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Dr Gerard Ee serves as the Chairman of the Agency for Integrated Care Pte Ltd and Charity Council. Dr Ee is a Fellow Chartered Accountant of Singapore with ISCA. He started his career as an accountant in 1974 and became a public accountant in 1976 until his retirement as a partner of Ernst & Young in 2005. Possessing a passion for both the community service and corporate sectors, he had served as the President of the National Council of Social Service, National Kidney Foundation and was a Board Member of the Accounting and Corporate Regulatory Authority and Council Member of the Accounting Standards Council. Dr Ee also held chairmanship of the Public Transport Council, Council for Third Age and the Singapore Institute of Management

Professor Vivian Lou is a Professor at the Department of Social Work & Social Administration at The University of Hong Kong. She is also the Director of Sau Po Centre on Ageing and Director of Master of Social Sciences (Gerontology) at The University of Hong Kong. Prof. Lou has studied widely on family caregiving, active ageing, and their health impacts. Examining Chinese family caregivers' mental health and financial impacts were pioneer studies that generated high impact publications. Recently, Prof. Lou's study extended to examining positive and/or resilient capacity of

the family caregiving in Chinese context including studying secondary caregivers, social support, roles of domestic helper, effective intervention strategies, and gerontechnology and smart ageing. Prof. Lou also pioneered three mobile applications targeting volunteers, social workers, dementia caregivers, and stroke families respectively. She is now teaching social gerontology, clinical gerontology, and human development for both undergraduate and postgraduate students. She is also a Member of Elderly Commission, Community Investment and Inclusion Fund, Statistics Advisory Board, Elderly Academy Development Foundation, and Senior Police Force Central Advisory Board.

Mr Adrian Tan is a Senior Medical Social Worker from Changi General Hospital (CGH). He works in the Geriatric and Rehabilitation wards and runs a self-management support group for stroke survivors and their caregivers in CGH. He started his career in the private sector for 12 years before making a switch to social work via the Professional Conversion Programme in 2015. Adrian is passionate about advocating for the needs of the vulnerable and aged in society, particularly, for those who are unable to care for themselves as well as the well-being of their caregivers. He volunteers as a befriender for the elderly Kampong Kakis and a volunteer counsellor at a Social Service Agency, Oogachaga. Adrian has a Masters in Social Work from the National University of Singapore, a certified counsellor and trainer.

Ms Tho Pei Leng is a Senior Medical Social Worker from NTUC Health Nursing Home. She has worked extensively in acute hospitals and community healthcare settings with patients who are debilitated by their illnesses, and their caregivers whose experiences are characterized by stress, frustration, and grief. As an avid advocate of Advance Care Planning, Pei Leng prioritizes the fulfilment of a patient's goals and aspirations at each disease trajectory. With this belief, she has piloted programmes in the nursing home to facilitate self-reflection and creation of positive experiences for seniors and their loved ones, as part of transiting life in a long-term facility.

Dr. Gilbert Fan is a Master Medical Social Worker at the National Cancer Centre Singapore. His areas of interests are in oncology care and bereavement work. He has extensive experience working with individuals, families and in groups. He has been actively teaching as an adjunct honorary lecturer as well as part time with the National University of Singapore (NUS), the University of Hong Kong (HKU) and the Chinese University of Hong Kong (CUHK).

Ms Tan Pei Pei is a Principal Medical Social Worker of the Psychosocial Services Department at Ren Ci Hospital. She has 21 years of experience in Family Service Centre and Medical Social Work within the Intermediate and Long Term Care (ILTC) sector. The years of exposure and need to work closely with families in both settings have made her sensitive to the impact of the changes from family home to institution environment and how factors such as dynamics, communication patterns, emotional and attachment issues have their effects on both individuals and their family members.

Ms Chong Wai Fung is as a Cluster Director at NTUC Health. She spent the early part of her career as a nurse in an acute care setting, and was trained in critical care. She then moved on to chronic disease management, health services research and eventually to long term care. Since joining the long term care sector, she has advocated for more emphasis on psychosocial care and active rehabilitation for nursing home residents, and supports a care philosophy where residents are encouraged to be as independent as possible. In particular, rethinking how we provide care and the definition of good care. With a research background, Wai Fung is always on the lookout for evidence-based practices that can be implemented in the local context.

Ms Xie Xiao Yun joined Ren Ci in 2007 as a Volunteer Coordinator. She oversees the Volunteer Management and Development team and looks after close to 700 volunteers at Ren Ci Hospital. Her role helps to bridge-build and connect individuals, group and corporate volunteers to opportunities and services at Ren Ci. The volunteers help out at the community hospital, two nursing homes and Home Care, alongside the care and programme staff of Ren Ci, to bring about smiles and positivity to the residents, patients and clients. On a daily basis, Xiao Yun works with various site coordinators and the volunteer leaders to design, plan and execute the various volunteering activities. She also sees to the equipping and upskilling of the volunteers. As someone who believes in making a difference in someone's life as a volunteer, Xiao Yun makes an effort to ensure that the volunteer's journey with Ren Ci is a meaningful and memorable one.

Ms Karen Chua is a Senior Medical Social Worker at St. Andrew's Nursing Home. She has been a social worker for more than half her life. Her first stint in a nursing home was in 2002. She then went on to do community case management before returning to a nursing home in 2020. She empathizes with seniors; the inconvenience of old age and illness but still it is life worth living, when it feels like all is almost lost. She believes that psychosocial and spiritual support will provide the elderly the strength and motivation to journey on.

Mr Tan Kwang Cheak is the Chief Executive Officer for the Agency for Integrated Care (AIC). He started his career in the Singapore Public Service and spent more than a decade in the Singapore Administrative Service, serving in various appointments in the Ministry of Education, Ministry of Defence, Ministry of Manpower and JTC Corporation. He subsequently joined McDonald's Singapore as Senior Director for Operations, Business Planning and Human Resources, and was also the Director for Human Resources and Talent Development in MOH Holdings, the holding company for the public healthcare clusters in Singapore. Prior to joining AIC, he was the Chief Human Resources Officer at NTUC Fairprice Cooperative Ltd in Singapore

A/P Thang Leng Leng is the Co-Director of the Next Age Institute at the National University of Singapore. She is also an Associate Professor at the Department of Japanese studies and Fellow (Honorary) of the College of Alice and Peter Tan, University Town. She is passionate on research relating to aging and intergenerational studies. Her research on aging covers a wide array of topics, including caregiving, active aging, volunteering among seniors, resilience among living alone seniors, lifelong learning, grandparent-grandchildren relationships, later life migration, environmental gerontology and aging-in-place.

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Welcome Address
by Dr. Gerard Ee, Chairman, Agency for Integrated Care

A very good morning to each and every one of you. It is my pleasure to warmly welcome you to this inaugural e-symposium, Envisioning Psychosocial Care in Nursing Homes: Empowered Lives and Meaningful Relationships. I would like to thank the co-organisers, the Next Age Institute at the National University of Singapore, and the Singapore Association of Social Workers for having me here. I am really heartened to see all of you today.

Before I delve into the crux of my message, I would first like everyone to put ourselves in the shoes of a nursing home resident. Let's visualise the day when we develop high care needs that require us to leave our homes and move into another place - a nursing home. There are many new faces around, the living environment is different, and things around us seem quite unfamiliar. How would we feel?

I had a little taste of it in 2007 when I was admitted to a hospital for a week. It was my first admission and I have always been a very independent person. It was the most horrible week I spent in my life. It was embarrassing for me to be wiped down by nurses who were strangers, and having to ring the bell whenever I needed the washroom, which I never did, and would receive a scolding from the nurses as a result. Despite them telling me, "Mr Ee, if you fall down, we are accountable. Please ring the bell.", I kept ignoring them. I think they had enough of me and discharged me within a week.

Unlike the quicker discharge from a hospital, if one is admitted to a nursing home, there is no option of being discharged as quickly. The person has to psychologically adjust to a different environment and unfamiliar people. Thank God that during my hospitalisation, it was the era of the Blackberry, and it kept me in good company. It was the most precious asset I had throughout my stay. I was constantly on the line.

In Singapore, for many seniors with high care needs and limited or no caregiver support, nursing homes remain an important care option. Research has shown that older adults who move into a nursing home experience changes in many of their core identity-shaping areas such as living space and social circles. This transition can be stressful for them. Additionally, many nursing home residents face serious psychosocial challenges, including grief and loss associated with ageing, advanced disease, and social network disintegration. This is when support from nursing homes is critical. While the resident's circumstances may have changed, I am certain that many of us envision a nursing home that also presents new opportunities and support that enable residents to continue enjoying an excellent quality of life. To achieve this, the provision of psychosocial care cannot be left out of the equation.

Psychosocial care involves the provision of culturally sensitive care that addresses one's psychological, social and spiritual needs. To break this down further, it means that residents' self-esteem, mental health, unique social circumstances and deepest value systems are factored into care planning and care delivery. Evidence-based research has shown that when left unaddressed, poor psychosocial well-being can have debilitating impacts on a resident's quality of life, as well as other aspects of his or her health. Thus, it is imperative to place due emphasis on psychosocial care provisions for nursing homes' residents. I have no doubt that many of you here agree with me. However, the key question is how we are going to achieve this. This is precisely the crux of this e-symposium today.

We have seen how several nursing homes in Singapore have demonstrated their grit, resourcefulness and passion to improve psychosocial care for their residents. For example, NTUC Health recognises the negative impact that diminished physical function can have on residents' psychosocial well-being. Recognising that residents who required diapers often felt embarrassed, the staff sought to empower these residents to restore their continence. With the commitment and expertise of a multidisciplinary team supporting them, several residents were able to wean off diapers. The weaning was achieved through refinements to the residents' diet, exercise, medication and toileting habits. Residents were observed to be happier and more confident.

Amidst the pandemic, several nursing homes persevered to keep residents engaged as the staff grappled with visitor restrictions and safe distancing measures. The staff deeply understood the impact visitor restrictions had on their nursing home residents. They swiftly purchased devices to facilitate videos calls between residents and their loved ones. Notably, Econ Healthcare Group deployed their psychologically trained staff to cheer up the residents by engaging them more often in conversations. Some nursing homes also persevered through the challenges to host social and recreational activities. These included movie screenings and art and craft sessions, albeit in smaller groups. Other nursing homes harnessed the potential of technology. For example, online activity platform Silver Activities was used in Sree Narayana Mission Home to engage residents in activities such as guessing games and drawing.

Through these care practice examples from the nursing homes, I can clearly see that the staff and leadership adopted a person-centred philosophy, and have strong empathy and commitment to uplift psychosocial care despite facing challenges and constraints.

In partnership with providers, we have come quite far in enhancing psychosocial care in nursing homes. This has led to advances in capability and knowledge building, implementation of productivity improvement projects, and leveraging on funding opportunities. To name a few, we have over 30 nursing

homes that are on a three-year funding scheme to enhance their activity provisions. There are also training courses offered under the Agency for Integrated Care's (AIC) Wellness Programme and AIC Learning Network to strengthen staff's activity provision capability. AIC also actively partners the sector to develop activity toolkits to share knowledge about activity facilitation tips. We have a range of ready-to-implement activities for the sector's consideration. We are cultivating partnerships with non-healthcare sectors, such as the arts and heritage sectors, to increase the diversity of activities that nursing home residents may be able to access. We work closely with the sector in productivity improvements and digitalisation projects, such as the Smart Workflow Infrastructure Technology (SWIFT) Study, and Community Care Digital Transformation Plan (CCDTP). This is so that we can better address manpower and resource constraints, as well as enable nursing homes to devote more time to deliver quality psychosocial care.

Nonetheless, more can be done collectively. Concerted efforts from all parties, such as the Ministry of Health (MOH), AIC, Regional Health Systems (RHSs) and nursing home staff are critical to achieve our vision. What we want is for nursing home residents to have excellent quality of life, be meaningfully engaged, have a sense of purpose, and have continued dignity and autonomy to the best of their abilities.

Earlier I mentioned a few examples of technology and digitalisation. Additionally, AIC is now considering working with partners to launch very simple innovation projects. Recently I visited SATA CommHealth and issued the leadership a challenge to find a solution for one of the most pressing problems in a nursing home. We all agreed that bathing a resident is very challenging, as each bath session takes almost 90 minutes. I am very glad that the Chairman, Mr Stanley Sia, took up my suggestion very seriously. He ordered an inflatable device that cost $20 online. It can be placed on a bed and the resident can be shifted horizontally onto the device. Thereafter, the device is pumped with air and filled up with water. The outcome was that the bathing time was reduced from 90 minutes to 45 minutes. More importantly, the residents were absolutely happy as they could be bathed comfortably without having to be lifted by a hydraulic into a pool for bathing. A simple solution, and all it cost was $20. It is such a fantastic innovation.

I was so inspired that I discussed with the Agency for Integrated Care's Chief Executive Officer about how we can start an innovation award to encourage nursing homes to come up with such solutions. Let's not leave innovations to only the scientists. Those of us who work with residents notice more pressing needs, and their solutions are usually much simpler than we think. We greatly appreciate the contributions from all of you. We value your insights, which are crucial in empowering the sector to strive for greater heights.

Without further ado, I would like to hand the time over to our esteemed speakers, who each brought along a wealth of knowledge and experience to share with us. I wish you all a very fruitful four hours and I hope to learn much more from all the esteemed speakers here. Thank you very much.

Keynote Address – Advancing Psychosocial Care: From Research to Practice
by Professor Vivian Lou, Department of Social Work & Social Administration, The University of Hong Kong

Research has been conducted and innovative practices have been explored to advance psychosocial care in nursing homes. In her keynote address, Professor Vivian Lou shared her research findings, recommendations, and reflections on how she envisions the provision of psychosocial care in nursing homes.

Positioning Nursing Home Care

To advance psychosocial care, nursing homes need to consider and apply the four action areas of this decade set by the United Nations Decades of Healthy Ageing (2021-2030): combating ageism, age-friendly environments, integrated care, and long-term care. As nursing home residents are increasingly heterogeneous in demographic and needs, nursing homes need to deliver person-centred integrated care and be sensitive to residents' diverse needs. Nursing homes also need to consider their accessibility and affordability, and whether they are friendly environments for not only the physically impaired but also the cognitively or mentally impaired.

There is often an incongruence between how care is provided in nursing homes and what older adults actually desire. Most older adults prefer to age within their own homes but move to nursing homes out of their will. Furthermore, although older adults are experts of their own lives, they are required to follow the care plans designed by professionals. Although they yearn for connection as beings, there is an over-focus on treating their health issues and/or clinical symptoms.

Person-centred Care Principles

These gaps call for improvements to be made to the current person-environment fit in nursing homes, to enable residing older adults to live a dignified later life. Professor Lou provides four recommendations to advance psychosocial care in nursing homes: (1) cultural change to promote self-supporting care, (2) ensuring seamless transition between care settings, (3) creating pleasant and meaningful engagement, and (4) optimising end-of-life care.

(1) Cultural change and promoting self-supporting care

There needs to be a "culture change" in the perception of nursing homes; nursing homes should not be viewed as healthcare institutions, but as person-centred homes offering long-term care and support solutions. Person-centred nursing homes emphasise residents' choices in care-planning, staff

empowerment and collaborative decision making. These key features support residents in enhancing their intrinsic capacities for optimised health trajectory.

Person-centred nursing homes also promote self-supporting care, an initiative that started in Japan which has since been adopted by organisations and family service centres in Taiwan and Hong Kong. Self-supporting care initiatives focus on increasing one's life autonomy and independence and restoring the ability of activities of daily living (ADL) for disabled older adults. For instance, a residential care facility run by one non-government organisation in Hong Kong discourages their residents from wearing diapers, being restrained, and being confined to their beds. To achieve these goals, residents are trained to restore their ADL through physical activities, toilet training, and dietary plans. Staff themselves need to undergo training sessions that simulate experiences such as wearing adult diapers and sitting on a wheelchair for the entire day, to help them understand the importance of advocating for a nursing home without diapers, restraint, and being confined to one's bed.

(2) Seamless transition between care settings

Psychosocial care in nursing homes can also be improved by creating seamless transition between care settings for residents. Adapting to the nursing home environment is difficult and residents have a high probability of experiencing depression. Residents may find it challenging to adapt to the many lifestyle and environmental changes (e.g., physical environment, room orientation, meals, daily routines, living with roommates). It is natural for them to experience discomfort and have conflict with others.

As a result, the first three to six months of residents moving into a nursing home is an important period for staff to measure and monitor residents' depressive symptoms. Residents assessed to have depressive symptoms would then have to attend enhanced adaptive training. Understanding residents' preferences and challenges is also key to reducing depressive symptoms and bringing them happiness.

(3) Creating meaningful and pleasant engagement

Psychosocial care in nursing homes can also be achieved by creating meaning and pleasant engagement for residents. The team, led by Professor Lou, hence developed the Positive Mood and Active Life (PMAL) programme, which outlines five factors to consider in bringing pleasant experiences to residents: enhancing positive moods, engaging one in positive activities, enabling one in choosing their preferred positive activities, empowering their participation, and energising their physical environment. Using a quasi-experimental design, PMAL was trialled and reviewed to be effective in reducing depressive symptoms in long-term care facilities. Based on PMAL, the team created a "Happy Times" card deck which are colourful picture cards suggesting over 170 types of leisure activities and hobbies that caregivers and residents can engage in.

Another intervention strategy is through multi-generational activities. One non-government organization in Hong Kong develops a programme that aims to connect schools to an elder care facility in their neighbourhood. Students and older adults are paired up to work together on a creative project and have the opportunity to develop friendships. Through these activities and interactions, nursing home residents can gain a sense of satisfaction and happiness. Notably, this programme requires continuous relationships to be built, in contrast to one-time visits from volunteers. Additionally, it is important for nursing homes to provide spiritual care to residents to enhance their spiritual and overall well-being.

(4) Optimising end-of-life care

Lastly, to ensure that nursing home residents can optimise their end-of-life care trajectory and enjoy their last years, nursing homes ought to identify the entry point of end-of-life care as early as possible. The Jockey Club End-of-Life Care Community Project (JCEcc) in Hong Kong is one such programme that enhances end-of-life care. For instance, a mobile team will train nursing home staff on delivering care to residents who have six to twelve more months to live. JCEcc incorporates multi-disciplinary collaboration, promotes end-of-life choices, and builds one's capacities. This model of empowerment has also been proven effective.

Future directions for nursing homes

In summary, advancing psychosocial care in nursing homes is a person-centred process with three main characteristics:

1. Partnered Care: collaboration between residents, family caregivers, and healthcare professionals.

2. Holistic Care: providing biopsychosocial spiritual care and support.

3. Collaborative Decision Making: listening to the residents' preferences and priorities and enhancing empathic communication.

Process strategies should focus on: (1) early identification and intervention of depression risks, (2) coordinated care to enhance connectedness, (3) cultural-sensitive spiritual well-being enhancement, and (4) preserving dignity during the end-stage of life. More goal-oriented actions also need to be targeted at building the capacity of the healthcare workforce, empowering residents and their families, as well as improving infrastructure.

Transitional Care: 'A Home Away from Home'

by Mr Adrian Tan, Senior Medical Social Worker Changi General Hospital and
Ms Tho Pei Leng, Senior Medical Social Worker, NTUC Health Nursing Home

Introduction

Care transition to nursing homes can be optimized using a collaborative and person-centered approach. The current system provides limited opportunity to focus on person-centred care. Thus, changes can be made to ensure a smooth transition from one care facility to another by reducing existing stressors. The presentation examined the current demand landscape for nursing homes, key requisites for smooth care transition based on literature review, needs and risk factors in transitional care and the adoption of a person centred approach that can be materialised through the TranSCIT model.

Current Landscape: Rising Demand for Nursing Homes

According to the Ministry of Health, it is projected that 1 in 4 Singaporeans will turn 65 years old by year 2023, and that 15% of the quarter will require assistance with mobility and care. As a result, there will be a significant increase in demand for intermediate and long-term services, inclusive of nursing homes, as hospitals step down care for discharged elderly patients. It then becomes the patient and caregiver's responsibility to source for care facilities.

Placement in nursing homes is made through a referral system administered by the Agency for Integrated Care (AIC) on a first-come first-serve basis. The criteria for nursing home allocation are based on care levels and affordability through means testing. As demand exceeds supply, the process of securing a place in a nursing home becomes increasingly competitive and stressful, which may be traumatic for patients and caregivers as they are left with little to no autonomy in deciding where patients can go. Focus on patient-centred care becomes lost and resultant needs and risk factors that arise can be neglected.

Key Requisites for Smooth Transition from One Care Facility to Another

The key requisites needed for a smooth transition of one facility of care to another, based on a Biological- Psychological- Social- Spiritual (BPSS) model is identified as follows.

Navigating transition of care smoothly requires a comprehensive understanding of the trajectory of health conditions and the impact on activities of daily living of the patient – Biological. Nursing homes should provide enough insight on services and supports that they provide throughout the transition – Psychological. Sufficient social support and assistance should be rendered to the patient and their caregivers – Social. Finally, early preparation of legacy planning of matters of Lasting Power of

Attorney (LPA), Will and Deputyship is also important for a good departure for seniors. They should be able to decide in advance, how they want to manage their unfinished business and wishes – Spiritual.

Failure to account for any aspect of the BPSS model may result in potential issues in care transition. For instance, failure to obtain adequate information of the services and support needed to meet the personal care and health needs of the patient over an extended period of time, may lead to a decline in mental health of the resident. Limited insights about the nursing home environment could leave some seniors feeling restricted and traumatised upon admission, yearning for the independence they had before entering the home. Social isolation and loss of personhood are also common negative outcomes for residents in a nursing home. Health conditions and social circumstances continue to change over time. Thus, it is important to engage seniors early in end-of-life planning. Seniors and caregivers should be empowered to make decisions together with the healthcare teams. The costs of financing stay in the long-term nursing home cost can be a major consideration for families. With adequate knowledge of the existing support systems, families can tap into disability schemes should seniors' conditions worsened. There is also the provision of Medifund, which is a safety net for seniors who require additional financial assistance.

Ultimately, engaging the seniors and families in care transition is critical. Transitions into nursing home placement may cause residents to lose their sense of familiarity, their usual routines, and habits. We should ensure that seniors do not lose their personhood and sense of identity when admitted to nursing homes. Care for seniors should be centred around their personhood.

Needs and Risk Factors in Transitional Care

The findings of the Social Work Practice in Social-Health Integration Workgroup in 2020 highlighted the needs of a resident and family's journey from preadmission, admission, transition and eventually admission to the nursing home and mirrored that of the identified key requisites for smooth transitions. These needs include having a good understanding of the illnesses and required care of clients, promoting adjustment and acceptance to reduce grief and loss, addressing financial concerns, and building social connections. Literature review from the AIC Guidebook on Person Centred Approach in Care Transition also highlights the domains of care transitions marked by preadmission, social information, financial counselling, health, adjustment and long term care and planning, which were then paired with ten elements of a person-centred approach. The importance of respecting the individual client, adopting a holistic approach using the BPSS framework, and building relationships is also stressed in the guidebook. Meanwhile, key findings collected from journal articles showed that transition from hospital to nursing homes were often marked by poor communication and lack of engagement with family caregivers in decision making processes. Transition becomes ineffective when essential information about the needs of senior is not effectively communicated.

In the personal work experiences of the presenters, they observed the loss of autonomy and reduced independence where both residents and caregivers felt powerless. Seniors could feel a lack of autonomy as they were unable to choose their preferred nursing homes, and family caregivers could feel a sense of powerlessness because they did not dare consult the seniors on nursing home placement out of a sense of guilt. Issues of communication barriers between seniors and staff may also result in the mismatched needs and expectations. Coupled with the loss of autonomy and independence, seniors may feel a loss of identity as they find themselves situated in an unfamiliar environment, with no sense of personal space or privacy and without the comfort of their usual routines, habits and preferences. Meanwhile, poor communication may result in families having little understanding of the services and provision of services of the nursing homes. All these issues would contribute to the difficulty of providing a smooth care transition for seniors and families. A shift to a more collaborative and person-centred approach should be taken to resolve these challenges.

Adopting a Person-Centred Approach

Traditionally, healthcare focuses on medical diagnosis, treatment, looking at disability and deficits, where major treatment decisions are made by the professionals. The patient is seen as the sick person, powerless and requiring care. However, a person-centred approach to care puts the person in the centre within his or her context including history, family, individual strengths, weaknesses and values. The patient becomes an active agent in his or her care and decision-making. The person-centred approach to care increases patient satisfaction, greater empowerment, improvement in symptom burden and positive health outcomes.

An extensive literature review was done by Groenvynck and her team in 2020, where they observed patients transiting, pre transiting, post transiting, and studied their potential barriers and facilitators. The researchers operationalised a person-centred care approach in care transition based on the TranSCIT model which is a model to transit patients to a nursing home while ensuring that patients are at the centre of decision-making process. This model highlights four main domains consisting of support, communication, information, and time. Caregivers should be supported by family and healthcare professionals in making a shared decision. This reduces the sense of powerlessness and guilt as caregivers are able to make an informed decision. Meanwhile, patients should be supported in their daily routines and social connectedness. For communication, patients, family and healthcare professionals should be in contact during the transition stage and work in partnership throughout the continuum of care services. The patient's self-autonomy should also be respected, and they should be free to express insecurities, anxieties and grief, leaving their old homes behind. Information should go beyond cost and subsidies. It should also be individualized, updated based on the latest health status of the patients and take into account their life story, family situation and expectations. As for time, pacing with family members to prepare them for the transition when the time comes is essential for coordinated

care. An example of an individualized care plan is the 'LiFE Profile', a collaborative effort among a team of therapists, Allied Health team members, the nursing team, medical doctor, the case manager, medical social worker as well as the activity and programme coordinators in listing the major goals for residents based on how they were like before admission and what their preferences might be. Meetings are held intermittently to review these goals.

Guiding Questions during a TranSCIT Meeting

Listed below are the guiding questions during a TranSCIT meeting to cover the above four domains, framed under the BPSS framework.

Biological	• What do you understand about your medical conditions? • How can the doctor, nurses, AHPs explain to you about your current condition? • What sort of care do you now need? • Who do you think can provide the care you need? • What does safety mean to you? • How can we help you to achieve your care plan?
Psychological	• It is normal to feel many emotions when moving to a new place e.g. sadness, fear, anger, excitement, etc. How do you feel about moving to a NH? • How would you like to respond to these feelings? • How can you express these feelings in a helpful way?
Social	• What does living in a NH mean to you? • What are some of the advantages and disadvantages of living in a NH? • Who in your family is supportive of you going to a NH? Who isn't? Why and why not? • Who else can advise you in this decision? (eg. peer support, informal caregivers) • Would you want to live in a NH? Why and why not? What are some of your concerns and wishes?
Spiritual	• What does "living well" mean to you? What is important/meaningful to you now? • Could you describe what a happy day looks like to you? • What do you look forward to? What keeps you going? • What gifts and talents do you bring to the NH? • How would you like to participate in life at the NH? • How can your family be part of your life in the NH?

There exist several limitations to the TranSCIT model. It assumes that family members and patients are forthcoming and willing to work with hospital and nursing home medical social workers. It also assumes that patients have mental capacity or that family members have good insights about the patient. Not everyone has the ability to articulate their needs and wants easily. Adequate time also needs to be set aside to conduct a TranSCIT meeting together with nursing home medical social workers, and it assumes that the nursing home has the needed manpower and resources to adopt a person-centred approach.

Conclusion

A person-centred approach is an effective way to manage needs and risk factors that come with the transition of patients from one care facility to another. Provision of a person-centred approach requires partnership of care among caregivers and residents' families, as well as the healthcare professionals in the nursing home. Patients should also be encouraged to relay their wishes and preferences. The provision of the person-centred approach can be operationalised through the TranSCIT model and guided by the four domains of support, communication, information and time adapted into the BPSS framework. It is important to manage expectations along the way and care team workers are encouraged to advocate for changes to further improve the transitional care of patients. It is important to empower the patients and caregivers at the start of the care transition and in providing psychosocial interventions throughout the transition to support the continuum of care.

Practising Family-Oriented Work in Nursing Homes

by Dr. Gilbert Fan, Master Medical Social Worker, National Cancer Centre Singapore and Ms Tan Pei Pei, Principal Medical Social Worker, Ren Ci Hospital and

Using the format of a dialogue session, presenters Dr Gilbert Fan and Ms Tan Pei Pei discussed the definition and importance of family-oriented care, ways nursing home social workers can navigate complex family dynamics and incorporate family-oriented work in nursing homes.

Introduction to Family-Oriented Care

Family-oriented care in nursing homes involves a comprehensive approach that prioritizes the involvement of families and those who are important in the lives of individuals receiving care. In family-oriented care, the definition of "family" typically expands to include not just immediate relatives, but also the extended family service system, close friends, and even religion support groups. The goal is to identify who the spokesperson is and who constitutes as family to the individual at the time of admission, to build trust and rapport with the individual. Ultimately, family-oriented care is about respecting the choices and preferences of the individual receiving care and working together with their loved ones to provide the best possible support.

A Proactive and Holistic Approach in Family-Oriented Care

What does family-oriented care look like in action? One fundamental aspect of it is engaging the families as important "allies" in caring for the resident. When it comes to convening family sessions, the importance of consistency and proactiveness cannot be overlooked. It is crucial to convene family sessions regularly, rather than waiting for a crisis to arise. This approach not only helps to avoid reactive and defensive behaviour from families, but also emphasizes the importance of family in nursing home care. While the residents are the primary clients of Medical Social Workers (MSWs) their families should be deemed as secondary clients, which means that MSWs have the responsibilities of calling the family of the residents periodically to network, inform and update a resident's affairs. Ultimately, it is a two-way interaction, as the nursing homes often also are interested in the affairs of the family, because it may impact on the resident's emotional and psychological state.

There are many ways to engage the family of the residents beyond making calls. For example, the nursing home at Ren Ci Hospital organized various outings for their residents and their loved ones in the past few years. These outings involve gathering the residents and their families in a familiar environment of the residents' yester years and has received tremendously positive feedback. Additionally, the nursing home also helped to create family photos with the backdrop of places where

the family used to frequent but may no longer be able to do so due to the residents' old age. Such photos recreate meaningful memories and has a therapeutic impact on those involved. Ultimately, family outings should serve a purpose beyond entertainment and be designed to enhance the holistic well-being of the individual and their loved ones.

Sometimes, MSWs may encounter situations where families are not very involved, making family-oriented care challenging. When this happens, MSWs can take on an active role to find out and address the family's underlying concerns or fears, such as outstanding bills, and look for alternative solutions. Once the concerns are addressed, the family may become more involved in the care of the resident. Another alternative is to explore other methods of communications. Sometimes family members may be reluctant to communicate directly due to emotional baggage. Instead of making a one-time call, MSWs can consider other mediums, such as writing a letter containing the resident's key messages and giving the family time to think about it. The letter serves as a reminder and may be more well-received than direct calls.

Empathising and Supporting Families in Distress

Often, challenges in family-oriented care can arise with difficult family dynamics, particularly when MSWs encounter families who are distressed, disorganised, or dysfunctional. In such cases, it is important to understand the family's life stage, as every transitional life stage can pose new challenges and problems. It is crucial for the MSWs to avoid assuming resistance or lack of cooperation from families without understanding their specific circumstances. Many families may feel guilty about placing their elderly loved ones in a nursing home and may have limited capacity to take on additional responsibilities such as financial or caregiving tasks. Therefore, careful, and detailed planning together with families is essential. In addition, very few families remain dysfunctional or disorganized on a long-term basis, as all families strive to attain a state of balance and wellness, known as "homeostasis." As social workers, it is their duty to assist families in achieving balance in relation to the care of the residents.

In addition, it is cautioned that certain professional jargons and descriptions, such as "disorganised", "dysfunctional" or "distressed" are often used by MSWs, but they may not align with how families perceive themselves. Families may see themselves as having limitations and feeling stuck, with reasons not to be too involved at a certain point in time. As such, they may feel helpless. By acknowledging and respecting these perspectives, social workers can go beyond the labels, and better connect with families to work towards effective care for the residents.

Navigating Conflicts and Staying Non-judgmental

As MSWs interact with the families, they may sometimes find themselves caught between the family members and the residents. This happens when families approach MSWs for support when they are in disagreement with the residents. Undeniably, as a key intermediary between residents and their families, social workers play an important role in facilitating communication, negotiation, and problem-solving. However, it is important to maintain a balance and avoid taking over the roles and responsibilities of family members. Disempowering families can upset the power dynamics and potentially harm the resident's overall wellbeing. The MSW should not take sides or make decisions on their own but should focus on gathering information from all involved parties and work collaboratively towards common and mutual goals in the care of the resident. This may involve harnessing the appropriate assistance from each family member, avoiding role conflicts, and sometimes playing the role of a negotiator or mediator. While it might be difficult to resolve long-standing family relationship conflicts, finding commonalities and mutual goals that benefit the resident is crucial when working through differences together with both residents and families.

Concluding Remarks

A key takeaway from the dialogue session for aspiring social workers is the importance of looking beyond the symptoms of resident's problems and taking the time to understand their experiences holistically. Building trust with both residents and their families is often extremely value-adding, as it can lead to more effective communication and collaboration. Continued education and learning from other professionals in the field can also help social workers stay up to date with policies, best practices, and new research findings when it comes to family-oriented care.

Spiritual Well-Being of Chinese Older Adults

by Prof. Vivian Lou, Department of Social Work & Social Administration, The University of Hong Kong

Although the biopsychosocial-spiritual framework is commonly used in assessing and caring for residents in nursing homes, the aspect of spirituality is often not well understood. How do we define residents' spiritual well-being? What interventions should we use to enhance residents' spiritual well-being? In this presentation, Professor Vivian answers these questions and shares more about her research findings on the spiritual well-being of Chinese older adults.

Rationale and objectives

Spiritual well-being is associated with improved physical health, psychological well-being, and social well-being. Spiritual care has hence been increasingly recognized as an important aspect in the provision of elderly services in social and health care settings. In East Asian countries, volunteers and religious groups provide religious and spiritual care mainly to older adults who have an official religious affiliation. The majority of older adults in these countries, however, do not have an official religious affiliation. Consequently, there is little understanding on how to appropriately provide them with spiritual care and well-being.

Through her research, Professor Vivian aimed to fill in this gap in care services for older adults by studying spirituality and one's meaning of life in a non-religious context. The objectives of this research were (1) Conceptualization: to examine the underpinning concepts of spiritual well-being among Chinese older adults, (2) Standardisation: to develop and standardise evidence-based intervention protocols for the needy, and (3) Professionalism: to build the community's capacity to deliver these interventions.

Conceptualization

Developing a conceptualisation of spiritual well-being had several stages. Firstly, a qualitative inquiry was done through focus group discussions and in-depth interviews with residential home-dwelling elders, community-dwelling elders, family caregivers, and social service staff. Next, a Delphi study was conducted with 16 healthcare and social service experts. Lastly, a survey titled 福乐满心 (i.e., Joy and Happiness), was issued to 800 elders for scale validation. From these results, it was found that spiritual well-being can be attained through two key areas: relationships and transcendence.

Relationships

Four major types of older adults' relationships were identified as contributors of one's spiritual well-being. They include one's relationship with: the self, family, others, and the environment. Notably, Chinese societies emphasise one's relationships, or 'guan xi', with both humans and nature. Professor Vivian presented using a two-tiered model in Spiritual Well-Being of Chinese Older Adults:

Conceptualization, Measurement and Intervention. The upper tier consists of one's relationship with self, family, and friends, while the lower tier consists of one's relationship with the environment and other people. Relationships in the upper tier, compared to those in the lower tier, tend to be stronger, more important, and more influential to one's spiritual well-being.

By differentiating these tiers of relationships, social workers can recognise that there will be limitations in their efforts to build relationships with older adults. As social workers' are perceived as "other people", their helping relationships with older adults often belong to the lower tier, and cannot fully replace the older adults' relationships with their family members or friends.

Transcendence

Spiritual well-being can also be attained when one puts aside one's regrets, anxieties, and fears about their past, present, and future. This is a process of transcendence, which was defined in this study as a time-bounded experience. By grounding transcendence in one's life, one can have spiritual well-being and find their meaning in life even without a religious belief. Transcendence is a feeling of peace and harmony across one's life, and is experienced when one is able to: appreciate and affirm past life experiences, actively participate in life and the present, and appropriately arrange life in the future.

Standardisation

To standardise and measure the spiritual well-being of older adults, the team developed a Spirituality Scale of Chinese Elders (SSCE). SSCE measures seven domains: spiritual well-being (emotion), meaning of life (cognition), transcendence, relationship with self, relationship with family, relationship with others, and relationship with environment. The first three domains measure an older adult's spiritual well-being, while the remaining assess their relational needs and how they can be enhanced.

Several intervention strategies were then developed to provide spiritual care to older adults. The team designed a group work programme, Spirituality Enhance Group for Chinese Elders (SEGCE). By integrating existential therapy with group processes and the relationship model, SEGCE strives to connect older adults with each other and enhance their communication patterns. Social workers conducting SEGCE can use the Intervention Manual on Spiritual Enhancement Groups for Chinese Elders: A Relational Approach.

A self-help manual was also created to teach older adults on exercises to enhance and maintain their well-being. To ensure the accessibility of these resources, a Volunteer-Assisted Self-help Intervention (VASI) mobile application was developed for volunteers to teach these exercises to older adults who are unable to read or write. Next, a community volunteer service piloted at a teaching hospital in Hong Kong, was provided to match older adults recently discharged from hospital to volunteers who could help with providing spiritual care. Recognising that older adults with disabilities or cognitive impairments may struggle with verbal expression, the Movement x Spirituality programme was most

recently launched to engage older adults more holistically and inclusively through body movement activities.

Professionalism

As these intervention programmes are run heavily by volunteers and workers, they need to be well-equipped with both the skills to provide spiritual care to older adults, as well as to train and impart their knowledge to other volunteers, workers, and most importantly the older adults. Capacity building training workshops were hence trialled and subsequently found to be effective. These workshops aimed to train volunteers and workers to become trainers themselves as well,

Finally, what are some best practices when implementing these evidence-based interventions in real-life situations? Firstly, long-term intervention is required to sustain their impact. For instance, after a six-week programme is completed, subsequent booster sessions can be conducted. Secondly, workers need to be intentional in engaging and encouraging older adults to participate in these programmes to help them overcome their fears, especially for older adults with physical or cognitive capabilities. Thirdly, social workers need to be well-familiarised with the programme protocol, its efficacy, and how it can be improved.

Significance and Impact

Over all these years since 2010, this culturally-sensitive and contextualised spiritual well-being model has remained relevant and implemented throughout various older adult care settings in Chinese societies. Overall, this model of spiritual well-being has three main impacts: (1) enhancing the competence of institutions, professionals, volunteers, and older adults across care sectors in providing spiritual care, (2) empowering older volunteers to serve at-risk older adults to achieve active ageing, and (3) improving spiritual and holistic well-being of older adults to achieve quality of care. Ultimately, this spiritual well-being model seeks to provide a more holistic biopsychosocial-spiritual care which is beneficial for older adults.

Empowering Psychosocial Care: A Leadership Perspective
by Ms Chong Wai Fung, Cluster Director, NTUC Health

Introduction

Psychosocial care is a broad term encompassing the psychological, social and spiritual care of individuals. The presentation examines how psychosocial care in nursing homes can be empowered from a leadership perspective. Ms Chong Wai Fung highlights the challenges in the provision of psychosocial care in nursing homes, and discusses possible solutions and suggestions on how to provide better psychosocial care to the residents.

The importance of Psychosocial Care in Nursing Homes

Good care in nursing homes is often defined by an acceptable matrix of clinical indicators such as incidence of falls, pressure ulcers, medication errors or hospital admission rates. However, good indicators alone are not enough to make residents feel at home. Dr Bill Thomas identified three plagues that emerge when psychosocial needs of residents ae neglected: the feeling of loneliness, helplessness, and boredom. Only by encouraging residents in nursing homes to be as independent as possible, granting them autonomy and honouring their wishes, can their needs be adequately addressed. Thus, psychosocial care should be a part of basic care in nursing homes. However, provision of psychosocial care in nursing homes come with its own set of challenges.

Key Challenges in the Provision of Psychosocial Care and Possible Solutions

The first key challenge in the provision of psychosocial care is the difficulty in balancing psychosocial care delivery with manpower constraints. Psychosocial care requires a wide range of skillsets. Thus, psychosocial care should be a shared responsibility for all stakeholders in the nursing home. As existing manpower is too limited to address all the psychosocial needs of residents and increasing manpower can be costly, everyone in the nursing home has a role to play in the provision of psychosocial care to residents.

Another major challenge in psychosocial care delivery is how granting residents increased independence and autonomy may come with risks. Choosing to honour the increased autonomy of the resident might reduce the care staff's ability to ensure the safety of the resident. For instance, picture a resident who insists on walking to the toilet on his own but has a high fall risk. Nurses are caught between the wishes of the resident and the responsibility of keeping the resident safe. Keeping residents behind locked doors to ensure their safety may also be an example of how measures for safety may infringe upon the resident's level of independence.

The third key challenge identified is how psychosocial care provision may reduce efficiency and productivity of care operations in nursing homes. For example, offering residents the option to wear their own clothes rather than be in in uniform can aid in preserving the resident's identity and dignity. However, this added task demands more labour from the operations team. Allowing residents to leave premises promotes independence and increased social activity. However, to ensure consistent level of care and safety of residents, supervision has to be increased, resulting in a heavier workload for the care team. Two ways in which this challenge can be navigated is through provision of good leadership support. Decisions have to be made to determine priorities of care. A good way of doing so is to ensure that trade-offs are dealt with reasonably to optimise the care of the resident. Leaders have to be consistent with the messaging on what is important.

The use of technology in nursing homes could also be co-opted as a way of mitigating risks in safety while reducing labour and the need for additional support staff. Functions like facial recognition, geofencing, bed exit sensors and wearable devices can be used to track residents movement and ensure safety without requiring staff to be physically present. Technology may also be used by the operations team to streamline and sort through clothing items of respective residents and reduce the labour of sorting through clothes. However, technology is likely to be a costly solution to the various challenges of providing psychosocial care in nursing homes. Additionally, due to the nature of psychosocial care delivery, doing more psychosocial care might not guarantee increased productivity in the nursing home or ensuring residents' safety. It is also difficult to measure outcomes of psychosocial care even with technology. Proper justifications and more solutions to the risks of technology need to be made to justify the funding of such technology provisions in nursing homes.

Future Considerations for Psychosocial Care Delivery

Several future considerations can be made to improve psychosocial delivery in nursing homes. First and foremost, adopting a multidisciplinary approach through partnership of care with family, volunteers and other care workers would vastly improve the quality of care received by residents. Discussions of care plans should be done collectively with family and social workers to have a more holistic picture of the resident and better understanding of their needs. To manage manpower constraints, volunteers can be engaged to befriend and interact with residents to better understand their needs. An example of this volunteer effort is evident in the The Programme and Community Partnership Executive (PCP) running today.

To reduce mismatch of expectations for residents and their families, the care team should be setting and managing the expectations of residents and their families when explaining the psychosocial care approach used in the nursing home. Just as families should be informed on the importance of honouring the wishes of the resident and promoting independence, they should also be made aware of the risks

that come with a psychosocial care approach. This is also a form of protection for the care team should any incidents occur.

Another way to strengthen psychosocial provision for residents is by increasing skills training of nursing home staff. Staff should be equipped with various psychosocial skills, encouraged to think critically and use different combinations of skills as needed. The Eden Alternative Training is one such programme that can be adopted as it provides a useful framework and tools for staff training.

As the champions of psychosocial care, medical social workers should also guide staff in psychosocial care by developing training programmes and leading group discussions. Once other members are trained in provision of psychosocial care, medical social workers can then direct more attention to managing residents with more complex needs.

Nursing homes should also continue to strive and put in the additional effort to honour the wishes of residents as best they can as it can greatly improve quality of psychosocial care. The care team should actively engage with residents about their preferences and wishes such as their preferred place of care. One way to facilitate this is by providing a comfortable space for residents to share their wants and preferences. In NTUC Health's nursing homes, "Cherish rooms" are provided as spaces for residents to spend time together with their family in private. Meanwhile, the "Live Well, Leave Well" programme carried out by the Geylang East Nursing Team to meet the needs of residents with limited or no family support, is also an example of the extent teams can go in honouring the wish of their resident. 90-year-old resident, Mr Beema, was successfully sent home to India upon his wish to return to his family in Kerala. Though it took more than a year to strengthen him and prepare him for his trip, he arrived home safely before passing away recently, surrounded by his loved ones in Kerala.

Conclusion

Psychosocial care should be a part of basic care in nursing homes, inclusive of not only the care of residents but also their family members and the care team. Psychosocial care delivery can be done through encouraging increased collaboration among stakeholders, honouring residents' wishes and providing them with increased independence. The solution in easing the provision of psychosocial care and reducing its risks lies with effective leadership, training of staff in provision of psychosocial care, and adopting technology as a potential substitute for manpower and daily care duties. Psychosocial care may cause losses in efficiency and productivity in the nursing home, but is needed in normalising residents' life and "removing the institutional feel" of the nursing home. It may not be easy to provide psychosocial care in nursing homes, but it is the right thing to do.

Volunteers' Role in Psychosocial Care in Nursing Homes

by Ms Xie Xiao Yun, Manager, Volunteer Management and Development, Ren Ci Hospital

Ms Xie Xiao Yun shared her experiences on how the role of volunteers in nursing homes can go hand in hand with staff to provide the best care for the residents. She discusses the importance of balancing the needs of both individuals and organizations in the volunteering process, as well as the various aspects of psychosocial care that volunteers can contribute to. The presentation also highlights the need to evolve and adapt volunteering activities over time to ensure that they remain engaging and effective and the importance of showing appreciation to volunteers for their contributions.

Balancing Organizational and Individual needs

A key component of establishing sustainable volunteering relationships in nursing homes is to align the needs and expectations of both volunteers and organizations. This requires careful recruitment and screening to match volunteers with roles that cater to their interests and profiles. In addition, training and support must also be provided so that volunteers are well-equipped with the relevant skills to meet the needs of the seniors and the organization – such as wheelchair handling, basic first aid, and foundational knowledge about some of the medical conditions. Sometimes, aside from volunteer recruitment, nursing homes may also work with partners, such as schools, organizations, religious communities, to facilitate the formation of long-lasting partnerships. Volunteer welfare is also vital, including ensuring volunteer engagement and appreciation. Ultimately, the goal is to create a mutually beneficial and fulfilling experience for both the volunteers and the organization.

Different Aspects of Psychosocial Care

Illustrating the different aspects of psychosocial care with Ren Ci Hospital's nursing home as an example, psychosocial care can span from conducting social and recreational events to providing essential services. Recreational activities, for instance, are designed to keep older adults socially, mentally, and physically engaged. They can span from arts and craft activities like Chinese Calligraphy, Zentangle, and pastel art, to fun-filled sessions like karaoke, table tennis, board games, and mahjong. The program organizers often take great care in designing and customizing these activities to cater to the interests and profiles of the residents. For instance, the nursing home let the volunteers draw with one of the residents, who was a retired architect. Being exposed to art-and-craft activities after being bed-ridden for a long time was a great experience for him and brought back fond memories.

Beyond the recreational activities, another aspect of psychosocial care is social bonding. For instance, at Ren Ci, volunteers can also befriend the older adults through various social events like birthday celebrations, intergenerational outings, festival celebrations, and religious support. Young volunteers

often remind the older persons of their own grandchildren, and for those who have been with the nursing home for extended periods, the residents they have befriended might have seen them through their important moments in life, from school to marriage to starting a family. These residents and volunteers often form special, lasting bonds that are akin to kinship, which are extremely heartwarming to witness, and is a highlight of the experience for both residents and the volunteers.

Apart from these social and recreational activities, volunteers can also offer their expertise and skills to enhance psychosocial care by providing essential services like haircutting and dental care. These services are crucial in ensuring that the residents feel well-groomed and maintain their hygiene, promoting their dignity and self-respect.

Evolving and Adapting with Times

In addition to supporting a broad range of activities available at nursing homes, volunteers are also crucial in helping the nursing home adapt and evolve with times. Often, volunteers are empowered to make a difference by suggesting new ideas and initiatives. One example is when a long-serving volunteer group stepped up and suggested creating a family photography session for residents and their families, complete with makeup and professional photography. The staff of the nursing home welcomed this idea and helped to execute it alongside the volunteers. Eventually, this event was very well-received by everyone involved.

In the recent few years, when the nursing home was adapting to crises such as the COVID-19 pandemic, volunteers and staff also collaborated well together to overcome the challenges. Due to restrictions, physical activities were stopped at one point, and the program had to be adapted online. The nursing homes had to adapt quickly to keep the residents engaged while adhering to restrictions. With the help of the volunteers, the nursing home managed to set up activities via zoom, and train some residents to manage the technology. They also explored a range of new activities through different technological mediums to continue engaging the residents. These included Virtual Reality (VR) tours and live streaming outdoor visits to places like Jewel and Gardens by the Bay. Some volunteers also provided food delivery service, where they visited Whampoa supermarket for a shopping experience that is livestreamed to the residents. Residents could choose what they liked to eat, and the food would be immediately purchased and delivered back to them. Another volunteer also self-initiated a weekly music program, crafting a script and acting as a DJ to play music and engage the residents in conversations.

Overall, volunteers played a vital role in enabling the nursing home to continue providing quality psychosocial care to residents, especially during challenging times. They brought unique talents and ideas to the community and were empowering the nursing home to constantly introduce new and relevant modes of engagement for the wellbeing of the residents.

Showing appreciation for volunteers

It is important to provide volunteers with training, support, and appreciation. For instance, Ren Ci Hospital organizes various training sessions to equip volunteers with relevant skills such as wheelchair handling, communication with seniors, and first-aid skills. The hospital also takes care of the well-being of volunteers by organizing wellness activities and showing appreciation through regular check-ins, updates, festival greetings, and long-service awards. Regular management meeting sessions with volunteer leaders can also help to keep them updated and foster a sense of community among volunteers. In essence, volunteers should be treated as an integral part of the nursing home, and it is vital to make them feel valued, heard, and included.

Volunteers play a vital role in supporting the well-being of residents in nursing homes. Their contributions and dedication are valuable, and our appreciation for their hard work and commitment needs to be shown.

Panel Discussion: Envisioning the Way Forward

Moderator:

Ms Chua Ee Cheng, Head, Medical Social Services, Yishun Health

Panellists:

Ms Chong Wai Fung, Cluster Director, NTUC Health

Ms Karen Chua, Senior Medical Social Worker, St. Andrew's Nursing Home

Mr Tan Kwang Cheak, Chief Executive Officer, Agency for Integrated Care (AIC)

Ms Chua Ee Cheng: 1. How do you envision psychosocial care in nursing home?

Mr Tan Kwang Cheak emphasized that psychosocial care in nursing homes should prioritize quality of life for residents, considering not only their physical needs, but also their emotional, social, and spiritual well-being. He emphasized that creating an environment that is conducive to the dignity of living and family empowerment is essential in ensuring residents feel comfortable and cared for.

Ms Chong Wai Fung agreed that psychosocial care should be an integral part of basic care. She highlighted the challenge of achieving this sustainably without proper resources. For instance, whether there is enough care staff to care for residents. She acknowledged that in Singapore, practicality is key. Thus, when resources are already limited, it is important to find approaches that are feasible within budget constraints, especially since money is needed to sustain a good ratio of care staff to residents.

Ms Karen Chua shared Ms Chong Wai Fung's sentiments and elaborated that trying to achieve sustainability without proper resources can be quite daunting. She suggested that the best way to approach psychosocial care is to divide and conquer, and never give up in this area.

Ms Chua Ee Cheng: What do you see as the challenges in the current psychosocial care landscape in nursing home?

Mr Tan Kwang Cheak highlighted the significant improvements in the quality of care in nursing homes in areas such as good practices, as well as the investment of resources and programs over the years. These improvements contributed to the psychosocial care of the residents. Similarly, he acknowledged how manpower constraints remained a key factor, especially since care staff had to deal with greater demands. The challenges remained at the system level to adopt the right mindset and galvanize the organization to work towards it. He also acknowledged the inherent tensions in managing risk between process efficiency, productivity, and delivering person-centric care that contributed to the autonomy and wellbeing of the residents. He elaborated that there were ongoing efforts to strike a better balance to

meet the psychosocial needs of residents through a patient-centred care model. The ongoing efforts of AIC in collaboration with the Ministry of Health (MOH) and nursing home partners looked into the different areas that were essential for the support of psychosocial and person-centred care for residents.

Ms Karen Chua pointed out that apart from the current challenges of limited manpower and time, there was also a need for increased awareness on psychosocial care. She emphasized that psychosocial care is everyone's responsibility, but social workers have to be the champions in this aspect. She stressed the importance of teamwork and how it takes a village to deliver this. She also discussed the challenges of family-centred care and the need to know each other's roles and work as a team. She suggested that other teams such as the rehab team, nursing team, spiritual team, and volunteer management could help with psychosocial care. She also highlighted the key role of medical social workers in advocacy, abuse management, end-of-life care, and covering time for psychosocial care amidst paperwork.

Ms Chua Ee Cheng: 2. What are some of the training supports that could actually help workers of nursing homes provide better psychosocial care?

To support the process of providing psychosocial care, Mr Tan Kwang Cheak suggested that technology and competency training could help improve productivity and give assurance to staff that they could deliver quality care. In this regard, AIC and MOH are working closely together with the nursing home partners to promote person-centred care for nursing home residents.

AIC provides training and development programs, funding and initiatives to support nursing home staff. The AIC wellness program provides funding, training, and activity templates to help nursing home partners adopt wellness programs and other activities that contribute to residents' psychosocial wellbeing.

Additionally, AIC has a skills framework for support staff in the community care sector, which includes training programs for psychosocial support. Mr Tan Kwang Cheak also emphasised the importance of spiritual care and end-of-life care, areas that required attention and training to provide quality care for residents. He believed that more could be done for residents who required end-of-life care.

Another important aspect of supporting nursing home staff is the sharing of good practices and learning from each other. Efforts to pull together guidelines and best practices can also be valuable in supporting staff in delivering quality care. Mr Tan Kwang Cheak suggested bringing communities of practice together and focusing on competency building to improve the quality of care for nursing home residents.

Ms Chua Ee Cheng: 3. Are there plans by nursing homes to upskill their staff to better support end of life care given the complexity of medical conditions of residents?

Ms Chong Wai Fung believed that nursing homes should focus their attention on providing the best sub-acute care for residents before they die, so that they could live well and with dignity. She acknowledged that resources could be expanded and focused on the best possible options for residents requiring end-of-life care. She also stressed that nursing staff could develop their skills and continue to grow in other areas, apart from following the hospital track of career progression. She also highlighted that there are opportunities in the sector to "grow" staff, give them personal development and a career progression that is aligned to Nursing Home setting. Specifically, she mentioned dementia care, training of end-of-life care, and palliative care as key areas that were focussed on psychosocial care.

Adding on, Mr Tan Kwang Cheak emphasised the importance of training and competency building to meet the needs of residents sin nursing homes.

Ms Chua Ee Cheng: 4. How should nursing homes bridge the communication between staff and residents so that staff could understand the resident's needs?

Ms Chong Wai Fung emphasized the importance of equipping staff with cultural awareness of different practices across different cultures. She shared that some staff were proactive in learning languages such as Malay or Hokkien, but acknowledged that a common language is just one aspect of bridging communication barriers. She highlighted the value of spending time with residents to understand their needs, and how other residents and local staff could help with translation. She believed that having the heart to provide care and bringing in people from different backgrounds to help with translation is key in managing communication barriers.

Ms Karen Chua shared that at times foreign staff could teach her more about the residents because of the close interaction they had with residents. She shared of instances where care staff were able to communicate to her the needs of residents who seemed non communicative. She highlighted the use of the NHELP system and how it helped to document and share information amongst staff, and in empowering them to understand residents' concerns, dreams, and goals. While communication is crucial, she also emphasized the importance of understanding residents' nonverbal cues and body language to better cater to their needs.

Ms Chua Ee Cheng: 5. Is there any engagement between MOH and AIC to address the sandwich group of patients who are too good for nursing homes, yet not eligible for sheltered homes?

Mr Tan shared that there was scope to examine how to cater and extend models of care to support patients who required various degrees/levels of care across the spectrum. AIC has been looking at how to cater to the spectrum of needs for seniors from pre-frail to frail to end of life. He highlighted that

there have been developments in catering to people who are healthier and those who have certain conditions but are able to manage without needing the help from home care, home medical services or nursing homes.

The "Senior Supportive Living" care model has been piloted with community providers to support seniors at home with complex needs, including those who are eligible for nursing home placement. This model includes clinical and custodial care, as well as 24/7 monitoring plans which is in the pipeline to support patients who are able and willing to stay at home without going into nursing homes.
He added that AIC has also been setting up Active Ageing Centres to promote active ageing and prevent social isolation of seniors. This forms a key part of Healthier SG.

Ms Chua Ee Cheng: 6. Is there a need to review how psychosocial care can be regulated as basic care in nursing home?
Ms Chong Wai Fung shared her perspective on the regulation of psychosocial care as basic care in nursing homes. She noted that while there is a subdomain called "psychosocial and mental wellbeing" in the enhanced nursing home standards, the details on how nursing homes should provide psychosocial care can be enhanced. Hence, she believed that MOH is aware of the importance of psychosocial aspects of care. She highlighted the need to place greater emphasis on psychosocial care and suggested redefining basic care to include psychosocial care and training new staff in a curriculum that encompasses all aspects of care.

Mr Tan Kwang Cheak agreed with Ms Chong Wai Fung. He emphasized that the basic premise of psychosocial care provided should be determined based on the needs of the residents. This could be in the areas of care, assessment, planning, informed care, right provision of privacy, use of restraints as last resort and so forth. The approach taken by the AIC is not intended to be prescriptive, but rather to provide a baseline level of regulatory compliance, which needed to be audited once MOH puts them in place, so that providers would be able to adopt these practices. Mr Tan Kwang Cheak suggested that recommended good practices could be adopted to uplift the overall level of care. AIC would work closely with its partners to promote good practices and enable nursing homes to adopt them.

Closing Address by
A/P Thang Leng Leng, Co-Director of the Next Age Institute, National University of Singapore

Thank you very much, Tzer Wee. I would like to thank the amazing organising committee and colleagues who made this e-symposium possible. I would also like to thank Deepa from the Next Age Institute (NAI) for all the background help.

We have now come to the closing of the e-symposium, which has been quite intensive for the entire 4-hour duration. I am not a social worker but I think the intensity of the symposium gives me a taste of how hard social workers work within the little time that they can afford. So, on behalf of NAI and also Singapore Association of Social Workers (SASW), please allow me to first thank Dr Gerard Ee for his insightful opening address and my full hearted appreciation to my old friend Professor Vivian Lou for joining us as a keynote speaker and even agreeing to give another presentation with examples from Hong Kong. The examples are really inspiring and thought-provoking, especially in reminding us that we need to be culturally sensitive in paying attention to life autonomy and so forth.

The idea for this inaugural e-symposium is from the ground-up. It started a year ago when a few social workers came together wanting to raise awareness about psychosocial care in nursing home. These social workers then went on to form the organising committee of this e-symposium- a product of their collective voice. We thank the Agency for Integrated Care (AIC), Changi General Hospital, Ren Ci and Yishun Health for readily coming forward to support this e-symposium, as well as NTUC Health and St. Andrew's Nursing Home for sharing about the important work they are doing.

I learnt a lot from these engaging speakers and panellists. I am especially heartened to know that there is already quite a bit of work done to ensure better psychosocial care in the nursing homes, as well as the different kind of care arrangements that AIC has been working on. In reality, not all nursing homes have social workers who play an important role in promoting psychosocial care. As Ms Chong Wai Fun from NTUC Heath shared, leadership plays an important role in building capacity. As such, we hope that all leaders will have the heart and courage to effect change and incorporate psychosocial care in every nursing home. This is not just for the nursing home residents but also for their families. Nursing Home care staff and volunteers also play an instrument role in the provision of psychosocial care.

One point that I felt was a tad less explicitly expressed but recognised among our Singapore presenters was regarding the desire for older persons to have a happy life in nursing homes. Our keynote speaker, Professor Vivian Lou shared more about the idea of blessings, joy and happiness, which is referred to as 福乐满心 fu le man xin, in Mandarin. Thus, it is important to have this constant awareness to want

to create a home-like living that seniors can stay in, be happy, feel comforted and blessed. I believe these are the reasons why we are all here to advocate for better psychosocial care.

As an anthropologist, I had spent close to a year doing ethnographic fieldwork as a volunteer staff in a nursing home in Japan. This nursing home served older adults requiring continuum of care and it is also co-located with a childcare centre. I saw how important it was to have children around in a nursing home environment as it contributes to the happiness of the older adults. In fact, happy smiles on the faces of these seniors were observed as they interacted with the children. Hence, I hope we can think of new ways to try and make nursing homes a much happier home-like place.

I also recall this incident about a Japanese older adult who shared that she resided in a nursing home as she lived alone and needed care. People associated nursing home as an unhappy place where residents are abandoned. However, she shared that she felt very embarrassed to say that she was very happy in the nursing home as she had access to hot bath, people to socialise with and not have to worry about food and care. Most importantly, she shared about the many activities (e.g. Calligraphy, English Lessons) conducted by the volunteers at the nursing home. This was similar to the sharing we heard from Ms Xie Xiao Yun from Ren Ci, about how volunteers play an important role in providing psychosocial care that makes life joyful for nursing home residents. Hence, nursing homes can be a happy place and a place of comfort for end-of-life palliative care, if we all pay attention to integrating them into the current more medical-focussed model. I hope this e-symposium has increased awareness and can lead to a more concerted effort in making nursing homes a place of happiness and comfort for nursing home residents, their families and staff.

This e-symposium was oversubscribed and we unfortunately could only have a max audience size of 300 pax. Please share the knowledge you have learnt today and the insights you have gained with your fellow social workers and leaders from the institutions you work in, who were not able to join us today. Together we can make a difference in empowering all at the nursing homes and beyond. Once again, thank you very much for joining us throughout the e-symposium till the very end.