
SUPPORTING PARENTHOOD AND YOUNG FAMILIES

PAP Women's Wing

30 July 2019



OVERVIEW

The PAP Women's Wing (WW) has consistently advocated on behalf of the family and in favour of policies that promote marriage and parenthood. Marriage and parenthood undergird strong families, create firm foundations for a happy and cohesive society, and also helps preserve a Singapore core in our workforce. We continue to see strong interest among young Singaporeans to start families and have children. But they are also investing considerable time and effort in their education, careers and other personal endeavours before marriage and parenthood.

This paper focuses on parenthood. Having found the right partner and taken the major step to become parents, PAP WW believes these young families deserve a stronger signal of support, both from the Government and the whole-of-society. **Our vision of Singapore is one where parents can raise children successfully while continuing to progress in their careers and pursue other meaningful life goals.** They should be encouraged and enabled to do this in parallel and not sequentially.

We recognise that policies alone cannot bring about the realisation of this vision. Much depend on societal norms, such as the role of grandparents and the wider network of family and community support. Workplace cultures too matter greatly to parents' sense of well-being. We therefore welcome the Government's initiative to organise the Citizens' Panel and involve our wider society to strengthen Work-Life Harmony.

At the same time, we believe some areas of policy support can be improved. A group of women MPs comprising Sun Xueling (Pasir Ris-Punggol GRC), Dr Intan Azura Mokhtar (Ang Mo Kio GRC), Cheng Li Hui (Tampines GRC), Cheryl Chan (Fengshan SMC), Rahayu Mahzam (Jurong GRC) and Joan Pereira (Tanjong Pagar GRC) reached out to young people, would-be parents, current parents, employees and employers to understand the issues that matter to them. Their concerns were broad-ranging but there were also discernible themes. This paper focuses on those with the strongest resonance.



OUR APPROACH

In our effort to put together this paper, the group of women MPs conducted 3 different surveys which elicited more than 2,000 responses in total. Additionally, there were also smaller focus group discussions (FGDs) and engagements with our WW activists, to enrich and triangulate the data collected.

We have organised our findings and proposals in four broad categories:

1. Supporting Families with Young Children
2. Supporting Caregiving through the promotion of Flexible Work Arrangements
3. Supporting Families with Special Needs Children
4. Supporting Couples undergoing Assisted Reproductive Technology (ART) by improving access to In-Vitro Fertilisation (IVF)



SUMMARY OF RECOMMENDATIONS

The summary of the proposed recommendations is set out here for easy reference.

<p><u>Key Recommendation 1:</u> Expand the Anchor Operator (AOP) and Partner Operator Preschool (POP) Scheme so that at least 80% of pre-schooler households can access affordable and quality full-day childcare within a 10 min walk.</p>
<p><u>Key Recommendation 2:</u> Target to reduce out of pocket (OOP) expenses on preschool fees to 5% of household income per child.</p>
<p><u>Key Recommendation 3:</u> Adopt an industry-based and job-specific approach to promote flexible workplace arrangements (FWA)</p>
<p><u>Key Recommendation 4:</u> Strengthen the sense of inclusion and support for families with special needs children, through expanding learning opportunities, therapies and treatments within the school system.</p>
<p><u>Key Recommendation 5:</u> Remove the age limit of 45 years for females to access In-Vitro Fertilisation (IVF) and equalise the cap of fresh IVF cycles for women of all ages.</p>

PART 1: SUPPORTING FAMILIES WITH YOUNG CHILDREN

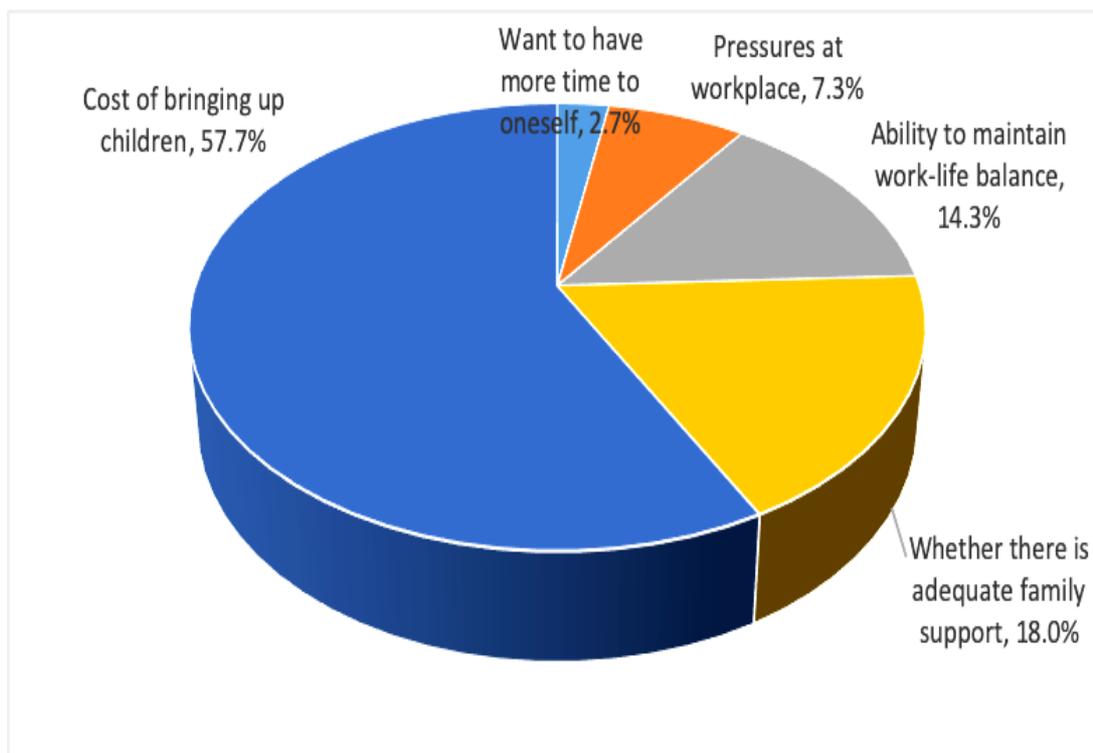
To understand how to better support families with young children, the group of Women MPs conducted an online survey, which garnered 1,023 responses over 2 weeks. The following are the findings and our recommendations.

Finding 1A: Cost of bringing up children is a main concern impacting the decision to have more children

Concerns about costs of raising children are consistently raised by couples as barriers to having (more) children. More than half the survey respondents (about 58%) cited the cost of bringing up children as their main concern when deciding whether to have another child.

We note that family support is the second most-cited reason (18%). However, work-life balance and pressures at the workplace together comprised a slightly bigger share (about 22%) of the concerns.

Figure 1: What are the main concerns when deciding whether to have another child?



Finding 1B: Preschool fees has emerged as a large cost item for families

Out-of-pocket (“**OOP**”) expenses on preschool fees are perceived to be high. Based on the survey, households with less than \$12,000 household income tend to spend 6-15% of their household income on preschool fees per child. Many respondents also commented about the high costs of extra-curricular activities such as school excursions and graduation concerts.

Figure 2: Average OOP expenses spent on preschool fees per child, as a percentage of household income

Household Income (HHI)	Average OOP expenses per child (as % of HHI)
Below \$2000	14.2%
\$2001 to \$2999	14.5%
\$3000 to \$4999	10.5%
\$5000 to \$6999	8.5%
\$7000 to \$11999	6.1%
above \$12000	6.6%

The following are some comments from respondents on extra costs:

“Too many extra curricula e.g. excursions, year-end concerts etc. Spending too much money.”

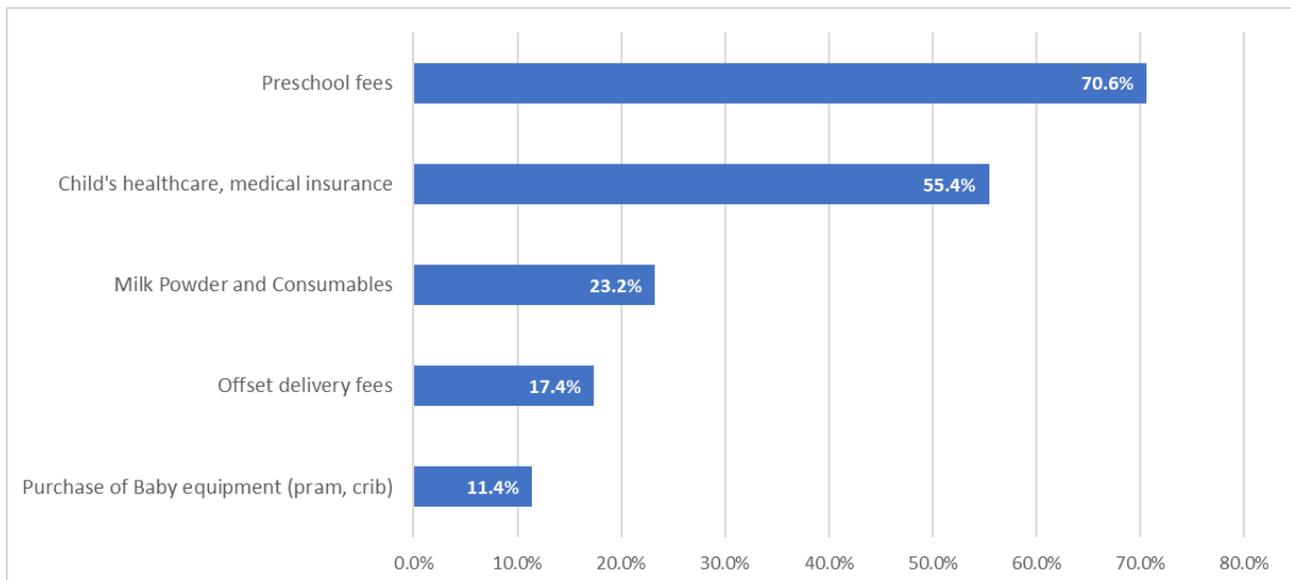
“Monthly school fee is expensive and if they have a school trip and paying for school photo and graduate stuff is very expensive.”

“Expensive. My 1st child goes to PCF in the morning and AWWA in the afternoon. The reason why I quit my job and care for my son. Total cost of schooling 2 kids is expensive.”

Finding 1C: Government subsidies to encourage parenthood i.e. Baby bonus cash gift and child development account (CDA) co-funding are being largely used on preschool fees

71% of the 1,023 survey respondents said they used the Baby Bonus¹ cash gift on preschool fees. In addition, many respondents said that they depleted their Child Development Account² monies quickly (i.e. when their child has just started preschool) to pay for preschool fees.

Figure 3: What do you use the Baby Bonus Cash Gift on?



¹ Eligible Singapore children receive a Cash Gift of \$8,000-\$10,000 (depending on child's birth order), or \$6,000-\$8,000 if they were born before 1 Jan 2015

² Eligible Singaporean children receive an initial government contribution of \$3,000 (CDA First Step) without parents having to save first. On top of that, parents' savings into the CDA are matched dollar-for-dollar by the government, up to a cap of \$3,000-\$15,000 (depending on child's birth order).

Finding 1D: Proximity to Home and Cost of Preschool fees are top considerations when choosing a Preschool

Proximity to home and cost of preschool fees are top considerations when choosing a preschool. For respondents dissatisfied with the current preschool their child is going to now, 28% cited expensive fees as the reason for their dissatisfaction.

On curriculum, it was the third most-cited factor for choice of preschool (17%) and also the second most-cited source of dissatisfaction (24%). This suggests that besides proximity and fees, parents place fairly high importance on quality of teaching too.

Figure 4: Percentage of respondents who ranked factor as the most important consideration when choosing a preschool

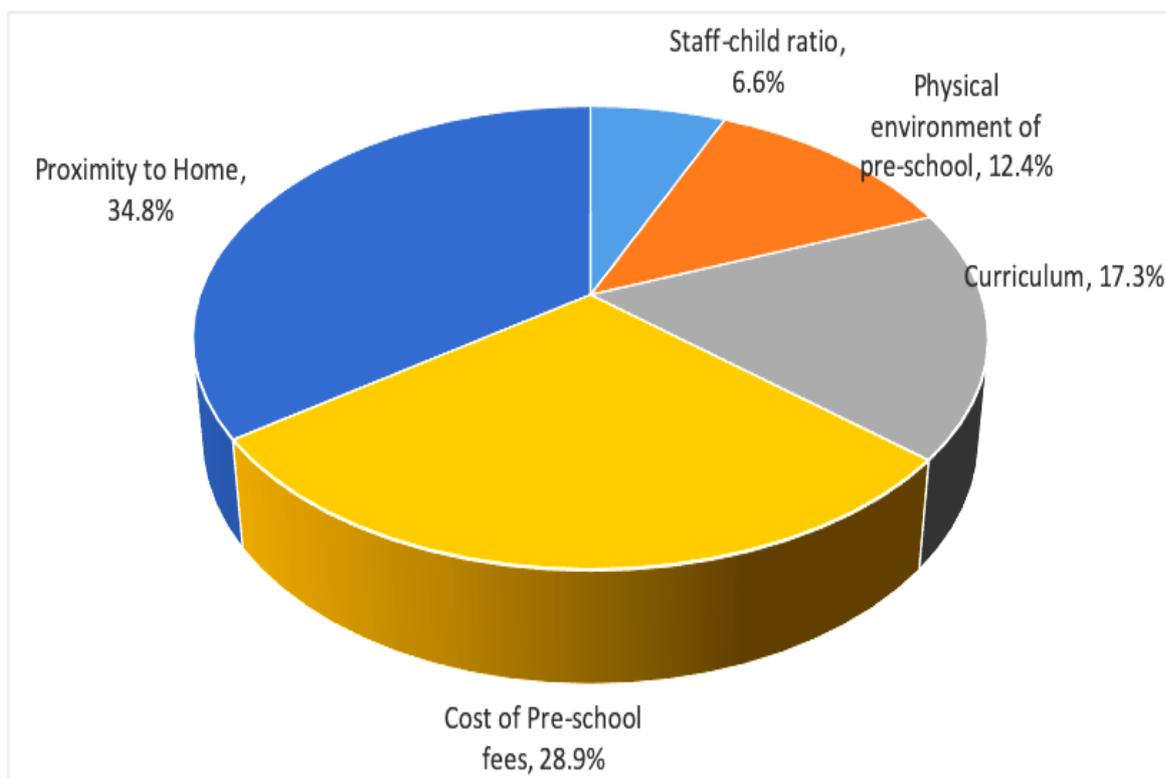
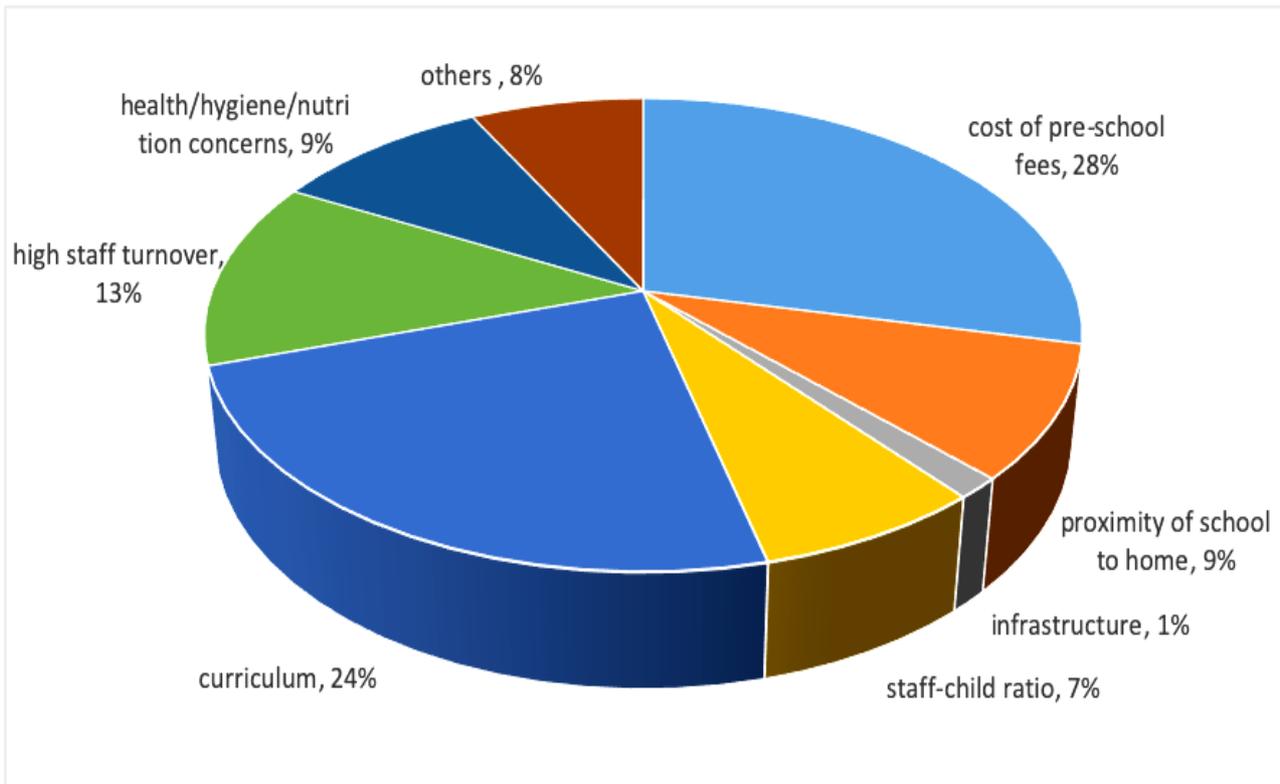


Figure 5: Breakdown for reasons of dissatisfaction with Pre-school



Key Recommendation 1:

Expand the Anchor Operator (AOP) and Partner Operator Preschool (POP) Scheme so that at least 80% of pre-schooler households can access affordable and quality full-day childcare within a 10 min walk.

Prime Minister Lee Hsien Loong in the National Day Rally 2017 announced that the market share of AOPs/POPs or MOE Kindergartens (MKs) will increase from around half to two-thirds by 2023. We would like to suggest that the AOP or POP scheme be expanded to provide places for close to 80% of preschool households.

The fee levels at the AOPs and POPs are more manageable for most households and there can be greater fee oversight by the government to moderate cost escalation. The vast majority of AOP and POP operated centres are already SPARK-certified and this will give parents assurance of quality.

This is also consistent with the coverage of our housing and healthcare policies, where close to 80% of the market is serviced by public sector options.

In addition, proximity to home has been cited as the most important consideration by parents in the choice of preschool. We would like to propose that with the expansion of the AOP/POP scheme, there should be forward planning by government agencies so that enough AOPs and POPs are located in estates with newer towns (such as estates with new BTO flats) and where there are larger numbers of young children. In such estates, the AOPs and POPs should be distributed such that they are reachable within a 10 min walk. The Early Childhood Development Agency (ECDA) should also aim to provide matching services based on this allocation principle once the infrastructure is available.



Key Recommendation 2:

Target to reduce out of pocket (OOP) expenses on preschool fees to 5% of household income per child.

Couples are marrying and having their first child later. Hence, the window for a second or third child has narrowed for most couples. At the same time, the cost of care tends to be higher in the child's earlier years and starts to taper off only from primary school. This is especially so where both parents work (vast majority) and grandparents are unavailable to help. As a result, in the initial years when there could be more than one young child to support through preschool, expenses are heavy.

Based on our survey, a preschooler household earning \$5000 - \$12000 spends on average more than \$500 monthly per child on OOP preschool expenses (net of subsidies). In a child's early years, there are other expenses on milk powder, diapers, food and healthcare. To make it easier for young families to have two or more children, we would like to propose that OOP preschool fee expenses as a percentage of household income, not exceed 5% per child. At the mean income level of \$7900 for the households represented in our survey, this works out to about \$395 per child for a family.

Further from the survey, it was found that some households in the lower income brackets may not currently be fully benefitting from additional subsidies which are available to them. There should be additional outreach efforts to these households to understand if and why they are not benefitting from the additional subsidies availed to them. They should also be encouraged to send their preschool going children to AOPs and POPs, most of which are SPARK-certified, of good quality and affordable, if they are not already doing so.

While ECDA has provided guidelines to preschool operators to be transparent about cost items to parents, preschool operators should also be encouraged to try to keep extra-curricular activities cost-effective so that they do not incur additional cost burdens to families. ECDA could make a provision for preschools to disclose upfront the estimated



cost of various extra-curricular activities so that parents can make an informed choice before enrolling in the respective preschool centres.



PART 2: SUPPORTING CARE-GIVING THROUGH THE PROMOTION OF FLEXIBLE WORK ARRANGEMENTS

In the same survey with the 1,023 respondents, we also asked about the respondents' desire and experience with Flexible Work Arrangements (FWAs).

FWAs can be very helpful in providing options to families with the need to care for children or the elderly. This is especially so when there is a need to tend to medical emergencies or some general caregiving that do not fit perfectly within regular work hours. FWAs can take place in various forms. Part-time work flexible time (staggered start and end time), telecommuting has been cited as some forms of FWAs. Some employees also value the ability to take time off on short notice to attend to their children or elderly in times of emergencies.

From the survey, the findings are as follows:

Finding 2A: FWAs should be further promoted.

About 85% of those surveyed indicated that having FWAs can impact their decision to have another child.

Finding 2B: Types of FWAs offered vary but are broadly available.

Some 47% of employees surveyed indicated that their employers provided FWAs such as telecommuting and flexible start and end times. Another 52% of respondents indicated that they are provided with unrecorded paid leave or recorded paid time off for unplanned emergencies. This is corroborated with the ST-TAFEP study published recently where close to 58% of employers surveyed provide part-time work, staggered start and end times, and where 46% provided tele-commuting options.



Finding 2C: Impediments remain due to industry or job requirements, and workplace cultures.

When asked what they thought is the main reason their current workplace does not have their desired flexible workplace arrangement, most of the respondents said that the nature of their job makes FWAs unsuitable, such as the need for full time service provision. Workplace culture was the next most cited reason. When asked if they would use FWAs should their employer offered such arrangements, most respondents stated they were afraid it may affect their work performance evaluation or being judged by co-workers.

Key Recommendation 3:

Adopt an industry-based and job-specific approach to promote flexible workplace arrangements (FWA)

Most companies offer at least one form of FWA. We would like to call on Ministry of Manpower (MOM) to better track the types of FWAs provided and those in demand so that interventions can be more targeted.

To promote FWAs more effectively, we also suggest that MOM work with employers, employees and the unions to take a more industry and job-centric approach. This is because it may be easier to promote flexible workplace arrangements for some industries or specific positions, as the job scope could be covered by shift work, enabled with the use of technology, or where parts of the work can be done modularly and eventually integrated. Cross training of staff may also be necessary to enable staff to cope with flexi-load.

We recognize that the government has recently increased support through the Work-life grant to sustain employees' adoption of FWA and also educate employers on the know-how to implement FWAs. However, from the feedback received in the survey, some respondents were afraid that their use of FWAs would affect performance evaluation or invite criticisms by co-workers.

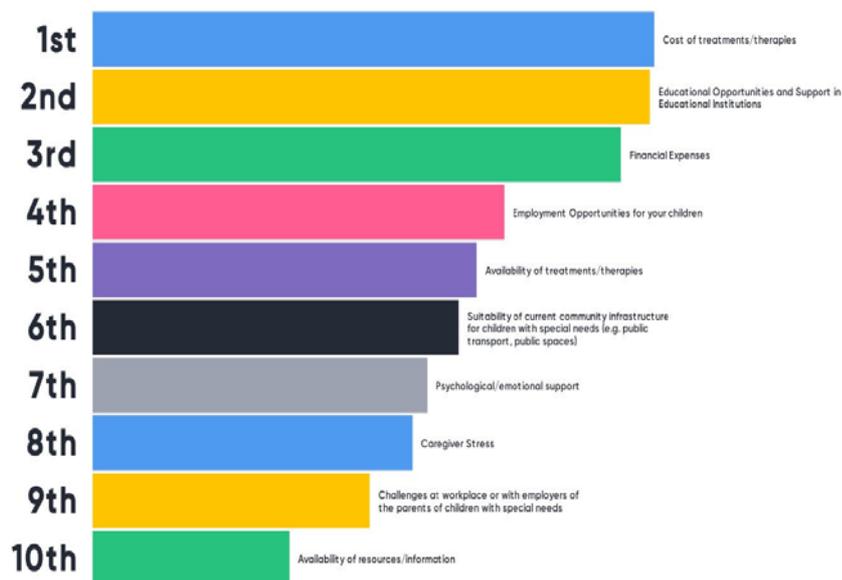
It is clear that this is not an area where Government policy alone can change the situation. If we want significant progress in the adoption or introduction of FWAs, everyone must do their part; including employers and workers supporting each other, to promote a positive and trusted workplace culture where FWAs can be adopted for greater efficiency at work, and a better work-life balance for all.

PART 3: SUPPORTING FAMILIES WITH CHILDREN WITH SPECIAL NEEDS

There is a broad spectrum of special needs and therefore the challenges faced by the families are varied and disparate. In the engagements with these families, many different views were received. For the purposes of this Paper however, we will focus on a few broad areas, which transcend the different types of needs.

In putting together this section of the paper, we drew reference from engagements in recent years and the Inclusive Attitudes Survey commissioned by the Lien Foundation in 2016³. We carried out a survey in June 2019 targeted at parents of children with special needs and 294 respondents completed the survey. We also carried out a focus group discussion with about 30 parents in July 2019. Some of the key concerns raised by parents and families of children are reflected in the survey results, as shown below:

Rank your areas of concern in order of importance, in relation to caring for children with special needs. (1st being the most important)



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³ http://www.lienfoundation.org/sites/default/files/FINAL%20-%20Inclusive%20Attitudes%20Survey%20Part%201_30May16.pdf



Finding 3A: Cost of treatment and therapy weigh on parents.

Regardless of income level and subsidies provided, a substantial amount, ranging from \$700/- to \$2,000/-, is spent on treatments per special needs child. This is often in addition to the monies spent for school or childcare fees. Additionally, there are also other expenses such as transportation costs in seeking treatments and purchase of assistive devices (e.g. wheelchairs or communicative devices). The cost burden puts a strain on the families and may impede efforts to develop and improve the child's abilities.

Finding 3B: Sense of inclusion remains a gap to be addressed.

Slightly over half (55%) of parents of children with special needs in mainstream preschools are satisfied with their child's education. However, about half encountered difficulties while enrolling their children in preschools. Parents also find it challenging to find a suitable primary school that is able to fully attend to the developmental needs of their child. Although broadly satisfied, parents expressed concerns about the capability of the teachers. In particular, about one-third believe that the teachers are not sufficiently trained to support their child's special needs and a quarter disagree that the teacher provides their child with needed attention.

In general, parents feel that society's level of awareness towards children with special needs and the community's sense of inclusiveness can be heightened. We should cultivate better understanding and actively promote inclusivity from a young age, beginning in schools.

Key Recommendation 4:

Strengthen the sense of inclusion and support for families with special needs children, through expanding learning opportunities, therapies and treatments within the school system.

We acknowledge the efforts following from the recommendations of the Enabling Masterplan 3. In particular, through SG Enable, there has been more support to empower individuals with special needs, enhance their employability and employment options, and promote their integration in society. We need to build on these efforts. We will refer the specific feedback we received through our engagements, to the relevant Ministries and explore their feasibility for implementation, in alignment with other ongoing efforts.

For this Paper, we advocate for strengthening the sense of inclusion for families with special needs children. We believe a society that supports parenthood must equally be with one that embraces children of all abilities. This means providing all children with opportunities to learn, grow and contribute to society. It also means sharing common spaces in schools, neighbourhoods and workplaces.

PART 4: SUPPORTING COUPLES UNDERGOING ASSISTED REPRODUCTIVE TECHNOLOGY (ART) BY IMPROVING ACCESS TO IN-VITRO FERTILISATION (IVF)

With the trend of later marriages⁴, more couples are likely to face difficulties conceiving due to age-related fertility issues. Whilst efforts to encourage couples to marry younger should continue, we have to acknowledge the fertility challenges they may experience and provide as much support as possible.

Studies show that fertility declines sharply from 35 years of age and the chances of genetic abnormalities and pregnancy complications also increase⁵. Hence, more Singaporeans are relying on assisted reproductive technology (ART) to conceive a child, key among which is in-vitro fertilisation (IVF).

Currently, women above 45 years of age are not allowed to receive IVF treatment in Singapore. MOH has explained that this is because at higher maternal ages, the success rates of IVF decreases and the likelihood of medical complications and adverse pregnancy outcomes increase. To protect patients' interests, the current age limit for AR procedures, including IVF is set at age 45. In addition, the current IVF limit is set at 10 fresh cycles for women aged 40 and below and five fresh cycles for women above 40. This is because there are increased clinical risks with multiple cycles of ovarian stimulation and oocyte retrieval.⁶

However, with advancements in ART, medical risks for women above 40 undergoing ART have been reduced considerably. Scientific literature shows that the latest techniques of ovarian stimulation and oocyte harvesting have made the AR process safer. The risk of developing ovarian hyper-stimulation syndrome has also significantly decreased, with some studies showing that it can be prevented altogether.

⁴ Singstat: the median age of first-time brides in Singapore has risen from 27.2 years in 2007 to 28.4 years in 2017.

⁵ Ministry of Health (Sep, 2018). Guide 1: Pre-pregnancy preparations. Available at <https://www.healthhub.sg/live-healthy/1698/guide-1-pre-pregnancy-preparations>

⁶ Ministry of Health (May 8, 2019). Assisted reproduction age limit and treatment cycle cap. Available at <https://www.moh.gov.sg/news-highlights/details/assisted-reproduction-age-limit-and-treatment-cycles-cap>



In England and Wales, official figures show that women over 40 are now having more babies than those under 20. Advances in fertility treatment was one of the reasons cited.⁷ Furthermore, many jurisdictions including the UK, Australia, HK, the US do not impose any age limit on women undergoing AR procedures. Where there are restrictions, the age limits vary and are often higher than ours.⁸ To also better understand local attitudes towards ART, we conducted a survey with approximately 700 respondents, male and female.

Finding 4: There is support to lift current restrictions on ART use in Singapore.

48.5% of the 700 respondents were agreeable to increase the age limit to undergo IVF to age 50⁹, 27.6 % were neutral while 23.9% were against the increase in age limit.

Given the reduced risks, we believe women should be given the choice to decide if they would like to undergo IVF treatments at a later age, as long as they have the support and guidance of their medical professionals, spouse and family. The cap on the number of fresh IVF cycles for women aged above 40 should also be equalised with the cap for younger women.

⁷ <https://www.theatlantic.com/magazine/archive/2013/07/how-long-can-you-wait-to-have-a-baby/309374/>

⁸ Greece has age limit of 50, Israel has age limit of 54.

⁹ Tan, T. (Feb 5, 2017). Singapore's oldest mom had twins in her 50s. Available at <https://www.straitstimes.com/singapore/health/singapores-oldest-mum-had-twins-in-her-50s>

Key Recommendation 5:

Remove the age limit of 45 years for females to access In-Vitro Fertilisation (IVF) and equalise the cap of fresh IVF cycles for women of all ages.

As to whether subsidies should be extended to cover IVF beyond age 40, we agree with concerns that this may send the wrong signal about the likelihood of success. We call on MOH to continually review the age limit for subsidised IVF and provide appropriate funding support where chances of conception are good. Respondents also shared that women who undergo ART treatments tend to feel socially isolated and emotionally distressed when the treatment is not successful or there is a subsequent miscarriage. MOH could consider increasing counselling support for such women.

Another observation from the survey is that a large majority (more than 60%) of the respondents support egg-freezing. At present, in Singapore, women are allowed to freeze their eggs on medical grounds. Views on egg-freezing have been mixed as there are concerns from both social and moral standpoints. We suggest that MOH study the topic more deeply to assess the way forward.

More importantly, we believe that there is a greater need to create awareness about fertility health, fertility treatments and fertility health checks. Currently, several private hospitals and clinics provide fertility health screening packages, which consist of ultrasound scans and hormone blood tests for females and semen analysis for males. We call on public hospitals to provide more affordable alternatives. This will help couples identify issues that might delay their chances of natural conception. We would also like to propose that public hospitals conduct talks on fertility health and make tutorials available online for couples who prefer to learn in the privacy of their own home.



CONCLUSION

Supporting parenthood and young families is critical for us as a nation. Not only because it helps ensure a Singaporean core for our families and our workers, but also because it is the foundation for a happy and stable society.

It is hoped that with the data, views and opinions gathered from young people, would-be parents, current parents, employees and employers, that our government policies and initiatives can be further enhanced to support parenthood and young families.

We also hope to add to the conversation and encourage young Singaporeans to have a think about their lifestyle choices and expectations on work and family and hopefully encourage them to think about starting families.