

DESIGNING THE SPACE FOR GOOD

A Geography of the Voluntary Social Service Sector in Singapore

INTRODUCTION

Social service agencies (SSAs) are an important part of the urban ecosystem, supporting persons in need, and facilitating individual and corporate efforts to do good. Prioritizing SSAs' placement to be close to their target service user population can better improve their accessibility, and meet service demand.

However, perhaps paradoxically, internationally SSAs have instead shown a spatial association with wealthier neighbourhoods. It warrants investigating if our local situation is similar, and overall, motivates a study on the spatial dynamics of the sector in Singapore.

OUR KEY FINDINGS ACROSS SSAs SERVING DIFFERENT CAUSES, AND SPECIFIC TO SSAs SERVING FAMILY & COMMUNITY CAUSES, DISABILITY, AND COMMUNITY MENTAL HEALTH CAUSES

USING A MIXED-METHODS DESIGN



Linked to Data available in Public Record on SSA Causes Served and NCSS Membership Status; Financial Data (FY2022); Land Use; Subzone-Level Household and Population Statistics, and Derived Estimates of Persons with Disabilities and with Poor Mental Health per Subzone¹

Locality of Family and Community Touchpoints was Associated with Neighbourhood Wealth, More Than Potential Service Demand

- Spatial regression found the number of such touchpoints across subzones was predicted more by the number of households living in HDB 4-room flats and larger, than the number of HDB 1-2 room rental flat (households).

Dependent Variable (Number of Touchpoints)	n	R ²	Potential Service Demand ^a		Number of Households Living in HDB 4-Room Flats & Larger		Area of SSA-Preferential Space Zoned		λ ^{Spatial Error}	
			β	SE _β	β	SE _β	β	SE _β	β	SE _β
All (Any) Causes	1258	.429	-	-	.364*	.070	.232*	.068	.555*	.064
Family and Community	634	.421	.189*	.048	.274*	.070	.218*	.071	.490*	.069
Disability	226	.418	.823*	.117	-.200	.105	-.048	.077	.292*	.081
Community Mental Health	35	.058	.413	.256	-.200	.224	-.041	.102	.228*	.085

Note. *p < .05. Standardized β-coefficients are reported in order to facilitate ease of interpreting and comparing effect sizes across variables.^a As operationalized differently for each cause per the analysis plan – family and community touchpoints: number of HDB 1-2 room rental flats; disability touchpoints: proxy number of persons with disabilities; CMH touchpoints: proxy number of persons with poor mental health.

NVPC had observed consistently higher rates of donations and volunteerism from 2008 – 2018 among those living in 4-room flat and larger apartments. Our research also validated that the number of such households in the subzone and its proximity was correlated with SSA donation volume (Spearman's ρ = .23).

... Yet SSAs may only be in this situation because of urban design parameters

"So if you look at... where SSA[s are] usually designated... The Family Service Centre actually wants to create a space people can come in but they are also located at the corner of a neighbourhood. And they are also located under a 5-room flat so you are also kind of mixing the wrong people together..."
 - Founder & ED of 3Pumpkins Ltd., which employs community development approaches to help lower-income communities

"... in the earlier days the way [HDB flats are] designed and built" "in fact the old rental flats... the structure are a little different [with shops being spread across the floors]... [whereas in] the newer flats... it's all the void deck space."
 - Participant whose mental health SSA operates one touchpoint in an "old rental flat" setting while having at least 3 others in "normal estate[s]... 3- to 4-room, 5-room kind"

- Facing significant cost pressures – especially family and community agencies more reliant on fundraising, SSAs may be drawn to rent HDB spaces which offer preferential rates. More than 2 in 5 do so. (refer to map ▶)

Based on financial records, SSAs with family and community causes served are generally smaller in scale and draw an average 43% of their total receipts from donations, as compared to 31% for SSAs with disability causes and 22% with CMH causes.²

- From interviews, SSAs had remained confident in ability to attract donations; volunteers based on clearly articulated cause and mission for their work, proximity mattered not.

Disability Touchpoints Having "Too Much" of an Association with Familiar Places of PWDs?

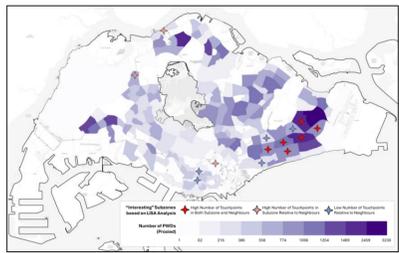
- High PWD residential association with disability touchpoints (β = .823) could imply seclusion – not ideal for social inclusion and integration

"Because we are quite centrally located... it allows us to help our [service users] in their training to be part of [the] community... [But] I'm quite sure that many organisations are not situated in the right spaces. And they are probably excluded, secluded, and probably forgotten."
 - Participant from a SSA serving persons with disabilities

POTENTIAL SPATIAL FORCES ACTING ON SSA LOCALITY TO EVALUATE, AS SUGGESTED FROM THE LITERATURE

- Proximity to wealthier communities which are more likely to donate to and volunteer at nearby SSAs
- Availability of physical operating space (at preferential rent)
- Desire to seek State legitimacy, causing SSAs to move closer to potential service users to (be seen to) serve them
- Government funding that relieves pressure on SSAs to depend on donation, and focus on their mission to serve the vulnerable
- Agglomeration effects – to be close to other SSAs to benefit from shared infrastructure, resources and knowledge, and service user access

Distribution of Disability Touchpoints³, with Number of PWDs per Subzone



Generally, NCSS-member SSAs are matching touchpoint locations well to where (residential) service demand is greater

- Across causes, central and east areas with generally high needs have most member touchpoints (◀ disability analysis as example)
- Gaps remain; interviews suggest Government stewards SSA locality only in an advisory role

Agglomeration Provides Focus, and Lowers Cost for SSAs

- Overall, touchpoints showed an unlikely-random degree of clustering³, and 44% were part of clusters, suggesting significant organic agglomeration.
- SSAs saw each other as different assets, and appreciated shared infrastructure.

Underlying Challenges for SSAs Confronting the Urban Policy Fabric

- SSAs have needed, and have tried to, interface with urban policymakers to overcome (systemic) issues pertaining to location and space needs.
- However, they perceive significant challenges and the occasional need to involve political office holders to overcome inertia is implied

"So [the political office holder] came and he said, 'OK, you guys probably need a bigger space'. And this was vacant. So we got this space directly from HDB... It's [a] high footfall [space]. So they [HDB] tend not to want to give it to SSA" "... so I think we are quite unique."

"I don't think the Government would have looked into it if we didn't reach out to them... [When] we went to speak with SLA who heard about our entire situation... the first prompting they had was 'you should come out of there and then we will allocate you a space'... [But] whatever site the SLA could come up with, one or two other agencies were saying 'no' because they have other considerations... it's not a whole-of-Government approach."
 - CEO of Equal-Ark Singapore Ltd., who has been trying for years to look for a more-sustainable space to run their equine-related programmes

OUR RECOMMENDATIONS

- Expand Government levers to facilitate SSAs to setup in underserved regions (e.g. simpler reporting requirements; enhanced funding models)
- Expand CSFS scheme capacity in the central region, scaling beyond commercial developments, with priority rental for disability SSAs
- Design for touchpoints to be closely linked to communities they aim to serve, and well-surrounded by amenities to bring out salience of SSA's work
- More importantly, for urban planners to see SSAs as a credible partner, and give an increased stake to achieve important urban goals together (liveability; placemaking; City in Nature)

