

SPEECH BY MR MASAGOS ZULKIFLI, SECOND MINISTER FOR HEALTH, AT THE MINISTRY OF HEALTH COMMITTEE OF SUPPLY DEBATE 2022, ON WEDNESDAY 9 MARCH 2022

9TH MAR 2022

Families form the bedrock of our society. Since our independence, till today, they have been our first line of support, crisis after crisis. During the pandemic, families have been a key pillar of strength, supporting each other through the ups and downs, in many ways that we – the Government – can never replace. Over the decades, we have strengthened our policies to support the building of strong and resilient families.

2. At the Ministry of Health (MOH), we are fully committed to this mission. One way that we are doing so is by making Singapore a great place to raise families. And we will do so by building a more integrated social-health ecosystem for our next generation – our young. This support will be anchored in the community, close to our homes, and most importantly, anchored around the family.

Giving our young a good start

3. Our starting point is to give every child a good start in life. This also means enabling parents to raise healthy, happy, and able children, who can reach their fullest potential in life.

4. MOH has been building an integrated ecosystem to support children and their families – across the health, social and education domains. Last year, we set up the inter-agency Taskforce to develop a five-year Child and Maternal Health and Well-being Strategy.

5. Ms Ng Ling Ling and Dr Wan Rizal asked for an update and how we are addressing the health needs and risk factors of mother and child. Let me share briefly.

6. Over the past year, the Taskforce has focused our efforts along three main thrusts.

a. First, we have reviewed evidence-based research findings, and are translating them into policies and programmes. This will enable us to effectively address the health needs, risk factors and the wider health determinants across the developmental stages of a child, starting as early as pre-conception through adolescence.

b. Second, we have reviewed the current model of service delivery for children and their families, with the aim to improve accessibility to services. We engaged a wide range of stakeholders on how we could strengthen support for them. This included parents, grandparents, caregivers, and professionals from the healthcare, education and social service sectors.

c. Third, we reviewed how we communicated and engaged these stakeholders. Because we wanted to know what mattered most to them, and to ensure that our messages and support to them remained relevant.

d. I am glad to share that we have completed the first phase of review and planning. We will continue further cross-domain and cross-agency discussions over the next year. Allow me to elaborate on two cross-agency initiatives that we will be rolling out from this year.

Scaling up mother-child dyad support in more polyclinics

7. First, parents play a pivotal role in their child's development. To build strong and resilient families, we need to ensure that parents can get timely access to health services – so that they are healthy and able to take care of their children. We recognise the challenges that many parents face – they are often stretched for time, having to balance multiple roles, both in the family and at the workplace. This is an area where we could better integrate services – so both parents and child can receive support concurrently. Without making multiple trips.

8. To this end, we started two mother-child dyad service pilots at our polyclinics – the Integrated Maternal and Child Wellness Hub programme at Punggol Polyclinic since 2019, and the EMBRACE programme at Yishun Polyclinic in 2020.

a. Families can access integrated services, such as vaccination, childhood developmental and postnatal depression screenings, and breastfeeding support services. Concurrently, for both mother and child.

b. Since their launch, I am glad that more than 10,000 children and mothers have benefitted from these services.

c. An example is Ms Joan Zhu. She had brought her nine month-old son to Punggol Polyclinic for his vaccinations. At the same time, the care team at the Integrated Maternal and Child Wellness Hub provided her with detailed guidance on what to expect at each stage of her son's development. For example, the types of food and developmental activities that may be appropriate at different stages. Through their support, she and her husband have developed better knowledge and are more confident in caring for their new-born. We are happy with the success of the pilots and the positive feedback given by the parents.

9. Therefore, I am pleased to announce that MOH will scale up the mother-child dyad services to 12 more polyclinics over the next three years. We want more children and their families to benefit from this service.

EMBRACE^{PLUS} Programme

10. To strengthen support for children with higher or more complex needs, the National Healthcare Group Polyclinics has also rolled out the EMBRACE^{PLUS} programme – a component of the EMBRACE pilot.

a. It actively identifies and supports young children under 3 years old from low-income families living in rental flats, to address potential health risks.

b. Under this initiative, the children will be systematically screened for both health and social needs, when they visit the polyclinic for their regular check-ups, such as vaccination or childhood developmental screening. For example, whether the child's family may be facing any financial difficulties that could impact their health and well-being.

c. The EMBRACE^{PLUS} team will also work closely with social and community agencies, including practitioners from KidSTART. This ensures that their needs are holistically supported.

Family Nexus

11. Next, we want to take integration a step further – and will do so across the health and social domains – so that we can provide for our mother-child dyad, beyond just physical well-being and those with complex care needs like EMBRACE^{PLUS}. To this end, I am glad to share that we will pilot an integrated family support programme later this year. It will be called "Family Nexus".

a. Families can access varied services at a one-stop community node near their homes. Such as a polyclinic, a General Practitioner (GP) clinic, or a Social Service Agency.

b. For example, families can attend both parent support groups organised by Families for Life @ Community and receive vaccinations or developmental screening for their children at the same location. We will also have a 'concierge service' representative onsite. They can assist families with accessing other relevant programmes by our community partners. We will also explore the use of virtual access to services to enhance convenience.

12. The pilot will reduce the need for families to visit multiple sites for different services. And most importantly, to integrate and provide wraparound support across the social-health domains for families appropriately as their children grow.

13. Our support for families and their children must also be holistic and comprehensive. SMS Janil has shared on initiatives to promote mental well-being and improve lifestyle habits and Parl Sec Rahayu will elaborate on our public education efforts.

Closing

14. In closing, together with the support of Singaporeans, community partners and government agencies, we will continue to strengthen support for families. We will anchor care and support for our young and their families in the community. And most