



## **THE VULNERABLE-IN-COMMUNITY SURVEY**

**Ministry of Social and Family Development  
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# Table of Contents

Summary .....	4
Introduction .....	5
Survey Objective .....	6
<i>Deepening understanding</i> .....	6
Methodology .....	6
<i>Sample Size</i> .....	6
Survey Findings .....	8
<i>Profile of Respondents</i> .....	8
<i>Support Systems</i> .....	11
<i>Maintaining self-reliance</i> .....	11
<i>Work environment and support they hope to have</i> .....	12
Current efforts and forward plans .....	14
<i>MSF's existing proactive efforts to reach out and support tissue paper sellers, cardboard and can collectors in need</i> .....	14
<i>What we will continue to do</i> .....	16
<i>What we hope to do for employment support for tissue paper sellers, cardboard and can collectors</i> .....	17
Conclusion .....	17

## THE VULNERABLE-IN-COMMUNITY SURVEY

### Summary

- The Vulnerable-In-Community (VIC) Network was formed in November 2019. It aims to proactively reach out to and befriend vulnerable individuals in the community to see if they need help and, if so, to link them up with the relevant assistance. These individuals include cardboard and metal can collectors as well as tissue paper sellers.
- To provide more targeted assistance and journey alongside these individuals, we wanted to have a better understanding of these vulnerable individuals such as, why they had chosen to do what they were doing, their working conditions, and their general sentiments towards the pandemic, government assistance, and future for their children and grandchildren. Therefore, the Ministry of Social and Family Development (MSF), together with the National Council of Social Service (NCSS), embarked on a survey in these areas. We also included elderly cleaners in the survey to get a broad understanding of their needs and demographic profiles as there were some concerns from members of the public about their well-being.
- From the survey, we found that the majority of the tissue paper sellers, cardboard and can collectors, and hawker centre and toilet cleaners were Chinese (more than 90% of survey respondents), 50 years and above (97.6% of survey respondents) and with an education level of Primary school or below (79.7% of survey respondents). While there were some respondents who lived alone (18.9% of survey respondents) or had no family support (15.4% of survey respondents), most of the respondents had family support but still chose to continue their trade because of the following reasons<sup>1</sup>:
  - Flexible hours (42.4% of survey respondents) and location (50.7% of survey respondents)
  - Inability to find suitable/preferred jobs (43.4% of survey respondents)
  - Their physical condition prevented them from doing other jobs (34.5% of survey respondents)
- Although about a third of the respondents reported receiving assistance from social service agencies, majority (93.9% of survey respondents) preferred to be self-reliant, where possible. In their area of work and work environment, they were largely satisfied but also shared about areas where they needed support, such as more collection points and timings for cardboard and can collectors, more options on locations for licensed tissue paper sellers, and providing more cleaning equipment and rest areas for hawker centre and toilet cleaners.
- The findings on the diverse profile of respondents and their general preference to be self-reliant, supported our subtle but proactive approach to continue reaching out to, befriending and building trust with each vulnerable individual. We will offer appropriate help to individuals depending on their needs. Corporates and

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<sup>1</sup> For this questionnaire item, respondents could select multiple reasons for choosing to work in their profession. Percentages below reflect % of respondents who responded "Yes" to each reason. Total percentages therefore exceed 100%.

community agencies can join the VIC Network, and contribute to areas such as offering micro-jobs to cater to the needs of these individuals and explore alternative options to assist them to continue to be self-reliant. By embarking on these efforts (i.e., outreach, befriending and partnerships), we strive to deliver more Comprehensive, Convenient and Coordinated (3Cs) help to those in need.

## **Introduction**

In Singapore, we sometimes see elderly cardboard collectors pushing their trolleys around to collect cardboard boxes or wheelchair-bound individuals selling tissue packs. Occasional photos of these individuals plying their trade have also been circulated on social media with requests for the public to provide assistance to them. These individuals are sometimes portrayed as vulnerable persons needing extra help or held up as examples of cracks in the social safety net. While it is true that some individuals need help, most want to be self-reliant, refuse help and continue plying their trade.

### **Case Example 1 – Refused help**

74-year-old, Mdm O has been collecting cardboard for many years despite having mild mobility issues. She often attracts the sympathy of many well-meaning members of the public because her petite frame is dwarfed by the piles of cardboard she pushes, and she uses her trolley as a mobility aid. Yet, offers by volunteers to link her with financial assistance were rejected as she holds the belief that she still can and, hence wants to, provide for herself through this trade. It also allows her to socialise with other cardboard collectors and people she meets during the few hours she goes out for collection. Ceasing cardboard collecting will not just result in a loss in her livelihood, but also the attached meaning it holds for her; that is, her perceived ability to be self-reliant, as well as the social interactions and relationships that she has fostered during the collection rounds.

### **Case Example 2 – Requires some assistance**

Mdm L, a 79-year-old cardboard collector, was offered financial help during our outreach but she declined the assistance. However, she wanted to apply for MediFund but was unable to as she did not have a bank account. The Social Service Officer accompanied her to the bank to open an account and this allowed her to apply for MediFund.

2. We would like to continuously reach out to and get to know these individuals better as they may require help later but may not want to ask for it. If assistance is required, it must be customised to cater to the needs of the different groups in their work environment, based on their individual circumstances, and offered in a respectful manner that upholds these individuals' dignity and self-determination (i.e., showing respect for their decision to continue their trade or engage in such activities).

## Survey Objective

### *Deepening understanding*

3. We wanted to have a better understanding of these individuals in the community, including why they had chosen their occupation, their working environment and needs, and other general sentiments. This would provide useful information in planning for how we can provide more targeted assistance for these individuals. Therefore, a survey on the VIC was commissioned by MSF, together with NCSS, to gain greater insights into:

- (a) The typical profile of individuals who sell tissue, collect cardboard or cans for income;
- (b) Their support network;
- (c) Their working environment and work support needs; and,
- (d) Their general sentiments about COVID-19, receiving government assistance, and future for their children and grandchildren. This gave us a clearer understanding of how we should continue with our work with these individuals.

4. Although hawker centre and toilet cleaners are not the focus of the VIC Network as they are entitled to the benefits of formal employment, they were included in the survey as some members of the public had expressed some concerns about their welfare, particularly for the seniors among them. Surveying the elderly cleaners also allowed us to get a broad understanding of their needs and demographic profiles.

## Methodology

### *Sample Size*

5. A survey company was appointed to carry out the survey. Face-to-face interviews were conducted with a total of 507 respondents (see Table 1) over 6 weeks between March and April 2021. Post-survey assistance was offered to 108 respondents, who indicated they were in need (see Tables 2a and 2b).

**Table 1: Breakdown of profiles surveyed**

<b>Profile</b>	<b>Sample size (n= 507) (%)</b>
Cardboard Collectors	53 (10.5%)
Tissue Paper Sellers (Licensed and non-licensed)	103 (20.3%) (7.5% and 12.8%)
Can Collectors	30 (5.9%)
Hawker Centre Cleaners	286 (56.4%)
Toilet Cleaners	35 (6.9%)

**Table 2a: Breakdown of profiles who indicated they were in need**

Profile	No. of respondents who indicated they were in need (n=108)
Cardboard Collectors	6
Tissue Paper Sellers (Licensed and non-licensed)	29 (13 and 16)
Can Collectors	2
Hawker Centre Cleaners	67
Toilet Cleaners	4

**Table 2b: Outcomes from post-survey follow-up**

Follow-up (as at Aug 2021)	Sub-sample size (n = 108) (%)
Already receiving assistance or subsequently received assistance from SSO	14 (13%)
Assessed to be self-sufficient	14 (13%)
Referred to partner agency	11 (10.2%)
Continued support by befriending group	4 (3.7%)
Did not respond to Social Service Office's invitation for financial assessment interview	32 (29.6%)
Subsequently declined further assistance	33 (30.5%)

6. The respondents were identified through the following methods:
- Partnerships with other agencies. We worked with relevant agencies such as the Ministry of Sustainability and Environment (MSE), National Environment Agency (NEA), Singapore Food Agency as well as our community partners to publicise the survey to licensed tissue paper sellers, cleaners and cardboard collectors, and followed up to survey those who indicated interest to participate.
  - Street intercepts. Street intercepts were also conducted to complement the sampling and to ensure that we also cover respondents who might not be known to us. Surveyors randomly approached cleaners, tissue paper seller and cardboard and can collectors on the streets to administer the survey. Interviews were conducted mostly at the respondents' work location, and these were spread across the 5 main regions of Singapore.
7. To ensure data integrity, the following were undertaken:
- MSF and the survey company staff conducted interviewer shadowing (i.e., observe the interview with respondents);
  - Validation calls (27.6%) conducted by the survey company's quality control team; and,
  - The survey company checked the meta data closely for irregularities<sup>2</sup>.

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<sup>2</sup> The submitted dataset was also checked by NCSS for any irregularities or inconsistencies.

8. To avoid duplicate sampling, the survey company assigned only one interviewer to each location for street intercepts and checked data backend.

9. The survey was not intended to be a count of vulnerable individuals in Singapore. We intended to survey as many individuals as possible we could engage to give us a better understanding of their needs and profiles.

## Survey Findings

### *Profile of Respondents*

10. Overall, 60% of the respondents stayed in HDB 1-3 room flats. 97.6% of respondents were aged 50 years and above<sup>3</sup>; and 79.7% of all the respondents had primary or lower education. Their age and education level (proxy for skills level) status suggest that they might have relatively limited employment options.

11. Chinese were also over-represented in the sample (92.5%). The other ethnic groups represented in the sample were Malays (3.4%), Indians (3.7%) and Others (0.4%).

12. The breakdown of profiles between the elderly cleaners and the other groups are as follows:

- a. Regarding housing type, 68.9% of tissue sellers/cardboard and can collectors and 55.2% of cleaners stayed in HDB 1-3 room flats (see Table 3a).
- b. Regarding respondents' age, 91.9% of tissue paper sellers, cardboard and can collectors and 100% of cleaners were aged 50 years and above (see Table 3b).
- c. Regarding education level, 77.5% of tissue paper sellers, cardboard and can collectors and 81% of cleaners had primary or lower education (see Table 3c).
- d. Finally, Chinese ethnicity was over-represented for both tissue paper sellers, cardboard and can collectors and cleaners (see Table 3d).

**Table 3a: Housing Type Distribution for Tissue Paper Sellers, Cardboard and Can Collectors and Elderly Cleaners**

	<b>Tissue sellers/Cardboard and Can Collectors (n = 186) (%)</b>	<b>Elderly Cleaners (n = 321) (%)</b>
HDB 1-3 room flat	68.9	55.2
HDB 4-room flat	23.1	32.1
HDB 5-room flat	5.4	11.2
Private Apartment/ Condominium	0.5	0.6
Landed Housing	0.5	0.3
Others	1.6	0.6

<sup>3</sup> We specified that the survey is to be administered to hawker centre and toilet cleaners aged 50 and above, to align with the focus on vulnerable groups. No age requirement was stipulated for tissue paper sellers, cardboard and can collectors due to the niche population.



**Table 3b: Age Distribution for Tissue Paper Sellers, Cardboard and Can Collectors and Elderly Cleaners**

	<b>Tissue sellers/Cardboard and Can Collectors (n = 186) (%)</b>	<b>Elderly Cleaners (n = 321) (%)</b>
30 – 39 years	1.6	-
40 – 49 years	6.5	-
50+ years	91.9	100

**Table 3c: Education Level Distribution for Tissue Paper Sellers, Cardboard and Can Collectors and Elderly Cleaners**

	<b>Tissue sellers/Cardboard and Can Collectors (n = 186) (%)</b>	<b>Elderly Cleaners (n = 321) (%)</b>
Primary or lower	77.5	81
Some Secondary	10.8	13.7
Completed Secondary	8.1	5.0
Completed ITE/ITC/NTC	1.6	-
Completed A Levels / HSC	1	-
Polytechnic / Diploma	1	-
Post-Graduate Degree	-	0.3

**Table 3d: Ethnicity Distribution for Tissue Paper Sellers, Cardboard and Can Collectors and Elderly Cleaners**

	<b>Tissue sellers/Cardboard and Can Collectors (n = 186) (%)</b>	<b>Elderly Cleaners (n = 321) (%)</b>
Chinese	88.7	94.7
Malay	3.8	3.1
Indian	7.0	1.9
Others	0.5	0.3

13. Overall, about two-thirds (65.5%) of respondents reported that they had at least one health condition, with over 75% of tissue paper sellers reporting multiple health conditions. See Table 4 for the number of health conditions by occupation type.

**Table 4: Number of Health Conditions Reported for Tissue Paper Sellers, Cardboard and Can Collectors and Elderly Cleaners**

	<b>Tissue sellers/ Cardboard and Can Collectors (n = 186) (%)</b>	<b>Elderly Cleaners (n = 321) (%)</b>	<b>Total (n = 507) (%)</b>
No Health Conditions	15.1	45.8	34.5
One Health Condition	25.3	29.3	27.8
Multiple Health Conditions	59.6	24.9	37.7

14. Hypertension, chronic pain and diabetes were the most common health conditions reported by respondents, across all groups (see Table 5 for the top 10 reported health conditions). Amongst those who had health conditions, 83.1% were receiving treatment. The two most prevalent health conditions, amongst the respondents were receiving treatment, were high blood pressure and diabetes. Table 5 shows the breakdown.

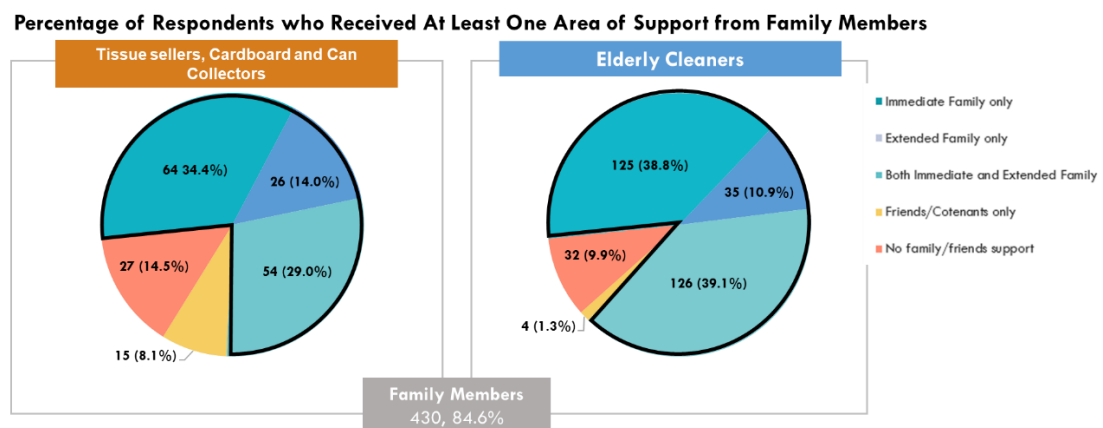
**Table 5: Top 10 Health Conditions Reported**

<b>Health Condition</b>	<b>Elderly Cleaners</b>	<b>Tissue Paper Sellers, Cardboard and can collectors</b>	<b>All respondents</b>
Hypertension and High Blood Pressure	98	87	185
Chronic Pain	55	61	116
Diabetes	46	59	105
Physical Disabilities	5	61	66
Heart Conditions	18	28	46
Sensory Disabilities	17	24	41
Respiratory Conditions	10	19	29
Stroke	6	16	22
Cancer	1	10	11
Chronic Bowel Conditions	3	5	8
Subtotal	259	370	629

*Note.* Subtotal reflects only the 10 most common health conditions reported by respondents. Only the top 10 conditions are reported due to small numbers of other conditions. This row should be interpreted with the caveat that a number of participants reported multiple conditions (see Table 4).

## Support Systems

15. Overall, family compact for both groups (i.e., elderly cleaners as well as the tissue paper sellers, cardboard and can collectors) seemed to be strong as more than 70% of the respondents reported receiving support from and staying with family members. Specifically, 84.6% of respondents received support from their immediate and extended families in at least one area – see breakdown below. Immediate family tended to provide financial and home-related support while extended family tended to provide more emotional and food support. Furthermore, majority (i.e., over 80%) of respondents rated their relationships with their immediate and extended family members as “Good” or “Very Good”.



16. Overall, 33.5% of respondents reported having received help/assistance from agencies and organisations. For tissue paper sellers, cardboard and can collectors, the top three types of help received were financial, food and medical assistance. Most of these respondents were assisted by the Social Service Offices, although some respondents also obtained help from Community Centres and Senior Activity Centres. For hawker centre and toilet cleaners, the top three types of help received were financial, job support and food. Majority of the cleaners said Workforce Singapore was a common avenue to get help, and some were also supported by Social Service Offices and Community Centres.

## Maintaining self-reliance

17. Overall, more than 90% of respondents agreed with the statement that people should be self-reliant (see Table 6). Over two-thirds of the respondents agreed with the statement that the Government took care of them (see Table 7). There were about 47% of tissue paper sellers who were more neutral or disagreed with the statement that the Government took care of them. Details of the responses across the two groups are in Table 7, where there was a proportion of tissue paper sellers, cardboard and can collectors (34.9%) who were more neutral or negative about the Government taking care of them.

**Table 6: Responses to Statements**

<b>“I believe people should be self-reliant”</b>	<b>Elderly Cleaners (n = 321) (%)</b>	<b>Tissue paper sellers, cardboard and can collectors (n = 186) (%)</b>	<b>All Respondents (n = 507) (%)</b>
Neither Agree Nor Disagree	5.6	7.0	6.1
Agree	69.8	55.9	64.7
Strongly Agree	24.6	37.1	29.2

**Table 7: Responses to Statements**

<b>“The Government takes care of people like me”</b>	<b>Elderly Cleaners (n = 321) (%)</b>	<b>Tissue paper sellers, cardboard and can collectors (n = 186) (%)</b>	<b>All Respondents (n = 507) (%)</b>
Strongly Disagree	0.6	7.0	3.0
Disagree	3.4	10.2	5.9
Neither Agree nor Disagree	10.0	17.7	12.8
Agree	67.9	49.0	60.9
Strongly Agree	18.1	16.1	17.4

18. As a large majority of respondents believed in the principle of self-reliance, it is pertinent that we establish a culture of respect toward their self-determination and life choices, and not impose our perceived “solutions” against their will.

***Work environment and support they hope to have***

***Tissue paper sellers, cardboard and can collectors***

19. When asked why they chose to work in their occupations<sup>4</sup>, common reasons cited by tissue paper sellers, cardboard and can collectors were suitable hours (38.7%) and suitable location (40.9%). 39.8% of the respondents also cited their inability to find other jobs. Specific to tissue selling, 89.3% of tissue paper sellers cited their physical condition as a reason for why they were selling tissue paper.

20. Majority of the tissue paper sellers, cardboard and can collectors (85.4%) reported earning less than \$600 per month. They reported working an average of about 33 hours per week. Although 54.3% of this group of respondents indicated they were "Satisfied" or "Very Satisfied" with their work, there were areas of support they

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<sup>4</sup> For this questionnaire item, respondents could select multiple reasons for choosing to work in their profession. Percentages below reflect % of respondents who responded “Yes” to each reason. Total percentages therefore exceed 100%

hoped to have. Among cardboard and can collectors, the most common area of support requested for was to have more collection points and timings. Among tissue paper sellers, the most common area of support requested for was allowing for more options on locations for licensed<sup>5</sup> tissue paper sellers.

21. Unlike the hawker centre and toilet cleaners, tissue sellers and cardboard/can collectors are not in formal employment and are hence not entitled to formal employment benefits. Hence, there is value to target efforts and resources to get to know the tissue paper sellers, cardboard and can collectors, understand their unique situation and render relevant support, where needed, without undermining their self-reliance and strengths.

#### *Elderly Hawker Centre and Toilet Cleaners*

22. The most common reason cited by hawker centre and toilet cleaners for choosing to work in their occupation was suitable location (56.4%). As they could indicate multiple reasons, other common reasons cited included: their inability to find other jobs (45.5%), their lack of skills to do other jobs (45.2%), and suitable hours (44.5%). On average, they put in close to 45 working hours a week. 65.4% of the cleaners reported earning \$1,200 and above.

23. 59.2% of the cleaners also indicated they were "Satisfied" or "Very Satisfied" with their work. Nevertheless, the cleaners also requested support for more cleaning equipment (42.1%) and rest areas (34.3%) at their workplaces.

#### *On-going employment support and efforts for cleaners, including the seniors*

24. On the cleaners' request for support, there are on-going measures to provide more cleaning equipment and rest areas at HDB-owned and MSE-owned hawker centres. For existing MSE hawker centres where space may be a constraint for dedicated rest areas, alternate measures are adopted e.g., providing lockers to safekeep cleaners' valuables and belongings.

25. Unlike self-employed persons, cleaners are entitled to the benefits of formal employment such as, Central Provident Fund contributions, Workfare Income Supplement scheme, and medical benefits. In addition, since 1 September 2015, all resident (Singapore Citizens and Permanent Residents) cleaners have been paid progressive wages according to the Progressive Wage Model (PWM), which sets out baseline wages for all job roles that would increase along with skills upgrading and improvements in productivity. All eligible cleaners also receive a mandatory annual PWM Bonus of at least two weeks of basic monthly wages from 1 January 2020 onwards. PWM baseline wages of cleaners will further increase from 1 July 2023, when a six-year schedule of wage increases take effect. Specific for cleaners who may be in need or require more support, cleaning companies may also provide them information on relevant help agencies e.g., Workforce Singapore.

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<sup>5</sup> Only licensed tissue paper sellers are assigned a business location for street hawking. These individuals can indicate their preferred location in the application for street hawking.

## Current efforts and forward plans

### ***MSF's existing proactive efforts to reach out and support tissue paper sellers, cardboard and can collectors in need***

26. In November 2019, MSF formed the VIC Network with three community befriending groups, Mummy Yummy, Heartwarmers and The Signpost Project, that have been reaching out and engaging vulnerable individuals for some years. Since 2019, the Central Singapore Community Development Council (CS CDC) also joined the Network. CS CDC has been engaging the cardboard collectors through its Cardboard Collectors Assist Programme since 2017.

27. We commenced VIC work in four different areas - Jurong East, Clementi, Jalan Besar and Toa Payoh. The network partners work by:

- a. proactively reaching out to and befriending cardboard and can collectors and tissue paper sellers,
- b. carrying out conversations and listening to what they tell us to better understand their situation, and,
- c. linking the individuals up with relevant help if they have needs.

#### ***a. Proactive outreach and befriending***

Tissue paper sellers. The VIC befriending groups walk around areas with high human traffic such as bus interchanges, train stations underpass or entrances of shopping malls to look for and talk to tissue paper sellers (licensed and unlicensed). They spend time listening to them to understand their issues and needs, and check in on their well-being regularly.

Cardboard and can collectors. Unlike tissue paper sellers, cardboard collectors move from place to place, making it a challenge for befrienders to locate and engage them. To circumvent this, one befriending group provides food packets to cardboard collectors regularly at a specific location and time. This allows the befrienders to keep in regular contact with these cardboard collectors and be kept updated on their situation.

Besides the regular outreach, befrienders may also go to specific locations to look for the individuals who are surfaced by members of the public. When tightened restrictions were put in place during the pandemic, befrienders and CS CDC<sup>6</sup> also initiated remote check-ins (i.e., phone calls) with these individuals and delivered food and care-packs, such as masks and hand sanitisers, to those who have mobility issues and vulnerabilities.

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<sup>6</sup> Prior to circuit breaker in June 2020, CS CDC also organised the Cardboard Collectors' Assist programme where collectors can gather to bond, relax and take up free services such as haircut. They are joined by help agencies, including SSO at Jalan Besar, Kampong Kapor Family Service Centre, @PEACEConnect Senior Activity Centre and volunteers.

### ***b. Understanding their situation***

Through the many conversations the befriending groups have with tissue paper sellers, cardboard or can collectors, the befriending groups will get information on various aspects of their lives such as how they get by day-by-day (e.g., whether they have sufficient for food), health, accommodation, family and support systems. This is often done over a few engagement sessions as it takes time to foster relationships and trust with these individuals before they are comfortable enough to share their personal situation.

### ***c. Providing support***

If the befrienders find out that an individual has any needs, they will help link the individual up with the relevant help agencies. For instance, the befriending groups would refer individuals needing financial assistance to the Social Service Offices (SSOs). The SSOs may then link the individuals up with community partners e.g., Family Service Centres (FSCs) if they have other needs (e.g., shelter, family issues). Offering support to these individuals, however, can be challenging. Some may not accept assistance so readily. Even after they receive formal assistance, befriending groups will continue to engage these individuals and monitor their well-being.

#### ***Case Example 3***

*70-year-old Mr L often hung out at Waterloo Street with his trishaw. He was already on financial assistance and had family support. Nevertheless, the befriending group, Mummy Yummy, covered his weekly food expenses at a provision shop at Waterloo Street and checked on his well-being regularly.*

*During their regular outreach one day, Mummy Yummy noted that Mr L was not at this usual spot. Hence, they made a house visit and found out from his siblings that Mr L was admitted to Changi General Hospital (CGH) that week due to a sudden deterioration of his mental state. He defecated in bed and was in a state of confusion at home. He was also found urinating in public and was issued fines and subsequently, a letter with a court summons from the NEA.*

*Mummy Yummy alerted SSO on Mr L's situation, and the SSO officer, upon obtaining more information from his siblings, worked with his medical social worker (MSW) in CGH to better understand his medical condition. With the MSW's assistance, the SSO managed to get a doctor's memo stating Mr L's condition. This led to a successful appeal to NEA for the withdrawal of the charges on compassionate grounds.*

*It was due to the befriending group's vigilance i.e., they noticed he was not at his usual spot, that we found out that Mr L could need assistance. This allowed us to follow-up promptly with the right parties on meeting his and his siblings' needs.*

Some individuals are comfortable with the befrienders but decline assistance from organisations. Hence, to build trust, support may be provided in other forms such as cleaning and decluttering their homes to provide a more conducive home environment or linking those with mobility issues with volunteers to accompany them to hospital.

There are some individuals who do not even welcome the befrienders. Nonetheless, we continue to reach out to them in the hope that they will, eventually, be comfortable enough to share more information with us and let us know if they need help.

#### **Case Example 4**

*67-year-old Mdm Y was flagged up on social media for eating leftover food at a hawker centre. Mummy Yummy reached out to her and found out that she was collecting cans to earn some income. She was living with her 90-year-old mother, Mdm L, who was bedridden, in Mdm Y's brother's five-room HDB flat.*

*Although Mdm Y declined help from organisations, she was open to Mummy Yummy's offer to provide meals to her and Mdm L. Over time, after Mdm Y saw how Mummy Yummy earnestly made sure she and her mother always had their meals delivered, she trusted Mummy Yummy enough to allow them to bring in the SSO to visit her to see what help she might require. The SSO found out that she had sufficient savings to meet basic living expenses as well as a three-room purchased HDB-flat which was left uninhabited due to clutter.*

*The SSO brought in some community groups to assist with the decluttering of the flat. To alleviate Mdm Y's caregiving duties for her mother, the SSO also linked them with Agency for Integrated Care to provide medical escort and home nursing services.*

#### **What we will continue to do**

28. The survey findings show that it is important that we keep up with the efforts of the VIC Network. The vulnerable in the community may be more prepared to engage with a community or volunteer group rather than a formal institution as they may be afraid the latter may force them towards a certain course of action which might curtail their independence. At the same time, the community and volunteer groups can maintain close contact with these individuals, and this allows them to spot signs of trouble when they arise and to extend help expediently.

29. Hence, we are expanding our VIC Network through deepening partnerships and equipping our befrienders. We have eight new partners (See [Annex A](#)) who have joined us in getting to know these individuals better and befriend them. We will be equipping these befrienders with the relevant information on government schemes and resources which would, in turn, allow them to relate this information to those in need



at an opportune time or connect them to help agencies such as SSOs. By doing so, we strive to better provide Comprehensive, Convenient and Coordinated help to those in need.

***What we hope to do for employment support for tissue paper sellers, cardboard and can collectors***

30. Given the profile of the individuals surveyed (i.e., older age, lower educational level, and health conditions), it would be hard to have them take on alternative employment. Nevertheless, one possibility would be to create micro-jobs for these individuals. However, this will take some time as it will require both systemic support from corporates and businesses to redesign jobs as well as mindset shifts from the individuals to adopt new skillsets and habits.

**Conclusion**

31. Collective efforts by the Network partners to engage and support the vulnerable in the community as well as the insights from the survey had provided a better understanding of their general sentiments toward and decisions concerning their trade.

32. With the expansion of our VIC network, we seek to build up a supportive network of befrienders for these individuals and ramp up the outreach efforts. Through the social interactions and relationships, we aim to cultivate a culture of trust and respect with these individuals and bring in social and employment support to those in need. We hope that the cumulative effects of these efforts will bring about greater support to the vulnerable-in-community, and we also welcome community / volunteer groups to join us in this initiative to nurture and build lives together.

**Annex A – List of VIC partners**

<b>S/N</b>	<b>Partners</b>
1.	Alive Community Network
2.	Central Singapore Central Development Council
3.	Covenant Evangelical Free Church
4.	Gao Lin Gong Temple
5.	Heartwarmers
6.	LifeShine Community Services
7.	Montfort GoodLife! @ Telok Blangah
8.	Mummy Yummy
9.	Raffles Rover / Soaring Eagles Air / Colugo Scout Groups, The Singapore Scout Association
10.	Singapore Food Agency
11.	Society of Saint Vincent De Paul, Church of the Holy Trinity, Church of Divine Mercy and Church of The Transfiguration
12.	The Signpost Project
13.	Thye Hua Kwan Family Service Centre @ Bedok North