residents that though there are vacancies in a particular infant care centre, the centre is unable to accept the children because of a shortage of infant care teachers.

For parents, it is also important for such centres to be near their homes to facilitate drop-offs and pick-ups.

Does the Ministry have plans to train more infant care specialists to meet the demand of our parents? What are the challenges and obstacles in the recruitment and retention of these staff in this sector? What more can be done to improve the working conditions of the teachers and reduce the attrition rate?

Preschools

Mr Melvin Yong Yik Chye (Radin Mas): Mr Chairman, preschool education is an important formative experience for our young children. However, preschoolers from lower-income families do face more challenges in getting a good start in life.

I would like to ask what more can MSF do to support these families? How will MSF assure parents in lower-income households that there will be accessible and affordable support in their children's early years?

Beyond increasing the accessibility and affordability of preschools, having an adequate and well-trained pool of educators is just as crucial. Can MSF provide an update on the manpower situation in the preschool sector?

Sir, some of my residents who work in preschools have highlighted to me the added challenges of their jobs arising from the continued tight manpower situation at their centres. Sometimes, even having a proper meal break is a challenge. I would like to ask what is MSF doing to ensure that there are adequate preschool educators at all our preschool centres? What is the preschool educator attrition rate in the past three years? How does MSF plan to reduce the attrition rate?

Last year, MSF announced that the starting salaries for fresh graduates joining anchor preschool operators will increase to at least \$2,800. I would like to ask for an update on ECDA's salary review for early childhood educators in Government-supported preschools. Are there any plans to increase the starting salaries of those working in non-anchor operators?

Ms Denise Phua Lay Peng (Jalan Besar): Sir, more than half a year has passed since the Enabling Masterplan (EMP2030) was published. I believe the disability community would like a detailed update from MSF on the progress of the masterplan.

One key concern of the sector has always been the lack of sufficient services in the adult disability space. What has moved for adults with disabilities at the two ends of the spectrum – adults who are employable and adults who are not suitable for paid employment and need more care?

The proposed Enabling Business Hub and the Enabling Services Hub have been hailed as the two key pilots to address the needs of these two categories of adults. What is the progress to date? How many adults with different abilities can benefit? How will these two hub concepts be scaled in order to cover the many other adults who require the services? How will they be funded for sustainability?

Next, we should not wait for a COS to provide updates to the EMP2030. EMP2030 is unique in that it is for a duration of eight years versus the shorter five-year plans of the past. By 2030, most of the Ministry's public office holders, like the Minister and his team, would have moved on or be transferred. The assumptions underpinning these recommendations would have changed, in view of the rapid pace at which our society, our economy and our external environment have moved. I would expect that some of the recommendations may even be outdated.

To inject confidence and to ensure the masterplan stays updated and relevant, MSF should appoint an execution leadership team, convene regular sessions, develop and communicate a dashboard and accountability report.

Next, within just eight months of the release of EMP2030, the Government has already made several major announcements in the important aspects of mainstream Singapore: the Healthier SG movement to instil proactive and preventive healthcare is in place. MOE has announced its plan for future education to shift focus from the first 15 years to the next 50 years of one's life. MND has announced new BTO ramp up plans and inclusive living for the elderly in the form of Community Service Apartments.

How will MSF ensure the Enabling Masterplan includes and taps on these positive developments in the mainstream? How can we persuade the rest of the Government to adopt a universal design approach to service planning so that the disabled will not be considered only as an afterthought?

In conclusion, I want to thank the diligent MSF team for being always on the look-out for this special community. You are deeply appreciated.

Enhancing Support for PwDs and Families

Ms Rahayu Mahzam (Jurong): Mr Chairman, my son has Down Syndrome and has been diagnosed to be on the autism spectrum. He will turn six this year.

I have a lot to thank my son for – for teaching me patience and resilience, for making me the person I am. He has also opened my eyes to a whole community of people with different abilities and the families who support them. The more I learn about the diverse range of disabilities, the more I realise that there is a lot I do not know.

One of the many things I am still learning is the appropriate terminology to use at times and I beg for indulgence.

There are some specific needs within each disability group. There is a different range of abilities and therefore differing potential amongst the PwDs. There are also different dynamics among the advocates and activists, which may lead to uneven awareness and support structures for different disability groups.

I am therefore grateful that the Government has taken the massive effort to put together different pieces and come up with the concept of the Enabling Masterplan. I am heartened with the existing programmes in place to address the various needs of PwDs and their families. It is encouraging to see the developments of the Enabling Masterplan over the years.

There are, however, some areas which I would like to find out more about and have some views on.

Firstly, in light of the spectrum of disabilities mentioned above, I would like to find out how we could ensure that the needs of the various groups are meaningfully addressed. How are the efforts in addressing needs categorised and organised? Is there some sort of framework to assess if we are adequately filling the gaps?

My concern is while the broad efforts go some way to advance the interests of PwDs as a community, we may miss out specific issues that may only affect a particular group. For example, even within persons with intellectual disabilities (PwIDs), there are different levels of abilities. So, when we talk about lifelong learning and preparing them to live independently, could there be a finer resolution that could maximise the potential of each group?

I am not expecting the Government to do everything or for things to be done immediately. There needs to be a whole-of-society effort and involvement, a point which I will touch on later, but I believe it would be meaningful for a framework that dives into specifics for different groups, assessing how successful some measures are, addressing what the challenges are and continually developing the infrastructure of support for PwDs and their families.

Secondly, I would like to know if there could be more streamlining of some services and support for both PwDs and their family members. Akin to the approach in our child and maternal health and well-being efforts, could we also look at streamlining some services that would make it easier for families to manage the care of PwDs?

I had spoken about Dr Chen Shiling in my previous speeches. Dr Chen had developed a holistic healthcare approach for ageing caregivers and their adult children with intellectual disability, addressing also social issues and bringing together multidisciplinary stakeholders on the same platform. She has now set up a clinic, IDHealth, that focuses on medical care of not just persons with intellectual disabilities but also their caregivers. Could we take a leaf from this approach and apply it to various other services?

I note that SG Enable is also already playing a role in being the one-stop spot for PwDs and their families. How has this experience been and are there enhancements we can expect?

Lastly, I feel it is imperative to harness the resources and support from the community. I believe the Government can play a role to create the platform or structures to encourage ground-up effort. The formation of the Action for Alliance (AfA) for Caregivers of Persons with Disabilities, for example, is encouraging. How do we sustain this and provide the necessary platforms for more people to come together?

I do hope to see more in our community step up to offer time or resources so that together, we can help to enhance support for PwDs and their families.

Ageing Caregivers

It is not uncommon for us as Members of Parliament to come across residents seeking assistance on caregiving issues. Just in the recent weeks, I met several residents from Bukit Batok East who had some challenges with caregiving.

In one case, a woman brought her sister, who has intellectual disability. The woman was crying. Both her elderly parents had passed away, one after the other and rather unexpectedly. The late mother was the main caregiver of the sister and my resident was at a loss as to how to now care for her sister.

In another case, a gentleman reached out to me for help after his elderly mother, who had been the primary caregiver of his brother with special needs, had to undergo heart surgery. He was the sole breadwinner and had to take time off work to care for his family members. It was not a sustainable solution.

During my house visits, I also meet many "aunties" who are caring for their elderly husbands. They do not have helpers, and they lament about their challenges as they are not as strong as before. Those who have children, do not want to burden their children. These are scenarios which are all too familiar to us.

6.00 pm

Much has been said about the challenges of caregiving, especially when it relates to a long-term arrangement when the caregiver is the sole or primary caregiver, or where the person being cared for has some disabilities. There are indeed many dimensions of the challenges including physical health and well-being of the caregiver and financial issues. These challenges are compounded further as the caregiver ages.

I am grateful for the various existing support that are in place. SG Enable and AIC have been very helpful in assisting with various issues that arise. In the first two cases I mentioned above, I reached out to SG Enable and AIC and my residents are in the process of getting the assistance they need.

But not all matters can be resolved simply and issues may not always be so straightforward. Some arrangements proposed may not fully suit the preferences of the family. I appreciate that there are limitations and it would not be reasonable or sustainable to expect agencies to provide the panacea to all problems.

Yet, the issues remain. Caregivers still need the support. They need the respite so they can continue with their task and they need some assurance that they are not trapped in the circumstances alone, having to sacrifice their aspirations or well-being.

I believe we need a whole-of-society approach. In 2019, PAP.SG then under the leadership of you, Chairman, I put up a submission to the Government with proposals on various aspects of ageing. In one segment of the paper, it was noted that society should provide better support to caregivers including those from the extended family members. I quote, "We recognise that the burden on them is heavy. Having proper caregiver support within the family can be instrumental for the well-being of our frail seniors. We believe that our society have an obligation to do more for the caregivers."

Amongst other things, the paper called for a review of policies to strengthen the role that the extended family can play in supporting seniors I believe, and this can include caregiver leave and Flexible Work Arrangements (FWAs). I believe these are already being looked at.

While the Government has a role in putting in place policies and support structures, I do hope to see families, extended families, stepping up to share the load of caring for their loved ones.

We also need support from other people in the community. It is therefore heartening to note that there had been efforts like the projects carried out by the AfA for Caregivers of Persons with Disabilities to support caregivers.

I understand that there is a partnership with Caring SG to work on Project 3i. I would like to declare that I am an advisor of Caring SG and I have been impressed by the efforts of Dr Lim Hong Huay and her board members.

I believe ground-up efforts like this should be encouraged. I am therefore interested to hear about the update on the projects of the AfA and would like to know if the efforts can be scaled up to benefit more in the community. I hope this platform is a genesis to the creation of more support options for caregivers so that they can get the help, the respite and the assurance that they need to continue caring for their loved ones.

Alternative Training Pathways for PwDs

Miss Rachel Ong (West Coast): Chairman, part of the vocational training for PwDs in Singapore has focused on the hospitality, manufacturing and F&B service sectors. As we continue to empower our PwDs, we must look into placing people in training or jobs with a focus on their abilities and interests rather than their disabilities.

Depending on their range of abilities, PwDs have the capacity to be employed across sectors and in different roles. As we see from examples in Australia, US and Japan, PwDs can be employed in a variety of sectors, ranging from retail to healthcare to graphic design and even transport technology.

In Singapore, we have you UOB Scan Hub where over 30% of their staff are special needs employees, who digitised and archive documents. In India, department store Shoppers Stop has set up an organisation dedicated to help integrate PwDs into the fashion retail sector. In short, there are still many ways we can expand our training pathways for PwDs .

May I ask the Minister for MSF if there are alternative training pathways being explored for PwDs to expand work options into much more varied sectors and which are they?

The Chairman: Ms Ng Ling Ling, you can take your two cuts together.

Service and Support Integration for PwDs

Ms Ng Ling Ling: Chairman, in 2021, the Enabling Masterplan Work Group recommended for the Government to strengthen the ecosystem for continuing education for persons with disabilities by increasing the number of curated courses in sectors with growth opportunities and enhance the Open Door Programme (ODP) training grant to offer better support in specialised training. I believe that lifelong learning opportunities and social inclusion activity must be availed to PwDs, just like all other Singaporeans.

However, we know that such learning and social inclusion activities as well as respite care for caregivers should be provided in an integrated way to best help out PwDs and their families. Can I ask for an update on the progress of Enabling Masterplan 2030 implementation, especially in the provision of integrated learning, social inclusion and support services for PwDs and their caregivers?

For earlier pilots like the Enabling Village at Lengkok Bahru, how is it achieving its goals and can such models be skilled to more regions?

Enabling Businesses to Step Up for PwDs

Chairman, according to the annual Comprehensive Labour Force survey, the average resident employment rate for PwDs aged 15 to 64 has risen from 28.2% to 30.1% from FY2018 to FY2020. There is also an increase in nominal median gross monthly income for these Singaporeans between the same period. This is an encouraging progress, a step towards a more inclusive workforce and a demonstration that more PwDs can contribute to our economy.

Employment is not just essential for independence for adult PwDs, they provide dignity to them. This is especially important for adults who acquired disabilities due to unexpected events like accidents or major health episodes like stroke, an increasing concern I have from the plight of the residents I see and help in my Meet-the-People sessions.

To enable more PwDs to be employed, this will require the utmost support and actions from potential employers. I would like to ask, how is the Ministry helping more SMEs to have suitable job coaches to help these PwDs with different types of disabilities to be able to take and sustain in those jobs?

The Chairman: Mr Murali Pillai.

Mr Murali Pillai (Bukit Batok): May I take both cuts, Sir?

The Chairman: Yes, please.

Enabling Business Hubs

Mr Murali Pillai: Sir, I am cheered by the positive steps that have been taken by MSF in the recent past to help persons with disabilities (PwDs) to be meaningfully employed.

I am happy to note that MSF agreed to consider my suggestion made in this House to extend Inclusive Business Programme (IBP) launched by HDB and SG Enable in 2019 to involve JTC too. This will hopefully provide more employment opportunities to PwDs near where they live.

As part of our efforts to be an inclusive society, more should be done to help persons with disabilities who need customised work support and a structured environment to work in. This is where the Enabling Business Hubs (EBHs) comes in.

Like hon Members Ms Denise Phua and Ms Ng Ling Ling, I too seek an update from the Ministry in relation to plans in this regard. What is the assessment of our efforts to date to reach the Ministry's target of 40% employment amongst PwDs by 2030?

Strengthening the Culture of Giving

Sir, over the years, Singapore has seen a steady growth in philanthropy. Over the past five years, the average annual donations collected amounted to about \$3 billion.

These are respectable numbers and a testimony to the generosity of grant-makers, corporations and individuals in Singapore. The question arises as to what we should do to strengthen this culture of giving here.

In this year's Budget, the tax deduction rate of 250% was extended for another three years. I am uncertain as to whether this would move the needle by much. I say this because over the past five years, the amounts of tax- deductible donations remained stable at about \$1 billion.

It seems to me that we need to do something more fundamental. Successful organisations and people must be made to feel more invested in the lives of the less fortunate so that they will feel morally obliged to do their part and donate. I seek the hon Minister's views on this important topic that, in my view, will have an impact on how we keep together as one society.

Nurturing the "Heart-ware" of Singapore

Ms Janet Ang (Nominated Member): Mr Chairman, I would like to ask Minister how is MSF enabling, empowering and compensating our social workers so that they can meaningfully journey with families and persons in their care? What is MSF doing to attract good people and leaders to this sector?

Communities with purpose serve. Supporting the marginalised and vulnerable families in Singapore is a whole-of-society responsibility. Mr Benny Chua, a franchisee of a ValuDollar store at Jalan Kukoh, joined in the mission to help bring dignity and hope to John, one of the residents at Transit Point@Jalan Kukoh, a shelter for displaced individuals run by New Hope.

Mr Chua shared: "They need opportunities to be able to uplift to support themselves and their families. Hence, I am prepared to provide employment opportunities whenever I am hiring." It takes "heartwork" by many in the community to help one "John" at a time but in the end, our community will be that much more joyful and alive.

If we go upstream and help youths get inspired, especially those who come from vulnerable families, we can change their destiny. SBF Foundation ran a pilot to connect 10 youths from Singapore Polytechnic with five "towkays" who joined the mission. One of the towkays, Jester Loi, a third-generation leader of Ya Kun, shared: "I get to see my company through the youths' lens and we all grew."

Two of the students who participated shared: "Connections nowadays are very important. 'Youth Connections' gave me the opportunity to speak with business leaders. We gained friendships and grew our confidence." It takes "heartwork" by leaders to invest time with youths whom they do not ordinarily cross paths with, but that investment has potential to yield a hundred-fold.

To uplift communities, we need another form of tripartism between corporates, Social Service Agencies (SSAs) and their clients, and the Government. This is the social tripartism of "heartwork". How does MSF plan to incentivise and encourage corporates to join in the "heartwork"?

Bolstering Research Capabilities in Social Service Agencies

Ms Carrie Tan: Mr Chairman, Social Service Agencies (SSAs) form a vital part of our social support system, plugging system gaps and providing last-mile services to beneficiaries.

So, how might we support them better?

When I was running Daughters Of Tomorrow as its Executive Director, it was a fledgling charity, and it benefitted from financial management workshops held by Credit Suisse and social media marketing mentorship by Facebook employees. It helped the organisation greatly in enhancing its fundraising and outreach capabilities. But not many SSAs have a dedicated employee to lead such engagements with private companies. Many would prefer to spend their operating budget on direct service personnel that executes services and programmes for beneficiaries.

And the same goes for impact evaluation. Many SSAs dedicate their bandwidth to interventions and services, and do not have spare capacity to track and evaluate their programmes, which is crucial to show effectiveness and impact and to attract more funding to scale their solutions.

When they do attempt to hire more staff, they find themselves unable to offer competitive salaries. Some boards of charities are worried about optics or hindered by personal beliefs of board members around the notion of altruism or sometimes for whatever reasons, prefer a large reserve. These create constraints on management teams that try to be more progressive in adjusting their compensation system and results in talent risk for the social services, which then perpetuates the longstanding phenomenon of burnout amongst sector workers.

How can we empower our SSAs to professionalise and scale effective interventions better?

I have three recommendations and that is for MSF to require an audit of salary practices each time an organisation renews its IPC status. And also, in addition to the Research Capability Development Service, MSF can replicate the Volunteer Manager Funding Scheme to help SSAs have a headcount in impact evaluation.

I do not have enough time, but I believe these recommendations will enable SSAs to be more self-reliant in the long run by helping them to build up their capabilities.

So, to this end, I would like to if the Tote Board Social Service Sector Fund will be renewed to continue supporting SSAs in their efforts. And will MSF consider also enhancing this funding programme to cater additional budget for impact evaluation headcount?

The corporate partnerships are also an important function because it requires a different skillset and experience from community volunteer management, which requires some corporate background as well. This will have a catalysing effect to enable SSAs to excavate the potential of the private sector to contribute not just financial donations but also employees' skills and expertise for knowledge transfer. And this will help to shore the "heartware" that Ms Janet Ang spoke about.

In summary, there is still room to optimise our sector funding for capability enhancements for SSAs. In the long run, it must be the goal of MSF to have a vibrant and resourceful SSA community that is able to do more with less reliance on public funding.

Supporting Charity Partners Better

Ms Denise Phua Lay Peng (Jalan Besar): Sir, it is important to understand valid concerns of these charity partners so they can do a better job. I recall vividly how former Education Minister, now Deputy Prime Minister Lawrence Wong, strategically unlocked the highly MOE-controlled reserves of special schools to allow their parent charities to pay for their share of the building costs of the new schools; much to the relief and gratitude of the charities.

Let me name some ways by which sector administrators, such as MSF, MOE and MOH, can better support their charity partners.

6.15 pm

First, on human resources, besides funding competitive salaries of supported staff, can MSF please facilitate higher provisions for hiring of foreign staff in services such as day activity centres for the elderly and the disabled and special schools. This is so critical as competition for manpower becomes more intense.

Second, subsidise the costs of corporate services and compliance, such as Executive Directors, Finance, HR, IT and Audit for charities providing essential services for the sector. As larger and needed charities get called to do more, they are also being held to higher and higher standards of reporting and accountability; adding to cost of compliance and management.

And lastly, seek regular feedback on Government donation matching schemes meant to encourage fund-raising. Do not make it harder for charities than it already is. The Community Silver Trust (CST), for instance, allows for donation matching for only 40% of funds raised, to pay for "recurrent operating expenses". The remaining 60% can only be matched if there are "new projects". The current CST design shapes charities to do some funny things, to keep thinking of new projects each year to qualify for the matching, when there are ongoing existing programmes that need to be paid for, such as for the disabled and elderly. So, it is not useful to the charity partners.

In conclusion, the Government can certainly better support charities, one of their key partners in meeting the needs of society.

Social Service Agencies

Ms Joan Pereira (Tanjong Pagar): Chairman, I am glad that as a nation, we have started the conversation on how we should value all work equally, whether these are "head", "heart" or "hands" work.

Today, I would like to advocate for "heart" work, that is, jobs and careers in the community care and services sector.

We, as a nation, had pledged not to leave anyone behind; and a competent and effective social service sector is crucial to fulfil this vision. How can the Government attract good people to join our social service agencies? How will MSF retain them, support, and empower them to excel? These are important questions which we must get right to build a united nation with strong bonds, based on equality and social mobility.

Our social service agencies are responsible for the delivery of assistance to the vulnerable amongst us. When they do their jobs well, they uplift not only the lives of this segment but our whole society. How will the Ministry affirm the efforts and contributions of our social service agencies and support them to thrive?

I would like to suggest that one way to recognise and motivate capable social service officers is to enable those who do well to progress to senior and top positions in our Ministries and Statutory Boards. Their backgrounds in social services should be treated as equally as those from other sectors.

Partnership with Social Service Sector

Mr Mohd Fahmi Aliman: Sir, our social compact is underpinned by implicit agreement between the Government and the people on the roles and responsibilities each play, so that together, we can shape the growth of society in both the present and the future. In other words, our social compact hinges on the tripartite understanding between individuals and families, the Government and the community.

A social compact that is deemed fair by all segments of society, will strengthen social capital and foster trust. And this is what will enable us to progress together as a nation.

External developments such as the COVID-19 pandemic, US-China tensions and the ongoing Russian-Ukraine war have altered, the geopolitical milieu we live in. Domestically, we must manage the impact of trends, such as the ageing population and slowing social mobility. Cumulatively, these trends can put a strain on our social compact.

Hence, it is imperative that we support our social service partners to strengthen our social compact, amidst internal and external uncertainties. As such, how will MSF recognise the efforts of our social service partners and better support them to strive.

Encouraging Social Service Partners

Ms Ng Ling Ling: Chairman, the saying "it takes a village to raise a child" helps us appreciate how much more it takes to care for the underprivileged, vulnerable and those in need in our society. An ecosystem of willing and capable social service partners, each playing a role and contributing its strength and resources is key in keeping our social safety net and support system strong for those among us in need, to leave no one behind as far as possible.

Social service partners include not only our hundreds of social service agencies who provide the needed direct services across Singapore, but also companies who provide donations, staff, volunteers, employment opportunities as well as academia who conduct social intervention research, social entrepreneurs and many silent contributors who quietly nurture, enable and build lives around us as they see the needs.

I would like to ask how the Government can enable these different groups to be more recognised, encouraged and connected, to make, even stronger collective social impact in the coming years.

I would like to dedicate the final seconds of my final COS cut to all social service partners for your dedication, in your contribution for to make Singapore a caring nation.

Competitive Social Service Sector

Mr Seah Kian Peng: Each year, the graduate employment survey shows that our graduates are more and more in demand by the market and that those in greatest demand are, logically, often paid high salaries. In recent years, this has been the students in computing and data sciences.

A paradox is this: in light of the rising stresses faced by our people as well as the increased emotional fragility, social service professionals are in greater demand than ever before. Yet, they remain under rated and under appreciated, and I would say, underpaid.

Their work is meaningful as they provide social care and interventions to those in need. We face long-term trends such as a declining birth rate and an ageing population. These will lead to a rise in the need for social care and services.

How will MSF better support our social service professionals and better support the social service sector to have adequate manpower and good working conditions?

The sector is enormous: more than 15,000 social workers, therapists, psychologists, nurses, special education teachers, early intervention teachers, social work associates, nursing aides, and the list goes on.

We must focus our minds in ensuring that this large group of professionals are paid competitively so as to retain the best talents in this important sector.

The Chairman: Minister Masagos.

The Minister for Social and Family Development (Mr Masagos Zulkifli B M M): Chairman, I thank Members for their suggestions. The vision to strengthen families and sustain social mobility is a common one we all share.

We are starting on a strong foundation. Singapore has invested in the education and well-being of its people. Singaporeans enjoy stable employment, own homes, have the means to start families and lead meaningful lives. This is a hope that we want to keep alive as a society.

At MSF, we also want all families to enjoy such resilience and confidence in their future. In short, we want all families to achieve the "three Ses": stability, self-reliance and social mobility.

Stability, where families are strong and have the means to weather the ups and downs in life. When families face challenges, they weather them because of mutual support from their children, siblings, parents and the extended family. Those who face severe challenges can also look to support from the Government.

Self-reliance, where families have a strong sense of ownership. Our society is strong because many Singaporeans continue to have this belief. MSF and our partners see many families who receive help and are motivated not only to do better for themselves and their children, but to actually give back and uplift others.

Social mobility, where families will always have opportunities to progress and better their circumstances, and where they can aspire for their children to have a better and brighter future. Sustaining social mobility across generations is the most important assurance we can offer to families in Singapore.

The "three Ses" – stability, self-reliance and social mobility – is MSF's hope for all families, but especially for lower-income families.

This is Singapore's unique approach to addressing inequality – we keep social mobility alive by enabling self-reliance and building stability. We have seen elsewhere how rising social inequality leads to the stratification of society, growing distrust for the Government and increasing disunity amongst the people.

To remain a united people, Singapore must do all we can to avoid walking this same path. We have proven to ourselves, during the COVID-19 pandemic that we are a people who will help one another through difficult times.

As we look ahead, we must build our social capital and strengthen our social compact as Mr Seah Kian Peng and Ms Ng Ling Ling have also suggested. But as they also suggested, this means it is not just what the Government can do. It is also what individuals, families and the community can do together, so that together, we strengthen families and sustain social mobility.

The "how" is as important as the "what". In seeking a refreshed social compact through the Forward Singapore exercise, we have heard many speak of their desire to help less fortunate Singaporeans nurture and build better lives, to forge an inclusive and caring Singapore.

We will build on these aspirations of Singaporeans and focus their energies in three very important areas: firstly, building strong families and uplifting families that require additional support; secondly, strengthening the social service sector to deliver services that meet the needs of families; and thirdly, weaving an extensive tapestry of support around families by expanding partnerships across society in a renewed social compact.

[Deputy Speaker (Mr Christopher de Souza) in the Chair]

Chairman, families are the bedrock of our society, where values are transmitted and our characters are shaped. A supportive family nurtures children to become compassionate members of society, able to pursue their aspirations, achieve social mobility for their family and give back to society. A strong nation is built on strong families.

The Government has invested greatly in families to support them across all stages. With your permission, Mr Speaker, may I ask the Clerks to distribute a handout detailing the family-related announcements during this Budget, for Members' reference.

The Chairman: Please proceed. [*A handout was distributed to hon Members.*]

Mr Masagos Zulkifli B M M: Thank you. Members may also access these materials through the MP@SGPARL app.

Together with these latest measures, families are supported across all stages in life.

For those starting a family, we will provide them with greater support in securing their first home. Newlyweds are supported in laying strong foundations to their marriage, such as through marriage preparation programmes and mentoring support from their Licensed Solemnisers.

When couples go on to have children, they are supported in the cost of raising their children through the increase in the Baby Bonus Cash Gift and Child Development Account.

Parents with children of preschool ages have access to affordable and quality preschools, with more places to be created.

Families caring for Persons with Disabilities have enhanced support for lifelong learning, employment opportunities, as well as caregiving support.

We also support our seniors in ageing well. Seniors are supported through preventive health, active ageing programmes and care services. We are building towards a society that empowers seniors to live healthier lives, be socially engaged and contribute meaningfully.

The top-up to the ComCare Endowment Fund provides more resourcing and certainty for MSF in supporting lower-income families through ComCare, amid high inflation.

ComLink has also been rolled out to proactively support families with children in rental homes.

Our efforts continue, as we strive to make Singapore a place where families thrive. Last year, during the Year of Celebrating SG Families, MSF launched the Singapore Made for Families 2025 Plan, a three-year plan that outlines how the Government, community partners, businesses and individuals can together, create a Singapore where all families are valued and supported.

6.30 pm

As families navigate various milestones, our goal is to ensure they are equipped with the necessary family and parenting skills. Mr Melvin Yong asked about the efforts of Families for Life (FFL), to strengthen families. FFL started with broad-based public education campaigns and resources. More recently, it intensified ground outreach in Choa Chu Kang and Yishun, by offering localised marriage, parenting and even grandparenting programmes under the FFL @ Community initiative.

I am pleased to share that FFL will expand this initiative to nine towns by the end of this year and to all towns by 2025. An expected 4,000 couples and 20,000 parents will benefit from these programmes every year from 2025 onwards.

There will be families that need more targeted support. Today, there are Family Service Centres which provide integrated and multi-disciplinary services to meet the diverse needs of families. We call these centres: "FAM@FSC".

The services they offer include marriage preparation programmes, parenting programmes, family counselling and divorce support programmes. We have seen positive outcomes from these efforts.

For example, participants of our marriage preparation programme (PREP) report better communication skills with their spouse. We know that all couples aspire to have a strong relationship and a strong family. FFL and FAM@FSC are there on the ground, to provide support to them if they need it.

Dr Shahira Abdullah spoke about support for single unwed mothers. Our policies reflect the value our society places on parenthood within marriage. However, we also empathise with the challenges faced by single unwed parents. There is appropriate welfare support for them too. In providing support, we put weight on their child's well-being and supporting them in their caregiving responsibilities.

Hence, we extend Government benefits that support the growth and development of their children as we do to other children. These include subsidies for education, healthcare, infant care and childcare, the foreign domestic worker levy concession and the Child Development Account. HDB also assesses their requests for housing holistically, based on their individual circumstances.

The family plays an important role in caring for its loved ones even in old age. Increasingly, the Lasting Power of Attorney (LPA) and Advance Care Planning will be important ways that families have the assurance that they are respecting the wishes and intent of their loved ones, who may no longer be able to express their wishes when they lose their mental capacity.

In response to Mr Henry Kwek, we are making progress in encouraging adoption of LPAs. More than 10,000 applications have been made online. MSF, MOH and the Public Service Division (PSD) will be launching a public education campaign to promote pre-planning.

Some members have raised the issue of possible abuse of LPAs. At the same time, others have asked for the process to be simpler and cheaper. The Public Guardian will continue to be mindful of these considerations and I seek the support of members to understand that the Public Guardian has to balance convenience and cost, with appropriate safeguards.

What I have covered are broad-based efforts to strengthen families. We will also extend additional support to lower-income families, through targeted programmes. These families often face complex and interlocking challenges, which cannot be addressed by one agency or partner. These issues need to be addressed proactively, early, and in a coordinated way, preventing them from becoming entrenched.

One example is KidSTART, which is targeted at children in lower-income families. Through KidSTART, parents are empowered to be confident and competent caregivers. Efforts begin at the hospital, with families given close support through home visits as the child grows older.

KidSTART has supported over 6,200 children from lower-income families thus far and we have seen good results. As announced by Deputy Prime Minister Wong in the Budget, we will be scaling up KidSTART nationwide. This is a major effort to move upstream in our support for children from lower-income families and the Minister of State Sun Xueling will share more on this.

ComLink further ensures that children from lower-income families are provided with a good start in life and supported on a journey of progress.

Introduced in 2019, it supports families with children living in rental housing by connecting them to community resources and Government services. Like the localised FFL presence I spoke about just now in each town, ComLink depends on a contingent of volunteers working closely with officers at the Social Service Offices (SSOs). Over 2,400 volunteers have been recruited to support various ComLink efforts such as outreach, befriending and programmes.

One such volunteer is Shen Jun, who has helped Mr Wong, aged 68, improve the circumstances of his family. Mr Wong was worried he would not be able to find employment, given his age. But with Shen Jun's support, Mr Wong secured a full-time job as a security officer. His family is now no longer on ComCare assistance. Shen Jun regularly visits them and shares relevant resources and information, such as HDB launch dates, knowing that Mr Wong aspires to own a flat. He also shares information on bursary awards for their son, who is in primary school, to help them with their expenses. Mr Wong and his family are grateful to Shen Jun for his support.

For families that demonstrate a strong commitment to do their part to create better conditions for their children, we want to be able to support them better – this is our approach in our new social compact. We intend to tailor sustained support to encourage them. Our aim is for them to achieve the "three Ses" quicker. We are working out the specifics and intend to share details later this year.

Apart from lower-income families, families caring for children with developmental needs also need additional attention. Minister of State Sun Xueling will elaborate on our plans to increase early intervention capacity.

We will also provide support for families caring for Persons with Disabilities. Last year, we announced the Enabling Masterplan 2030. Efforts are underway to progressively implement the 29 recommendations of the Masterplan.

On this note, I am happy to announce the launch of the first Enabling Services Hub in Tampines West Community Centre. This follows the recommendation to provide support services to enable Persons with Disabilities to live independently and well in, and with, the community. The Hub will reach out to Persons with Disabilities and their caregivers in its region to understand their needs, link them to relevant support and provide onsite services such as continuous learning programmes and respite care for caregivers. Senior Parliamentary Secretary Eric Chua will elaborate on support for Persons with Disabilities.

Integral to our efforts to strengthen families and uplift those in need are our partners. In particular, our social service agencies, our SSAs. Ms Joan Pereira, Mr Mohd Fahmi Aliman, Ms Ng Ling Ling and Ms Janet Ang have asked how we will recognise and continue to support these efforts.

In recognition of our SSAs' invaluable efforts, 2023 has been dedicated as the Year of Celebrating Social Service Partners. Significant contributions by SSAs are also recognised through the annual MSF Volunteer and Partner Awards (MVPA) and Community Chest Awards. Behind the successful delivery of social services by the SSAs are those who provide resources, funds and manpower – the Government, philanthropists and donors, as well as volunteers.

Over the years, we have witnessed donors stepping forward and have developed and strengthened mechanisms to support the social service sector in meeting emerging needs. The Tote Board Social Service Fund, for instance, supports more than 70 programmes serving over 362,000 clients, in partnership with various Government agencies.

As social needs further evolve, access to generous financial support remains a key enabler of the sector. I am happy to share that the Tote Board has committed around \$846 million to the Tote Board Social Service Fund for the next five years. This is the Tote Board's largest commitment since the inception of the Fund. It complements the Government's funding of about \$400 million a year to support key social programmes.

Beyond financial support, a strong core of passionate and competent professionals is equally crucial. As raised by Mr Seah Kian Peng and Ms Denise Phua, they need to be given due recognition and supported in their work. Hence, measures must be taken to better attract, train and retain staff.

To support SSAs in this area, we have completed the review of the National Council of Social Service (NCSS) Sector Salary Guidelines, to keep pace with wage realities in the market and account for changes in job responsibilities, as well as salaries of comparable roles in competing markets. When implemented, more than 20,000 employees, including social workers, psychologists, early intervention educators and care workers, are expected to see increases by between 4% and 15% in FY2023.

I strongly encourage SSAs to adopt the guidelines to continue to attract and retain talent, and MSF and NCSS will support their efforts. Funding for MSF and NCSS-funded programmes will also be adjusted accordingly.

Also working tirelessly alongside our sector professionals, are our volunteers. NCSS will be rolling out new schemes under the Community Capability Trust to help SSAs build capabilities for better volunteer management.

Ms Carrie Tan has also asked about support for our SSAs in building capabilities in research and evaluation. We agree that this is important and there are existing support and initiatives in place.

The Sector Evaluation Framework, launched in 2021, provides SSAs, funders and public agencies a common language and outcome metric to articulate impact. SSAs may also tap on research advisory support through NCSS's network of volunteer research consultants, and subsidised research courses and workshops offered by the Social Service Institute and universities.

Chairman, beyond SSAs, there are many more who make a difference in the social sector – including businesses and the Institutes of Higher Learning (IHLs).

Businesses are a key touchpoint for different segments of society. At its very core, businesses provide employment – the first step to achieving stability, self-reliance and social mobility, the "three Ses". Businesses also help shape Singapore into a family-friendly and inclusive society through flexible working arrangements for caregivers and inclusive hiring practices for Persons with Disabilities. Furthermore, businesses possess a wealth of resources and many have sought to share this, weaving giving into their DNA.

Mr Murali Pillai and Ms Janet Ang said that more could be done to build the culture of giving. We are heartened by and appreciate SBF Foundation's initiatives on this front, and in particular, as part of the Youth Connections Pilot, as Ms Janet Ang has shared. This demonstrates the strong impact that businesses can make beyond economic returns. Moving forward, we will continue to partner businesses to promote and encourage sustainable philanthropy, which looks to businesses and Singaporeans making sustained contributions, beyond episodic giving of money and goods.

NCSS champions sustainable philanthropy and is working with the National Volunteer and Philanthropy Centre, which recently launched its Corporate Purpose Framework, to define and measure businesses' impact on social causes.

6.45 pm

One example of sustainable philanthropy is the Change for Charity initiative, where businesses enable customers to donate to Community Chest conveniently when they make payments.

I am glad that banks such as DBS, Maybank and UOB have joined us on this initiative and that retail brands like Eu Yan Sang are matching their customers' donations. In the coming years, we believe more businesses will come on board Change for Charity.

Our hope is that more businesses and organisations will not just stop with Change for Charity but come up with creative ways to leverage their expertise. In each business and organisation is a wellspring of good that can be achieved, tapping on the business's assets, their expertise and time of its people.

For instance, in 2022, Mendix, a software company, gathered over 400 developers for an international hackathon on issues faced by non-profit organisations, including our SSAs. This resulted in impactful digital solutions.

For example, New Hope Community Services now has an app that allows social workers to view their programme activities easily, facilitating service delivery.

Another example is the Community Uplift Programme by UOL and the Pan Pacific Hotels Group. Through this, UOL and Pan Pacific tap on their resources to provide enriching experiences like rock-climbing and art classes for children from ComLink families. This offers the children opportunities to bond with their families and participate in activities not easily accessible to them.

But more importantly, by bringing these children and their families out of their everyday settings into venues such as hotels managed by their group, the children are exposed to a greater breadth of career choices. This broadens their outlook and inspires them to dream bigger and climb higher in life.

We welcome more of such partnerships.

As for the IHLs, they are where our social sector professionals acquire the knowledge and skills to work effectively. Researchers and academics also contribute invaluable insights to inform our policies and practice.

For example, the research project on Identifying Positive Adaptive Pathways in Low-Income Families in Singapore conducted by NUS researchers informs efforts to better support families in working towards the "three Ses", particularly in times of economic hardship.

The study found that building family hardiness, which includes the family's ability to adapt and the family's sense of control over the situation, helped to bolster mothers' hope in the short-term and reduce the risk of longer-term mental health issues.

Our work through ComLink family coaches and befrienders provides precisely these opportunities to build such resilience, towards the "three Ses".

I hope the research will be as informative to the refinement of ComLink as GUSTO has been for KidSTART.

The GUSTO study by researchers from the National University Health System, KK Hospital, NUS and A*STAR showed that mothers' responsiveness to their child's needs in infancy makes a difference to the child's readiness for school and academic performance.

The study also demonstrated that mothers' physical and mental well-being during pregnancy had a large impact on their child's development. This led us to focusing on reaching more mothers at the antenatal stage so that they can benefit earlier from KidSTART.

To harness this spirit for a stronger collective impact, we look forward to greater collaborations with universities and academics to develop research.

MSF has begun this work through the Asian Family Conference, bringing together researchers, policy-makers and practitioners across the region to exchange learning points and leveraging this research to inform policies and practice. The intention is to build up a robust knowledge base of family-centric research that can inform social policy and practice in Singapore and beyond – something Ms Ng Ling Ling asked for.

SSAs can both contribute to and tap on this base of knowledge as resources for their work. In particular, there is a need for local research that speaks to our context, taking on a family-centric approach, our unique socio-cultural environment and the cultural nuances of the diverse communities in Singapore. Chairman, allow me to continue in Malay, please.

(In Malay): [Please refer to [Vernacular Speech](#).] Chairman, families are at the centre of what we do and will remain the focus of the Government's efforts. We will strengthen support in the community as they go through the various stages in their family journey, from the point a couple contemplates marriage, to when they start a family, to raising their children and so on.

The Government is committed to building a better future for all, and we will leave no one behind. But the Government cannot do this alone. We need a coordinated ecosystem of partners. Key programmes such as ComLink and KidSTART will involve community partners and help low-income families, including our Malay/Muslim families, achieve stability, self-reliance and social mobility.

We have introduced several initiatives to better support Malay/Muslim families. Through Project Dian@M³, more effective and integrated support is provided to Malay/Muslim families staying in rental flats, by connecting them to the national and community programmes for education, employment, social support and health.

At the same time, we must encourage our young to dream big and to work towards those dreams. One of the ways is to provide role models and positive influences. For instance, through Project Pathfinder by volunteers from SAF, students at ITE College East are paired with mentors who provide guidance towards attaining resilience and equipping them with knowledge and discipline.

The Government will work closely with our partners to provide stronger support for Singaporeans. To highlight their efforts, MSF has dedicated 2023 as the Year of Celebrating Social Service Partners.

(In English): Chairman, strengthening families and sustaining social mobility for our people is a whole-of-society effort. Our SSAs, social enterprises, businesses, community groups, academia and more have been invaluable partners.

In this Year of Celebrating Social Service Partners, I encourage Singaporeans to join us in applauding the contributions of our partners and encourage more partners to join hands with us.

Together, we can build a Singapore Made for Families, where our strong social compact supports all families in achieving stability, self-reliance and keeps social mobility alive. *[Applause.]*

The Chairman: Minister of State Sun Xueling.

The Minister of State for Social and Family Development (Ms Sun Xueling): Chairman, I thank Members for their views on preschool education.

Just as families are the bedrock of our society, children are the future of families. I will share on MSF's approach to give every child a good start in life.

Our efforts are part of the whole-of-society plan, A Singapore Made for Families 2025, which was launched by Deputy Prime Minister Heng last year.

If we want a society made for families to thrive, each and every one of us has a role – the Government, the community, such as social service agencies or businesses, and families, including parents, children, siblings and other caregivers.

This is our social compact – to weave together a larger circle of care to support families to achieve stability, self-reliance and social mobility.

A good start in life begins at birth. The Government is committed to supporting couples as they embark on their parenting journey.

While families may have different caregiving needs and preferences, parental care and support remain crucial in anchoring and shaping our children's development.

Findings from the GUSTO study, which Minister Masagos mentioned earlier, suggest that mothers' responsiveness to their child's signals or needs in infancy, also called maternal sensitivity, was linked to brain development in early childhood.

Today, most infants are cared for in a home-based setting by caregivers such as parents and family members while around one in five infants are in centre-based infant care. At the playgroup years, there is also a growing segment of families who are enrolling their children in preschools.

Mr Seah Kian Peng and Mr Fahmi Aliman have asked how we will assure parents that they will be supported in their children's earliest years.

To better support families who require infant and playgroup services, some 7,000 of the full-day preschool places that Anchor Operators are creating over the next two years will be for infant care and playgroup programmes.

We have also been ramping up the infant care workforce, something Ms Joan Pereira raised. The number of qualified educators has tripled from 2,100 in 2017 to 6,400 in 2022 and we will continue to do more. We are tapping on a wider pool of local and foreign allied infant educators and programme helpers who can jointly contribute up to 50% of the staff in infant care bays.

Dr Shahira Abdullah asked about lowering staff-child ratios in infant care. Our staff-child ratio requirements are minimum requirements to ensure the safety and well-being of children. These are calibrated based on the needs of children at different ages.

In practice, many preschool operators operate with more staff to the same number of children. However, any changes to the minimum staff-child ratio can impact overall manpower demand and availability of services. Our staff-child ratio requirements are hence designed to work with other regulations to ultimately provide a safe and conducive environment for our children.

Mr Seah asked about the progress of the Early Years Development Framework (EYDF) review. The review is currently ongoing and the revised EYDF is slated to be ready by October 2023.

Mr Seah and Mr Fahmi also mentioned that centre-based care may not be the preferred solution for all families.

We are mindful that many parents want more options in caring for their young children. Under the Forward Singapore exercise, we are studying how we can better support families, given what we know about the importance of the involvement of parents in the early years. We will share more when ready.

Regardless of one's choice of caregiving arrangements, it is important for families to be well equipped to navigate the joys and challenges of raising young children.

Minister Masagos spoke about our plans to expand Families for Life @ Community or FFLC in short, island-wide to enable families to access parenting and grandparenting programmes more easily.

In this expansion, we will work closely with social service agencies, schools, volunteers, community and corporate partners as well as health clusters to equip families with the skills to nurture and care for young children. We are also exploring different parenting programmes and will promote parenting programmes which are science-based and outcome-driven.

For children aged three and above, preschool can be the best option to meet parents' caregiving needs while supporting children's development.

Today, about 85% of Singaporean children enrolled in preschools come from dual-income families. In this way, preschools provide an important service to help working parents balance between their work and caregiving responsibilities. Our preschools complement the important role that parents play, giving parents the assurance that their children are well taken care of while providing a nurturing and supportive environment where children can grow and develop holistically.

International research shows us that attending quality preschool can boost our children's confidence and social skills. Additionally, our local data shows that children who attended preschool from three years onwards are less likely to require additional learning support in primary school.

7.00 pm

Today, around nine in 10 Singaporean children aged three to six years are enrolled in preschools. To meet the growing demand for preschools, we have worked with preschool operators to more than double the number of preschool places over the past decade.

At the national level, there are currently enough preschool places to accommodate every resident child aged three and above. However, we recognise that capacity is tighter in some areas, and this is why we are working with Anchor Operators to increase the sector's capacity and create 22,000 more full-day preschool places over the next two years.

Mr Louis Ng asked about the timing of building new childcare centres. ECDA works closely with agencies, such as HDB and URA, to develop new preschools together with new housing developments so that they are conveniently located near families with young children and can be operational shortly after residents move in. ECDA will continue to work with agencies on the timing of preschool openings to facilitate faster enrolment.

Mr Melvin Yong asked how we will ensure there are enough preschool educators to support the sector. Currently, there are over 24,000 certified early childhood educators, with an annual sector attrition rate of around 10% to 15% over the past few years. We will need at least another 2,500 educators by 2025. To encourage more educators to join the sector, the Government has been enhancing educators' career progression and professional development, as well as undergoing a review of the working conditions.

To keep salaries competitive, we announced salary enhancements for educators in Government-supported preschools last year. ECDA has also provided recommended salary ranges that the rest of the sector can refer to when reviewing remuneration packages for their educators. I am glad to share that we have since seen an 18% increase in the number of educators who have joined the sector.

We will continue to work with preschools to reach out to different sources of local and foreign manpower, who have the right aptitude and passion for working with children. These could include mid-career individuals, back-to-work women and stay-at-home mothers among others.

Ms Ng Ling Ling asked about the affordability of preschools which are not Government-funded. To make preschool more affordable, we fund Government-supported preschools to adhere to fee caps and other quality requirements. These fee caps have brought down median fees in the preschool sector, from \$800 in 2016 to \$760 in 2022. We expect median fees to decrease even further, as we had lowered fee caps at Government-supported preschools at the start of this year.

Families' out-of-pocket expenses are lower than fee caps after factoring in subsidies. More families can enjoy fee caps at Government-supported preschools as we expand capacity to allow 80% of preschoolers to have a place in a Government-supported preschool by around 2025, up from over 60% today.

Mr Faisal Manap asked about extending the Kindergarten Fee Assistance Scheme, or KiFAS, to children from lower-income households enrolled in non-Anchor Operator or non-MOE kindergartens. Our priority is to ensure that Singaporean children have access to affordable and quality preschool services. As such, KiFAS is extended only to Singapore Citizen children attending Anchor Operator and MOE kindergartens, which are publicly accessible to all families. There are sufficient places in these kindergartens nationally to serve lower-income families who want to enrol their child into a kindergarten programme.

We will continue to invest heavily in improving access to affordable and quality preschools.

Over the last decade, the Government's spending on the early childhood sector has increased almost six-fold, from \$320 million in 2013 to about \$1.9 billion in 2022. This spending is expected to go up significantly over the next few years.

While we continue to invest in our preschools to support all families, we also recognise that lower-income families and those who have children with developmental needs may face additional challenges.

Mr Melvin Yong and Mr Fahmi Aliman have asked how MSF can provide greater support for lower-income families. We will do so through providing more upstream and targeted support, journeying with lower-income families through various life milestones to empower them to uplift themselves and their children.

This support will begin from the early years, which are critical for children's development.

The GUSTO study I mentioned earlier found links between mothers' well-being during pregnancy and their children's later development, and this is why the KidSTART programme supports families as early as possible, starting even before the child is born.

Mr Seah Kian Peng will be glad to know that we have supported over 6,200 children since KidSTART was started in 2016. We have closely studied the impact of the programme on families and seen positive outcomes for parents and children alike.

Through regular home visits, KidSTART equips parents with the skills and knowledge to support their children's development, health and nutrition. Parents in KidSTART families who received these visits showed improvements in their parenting skills, such as confidence and ability to interact well with their children and reduced parenting stress. Their children also improved in their socio-emotional and daily living skills which is demonstrated in their ability to cooperate with others, manage their emotions and self-control. These are significant outcomes in early childhood interventions and have far-reaching consequences, including influencing many outcomes later in life, such as educational attainment and employment.

As Deputy Prime Minister Wong mentioned in his Budget speech, we will expand KidSTART nationwide to offer the programme to all eligible families. We expect to support about 80% of children from eligible lower-income families, up from around 20% today, beginning with children born this year.

To achieve this expansion, we will be working with KKH and NUH to develop protocols to allow us to systematically identify and encourage more eligible mothers-to-be to sign up for KidSTART. These eligible mothers-to-be will be supported by a multidisciplinary team during their pregnancy, to help them keep well physically and mentally before childbirth. After their child is born, the new mothers will continue to be supported by KidSTART practitioners in the home, community and preschool settings, to empower them to continue to nurture their children's growth and development. KidSTART is an open programme and eligible mothers are welcomed to join at any point during their pregnancy or after their child is born.

KidSTART's success is possible only through partnering our community and corporates, which have given holistic support to families across the social, health and education domains. We are keen to work with more partners as we reach out to more families in the next phase of KidSTART's expansion. We will also continue to enhance coordination with our partners to better support KidSTART families, as Ms Joan Pereira had suggested.

Our data shows that about 80% of children aged three to four from lower-income families are enrolled into preschool. This is lower than the enrolment rate for their peers.

Lower-income families are faced with complex challenges, including searching for stable employment, housing or perhaps managing medical issues. Hence, early preschool enrolment for their young children may not be a priority.

We have made some progress through KidSTART and the Preschool Outreach Programme in reaching out to lower-income families to help facilitate their children's preschool enrolment. We have also taken decisive steps to enhance preschool affordability for lower-income families. Currently, they can pay as low as \$3 per month for full-day childcare at Anchor Operator preschools. However, more needs to be done to close the preschool enrolment gap between children from lower-income families and their peers.

Every child from a lower-income household will have priority enrolment in Anchor Operator preschools so that they can be enrolled as soon as possible. We hope that with a facilitated enrolment process, parents from lower-income families will work with us and help to enrol their children into preschool by age three.

Beyond preschool enrolment, we also recognise that children from lower-income families may need more support to attend preschool regularly.

KidSTART practitioners will work closely with preschools to address barriers to regular preschool attendance for KidSTART children.

ComLink, which Senior Parliamentary Secretary Eric Chua will elaborate on later, also addresses attendance barriers and other family needs holistically.

Under the Forward Singapore exercise, we are studying how to further support children from lower-income families in preschools, including considering different ways to encourage timely enrolment and regular attendance. We will share more updates when ready.

Together, these moves will lay a stronger foundation to help children from lower-income families progress in life. By intervening early to support subsequent education and life outcomes, we hope to sustain social mobility across generations.

Mr Seah Kian Peng spoke about families who have children with developmental needs. We agree with him that we need to support these families to identify their children's needs early and ensure that they receive the necessary support in a timely manner.

As Minister Masagos shared, children with developmental needs may face considerable wait times for enrolment at an early intervention (EI) centre. We have focused our efforts on increasing the number of places in Government-funded EI programmes so that these children can receive support earlier.

ECDA will expand the capacity of the Early Intervention Programme for Infants and Children, or EIPIIC, as well as the Enhanced Pilot for Private Intervention Providers programme, or PPIP, by 1,400 places over the next two years so that more children requiring medium to high levels of EI support can receive timely intervention.

We will launch more EI centres over the next two years. The two EI centres which I announced last year will begin operations in Fernvale Woods and Bukit Batok by the end of this year.

We will also triple the number of EI places offered under the PPIP programme by March 2024. To ensure that the PPIP programme is an affordable option for families, we will lower out-of-pocket expenses for the programme.

From 1 July this year, ECDA will introduce caps on the maximum amount that families pay for PPIP. As an illustration, a middle-income family can expect to pay around \$190 per month after subsidies, less than half of what they are paying today. With this, we hope that more families who are waiting for a place in EIPIIC will enrol their children in PPIP instead.

Finally, we plan to scale up the Inclusive Support Programme to more preschools from 2026 onwards, after it has undergone evaluation.

These plans will help us generate sufficient Government-funded places to serve 80% of children requiring medium to high levels of EI support by 2027, up from 60% today.

We have also implemented initiatives to enhance inclusion and support for children with developmental needs in preschools. The Inclusive Support Programme was piloted in October 2021 to integrate the provision of EI services within preschools.

Families of children enrolled in the pilot had found the pilot helpful, as children can now benefit from preschool and EI services in one location rather than shuttling between different locations. Parents have also shared that an inclusive learning environment has been beneficial for children with developmental needs, as well as their typically developing peers.

We currently have around 1,000 trained inclusion coordinators. They will play a crucial role in preschools to refer families to relevant EI resources and work with fellow educators to identify children with potential developmental needs for further assessment. We are making good progress towards our aim of appointing an inclusion coordinator in every preschool by the end of this year.

Families need to be adequately supported to make informed decisions. Last year, we launched a Parents' Guide to provide parents and caregivers with information on EI services, as well as caregiver training and support at key milestones along their caregiving journey. Parents have given feedback that they have found the Guide to be useful. We have since made vernacular versions to make it accessible to more parents.

With everyone's support, we can forge a more caring and inclusive society, beginning in the early years, where families provide the first line of support and care for their children. More children receive timely support in early intervention centres and preschools.

And the community embraces the diversity of abilities in children, supporting all children to play, learn, contribute and participate meaningfully alongside one another. Chairman, in Mandarin, please.

7.15 pm

(In Mandarin): [Please refer to [Vernacular Speech](#).] It is important that we continue to build strong and resilient families, which are the bedrock of society.

Families play an indispensable role in caring and raising our children, especially in their earliest years. Families encourage our children to progress towards their aspirations, help them develop the right mindset to overcome challenges and inspire them to take the best of the opportunities presented to them. These are the most valuable lessons that will carry our children through life.

We recognise that parents may have different needs and preferences when caring for their children.

Today, most infants are cared for in a home-based setting by caregivers, such as parents and family members, while around one in five infants are in centre-based infant care. At the playgroup years, between one to three years old, there is also a growing segment of families who are enrolling their children in preschools.

The Government is studying how to better support families with infants, to meet varying preferences and needs. We will share more when ready.

For children aged three years old and above, preschool can be the best option to meet parents' caregiving needs while supporting children's development.

We have made good progress in improving access to affordable and quality preschools and will continue to invest heavily in our preschools.

There are also some families that need more help in their journey. We will step up our efforts to provide targeted and timely support for children from lower-income families, as well as families who have children with developmental needs.

We need community partners and volunteers to come alongside such families to create a strong tapestry of support, empowering them and their children to rise above their circumstances.

Preschools and early childhood educators also play an important role, working closely with parents and the community to equip these children with the tools that they need to develop and thrive alongside their peers.

It takes a whole-of-society effort to build a Singapore Made for Families.

For the next three years, MSF will shine the spotlight on and celebrate the good work of those who deliver social good every day, starting with 2023 as the Year of Celebrating Social Service Partners to recognise the integral contributions of platform from within and beyond the social service platform sector, who work with us and with each other, to build strong families and a caring society.

Let us work closely together to empower parents to give our children the opportunity to achieve their fullest potential – by nurturing their early growth and development at home, and enrolling them in preschool by age three, so that they can benefit from quality preschool education.

(In English): Chairman, parents should have the assurance that their children will be well-supported and have good access to opportunities to progress in life, regardless their starting points. This is a commitment that we want to make, and a journey we want to walk alongside our families.

We are all familiar with the phrase "it takes a village to raise a child". What it means for us today is that it takes many helping hands to give every child a good start in life and build a Singapore Made for Families together.

Our preschools, social service agencies, healthcare institutions, and other community partners have made good progress in supporting families with young children. The Government will continue to work with them in a more coordinated manner. Even as we work together to strengthen support for families, every family must be willing to come forward, seize the opportunities presented to them, and do their part to achieve stability, self-reliance and social mobility.

The Chairman: Senior Parliamentary Secretary Eric Chua.

The Senior Parliamentary Secretary to the Minister for Social and Family Development (Mr Eric Chua): Sir, strong families are the foundation of a strong society. As the Chinese saying goes, "家家有本难念的经". Every family's story is unique. The challenges each family faces too, are unique. Today, I focus my speech on: one, families with loved ones who are persons with disabilities; and two, lower-income families with children.

Our vision for Singapore is to be a caring and inclusive society. One with a big heart, and one where persons with disabilities are empowered to pursue their aspirations, realise their potential and participate in civic life, just as anyone would.

Ms Rahayu Mahzam asked about the success and challenges of our Enabling Masterplans over the years. Since our first Masterplan in 2007, we have made good progress in areas spanning education, sport, assistive technology, our built environment, public transport and societal norms. These improvements have empowered persons with disabilities to live life to the fullest. Let me share through the lens of 16-year-old Aloysius Gan.

I first met Aloysius and his father Kagan, when we travelled to Bahrain for the Asian Youth Para Games (AYPG) two years ago. Aloysius is a Boccia athlete. He has Cerebral Palsy and is paralysed in all four limbs. He attends school at the Cerebral Palsy Alliance Singapore (CPAS). Aloy communicates with the help of an assistive technology device, uses a wheelchair and is able get around on public transport as our bus and train network is largely barrier-free.

For me, cheering on Aloysius at the AYPG felt no different from cheering for our able-bodied athletes at other major games. I witnessed first-hand Aloysius's steely determination to overcome his stronger and more experienced opponents, never mind that it was his international debut in 2021. And overcame he did, making history as he brought home a coveted Gold medal. Today, Aloysius is setting his sights on attaining a sports scholarship and representing Singapore at the Paralympics.

In Aloysius, I see possibility. I see a fellow human being, wanting nothing more than just to become the best version of himself, just like any of us, disability or otherwise. In Aloysius, I see hope. Our hope that with the right support, persons with disabilities too can realise their potential and live life to the fullest.

Since our first Enabling Masterplan, we have come a long way. But more remains to be done. As Ms Rahayu noted, a key challenge in building an inclusive society lies in meeting varied needs across a diverse range of disabilities. Our approach must be one of working with persons with disabilities, caregivers, disability sector professionals and community partners, as we periodically review our policies and programmes. This partnership approach ensures that specific needs are understood and allows stakeholders to work on solutions together.

The same partnership approach also informed our fourth Enabling Masterplan, EMP2030, which we launched in August last year.

Because of my work in the disability space, I was privileged to have been part of some very meaningful and some very powerful conversations. Meaningful because many points raised came from a position of care and love. Powerful because a lot of what has been said were real and vulnerable. Months on, I still "hear" these questions in my heart:

"After graduation, will my autistic daughter be able to find a job that she can excel in?"

"Can my brother and I enjoy a basketball game at the neighbourhood court, just like the rest? But because he plays from a wheelchair, we sometimes get weird stares."

"How much longer can I last? I feel like I am going to burn out very soon."

"Ah Boy has intellectual disability! Who will take care of him after I leave this world?"

Hearing all this has only powered me and my colleagues' resolve to do our best for disability-inclusion in Singapore. EMP2030 is no panacea, but it sets out a broad vision for the next eight years. For the first time, clear, tangible goals across 14 Focal Areas are penned. However, a Masterplan is of little use if it is merely the exercise of putting pen to paper. To bring the plan to life, we need everyone's buy-in, support and more importantly, action.

Ms Denise Phua is right that we must tap on mainstream initiatives to support persons with disabilities. This has also been our approach. Where mainstream support is not adequate to meet the needs of persons with disabilities, we provide additional targeted support.

One example is education. Today, about 80% of students with mild to moderate special education needs attend mainstream schools. For students with more severe needs, Special Education (SPED) schools provide more intensive and customised support to help them thrive. Opportunities are also created for students from both SPED and mainstream schools to learn together and interact meaningfully.

Ms Denise Phua also asked about the implementation progress of the EMP2030 recommendations. Let me share a few updates.

Inclusive communities play an essential role in enabling persons with disabilities to live well and to participate actively in the community. Ms Ng Ling Ling also asked about plans to scale existing initiatives and provide integrated support. When MSF and SG Enable opened the Enabling Village in 2015, it was the first inclusive community space in Singapore. It demonstrated how we can create communities where persons with disabilities participate as integral and contributing members. Building on our experience with the Enabling Village or EV, as some of us affectionately know it, we plan to bring services closer to where persons with disabilities live and we are doing this via two new pilots.

First, the Enabling Services Hubs (ESH), this will take a regional approach towards strengthening support for persons with disabilities within the community, making our local communities more inclusive.

The first ESH will be launched in the coming months in collaboration with SPD in Tampines West Community Centre. A satellite site will also be set up in Heartbeat @ Bedok.

The ESH will have an outreach team, which will actively engage persons with disabilities and their families living in Tampines and Bedok, especially those who are not currently enrolled in any disability services. In addition, community befrienders will be matched to those who need more support.

At the ESH, persons with disabilities can take part in social activities to interact with neighbours and volunteers. They can also attend courses to pick up new skills. Caregivers who need a short break can also make use of drop-in respite care services.

The ESH will also work with local partners to encourage inclusion within our neighbourhoods. For instance, residents with and without disabilities can join in community activities together, or even volunteer as befrienders. Companies in the area can offer employment opportunities. With your active participation, we can foster more inclusive communities rooted in these Enabling Services Hubs.

The second pilot is the Enabling Business Hubs (EBH), which will bring jobs closer to where persons with disabilities live. Many persons with disabilities can and want to be gainfully employed with dignity, not just for charity. This view was also echoed by Ms Ng. Beyond the benefit to the individual person with disabilities, companies with inclusive hiring practices find stronger empathy amongst co-workers and a more cohesive workforce.

Some employers might be keen to hire inclusively but may not know how to go about it. Collaborating with employers and industry associations, the EBH will showcase inclusive hiring practices and help companies implement these practices. For instance, by re-designing jobs so that tasks can be done by persons with disabilities and using technology to enhance productivity.

As Ms Ng highlighted, job coaches play an important role in helping employers looking to hire persons with disabilities. There are currently about 300 job coaches providing a range of disability employment support. The EBH will also have a team of job coaches on site. The EMP2030 Employment Taskforce will explore building up job coach capabilities.

7.30 pm

The EBH will also help to identify other suitable employers in the region and match them with persons with disabilities who have the necessary skills and if necessary, prepare them for those jobs.

Mr Murali Pillai would be happy to know that the first EBH will be opening its doors later this year in Jurong West.

Along with other measures, the EBH will contribute to our aspirational target employment rate for persons with disabilities of 40% by 2030, up from 31% today.

Miss Rachel Ong asked about alternative training pathways for persons with disabilities to work in more sectors. Today, persons with disabilities can access vocational training through SPED schools, the School-to-Work Transition Programme and SG Enable's Enabling Academy. These programmes prepare them for work in a range of sectors, including horticulture, online retail and facility services.

We are continually looking for employers and industries who are keen to hire inclusively so that persons with disabilities can be employed in meaningful roles. For a start, the first hub in Jurong West will focus on showcasing how persons with disabilities can be a part of the logistics industry.

Beyond EBH, we are also expanding the capacity of sheltered workshops. This will enable more persons with disabilities who are not yet ready for or unable to take up open employment to receive work skills training and work therapy.

We will be adding 100 sheltered workshop places by early 2024, bringing the total capacity to 1,800. This will help to alleviate the waitlists for sheltered workshops, which are currently operating at almost full capacity.

MSF will continue to monitor the demand for adult disability services and will also review service models as needed.

Beyond persons with disabilities, we must also look out for their caregivers and family members. We work closely with our partners to ensure that caregivers are also supported.

Ms Rahayu Mahzam asked for an update on the Alliance for Action (AfA) for Caregivers of Persons with Disabilities. The AfA is supporting Project 3i, a caregiver-led initiative to provide a network of social and emotional support for caregivers and to equip them with caregiving skills. This is being piloted at two locations: Boon Lay and Kampong Glam.

Since its launch in November 2021, Project 3i has supported over 2,700 caregivers. Over 130 community volunteers and caregivers have been trained to support other caregivers of persons with disabilities. Going forward, the AfA will expand Project 3i to two more constituencies so that more caregivers can benefit from the support network.

Everyone plays a part in making disability-inclusion a reality. How we perceive persons with disabilities and how we behave around them are markers of how inclusive we are as a society.

Chair, allow me some time to share about Ms Sophie Soon. I got to know Sophie in 2021, when she flew our flag high at the Tokyo Paralympics. Sophie is a young, bubbly, outgoing swimmer. Whenever one meets Sophie, one can almost be sure that Orinda, her Golden-Labrador Retriever buddy, will be by her side. Orinda's love for Sophie, though, transcends the usual pet-and-owner proportions. Sophie is visually impaired and Orinda is Sophie's guide dog. Guide dogs are specially bred and they go through stringent assessment and training for 18 months before they are matched to their potential human pals.

Unfortunately, a lack of awareness surrounding guide dogs meant the duo sometimes find themselves in awkward situations, to say the least. In January this year, Sophie and Orinda were all stoked about attending their first Candlelight concert until they were stopped by security and Sophie got asked some questions. She was asked, "You want to watch the show, right?" by security, "How you see? You cannot see, right?"

This was in January this year. Last November, Sophie and Orinda were again the subject of scrutiny, when a fellow train passenger's unfounded fear that Orinda poses a safety risk made its way into the media.

Sir, in an ideal world, the word "inclusion" would be without meaning. But we are not in Utopia. Quite clearly, we have some way to go. Though there is some reason to be hopeful.

Just a few days ago, one Mr Koh Hock Neo contributed to The Straits Times Forum page, expressing his thanks to a Police officer and a contractor on separate occasions, who had helped his sister who is hard of hearing. So, there are glimmers of hope.

It is my strong belief that Singaporeans are a red-blooded, big-hearted people, sometimes, just a little shy. Time and again, in moments of need, we have shown that we have so much room in our hearts for those amongst us with less and for those amongst us who are facing, quite frankly, different challenges in life.

Therefore, I call upon everyone – businesses, community partners, Members of this Chamber, everyone in Singapore society – to take interest and be the change so that Singapore can truly be a shining beacon for the world in disability-inclusion!

Sir, I will next talk about families with children and youth living in public rental housing. Through ComLink, we proactively reach out to and journey with these families to help them navigate life's challenges and seize opportunities, so that they can build a better future for themselves.

Our goal is for these families is to achieve the "three Ses": stability, self-reliance and social mobility. To do that, we place the family firmly at the centre of what we do and we make sure that Government services and community resources are delivered in a comprehensive, convenient and coordinated manner.

Ms Denise Phua asked about our progress for ComLink. From four pilot towns in 2019, we have in the past two years expanded ComLink island-wide to some 21 ComLink communities, each supported by a Social Service Office (SSO).

Community partners, including corporates, social enterprises and social service agencies (SSAs), have also contributed greatly to ComLink. Together, community partners and Government agencies have provided 264 ComLink programmes and services to date, including those such as financial literacy programmes, enrichment activities, sporting activities and so on.

Today, 86 of these programmes are ongoing. Other support such as monetary and in-kind donations have also poured in.

We have gone further upstream in extending our outreach by launching the ComLink Rental Scheme with HDB last year, as shared previously by Minister of State Faishal.

With the new scheme, families will be supported by ComLink officers once they apply for rental housing. With more proactive support, ComLink officers are better able to journey with families and provide them with support in other areas. This holistic support earlier on in their journey will lead to better outcomes.

Allow me to share the story of Ms Fatin Nabilah, a single mother of three children who lives in a 2-room rental flat in Boon Lay. Fatin works as an ad-hoc server at weddings. Jean Yi, an undergraduate at NTU, started befriending Fatin's family last May. When Jean Yi found out that Fatin was looking for jobs in the healthcare sector, she offered to recommend Fatin to a suitable job as her own elder sister is also in the healthcare sector.

Over time, Fatin felt Jean Yi's sincerity. She opened up and began to trust Jean Yi. Jean Yi's relationship with Fatin's family soon blossomed into one that is positive and trusting. With Jean Yi's constant reassurance and encouragement, Fatin feels confident to achieve stability for her family.

At Jean Yi's suggestion, Fatin participated in the SGUnited Programme for Nursing and Healthcare and the "Daughters of Tomorrow" Confidence workshop. Fatin's children also received academic support from ComLink programmes like the free tuition programme organised by Loving Heart Multi-Service Centre. With support from the SSO, Jean Yi serves as Fatin's cheerleader, listening ear and a mentor to the little ones.

Befrienders like Jean Yi play a key role in ComLink. Today, we have some 760 volunteer befrienders working with some 3,500 families. I thank Ms Carrie Tan for her suggestion to tap on the beneficiaries of social service agencies as ComLink befrienders. Indeed, we are looking for people who are empathetic, open-minded and most important of all, passionate about journeying with ComLink families towards their goals. We welcome all who fit the bill to step forward as ComLink befrienders.

Sir, delivery of social services must be informed by the family's needs and considerations. To complement community efforts, we have been strengthening Government services delivery. As Deputy Prime Minister Wong mentioned in his Budget Speech, we are working with relevant agencies to further integrate services that support ComLink families. Ms Joan Pereira asked about our plans to achieve this.

Families living in rental flats often run pillar to post, filling out multiple forms, repeating their stories and struggles at different offices to receive all the help they need. These families are also visited by befrienders from different agencies and organisations, each sharing their own programmes and criteria, and this creates plenty of confusion and adds to these families' bandwidth tax. This must change.

We will streamline functions such as outreach, befriending and case support. Each family will be assigned to ComLink befrienders who will be their consistent touchpoint. The befriender will organise interventions into a single coherent action plan and work with families to achieve their goals.

We started this approach with some 60 families in Jalan Besar over the last few months and families have found it beneficial. Our intent is to scale and benefit more families this way in other ComLink communities.

Ms Denise Phua also asked about challenges in implementing ComLink. Apart from the effort involved in integrating service delivery across agencies, the work on the ground is high-touch and we need more befrienders. Empathy, the human touch and personal connection are crucial as we reach out to ComLink families. To be sure, we also need families to be open and receptive. Not all families may immediately see the need for befriending or to work on an action plan.

Beyond ComLink, we have other avenues of support for lower-income families. ComCare supports lower-income households with financial assistance to meet their basic daily expenses.

Assoc Prof Jamus Lim and Mr Leon Perera made various suggestions to improve support for low-income families such as reducing the need for documentation and enhancing the financial assistance schemes.

On the three specific groups that Mr Leon Perera referenced, today, they can already walk into the SSO, and the SSO officers will be able to follow up with each of them on their cases. Also, referral protocols are already in place, including between the Ministry of Home Affairs (MHA), the Ministry of Defence (MINDEF) and MSF.

Over the past few years, we have been putting in place various arrangements, including system links, with other agencies to reduce the documentation required of ComCare applicants. ComCare applicants who are also account holders need not separately submit information on HDB rental, Singapore Power utilities and Service and Conservancy Charges (S&CC) by the Town Council.

We are also streamlining application processes to make it easier for applicants to seek support. For instance, with the introduction of ComCare scheme bundles, eligible ComCare beneficiaries are now automatically referred and/or qualified for Government assistance for education, healthcare, student care and childcare. This is also another example of providing integrated support in a family-centric manner that Ms Joan Pereira also talked about.

Mr Leon Perera will be glad to know that we have also enhanced the SupportGoWhere portal to allow online applications for ComCare Short-to-Medium-Term Assistance, so that applicants need not go to SSOs in person to apply. This is only one example of how we are starting off the process of making different processes more streamlined, starting with ComCare.

7.45 pm

Today, there are already financial assistance schemes that cover both education expenses as well as subsidies and grants for childcare, kindergarten and student care. For students who require more dedicated help in coping with their studies, our schools run various programmes to ensure that these students receive adequate additional learning support and guidance.

Self-Help Groups and other community partners also provide support, such as academic help for students from lower-income families.

We regularly review the adequacy of our assistance schemes for the lower income. We introduced temporary measures to provide ComCare assistance for a longer duration and at a higher quantum during the pandemic and increased assistance for ComCare schemes last August. We will continue to monitor the adequacy of our schemes and make necessary adjustments where appropriate.

Supporting lower-income families to help them achieve stability, self-reliance and social mobility must be a whole-of-society effort. Within the public sector, we will step up our efforts to coordinate and synergise our efforts across agency boundaries, with support centred on the family. We will enhance training for our frontline officers, including those at our SSOs, to equip them with the knowledge and skills that they need to work effectively in this new paradigm of social service delivery. But we also need the community, social service agencies, corporates, academics and volunteers, to join hands with us, so that we can build a strong and cohesive Singapore for all. Sir, in Mandarin, please.

(In Mandarin): [Please refer to [Vernacular Speech](#).] Our vision for Singapore is to be a caring and inclusive society, much like how it was in the "kampung" days.

Families are the bedrock of society. Every family faces different problems and challenges in life. It is not difficult to imagine that the challenges faced by families with disabilities are even more different from those faced by other families.

To strengthen our support for them, SG Enable will be launching the first Enabling Services Hub in collaboration with SPD in Tampines West Community Centre in the coming months.

SG Enable will also be setting up the first Enabling Business Hub this year in Jurong West, in collaboration with social service partners and businesses. This will bring more inclusive employment opportunities closer to where persons with disabilities live. This collaboration with businesses will drive inclusive hiring with job redesign and technology.

Apart from families with persons with disabilities, another group that we must support is our lower-income families. These families often face unique and complex challenges. However, like families with persons with disabilities, we must provide coordinated, convenient and comprehensive support and services that are tailored to the circumstances and considerations of each family.

I am heartened to see that many families who have benefitted from ComLink are working hard to give themselves, their children and their families a better future. Some families want a stable job, some want to save enough for their children's education, while some want to own a house one day. Regardless of their aspirations and goals, we are committed to work with these families and provide them with the support and assistance they need.

As we move towards the future, we must support each other so that no one gets left behind in the long run. This is Singapore's social compact. This is Singapore.

(In English): Sir, I would like to conclude by sharing a story. Recently, I met a 10-year-old girl, Ratu, at a flea market in Lengkok Bahru. Intrigued by a bucket of cute "stuff" that she was holding, I asked her what she was doing. "I'm selling these handphone charms, 50 cents a scoop!" was her spirited reply. And with that, I was a customer; I was sold. You can see this small little thing here? That is a handphone charm. Boomer me did not know that this is called a charm, by the way.

So, my point is this. We often hear of families living in rental flats being beneficiaries of aid and support and overlook the fact that these families, too, have agency. They, too, can be empowered, take active steps to uplift themselves and even help fellow families in need.

This was exactly what I observed in Lengkok Bahru. Families connected to one another, not by blood, but by their common motivation to help one another out in taking on life's challenges. And there are the big-hearted "cheerleaders" who have consistently journeyed with these families. Mr Raymond Khoo and his team at the S17 Community Kitchen is one great example. So, in Lengkok Bahru, I see remarkable resilience, a great deal of love and a thriving kampung spirit!

Sir, in closing, we all want to do the best for our families. But to be a truly caring and inclusive society, we must look beyond our own.

A quote by disability rights advocate Helen Keller is fitting, "Alone we can do so little but, together, we can do so much".

So, right now, let me call upon every Member in this Chamber, every Singaporean, young and old, regardless of race, language or religion, to come together so that we can build an even more caring and inclusive Singapore for our next generation. [*Applause.*]

EXTENSION OF A SITTING

(Business motion)

7.52 pm

The Chairman: Order. Pursuant to Standing Order No 91(3)(d), I propose to extend the time of this day's Committee Sitting for a period of up to 30 minutes. Mr Seah Kian Peng.

COMMITTEE OF SUPPLY – HEAD I (MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT)

(A united and caring society)

Debate in Committee of Supply resumed.

Head I (cont) –

Mr Seah Kian Peng: Mr Chairman, just three clarifications – one each for the Minister, Minister of State and Senior Parliamentary Secretary. Ladies first.

First, to Minister of State Sun Xueling, I think we are all cheered by the fact that with the revision in salaries and appreciation for preschool educators, we have seen an increase in the number entering this career. But for infant care teachers, I am quite sure many of us are experiencing that there is a long waitlist. There, certainly, is a long waitlist at the preschool centres in my constituency. Therefore, my first clarification is, what can we do to increase the supply of infant care teachers, so that it will help to shorten the queues for them?

My second clarification is to the Minister. We are heartened by the top-up of \$300 million into the ComCare Endowment Fund. We know that the cost of living has gone up. My simple question is, on the review of both ComCare and Public Assistance scheme, when is this due, because for all those who are receiving these, the last year, in particular, has been quite hard on them.

And my third clarification is for Senior Parliamentary Secretary Eric Chua. I refer to a suggestion by Mr Leon Perera where he suggested that we could dispense for SSOs to probably dispense or simplify the need to verify certain documents. My own take is that we need to be cautious about this. I would rather say and hope that, instead, SSOs be empowered more to exercise greater flexibility to work within the guidelines and yet, exercise flexibility on a case-by-case basis as they evaluate each of these ComCare applicants.

Ms Sun Xueling: I thank the Member for his clarifications. We all recognise that, indeed, we do have a shortage of manpower in the early childhood industry. Currently, our manpower stands at 24,000 persons. As I have mentioned in my main speech, we would need an additional 2,500 persons to join the early childhood sector by 2025. The Member is right that it is in the areas of infant care educators, infant care carers, that we do face an acute shortage.

So, ECDA has embarked on a three-pronged approach. I have mentioned reviewing of their working conditions, ensuring competitive salaries and also ensuring that they have good skills development and that there is career progression for them.

Over and above these three areas, ECDA is also working with AOPs and other preschool operators to step up recruitment through online means as well as through job fairs. We are also working with AOPs, where possible, for them to consider diverting their manpower internally so that there is good deployment between infant care and childcare where they are operating in the same premises.

Over and above that, as I have mentioned in my main speech, we are working with the AOPs to actively reach out to both local and foreign sources of manpower. We definitely hope that we can encourage more people to consider joining the early childhood education industry.

I have mentioned that we are tapping on community networks and these community networks are very wide. It will include PA, Daughters Of Tomorrow and also "Women at Work" by MENDAKI. So, through these combined efforts, we hope to be able to encourage more to join the early childhood education industry.

Mr Masagos Zulkifli B M M: Thank you, Chairman. The ComCare Short and Medium-Term Assistance (SMTA) and the Long-Term Assistance (LTA) were just reviewed in August 2022. So, we raised that from \$600 to \$640, and have higher cash assistance for the LTA. But we must continue to monitor this current increase in inflation, which is not the usual one, creeping slowly, but given the

circumstances that are faced by people all over the world. We will look at this and, if the need arises, we will certainly increase the support to our ComCare recipients.

Secondly, the income eligibility, we will provide an update at the end of the year. But having said that, the income eligibility criteria are not hard thresholds because the SSOs can assess holistically the family, their needs, because if their basic needs cannot be met, no matter what their income is presented to be, the SSOs do have the discretion to support them. Therefore, we do have flexibility to exercise on a case-by-case basis.

The Chairman: Senior Parliamentary Secretary Eric Chua.

Mr Eric Chua: Chairman, I thank the Member for his suggestion and his comment. I agree and I just want to go on to add – and also to add to Minister Masagos' point – about the fact that the SSO GMs and staff do have some discretion, especially when giving out quick and immediate support. Oftentimes, we get feedback that SSO applications take about four to six weeks to get approved. That is for a large percentage of all cases that come in. But beyond that, the GMs do have some discretionary funds within each SSO for them to take some quick actions as well. I just wanted to add on to that.

The Chairman: Mr Leon Perera.

Mr Leon Perera: Thank you, Mr Chairman. I appreciate the points made by Senior Parliamentary Secretary Eric Chua. Just one supplementary question. That is in relation to the suggestions I made about significantly enhancing the ComCare grant quantum in line with minimum income standard research, extending the runway perhaps to a year and making the application process less onerous in terms of interviewing family members and documents and so on.

My clarification would be: would the Ministry be open to experimentation, doing a pilot to see if we do these things and make significant changes, whether the net benefits will outweigh the risk or the downside in terms of reducing that bandwidth tax, reducing the stress, enabling that trampoline effect where families are able to plan ahead and plan a turnaround in their life? And also, just improving the outcomes of their children as they go through this life that they have to go through, which they did not choose to go through.

Would the Ministry be open to that? I think Assoc Prof Jamus Lim made some similar suggestions as well. So, the role of experimentation and pilots.

8.00 pm

Mr Eric Chua: Chair, I thank the Member for his additional suggestions. I think there were a couple of things that were said; well, quite a number of things were said.

I think, first of all, it is the reference to the minimum income study. I think that has been covered in the last COS and addressed by Minister Masagos. I will not go into great detail on that. I think our position on that has been clear; there have been previous press releases by the Ministry of Finance as well with regard to that study.

To two other points that the Member made regarding the application process. I think the Member also was nodding away when I was talking about SupportGoWhere and ComCare applications being made easy through SupportGoWhere. That is just the start of our entire journey. We are on the cusp of change in the social service delivery landscape, if I could put it that way. And I think ComCare being on SupportGoWhere is just one of the starting points for us in revolutionising the delivery of social services.

So, that is one part of things about the ease of application for social service applications.

The last point on experimentation, I think the Member would be very seized to find that part of ComLink is exactly about that – for us to have an area carved out that we can do policy sandboxes.

For instance, the point about the 60 Jalan Besar families taking on this upstream approach. Of course, this is more operational than policy that they have one point of contact for all the different services, have the befriender and the ComLink engagement officer working together to make sure that what is presented in terms of an action plan to each family is coherent, it is not obfuscating to the family, it is not confusing to the family.

That is only the start of what we are looking at. But essentially, a part of ComLink's DNA is about daring to do new things policy-wise as well. I think some of these moves would be gradually revealed as some of the details are being worked out. I urge the Member to watch the space for announcements related to ComLink.

The Chairman: Ms Carrie Tan.

Ms Carrie Tan: Thank you. I would like to direct my question to Senior Parliamentary Secretary Eric Chua. I think to commend MSF for taking on this very bold experiment. I feel like ComLink is almost undertaking a massive endeavour that is similar to what social service agencies might do. So, my question is, does the ComLink programme have headcounts within MSF that play a dedicated volunteer management role? Yes, that is my question. Depending on the answer, I might ask further.

The Chairman: Senior Parliamentary Secretary Eric Chua. Depending on your answers, you may get more questions.

Mr Eric Chua: I am fully aware of that. I thank the Member for her question. I think the short answer is there is never enough manpower.

But the longer answer is that behind each befriender, we are not leaving the befriender to do his or her job alone.

In my speech, I said the befriender will put things together almost like a character from Mission Impossible, harnessing things in the coherent plan for the family, having great knowledge of the different schemes and programmes, both on the Government's side of the house and the community's side of the house, and present a coherent plan to the family. He or she is supported by a ComLink engagement officer, the CEO. Yes. Who is a staff of the SSO.

So, the short answer and the longer answer is, yes, the befrienders are supported by these so-called professionals at the SSO, behind the scenes.

As I mentioned in my speech, today, we have more than 700 befrienders. There is a certain type that we look for in a befriender. And Ms Carrie Tan, being in this sector for a long time, would know that we want those who are big-hearted, red-blooded and have a big heart for ComLink families to be able to journey with them for the long haul. Because we are not talking about volunteering for ad hoc occasions, we are talking about going at it for months and sometimes, perhaps, even for a couple of years, at least, with each family, understanding them in depth and then proposing and perhaps, nudging and working through with these families – as equals, of course – on the situations that they are in.

So, I feel that the bar for befrienders is also high. If anything else, I would really make a clarion call for more to step up to be befrienders. And I thank the Member for highlighting this issue on manpower as well.

The Chairman: I will come back to you, Ms Tan. Ms Ng Ling Ling.

Ms Ng Ling Ling: Thank you, Chairman. My question is also for Senior Parliamentary Secretary Eric Chua.

On the sheltered workshops, three questions. Firstly, how long is the wait list? The second question is, what kind of jobs are the additional 100 over places that you mentioned would be added this year? Thirdly, how else can the business sector help so that persons with disability have a higher chance to stay engaged?

Mr Eric Chua: Chair, I thank the Member for her clarification. I think she would agree with me that the sheltered workshops' environment is very much suitable and amenable to persons with intellectual disability, not so much for persons with autism. The additional 100 spaces that we are talking about would be the type of jobs that we typically can find in a sheltered workshop.

Alongside this, what is happening behind the scenes is also the fact that we are trying to review some of the service models to see how we can change up the way sheltered workshops are being organised: what they can do or what they cannot do or what they could do in the future. So, we are trying to future-proof or move the sheltered workshop model into a more advanced stage.

We welcome corporates to have a conversation with us because it is only by understanding where business needs are, understanding where persons with disabilities' needs as well as caregivers' needs are and forming these few pieces together and that overlap in the Venn diagram – that is the sweet spot that we want to land. I think that is exactly the harder piece of work that we are trying to work at behind the scenes right now.

So, I do not have a ready answer, but I thank the Member for shining the light on this part of work that we are doing.

The Chairman: Ms Carrie Tan.

Ms Carrie Tan: Thank you, Mr Chairman. I would like to continue this conversation with Senior Parliamentary Secretary Eric Chua.

I have no doubt that the befrienders are currently supported by very technically sound and competent MSF officers. But I think it kind of misses the point, because volunteer management requires someone with a very wide variety of skill sets, including being a cheerleader, a peer support facilitator for the volunteers, strong in communications so that they can continuously share uplifting stories, help to boost their morale, listen to them, sometimes, be an Agony Aunt, because befrienders themselves could be impacted by the stories that they see.

I do not think that this is a role that can be underestimated. Hence, I think it is critically important, especially if we want to ramp up the number of volunteer befrienders, that we have people with the right background experience and expertise to actually do this well for ComLink to be able to be implemented well.

The Chairman: Senior Parliamentary Secretary Eric Chua.

Mr Eric Chua: I think my mobile phone charm is not working very well. So, to the point that the Member raised, I fully agree with her that a wide range of skill sets are needed.

Again, I go back to my centre of gravity earlier about the roles of the befriender vis-a-vis the role of the ComLink engagement officer. Before the ComLink engagement officer comes to where he or she is in the SSO, I am sure he or she goes through a rigorous set of training under the ambit of the Social Service Office before he or she gets to where he or she is serving.

But I just want to expand a little bit more about what the befrienders go through. To me, the befriender is the first touchpoint for our ComLink families. What we have done is to make sure that the befrienders are committed and they also go through a full training curriculum with the SSOs.

There is a training roadmap for our ComLink befrienders, which includes topics like understanding the social service landscape in Singapore, family and domestic violence awareness training and also ComLink befriending training, which is tiered into two different levels – Tier 1 and Tier 2.

Those components about dos and do nots for home visits, befriending philosophy, building rapport, sensing needs, nudging families – our befrienders are trained as part of this curriculum in those competencies and skill sets.

On that end, I will assure the Member that the befrienders are well equipped to take on the challenges in being a part of this – I agree with her – this mammoth and gargantuan endeavour to really make a change in the rental flat family landscape.

The Chairman: Ms Joan Pereira.

Ms Joan Pereira: Thank you, Chairman. On ComLink, to be more effective, I think we need to have more information sharing. I mentioned this in my speech earlier.

Can I ask the Senior Parliamentary Secretary if this is being done now and if so, how can we help our SSO so that it is facilitated across all the various agencies and it will be more helpful in their job?

Mr Eric Chua: In terms of the planning that goes on behind the scenes, the ComLink Alliance Workgroup that is the steering committee for each town meets very frequently – monthly. We have 21 of such leads there are leading the efforts in each of the 21 towns. In terms of how we connect with the different partners within the community, this is a central node.

We do involve the other visceral parts of the ecosystem as well. For instance, the volunteer centres under MCCY's SG Cares. They too feature very strongly in ComLink because they are a good source of new volunteers who might be interested, who might want to be a part of this ComLink journey.

Those typical nodes that you find in the community landscape in each town – for instance, the grassroots – they are also plugged into this ComLink Alliance Workgroup.

In terms of how we reach out to each Member, we also give regular updates by email. Feel free to approach me as well because I am in charge of the ComLink that is part of Henderson-Dawson. So, feel free to reach out for updates on the information.

But where there are programmes and initiatives that you think are worthy of propagating, not just across the ComLink towns, but they can be something that can be shared across towns. What we have done is my MSF colleagues have helped to create a buffet of different offerings of academic programmes, of sporting programmes – for instance, Sport Singapore has this SportCares programme that reaches out to rental flat families through football, basketball and all that. That is put on a list that is shared with all ComLink Committees.

In that sense, information sharing has been ongoing. It has been very much behind the scenes. I think we can do more to bring it forward to all who are involved on the ground.

The Chairman: Any further clarifications from Members? If not, Mr Seah, do you wish to withdraw your cut?

Mr Seah Kian Peng: Mr Chairman, it has been a long week. It is Friday and it is quarter past eight.

First, on behalf of all of us who raised cuts at this COS debate for Head I, I would like to thank Minister Masagos, Minister of State Sun Xueling and Senior Parliamentary Secretary Eric Chua for their comprehensive and considered replies to all our questions.

Likewise, I think I speak for all to express our sincere appreciation to all those in the social service sector for their big hearts, for their care, for the compassion and for their patience as we all journey together to make Singapore a more caring, a more inclusive and a more giving community. With that, Sir, I beg leave to withdraw my amendment.

Amendment, by leave, withdrawn.

The sum of \$4,061,739,900 for Head I ordered to stand part of the Main Estimates.

The sum of \$103,868,000 for Head I ordered to stand part of the Development Estimates.

COMMITTEE OF SUPPLY REPORTING PROGRESS

The Chairman: Minister Masagos, would you like to report progress?

The Minister for Social and Family Development (Mr Masagos Zulkifli B M M): Chairman, may I seek your consent to move "That progress be reported now and leave be asked to sit again on Monday, 6 March 2023."

The Chairman: I give my consent.

"That progress be reported now and leave be asked to sit again on Monday, 6 March 2023." [Mr Masagos Zulkifli B M M].

Thereupon Deputy Speaker left the Chair of the Committee and took the Chair of the House.

Mr Deputy Speaker: Minister.

Mr Masagos Zulkifli B M M: Mr Deputy Speaker, I beg to report that the Committee of Supply has made progress on the Estimates of Expenditure for the Financial Year 2023/2024 and ask leave to sit again on Monday 6 March 2023.

Mr Deputy Speaker: So be it. Leader.

ADJOURNMENT

8.17 pm

The Leader of the House (Ms Indranee Rajah): Mr Deputy Speaker, just a small point of order before I move to adjourn.

This is in reference to Ms Carrie Tan's reference to her conversation with Senior Parliamentary Secretary Mr Eric Chua. I just wish to remind Members that in the Chamber, we do not have conversations. In the Committee of Supply, we seek clarifications to which the relevant political office holder will respond. Just saying.

Resolved, "That Parliament do now adjourn to Monday, 6 March 2023." – [Ms Indranee Rajah].

Adjourned accordingly at 8.17 pm.

WRITTEN ANSWERS TO QUESTIONS FOR ORAL ANSWER NOT ANSWERED BY END OF QUESTION TIME INCIDENCE OF MYOCARDITIS POST-MRNA VACCINATION

7 Mr Yip Hon Weng asked the Minister for Health (a) what are the latest statistics on incidence of myocarditis post-mRNA vaccination; (b) whether there has been a change in the incidence with the bivalent vaccines; and (c) whether the Government will make it mandatory for those involved in strenuous labour in the workforce to be given two weeks of light duty after their mRNA vaccination.

Mr Ong Ye Kung: For the period up to 31 December 2022, the reported rate for myocarditis is one per 1,000,000 doses for the bivalent mRNA vaccines, compared to 11 per 1,000,000 doses for the monovalent mRNA vaccines.

Since September 2021, MOH has advised individuals to avoid strenuous exercise or physical activity for two weeks following any dose of the mRNA vaccine as a precaution. The World Health Organisation and many international jurisdictions, including the USA and UK, do not recommend this unless there are symptoms post-vaccination.

Many work activities, such as walking and working while standing, are not strenuous and workers can continue with them as long as they are well. However, the level of physical exertion differs between jobs, settings and individuals. Employees and employers should discuss work arrangements so that employees can work safely after vaccination.

MAKING MORE HISTORIC WAR BUNKERS ACCESSIBLE TO PUBLIC

8 Mr Leon Perera asked the Minister for Culture, Community and Youth whether more historic war bunkers may be made accessible to the public via guided tours, or protected and developed into heritage attractions, so that more members of the public may visit them in a safe manner.

Mr Edwin Tong Chun Fai: World War II (WWII) is a significant and poignant chapter in Singapore's history. Our WWII-related sites range from military installations, such as war bunkers, to civilian buildings and structures which have witnessed significant events during the war.

The National Heritage Board (NHB) recognises the importance of protecting these sites and making them accessible to the public so that Singaporeans can appreciate Singapore's development journey, and the resilience of our people, set in the longer context of our history.

Many of these sites are already publicly accessible. Tours are available for The Battlebox at Fort Siloso, and other WWII-related locations, such as the Former Ford Factory and NHB's two WWII interpretative centres: Reflections at Bukit Chandu and Changi Chapel and Museum.

However, some WWII sites may not be suitable for year-round public access. These include sites located on private property or in restricted areas, such as military camps and training grounds.

Some sites may also be located in areas which may not be safe for public access due to difficult terrain, or that doing so may negatively impact the ecology surrounding the site.

Where possible, NHB partners property owners, heritage community and other public agencies to facilitate time-limited, special access for the public to some of these sites in a safe manner, as part of its annual Battle for Singapore series of programmes. These include the recent Fort Connaught Rediscovery Tour, as well as tours to Old Changi Hospital, and Former Admiralty House and Bunker in previous editions.

The Ministry of Culture, Community and Youth (MCCY) and NHB will continue to partner the community, private sector and other public agencies to facilitate more research, study, documentation and access to Singapore's WWII sites.

WRITTEN ANSWERS TO QUESTIONS PARENT-CARE LEAVE TAKEN BY PUBLIC SERVANTS

1 **Mr Louis Ng Kok Kwang** asked the Prime Minister for each year from 2019 (a) what are the number and percentage of public servants who take at least one day of parent-care leave; and (b) what are the average and median number of days of parent-care leave taken by public servants.

Mr Chan Chun Sing (for the Prime Minister): From 2019 to 2022, on average each year, about 42,400 officers or 50% of eligible officers in the Civil Service took at least one day of parent-care leave. The mean and median number of days of parent-care leave taken were 1.8 days and two days respectively.

PLACING LIMITS ON LOCAL BANKS REFINANCING COAL POWER PROJECTS OVERSEAS

2 **Mr Leon Perera** asked the Prime Minister whether MAS will consider placing limits on local banks refinancing coal power projects overseas.

Mr Tharman Shanmugaratnam (for the Prime Minister): Financing the progressive decarbonisation of hard-to-abate sectors and energy sources is a key priority globally and in Asia.

With regard to coal, we start from a situation where it is the largest source of electricity generation and a significant fuel for industrial use in Asia¹. Financing should aim at supporting the progressive phase-out of coal and shift to cleaner fuels without major disruption to the developing economies in the region.

The Monetary Authority of Singapore's guidance to banks is that such financing should be on the basis of credible transition plans that mitigate their exposures to environmental risks and are aligned with the Paris Agreement goals.

Note(s) to Question No(s) 2:

¹ International Energy Agency, Coal in Net Zero Transitions, November 2022.

AID TO ROHINGYA REFUGEES IN BANGLADESH

3 **Mr Leon Perera** asked the Minister for Foreign Affairs in view of the UN Food Programme's decision to reduce the amount of food aid to Rohingya refugees in Bangladesh, whether Singapore is considering working with the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management to render assistance.

Dr Vivian Balakrishnan: Singapore has made contributions through the ASEAN Coordinating Centre for Humanitarian Assistance (AHA Centre) and contributed over S\$1 million in bilateral aid to meet the urgent humanitarian needs of displaced persons from Rakhine State. Unfortunately, the current situation in Myanmar has complicated attempts to help displaced persons. Despite the challenges, ASEAN has pressed on with efforts to facilitate the safe, voluntary and dignified repatriation of refugees. Singapore has strongly supported these efforts.

ASEAN's work has primarily focused on helping to improve ground conditions in Rakhine State to create conducive conditions for repatriation, including through the Preliminary Needs Assessment (PNA) and the ASEAN Secretariat's Ad-Hoc Support Team established to monitor the implementation of the PNA. We are prepared to send further consignments of aid and stand ready to support future comprehensive needs assessments once repatriation commences so that we can be more targeted in helping displaced persons.

OUTCOME OF ILLEGAL MULTI-LEVEL MARKETING SCHEME CASES

4 **Ms Nadia Ahmad Samdin** asked the Minister for Home Affairs (a) what is the number of cases regarding illegal multi-level marketing schemes referred to the Commercial Affairs Department in the last five years; and (b) what are the outcomes of these investigations, including the number of individuals or organisations that are successfully prosecuted.

Mr K Shanmugam: The Police do not track the number of cases of multi-level marketing schemes referred to the Commercial Affairs Department (CAD). The Police only track cases that are investigated, that is, when there is an offence disclosed.

Between 2018 and 2022, CAD investigated into one case involving possible offences under the Multi-Level Marketing and Pyramid Selling (Prohibition) Act (MLM Act). Investigations are ongoing. Ten individuals were convicted for offences under the MLM Act between 2018 and 2022, for investigations which took place before 2018.

CASES AGAINST HOLDERS OF WORK PERMITS FOR PERFORMING ARTISTES AND THEIR TOP THREE OFFENCES

5 **Mr Louis Ng Kok Kwang** asked the Minister for Home Affairs in respect of holders of Work Permits for performing artiste (a) what is the number of criminal cases (i) reported, (ii) prosecuted and (iii) convicted, in the last three years; and (b) what are the top three offences.

Mr K Shanmugam: The Police do not track data on offences specifically by holders of Work Permits for performing artistes.

REVIEW OF 23 INDUSTRY TRANSFORMATION MAPS TO ENSURE CONSISTENCY WITH NET-ZERO CARBON EMISSIONS GOAL

6 **Mr Louis Ng Kok Kwang** asked the Minister for Trade and Industry (a) whether the 23 Industry Transformation Maps (ITMs) will be reviewed to ensure that the roadmaps set out under the ITMs are consistent with the goal of net-zero carbon emissions by 2050; (b) if yes, what is the timeline for the review; and (c) if not, will the Government consider undertaking such a review.

Mr Gan Kim Yong:

The majority of the 23 Industry Transformation Maps have been refreshed and are compatible with our net-zero by 2050 goal.

INCIDENTS INVOLVING USERS OF NATURE AREAS DUE TO ADVERSE WEATHER CONDITIONS AND DAMAGED INFRASTRUCTURE

7 **Ms Nadia Ahmad Samdin** asked the Minister for National Development (a) over the past five years, what is the number of reported incidents involving users of nature areas as a result of adverse weather conditions and damaged infrastructure; (b) how often are such structures maintained; and (c) whether the structures cater for increased load-carrying capacity given Singaporeans' rising interest in nature spaces.

Mr Desmond Lee: From 2018 to 2022, there were two reported incidents of injuries to visitors to our nature reserves and nature parks due to adverse weather conditions. No incidents were reported due to damaged infrastructure in the same period.

To safeguard public safety, NParks puts out advisories to remind the public to avoid entering nature reserves and nature parks during and immediately after inclement weather. They should also seek cover at the nearest available shelter, should it rain when they are in the area.

NParks also conducts structural inspections for all public structures within our nature reserves and nature parks once every five years. In between scheduled inspections, NParks conducts monthly checks and additional inspections if there are prolonged periods of heavy rainfall or upon receiving feedback on infrastructure-related issues. Following each inspection, NParks will carry out repair works as necessary.

NParks also monitors visitor levels in our nature reserves and nature parks to ensure that the carrying capacity of relevant structures is not exceeded. NParks will continue to expand the network of parks, including nature parks, so that Singaporeans have more options for nature-based recreation. This will also help to spread out the demand for such recreational experiences.

EFFECTIVENESS OF TRAP-NEUTER-RELEASE-MANAGE PROGRAMME FOR STRAY DOGS

8 **Ms Nadia Ahmad Samdin** asked the Minister for National Development (a) whether he can provide an update on the Ministry's assessment of the efficacy and limitations of the Trap-Neuter-Release-Manage (TNRM) programme for stray dogs as it nears the five-year mark; (b) what is the estimated number of stray dogs that have been sterilised under the TNRM programme; and (c) whether the TNRM programme is planned to continue or expand past its five-year mark.

Mr Desmond Lee: In November 2018, then-AVA launched the Trap-Neuter-Rehome/Release-Manage (TNRM) programme, in partnership with animal welfare groups, veterinarians and the community. The TNRM programme is a humane and science-based method to manage the free-roaming dog population through sterilisation.

NParks assesses that the TNRM programme has been effective. Over half of the 3,600 dogs under the programme have been sterilised and successfully rehomed or fostered. The number of cases of public feedback on free-roaming dogs has also decreased by more than 60% since the launch of the TNRM programme.

NParks will continue efforts to improve the rehabilitation and rehoming outcomes for sterilised dogs under the TNRM programme. For example, suitable dogs are enrolled into a canine behaviour rehabilitation programme at the Centre for Animal Rehabilitation, to help them better adapt to home environments. We appreciate the contributions of our animal welfare group partners, veterinarians and the community to the TNRM programme thus far. NParks is monitoring the TNRM programme and will assess the need to extend it beyond the five-year timeline.

DELINEATION OF RESPONSIBILITIES BETWEEN NPARKS AND TOWN COUNCILS IN PIGEON NUISANCE ISSUES

9 **Mr Yip Hon Weng** asked the Minister for National Development (a) what is the delineation of responsibilities between NParks and Town Councils in dealing with pigeon nuisance issues; and (b) whether the current working arrangements are assessed to be successful in reducing pigeon-related feedback by residents.

Mr Desmond Lee: Town Councils are, generally, responsible for managing disamenities and residents' feedback arising from pest birds, such as pigeons. NParks advises Town Councils on upstream measures to mitigate such disamenities, such as the planting of certain tree species or pruning of existing trees, to discourage pigeon roosting, as well as best practices for pigeon removal operations.

As bird-feeding is a key driver of pest bird population growth, NParks conducts surveillance and targeted enforcement against such acts. In addition, NParks works with Town Councils to raise public awareness about the negative impact of illegal bird-feeding, while partnering agencies and Town Councils to encourage proper food waste management by residents and food establishments.

This collaborative and multi-pronged approach to pest bird management has helped to mitigate the disamenities caused by pigeons and to reduce related feedback in recent years. NParks will continue to advise and support Town Councils on such matters.

PROGRESS TOWARDS GOAL OF 30 THERAPEUTIC GARDENS BY 2030 AS PART OF CITY IN NATURE VISION

10 **Ms Nadia Ahmad Samdin** asked the Minister for National Development (a) whether he can provide an update on the progress towards the goal of establishing 30 therapeutic gardens by 2030 as part of Singapore's City in Nature vision; and (b) whether the Ministry is considering constructing therapeutic gardens in HDB estates.

Mr Desmond Lee: As of February 2023, NParks has established 10 Therapeutic Gardens (TGs) in parks and is on track to meet its 2030 target of establishing 30 such TGs island-wide.

To complement these efforts, NParks also facilitates Therapeutic Horticulture programmes in TGs, as well as in various facilities, such as hospitals and senior activity centres, many of which are located in HDB estates. These curated programmes leverage nature-related and gardening activities to enhance the well-being of participants.

In addition to establishing TGs in parks, NParks also works with HDB to incorporate TGs and therapeutic landscapes in HDB estates where feasible. This is done as part of new HDB developments and through estate renewal programmes. These TGs in HDB estates help to bring the benefits of therapeutic horticulture and landscapes closer to residents.

PREVENTING EXTREMIST IDEOLOGIES AND RADICALISATION FROM PROPAGATING IN ONLINE GAMING PLATFORMS

11 **Mr Zhulkarnain Abdul Rahim** asked the Minister for Communications and Information what steps has the Ministry taken or will be taking to monitor and prevent messages of extremist ideologies and radicalisation from propagating in online gaming platforms, such as Roblox, among youths in Singapore.

Mrs Josephine Teo: Singapore adopts a zero-tolerance approach towards radicalisation and any form of extremist ideology.

The Online Safety (Miscellaneous Amendments) Act, which took effect from 1 February 2023, provides the Info-communications Media Development Authority with levers to disable access to online content that advocates or instructs on terrorism or violence. While the levers are currently limited to social media services, the Ministry for Communications and Information will be looking into measures to strengthen online safety in other services. This includes online games that can be accessed via various platforms, including App Stores. More details will be announced when ready.

The Ministry of Home Affairs (MHA) will be introducing legislation to combat online criminal harms, which will cover content that incites terror-related activities. Levers under the legislation will cover all mediums of online communication through which criminal activities could be conducted.

A whole-of-society approach is necessary to mitigate the dangers of extremist ideologies and radicalisation in Singapore. For example, MHA has also been reaching out to neighbourhoods, schools and workplaces to raise public awareness of the threat of terrorism and online radicalisation and the importance of early reporting. This is done through the SGSecure movement, as well as through community organisations, such as the Religious Rehabilitation Group (RRG) and the Inter-Agency Aftercare Group (ACG). For example, RRG and ACG conduct regular community outreach through visits to RRG Resource and Counselling Centre, assembly talks and youth forums to sensitise members of the public to the terrorism threat and strengthen the community's resilience against extremist ideas. Regulations, and interventions by the Government, are only part of the solution. Support from the community, including families, remains vital. The Government will continue to work with the community to find ways to educate the public on radicalisation.

IN-PRINCIPLE APPROVAL LETTERS ISSUED TO WORK PERMIT HOLDERS BROKEN DOWN BY BASIC SALARY

12 **Mr Louis Ng Kok Kwang** asked the Minister for Manpower for each year in the past five years, of the in-principle approval letters issued to Work Permit holders who are (i) domestic workers and (ii) non-domestic workers, how many stated a basic salary of (i) less than \$100, (ii) \$101 to \$500, (iii) \$501 to \$800, (iv) \$801 to \$1,200 and (v) above \$1,201.

Dr Tan See Leng: As of January 2023, the median basic monthly salaries of domestic and non-domestic Work Permit Holders (WPHs) were \$650 and \$1,000 respectively.

However, the basic salary is not representative of the overall remuneration and benefits which WPHs receive in their course of work because under the Employment of Foreign Manpower Regulations (EFMR), employers are responsible for the upkeep and maintenance of their WPHs, including the provision of acceptable accommodation, adequate food and medical treatment. WPHs may also receive additional wages, such as overtime pay, allowances, bonuses or cash incentives in recognition of their performance at work.

NUMBER OF PRIVATE COMPANIES OFFERING CHILDCARE SICK LEAVE

13 **Mr Louis Ng Kok Kwang** asked the Minister for Manpower for each year from 2021, what is the number of private companies offering childcare sick leave.

Dr Tan See Leng: All employers are required to offer up to six days of paid childcare leave¹, as well as six days of unpaid infant care leave² a year under the law.

On top of these, employers may also voluntarily offer additional paid or unpaid child sick leave. Based on the latest available survey data from 2020, 3,635 or 27% of private companies voluntarily provided additional paid child sick leave to their employees^{3, 4}.

¹ Parents are eligible if (i) their child is below seven years of age; (ii) for employees, if they have served for a continuous period of at least three months. Parents of Singapore Citizen children are entitled to six days of paid childcare leave a year, while parents of non-citizens are entitled to two days a year.

² Parents are eligible if (i) their child is below two years of age; (ii) their child is a Singapore Citizen; and (iii) if they have served their employer for a continuous period of at least three months.

³ Private companies, each with at least 25 employees, were surveyed.

⁴ Data pertains to permanent employees and employees on term contract of at least one year.

CORRECTION BY WRITTEN STATEMENT
CLARIFICATION BY SECOND MINISTER FOR HEALTH

The following statement was made in the reply given by the Second Minister for Health (Mr Masagos Zulkifli B M M) during the Ministry of Health's Committee of Supply proceedings at the Sitting of 3 March 2023:

The Second Minister for Health (Mr Masagos Zulkifli B M M): Thank you to the Member for the clarification question. It is pegged to the median income based on DOS' statistics, but it does not include the CPF contribution of the employer. [*Please refer to "[Committee of Supply – Head O \(Ministry of Health\)](#)", Official Report, 3 March 2023, Vol 95, Issue 91, Budget section.*]

Written statement by Mr Masagos Zulkifli B M M circulated with leave of the Speaker in accordance with Standing Order No 29(5):

I wish to make factual corrections to my reply given during my reply to questions raised on the Home Caregiving Grant given at the Sitting of 3 March 2023. My reply should read as follows:

The Second Minister for Health (Mr Masagos Zulkifli B M M): Thank you to the Member for the clarification question. It **covers** the median income based on DOS' statistics, but it does not include the CPF contribution of the employer **and refers to all resident households**.

VERNACULAR SPEECHES

- Vernacular Speech by Mr Chee Hong Tat()**
- Vernacular Speech by Mr Baey Yam Keng()**
- Vernacular Speech by Mr Ong Ye Kung()**
- Vernacular Speech by Ms Rahayu Mahzam()**
- Vernacular Speech by Dr Tan Wu Meng()**
- Vernacular Speech by Dr Tan Wu Meng()**
- Vernacular Speech by Mr Masagos Zulkifli B M M()**
- Vernacular Speech by Ms Sun Xueling()**
- Vernacular Speech by Mr Eric Chua()**