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CLOSING ADDRESS BY MR CHAN SOO SEN, PARLIAMENTARY SECRETARY (PRIME MINISTER'S OFFICE AND MINISTRY OF HEALTH) FOR THE SYMPOSIUM 2001 OF THE COMMUNITY DEVELOPMENT COUNCILS ON SATURDAY, 31 MARCH 2001 AT 12.30PM AT THE LE MERIDIEN, SINGAPORE

My Parliamentary Colleagues

Ladies and Gentlemen

I hope you have enjoyed today's symposium and have gained a better understanding of the Community Development Councils (CDCs) as local administrations.

The delegation of selected social service functions from the Ministry of Community Development and Sports (MCDS) to the Marine Parade and Tanjong Pagar CDCs in July 2000 represented a significant move in CDCs becoming local administrations. When the delegation was first announced, there were concerns by some that this could adversely affect the voluntary organisations. Some felt the move could be perceived as the CDCs taking over the voluntary organisations' roles. Others were concerned that communications and co-operation between the voluntary organisations and the CDCs might not be as smooth as that between the voluntary organisations and MCDS as well as National Council of Social Service (NCSS).

To assure the voluntary organisations, I initiated a series of round chair sessions with representatives of more than 100 voluntary organisations. We had very open and frank exchanges. I assured the voluntary organisations that:

- a. There would be no change in their roles. In fact the CDCs wanted to work with them, not to take over their jobs.

- b. The CDCs would endeavour to understand their styles and characters, so as to be as good a partner as MCDS and NCSS.
- c. The CDCs would bring voluntary organisations closer to the local communities so that voluntary organisations could receive better support and more case clients. There would thus be better synergy.

One year on, I am happy to note that there has been improvement in the processing time for cases for Marine Parade and Tanjong Pagar CDCs. The CDCs and voluntary organisations have also developed good relationship and communications with each other. The good relationship and communications facilitated better and more efficient processing work and referrals. By adopting a holistic approach, the CDCs were also able to co-ordinate different help by different agencies, tailored to the needs of the case clients. In addition, as the CDCs have good network with the grassroots organisations, the CDCs were able to plan and identify the development of community facilities, such as Family Service Centres, in ways that suit the needs of the voluntary organisations and the local community. Voluntary Organisations in these two CDCs have been happy with the established working relationship.

There is therefore greater confidence now that the other CDCs could likewise work well with the voluntary organisations. Teething problems might be inevitable, but with mutual respect and trust, and with the common commitment to serve the public, we would be able to resolve them. Indeed MCDS, NCSS and the CDCs have been working together in the last few months to smoothen possible teething problems.

Together CDCs and voluntary organisations could achieve synergy in realising our common goal: To serve the residents and to make the community a better place to live in. The term synergy in the public and private sectors means improvement in returns and productivity. In the people sector, synergy is best illustrated in the classical story of a blind and a cripple escaping from fire. The cripple ran while carrying the blind, while the blind gave the directions. As our strengths complement each other, we achieve results we cannot achieve on our own.

The more organisations and people are involved in this process, the stronger will be the synergy. The CDCs' challenge is to reach out to as many organisations and people to build this synergy. I thank the voluntary, community, and grassroots organisations for your strong support, and look forward to more.