Mapping of Care Services for the Dying, their Caregiver, and the Bereaved

Developed by the Grief and Bereavement Community of Practice

Supported by the Singapore Association of Social Workers (SASW) and Singapore Hospice Council (SHC)

December 2017 – December 2020

SINGAPORE ASSOCIATION OF SOCIAL WORKERS

SINGAPORE HOSPICE COUNCIL
Living before Leaving

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PURPOSE AND TARGET AUDIENCE

Mapping of Care Services for the Dying, their Caregivers and the Bereaved is produced by the inaugural *Grief and Bereavement Community of Practice (CoP*) to contribute to the knowledge in the field of end-of-life, grief and bereavement care in Singapore. Assessing needs and providing timely psycho-emotional and practical support are important components of end-of-life, grief and bereavement care. However, there is currently no local service map to offer guidance to care providers and others providing services in the field. This map is developed as an education and service planning resource primarily for local health and community care service providers. Nevertheless, it also functions as an information directory and/or resource map to the general public who may be interested to learn about care services relevant to the field of end-of-life, grief and bereavement care.

This resource should not be used to dictate the needs of the dying, their caregivers and bereaved persons, or to prescribe care interventions by service providers. Instead, it highlights common care needs of grieving or bereaved individuals and signpost available community resources to meet those needs as they arise.

There may be a minority group of individuals who experience pronounced difficulties coping with their grief. They may find their grief disrupting and impairing various aspects of their lives to a point where they are unable to function properly on a daily basis and over prolonged periods of time. This is commonly known as complicated grief and may be related to the circumstances surrounding the death that maybe exceptionally distressing (traumatic), sudden and/or unexpected etc. Assessing risk factors of complicated grief will, however, not be covered in this resource.

It is recommended that bereaved persons experiencing prolonged and intense grief reactions seek professional help from health and/or mental health care practitioners such as bereavement counsellors, social workers, psychiatrist, and medical doctors etc. A list of community bereavement service providers can also be found at the Singapore Hospice Council website: https://singaporehospice.org.sg/community-bereavement-service-providers/

It should be noted that the creation of a local service map was inspired by *The Bereavement Pathway* that was jointly developed between Cruse Bereavement Care and the Bereavement Services Association in the United Kingdom. For more information on The Bereavement Pathway, refer to the following link:

https://nationalbereavementalliance.org.uk/bereavement-pathway/

METHODOLOGY

This service map was created through extensive literature review, as well as numerous rounds of facilitated group discussions and refinements by members of the GB CoP. Group facilitation techniques such as World Cafés and Learning Stations were used to identify needs and services, consolidate ideas, as well as to categorize and organize the information. Group discussion sessions were organized with guidance and advisement from Mr. Gopinathan, Director and Principal Consultant, Knowledge Associates International, during the initial phases of development.

A Person-Centred Care Perspective

A unique feature of this service map is the adoption of a person-centric approach to include the voice of service users (Refer to Page 10). Members of the GB CoP were tasked to conduct brief interviews with service users such as residents, clients, patients and/or caregivers etc. using the following questions:

1. *Which aspect of care delivery and service provision are important to you as a service user in our organization?*
2. *What are some aspects of the care or service delivered that you would hope to see change in this organization?*
3. *If you (or your loved ones) are going to be (a) admitted to, or (b) discharged from a healthcare institution, what is most important for you regarding the transition?*

Feedback from service users were consolidated, recorded, and categorized through several rounds of facilitated CoP group discussions. The GB CoP identified five major person-centered themes that are important to the dying, their caregivers and the bereaved:

1. **Familiarity and Continuity of Care**
2. **Improved communication and education**
3. **Seamless care transition**
4. **Non-abandonment**
5. **Customized care**

FORMAT AND STRUCTURE

Bereavement care may begin before a death and is not just about the actual dying phase or time around and after death (National Institute for Health and Care Excellence, 2004 & 2017; Parkes, 2006). In this map, information is organized and presented over three demarcated time periods of 12 months pre-death, days before and after death, as well as 12-month bereavement period post-death. According to the National Guidelines for Palliative Care and Interpretation Guide (2015), approaching the end-of-life is defined as when a person is likely to die within the next 12 months. Additionally, international guidelines stipulate the provision of bereavement services to family members by hospice care providers for up to a year following a patient's death.

Although a time-limited-service map, demarcated by periods of 12 months before and after the death of an individual, cannot fully encompass the experience of the dying, their caregivers and the bereaved, it can offer readers a way to navigate the complex health, community, government, and other ecosystems to meet the needs of persons impacted by death.

This map also integrates perspectives from both the care providers and service users, to highlight three key elements of end-of-life, grief and bereavement care needs and services across the demarcated time periods:

(a) **Providers of Care** – Who are the involved in providing care?

(b) **Aspects of Care** – What are the different aspects/types of care needs?

(c) **Care Task** – What are the focus of assessment and intervention?

Recognizing that people grief experience and express their grief differently, this map describes the mainstream care services, as well as grief interventions to address the wide range of *practical, financial, social, emotional,* and *spiritual* needs of the dying, their caregivers and the bereaved. Brief descriptions of selected care providers, care services as well as concepts found in the service map are indexed and provided in **Annex 1**.

It should be noted that under the Inpatient Hospice Palliative Care Service (IHPCS) from 1 April 2020, inpatient palliative care providers provide:

- **General palliative care** for patients with palliative care needs that require inpatient management. Examples include relieving symptoms such as pain and breathlessness through oral and subcutaneous medication, as well as socio-emotional support for patients and caregivers during this difficult time in their lives.
- **Specialised palliative care** for patients with complex needs that require higher levels of care (compared with general palliative care). Examples include the administration of intravenous medication and specialised wound care for complex wounds.

Although this service map does not organise palliative care service according to IHPCS, it is useful for reader to be informed of this policy, as it determines how these services are financed using Medishield Life and Medisave. For more information, visit **https://singaporehospice.org.sg/services/**

Information contained in this service map is accurate at the time of publication. However, this service map should be updated overtime to reflect the accuracy of services available in the local context. Readers should refer to the websites of relevant agencies for updated information as regulations, legislations and infrastructure related to end-of-life, grief and bereavement care services may change over time. **This resource is last updated as of 5 January 2022.**

BACKGROUND OF GRIEF & BEREAVEMENT COMMUNITY OF PRACTICE (GB CoP) IN SINGAPORE

The **Grief and Bereavement Community of Practice (GB CoP)** was formed in December 2017 by a group of like-minded social workers from the health, intermediate and long-term care (ILTC) as well as community care settings. The GB CoP was formed the auspices of the Singapore Association of Social Workers (SASW), Singapore Hospice Council (SHC) and funded by the Ministry of Health (MOH).

What is Community of Practice (CoP)?

A Community of Practice (CoP) is a self-governed group of people who share a common passion, interest and knowledge in a specific field of practice. CoP provides a conducive platform for practitioners to meet on a regular basis (face-to-face and/or online) to share practice experiences, discuss emerging issues and challenges, and generate and exchange new ideas.

This process allows members of the CoP to learn from one another through a collaborative approach (Wenger-Trayner, MacDermott & Snyder, 2002). The end goal of a CoP is to deepen one's knowledge, competencies and enable the individual to perform specific task(s) that he/she cares about more effectively.

The main objectives of the GB CoP were as follows:

a) *To create a platform where practitioners can develop capabilities to address and respond collectively to practice challenges related to cross-sector coordination of grief and bereavement services.*

b) *To enhance providers' experience of collaborative learning and practice.*

c) *To improve clients' experiences of transition, ensure continuity of care and improve the level of support to clients.*

The GB CoP was made up of more than 40 social work practitioners from the following health and community care institutions:

- Singapore Hospice Council
- Viriya Community Services
- Montfort Care
- Life Point
- Children's Cancer Foundation
- Club Rainbow
- Hua Mei Centre for Successful Aging
- Assisi Hospice
- Dover Park Hospice
- Methodist Welfare Services Home Hospice
- HCA Hospice Care
- Ren Ci Hospital
- St Andrew's Community Hospital
- St Luke's Hospital
- Yishun Community Hospital
- Tan Tock Seng Hospital
- Singapore General Hospital
- Ng Teng Fong General Hospital
- National Heart Centre Singapore
- National Cancer Centre Singapore

ACKNOWLEDGEMENT

The Grief & Bereavement CoP would like to acknowledge the contributions of the following CoP Core Group members in the development of this service map:

1. *Ms CHEE Wai Yee, Singapore Hospice Council*
2. *Mr Andy SIM, Singapore General Hospital*
3. *Ms TAN Yee Pin, National Cancer Centre Singapore*
4. *Ms NG Hwee Chin, Children's Cancer Foundation*
5. *Ms Candice TAN, Tan Tock Seng Hospital*
6. *Ms PEH Cheng Wan, Assisi Hospice*
7. *Ms Sara TAN, Life Point*
8. *Ms Evelyn LAI, Viriya Community Services*
9. *Ms Sandra LOO, Viriya Community Services*
10. *Ms LOK Huey Cheun, Life Point*
11. *Ms Jayne Chiara LEONG, Grief Matters*

We would also like to thank the following colleagues for their administrative and secretariat support to this project:

1. *Ms QUEK Seok Bin, Singapore Association of Social Workers*
2. *Ms Alison CHEW, Singapore Hospice Council*

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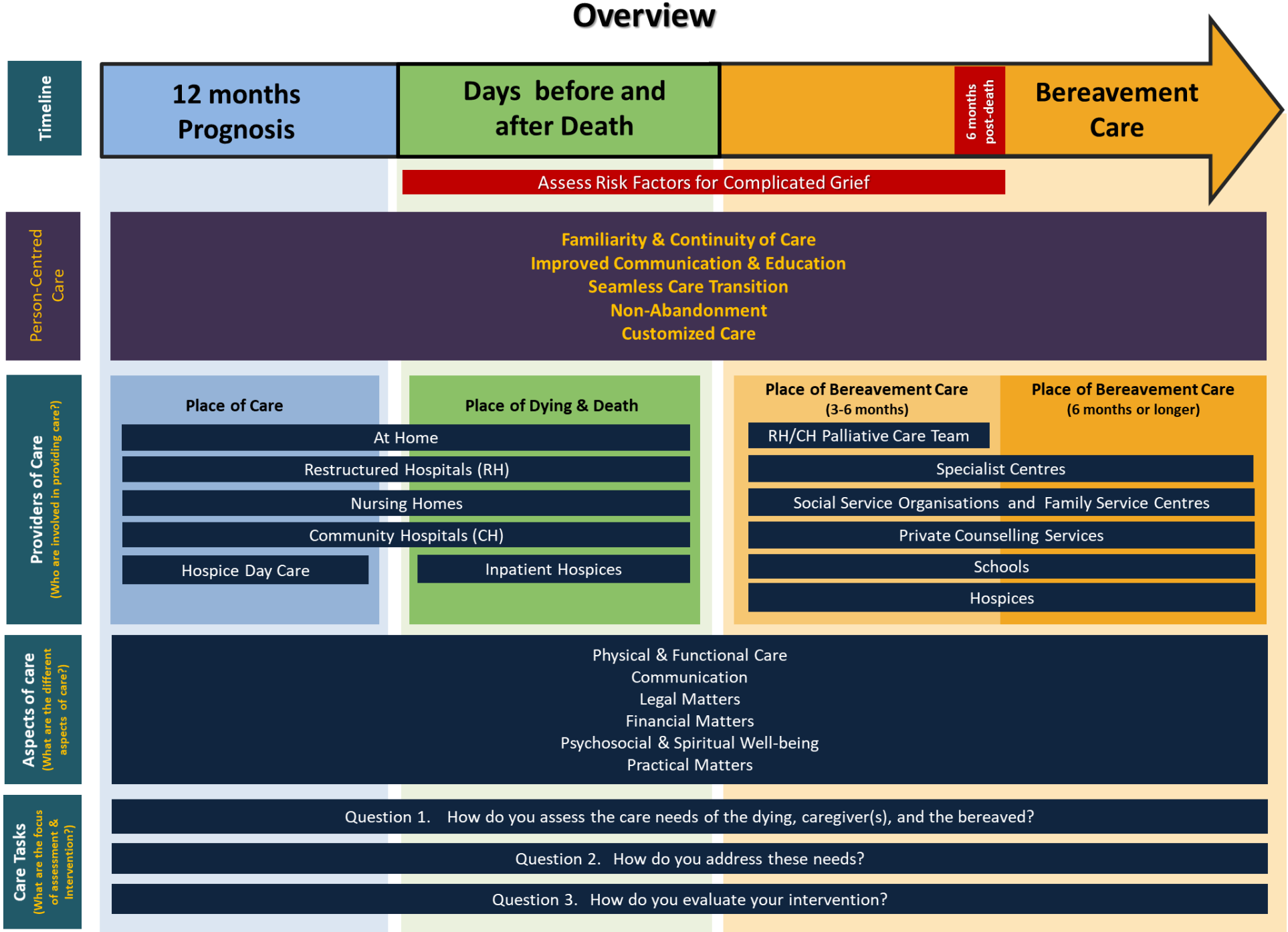
Mapping of Care Services for the Dying, their Caregivers, and the Bereaved

Please note that the number annotated beside selected items in the care map, from pages 11 – 13, indicates the provision of additional write-up in **Annex 1**.

Overview


Timeline
12 months Prognosis
Days before and after Death
6 months post-death
Bereavement Care
Assess Risk Factors for Complicated Grief
Person-Centred Care
Familiarity & Continuity of Care
Improved Communication & Education
Seamless Care Transition
Non-Abandonment
Customized Care
Providers of Care
(Who are involved in providing care?)
Place of Care
Place of Dying & Death
Place of Bereavement Care
(3-6 months)
Place of Bereavement Care
(6 months or longer)
At Home
Restructured Hospitals (RH)
Nursing Homes
Community Hospitals (CH)
Hospice Day Care
Inpatient Hospices
RH/CH Palliative Care Team
Specialist Centres
Social Service Organisations and Family Service Centres
Private Counselling Services
Schools
Hospices
Aspects of care
(What are the different aspects of care?)
Physical & Functional Care
Communication
Legal Matters
Financial Matters
Psychosocial & Spiritual Well-being
Practical Matters
Care Tasks
(What are the focus of assessment & intervention?)
Question 1. How do you assess the care needs of the dying, caregiver(s), and the bereaved?
Question 2. How do you address these needs?
Question 3. How do you evaluate your intervention?

A Person-Centred Care Perspective

Person-Centred Care
(What Matters to patients, caregivers and the bereaved)

Familiarity & Continuity of Care

- Care to be continuous (by same team)
- Team familiar with my condition
- Single point of contact (I know who to call)

Improved Communication & Education

- Have a voice for myself
- Provide timely and bit-size information
- Provide truthful and consistent messages
- Given advance notice
- Don't assume I know
- Use appropriate languages
- Provide guidance
- Given options to choose from

Seamless Care Transition

- Don't need to repeat information
- Timeliness of services and transmission of information to next care provider
- Need help to maneuver complex systems
- Need help to gain access to services
- Early referral
- Coordinated care

Non-Abandonment

- Be treated as a person
- Live with Dignity
- Support for caregivers
- Need someone to listen
- Be allowed to reminisce the deceased
- Care for foreigners
- Wish to be remembered
- Care for single persons

Customised Care

- I decide when I need your service
- Recognize that my needs are different
- Don't want to feel rushed
- Care and services should not be limited by funding

Mapping of Care Services for the Dying, Caregivers and the Bereaved

Timeline

12 months Prognosis → **Days before and after Death** → **6 months post-death** → **Bereavement Care**

Assess Risk Factors for Complicated Grief

Providers of Care
(Who is involved in providing care?)

Care at Home:
- Immediate or extended family member
- Neighbor
- Friend
- Colleague
- (1) Home Medical / Nursing Care Services
- (2) Private Nursing Care
- (3) Hospice Home Care
- (4) Home Personal Care
- Community Nursing
- Social Service Organisations
- Family Service Centres
- (5) Cluster Support
- General Practitioner
- (6) Interim Caregiver Services
- Volunteer
- Religious group
- (7) Transport Services
- (8) Befriender

Care in Healthcare Institutions and Residential Intermediate and Long-Term Care (ILTC) Services:
- Doctor
- Nurse
- Medical Social Worker
- Counsellor
- (9) Rehabilitation Therapist
  - Physiotherapist
  - Occupational Therapist
  - Speech Therapist
- (10) Chaplains / Pastoral Care / Spiritual Care Team
- Psychologist
- Pharmacist
- Dietitians
- (11) Care Coordinator
- (12) Nursing Aide
- Healthcare Attendant
- (13) Specialized Therapists
  - Art / Music / Play / Child Life / Expressive Arts

Other Professional / Personnel:
- (14) Funeral Director
- Insurance Agent
- (15) Lawyer
- Religious Leader
- Grassroot Leader / Community
- Employer
- School

Aspects of care
(What are the different aspects of care?)

Physical & Functional Care:
- (2) Private nursing
- (4) Home personal care
- (6) Interim caregiver services
- (7) Transport Services
- (9) Physical therapy services
- (24) Pain & symptom management
- (25) Caregiver training
- (26) Meals on Wheels
- (27) Medical escort
- (28) Medical or home care equipment
- (29) Mental Health Services

Communication:
- (31) Initiating Preferred Plan of Care conversations
- (32) Discussing goals of care
- (33) Breaking bad news
- (34) Managing infectious diseases e.g., Human Immunodeficiency Virus
- Illness-specific psycho-education
- Care arrangement & planning
- Making appropriate referrals
- (35) Funeral planning
- Contact-tracing of next-of-kin

Legal Matters:
- (40) Central Provident Fund Nomination / Early Withdrawal
- (41) Drawing up a Will
- (42) Home Protection Scheme
- (43) Dependants' Protection Scheme
- (44) Advance Medical Directive
- (45) Lasting Power of Attorney
- (46) Guardianship of children
- (47) Deputyship
- (48) Lease buy back scheme
- (49) Tenancy matters
- Bank savings
- (50) Setting up Trusty
- Private insurance

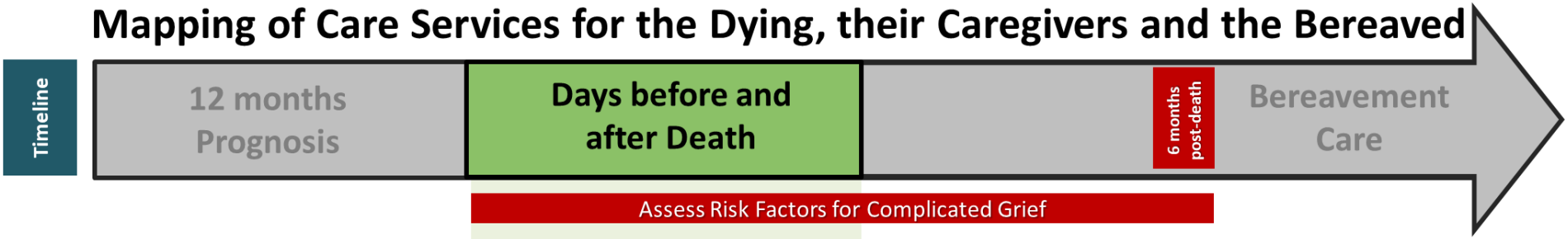
Financial Matters:
- (62) Caregiver training grant
- (63) Home caregiver grant
- (64) CareShield Life
- (65) Interim Disability Assistance Programme For the Elderly
- (66) Silver Support Scheme
- (67) Pioneer Generation Disability Assistance Scheme
- (68)Medisave
- (69)MediShield Life
- (70)Medifund
- (71) Senior Mobility Fund
- (72) Assistive Technology Fund
- (73) Enhancement for Active Seniors
- Charity assistance
- (74) Kindergarten Fee Assistance Scheme
- (75) Basic/Additional childcare subsidy
- ComCare Assistance
- Financial training for minor/vulnerable dependent
- (76) Grant-A-Wish

Psychosocial & Spiritual Well-being:
- Caregiver Support
- Counselling
- (79) Spiritual Care
- (80) Legacy-Building
- Befriender services
- (81) Anticipatory grief
- (82) Crisis Intervention
- (83) Make-A-Wish & Ambulance Wish Singapore
- (84) Create a bucket list
- (85) Hospice Day Care
- Family mediation and reconciliation

Care Tasks
(What are the focus of assessment & intervention?)

- Assesses patient and family for potential risk factors:
  - (81) Anticipatory Grief
  - (89) Disenfranchised Grief
  - (109) Caregiver burnout
  - (110) Complicated Grief
  - (111) Domestic / family violence
  - (112) Child / Elder Abuse or neglect
  - (113) Substance abuse
  - (114) Harm to self or others
- Explores stress factor(s) and coping mechanism of patient & family (with reference to their unique status / features) such as:
  - Illness and death histories in the family
  - Different life stages / age group
  - Financial and socio-economic status
  - Special population (pregnant women, prisoners, foreign worker, LGBTQI etc.)
  - Persons with special needs (Physically and/or mentally disadvantaged)
- Recognises and identifies loss and anticipatory grief issues as part of holistic case assessment
- Assess symptom burden and potential side-effect of on-going treatment
- Formulates case assessment, goals setting and intervention plans.
- Provides appropriate grief support and grief work i.e. legacy building, work on unfinished businesses etc. based on patient's care needs
- Facilitates and directs family meetings and interdisciplinary team conferences
- Makes timely referrals to connect patient and family with appropriate resources and services (hospitals, schools, legal, financial, housing, and VWOs/FSCs etc.)
- Evaluates effectiveness and timeliness of care and therapeutic interventions

Mapping of Care Services for the Dying, their Caregivers and the Bereaved



Providers of Care
(Who is involved in providing care?)

Care at Home:
- Immediate or extended family member
- Neighbours
- Friend
- Colleague
- (1) Home Medical / Nursing Care Services
- (2) Private Nursing Care
- (3) Hospice Home Care
- (4) Home Personal Care
- Community Nursing
- (5) Cluster Support
- (6) Interim Caregiver Services
- Social Service Organisations
- Family Service Centre
- General Practitioner

Care in Healthcare Institutions:
- Doctor
- Nurse
- Medical Social Worker
- Counsellor
- (9) Rehabilitation Therapist
  - Physiotherapist
  - Occupational Therapist
  - Speech Therapist
- Psychologist
- Pharmacist
- Dietitian
- (10) Chaplains / Pastoral Care / Spiritual Care Team
- (11) Care Coordinator
- Healthcare Attendant
- (12) Nursing Aide
- (16) Mortuary Team
- Specialized Therapist
  - Art / Music / Play / Child Life / Expressive Arts
- (17) Donor and transplant coordinator

Other Professional / Personnel:
- (14) Funeral Director
- Insurance Agent
- (15) Lawyer
- Religious Leader
- Grassroot Leader
- Employer
- (18) Housing Development Board
- (19) State Coroner
- Volunteer
- (20) Town council
- School
- Police

Aspects of care
(What are the different aspects of care?)

Physical & Functional Care:
- (24) Symptom & pain management
- (25) Caregiver training
- (28) Medical or home care equipment
- (30) Terminal discharge

Communication:
- (33) Breaking bad news
- (35) Discussing funeral arrangement
- (36) Reviewing Preferred Plan of Care
- (37) Facilitating family conferences
- (38) Discussing terminal extubation
- (39) Exploring palliative sedation

Legal Issues:
- (51) Certificate of Cause of Death
- (52) Death Certification
- (53) Coroner's Inquiry
- (54) Organ Donation
  - Human Organ Transplant Act
  - Medical (Therapy, Education & Research) Act

Psychosocial & Spiritual Well-being:
- (86) Vigil Services
- (87) Support for caregivers
- (88) Support for children of the dying person
- (89) Support for disenfranchised griever(s)
- (90) Facilitating final goodbyes
- (91) Rituals
- (92) Crisis Intervention & support for sudden and/or traumatic death e.g., suicide, road traffic accident & homicide etc.

Practical Matters:
- Need for privacy (transfer to private room if available)
- (95) Identity tracing for unknown persons
- (96) Last Office
- (97) Collection of body
- (98) Funeral and last rites arrangement
- (99) Pro-bono funeral services
- Facilitate visitation by next-of-kin e.g., Incarcerated Persons
- Contact tracing of next-of-kin
- (100) Financial aid for needy family

Care Tasks
(What are the focus of assessment & Intervention?)

- Assesses patient and family for potential risk factors:
  - Caregiver burnout
  - (81) Anticipatory Grief
  - (89) Disenfranchised Grief
  - (109) Complicated Grief
  - (111) Domestic / family violence
  - (112) Child / Elder Abuse or neglect
  - (113) Substance abuse
  - (114) Harm to self and/or others

- Explores stress factor(s) and coping mechanism of patient & family (with reference to their unique status / features) such as:
  - Family history in relation to death
  - Different life stages / age group
  - Financial and socio-economic status
  - Special population (pregnant women, prisoners, foreign worker/spouse , LGBTQIA+ etc.)
  - Persons with special needs (Physically and/or mentally disadvantaged)

- Recognises and identifies loss, anticipatory grief and bereavement issues as part of holistic case assessment
- Assess symptom burden and potential side-effect of on-going treatment
- Formulates case assessment, goals setting and intervention plans.
- Provides appropriate grief support and grief work e.g., legacy building, work on unfinished businesses etc. based on patient's care needs
- Facilitates and directs family meetings and interdisciplinary team conferences
- Makes timely referrals to connect patient and family with appropriate resources and services (pro-bono funeral services hospitals, schools, legal, financial, housing, and VWOs/FSCs etc.)
- Evaluates effectiveness and timeliness of care and therapeutic interventions

Mapping of Care Services for the Dying, their Caregivers and the Bereaved

Providers of Care
(Who is involved in providing care?)

Informal Support:
- Immediate or extended family member
- Friend
- Neighbours
- Colleague
- Foreign Domestic Worker
- Employer / Colleague
- Religious Group
- (8) Befriender
- (21) Care Aide

Professional Bereavement Support in Healthcare Institutions:
- Any of the Interdisciplinary Care Team Members
- Psychiatrist
- Psychologist

Professional Bereavement Support in Community :
- (22) Community-Based Bereavement Care Provider
- Family/Community Social Worker
- Counsellor (including School Counsellor)
- (23) Private Bereavement Care Provider

Others Involved in the Care of the Bereaved:
- (14) Funeral Director
- Insurance Agent
- (15) Lawyer
- Religious Leader
- Grassroot Leader

Aspects of care
(What are the different aspects of care?)

Physical & Functional Care:
- Healthcare services for the bereaved
- Mental healthcare services for the bereaved
- Care of Vulnerable Family Members (elderly, children and persons with disability etc.)
- (114) Harm to self and/or others

Legal Matters:
- (46) Guardianship of children
- (55) Home Ownership
- (56) Will execution
- (57) Asset management
- (58) Liability Management
- (59) Compensation (work or accident-related claims)
- (60) Citizenship and residency of surviving foreigner spouse and/or child
- (61) Police investigations

Financial
- (42) Home Protection Scheme
- (43) Dependants' Protection Scheme
- (77) Insurance Claims
- (78) Bank Account(s) Management
- Central Provident Fund payout
- Financial support for the bereaved

Psychosocial & Spiritual Well-being:
- (8) Befriending Services
- (91) Rituals
- (94) Bereavement Counselling / Therapy (including family work, mediation, reconciliation etc.)
- (95) Bereavement Support Group

Practical Matters:
- (101) Post-Funeral Services (e.g., engravement on tombstones)
- (102) Clearing out belongings
- (103) Transfer of foreign domestic worker
- (104) Pet adoption
- (105) Adjustments to new roles and responsibilities
- (106) Returning to work
- (107) Returning to school
- (108) Finding a new job

Care Tasks
(What are the focus of assessment & intervention?)

- Assesses bereaved person(s) for potential risk factors:
  - (89) Disenfranchised Grief
  - (109) Caregiver burnout
  - (110) Complicated Grief
  - (111) Domestic / family violence
  - (112) Child / Elder Abuse and / or neglect
  - (113) Substance abuse
  - (114) Harm to self and/or others

- Explores stress factor(s) and coping mechanism of bereaved person(s) (with reference to his/her unique status / features) such as:
  - Family history in relation to death
  - Different life stages / age group
  - Financial and socio-economic status
  - Special population – pregnant women, prisoners, foreign worker / spouse, LGBTQIA+ etc.
  - Persons with special needs (Physically and/or mentally disadvantaged)

- Formulates case assessment, goals setting and intervention plans.
- Assesses bereaved person(s) need for additional financial assistance, escort and/or care services etc.
- Coordinates the provision of appropriate follow-up bereavement care supports such as telephone calls, sending of bereavement cards and organising memorial services etc.
- Provides short-term or longer-term bereavement counselling or therapy as appropriate
- Makes timely referrals to connect bereaved person(s) with appropriate resources and services (befriender services, schools, legal, financial, housing, and voluntary welfare organisations / Family Service Centres etc.)
- Evaluates effectiveness and timeliness of care and therapeutic interventions

ANNEX 1

S/N	Category	Time Period	Item	Description
1.	Care at Home	12 months prognosis Days before and after death	**Home medical / Nursing Care Services**	Home medical care involves doctors visiting the elderly in their residences to provide medical services. This includes conducting minor medical procedures, comprehensive care assessments and providing long-term management of chronic conditions. Home nursing care involves providing nursing care such as wound dressing, injections, stoma care and insertion of nasogastric tubes at the senior's residence. These nurses also play a key role in managing and reviewing the care plan of the patient, in consultation with doctors, as well as providing caregiver training. **For more information:** • **Ministry of Health** - https://www.moh.gov.sg/home/our-healthcare-system/healthcare-services-and-facilities/intermediate-and-long-term-care-(iltc)-services • **Agency for Integrated Care** - https://www.aic.sg/care-services/home-medical **List of some home medical and/or nursing care providers (non-exhaustive list):** **Charity / Cooperative** • **Home Nursing Foundation** - https://www.hnf.org.sg/services/home-medical/ • **NTUC Health** - https://ntuchealth.sg/home-care **Private** • **ECON Home Care** - https://www.econhealthcare.com/services/econ-homecare • **Active Global Specialized Caregivers** - https://www.activeglobalcaregiver.sg/contact-us • **Caregiver Asia** - https://www.caregiverasia.com/elderly-home-care-services?locale=en-SG • **Ninkatec -** https://ninkatec.com/services/nursing-care/
2.	Care at Home	12 months prognosis Days before and after death	**Private nursing care**	Private nurses are hired to provide professional nursing care services at flexible service hours at home. They include simple and complex nursing procedures such as tube, stoma, and wound care etc. **For more information:** • **Caregiver Asia -** https://www.caregiverasia.com/services/medical-and-nursing?locale=en • **Jaga-Me Home Nursing** - https://www.jaga-me.com/ • **Speedoc** - https://speedoc.com/sg • **Carelink Home Nursing Services -** https://www.carelink.sg/services/private-nursing/ • **Homeage** - https://www.homage.sg • **Bamboos Professional Nursing Care** - https://bamboos.com.sg/services/home-nursing-care/

S/N	Category	Time Period	Item	Description
3.	Care at Home	12 months prognosis Days before and after death	**Hospice home care and Day Care**	Hospice home care offers persons with terminal illnesses the option to spend the rest of their days at home instead of at a hospital. A multidisciplinary healthcare team works alongside the caregiver(s) to ensure patient receive quality end-of-life care at home. **For more information:** • **Singapore Hospice Council -** https://singaporehospice.org.sg/services/ • **Health Hub** - https://www.healthhub.sg/a-z/medical-and-care-facilities/20/hospice_home_care_aic • **Agency for Integrated Care** - https://www.aic.sg/care-services/Pages/Care%20at%20Home/hospice-home-care.aspx **List of existing hospice home care providers:** • **Assisi Hospice -** http://www.assisihospice.org.sg/ • **Dover Park Hospice -** https://www.doverpark.org.sg/ • **HCA Hospice Care -** https://www.hca.org.sg/Home • **Metta Hospice Care -** https://www.metta.org.sg/hq/index.php/our-services/metta-hospice-care/ • **MWS Home Hospice -** https://mws.sg/ • **Singapore Cancer Society -** https://www.singaporecancersociety.org.sg/ • **St Andrew Community Hospital -** https://www.sach.org.sg/ • **Tsao Foundation (Hua Mei Mobile Clinic) -** https://tsaofoundation.org/ • **Buddhist Compassion Relief Tzu-Chi Foundation (Singapore) -** https://www.tzuchi.org.sg/en/our-missions/medicine/palliative-care/
4.	Care at Home Physical & Functional Care	12 months prognosis Days before and after death	**Home personal care**	Home Personal Care (HPC), previously known as home help services, provides home-based care services to enable person-in-need to continue living at home. The service is provided by trained care professionals to assist persons and their caregivers with Activities of Daily Living (ADLs) such as washing, dressing, and feeding, as well as medication assistance, elder-sitting and other care tasks. **For more information:** • **Agency for Integrated Care** - https://www.aic.sg/care-services/home-personal-care

S/N	Category	Time Period	Item	Description
5.	Care at Home	12 months prognosis Days before and after death	**Cluster support**	Cluster Support (CS) provides an integrated case management service to enable vulnerable and low-income seniors aged 60 and above who have no or low family support to age-in-place within the community for as long as possible. Referral for CS services may be initiated by hospital care coordinators, patient navigators (PN), as well as medical social Workers (MSW). **List of service providers:** • **Fei Yue Community Services** - https://www.fycs.org/our-work/seniors/senior-cluster-network/cluster-support/ • **NTUC Health** - https://ntuchealth.sg/cluster-support/ • **Lion's Befrienders** - https://www.lionsbefrienders.org.sg/services-sac-cluster-support/ • **Touch Cluster Support** - https://www.touch.org.sg/about-touch/our-services/touch-cluster-support-homepage • **AMKFSC Community Services** - https://www.amkfsc.org.sg/what-we-do/comnet
6.	Care at Home Physical & Functional Care	12 months prognosis Days before and after death	**Interim caregiver services (ICS)**	Interim Caregiver Services (ICS) aims to facilitate hospital discharges for persons who are waiting for their long-term care plans to come into effect. Interim caregivers are not professional nurses but have undergone simple training, usually work in 12-hours shifts, providing basic care such as caring out simple exercises or helping their clients with bathing or eating. An example is for an interim caregiver to care for the patient at home (usually for a month) while waiting for the application of a domestic helper to be completed. ICS application is usually initiated by the patient navigator (a nurse), care coordinator or medical social worker, while a patient is hospitalized. Fees quoted by service providers are typically before any government subsidies are applied, which can be as much as 80% depending on the senior's income level. Patients and/or their families may also contact service providers directly if they are able to afford private rate for the service. **For more information:** • **MIMS Today -** https://today.mims.com/singapore-s-first-private-caregiver-collaborates-with-moh-s-interim-caregiver-service • **Thye Hua Kwan Moral Society -** https://www.thknh.org.sg/thknh-home-care-services/ • **Active Global Specialised Caregivers -** https://www.activeglobalcaregiver.sg/interim-caregiver-service • **NTUC Health** - https://ntuchealth.sg/home-care/#ics • **Homage** - https://www.homage.sg/p/interim-caregiver-service/?utm_source=google&utm_medium=cpc&utm_campaign=SG_Demand_Core_GA_Search_Prospecting_Home_Care_ADL_Caregiver_EN_BMM&utm_term=Interim_Caregiver&utm_content=search_ad&gclid=Cj0KCQiA5bz-BRD-ARIsABjT4niHWggHOzEyGvwkP7tsQpptqmOjb32JpM0iemlkKsBWvnuZ_2kQTuAaAsPHEALw_wcB

S/N	Category	Time Period	Item	Description
7.	Care at Home	12 months prognosis Days before and after death	**Transport services**	**Non-Emergency Medical Transport Services** There are private ambulances and wheelchair-friendly transport services dedicated to serve non-emergency health-related transportation needs such as attending routine medical appointments, dialysis-treatment, elder care and/or therapy etc. Members of the public can dial 1777 for non-emergency private ambulances, or their preferred choice of private ambulance or transport service providers. **Regional Centralised Transport Service (RCTS)** RCTS provides transportation services for persons requiring to daycare services in Singapore. This initiative was created as a two-year pilot programme between AIC and 11 eldercare centre partners in January 2015. The service was expanded island-wide in February 2017. **For more information:** • **Dollars and Sense** - https://dollarsandsense.sg/public-vs-private-ambulances-vs-transport-services-differences-cost/ • **Blog.SilverActivities** - https://blog.silveractivities.com/non-emergency-medical-transport-services-in-singapore/ • **Agency for Integrated Care, Regional Centralised Transport Services** - https://aic-mosaic.sg/2017/10/30/transport-services-for-day-care-clients-get-moving/ **or** contact dial 6603 6800 / 1800 650 6060
8.	Care at Home	12 months prognosis Days before and after death Bereavement Care	**Befriender**	Befrienders services provides companionship and additional layer of social support for persons who are at risk of social isolated. There are several organisations providing trained befrienders (volunteers) to provide social and psycho-emotional support to befriendees (often seniors) through routine home visits. **For more information:** • **Ministry of Health, Community Befriending Programme** - https://www.moh.gov.sg/ifeelyoungsg/our-stories/how-can-i-age-actively/volunteer/community-befriending-programme • **HealthHub** – https://www.healthhub.sg/a-z/medical-and-care-facilities/14/befriending_service • **Agency for Integrated Care, Befriending Service & Neighbourhood Links** - https://www.aic.sg/care-services/Pages/Care%20at%20Home/befriending-service.aspx • **Lions Befrienders** - https://www.lionsbefrienders.org.sg • **Touch Community Services** - https://www.touch.org.sg/

S/N	Category	Time Period	Item	Description
9.	Care in Healthcare Institutions	12 months prognosis Days before and after death	**Rehabilitation therapist (Physiotherapy / Occupational Therapy / Speech Therapy)**	Rehabilitation Therapy is an umbrella term to cover physio, occupational and speech therapies. Therapists work alongside the interprofessional healthcare team to improve patient's physiological well-being and quality of life by enhancing patient's mobility, functional as well as speech functions. It is especially important at the end-of-life to enable patients to remain engaged regardless of their physical functions and disability. ***Physiotherapy*** involves the prevention, assessment, and treatment of disorders of human movement due to physical disabilities, trauma, or illness. It helps patients relieve pain, improve muscle strength, joint range, and mobility, increase exercise tolerance, and improve respiratory function. The fundamental purpose of ***occupational therapy*** is to develop and maintain a person's capacity, throughout life, to perform day-to-day tasks and roles essential to productive living, including self-care, daily living, leisure, and work. ***Speech Therapists***, also known as Speech Pathologists and Speech-Language Therapists, assess and manage speech, language, and other communication problems in people of all ages to enable them to communicate to the best of their ability. They also assess and manage people of all ages with swallowing problems to enable them to eat and/or drink safely. **Sources of information:** • **Ministry of Health, Allied Health Professionals** - https://www.moh.gov.sg/hpp/allied-health-professionals/career-practices/CareerNPracticesDetails/allied-health-professions • **Singapore Hospice Council Newsletter (Page 7)** - https://singaporehospice.org.sg/site2019/wp-content/uploads/HL3-2017SepEN.pdf • **Care to go Beyond SG** - https://www.caretogobeyond.sg/ahp/about-allied-health/know-your-ahps

S/N	Category	Time Period	Item	Description
10.	Care in Healthcare Institutions	12 months prognosis Days before and after death	**Chaplains / Pastoral Care / Spiritual Care Team**	Chaplains, pastoral care, or spiritual care teams focus on being sensitive and respectful of different faith traditions, beliefs, and cultural needs. They offer a hand of friendship, a listening ear, and a compassionate heart as they journey alongside patients on their illness experience. Apart from leading regular religious services or masses, ordained pastoral staff can provide sacramental services for patients upon request. **For more information:** • **Mount Alvernia Hospital** - https://mtalvernia.sg/about-us/clinical-pastoral-care/ • **Singapore Hospice Council** - https://singaporehospice.org.sg/site2019/wp-content/uploads/HL-Eng-Sep-2019.pdf • **St Andrew's Community Hospital** - https://www.sach.org.sg/inpatient-services-2/#Healing-the-Heart • **St Luke's Hospital** - https://www.slh.org.sg/wp-content/uploads/2019/11/SLH_Services-brochure_01nov2019.pdf
11.	Care in Healthcare Institutions	12 months prognosis Days before and after death	**Care Coordinator**	Care coordinators are positioned across the care continuum to ensure timely and effective care coordination and transition for patients and their families. They function as the main liaison between patients and health and social care providers and provide post-discharge follow-ups and make home-visits to ensure that patients and their caregivers are coping well in the community. When required, care coordinator can connect patients and families to additional social support services such as home and day care, financial assistance, and meals-on-wheels. **For more information:** • **The Straits Times** - https://www.straitstimes.com/singapore/health/more-help-to-come-for-patients-transitioning-from-hospital-to-home • **National Council of Social Services** - https://e-services.ncss.gov.sg/Career/Job/Detail/2f183a9c-cf89-ea11-8159-000c296ee030
12.	Care in Healthcare Institutions	12 months prognosis Days before and after death	**Nursing Aide**	Nursing Aide, also known as Healthcare Assistant or Basic Care Assistant attends to patient's needs and performs basic patient care under the guidance of trained nurses. He/she attends nursing support care training to improve his/her skills to provide quality patient care. Nursing Aide can work in acute and primary care, community hospitals, and care facilities. **Source of Information:** • **Skills Future, Nursing Aide Job Description** - https://www.myskillsfuture.gov.sg/content/student/en/secondary/world-of-work/occupation/occupation-detail.Healthcare-Assistant---Basic-Care-Assistant---Nursing-Aide-110708.html

S/N	Category	Time Period	Item	Description
13.	Care in Healthcare Institutions	12 months prognosis Days before and after death	**Specialized Therapists (Art / Music / Play / Child Life / Expressive Arts)**	Specialized Therapist believe that people can heal through tapping their creative expressions and imaginations, people can reflect on their body, emotions and thought processes. ***Art Therapist*** focuses on the process of art-making and the importance of the reflective and restorative values of personal artwork. The therapist aims to provide a safe platform to engage and help patients to uncover and express their inner feelings and/or experiences in their life and/or illness journey. ***Music Therapist*** uses music intervention such as singing, instrumental playing, music-assisted relaxation, songwriting, or lyrics analysis to work with patient's multidimensional needs. Common clinical conditions that music therapists address include physical discomfort, emotional distress, neurological conditions, spiritual needs, and imminent death. ***Child Life Therapist*** uses 'play' such as medical play, expressive play, and developmental-supportive play etc., as tools to help young patients cope with their health-related fears and anxieties. He/she also helps patients with chronic illnesses to overcome emotional problems such as low self-esteem. ***Expressive arts therapy*** combines psychology and the creative process to promote emotional growth and healing. This multi-art, or intermodal, approach to psychotherapy and counseling such as music, theater, poetry, dance, or other artistic form—as a therapeutic tool to help initiate change. The difference between expressive arts therapy and art therapy is that expressive arts therapy draws from a variety of art forms, while art therapy tends to be based on one particular art form. **Sources of information:** • **Art Therapist Association Singapore** - https://atas.org.sg/ • **Singapore Hospice Council Newsletter (Page 16)** - https://singaporehospice.org.sg/site2019/wp-content/uploads/HL-Eng-Sep-2019.pdf • **SmartParents.SG** - https://www.smartparents.sg/child/health-nutrition/conversations-child-life-therapist • **Children's Cancer Foundation** - https://www.ccf.org.sg/programmes-and-services/core-services/therapeutic-play/ • **Psychology Today** - https://www.psychologytoday.com/sg/therapy-types/expressive-arts-therapy

S/N	Category	Time Period	Item	Description
14.	Care in Healthcare Institutions	12 months prognosis Days before and after death	**Funeral Director**	Bereaved families usually engage a funeral director to coordinate and execute funeral arrangements for deceased loved ones. Funeral directors can assist with, but are not limited to, the following tasks: a. Collect the body of the deceased from the home / hospital mortuary b. Send the body of the deceased for embalming (if required) c. Coordinate and set up the site of the funeral wake d. Deliver the body of the deceased to the location of the wake e. Book of the crematorium or burial site f. Arrange the storage or scatter the ashes at sea **For more Information:** • **The Association of Funeral Directors** Singapore - http://afd.org.sg/ • **National Environment Agency** - https://www.nea.gov.sg/our-services/after-death/post-death-matters/arranging-a-funeral
15.	Other Professionals / Personnel	12 months prognosis Day before and after death Bereavement Care	**Lawyer**	There are various reasons why legal advice and/or services may be required prior and/or after the death of an individual. They may include, but are not limited to, the following: • Making and/or executing a Will • Making a lasting power of attorney (LPA) • Deputyship application • Setting up a Trust • Designating legal guardianship of children and/or custody issues • Probate matters - estate management after death There are several free and/or subsidized providers such as legal aids and legal clinics etc. for disadvantaged families to access legal support in Singapore. **For more information:** • **Legal Aid Bureau**- https://lab.mlaw.gov.sg/legal-services/how-do-i-apply-for-legal-aid/ • **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/legal-aid-court-cases/ • **The Law Society of Singapore, Pro Bono Services** - https://www.lawsociety.org.sg/our-community/pro-bono-services/ or https://www.lawsocprobono.org/Pages/default.aspx

S/N	Category	Time Period	Item	Description
16.	Care in Healthcare Institutions	12 months prognosis Days before and after death	**Mortuary Team**	The hospital mortuary team assists with the following after a death has occurred and the attending doctor is able to certify the cause of death and issue the Certificate of Cause of Death (CCOD): • Transfer and store body of a deceased person and/or body parts of a patient in the mortuary fridge while waiting for family and/or loved ones to claim the body • Register the death and issue the Death Certificate to the claimant, usually the deceased's family and/or loved ones (during office hours) • Release the body of the deceased to appointed funeral director/undertaker to arrange for last rites • Manage and dispose of unclaimed bodies and/or body parts after a stipulated period of time **For more information**: • **CNA Insider** - https://www.channelnewsasia.com/news/cnainsider/inside-tan-tock-seng-hospital-ttsh-mortuary-lessons-life-death-11014508
17.	Care in Healthcare Institutions	12 months prognosis Days before and after death	**Donor and Transplant Coordinator**	Transplant coordinators can either be Donors or Recipient Coordinators. They are part of an interprofessional care team and provide pre- and post-transplant education, counselling, care, and treatment. They are also involved in the coordination of deceased organ donations with National Organ transplant Unit (NOTU). Conversations regarding organ donation may be initiated before or after the death of a person. **For more information:** • **National University Hospital** - https://www.nuh.com.sg/our-services/Specialties/Organ-Transplantation/Pages/default.aspx#TranCo • **SingHealth** - https://www.singhealth.com.sg/news/awards/in-conversation-with-singhealth-transplant-coordinators
18.	Other Professional / Personnel	12 months prognosis Days before and after death	**Housing Development Board (HDB)**	Death in the family can affect the surviving occupiers' ability to retain housing properties. It is important to reach out to the respective HDB branch officer to request and/or appeal to retain the flat when the primary owner is diagnosed with serious and/or life-threatening illnesses. Refer to Item 55 for more information on housing matters. **For more information:** • **Housing Development Board** - https://www.hdb.gov.sg/cs/infoweb/residential/living-in-an-hdb-flat/changing-owners-occupiers/retain-flat-following-life-events • **Singapore Hospice Council Resource (Page 21) -** https://singaporehospice.org.sg/site2019/wp-content/uploads/SHC-When-A-Death-Occurs-A-Guide-to-Practical-Matters-English.pdf

S/N	Category	Time Period	Item	Description
19.	Other Professional / Personnel	12 months prognosis Days before and after death	**State Coroner**	The Coroner is a Judge of State Courts who, with the assistance of the police, conducts investigations into the circumstances in which a deceased died. The Coroner's Court deals with cases that are classified by the Police as Coroner's cases. The Coroner's Court will hold an inquiry when there is reason to suspect that a person has died in a sudden or unnatural manner, by violence, when the cause of death is unknown and in situations where the law requires an inquiry. Refer to Item 53 for more information on Coroner's Inquiry. **Source of Information:** • **State Courts Singapore** - https://www.statecourts.gov.sg/cws/CriminalCase/Pages/Coroners-Court.aspx • **Attorney-General's Chambers** - https://www.agc.gov.sg/legal-processes/coroner's-inquiry
20.	Other Professional / Personnel	Days before and after death	**Town council**	In order to hold a wake for a deceased person at the Housing Development Board (HDB) void deck / multi-purpose hall, the family will need to get a permit from relevant Town Council. **For more Information:** • **National Environment Agency** - https://www.nea.gov.sg/our-services/after-death/post-death-matters/arranging-a-funeral • **My Legacy** - https://www.mylegacy.gov.sg/find-a-service/find-town-council/
21.	Informal Support	Bereavement care	**Care aide**	Care aide provides basic carer services for patients requiring simple assistance with their activities of daily living such as grooming and personal hygiene, transferring and lifting, administration of oral medications etc., and medical escort etc. **For more information:** • **Carer Pte Ltd -** https://www.carer.com.sg/our-services
22.	Professional Bereavement Support in Community	Bereavement care	**Community-based bereavement care provider**	Community-based bereavement care providers are usually not-for-profit organisation providing bereavement support services to persons from different age-group and gender. Counselling services are highly subsidized or free-of-charge. **For more information:** • **Singapore Hospice Council** - https://singaporehospice.org.sg/community-bereavement-service-providers/

S/N	Category	Time Period	Item	Description
23.	Professional Bereavement Support in Community	Bereavement care	**Private Bereavement Care provider**	There are a number of private bereavement care providers locally. They provide a wide range of counselling services at affordable rates. **For more information:** • **Singapore Association for Counselling** - https://sacsingapore.org/registry/find-a-counsellor/wpbdp_category/grieflossdepression/ • **Petra Counselling** - http://petracounselling.com/counselling-on-grief-and-loss/?gclid=Cj0KCQiA5bz-BRD-ARIsABjT4nhDAO2GWqUcEshflIbdTb6BOgdlB1tTbxq5pWt2bsxZiRfSr8q0pqMaAvB-EALw_wcB • **Alliance Counselling** - https://www.alliancecounselling.com.sg/our-counsellors/grief-therapy/
24.	Physical & Functional Care	12 months prognosis Days before and after death	**Pain and symptom management**	Adequate pain and symptom management is an essential component of palliative and end-of-life care. Good pain and symptom management requires good communication between the patient, carer(s), and the care team. Care teams should empower patients and their carer(s) to share openly about their pain and symptoms. This will enable care teams to identify the cause(s) and/or source(s) of the pain and provide appropriate pharmacological and non-pharmacological treatment(s). **For more information:** • **National Guidelines for Palliative Care and Interpretation Guide (Dec 2015)** - https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-and-Interpretation-Guide-1st-Edition-Dec-2015.pdf • **Palliative Care Australia -** https://palliativecare.org.au/resources/learn-more-about-pain-and-pain-management/
25.	Physical & Functional Care	12 months prognosis Days before and after death	**Caregiver training**	Training for caregivers is important as it enables caregivers to cope with changing care needs. Most restructured hospitals offer caregiver training services to the identified carer(s) before discharging a patient with increasing care needs. Patients and families can enquire more information from the attending nurse. The Agency for Integrated Care (AIC) Silver Pages also provides a list of organizations providing caregiver training. **For more information:** • **Agency for Integrated Care, Caregiver Training Courses -** https://www.aic.sg/caregiving/caregiver-training-course • **Social Service Institute –** https://www.ssi.gov.sg/training/caregiving?gclid=Cj0KCQiAqo3-BRDoARIsAE5vnaLXg2pOor43zSxBsM0MT_JrBd9RrnRgikfNjtAXQa_Bue_EiteDkS4aAtceEALw_wcB • **HCA Hospice Care -** https://www.hca.org.sg/Palliative-Caregivers • **RasaCare -** http://www.rasacare.sg/caregiver-trainings/

S/N	Category	Time Period	Item	Description
26.	Physical & Functional Care	12 months prognosis	**Meals on wheels (MOW)**	Meals-on-Wheels (MOW) provides meal deliveries to homebound clients who are unable to buy and prepare their own meals and do not have a caregiver to assist them. **For more information:** • **Agency for Integrated Care** - https://www.aic.sg/care-services/Meals-on-Wheels%20(MOW)
27.	Physical & Functional Care	12 months prognosis	**Medical Escort and Transport**	Medical Escort and Transport (MET) provides escort and transport services for persons who are unable to travel independently, have no caregiver or, have caregivers who are unable to provide physical support due to their own health and physical condition(s). MET focuses on transport services to ferry patients between home and medical-related appointments at hospitals, specialist outpatient clinics, or polyclinics etc. **For more information:** • **Agency for Integrated Care** - https://www.aic.sg/care-services/Medical%20Escort%20and%20Transport
28.	Physical & Functional Care	12 months prognosis Days before and after death	**Medical or home care equipment**	Medical or home care equipment refers to any items required to support the care of a person within his or her home. These can include hospital bed, wheelchair, commode, and other related items. It is possible to check with home care service providers on the loan and maintenance of equipment required to support care at home. Purchase of medical or home care equipment is available from (but not limited to) the following private providers: **For more information:** • **Rainbow Care -** https://www.rainbowcare.com.sg/about-us • **Rehab Mart** - https://rehabmart.com.sg/
29.	Physical & Functional Care	12 months prognosis	**Mental health services**	Persons diagnosed with a terminal illness and their loved ones may require additional psycho-emotional support to cope with the impact of their diagnosis. While hospital-based medical social workers as well as other mental health care professionals may be referred to support patients and their loved ones, there are also community organizations who are able to offer additional support in the community. **For more information:** • **Grief Matters** - www.griefmatters.org.sg • **Viriya Community Services** - www.viriya.org.sg • **Viriya Therapy Centre** - https://viriya.org.sg/our-services/specialist-services/ • **Sheng Hong Welfare Services** - www.shenghong.org.sg/life-point • **Mind Matters, AIC** - https://www.aic.sg/resources/Documents/Brochures/Mental%20Health/Mind%20Matters%20Resource%20Directory%20Book.pdf

S/N	Category	Time Period	Item	Description
30.	Physical & Functional Care	Days before and after death	**Terminal Discharge**	A terminal discharge refers to the process of discharging a patient home from a hospital, hospice and/or nursing home in the last hours or days of their life, so that they can die at home. This often happens when a patient expresses or had previously expressed a strong wish to die at home. However, it is also important for the primary care team to consider the following factors before acceding to the request: a. Can patient's pain and symptoms be adequately managed at home? b. Is there a caregiver available to care for patient at home? c. Is the identified caregiver competent and confident to provide care at home? d. Are there adequate medical and/or care equipment at home to meet patient's care needs? e. Does the family require and able to afford additional caregiver services such as private nurses or care aide? f. Is there enough turnaround time for a hospice home care team to be referred? **For more information:** • **Duke-NUS Medical School -** https://www.duke-nus.edu.sg/lcpc/resources/sg-pall-ebook-disclaimer/sg-pall-ebook/terminal-discharge • **My Legacy** - https://www.mylegacy.gov.sg/end-of-life-planning/considerations-for-terminal-discharge/ • **Tsao Foundation** - https://tsaofoundation.org/doc/ihcno/Breakout_Session/PCN_5.pdf • **The Straits Times -** https://www.straitstimes.com/singapore/health/dying-at-home-is-what-many-want-but-few-do
31.	Communication	12 months prognosis	**Initiating Preferred Plan of Care (PPC) Conversations**	Advance Care Planning (ACP) is for everyone, regardless of age or health condition. It is a voluntary discussion that help a person to express his/her wishes about future health and personal care preferences. ACP also facilitate the identification of a Nominated Healthcare Spokesperson (NHS) to represent the person's views and preferences when he/she no longer have the mental capacity to make decisions. Preferred Plan of Care (PPC) is one of the three types of ACP in Singapore. PPC is appropriate for persons diagnosed with terminal illness(es) and are not expected to live more than one year. PPC examines what 'Living Well' means at the end-of-life for the individual and focuses on specific end-of-life questions such as the person's goals of care, preferred place of care and death etc. **For more information:** • **Agency for Integrated Care, Living Matters** - https://www.livingmatters.sg • **National University of Singapore, Centre for Biomedical Ethics, Bioethics Casebook -** http://www.bioethicscasebook.sg/backgrounder/advance-directives/ • **Singapore Legal Advice -** https://singaporelegaladvice.com/law-articles/advance-care-planning-singapore-get-started/

S/N	Category	Time Period	Item	Description
32.	Communication	12 months prognosis	**Discussing goals of care**	Goals of care are desired health expectations that are formulated through the thoughtful interaction between a human being seeking medical care and the healthcare team in the healthcare system and are appropriate, agreed on, documented, and communicated. When a person is diagnosed with serious illness, the medical team will engage the patient and/or family to discuss his or her goals of the medical care given to the patient. The goals of care are unique to the individual based on his or her values and preferences. **For more information:** • **UpToDate.com** - https://www.uptodate.com/contents/discussing-goals-of-care
33.	Communication	12 months prognosis Days before and after death	**Breaking bad news**	Breaking bad news is a communication process whereby a doctor informs his/her patient of serious illnesses such as cancer, end-stage organ failure and/or neurological illnesses, as well as terminal diagnosis. Bad News is defined as "any news that drastically and negatively alters the patient's view of his or her future'. Learning general communication skills can enable physicians to break bad news in a manner that is less uncomfortable for them and more satisfying for patients and their families. **For more information:** • **American Family Physician** - https://www.aafp.org/afp/2001/1215/p1975.html • **Singapore Medical Association** - https://news.sma.org.sg/4406/DIT.pdf • **Palliative Care Network of Wisconsin -** https://www.mypcnow.org/fast-fact/delivering-bad-news-part-1/
34.	Communication	12 months prognosis	**Managing Infectious Diseases**	Disclosure of infectious status, for example Human Immunodeficiency Virus (HIV), will be an important component of communications for an individual living with a life-limiting illness. Particularly at the last phase of life, there are pertinent considerations to be made, such as knowing who is aware of their diagnosis and who would take on the role of managing their last rites after they pass away. Certain contact precautions may be required for the caregiver, especially when there is a risk of exposure to bodily fluids/blood. Being able to maintain the confidentiality of their infectious disease diagnosis remains paramount for individuals even at the end-of-life. In the scenario where no other family members/friends are aware of the diagnosis, it will be needful to discuss with the individual how disclosure should be done, and to whom, after he/she passes away, in view of the specific measures required in funeral management for persons with infectious diseases. **For more information:** • **Singapore Statutes Online** - https://sso.agc.gov.sg/Act/IDA1976?ProvIds=P1IV-. • **Action for Aids Singapore** - https://afa.org.sg/law-and-hiv-in-singapore/#:~:text=When%20someone%20undergoes%20HIV%20testing,identifying%20data%20or%20contact%20details. • **UpdateToDate** - https://www.uptodate.com/contents/issues-in-hiv-aids-in-adults-in-palliative-care/print

S/N	Category	Time Period	Item	Description
35.	Communication	12 months prognosis	**Funeral Planning**	Funerals can be simple or elaborate. It can differ by religious requirements, and costs may vary widely. Some common considerations are: (a) the location of the funeral wake (b) the duration of the funeral wake, (c) the types of funeral ceremonial rites, (d) the decision for cremation or burial, and (e) storage of ashes or scattering of ashes at sea etc. Bereaved families can engage funeral directors to assist with funeral arrangements of the deceased. **For more information:** • **The Association of Funeral Directors Singapore** - http://afd.org.sg/for-the-public/ • **National Environment Agency** - https://www.nea.gov.sg/our-services/after-death/post-death-matters/arranging-a-funeral • **Singapore Hospice Council Resource (Chapter 1)** - https://singaporehospice.org.sg/site2019/wp-content/uploads/SHC-When-A-Death-Occurs-A-Guide-to-Practical-Matters-English.pdf
36.	Communication	Days before and after death	**Reviewing Preferred Plan of Care (PPC)**	During the last days before death, healthcare providers should continue to review a person's Preferred Plan of Care (PPC) and provide appropriate end-of-life care based on the person's best interest and take reference from the person's expressed preferences. Providers should continue to engage the person to review his PPC preferences or the nominated healthcare spokesperson(s) when the person no longer has the ability to speak for himself/herself. **For more information:** • **HealthHub -** https://www.healthhub.sg/a-z/medical-and-care-facilities/56/advance-care-planning • **National University of Singapore, Centre for Biomedical Ethics, Bioethics Casebook -** http://www.bioethicscasebook.sg/backgrounder/advance-directives/ • **Singapore Legal Advice -** https://singaporelegaladvice.com/law-articles/advance-care-planning-singapore-get-started/ • **Tan Tock Seng Hospital -** https://www.ttsh.com.sg/Patients-and-Visitors/Medical-Services/advance-care-planning/Documents/ACP%20Storybook%20-%20Conversations%20that%20Matter.pdf

S/N	Category	Time Period	Item	Description
37.	Communication	Days before and after death	**Facilitating family conferences**	Family conferences or family meetings are one potential method of interaction that may facilitate optimal care planning, and support in palliative and end-of-life care. It is commonly recommended as a useful way for the multidisciplinary healthcare team to convey information, clarify goals of care, discuss diagnosis, treatment, and prognosis, and plan care strategies with patients and their families. **Source of information:** • **BioMed Central Ltd** - https://bmcpalliatcare.biomedcentral.com/articles/10.1186/1472-684X-7-12 • **The Singapore Family Physician -** https://www.cfps.org.sg/publications/the-singapore-family-physician/article/907_pdf • **Cancer Therapy Advisor** - https://www.cancertherapyadvisor.com/home/decision-support-in-medicine/critical-care-medicine/how-to-run-a-family-meeting/
38.	Communication	Days before and after death	**Discussing terminal extubation**	For critically ill patients in the intensive care unit (ICU), death most commonly results from the withholding or withdrawal of ventilatory support. Physician counselling of families is a critical aspect of care for the dying patient who is to be removed from a ventilator. Ideally, the patient and/or family will be involved in the decision to withdraw the ventilator and thus apprised of the goals of care. **Source of information:** • **Palliative Care Network of Wisconsin** - https://www.mypcnow.org/fast-fact/information-for-patients-and-families-about-ventilator-withdrawal/ • **UpToDate** - https://www.uptodate.com/contents/withholding-and-withdrawing-ventilatory-support-in-adults-in-the-intensive-care-unit
39.	Communication	Days before and after death	**Exploring palliative sedation**	Palliative sedation (also known as total, terminal, or controlled sedation) is a measure of last resort used at the end-of-life to relieve severe and refractory symptoms or suffering. It is performed by the administration of sedative medications in monitored settings and is aimed at inducing a state of deceased awareness or absent awareness (unconsciousness). The intent of palliative sedation is to relieve the burden of otherwise intolerable suffering for terminally ill patients. **Sources of information:** • **UpToDate** - https://www.uptodate.com/contents/palliative-sedation?search=palliative%20sedation&source=search_result&selectedTitle=1~60&usage_type=default&display_rank=1 • **Palliative Care Network of Wisconsin** - https://www.mypcnow.org/fast-fact/controlled-sedation-for-refractory-suffering-part-1/ • **Singapore Medical Journal -** http://www.smj.org.sg/article/distancing-sedation-end-life-care-physician-assisted-suicide-and-euthanasia

S/N	Category	Time Period	Item	Description
40.	Legal Matters	12 months prognosis Bereavement Care	**Central Provident Fund (CPF) Nomination / Early Withdrawal**	Singaporean or Permanent Resident with Central Provident Fund (CPF) accounts can apply to withdraw their CPF savings on medical grounds. They will need to obtain certification from an accredited doctor* certifying one of the following reasons: a. the CPF holder is physically or mentally from ever continuing in any employment b. the CPF holder has a severely impaired life expectancy c. the CPF holder lacks capacity within the meaning of Section 4 of the Mental Capacity Act and lack of capacity is likely to be permanent d. the CPF holder is terminally ill **Accredited doctors are those from government restructured hospitals, polyclinics or specialists. If clarifications are needed, a detailed medical report may be required from a doctor from the accredited list. If the certifying doctor is not from the accredited list, the CPF holder would be required to obtain an independent assessment from the Board's panel of doctors.* **Source of information:** • **Central Provident Fund** - https://www.cpf.gov.sg/Members/Schemes/schemes/other-matters/cpf-withdrawals-on-other-grounds
41.	Legal Matters	12 months prognosis	**Drawing up a Will**	A Will is a legal document stating how a person's estate is to be managed and distributed upon his or her death. **Formalities of a Will** 1. Must be made in writing 2. Testator must be at least 21 years old 3. Testator must sign at the foot of the will, in front of 2 witnesses. 4. The 2 witnesses cannot be beneficiaries of the will. **Estimated Lawyer Cost:** About $200 to $400 for a simple will. **Free:** OCBC Online Will Generator **For more information:** • **Singapore Legal Advice -** https://singaporelegaladvice.com/law-articles/complete-guide-making-will-singapore/ **or** https://singaporelegaladvice.com/law-articles/how-do-i-make-a-will/ • Sheng Hong Welfare Services, Life Point - https://shenghong.org.sg/life-point/our-services/will/

S/N	Category	Time Period	Item	Description
42.	Legal Matters	12 months prognosis Bereavement Care	**Home Protection Scheme (HPS)**	Home Protection Scheme (HPS) is a mortgage-reducing insurance that protects members and their families against losing their HDB flat in the event of death, terminal illness, or total permanent disability. HPS insures members up to age 65 or until the housing loans are paid up, whichever is earlier. When enforced, HPS claim will be paid directly to Housing & Development Board (HDB) or to the mortgagee directly to settle the outstanding house loan up to the insured amount. **HPS claim process:** 1. Update CPF Board of the home-owner's demise through the online application form. 2. Provide a copy of the death certificate. 3. CPF Board will contact the family members for further assistance. **Sources of information:** • **Central Provident Fund -** https://www.cpf.gov.sg/Members/Schemes/schemes/housing/home-protection-scheme • **Property Guru -** https://www.propertyguru.com.sg/property-guides/home-protection-scheme-hdb-guide-30138
43.	Legal Matters	12 months prognosis Bereavement Care	**Dependants' Protection Scheme (DPS)**	Dependent Protection Scheme (DPS) is a term insurance and is automatically extended to eligible CPF members aged between 21 to 60 years old. Operating on an opt-out basis, DPS provides insured CPF members and their families with a limited payout should the insured members die, suffer from terminal illness, or become permanently disabled. Currently, DPS covers insured members for a maximum sum assured of $46,000 up to 60 years old, and is administered by two insurers, Great Eastern Life and NTUC Income. ***From 1 April 2021, DPS will cover insured members for a maximum sum assured of $70,000 up to 65 years old. Great Eastern Life will take over the sole administration of DPS.*** **Source of information:** • **Central Provident Fund** - https://www.cpf.gov.sg/Members/Schemes/schemes/other-matters/dependants-protection-scheme

S/N	Category	Time Period	Item	Description
44.	Legal Matters	12 months prognosis	**Advance Medical Directive (AMD)**	An Advance Medical Directive (AMD) is a legal document that a person sign in advance to inform the doctor treating him/her (in the event he/she becomes terminally ill and unconscious) that he/she does not want any extraordinary life-sustaining treatment to be used to prolong his/her life. **For more information:** • **Ministry of Health, Advance Medical Directive** - https://www.moh.gov.sg/policies-and-legislation/advance-medical-directive • **Singapore Statutes Online** - https://sso.agc.gov.sg/Act/AMDA1996 • **National University of Singapore, Centre for Biomedical Ethics, Bioethics Casebook -** http://www.bioethicscasebook.sg/backgrounder/advance-directives/ • **Singapore Legal Advice -** https://singaporelegaladvice.com/law-articles/advance-care-planning-singapore-get-started/
45.	Legal Matters	12 months prognosis	**Lasting Power of Attorney (LPA)**	The Lasting Power of Attorney (LPA) is a legal document that a person who is above the age of 21 can make to voluntarily appoint one or more persons as donee(s) to make decisions and act on his or her behalf if he or she should one day lose the capacity to make own decisions in accordance with the Mental Capacity Act. A donee can be appointed to act in the two broad areas of personal welfare and property & affairs matters. **For more information:** • **Ministry of Social and Family Development** - https://www.msf.gov.sg/policies/Pages/Lasting-Power-of-Attorney.aspx • **Office of Public Guardian** - https://www.msf.gov.sg/opg/Pages/Home.aspx • **National University of Singapore, Centre for Biomedical Ethics, Bioethics Casebook -** http://www.bioethicscasebook.sg/backgrounder/advance-directives/ • **Singapore Legal Advice -** https://singaporelegaladvice.com/law-articles/advance-care-planning-singapore-get-started/

S/N	Category	Time Period	Item	Description
46.	Legal Matters	12 months prognosis Bereavement Care	**Guardianship of children**	Parents are natural guardian of their children. A testamentary guardian, on the other hand, is legally appointed by the parents in their Will, as a precautionary measure in the event of the parents' anticipated or unanticipated death, to take care of the welfare of the children until they reach 21 years of age. To be a testamentary guardian, the appointed person is required to reside in Singapore, but is not required to be a relative of the parent/child. In the absence of the above, a person can apply under the Guardianship of Infants Act (GIA) to be appointed legal guardian of the child. **For more information:** • **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/appointing-guardian-children-will-singapore/ **or** https://singaporelegaladvice.com/law-articles/applying-to-be-a-legal-guardian/#:~:text=Guardian%20Appointed%20by%20Deed%20or%20Will&text=To%20be%20a%20testamentary%20guardian,of%20the%20parent(s). • **Family Justice Courts** - https://www.familyjusticecourts.gov.sg/what-we-do/family-courts/guardianship • **Guardianship of Infants Act (Chapter 122) -** https://sso.agc.gov.sg/Act/GIA1934
47.	Legal Matters	12 months prognosis	**Deputyship**	A deputy is appointed by the court and is granted specific powers to make decisions for the benefit and welfare of someone who has lost his or her mental capacity and has not made an LPA. A deputy can be an individual or a licensed trust company under the Trust Companies Act (Cap.336), as prescribed by the Mental Capacity Regulations. Parents of children with intellectual disability may also apply to the court to appoint themselves as deputies for their children and another person as a successor deputy to plan for the situation where the parents themselves lose capacity or pass away. **For more information:** • **Ministry of Social and Family Development** - https://www.msf.gov.sg/opg/Pages/What-Is-A-Court-Appointed-Deputy.aspx • **Family Justice Courts** - https://www.familyjusticecourts.gov.sg/what-we-do/family-courts/deputyship • **Touch Community Services** - https://www.touch.org.sg/get-involved/professional-deputies-donees • **Sheng Hong Welfare Services, Life Point** - https://shenghong.org.sg/life-point/
48.	Legal Matters	12 months prognosis	**Lease Buyback Scheme (LBS)**	Lease Buyback Scheme (LBS) allows one to monetise their flat to receive monthly income in your retirement years, while continuing to live in it. It is available for persons aged 65 years and above. **For more information:** • **Housing Development Board** - https://www.hdb.gov.sg/cs/infoweb/residential/living-in-an-hdb-flat/for-our-seniors/lease-buyback-scheme

S/N	Category	Time Period	Item	Description
49.	Legal Matters	12 months prognosis	**Tenancy Matters**	Tenancy Matters refer to any issues relating to rental of flat such as Tenancy Renewal, Change of Occupier, Change of Tenancy etc. **For more information:** • **Housing Development Board** - https://www.hdb.gov.sg/cs/infoweb/residential/renting-a-flat/renting-from-hdb/public-rental-scheme/tenancy-matters
50.	Legal Matters	12 months prognosis	**Setting up A Trusty**	A Trust is a legal relationship in which an individual or institution (known as the Trustee) holds assets, subject to a legal obligation to keep or use the assets for the benefit of another (known as the Beneficiary). You can approach Special Needs Trust Co. (SNTC) or your preferred law practice if you would like to find out more about setting up a Trust. **Sources of Information**: • **Special Needs Trust Co.** - https://www.sntc.org.sg/Pages/Home.aspx
51.	Legal Issues	Days before and after death	**Certificate of Cause of Death (CCOD)**	A Certificate of Cause of Death (CCOD) is a document filled in by a licensed medical practitioner to certify that the individual's death is resulted from known and natural causes. The CCOD can be issued by a doctor, either at the hospital, or a doctor who visits the home if death occurs at home. Currently with the CCOD, the family and/or friend may register the death. Death registration must be done within 24 hours of the death at one of these locations: • *Police Divisional Headquarters (24 hours)* • *Neighbourhood Police Centres (24 hours)* • *Neighbourhood Police Posts (Opening hours varies)* • *Hospital Mortuary (Office hours)* • *Registry of Births and Death, Immigration & Checkpoints Authority (Office hours)* ***With effect from 20 February 2022, all medical practitioners will be mandated to submit death certificate electronically. Since the issuance of the Death Certificate will be digitized, there will no longer be a need for the deceased's family and/or friend to register the death as stated above.*** **Sources of Information:** • **Registration of Births and Death Bill** - https://www.mha.gov.sg/mediaroom/press-releases/registration-of-births-and-deaths-bill/ • **National Environment Agency** - https://www.nea.gov.sg/our-services/after-death/post-death-matters/when-death-occurs • **HealthHub** - https://www.healthhub.sg/live-healthy/280/preparing_for_funeral • **My Legacy** - https://www.mylegacy.gov.sg/when-death-happens/ • **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/death-registry-autopsy-funeral-expenses-singapore/

S/N	Category	Time Period	Item	Description
52.	Legal Issues	Days before and after death	**Death Certificate**	A Death Certificate is an official document to declare the death of an individual. Upon registration of the death, the Certificate of Cause of Death (CCOD) will be retained by the death registration centre, and a Death Certificate will be given to the person registering the death. A Death Certificate is required to place an obituary in the newspapers, engage a funeral director, and to arrange for cremation or burial. ***With effect from 20 February 2022, all medical practitioners will be mandated to submit death certificate electronically. Since the issuance of the Death Certificate will be digitized, there will no longer be a need for the deceased's family and/or friend to register the death at any of the previously designated locations.*** **Source of Information:** • **National Environment Agency** - https://www.nea.gov.sg/our-services/after-death/post-death-matters/when-death-occurs • **HealthHub** - https://www.healthhub.sg/live-healthy/280/preparing_for_funeral • **My Legacy** - https://www.mylegacy.gov.sg/when-death-happens/ • **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/death-registry-autopsy-funeral-expenses-singapore/
53.	Legal Issues	Days before and after death	**Coroner's Inquiry**	Coroner's Inquiry (CI) is an inquiry conducted by a Coroner into the circumstances leading to a death. It is governed by the Coroner's Act (Cap.63A) ("Coroners Act"), which came into effect on 2 January 2011. A CI is a fact finding and not a fault-finding process, the purpose of which is for Coroner to ascertain (a) the identity of the deceased, and (b) how, when and where the deceased came by his/her death. A doctor may report the death to a coroner if (i) the cause of death is unknown or unexplained, or (ii) death was unnatural or violent. In such circumstances, the doctor will need to contact the police and report the death to a coroner. A Police Investigating Officer (IO) will be assigned to interview the family of the deceased and provide guidance on the necessary procedures. **Source of Information:** • **My Legacy** - https://www.mylegacy.gov.sg/when-death-happens/coroners-case-at-mortuary-hsa/ • **Attorney-General's Chambers, Coroner's Inquiry** - https://www.agc.gov.sg/legal-processes/coroner's-inquiry • **Singapore Legal Advice - https://singaporelegaladvice.com/law-articles/death-registry-autopsy-funeral-expenses-singapore/**

S/N	Category	Time Period	Item	Description

54.	Legal Issues	Days before and after death	**Organ Donation**	There are two ways in which organ donations may be legally performed in Singapore. It is important to discuss one's intention to be an organ donor with his/her loved ones as it is often a difficult conversation for bereaved family to discuss immediately after the death of a person if they had no prior knowledge of such wishes.
				
				Human Organ Transplant Act (HOTA)
				HOTA is a mandatory organ donation scheme that applies to all Singapore Citizens and Permanent Residents 21 years old and above, regardless of religion, who are not mentally disordered, unless they have opted out. It allows for the kidneys, heart, liver, and corneas to be removed, for the purpose of transplantation, in the event of death from any cause. HOTA
				
				Medical (Therapy, Education & Research) Act (MTERA)
				MTERA is an opt-in scheme, where people can pledge their organs or any body parts for the purposes of transplant, education, or research after they pass away.
				
				Sources of information:
				• **Ministry of Health**
				  • **HOTA** - https://www.moh.gov.sg/policies-and-legislation/human-organ-transplant-act
				  • **MTERA** - https://www.moh.gov.sg/policies-and-legislation/the-medical-(therapy-education-and-research)-act-(mtera)
				• **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/organ-donation-in-singapore/
				• **LiveOn.SG** - https://www.liveon.gov.sg/organ-supporter.html

S/N	Category	Time Period	Item	Description
55.	Legal Matters	Bereavement Care	**Home ownership (Purchase / Rental)**	Property ownership in Singapore broadly falls under two categories: joint tenancy and tenancy-in-common. The type of tenancy and where applicable, the share of ownership, will be clearly recorded on the title deed of the property. Upon the death of a joint owner, the remaining joint owner(s) of an HDB flat will have to lodge the *Notice of Death* with the Singapore Land Authority either personally, through an appointed solicitor, or through HDB Branch's legal services. A non-citizen spouse can retain the flat following the demise of the Singaporean spouse-owner if he/she becomes a Singaporean or permanent resident (PR) within a one-year period, or if he/she includes a Singaporean or PR family member who is at least 21 and satisfies the eligibility rules and conditions to own a flat. If the non-citizen widow or widower has Singaporean children who are minors, HDB can consider exercising flexibility, on a case-by-case basis, for the flat to be held in trust by a Singaporean or PR trustee, on the condition that the flat is to be given to the Singaporean children when they reach 21 years old. **Source of Information:** • **Housing Development Board -** https://www.hdb.gov.sg/cs/infoweb/residential/living-in-an-hdb-flat/changing-owners-occupiers/retain-flat-following-life-events • **Ministry of National Development -** https://www.mnd.gov.sg/newsroom/parliament-matters/q-as/view/written-answer-by-ministry-of-national-development-on-ownership-of-hdb-flat-of-deceased-singaporeans-with-foreign-spouses-and-children • **Today Online -** https://www.todayonline.com/8days/seeanddo/thingstodo/what-will-happen-your-hdb-flat-or-private-property-if-you-die-today
56.	Legal Matters	Bereavement Care	**Execution of Will**	If the deceased person had made a Will, his or her assets will be distributed according to the Will. The nominated "Executor" of the Will has to apply to the court for a Grant of Probate. If the deceased person passed on without a valid Will, a family member will have to apply to court to be appointed as an Administrator to administer the distribution of the deceased's Estate according to the Intestate Succession Act. **For more information:** • **Singapore Statutes Online, Intestate Succession Act** - https://sso.agc.gov.sg/Act/ISA1967 • **Singapore Statutes Online, Probate & Administration Act** - https://sso.agc.gov.sg/Act/PAA1934 • **Dollars and Sense** - https://dollarsandsense.sg/what-happens-to-peoples-assets-when-they-pass-on/ • **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/how-to-access-the-bank-account-of-a-deceased-spouse/

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57.	Legal Matters	Bereavement Care	**Asset management**	If the deceased person did not leave a valid Will, the state will distribute the asset of the deceased to his or her survivors based on the (i) Intestate Succession Act, and (ii) Probate and Administration Act (PAA). The Intestate Succession Act does not apply to Muslim. The distribution of property of a deceased Muslim domiciled in Singapore at the time of death is governed by Muslim intestate law, *Faraid,* under the Administration of Muslim Law Act (AMLA) and is administrated by the Syariah Court. **For more information:** • **Singapore Statutes Online** - https://sso.agc.gov.sg/Act/ISA1967 **or** https://sso.agc.gov.sg/Act/PAA1934 • **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/muslim-inheritance-law-in-singapore/ **or** https://singaporelegaladvice.com/law-articles/how-to-access-the-bank-account-of-a-deceased-spouse/ • **Dollars and Sense** - https://dollarsandsense.sg/what-happens-to-peoples-assets-when-they-pass-on/
58.	Legal Matters	Bereavement Care	**Liability Management**	In Singapore, family members are generally not legally responsible for debts left behind by the deceased. However, in situation whereby the surviving family member holds a joint account with the deceased such as a joint personal loan or mortgage that is co-signed, he/she will have to assume the deceased's responsibility. Here are some common debts and liabilities: taxes, loans, funeral expenses and/or medical bills etc. Depending on whether the deceased had written a Will, the executor first applies for a Grant of Probate or a Grant of Letter of Administration, respectively. After obtaining approval from the courts, the executor can then administer the deceased's estate. As a rule, debts will be payable out of the deceased's estate, and one of the roles performed by the executor is to settle these debts by administering the estate. He/she may thus proceed to, for instance, sell off investments and withdraw the money left in the deceased's bank accounts to pay off relevant debts. **For more information:** • **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/what-happens-to-your-debts-when-you-die/ • **My Legacy** - https://www.mylegacy.gov.sg/when-death-happens/settle-outstanding-bills-and-taxes/

S/N	Category	Time Period	Item	Description
59.	Legal Matters	Bereavement Care	**Compensation (work or accident-related claims)**	**Work Injury Compensation Act (WICA)** In Singapore, the Work Injury Compensation Act (WICA) is a statue that aims to assist employees in making claims for work-related injuries or diseases to the Ministry of Manpower (MOM). All employee under a contract of service or a contract of apprenticeship (including internships) will be covered by the WICA and can make claims under it. However, WICA does not cover the following: 1. Independent contractors (e.g. freelancers) 2. Domestic workers 3. Uniformed personnel of the Singapore government (e.g. Singapore Armed Forces, Singapore Civil Defense Force, Singapore Police Force) **Personal Injury and Negligence Claim** A personal injury is a physical or mental injury that is inflicted on your body by another. This usually arises from a traffic accident (including e-scooter accidents), an accident at work, or purely due to someone else's negligence, such as botched medical procedures. Claims can be made on general damages, special damages, punitive damages, and possibly legal fees. **Sources of Information:** • **Ministry of Manpower** - https://www.mom.gov.sg/workplace-safety-and-health/work-injury-compensation • **Singapore Legal Advice, Work Injury Compensation Act** - https://singaporelegaladvice.com/law-articles/how-to-obtain-work-injury-compensation-for-workplace-accidents/ • **Singapore Legal Advice, Personal Injury -** https://singaporelegaladvice.com/law-articles/personal-injury/claiming-personal-injury/
60.	Legal Matters	Bereavement Care	**Citizenship & residency of foreign spouse and/or child**	Foreigners who are married to or are children of Singaporeans but are not permanent residents, often rely on temporary passes, such as long-term visit pass (LTVP) or dependent's pass that must be renewed by their Singaporean spouses. They may face difficulties to renew their passes after the death of their Singaporean spouses. Foreign spouses who need help can call the Association of Women for Action and Research (Aware) helpline at 1800-774-5935, or the Archdiocesan Commission for the Pastoral Care of Migrants & Itinerant People (ACMI) helpline at 9188-9162. **Sources of Information:** • **The Straits Times, 4 September 2016** - https://www.straitstimes.com/singapore/grieving-widow-finds-solace-in-neighbours **or** https://www.straitstimes.com/singapore/more-foreign-spouses-on-temporary-passes-seeking-help

S/N	Category	Time Period	Item	Description
61.	Legal Matters	Bereavement Care	**Police Investigation**	A doctor may report the death to a coroner if (i) the cause of death is unknown or unexplained, or (ii) death was unnatural or violent. In such circumstances, the doctor will need to contact the police and report the death to a coroner. A Police Investigating Officer (IO) will be assigned to interview the family of the deceased and provide guidance on the necessary procedures. **Source of Information:** • **My Legacy** - https://www.mylegacy.gov.sg/when-death-happens/coroners-case-at-mortuary-hsa/ • **Attorney-General's Chambers, Coroner's Inquiry** - https://www.agc.gov.sg/legal-processes/coroner's-inquiry
62.	Financial Matters	12 months prognosis	**Caregivers Training Grant**	Caregiver training grant is a $200 annual subsidy that enables caregivers to attend approved courses to better care for their loved ones. **For more information:** • **Agency for Integrated Care** - https://www.aic.sg/financial-assistance/Caregivers%20Training%20Grant%20(CTG)
63.	Financial Matters	12 months prognosis	**Home Caregiving Grant**	The Home Caregiving Grant (HCG) replaces the Foreign Domestic Worker (FDW) Grant from October 2019. It is a $200 monthly cash payout to support your loved ones with at least permanent moderate disability, i.e. always require some assistance to perform 3 or more Activities of Daily Living (ADLs). **For more information:** • **Agency for Integrated Care** - https://www.aic.sg/financial-assistance/Home%20Caregiving%20Grant%20(HCG)
64.	Financial Matters	12 months prognosis	**CareShield Life**	CareShield Life is a long-term care insurance scheme that provides basic financial support should Singaporeans become severely disabled, especially during old age, and need personal and medical care for a prolonged duration (i.e. long-term care). Launched on 1 October 2020, CareShield provides eligible Singaporeans or Permanent Residents lifetime payouts of at least $600 a month. **Sources of information:** • **CareShield Life** - https://www.careshieldlife.gov.sg/careshield-life/about-careshield-life.html • **Central Provision Fund** - https://www.cpf.gov.sg/Members/Schemes/schemes/healthcare/careshield-life • **The Straits Times** - https://www.straitstimes.com/singapore/health/compulsory-careshield-life-to-start-oct-1-for-residents-born-in-1980-or-later

S/N	Category	Time Period	Item	Description
65.	Financial Matters	12 months prognosis	**Interim Disability Assistance Programme for the Elderly (IDAPE)**	Interim Disability Assistance Programme for the Elderly (IDAPE) is a government assistance scheme providing financial help to needy and disabled elderly Singaporeans who were not eligible to join ElderShield when it was launched in 2002 because they had exceeded the maximum entry age or had pre-existing disabilities. Under this scheme, IDAPE provides monthly cash payouts of $150 or $250 (depending on their financial circumstances) to successful applicants for up to 72 months. To make a claim under IDAPE, the claimant must meet the following criteria: • Unable to perform 3 or more of the 6 Activities of Daily Living (ADLs; washing, feeding, dressing, toileting, mobility and transferring). • A Singapore citizen born before 30 September 1932 OR born between 1 October 1932 and 30 September 1962 (both dates inclusive) but with pre-existing disabilities as of 30 September 2002 • Current per capita household monthly income is $2,600 or less OR for households with no income and living in a residence with Annual Value of $13,000 and below. **Sources of information:** • **Ministry of Health -** https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/interim-disability-assistance-programme-for-the-elderly • **HealthHub -** https://www.healthhub.sg/a-z/costs-and-financing/10/assistance_scheme_IDAPE • **Silver Schemes -** http://www.silverschemes.sg/post_single_age/interim-disability-assistance-programme-for-elderly-idape/
66.	Financial Matters	12 months prognosis	**Silver Support Scheme (SSS)**	The Silver Support Scheme provides additional retirement support to elderly Singaporeans aged 65 and above, who had low incomes through life and who now have little or no family support. To be eligible for Silver Support, the individual must be a Singapore citizen aged 65 and above, and must meet all of the following criteria: a. Total CPF contributions of not more than $70,000 by age 55. Self-employed persons should also have an average annual net trade income of not more than $22,800 when you were between the age of 45 and 54. b. Live in an HDB flat that is 5-room or smaller. c. Not own, and not have a spouse who owns, a 5-room or larger HDB flat or private property or multiple properties. d. Live in a household with a monthly income per person of not more than $1,100. **Sources of information:** • **Ministry of Manpower** - https://www.mom.gov.sg/employment-practices/silver-support-scheme • **Silver Support** - https://www.silversupport.gov.sg/ • **Central Provision Fund** - https://www.cpf.gov.sg/Members/Schemes/schemes/retirement/silver-support-scheme • **The Straits Times -** https://www.straitstimes.com/singapore/singapore-budget-2020-more-elderly-singaporeans-to-qualify-for-silver-support-payouts

S/N	Category	Time Period	Item	Description
67.	Financial Matters	12 months prognosis	**Pioneer Generation Disability Assistance Scheme (PG DAS)**	Pioneer Generation Disability Scheme (PGDAS) is a lifelong cash assistance of $100 per month for Pioneers (those born before 1950 and become a Singapore Citizen before 1957) who need permanent help with at least three out of six Activities of Daily Living (Bathing, Dressing, Feeding, Toileting, Mobility & Transferring) as assessed using the Functional Assessment Report. **For more information:** • **Silver Schemes -** http://www.silverschemes.sg/post_single_age/pioneer-generation-disability-assistance-scheme/ • **Pioneers Generation Package -** https://www.pioneers.gov.sg/en-sg/New%20Releases/Pages/Pioneer%20Generation%20Disability%20Assistance%20Scheme%20To%20Commence%20In%20September%202014.aspx • **Agency for Integrated Care -** https://www.sma.org.sg/UploadedImg/files/Publications%20-%20SMA%20News/4604/AIC%20Says.pdf
68.	Financial Matters	12 months prognosis	**MediSave**	MediSave is a national medical savings scheme that helps individuals set aside part of their income to pay for their personal or approved dependents' hospitalisation, day surgery and certain outpatient expenses, as well as their healthcare needs in old age. **Stay in approved hospices and community hospital's palliative ward** On 1 April 2020, MOH launched the Inpatient Hospice Palliative Care Service (IHPCS) to strengthen patient-centric and seamless care to patients receiving inpatient palliative care in approved hospices as well as most community hospitals. Based on IHPCS, MediSave withdrawal limits will be increased for patients staying in approved hospices, with more complex needs as stated below. • Generalist Palliative Care - $250 / day • Specialist Palliative Care - $350 / day **Home palliative and day hospice charges** A combined lifetime withdrawal limit of $2,500 per patient for day hospice and home palliative care (adults and paediatrics). For day hospice and adult home palliative care patients diagnosed with terminal cancer or end stage organ failure, there will not be any withdrawal limit if the bill is paid using the patient's own MediSave account. **For more information:** • **Ministry of Health, News highlights** - https://www.moh.gov.sg/news-highlights/details/new-inpatient-palliative-care-service-from-1-april-2020 • **Ministry of Health, Medisave** - https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medisave • **Agency for Integrated Care** - https://www.aic.sg/care-services/inpatient-hospice-palliative-care-service • **Singapore Hospice Council** - https://singaporehospice.org.sg/services/

S/N	Category	Time Period	Item	Description
69.	Financial Matters	12 months prognosis	**MediShield Life**	MediShield Life is a basic health insurance plan, administered by the Central Provident Fund (CPF), that protects all Singapore Citizens and Permanent Residents against large hospital bills for life, regardless of age or health condition. MediShield Life payouts are pegged at B2/C-type wards in public hospitals (including community hospitals) and will cover a certain portion of a person's inpatient bill. If an individual chooses to stay in a A/B1-type ward or in a private hospital, he/she should consider purchasing a Medisave-approved private Integrated Shield Plan (IP) to cover the private rate charges. MediShield Life payout will cover only a small proportion of the bill and the individual will need to top up the rest from his/her Medisave account or in cash. On 1 April 2020, MOH launched the Inpatient Hospice Palliative Care Service (IHPCS) to strengthen patient-centric and seamless care to patients receiving inpatient palliative care in approved hospices as well as most community hospitals. Based on IHPCS, the extension of Medishield Life coverage was provided for patients staying in approved hospices and community hospital's palliative wards: • Generalist Palliative Care - $250 / day • Specialist Palliative Care - $350 / day **Sources of information:** • **Ministry of Health, MediShield Life** - https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medishield-life • **Ministry of Health, New Inpatient Palliative Care Service** - https://www.moh.gov.sg/news-highlights/details/new-inpatient-palliative-care-service-from-1-april-2020 • **Central Provident Fund** - https://www.cpf.gov.sg/Members/Schemes/schemes/healthcare/medishield-life
70.	Financial Matters	12 months prognosis	**Medifund**	MediFund is an endowment fund set up by the Government. It provides a safety net for patients who face financial difficulties with their remaining bills after receiving Government subsidies and drawing on other means of payment including MediShield Life, MediSave and cash. MediFund Silver and MediFund Junior are carved out from MediFund to provide more targeted assistance for the needy elderly and the young, respectively. To apply, patients and/or their families can approach the Medical Social Workers at the MediFund-approved institution providing medical treatment. **Sources of information:** • **Ministry of Health** - https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medifund • **HealthHub** - https://www.healthhub.sg/a-z/costs-and-financing/7/medifund • **The Straits Times** - https://www.straitstimes.com/singapore/health/medifund-gave-out-182-million-to-needy-patients-last-year

S/N	Category	Time Period	Item	Description
71.	Financial Matters	12 months prognosis	**Senior Mobility Fund (SMF)**	The Seniors' Mobility and Enabling Fund (SMF) provides financial assistance to Singapore seniors (aged 60 and above) who live at home and needs subsidies for transport, assistive devices and home healthcare items. **Transport**: SMF provides transport subsidies to seniors receiving care at MOH funded Eldercare Centres and MOH-funded Dialysis Centres **Assistive Devices**: This refers to subsidies for items that help an elderly person move around, such as walking sticks, wheelchairs and pushchairs. It also includes things that an elderly person may need at home, such as commodes, pressure relief cushions and hospital beds as well as spectacles and hearing aids. **Home Healthcare Items**: Frail seniors who can stay in nursing homes but choose to stay at home and be supported by home healthcare services in their community can get subsidies for the cost of catheters, milk supplements, thickeners, adult diapers, nasal tubing and wound dressings. **Sources of information:** • **Silver Schemes** - http://www.silverschemes.sg/post_single_age/seniors-mobility-and-enabling-fund-smf/ • **Agency for Integrated Care** - https://www.aic.sg/financial-assistance/seniors-mobility-enabling-fund • **HealthHub** - https://www.healthhub.sg/a-z/costs-and-financing/26/seniors-mobility-and-enabling-fund-smf
72.	Financial Matters	12 months prognosis	**Assistive Technology Fund (ATF)**	The Assistive Technology Fund (ATF) provides subsidies for persons with permanent disabilities (PWDs) to purchase assistive technology devices to enable independent living. ATF can be used to acquire, replace, upgrade or repair assistive technology devices. These devices include wheelchairs and hearing aids. The devices should aid in purposes of early intervention, education, training, employment, therapy, rehabilitation and/or independence in daily living. The Fund does not support the purchase of medical devices and consumables. Successful applicants qualify for a means-tested subsidy of up to 90% of the cost of the required equipment, subject to a lifetime cap of $40,000. Patients and/or families can approach a rehabilitation therapist or social workers (from hospitals or social service agencies) to submit the ATF application. **Sources of information:** • **SG Enable** - https://www.sgenable.sg/Pages/content.aspx?path=/schemes/equipment-technology-home-retrofit/assistive-technology-fund/ • **Ministry of Social and Family Development** - https://www.msf.gov.sg/assistance/Pages/Assistive-Technology-Fund-ATF.aspx

S/N	Category	Time Period	Item	Description
73.	Financial Matters	12 months prognosis	**Enhancement for Active Senior**	The EASE programme is part of the Home Improvement Programme (HIP), offered from July 2012. It is also offered separately under EASE (Direct Application). Singapore citizen flat owners may apply for using the eservice portal (www.hdb.gov.sg/EASE-Application-eservice) or Mobile@HDB. Improvement items installed in HDB flats through EASE can make it more elderly-friendly and improve mobility and comfort for elderly residents. It includes the following enhancement/installation: • Slip-resistant treatment to floor tiles in up to two bathrooms or toilets • Grab bars in the flat (eight or 10 grab bars for the first toilet, and six grab bars for the second toilet) • Up to five ramps in the flat, and/or at the main entrance – if it is feasible **Sources of information:** • **Housing Development Board** - https://www.hdb.gov.sg/cs/infoweb/residential/living-in-an-hdb-flat/for-our-seniors/ease • **Agency for Integrated Care** - https://www.aic.sg/financial-assistance/enhancement-active-seniors • **HealthHub** - https://www.healthhub.sg/a-z/costs-and-financing/19/enhancement_active_seniors
74.	Financial Matters	12 months prognosis	**Kindergarten Fee Assistance Scheme (KiFAS)**	The Kindergarten Fee Assistance Scheme (KiFAS) helps parents defray their children's kindergarten fees and is administered by the Early Childhood Development Agency (ECDA). From January 2020, KiFAS will be extended to families with Singapore citizen children attending kindergarten programmes run by Anchor Operators or the Ministry of Education, if their gross monthly household income is $12,000 and below. Eligible low-income families may also apply for a yearly grant to cover the start-up costs of enrolling their children in the kindergarten. **Source of information:** • **Early Childhood Development Agency** - https://www.ecda.gov.sg/Pages/Subsidies-and-Financial-Assistance.aspx#KIFAS • **Ministry of Social and Family Development** - https://www.msf.gov.sg/Comcare/Pages/ComCare-Kindergarten-Subsidies.aspx
75.	Financial Matters	12 months prognosis	**Basic/Additional Childcare Subsidy**	Basic / Additional Childcare subsidies are provided by the government to help parents defray costs related to raising young children before they enter school. **For more information:** • **Early Childhood Development Agency** - https://www.ecda.gov.sg/Pages/Subsidies-and-Financial-Assistance.aspx#CCICS **or** https://cms.ecda.gov.sg/prweb/SubsidyCalculator/zGwoaxwY6Bz0rcpuMWgTMg%5B%5B*/!STANDARD • **Asia One** - https://www.asiaone.com/money/complete-singapore-parents-guide-childcare-subsidies-their-little-ones

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76.	Financial Matters	12 months prognosis	**Grant-A-Wish**	Patients and families who are in need of practical assistance can apply to Grant-A-Wish/Pass-it-on for assistance. The aid can range from pre-loved furniture, electronic appliances to mobility aids. This assistance is dependent on the availability of items by donors. The collection of items is to be arranged between the donor and the beneficiary. **For more information:** • **Pass It On** - https://www.passiton.org.sg/grant-a-wish • **Children's Wishing Well** - https://www.wishingwell.org.sg/
77.	Financial Matters	Bereavement Care	**Insurance Claims**	A deceased person may have, in his/her lifetime, nominated beneficiary(ies) of insurance policies. Depending on the type of policy, the nomination may or may not be a revocable nomination. If it is not revocable, the benefits cannot be distributed through a Will. Nominated beneficiaries under private insurance policies should approach the deceased's insurance agent for more information. **For more information:** • **Singapore Hospice Council, When A Death Occurs: A Guide to Practical Matters, Chapter 3** - https://singaporehospice.org.sg/site2019/wp-content/uploads/SHC-When-A-Death-Occurs-A-Guide-to-Practical-Matters-English.pdf • **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/can-i-distribute-life-insurance-proceeds-by-using-a-will
78.	Financial Matters	Bereavement Care	**Bank account(s) management**	In the event that a bank is notified of an account holder's death, it will immediate "freeze" of all the deceased's accounts – savings, current, fixed deposits, etc. The legal representative of the deceased estate or the surviving joint account holder(s) then needs to approach the bank to close the account(s). During this settlement process, no withdrawals, including GIRO deductions, will be allowed from the account(s). The process to withdraw, transfer and/or close the relevant bank accounts varies are dependent on whether (a) the deceased person left a Will, (b) the type of single or jointed accounts and/or (c) the amount of asset left behind. **For more information:** • **Singapore Legal Advice** - https://singaporelegaladvice.com/law-articles/how-to-access-the-bank-account-of-a-deceased-spouse/ • **DBS Bank Ltd** - https://www.dbs.com.sg/personal/estateplanning • **Singapore Hospice Council Resource (Page 25)** - https://singaporehospice.org.sg/site2019/wp-content/uploads/SHC-When-A-Death-Occurs-A-Guide-to-Practical-Matters-English.pdf

S/N	Category	Time Period	Item	Description
79.	Psychosocial & Spiritual Well-being	12 months prognosis	**Spiritual Care**	Spirituality is what a person does in his or her life that helps them to fulfil their innermost human desires. It can be defined as one's sense of peace, purpose, connection to others and beliefs about the meaning of life. For believers of a religion, spirituality may be found or expressed through their religion. When a person receives a serious and/or terminal medical diagnosis, it is not uncommon that the bad news creates existential distresses and questions. Spiritual care at the end-of-life is patient-centered and emphasizes the importance of supporting patients when they explore meaning and purpose of their life and promoting the connection with themselves and any spiritually sacred presence. Spiritual care services maybe offered by trained mental health care professional as well as the pastoral care team and chaplains (where available) **Sources of information:** • **The Straits Times -** https://www.straitstimes.com/opinion/tend-to-the-spirit-of-the-dying • **National Cancer Centre Singapore -** https://www.nccs.com.sg/patient-care/spirituality-and-faith • **Leaving Well: End-of-Life Policies in Singapore (Pages 48-52) –** https://lkyspp.nus.edu.sg/docs/default-source/ips/ips-exchange-series_no-13_leaving-well-end-of-life-polices-in-singapore_web.pdf
80.	Psychosocial & Spiritual Well-being	12 months prognosis	**Legacy Building**	Legacy building is about co-creating meaningful memories that will remain life-giving to both patients and families; even when patients have passed away. Legacies can range from doing something fun together, creating a document that represents the patient's life journey, to building readiness for reconciliation. **For more information:** • **LifeBeforeDeath -** http://lifebeforedeath.com/the-last-word/legacy/ • **My Legacy** - https://www.mylegacy.gov.sg/ • **MD Anderson Cancer Centre** - https://www.mdanderson.org/cancerwise/making-memories-last-the-art-of-legacy-work.h00-158673423.html • **American Counselling Association -** https://www.counseling.org/resources/library/VISTAS/2011-V-Online/Article_95.pdf
81.	Psychosocial & Spiritual Well-being	12 months prognosis Days before and after death	**Anticipatory Grief**	Anticipatory grief is the normal mourning that occurs when a patient or family is expecting a death. It has many of the same symptoms as those experienced after a death has occurred and includes all of the thinking, feeling, cultural, and social reactions to an expected death that are felt by the patient and family. Care providers can offer supportive interventions such as involving patient and the family in decision-making and facilitating expression of emotion etc. to mitigate the impact of anticipatory grief. **For more information:** • **Grief Matters** - https://www.griefmatters.org.sg/ • **WebMD** - https://www.webmd.com/palliative-care/caregiver-grief-and-bereavement#1

S/N	Category	Time Period	Item	Description
82.	Psychosocial & Spiritual Well-being	12 months prognosis Days before and after death	**Crisis Intervention**	A crisis may occur when an individual is unable to deal effectively with stressful changes in the environment, such as receiving the bad news of serious or terminal medical diagnosis. The stressful event alone does not constitute a crisis; rather, crisis is determined by the individual's view of the event and response to it. Crisis intervention is the provision of emergency first aid for mental health. It requires the person experiencing the crisis to receive timely and skillful support to help cope with his/her situation before future physical or emotional deterioration occurs. **For more information:** • **ERIC Digest** - https://www.counseling.org/resources/library/eric%20digests/95-034.pdf • **Samaritans of Singapore** - https://www.sos.org.sg/ • **Ministry of Social and Family Development** - https://www.msf.gov.sg/dfcs/familyservice/default.aspx
83.	Psychosocial & Spiritual Well-being	12 months prognosis	**Make-A-Wish & Ambulance Wish Singapore**	Make-A-Wish Singapore is part of the world's largest wish granting organisation and the only wish granting organisation of its kind in Singapore. It grants the wishes of children (aged 3 to 18 years old) with life threatening illnesses. The child must be a Singaporean, Permanent Resident, Dependent Pass or Student Pass holder and has not received a wish from another wish-granting organisation. Ambulance Wish Singapore focuses on supporting terminally ill patients through the simple but deeply meaningful acts of wish granting. **For more information:** • **Make a Wish** - https://www.makeawish.org.sg/en/ • **Ambulance Wish Singapore -** AWF – Ambulance Wish Foundation Singapore (ambulancewishsingapore.com)
84.	Psychosocial & Spiritual Well-being	12 months prognosis	**Create a Bucket List**	According to Oxford dictionary, bucket list is a number of experiences or achievements that a person hopes to have or accomplish during his/her lifetime. Bucket list can be especially significant for persons suffering from serious and/or terminal illnesses as time is limited. Research has shown that using a bucket list conversation is a simple strategy to help patients consider health decisions. **For more information:** • **LifeBeforeDeath** - http://lifebeforedeath.com/the-last-word/bucket-list/ • **Reuters** - https://www.reuters.com/article/us-health-dying-planning-idUSKCN1G42RW • **Both Sides, Now -** http://www.bothsidesnow.sg/2017-2019/resources-end-of-life-issues.html

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85.	Psychosocial & Spiritual Well-being	12 months prognosis	**Hospice day care**	Hospice Day Care or Day Hospice Services, offers persons who are diagnosed with advanced illnesses prognosis of less than one year, the opportunity to participate in therapeutic, social, and recreational activities in a group setting. A multidisciplinary healthcare team (doctors, nurses, medical social workers as well as music, art, and rehabilitation therapist) works alongside the caregiver(s) to engage patients in meaningful activities during the day. Day care also provide caregiver support and respite for caregivers to cope with the demands of caring for a dying person. **For more information:** • **Singapore Hospice Council -** https://singaporehospice.org.sg/services/ • **Health Hub** - https://www.healthhub.sg/a-z/medical-and-care-facilities/7/hospice_day_care_centre **List of existing hospice day care** providers. • **Assisi Hospice -** https://www.assisihospice.org.sg/about-us/facilities/ • **Dover Park Hospice -** https://www.doverpark.org.sg/day-care/ • **HCA Hospice Care -** https://www.hca.org.sg/Day-Hospice
86.	Psychosocial & Spiritual Well-being	Days before and after death	**Vigil services**	When a person is dying, the family, friends and clergymen would gather around the patient to offer their presence and support to the patient as well as to one another. Death Virgil volunteers may come in hours or days before death by sitting together, shared silence, talking and listening, healing touch, requested rituals, based on each family unique wants and needs. Vigil services may be provided by various religious organisations locally and/or chaplain as well as pastoral care services in hospices. **For more information:** • **NODA (No One Die Alone) -** https://www.assisihospice.org.sg/volunteer/individual-volunteers/#VOLUNTEER%20CATEGORIES • **The Tapestry Project SG -** https://thetapestryproject.sg/not-alone-in-the-end-interview-with-an-end-of-life-doula/

S/N	Category	Time Period	Item	Description
87.	Psychosocial & Spiritual Well-being	Days before and after death	**Support for caregivers**	Most death are preceded by chronic illness and disability and the provision of support by family caregivers. Research has shown that caregiving experience affects bereavement. Therefore it is important to provide adequate psychosocial, emotional and practice support for caregivers of persons with serious or terminal illness. Since September 2018, MOH has engaged over 200 caregivers and stakeholders such as aged care service providers and tripartite partners to directly address the needs of caregivers. Drawing on these views, MOH, together with partner agencies have developed a Caregiver Support Action Plan to strengthen support for senior caregiving. **For more information:** • **Ministry of Health** - https://www.moh.gov.sg/caregiver-support • **Singapore Hospice Council** - https://singaporehospice.org.sg/caregiver/ • **Europe PMC** - https://europepmc.org/article/PMC/2867480
88.	Psychosocial & Spiritual Well-being	Days before and after death	**Support for children of the dying person**	Children grieve in their own ways, but their bereavement needs are often overlooked by adult persons. Bereaved children and teenagers will need ongoing attention, reassurance, and support to cope with the death of a loved one. It is not unusual for their grief to resurface later, even well after the death. Well-meaning adults often try to protect children from the impact of a death by distracting them, telling them half-truths, even lying to them about the death of a loved one. **For more information:** • https://www.kidshealth.org.nz/bereavement-reactions-age-group • https://www.cruse.org.uk/get-help/for-parents/how-to-help-a-child-or-young-person • https://www.childbereavementuk.org/supporting-bereaved-children-and-young-people • https://www.suddendeath.org/help-for-professionals/supporting-suddenly-bereaved-children **The following local organisations provides grief and bereavement support services for children:** • **WiCare Support Group** For widows and their children www.wicare.org.sg | Tel: 6354 2475 • **Children Cancer Foundation** For children who lost their caregivers to cancer www.ccf.org.sg | Tel: 6229 3701

S/N	Category	Time Period	Item	Description
89.	Psychosocial & Spiritual Well-being	Days before and after death	**Support for disenfranchised griever(s)**	Disenfranchised grief occurs when (i) the relationship between the griever and the deceased is not recognised, (ii) the death or loss is not recognised, and (iii) the griever's ability to grieve is not recognised. Recognition and validation of the multifaceted aspects of loss and grief is paramount in preventing disenfranchised grief. **For more information:** • **The New Social Worker** - https://www.socialworker.com/feature-articles/practice/disenfranchised-grief-when-grief-and-grievers-are-unrecogniz/
90.	Psychosocial & Spiritual Well-being	Days before and after death	**Facilitating final goodbyes**	The process of facilitating final goodbyes can include encouraging patients and their loved ones to have conversations with each other around the themes of "Thank You", "I Love You", "Sorry", "I Forgive You", and "Goodbye". **For more information:** • **Kansas City Hospice & Palliative Care** - https://www.kchospice.org/family/caregiver-tips/saying-goodbye/
91.	Psychosocial & Spiritual Well-being	Days before and after death Bereavement Care	**Rituals**	Rituals are important aspects of the mourning experience for bereaved person(s). It helps the bereaved to maintain a sense of connection and find meaning in the death of a loved one. Mourning rituals, such as lighting a candle, engaging in chants, and/or leaving flowers at the niche etc. help bereaved persons cope with their grief. **For more information:** • **Good Therapy** - https://www.goodtherapy.org/blog/creating-rituals-to-move-through-grief/ • **Singapore Hospice Council Resource (Pages 19 -21)** - https://singaporehospice.org.sg/site2019/wp-content/uploads/SHC-Caring-for-Yourself-and-Others-After-a-Death-English.pdf • **Psychology Today** - https://www.psychologytoday.com/us/blog/supersurvivors/201909/the-power-rituals-heal-grief

S/N	Category	Time Period	Item	Description
92.	Psychosocial & Spiritual Well-being	Days before and after death	**Crisis Intervention & support for sudden and/or traumatic death i.e., suicide, road traffic accident & homicide etc.**	Sudden deaths are often highly traumatic experiences. It can disrupt a person's ability to make sense of the world and challenge his or her sense of personal or communal safety. Provision of appropriate crisis intervention strategies may help the bereaved mitigate the impact of the sudden death. **For more information:** • **Counselling Directory** - https://www.counselling-directory.org.uk/memberarticles/coping-with-the-sudden-death-of-someone-you-love • **Sudden.Org** - https://sudden.org/help-for-children/ **For support and counselling, visit:** • **Grief Matters** - https://www.griefmatters.org.sg • **Samaritans of Singapore** - https://www.sos.org.sg/ • **Ministry of Social and Family Development (MSF) Family Service Centre locator** - https://www.msf.gov.sg/dfcs/familyservice/default.aspx
93.	Psychosocial & Spiritual Well-being	Bereavement Care	**Bereavement counselling / therapy**	It is helpful to distinguish between bereavement counselling from therapy. ***Bereavement counselling*** Involves helping people facilitate uncomplicated, or normal, grief to a healthy adaptation to the tasks of mourning with a reasonable time frame. ***Bereavement therapy***, on the other hand, aims to identify and resolve the conflicts of separation that preclude the completion of mourning task in individual whose grief is chronic, delayed, excessive, or masked as physical symptoms etc. Most bereaved persons may benefit from brief bereavement counselling to manage the acute impact of a death. Bereavement therapy may be provided for persons suffering from complicated grief due to the traumatic nature of the death, the level of dependency on the deceased person, and/or pre-existing mental health issues etc. **For more information on bereavement service providers:** • **Singapore Hospice Council** - http://singaporehospice.org.sg/community-bereavement-service-providers/
94.	Psychosocial & Spiritual Well-being	Bereavement Care	**Bereavement Support Group**	While some people prefer to cope with their grief by themselves, others may seek and find comfort in sharing their bereavement experience. Bereavement support group may be a beneficial avenue for individuals to seek mutual help and support, as they connect through their shared experiences and go through the journey together. These may also take on the form of virtual support groups online. It is however pertinent to note that bereavement support groups may not always be a good fit for everyone and should not be indiscriminately recommended. It may be important to discuss and consider the suitability of support groups with the bereaved individual before embarking on it.

S/N	Category	Time Period	Item	Description
95.	Practical Matters	Days before and after death	**Identity tracing for unknown persons**	There may be situations where an individual is admitted to a hospital without a known identity (e.g. due to lack of identification document and individual is unable to communicate) and are critically ill. Under such scenarios, there will be a need for the care team to conduct contact tracing in order to locate any next-of-kin to obtain identity verification. If efforts of contact tracing by the care team are not successful, the Singapore Police Force may be a resource to help with identity tracing of unknown persons.
96.	Practical Matters	Days before and after death	**Last office**	Last office refers to the care rendered to the deceased, shortly after death, including preparation of the body for transfer to the mortuary and/or undertaker. Last office is generally carried out by nurses in the medical facility. Occasionally, loved ones of the deceased may request to participate in last office preparation and procedures. However, these requests are subjected to approval by the medical team based on risk of infection control.
97.	Practical Matters	Days before and after death	**Collection of body**	If a death happened in a hospital and the Death Certificate can be issued immediately, the deceased's body will usually be brought to the hospital's mortuary. The informant of death (the person who registers the death) can then present the deceased person's identity card and collect the deceased's body from the hospital mortuary, together with the funeral director. For deaths that occurred at home and a Certificate of Death has been obtained, the family may then engage a funeral director who will collect the deceased's body from the home. In circumstances where the deceased body is referred to Mortuary@HSA, the death will be registered at the Mortuary@HSA, and the next-of-kin will be notified by the investigation office when the deceased's body is ready for collection. **For more information:** • **National Environment Agency** - https://www.nea.gov.sg/our-services/after-death/post-death-matters/when-death-occurs

S/N	Category	Time Period	Item	Description
98.	Practical Matters	Days before and after death	**Funeral and last rite arrangement**	After the death of a loved one, families can engage a funeral director or undertaker to assist with the arrangements for funeral and last rites. In general, considerations can be made on the cost involved, location and duration of the wake/last rites according to the deceased's or families' religious beliefs and preferences. **For more information:** • **National Environment Agency** - https://www.nea.gov.sg/our-services/after-death/post-death-matters/arranging-a-funeral • **The Association of Funeral Directors in Singapore** - https://afd.org.sg/for-the-public/
99.	Practical Matters	Days before and after death	**Pro-bono funeral services**	Individuals with no next-of-kin, or those with genuine financial limitations, may experience difficulties with affording arrangements for their funeral or last rites. There are funeral directors who provide sponsorship of simple funeral care and last rites for persons, in order to serve those with a genuine need and accord them a dignified departure. Requests for possible pro-bono services are usually made through social workers in hospitals, residential care homes or hospices. Subjected to their deliberation and approval, funeral directors or relevant charities can be contacted to enquire on pro bono funeral care services. The following list are examples of such but is not exhaustive: • **Ang Chin Moh Funeral Directors** - https://www.angchinmoh.com.sg/pro-bono • **Ang Yew Seng Funeral Parlor** - https://www.ays.sg/funeral-services • **Casket FairPrice** - https://casketfairprice.com/pro-bono-funerals/ • **Cheng Hong Welfare Service Society** - https://chenghongwelfare.org/memorial-services/ • **Direct Funeral Services** - http://directfuneral.com.sg/ • **Love and Unity Volunteers Establishment** - (Tel: 63686348) • **Muslim Trust Fund Association (For Muslims)** - https://www.mtfa.org/services/ • **Singapore Funeral Services** - https://sfs.com.sg

S/N	Category	Time Period	Item	Description
100.	Practical Matters	Days before and after death	**Financial aid for needy families**	Following the death of a loved one, some families may experience financial difficulties, for example, when the deceased had been the sole breadwinner of the household or when hefty medical bills had been incurred. When this happens, bereaved families may benefit from financial aid to help them tide through while they seek ways to regain self-sufficiency where possible. Financial assistance is available for families and individuals who need support either over the short term or for a longer duration. Eligibility for assistance is usually assessed by social workers in hospitals, residential care homes, hospices, schools or social service agencies. Persons who require legal aid for matters relating to estate may also approach Legal Aid Bureau to enquire more, or a medical social worker for matters relating to medical bills and explore eligibility for assistance. **For more information:** • **ComCare** - https://www.msf.gov.sg/Comcare/Pages/Public-Assistance.aspx or https://www.msf.gov.sg/Comcare/Pages/Short-to-Medium-Term-Assistance.aspx • **Legal Aid Bureau -** https://lab.mlaw.gov.sg/legal-services/what-types-of-cases-are-handled-by-lab/ or https://lab.mlaw.gov.sg/legal-services/how-do-i-apply-for-legal-aid/ • **Ministry of Education** - https://www.moe.gov.sg/education/financial-assistance
101.	Practical Matters	Bereavement Care	**Post-funeral services (i.e., engravement on tombstone)**	Post-funeral services can include practical matters such as the collection and handling of remains/ashes, sealing of urns and niches, procedures for erection of tombstone and relevant engraving services etc. In some scenarios, families may choose to hold a memorial service at specific time points after the funeral or may carry out stipulated rituals or prayers in accordance with their culture or beliefs. **For more information** • **National Environmental Agency** - https://www.nea.gov.sg/our-services/after-death/post-death-matters/useful-links

S/N	Category	Time Period	Item	Description
102.	Practical Matters	Bereavement Care	**Clearing out belongings**	The process of clearing out the belongings of a deceased loved one can be a concern for some. While some bereaved individuals may be able to manage this on their own, others might find the task of this overwhelming especially when it may evoke strong feelings, thoughts and memories. It is tough sometimes to also decide which items to keep and which to discard. There is no standard time frame to when this should be done, or how long one should take for this matter. Considerations can be made to decide when the bereaved is ready to proceed with it, how they can pace themselves, and if they would like to do this alone or with the support from others. It helps also to prioritise and plan the order of how they could go through things, and the approach they may take in deciding important items that they wish to keep.
103.	Practical Matters	Bereavement Care	**Transfer of domestic worker**	Should the employer or care recipient of a domestic worker pass on, family can make necessary arrangements to terminate the employment contract, cancel the work permit and send the helper back to her home country. Alternatively, families can arrange transfer for the domestic worker to another employer or family member. **For more information:** • **Ministry of Manpower** - https://www.mom.gov.sg/faq/work-permit-for-fdw/what-should-the-family-do-if-an-fdws-employer-passes-away
104.	Practical Matters	Bereavement Care	**Pet adoption**	Pet adoption is an avenue to ensure that the basic needs of pets are met should their owners die and leave them without any caregiver. It provides the opportunity for pets to be readopted/rehomed into another family. **Services are provided by:** • **Society for the Prevention of Cruelty to Animals** - https://spca.org.sg/animal-shelter/ • **SoSD** - https://sosd.org.sg/what-we-do/ • **Animal Lovers League** - https://www.animalloversleague.com/ • **Causes for Animals** - https://www.causesforanimals.com/

S/N	Category	Time Period	Item	Description
105.	Practical Matters	Bereavement Care	**Adjustment to new roles and responsibilities**	Bereaved individuals often experience the need to balance between attending to their grief, while concurrently managing the adjustments and changes in our day-to-day lives, which would include adjustments to new roles and responsibilities arising from the loss. Exploring and developing ways to cope with these changes, for example learning new skills and strategies, seeking support from family/friends, may be helpful for the bereaved. **For more information:** • **Singapore Hospice Council Resource (Pages 19 -21)** - https://singaporehospice.org.sg/site2019/wp-content/uploads/SHC-Caring-for-Yourself-and-Others-After-a-Death-English.pdf
106.	Practical Matters	Bereavement Care	**Returning to work**	Adjusting back to work can be useful for the bereaved to maintain some routine while trying to cope with their grief. However, most people may have to return to work while they are still actively grieving a significant loss, and this may be challenging for some, especially in the early phases. Support and assurance from colleagues, superiors and organizational management will be vital during these periods to help the individual ease back to work and manage their work responsibilities. It may be relevant to discuss one's readiness in returning to work and seek possible support from their employers in an event the bereaved is not prepared to do so. In some circumstances, bereaved individuals who have been unemployed for some time (e.g. due to caregiving needs) may decide to seek job employment again. There are available resources such as Workforce Singapore (WSG), myCareersFuture and Employment and Employability Institute (E2i) which can assist in the job seeking process. **For more Information:** • **Singapore Hospice Council Resource (Pages 61-71)** - https://singaporehospice.org.sg/site2019/wp-content/uploads/SHC-Caring-for-Yourself-and-Others-After-a-Death-English.pdf • **Employment and Employability Institute** - https://e2i.com.sg/ • **MyCareersFuture** - https://www.mycareersfuture.gov.sg • **Workforce Singapore (WSG)** - https://www.ssg-wsg.gov.sg

S/N	Category	Time Period	Item	Description
107.	Practical Matters	Bereavement Care	**Returning to school**	When a bereaved child/teen returns to school, he or she may need practical support to catch up on schoolwork. Support and encouragement from teachers, school personnel as well as classmates are critical to facilitate transition back to normalcy. Additional counselling services may be offered by a school or community-based (Family Service Centre) counsellors or social as appropriate. **For more Information:** • **Singapore Hospice Council**, Chapter.5 - Managing Grief at school (P.50-59) - https://singaporehospice.org.sg/site2019/wp-content/uploads/SHC-Caring-for-Yourself-and-Others-After-a-Death-English.pdf
108.	Practical Matters	Bereavement Care	**Finding a new job**	When a bereaved person is ready and need to look for a job, they can do so through recommendations made by personal contacts, and/or various online portals. Returning to work can positively or negatively impact the bereaved person's coping and adjustment after bereavement. Some factors to consider when searching for suitable jobs are work hours, need of prior work experiences, and education history etc. **For more information on employment assistance programme:** • **Searching for a Job** - https://content.mycareersfuture.sg/category/job-seekers-toolkit/search-for-a-job/ • **Career Matching Service** - https://www.wsg.gov.sg/career-services.html?_ga=2.90550042.1408045672.1562673497-2070923835.1558345353 • **Career & Job fair** - https://www.ssg-wsg.gov.sg/events.html • **Career Trial** - https://www.wsg.gov.sg/programmes-and-initiatives/career-trial-jobseekers.html

S/N	Category	Time Period	Item	Description
109.	Care Tasks	12 months prognosis Days before and after death Bereavement care	**Caregiver burnout**	Taking care of a patient, especially during end-of-life, can often be emotionally and mentally exhausting. It involves adopting new responsibilities, juggling various work- and family-related roles and navigating the healthcare system. Caregiver burnout is a state of emotional, mental, and physical exhaustion, where one becomes overpowered by caregiver stress overtime. Often, feeling a sense of powerlessness can lead to burnout and depression. Some signs and symptoms of burnout are (but not limited to): • Irritability • Sense of helplessness • Sense of hopelessness • Fatigue and exhaustion • Increased use of alcohol or substances Being aware of the signs and symptoms of burnout can enable caregivers to take active steps to prevent a major breakdown. It is important for caregivers to practice self-care and to reach out to trusted family, friends, as well as health and community care providers for support and help. **For more information:** • **Singapore Hospice Council Newsletter (page 20) -** https://singaporehospice.org.sg/site2019/wp-content/uploads/HL-Mar-2020-EL.pdf • **Channel News Asia** - https://www.channelnewsasia.com/news/cnainsider/when-carers-caregivers-burnout-who-cares-them-ageing-elderly-11504380 • **HealthHub** - https://www.healthhub.sg/live-healthy/272/end_of_life_care

S/N	Category	Time Period	Item	Description
110.	Care Tasks	12 months prognosis Days before and after death Bereavement care	**Complicated grief**	Complicated grief is a persistent form of intense grief in which maladaptive thoughts and dysfunctional behaviors are present along with continued yearning, longing, and sadness and/or preoccupation with thoughts and memories of the person who died. Grief continues to dominate life and the future seems bleak and empty. Irrational thoughts that the deceased person might reappear are common and the bereaved person feels lost and alone. Factors that may increase the risk of developing complicated grief include but are not limited to: • An unexpected or violent death, such as death from an accident, murder, or suicide • An untimely death, such as the death of a child • A dependent relationship to the deceased person • Social isolation • Past history of depression • Other major life stressors, such as major financial difficulties Complicated grief requires medical, psychiatric, and/or other psychotherapeutic interventions because of increased morbidity and risk of suicide. **Sources of information:** • **The Centre for Complicated Grief** - https://complicatedgrief.columbia.edu/professionals/complicated-grief-professionals/overview/ • **Singapore Medical Journal** - http://smj.sma.org.sg/3405/3405ia1.pdf • **Institute of Mental Health** - https://www.imh.com.sg/wellness/page.aspx?id=552 • **Singapore Hospice Council** - https://singaporehospice.org.sg/community-bereavement-service-providers/ • **Grief Matters, Montfort Care** - https://www.griefmatters.org.sg/coping-with-grief/for-bereaved-persons/ • **The MindCare Centre** - http://www.mindcarespecialists.com/2017/12/15/complicated-grief/

S/N	Category	Time Period	Item	Description
111.	Care Tasks	12 months prognosis Days before and after death Bereavement care	**Domestic / family violence**	Domestic / Family violence is violent, threatening or controlling behaviour that happens within the family. It could be physical injury, direct or indirect threats, sexual assault, emotional and psychological torment, damage to property, social isolation and/or any behaviour which causes a person to live in fear. Family violence covers a broad range of controlling behaviour—often of a physical, sexual, and/or psychological nature—typically involving fear, harm, intimidation, and emotional deprivation. This may include verbal abuse, threats, harassment, intimidation, and controlling behaviour like limiting access to friends, relatives, and finances. Family violence can happen at any level of close interpersonal relationships—spouses, partners, parents, children, and siblings. There are several options to help deal with family violence: 1. *Calling for help (Police - 999, AWARE Helpline – 1800 777 5555)* 2. *Getting medical attention* 3. *Reporting to the police* 4. *Seeking counselling (AWARE, Family Service Centre – 1800 222 0000, PAVE, TRANS Centre, Care Corner Project StART)* 5. *Seeking shelter in a crisis shelter* 6. *Seeking legal protection (Apply for Protection Order)* **Sources of information:** • **Ministry of Social and Family Development** - https://www.msf.gov.sg/policies/Strong-and-Stable-Families/Supporting-Families/Family-Violence/Pages/default.aspx • **Association of Women for Action and Research (AWARE)** - https://www.aware.org.sg/information/dealing-with-family-violence/what-can-i-do-if-i-am-facing-family-violence/ • **gov.sg** - https://www.gov.sg/article/what-to-do-if-you-know-someone-is-experiencing-family-violence • **PAVE** - https://www.pave.org.sg/resources-what-is-violence.php

S/N	Category	Time Period	Item	Description
112.	Care Tasks	12 months prognosis Days before and after death Bereavement care	**Child / elder abuse and/or neglect**	**Child Abuse** Child abuse is defined as any act of commission or omission by a parent or caregiver which would endanger or impair the child's physical or emotional well-being. Children may also find it hard to come forward with the abuse, as most victims are abused by someone they know. Reporting suspected child abuse is the first step to prevent or stop the abuse. **Elder Abuse** Elder abuse can be described as any action or lack of action, by a person or a caregiver in a position of trust, which puts the health or well-being of an elderly person at risk. **Sources of information:** • **Ministry of Social and Family Development** - https://www.msf.gov.sg/publications/Pages/Stop-Family-Violence-Elder-Abuse.aspx or https://www.msf.gov.sg/publications/Pages/Stop-Family-Violence-Elder-Abuse.aspx • **Singapore Legal Advice** - https://singaporelegaladvice.com/child-abuse-singapore-parents/
113.	Care Tasks	12 months prognosis Days before and after death Bereavement care	**Substance abuse**	Persons experiencing intense grief and loss may start to use and/or become dependent on substances such as alcohol and/or drugs to cope with pain. The multidisciplinary team of addiction experts at the National Addiction Management Service (NAMS), Institute of Mental Health (IMH) offers a range of services which includes assessment, inpatient detox programme, aftercare support groups for clients and their families. **For more information:** • **National Addictions Management Services** - https://www.nams.sg/Pages/default.aspx
114.	Care Tasks	12 months prognosis Days before and after death Bereavement care	**Harm to self and/or others**	Thoughts of harm to self and/or others can surface when bereaved persons cannot to cope with the overwhelming sadness, is unable to make sense of the traumatic experience of loss or experience a deep sense of hopelessness during the period of bereavement. It is important to refer this group of bereaved individuals for professional support. **For more information or to access help:** • **Grief Matters** - https://www.griefmatters.org.sg • **Samaritans of Singapore** - https://www.sos.org.sg/