11-12 November 2025

NUS SSR-TOUCH CONFERENCE 2025

Sustained Well-Being in Future-Ready Communities

CONFERENCE PROCEEDINGS

Edited by
Zhi Han Tan, Jennifer Koh, and Ashley Loh

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NUS National University of Singapore
Social Service Research Centre
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TOUCH Community Services

Proceedings of the NUS SSR-TOUCH Conference 2025: Sustained Well-Being in Future-Ready Communities

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Collectively, these enabled us to advance conversations and capabilities for social service research and practice through the NUS SSR-TOUCH Conference 2025.

About the Conference Organisers

Social Service Research Centre (SSR)

The NUS Social Service Research Centre (SSR) was set up in 2014 with the aim of bridging resources and ideas to promote and test social innovations and help evolve a new social infrastructure for Singapore's next phase of social development. We envision that bold social solutions provided through research can potentially bring about transformative improvements in the well-being of the underprivileged. Since its inception, the Centre has embarked on various research partnerships with government ministries and social service agencies in Singapore.

For more information, visit our website: https://fass.nus.edu.sg/ssr/

TOUCH Community Services

Since 1992, TOUCH Community Services has served people of all ages, races and religions to see sustainable change and transformation in their lives. It believes in the worth and potential of every child, youth at-risk, family in need, senior, caregiver and person with special or wellness needs to grow, participate and contribute in the community. The heartbeat of TOUCH is to activate potential, build independence, connect people, and deliver impact by developing sustainable solutions in society.

As part of the Transformation Office of TOUCH Community Services, the Impact & Research (I&R) team is committed to delivering quality expertise in programme design, monitoring, evaluation, knowledge-generation research, and resource development to impact communities. Since its inception in 2017, I&R has been instrumental in building the organisation's capability to create impact through social research, development of outcome indicators, and programme evaluation. Till date, I&R has also trained over 200 TOUCH staff and external stakeholders in programme design and monitoring.

In 2021 and 2022, TOUCH organised the TOUCH Family Conference as a platform where innovative solutions and evidence-based practices could be explored for application to dynamic family issues in society. In view of TOUCH's and SSR's common interest in empowering communities with resources and skills to navigate stressors and be better positioned for the future, I&R co-conceptualised and jointly organised the NUS SSR-TOUCH Conference 2025 in partnership with SSR. This conference aimed to advance conversations among participants and strengthen sectoral capabilities in social research, evidence-practice translation, sustainable collaborations, and impact measurement.

For more information on TOUCH, please visit www.touch.org.sg

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1: Introduction by Editorial Team

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Understanding Well-Being

This conference defines well-being (or wellness) as an “integrated” way of “functioning” that maximises the potential capability of the individual within their environment (Dunn, 1959, p. 447). In this view, wellness is characterised not only by the “absence of disease, illness, and stress,” but also the presence of social inclusion, engagement in work and leisure, good physical health and environment, and happy relationships (Swarbrick, 2023, p. 3).

According to this definition, well-being is attained not only by preventing health issues, but also by actively pursuing various states of functioning. These are referred to as states of “being” and “doing” (Sen, 1992, p. 39), which apply in multiple dimensions of life, including social, occupational, environmental, intellectual, spiritual, emotional, physical, and financial well-being. Thus, well-being is not automatically attained with health, but individuals must take deliberate action to move towards greater well-being—an “ever-higher potential of functioning” (Swarbrick, 2023, p. 3).

On a societal level, policies and programmes can create the conditions for individuals to attain such a positive definition of well-being. However, it is also important to ensure that individuals and communities can sustain their holistic well-being to be better prepared for the future. Thus, this conference explores how we can achieve sustained well-being in future-ready communities by addressing the following four key questions:

1. What are the trends, enablers, and challenges in strengthening communities’ resilience and readiness for the future?
2. What do we need to determine whether our programmes are effective?
3. How do we balance the strengths and weaknesses of technological adoption in these programmes?
4. What should be done for stakeholders to collaborate and collectively advance well-being?

In other words, our conference theme reflects a concerted effort in equipping communities with the knowledge, resources, and skills to overcome stressors, promote well-being at every stage of life, and develop resilience for future challenges, as elaborated in Chapter 2.

As our Special Guest, Senior Parliamentary Secretary, Ministry of Social and Family Development and Ministry of Law, Mr Eric Chua stated, our conference “continues NUS SSR and TOUCH’s strong tradition of being a bridge between research and practice” and brings together “expertise from the social service, education and healthcare sectors” (see Chapter 3).

Evidence-Based Research for Sustaining Well-Being

To determine whether service users, programme participants, or the general public have indeed benefitted from services, programmes, and policies, we need to know what and how much evidence to collect, as well as what methods to use to make sense of the evidence.

Chapters 4, 6, and 7 are written based on the keynote and panel presentations on this question. While most institutions recognise that decisions about policies and programmes should be made based on evidence, there are varying types of evidence and definitions of what suffices as good evidence.

James Riccio’s keynote draws on a few examples of methods, such as randomised controlled trials and pre-post comparisons of administrative data, as different ways to evaluate pilot programmes using reliable empirical evidence. Nicholas Graves argues that evidence only needs to be good enough to inform decisions on whether to adopt or continue programmes; chasing p-values and implementing large, controlled trials are excessive. Ivan Woo introduces the Cynefin framework that advocates for tailoring evidence-generation methods to match the practical needs of the context. In these three chapters, the authors consider what it takes to feasibly achieve good evidence given procedural and resource constraints in “real-world” settings.

Alongside methodological considerations, these chapters invite reflections on the forms of knowledge that are good enough to inform programmes, especially those that may remain less visible in discussions of evidence. In social service settings, practitioners’ expertise, accumulated experience, embodied knowledge, and ground observations often provide early insights into emerging needs and practical recommendations on how programmes may function in complex, lived contexts. Likewise, the voices and lived experiences of programme participants offer perspectives that may not always be captured through conventional quantitative measures. While such forms of evidence may not rank highly on the hierarchy of evidence (Tan, 2024), and they oftentimes require subjective and interpretive methods to sense-make, they can nonetheless play a crucial role in providing context for decision-making. Hence, it may be important to consider how we may perceive, value, and use such forms of evidence.

At the same time, we need to consider the pace at which evidence is translated into practice. If knowledge translation is too slow, opportunities to respond to pressing community needs may be missed. Yet, if action proceeds without sufficient review of the evidence base, programmes risk being guided by incomplete understanding. The challenge, therefore, lies not only in determining what constitutes “good enough” evidence, but also in considering how we can more effectively bridge the gap between what we know and what we can do with that knowledge.

Collaborative Efforts for Sustainable Change

Even if there is strong evidence supporting the effectiveness of a programme, programme implementation and continuation are not guaranteed. They require inputs, such as infrastructure, manpower equipped with the implementation capabilities, funding, and political will to effect real-world changes. Additionally, not all agencies single-handedly implement programmes and deliver services. Collaboration is common and even necessary when one considers not only inter-agency partnerships, but also collective efforts between service providers, funders, evidence intermediaries, and even community members themselves.

John E.L. Wong's keynote in Chapter 8 exemplifies such a collaborative effort in the Health District @ Queenstown, which involves government, research, community, and the non-profit sector in developing interventions for boosting an ageing community's health span. The health district addresses not only physical health, but also social, environmental, and emotional dimensions of well-being.

Martin Tan's Chapter 12 emphasises the role of establishing a physical space that enables people in the social sector to gather to innovate new ways of strengthening the communities they work with. In Chapter 13, Ng Bee Leng stresses the importance of changing institutional rules and practices to incentivise collaboration in place of competition and to include citizens and communities in co-creating interventions. Liow Chee Hsiang demonstrates how students can serve as bridges between the community and the service providers or researchers to enhance outcomes and foster shared ownership in Chapter 14.

Together, these perspectives indicate that sustaining novelties or changes depends on collective spaces, institutional incentives and norms, and the inclusion of multiple voices to connect stakeholders and take full advantage of their diverse expertise.

While collaborations can allow us to work towards and achieve outcomes at a greater scale, they may not always be neutral. Collaborators may bring differing levels of resources, authority, and influence that shape whose priorities are heard, whose voices carry more credibility, and whose constraints ultimately determine the pace and direction of collective action. Organisations with more resources and authority may unintentionally set the agenda, while smaller collaborators may have fewer opportunities to participate and shape decisions meaningfully. Even well-intentioned collaborations may therefore replicate and reinforce existing power dynamics if these undercurrents remain unexamined.

It may be helpful to reflect on what it means to collaborate meaningfully in potentially unequal landscapes. How might stakeholders recognise and navigate asymmetries in resources and decision-making power in cross-sector work? What processes might help redistribute voices and ownership in ways that are more equitable? These questions remind us that bringing stakeholders together is only the beginning; how we attend to the dynamics within these collaborations may matter just as much as the collaborations themselves.

Building Strong Communities of the Future

To involve communities in interventions, they must feel empowered to do so and have a stake in shaping the programmes designed for them.

Chapter 10 discusses how Cai Yinzhou involves community members in his journey to social entrepreneurship and advocacy, where he stressed the importance of capturing their voices and their intangible impacts on the community.

The breakout sessions on this theme focus on specific segments of the population where more attention can be placed on meeting their needs and strengthening their capacity to advance their well-being.

Caregivers

The first population segment that we focus on are caregivers. Caregivers are vital to our collective well-being; they are present in daily life and contribute to the functioning of care recipients, but their own needs tend to be overlooked.

Noor Aisha Binte Abdul Rahman and Ad Maulod examine the pressures and service gaps that a sandwiched generation of Malay women face as caregivers in Chapter 16. In Chapter 17, Premchand Dommaraju explicates how grandparents are both caregivers and care recipients amidst changing demographic and social shifts in Asia. In Chapter 18, June Sim and Ng Wei Xuan exemplify how TOUCH Community Services support the diverse profiles of caregivers through person-centred and community-enabled approaches, building a care ecosystem that places the caregiver’s agency and aspirations at the centre.

Across these chapters, the authors stress that having a deeper understanding of caregivers’ lived experiences is necessary to inform interventions that recognise their care work and acknowledge their wellness gaps, especially in societies where such unpaid work is less visible and privileged.

Disability Inclusion

The second group are persons with disabilities (PwDs). The authors not only focus on PwDs, but also discuss their inclusion in our society and relation to other members.

Celine Kim draws on two recent national studies in Chapter 20 to highlight the importance of equipping and engaging the general public on the appropriate notions of disability and ways of interacting with PwDs for a more equitable inclusion. Wong Meng Ee reframes merit through a disability-inclusive lens in Chapter 21, by advocating for a greater recognition of techno-social capabilities that PwDs actively practise and develop. Adrian Tan argues in Chapter 22 that ageing and disability should be addressed together with examples of co-designing care services with the community that empower both senior PwDs and caregivers.

The three authors stress the importance of shifting perceptions of PwDs from being persons in need to being agents with the agency and capacity to chart their own pathways towards well-being.

Evidence-Informed Practice for Effective Change

Beyond recognising the importance of having an evidence base to inform programmes and identify the needs and strengths of the communities we work with, it is important to ask:

1. How can this evidence base be established in our agencies?
2. How can we apply evidence to our interventions?

Each breakout session from this theme addresses the two questions above respectively, with the former led by three social service agencies in Singapore and the latter based on evidence-based interventions for children and youth.

Establishing Research Culture in Agencies and Evidence in Programmes

While many organisations in the social sector recognise the importance of establishing a research culture and an evidence base, these do not occur easily due to challenges faced in time, manpower, and capability constraints.

In Chapter 23, Helen Sim, Stella Teo, and Charlene Fu share how their respective organisations have established their research units and translated their research to practice. The two discussion areas addressed in this chapter are ways to (i) build organisational research capability without overwhelming staff and (ii) translate research knowledge to inform practice. By demystifying what research is, they suggest ways for agencies to cultivate methods of inquiry, which practitioners have a stake in pursuing, to inform their programme planning, implementation, and evaluation in an iterative manner.

Evidence-Based Interventions for Children

This breakout session illustrates how programmes for children and youth have been implemented and evaluated based on evidence.

In Chapter 25, Cheryl Seah exemplifies how the common elements approach—effective practices that are common across various interventions targeting similar outcomes—informs and applies to child-centred practices in early childhood education. In Chapter 26, Laura Tan, Joanne Yoong, and Vital Tan refer to their published evaluation study of the Circle of Care model, which is an evidence-based approach applied to low-income families with young children to enhance their developmental and socio-emotional outcomes. In Chapter 27, Khoon Chai Wee, Samantha Hui, and Yenn Ang show how photovoice, as a participatory-based intervention and data collection method, empowers childhood cancer survivors by enabling them to express themselves and make meaning from their experiences.

In sum, these chapters illustrate how established interventions applied to the Singaporean context are evaluated and, in turn, generate local evidence to inform future iterations.

Technology and Artificial Intelligence in Social Service Planning and Delivery

While agencies may consider implementing models or approaches that have been established elsewhere, they also innovate and try new interventions. With artificial intelligence (AI) pervading many areas of our lives, interventions that tap on new forms of technology are largely untested. The predominant concern with using new technology is its unforeseen harm on the service recipients, highlighting the need for enhanced governance framework, infrastructure, and policies to guide ethical use and risk management.

Technological Enhancement of Well-Being

This breakout session emphasises that while technology and AI can reduce isolation, enable personalised interventions, and allow users to take ownership of their well-being, they should complement and not replace human-based services, especially when they are directed at vulnerable populations.

In Chapter 29, Benjamin Yeo acknowledges that technological interventions are not the panacea for ageing in place and emphasises that their design and usage should be inclusive, relational, and responsive to the end-users. In Chapter 30, Daniel Wong and Ashley Loh showcase how TOUCH’s MindMyMind online application complements its Live On! youth suicide prevention intervention, crucially augmenting case workers’ and parents’ monitoring and engagement of higher-risk youths. In Chapter 31, Renwen Zhang explicates the dangers of AI companionship and calls for ethical and responsible AI design, harm detection and intervention, as well as more research on its impact on various dimensions of well-being.

Digital Counselling Services for Children and Youth

The chapters from this breakout session further examine how digital platforms complement counselling and mental health support for children and youth in Singapore.

In Chapter 33, Lim Tse Min and Chua Yun Ze show how their ReConnect digital counselling intervention reduces help-seeking barriers and informs practitioners on their clients social health. In Chapter 34, Gloria Ng illustrates how Tinkle Friend—a national helpline and chatline—provided mental and social support to children and useful data for advocacy and research. In Chapter 35, Jasper Lim illustrates the importance of design in Carey—a mental health platform—and its impact on front-end users. The authors stress that, regardless of the benefits that digital platforms bring, the role of professionals, ethics, and relational practice should not be overridden.

Taken together, these chapters prompt reflection on the role that technology, and increasingly AI, should play in shaping the future of social service planning and delivery. While digital tools can enhance reach, provide new forms of insight, and

facilitate more responsive interventions, they do not remove the need for human judgement. Algorithms in digital tools cannot fully interpret the complexities of human conditions and experiences, nor can we trust them to weigh the ethical and relationship considerations that practitioners routinely navigate in their work.
In this sense, technology may expand what we can do, but it cannot decide what we ought to do.

This raises broader considerations for practitioners, researchers, and policymakers alike. As technological capabilities advance, how do we ensure that they strengthen rather than displace careful, critical judgement that underpins responsible social service practice? How might AI and digital tools be designed and used in ways that support practitioners' discretion rather than constrain it? These considerations suggest that the promise of technology lies not in replacing human decision-making, but in supporting professionals to make thoughtful, ethically informed choices.

Concluding Thoughts

Along with the masterclasses and presentation booths whose abstracts are included in Chapters 36 and 37 of this publication, our conference explores various efforts and challenges in promoting the multiple dimensions of well-being and future readiness. In today's world characterised by volatility and precarity, it is vital to stay grounded in evidence, preserve relational practice, and continue paying attention to both needs and strengths in our work. Ultimately, a strong community is one that not only has access to resources to overcome challenges, but also the capabilities for living well that define and sustain their well-being.

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2: Opening Address by TOUCH Community Services

Anita Low-Lim

TOUCH Community Services

A very good morning to Associate Professors Lee Jungup and Ong Ee Cheng, Co-directors of the NUS Social Service Research Centre, distinguished guests, partners, and colleagues.

It is my pleasure to welcome you to the NUS SSR-TOUCH Conference 2025, and I would also like to congratulate NUS SSR on their 10th anniversary! This year is especially significant as it marks the first year that TOUCH Community Services and NUS SSR are working together to co-organise this conference.

Our theme, "Sustained Well-Being in Future-Ready Communities," reflects our shared commitment to empowering communities with knowledge, resources, and skills to overcome stressors, nurture positive well-being across the life course, and build resilience for the future.

At TOUCH, our mission to inspire hope and impact lives is firmly rooted in uplifting communities and enhancing their well-being. We believe that with the right support, anyone – regardless of background – can be empowered to lead a fulfilling and meaningful life.

Beyond designing evidence-informed programmes that help our clients live better and reach their full potential, we have introduced initiatives such as the First Device Campaign which aims to empower parents with skills to prepare their child for their first device. We also recently launched the TOUCH Wellness Stories, a set of children's books which allow parents to explore online safety and healthy screen time habits with their children. These resources equip parents, families, and the wider community with the skills and knowledge to build resilience and strengthen well-being through life – and this is something that we are glad to be discussing in the Masterclass, 'Beyond Control: Rethinking Digital Wellness' on Day 2.

As we deepen our expertise and serve the community in an ever-changing landscape, we remain committed to fostering collaboration across the people, public, and private sectors. By bringing stakeholders together and harnessing their collective strengths, we can drive meaningful and lasting change.

This commitment is further strengthened through ongoing collaborations, which allow us to tap into diverse knowledge, share resources, and draw on evidence from research and evaluation. These insights enable us to make well-informed decisions, design and deliver outcome-driven programmes and services, and meaningfully measure our impact.

Looking ahead, sustained and meaningful change requires the active engagement of different parts of society, including the government, communities, families, and individuals. We hope to build on this foundation by not just sharing our successes but also our challenges and lessons learned, so that we may collectively innovate and improve.

This is why we are here today. By sharing our learnings with professionals and students at this conference, we hope to inspire open conversations, equip the community to be ready for the future, and spark new ideas and platforms for impactful collaboration and innovation.

This conference is more than a gathering. It serves as a collaborative platform that brings together thought leaders, practitioners, researchers, and partners to share insights and announce new initiatives that advance sectoral capabilities in social research and evidence-based practice. Above all, it demonstrates the power of working together for greater impact.

Over the next two days, we will hear from over 40 speakers and panellists from over 20 organisations while exploring four vital themes: building strong communities in the future; harnessing evidence to inform effective social change; leveraging technology and AI while maintaining the irreplaceable human touch; and fostering collaborations that lead to sustained, collective impact. We are also excited to have Special Guest, Mr Eric Chua, Senior Parliamentary Secretary, Ministry of Social and Family Development and Ministry of Law, join us tomorrow for an engaging dialogue on whole-of-society approaches to building healthy, thriving communities.

TOUCH is honoured to work alongside NUS SSR on this important initiative. This partnership continues to build on our efforts to bridge practice and research, following on from the SSR Conference 2024 and the TOUCH Family Conference in 2021 and 2022. By coming together, we can better design, deliver, and sustain high-impact programmes that serve the evolving needs of Singapore’s diverse communities.

Let us make these two days count as we exchange ideas, deepen our collaborations, and drive transformative change for individuals and families across Singapore.

Thank you!

3: Speech by Special Guest

Mr Eric Chua

Senior Parliamentary Secretary,
Ministry of Social and Family Development and Ministry of Law

Note: This speech is retrieved from the MSF's Media Room.

Professor John Wong, Executive Director, National University of Singapore (NUS),

Professor Lionel Wee, Dean, Faculty of Arts and Social Sciences, NUS,

Ms Anita Low-Lim, Chief Transformation Officer, TOUCH Community Services,

Associate Professors Lee Jungup and Ong Ee Cheng, Co-Directors of the NUS Social Service Research Centre (SSRC),

Distinguished guests, partners, and colleagues

Introduction

Good afternoon. Thank you for inviting me to the NUS SSR-TOUCH Conference.

I am delighted to be joining many of you whom are committed to building healthy, thriving communities in Singapore.

This conference continues NUS-SSR and TOUCH's strong tradition of being a bridge between research and practice. Today, we are bringing together expertise from the *social* service, *education* and *healthcare* sectors.

This year's theme, "Sustained Well-Being in Future-Ready Communities", highlights the importance of empowering communities with the resources and skills to achieve and maintain positive well-being outcomes throughout life. This will enable them to be better positioned for the future.

Today's social and health challenges are getting more and more complex.

Our youth are increasingly facing mental health challenges. To address these challenges, we need to provide timely interventions and go upstream. This includes addressing root-cause social risk factors: such as body dysmorphia, which also relates to the commodification of the human body, which today affects not only women, but increasingly in various ways, men as well. There is also unfettered access to undesirable online content, for instance pornography, which when put together with technologies available today, such as generative AI, gives rise to phenomenon like deepfake still and video images. These are but just to name a few harms that we confront in modern society today; I could go on but that will take another conference.

At the same time, Singapore is considered one of the world's "Blue Zones 2.0". Compared to the first-generation Blue Zones like Okinawa in Japan or Ikaria in Greece, we are probably one of the Blue Zones in the world to have achieved this longevity accolade, *in spite of*, and not *because of* our cultural norms and habits, such as eating habits.

Demographically speaking, we are set to become "super-aged" by 2026, which means more than a quarter of our population are 65 years and above. Average lifespan in Singapore is about 84 years. However, the average number of years when we are in good health, also known as the health-span, is about 75 years.

This means that on average, very broadly speaking, we spend about 10 years living with illness or disability, which can be rough and tough for both our seniors and their loved ones.

Beyond the state of our healthcare system, and make no mistake - we do have a world class healthcare system, our health outcomes are perhaps shaped *more significantly* by where and how we live, work and play. In other words, social determinants of health have a far greater impact on how well we can live our lives than most would think.

So, for Singaporeans to *achieve and sustain* positive health and well-being outcomes, we need to consider the broader context in which people live and how these life domains can interact with one another.

Building a healthier Singapore that focuses on aging well by going upstream, starting young, means all of us must pitch in: government, community organisations, family members, and individuals. We must all work together and play an active part in addressing social-health challenges. I cannot over-emphasise this point that all of us have to pitch in.

Healthier SG and Age Well SG

To support our seniors to live healthier and more engaged lives, the Government launched Healthier SG in 2023.

The goal then was to shift the focus of our healthcare system from reactive, sickness-focused care to proactive preventive health and well-being.

Together with our Healthier SG partners, healthcare providers and community partners, we can better support Singaporeans to enjoy better quality of living throughout their lives.

Age Well SG is another key initiative to help our seniors age actively, stay socially connected, and be cared for within the bounds of the communities.

For instance, we are improving the physical environment for our seniors to engage in daily activities. HDB's EASE programme also provides subsidized in-home, senior-friendly fittings like foldable grab bars and home fire alarm devices. That would help make sure everyone is safe at home. The EASE programme is highly subsidised and recently enhanced in April last year. I would behoove all our seniors and younger ones in the families to have these features in the home environment to make it safe and accessible.

In our neighbourhoods beyond the homes, especially those with more seniors, we have also been introducing more senior-friendly streets, therapeutic gardens and elderly fitness corners.

Health District @ Queenstown

I have had the privilege to work with Professor John Wong on the health district project for the past five or six years. He has been a huge source of information, knowledge and wisdom. Whatever I know about senior care and ageing, came from Prof John.

Another important initiative is the Health District @ Queenstown, not only because I'm MP of Queenstown. This is a collaboration between the Housing Development Board (HDB), National University Health System (NUHS), and NUS, together with many other agencies and partners.

What we are trying to do, is to pilot science-backed initiatives to encourage purposeful longevity and focus on preventive care, to help residents age in place and lead healthy active lifestyles. Successful initiatives can be included in future rejuvenation plans, and scaled to other towns and estates.

Professor John Wong, whom we will have the privilege to hear from in a few minutes, is the Co-Chair of the Health District @ Queenstown's Steering Committee. He will be sharing about the significant role of this initiative in fostering resident engagement, contribution, and ownership of their own health to increase their "health span" and not just their lifespan.

Question to all of us: what does this collaborative effort look like on the ground? That means integrated care – where healthcare and social service professionals, family members, volunteers, and neighbours all come together to coordinate to support seniors, not only when they fall ill, but also to combat social isolation, keep them active, and enable them to age in place with dignity.

Our community partners in Queenstown have been rolling out wellness festivals, dementia-friendly spaces, accessible sports, skills workshops, and befriender programmes. Residents not only participate but join us in co-creating programmes. Through these initiatives, seniors are able to spend their retirement years productively and stay active.

Moreover, they have opportunities to interact with younger committee and community members, which promotes intergenerational bonding and appreciation amongst different age groups.

This is neither a new formula for success, nor is there anything magical about it: I feel it is simply a resurrection of rejuvenation of our "kampung spirit" in action, where residents take ownership of their own health and look out for one another, alongside professionals and volunteers.

Research at the Health District

Research has been fundamental to the Queenstown Health District. It enables us to have a wider and deeper understanding of challenges that the community faces. This in turn helps us to identify gaps in services and areas for improvement.

Research is also necessary for evaluating programme effectiveness – to what extent do the programmes and local initiatives achieve their objectives? Taking a research-guided approach allows us to make evidence-based decisions in terms of how we allocate limited resources, such as by prioritising and scaling approaches that are effective and transferable.

Closing

To conclude, I would like to thank all of you for your efforts to build a future-oriented community, one that is grounded in sustainable well-being. Let us continue to partner one another and build upon our efforts, share knowledge, and empower Singaporeans to step up in various capacities for one another, so that we can all grow and thrive in this place that we proudly call home.

I hope you have had a good learning experience at this conference thus far, and I look forward to our dialogue with Prof John after his keynote presentation.

Thank you.

Keynote Address

Keynote Address

Try Before You Buy: The Role of Pilots in Evidence-Based Policymaking to Achieve Sustained Improvements in Economic Mobility, Health, and Well-Being

JAMES RICCIO

MDRC

4: Try Before You Buy: The Role of Pilots in Evidence-Based Policymaking to Achieve Sustained Improvements in Economic Mobility, Health, and Well-Being

James Riccio

MDRC

Abstract

Many new ideas for social interventions look good on paper. They may even produce compelling personal stories of lives changed dramatically for the better. Yet, when put under the microscope of rigorous statistical evaluation, sometimes the evidence is supportive of those narratives, sometimes it contradicts them, and sometimes it is inconclusive. This keynote address will discuss different standards of evidence for drawing causal conclusions and other insights from pilot studies and related research, what it takes to build reliable evidence, and some considerations in applying evidence to decide on new programmes or policies or to improve existing ones. It will draw on several real-world examples from careful evaluations of pilot projects in the US and the UK, two countries that have been at the forefront of efforts to advance evidence-based social policy. These examples may be useful for Singapore to consider as it strives to build a stronger culture of evidence to produce sustained improvements in economic mobility, health, and well-being for vulnerable populations.

Note: This is a transcript generated from the conference recording with some edits for clarity. The presentation deck can be found here.

It is an honour to be back here after so many years and to be meeting folks from TOUCH and the other organisations that are involved in this conference and in these issues. Thank you very much for this invitation and for hosting me.

This keynote has a long title. I hope I do not overwhelm you. I am going to talk about a lot of studies, and of course the U.S. context is very different from the Singapore context, but I hope at least some of the themes and some of the aspirations of the work that I am doing will feel relevant and informative. But first, I want to set some context by giving you a brief overview of the evolution of the U.S. federal government’s support for evidence-based policymaking.

Evolving US Government Support for Evidence-Building

The first part of the presentation provides a little background on how the U.S. federal government has been involved in these issues over the years. That involvement began to take shape in the 1970s, when the federal government, along with universities and research organisations, were venturing into randomised controlled trials (RCTs), and there were a few notable experiments that are still talked about today, in fact, in the areas of basic income, housing subsidies and approaches of supporting lower-income people in work.

The movement began to gather steam in the 1980s and 90s, and the federal government, which helps pay for a lot of the state-run welfare programmes, allowed states to test reforms in cash welfare (or income support) programmes with very rigorous evidence-building agendas. The federal government was not really driving this as much as non-government agencies, such as my organisation, MDRC, and other organisations, which really led the charge for moving in the direction of more rigorous research, and particularly RCTs, for these and other kinds of policy tests.

During the 2000s, the Bush administration began to encourage the use of rigorous research methods, in particular RCTs, and created the Institute of Education Sciences within the Department of Education, which dramatically raised the standards of evidence in education research.

In the Obama years, the movement gathered even more steam, and the head of the federal budget office sent a directive, a memo, to all federal agencies urging them to institutionalise the use of evidence to foster innovation rooted in research and to encourage rigorous evaluation. The agency also set up innovation funds with special monies to support innovative pilots and careful evaluations, and not just RCTs. They formulated a set of evidence tiers where they could classify studies with different methodologies from preliminary to moderate to strong levels of evidence. The idea was to think about innovation and evidence together.

Ironically, during the first Trump administration, the president signed what is known as the Foundations for Evidence-Based Policymaking Act in January 2019, which was bipartisan legislation to enhance evidence-based decision-making. This is a federal legislation that requires all federal agencies to create learning agendas, to hire evaluation officers who would oversee those agendas and make sure they get carried out, and to develop annual evaluation plans. It was an attempt to codify an approach to evidence building in federal agencies. The Biden administration really embraced and continued this movement.

Trump 2.0, though, is a different story. There have been deep cuts. Many existing federal contracts have been cancelled. Much less federal money is on the horizon. There have been large staff reductions at social policy research organisations, including at MDRC, and general uncertainty for all of this year, and it is not clear where things are going. But many federal studies are continuing, and there are a number of state and local and philanthropic efforts investing in evidence building and continuing serious studies, and we are fortunate for that.

What MDRC Does

I am going to turn to some contributions by MDRC to this evidence-building movement. Let me start by first addressing the question: what is MDRC? The acronym originally stood for the Manpower Demonstration Research Corporation. We are a not-for-profit, nonpartisan, social policy research organisation with a mission to build evidence to improve policies to improve the lives of populations with lower incomes—to use evidence to inform both policy and practice. We do not want to speak just to other researchers. We also helped to pioneer the use of randomised trials in real-world settings.

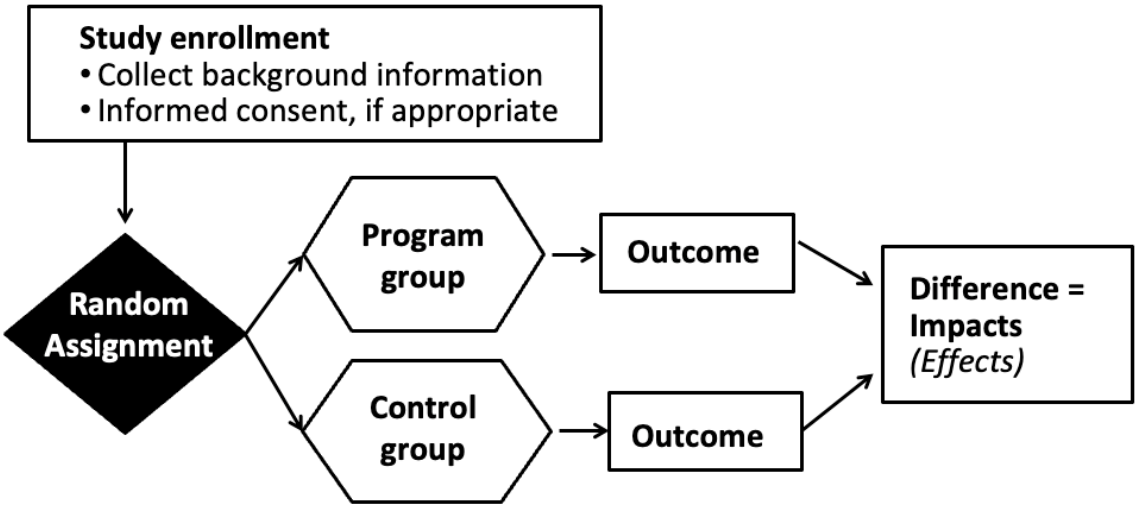
One of the reasons why we go by just "MDRC" now, rather than the full name, is that our work covers a wide range of policy domains, including early childhood interventions, school reform at the elementary, middle, high school, and post-secondary level, workforce development, economic mobility, subsidised housing, criminal justice, and more. The change in name reflects our work in building evidence in all those different policy domains.

I am going to talk about six MDRC studies that have been conducted over the past 35 years. What I want to do is to try to illustrate how some of the ideas about what kinds of interventions would work to improve outcomes for individuals and families have evolved, and how evidence has played a role in the evolution of those ideas. Four of the studies I will discuss are randomised controlled trials testing employment and self-sufficiency interventions for low-income groups. I recognise that it is very difficult to do randomised trials in Singapore. So, I will also mention two non-RCT studies, both of which focus on community change and are evaluations of place-based interventions, and I will mention some of the issues that come up with those. I then want to highlight some of the implications of all of this research for building a strong culture of evidence, which I hope will be relevant to Singapore. I know the US context is very different, but I am hoping, as I said at the beginning, that some of the themes will still be useful and informative for you.

I am going to mention randomisation a lot, and the term "impacts," or effects. Figure 1 is basically what a randomised trial looks like. It is a very generic approach, but once you enrol families into a study, collect background information on them, get their informed consent if appropriate for that study, and so on. Essentially you are flipping a coin. Usually, half will go to a programme group—they will get the intervention and we will measure their outcomes. The others will go into a control group. They will not get the intervention that we are testing, but they are typically able to seek other services available in the community if they wish to. We look at their outcomes and compare them to the programme group's outcomes—the difference in those outcomes is what we mean by impacts or effects. I will use the word "impacts" a fair bit to mean this difference in outcomes.

In the graphs I present, you will see dollar values for these outcomes and impacts. Some of these studies are old now, but I have not taken the time to convert the results to 2025 dollars. You can still see the general point I am trying to make. Just keep that in mind if some of the numbers may look very low.

Figure 1
Generic Approach of a Randomised Controlled Trial



Mandatory Employment Programmes for Cash Welfare Recipients

The first policy question I want to address is something that was a very big issue in the welfare-to-work field and the welfare reform world some decades ago, and that is: Would making cash welfare conditional on looking for and preparing for work help recipients work and earn more?

A number of initiatives offered services and required families to participate in those services as a condition for receiving their welfare payment. If they did not comply, their cash grant could be reduced or terminated.

One of the most prominent programmes at the time is known as California’s Greater Avenues for Independence programme—or GAIN programme—which we evaluated. It began in the 1980s. It was very influential in some subsequent legislation in the welfare-to-work field, i.e. federal legislation. It is still part of California's welfare-to-work policy, which is referred to as CalWORKs, although the policy itself has been refined over the years based partly on evaluation findings.

The GAIN intervention model focused on families receiving cash welfare. When families were just coming into the welfare system, or were existing recipients and having their eligibility renewed, they would go through an assessment, and it would be determined whether they needed remedial help with basic math or reading skills—there was a lot of interest in building those basic literacy and math skills at the time as a first step. The other initial activity was typically group or individual job search. These were what happened upfront in the programme.

Then, the programme offered other education, training, or work-experience opportunities for those who needed more help building skills for employment. It also included very substantial case management to provide supportand enforce the participation requirement. There were resources for childcare, transportation funds, and other ancillary services. There was also a penalty for non-compliance. As I mentioned, your grant could be reduced if you were not making the efforts expected of you and you did not have a good excuse.

The evaluation was a very large, randomised trial involving thousands of people across five counties in California, and it mainly focused on single-parent welfare recipients. Those who were randomly assigned to the programme group were offered GAIN services and faced the participation mandate, and the control group was essentially exempted from this new policy. They still received their regular welfare payments, which were essentially unconditional except on income, but were offered no special services and faced no participation requirements. However, they could seek services on their own in the community if they wished to.

Our study followed all people in the study for five years after random assignment—whether they remained on welfare and in the GAIN programme or not—and we used California's administrative records data that we got independently of the programme so that we could track people's future outcomes.

Figure 2
GAIN's Impacts on Earnings over Five Years (All Five Counties Combined)

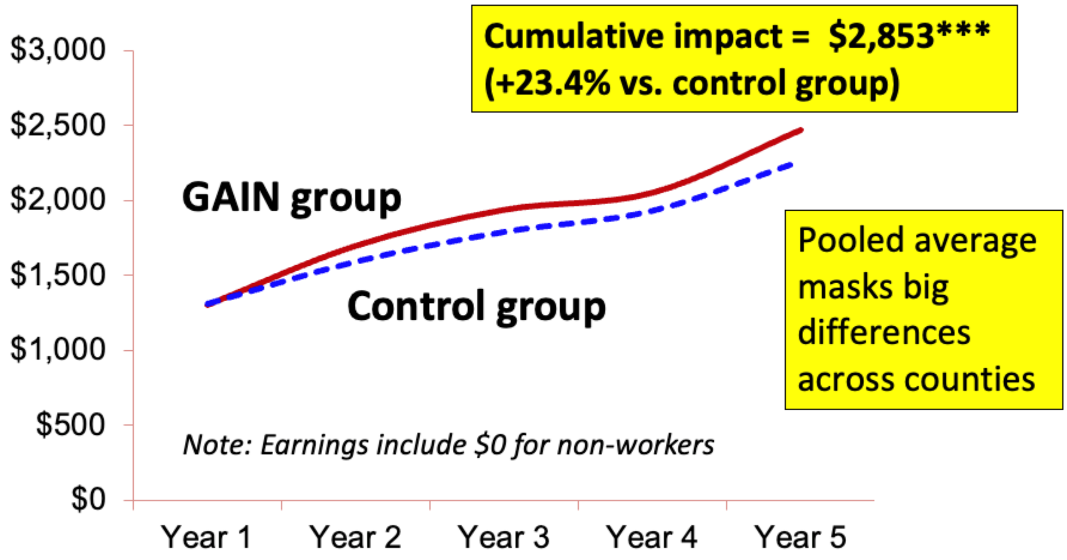


Figure 2 shows what the outcomes looked like. I focus first on earnings for the group that got GAIN (the solid red line). Over the course of the five years, you can see that their earnings almost doubled; they were clearly on an upward trajectory. But when we compare against the control group (the dashed blue line), you can see that they too were on an upward trajectory. So the impact, or the effect—the difference—was not quite as dramatic as it would have been if we were only looking at the before-after outcomes for the GAIN group. Nonetheless, there was a substantial impact, and cumulatively the GAIN group earned about 23% more than the control group when we put all the five counties together.

This pooled average masked a big difference across the counties, and these differences became stark when we compared two counties in particular. One was Los Angeles (LA) County and the other was Riverside County. LA took the same legislation—it was state legislation that outlined the model—but they put a much stronger emphasis on that upfront basic skills instruction and kind of downplayed the emphasis on moving people quickly into work. Riverside, on the other hand, while still offering education services to those with deficient basic skills, placed a much stronger and more pervasive emphasis on quick employment.

Back at MDRC, we were all convinced that LA was going to be the more effective approach, given the importance of basic education. However, we found that in LA, the control group did about just as well as the GAIN group, and there was not much added value there over the five-year follow-up period. In Riverside, in contrast, there was a big difference: the programme group pulled ahead very quickly and stayed ahead at least for the five-year period. Other research suggested those impacts began to dissipate later, but this big impact was quite notable. Riverside became quite famous in welfare-to-work circles and encouraged policymakers to be inclined more toward “work-first” strategies emphasising quick employment.

But it was not quite clear what was driving this difference between the two places because, after all, Riverside County, which is east of Los Angeles, had a very different context. Their welfare populations and local labour markets differed in important ways. For example, Los Angeles had more long-term welfare recipients. So, we could not really feel too confident that it was the difference in emphasis of the programme that was driving the difference in impacts across the two counties.

Quick Employment Versus Education and Training

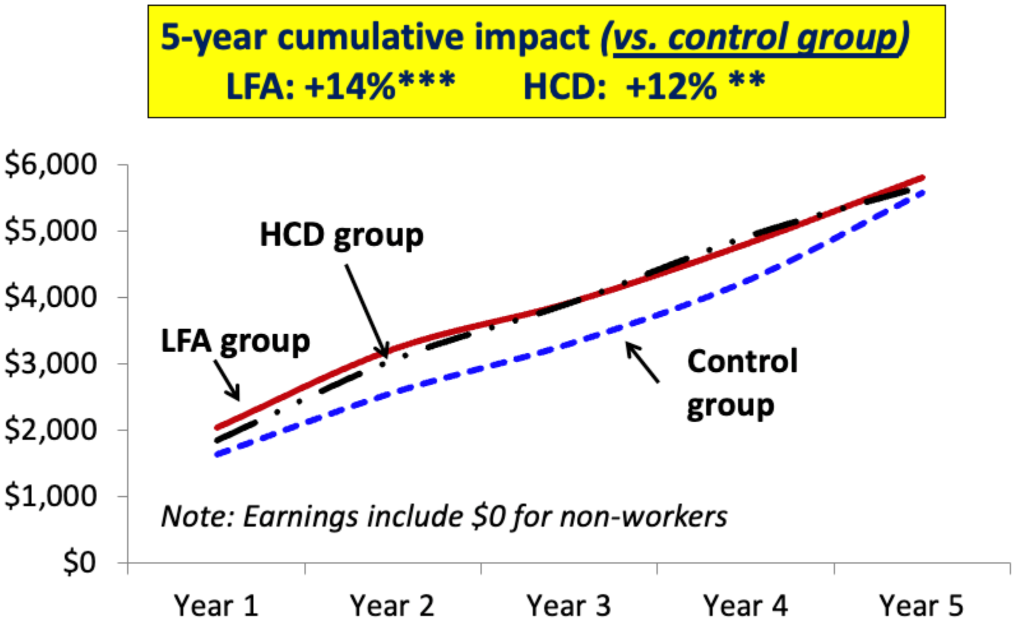
This led to a focus on a second question: What is the more effective strategy: a stronger upfront emphasis on quick employment or on education and training? Could we put these two different approaches to a head-to-head test to find out? That was what we were able to do in several sites, and I am going to focus on a study in one site, in Atlanta, Georgia, where we were able to do a three-way random assignment test.

People who were eligible for the programme were randomly assigned to (i) a “labour force attachment” group—think of this as the quick job-entry group—or to (ii) a “human capital development” group, which was a group that got education and training or were encouraged in this direction upfront, or (iii) the control group, which had neither of these activities.

Over the course of five years, we can see from Figure 3—this head-to-head test—that there really was not much of a difference; the “human capital development” group did not do better than the “labour force attachment” group. Both did better than the control group, although you can see the effect starting to wane by the end of the five-year mark. Nonetheless, the cumulative effect was positive for both kinds of interventions.

Figure 3

Five-Year Impacts on Earnings in Atlanta: Comparison between "Labour Force Attachment", "Human Capital Development" and Control



Breaking the "No-Wage, Low-Wage" Cycle

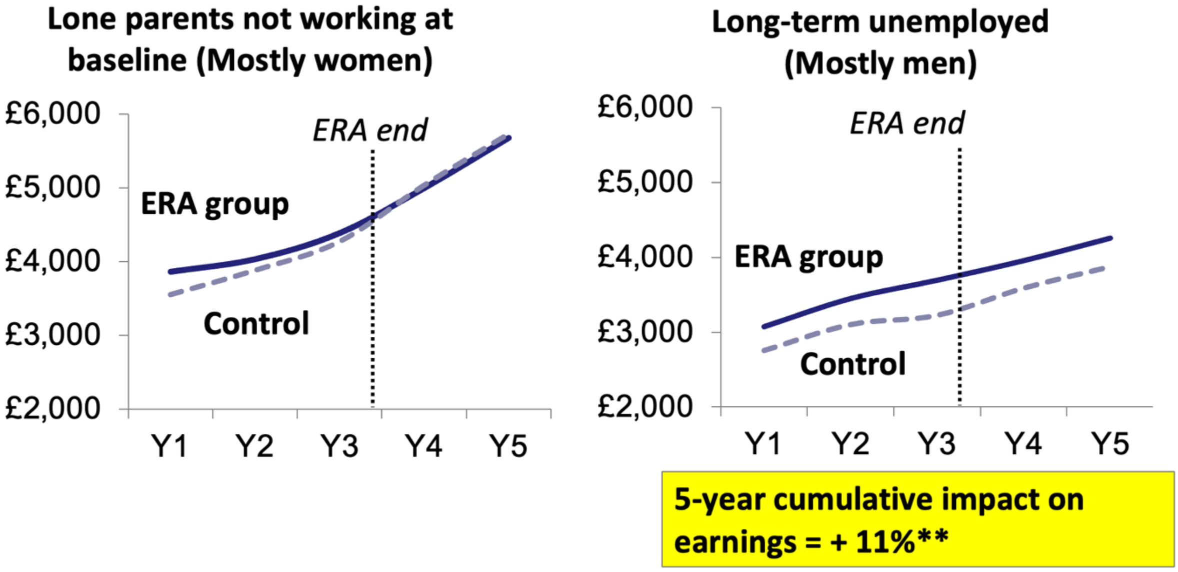
Now, one of the challenges of those earlier welfare-to-work programmes was that while there was evidence that these programmes could make a difference—as we learned from the GAIN programme I discussed earlier—the differences were generally not huge. Furthermore, there was a tendency for people to get low-wage jobs, often lose those jobs, and end up in another low-wage job; there would be a kind of cycle of no job, a low-wage job, and then no job again. If people sustained work, they tended not to progress in work to higher-paying jobs.

A lot of these programmes were increasing earnings and reducing welfare payments, but they were not actually lifting families out of poverty. One idea that became part of the next wave of welfare reform evidence-building was to ask whether intervening *after* people had entered jobs, to help them remain employed and advance in work, would make a difference.

One example of a programme like this was launched in the UK. It was called the Employment Retention and Advancement (ERA) demonstration and operated through Jobcentre Plus offices that the Department of Work and Pensions in the UK funded throughout the country. We set up random assignment within 58 local offices.

The programme group received both services and financial incentives over the course of about 33 months in the programme. The services began with upfront job-search assistance, focused on job placement. This assistance typically lasted around nine months. The distinguishing feature was: Once participants entered work, they were entitled to 24 months of in-work job coaching along with some financial incentives tied to sustaining full-time work and for completing education or training activities while they were employed. The control group received those upfront pre-employment services only, but none of the post-employment support.

Figure 4
UK ERA Impacts on Earnings over Five Years



Several different groups were involved in the evaluation. I picked out two of them in Figure 4. On the left, you will see results for lone parents who were not working at the time that they were enrolled into the programme and into the study. They were mostly women. On the right, you will see the results for long-term unemployed men—men who had most likely been out of the labour market for about three years or so and had lots of other barriers and difficulties.

Figure 4 shows the results over five years for the lone-parent group on the left. The programme group—the ERA group—was on an upward trajectory. They pulled ahead of the control group early on, but the control group caught up quickly. So, over this period there was not much net effect.

This contrasts with the long-term unemployed sample, who were mostly men and had worse outcomes overall. The programme group's outcomes—their employment rates and average earnings—were much lower in level compared with the lone parent programme group, but their control group counterparts did worse still. In fact, this programme group experienced a sustained positive earnings effect: their earnings were about 11% higher than the control group's earnings over the full follow-up period (Figure 4's graph on the right).

You can see how important it is in this case, as in the early cases, to have a good control group as a benchmark.

As I mentioned, there were incentives, support, and guidance for people to enter education and training activities if they were interested in those. We looked at a set of subgroup patterns across our sample and found that subgroups that had impacts on training receipt did not have impacts on earnings. Increasing the likelihood of training did not translate into higher earnings.

On the other hand, for subgroups for whom we saw impacts on earnings, we did not see much effect on training receipt; and for those subgroups with impacts on training receipt, we saw little impact on earnings. There was a misalignment here. Some of the reasons—among the reasons for the disconnect—could be that training courses were not always completed, training courses may not have been well aligned with the kinds of skills that employers needed and were hiring for, and the job advisers might not have been as effective in helping their participants make a transition from the kind of training they got to relevant jobs in the labour market.

WorkAdvance: Sector-Focused Training

As these results and results from similar studies were coming out, other research was going on that asked the question: Would a different approach to training work better? There has been a flurry of studies in sector-based training, where the training is tied much more closely to labour-market demand. We studied one of these programmes called WorkAdvance in four cities. The study began in 2019 and a number of these programmes are still operating.

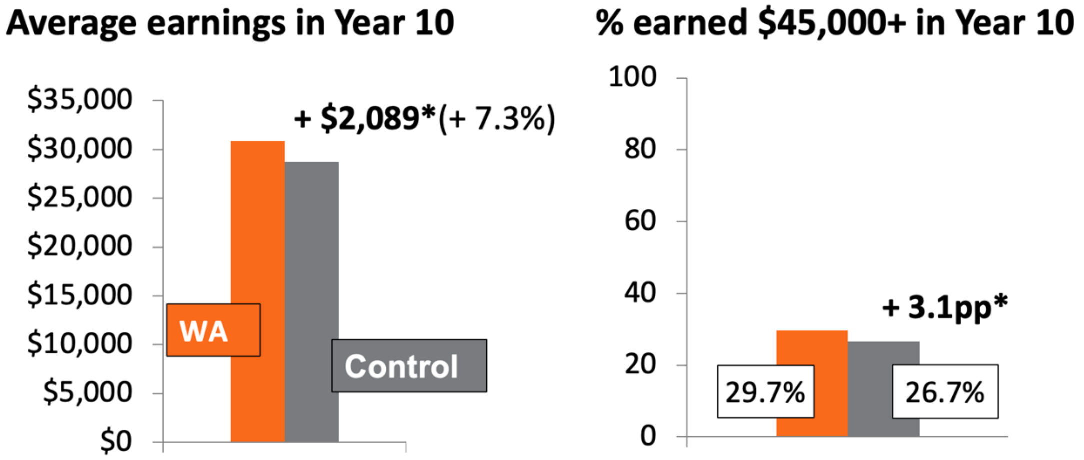
We looked at four sector-focused trainings. Each of the programmes concentrated on one or two occupational sectors. The staff developed strong links with employers in that sector, and the employers helped inform the content of the training. There was some continuing support for people after they were placed in jobs, but not as much as had been intended.

Except in the health sector, most of the sample members for these studies were men. All had low earnings, if they were working at all, or had long bouts of unemployment. The control group did not have access to the WorkAdvance services, but they were free to pursue other services in the community.

Earlier this year, we got results following up ten years from the time that the individuals were randomly assigned (Figure 5). On the left-hand side of each graph, you can see that the WorkAdvance group did better than the control group. It is noteworthy that there still were effects this late in the follow-up period.

This research is part of a growing body of evidence on sector-based programmes that other organisations have studied as well. That evidence generally shows that these types of programmes do not (or do not just) increase earnings by increasing the amount of work or the stability of employment, but by getting participants into better-paying jobs in targeted industries. This was different from what we have seen in the past.

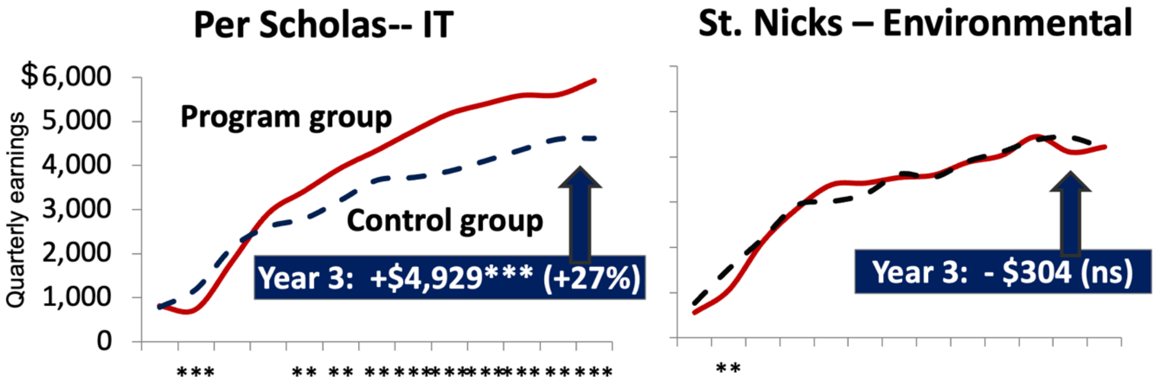
Figure 5
WorkAdvance Impacts on Earnings (All Four Sites Combined)



There were some big differences again across the programmes. The star performer among the four that we tested is an organisation called Per Scholas, which provided training on IT services and is based in the Bronx in New York. In Figure 6, you can see that they had some really strong effects in the first three years of follow-up, which contrasted substantially with another group in New York (St. Nicks) that focused on environmental remediation—lead abatement and pest control, asbestos removal, and those sorts of things—which did not have much effect at all over the first three years.

Per Scholas has been very influential in the field. They have gotten a lot of money to expand their programme, and they have become quite well known.

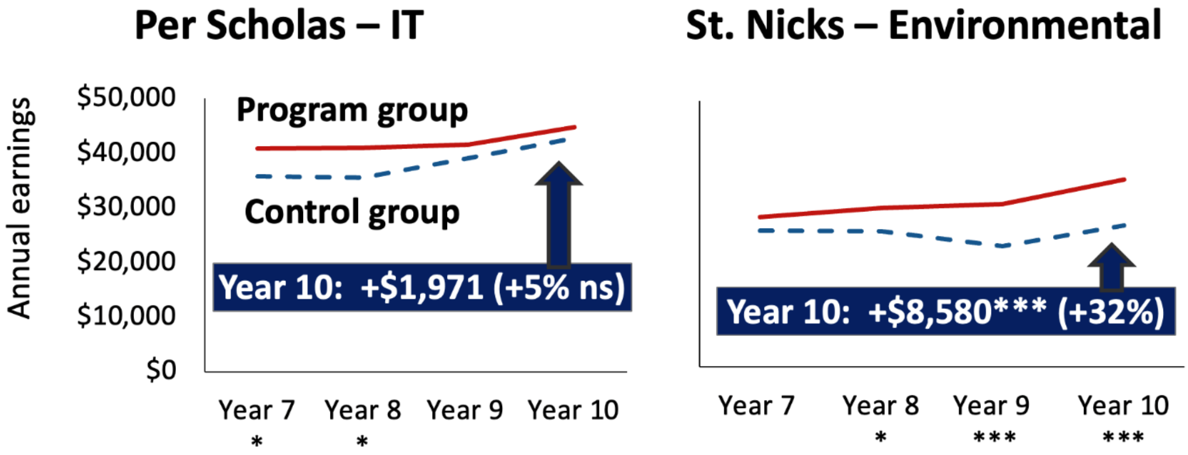
Figure 6
WorkAdvance: Early Impacts on Earnings in Two Sites (First Three Years)



Interestingly, in these same two sites, we saw the impacts flip when we went back to look at how they were doing seven to ten years later. On the left of Figure 7, in the Per Scholas site, you can see that the control group caught up, whereas in the St. Nick's site—which did not have earnings impacts early on—impacts began to emerge later on and were substantial. These results underscore the importance of long-term follow up and the importance of continuous-improvement efforts, even for programmes that have been successful.

Figure 7

WorkAdvance: Impacts on Earnings in Two Sites from Years 7 to 10



Coaching Focused on Executive Functioning Skills

Another policy innovation took a very different approach. There was growing interest some years ago in whether the coaching process itself could be approached differently to make it more effective. In particular, there has been interest in the question of whether focusing the coaching process on addressing executive functioning skills would make a difference. It was an attempt to get under the hood of the one-to-one relationship between the coach and the participant and to structure the coaching process in a particular way informed by some scientific research.

Our attempt at a programme like this is called MyGoals. We tested this pilot programme in two agencies in Baltimore and Houston that provided housing subsidies for low-income families. MyGoals began operating in 2017. The programme component of this pilot is over, but the evaluation is continuing.

What do we mean by executive skills? Generally speaking, they refer to the capacity to manage, cope, plan, and follow through. These are very different from technical occupational skills. A couple of the consultants—clinical psychologists[1]—that we worked with were experts in this field and identified 12 skills that they thought have been particularly important and have informed their coaching strategies (Table 1).

Table 1

Twelve Executive Skills Relevant to Goal Achievement

1	Response inhibition	7	Emotional control
2	Sustained attention	8	Planning and prioritisation
3	Organisation	9	Metacognition
4	Working memory	10	Flexibility
5	Task initiation	11	Goal-directed persistence
6	Time management	12	Stress tolerance

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[1] Richard Guare and Peg Dawson.

From Table 1, skills like response inhibition, working memory, organisation, time management, controlling your emotions, being flexible, and being able to tolerate stressmight be consequential for your ability to hold a job.

Where did these ideas this come from? At the time, there was a lot of neurological and psychological research being done which suggested that poverty itself might undermine executive-functioning skills and get in the way of people advancing. There is a good book called *Scarcity* that summarises in very plain language a lot of the research in this field.[2]

One of the takeaways is their conclusion that cognitive bandwidth is limited and is taken up by managing scarcity. If you are poor, your focus is on day-to-day survival. It is very hard to focus on what you need to do to get ahead. The authors have some experimental psychological studies suggesting that scarcity inhibits attention on getting ahead by increasing forgetfulness, making the processing of new information more difficult, and reducing mental resources to exert self-control.

Furthermore, they suggest that this is not a deficiency of the individual so much as a consequence of the circumstances that they are in, and any of us would be challenged in similar ways. This implied that a coaching programme that took into consideration executive-functioning skills could increase the focus on goal-setting and attainment.

So, MyGoals—which was a three-year programme focused on people who were receiving housing subsidies but were not employed—adopted a coaching approach that was highly structured but non-directive. This meant that participants were the ones choosing their goals and the action steps, and the coach was there as a guide. The coach would help them understand the goodness of fit—that is, the alignment or misalignment—between their executive-skill strengths or weaknesses and the kinds of demands that a particular job they might be interested in would have. For example, someone who has a great deal of difficulty tolerating stress probably is not a good candidate for an air traffic control position. It was this kind of alignment that the coaches would try to help participants understand.

In some cases, the coaches were trained to use behavioural interventions like cognitive-behavioural rehearsals when executive-skills problems were getting in the way. For example, helping to anticipate things that might trigger a person to lose control of their emotions at a job site, and how to go into that job site anticipating what might trigger them and have a strategy for managing it.

This goal-setting and these techniques were focused on four domains—employment, education and training, financial management, and personal and family well-being—with employment being pretty central. The programme also offered some financial incentives to stay engaged in the coaching process and bonuses tied to work.

We conducted an RCT with five years of follow up and it is concluding soon. The control group again did not have access to these services. I am not going to present

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[2] See Mullainathan & Shafir (2013). *Scarcity: Why Having Too Little Means So Much*. New York: Times Books, Henry Holt and Company.

any numbers, but generally what the evaluation is pointing to is that the coaching model was really embraced strongly by staff and participants. They really loved this model, and participants continued to engage in the coaching process for three years pretty stably, which is unusual in voluntary programmes.

Furthermore, there were sustained positive impacts on some measures of goal-setting and self-regulation, which also seem unusual because it is hard to move the needle on those kinds of outcomes. One of the sites had positive effects on completing education and training, but, overall, there is little evidence yet that the socioeconomic effects we are looking for have begun to materialise.

I should say this programme was operating during COVID, which threw a big monkey wrench in the whole process. But it may also be that the programme might have been more effective if it had stronger connections to job opportunities and training programmes, like WorkAdvance, that prepared people for better-paying jobs. Maybe the MyGoals coaching approach is one that could be incorporated into and help strengthen other workforce programmes. More to come on this over the next year or two.

Comprehensive Place-Based Interventions[3]

Next, I want to address a very different way of intervening, and that is not so much on individuals through a specific programme, but in an entire community. A question that has been around for a while is whether a comprehensive place-based intervention can improve outcomes for a neighbourhood.

Increasingly, there is research showing that neighbourhood conditions affect families' and individuals' economic mobility and quality-of-life outcomes. There has been interest in trying interventions that change those conditions—really transforming the neighbourhood—particularly highly disinvested neighbourhoods that are in many communities in the US.

A study that we recently completed focused on a programme called Purpose Built Communities, which began in Atlanta, Georgia, and is now operating in about 28 different cities. Purpose Built Communities has the goal of transforming these poor places with high concentrations of poverty and highly disinvested neighbourhoods into mixed-income, thriving communities through three main pillars. First, they focus on building more mixed-income housing with permanent affordability. Second, they focus on school reform. They refer to this as their cradle-to-college pipeline—they wanted to intervene in all steps along the way. Third, on community well-being, which was a catch-all for interventions related to health, recreation, social cohesion, as well as employment.

These programmes, unlike some other community initiatives, really tried to take a hyper-local approach and focus on smaller geographies. Typically, the neighbourhoods they targeted had 1,500 to 7,000 residents. They establish what were called "community quarterbacks", which are lead local intermediaries in those

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[3] Although the PowerPoint sides linked to this summary include a section on JobsPlus, an employment intervention in high-poverty public housing developments in the U.S., those slides were skipped during the presentation due to time constraints.

neighbourhoods, and they receive pro bono technical assistance from an Atlanta-based organisation called the Purpose-Built Foundation, which essentially developed the model.

Study Sample and Methods

Our evaluation focused on five neighbourhoods from across different states, and these were early adopters of the model. Here, we focused on an outcomes-focused evaluation with a lot of heavy qualitative process research as well, and we focused our attention on trying to answer the question: did key community-level outcomes change over time?

We had administrative-records data and some US Census data on a whole bunch of outcome measures, including housing values, test scores in relevant schools, poverty rates, income levels, employment rates, population size, and others.

Did the needle move on these kinds of indicators? We focused on a ten-year period from the time these programmes were just getting off the ground through 2019.

Interestingly, we chose not to conduct an impact analysis despite the interest of the foundation—the Robert Wood Johnson Foundation—which is a major health foundation in the US, in an impact evaluation. We took the charge very seriously. We investigated various methods. We investigated a synthetic-control, non-experimental method but determined, through some analyses of some other data sets, that because of these small community sizes, meaningful changes that might be accomplished—either positive or negative changes relative to a reasonable comparison group—were not likely to be statistically significant.

It seemed irresponsible to put out all of this information where we were not going to be sure whether any change we observed was a real change, or just noise. We were concerned that the findings would be potentially misleading, and that some of the other matching options for creating valid comparison groups that are typically used would not perform any better and may, in fact, be worse.

So, we gave up on the idea of causal attribution, but we still saw value in an outcomes study because it would at least give us a chance to try to get a handle on whether the communities were making progress towards the kind of goals they were aspiring to achieve.

Dealing with Statistical Uncertainty

Even with this agenda, we had to pay attention to statistical uncertainty because of the small neighbourhoods. One of the ways we tried to deal with this was to be very intentional in addressing uncertainty with the outcome data we had. We had findings from an initial period and a final period, spanning 10 years, but there was a lot of potential measurement error. There was potential measurement error at the beginning, at the end, and of course that associated with the change itself. It was difficult to know what the true direction of change is—is it positive or is it negative—let alone the magnitude of the change.

In addressing this issue, we tried to give more attention than usual to margins of error and confidence intervals to guide the kind of confidence we should have as we assessed change over time. We applied two benchmarks.

First, a conventional standard of evidence, where we tried to identify change that was statistically significant at the 90% confidence level. This would tell us whether we could have high confidence that the direction of change we observe was correct. In the figures below, we use these up or down solid arrows to indicate that we are pretty confident that the direction of change, either an improvement or a decline, is real.

Second, we used what we called a "suggestive" level of evidence, where the change might be statistically significant at a 75% confidence level. This is not as high, but it indicates a moderate level of confidence that an observed direction of change is real. We used hollow arrows and some shaded segments on the graphs to illustrate this.

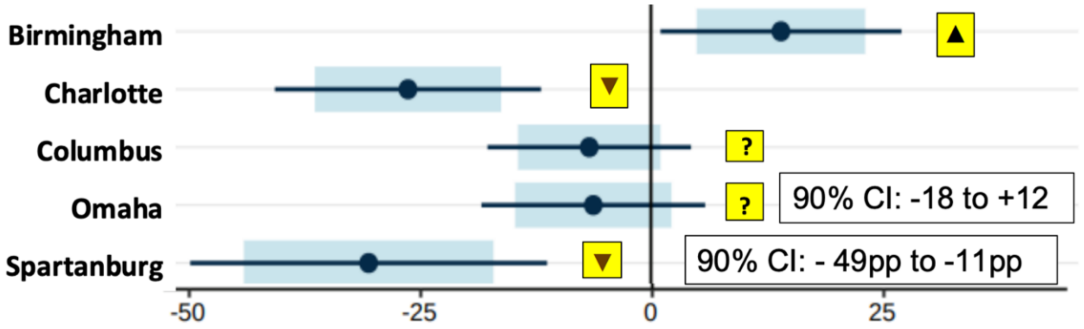
Otherwise, if the change did not meet either of these standards, we said the direction of change is inconclusive.

Results

The next few figures give examples of the kind of evidence we produced.

Figure 8 shows the change over this ten-year period in the percentage of residents with income below 50% of the federal poverty line, which is an indicator of extreme concentrated poverty.

Figure 8
Purpose Built Communities: Change in Percentage of Residents with Income Below 50% of Federal Poverty Level (Ten-Year Period)



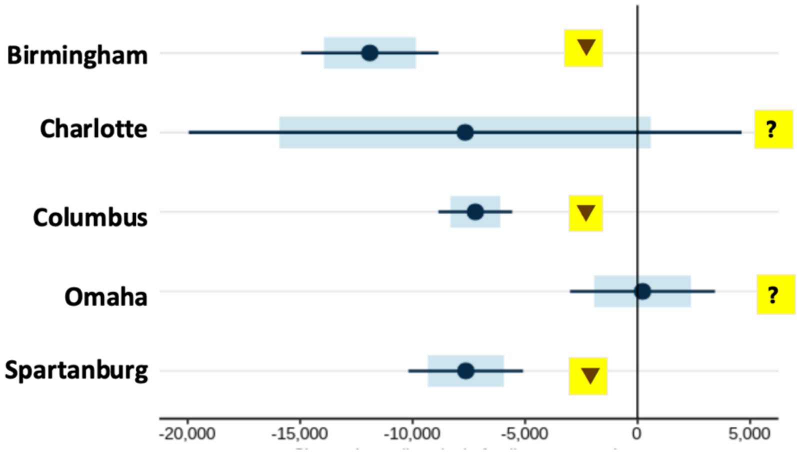
If you look at the bottom neighbourhood (Spartanburg)—the neighbourhoods that are listed on the side—the solid line representing the 90% confidence interval stands fully to left of zero. The spread of that confidence interval gives good reason to believe that the rate of extreme poverty dropped by somewhere between 49 percentage points and 11 percentage points in Spartanburg. We are not exactly sure, but the change is likely somewhere in that range. Even if we cannot be sure about the *magnitude* of the change, we are pretty confident that the extreme poverty rate dropped, and we indicate this with a solid downward arrow.

In the Omaha, Nebraska, neighbourhood, we were not quite as confident. The confidence interval suggested that there may have been a reduction in extreme poverty, but there may also have been an increase. We are not quite sure of the direction of change. We designated that as uncertain evidence. The same for Columbus. In Charlotte, we have pretty good evidence that the poverty rate did fall. And in Birmingham, we have pretty good evidence that it increased. We tried to be sensitive to this uncertainty of measurement in these small areas.

We did the same thing in assessing housing values in Figure 9, where we saw that property values dropped in three locations—moving in the opposite direction the programme had intended—and that the direction of change is uncertain in the other two neighbourhoods.

Figure 9

Purpose Built Communities: Change in Median Property Values of Single-Family Homes (Ten-Year Period)

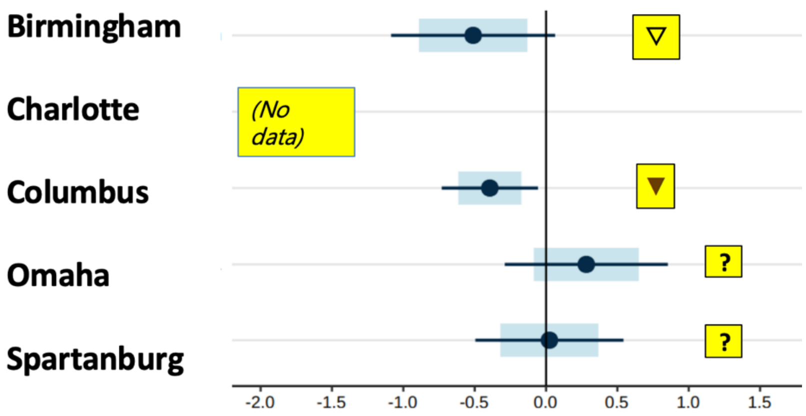


Similarly, we looked at changes in reading scores, and we see a mix of results in Figure 10.

Even though this is not an impact analysis, we can say pretty confidently—if you look at the upper end of the confidence interval—that these communities had not made big changes in some of the outcomes they wanted. For example, test scores may have fallen, but even where they may have improved, they did not really close the gap with national averages. Grade-level equivalence did not really improve very much, if at all. At the start of the period, test scores were almost three grade levels below the national average. By the end of the period, none of the schools substantially closed the gap with the national average.

Figure 10

Purpose Built Communities: Change in Students' Mean Reading and Math Scores (Grades 3 to 8; Grade-Level Equivalents)



Study Implications

There are a few takeaways from this study. From the quantitative evidence, including from some measures that I did not include here, we see some progress in the directions that were hoped—some reduction of poverty, some increase in mixed income, and employment in some communities. We also looked at how these trends may have been influenced by larger trends in the surrounding neighbourhoods in the city and other low-income neighbourhoods.

Despite not having an impact analysis, we can suggest that there is still a lot more work to be done in these neighbourhoods. But we also know from qualitative evidence that things were happening on the ground. The community quarterbacks were engaging local institutions in influential ways. New housing was starting to get built. Land banking was underway. Some healthcare programmes were getting off the ground, and there were improvements in food access and early-education programmes. But the improvements were not yet widespread enough to really move the needle on a neighbourhood-wide level.

Maybe one of the lessons is: you really need a lot more time for some of the results to show up. As it turned out, some of these interventions were implemented late in the study period. Maybe over a much longer period of time, we will begin to see some changes.

Building a Strong Culture of Evidence for Social Policy

Strong Research Design

What are some considerations from all of this work for building a strong culture of evidence for designing and strengthening social policies?

One is that it is really important to have a strong research design if you want to draw causal conclusions about an innovative policy or programme. Where RCTs are feasible, they would of course be a preferred method for assessing impacts and causation; but, as we all know, they are not feasible everywhere.

Singapore has a particular problem because many of the programmes you may want to test may have very small numbers of participants. Because of small sample sizes, it might be more difficult to conduct studies that will have enough statistical power.

Increasingly in the States, there is more interest in what is called Bayesian analysis, which is a way of incorporating into formal impact estimates findings from prior studies, and this may be useful for current studies that are limited with very small sample sizes. Some strong quasi-experimental designs might be useful where conditions are right.

Outcomes-only studies like the one we did in the Purpose-Built Communities can be helpful. They are not impact studies, but they can help build hypotheses. They can provide some preliminary evidence. They can help assess whether progress is being made toward goals. But you really have to be careful not to draw firm causal conclusions from such studies.

Build a Body of Evidence

A second observation is that it is helpful, where possible, to build a *body* of evidence in a policy domain. I started off talking about programmes in the welfare-to-work area, and we began to get more confidence into the strengths and limitations of those programmes because there were a variety of studies in that same domain. The conclusions were not based just on one-off studies.

Where it is possible to have replication, and where you see consistent results—that really amounts to stronger evidence. When you consider international evidence, if you are looking for what kinds of policies that have been tried elsewhere might work in Singapore, you might want to focus on studies that have been replicated, or multi-site studies where the same intervention is tried in multiple locations, under multiple conditions, with different types of people. This is because consistent positive results would suggest more robust evidence of success of the model being tested. Some meta-analyses also try to do that same kind of assessment more systematically.

Obviously, disappointing results do not mean the effort was wasted. The disappointing results can help put the brakes on ineffective strategies, set realistic expectations, avoid over-promising, inform new ideas, and so forth. This evidence can also help guide continuous efforts to improve policies and programmes. Again, try not to think of these tests or pilots as one and done. If you get some disappointing results, what could be done to strengthen the intervention, if there still seem to be some promising indications?

You can get a lot of insights also from qualitative process research to understand what is really happening on the ground. For example, what might help improve engagement or completion rates, which are often at the root of some programmes not having the kinds of impacts desired?

Long-Term Follow Up and Institutional Commitment

Next, I think there needs to be recognition that this is a long game. Long-term follow up is critical for certain studies and, as you saw from a couple of my examples, can really change the conclusions you draw from a study. The accumulation of evidence from sequential studies really takes years.

Finally, all of this suggests that it is really important to have a supportive institutional environment with long-term commitment to funding high-quality evidence.

And with that, I will conclude. Thank you.

Panel Discussion 1

Panel Discussion

Evidence-Based Research for Sustaining Well-Being

MODERATED BY:

WALTER EDGAR THESEIRA
SINGAPORE UNIVERSITY OF SOCIAL SCIENCES

5: Panel 1 Moderator's Remarks: Evidence-Based Research for Sustaining Well-Being

Walter Edgar Theseira

Singapore University of Social Sciences

Note: This is a transcript generated from the conference recording with some edits for clarity.

I will start by saying that evidence-based policy making is a motherhood statement, because who does not want evidence-based policy making? I mean, who is going to admit that their policy decisions are based on ideology, political convenience, or on whatever the senior leadership wants? Nobody would possibly advocate policy making that was not evidence based. I think we will take it as given that evidence is at the heart of policy making.

Varying Definitions of Evidence

I think the problem that all three speakers have alluded to is that there is no one single definition of evidence. There are very diverse perspectives on what evidence matters and counts, and those perspectives are shaped by things like our academic discipline and training, by the applied context, and the audience that you are directing the evidence to.

I am an economist, so my own meaning of evidence aligns very closely to the kind of quantitative research that **Dr. James Riccio** from MDRC and **Prof. Nicholas Graves** from Duke-NUS are working on and spoke on. But many of the policy problems that we deal with, especially if they are on the level of these social service organisations, cannot be addressed through very quantitative means. You do not have the sample size. You cannot do a randomised controlled trial (RCT). You might only have one side right, and you are already struggling to convince your families to sign up for your intervention. So why are we even talking about RCTs? It is not going to be implementable.

Even if you are talking about a government policy and you have the scale and the budget and so on, you are going to have a hard time explaining to the public why you chose family X to receive this wonderful new intervention while family Y has to wait six months, one year, or might never get it. The whole issue is that we implement interventions because we think they are going to do some good and because we sell it to public as such, it is quite hard in many cases to defend why we are using RCT. There is also the danger in some aspects of the RCT method, or quantitative methods in general. They have this unwarranted narrowing effect—see Chapter 6—where the key values are not the same thing as usual evidence.

I think the practitioner-driven evidence that **Dr. Ivan Woo** from the National Cancer Centre Singapore has written about—see Chapter 7 for this framework on best, good, emergent, and novel practice—is very important. This is because practitioners on the ground, whether they are conducting research or not formally, have to do the best they can, given the situation they are seeing, to improve service delivery. They do not just carry out what they are supposed to do blindly without trying to improve it. The improvement process is research, whether we call it formally so or not.

So, what is the problem? I think the problem is that we lack a good way of making sense of the value of different kinds of evidence. We are often trained only to interpret and understand one kind of evidence. How do we deal with kinds of evidence that are outside our own training or area of comfort? How do we decide what is more important to us, within the decision-making context we are operating in? How do we systematically account for evidence that originates from outside our comfort area? This is one broad question that I am going to pose to everybody.

Building the Culture of Evidence-Informed Policy Making

The second issue I want us to think about is what all three speakers have alluded to, which is how do you build this culture of evidence informed policy making? This is a long-term call. This is not something that happens overnight.

To talk about this in the context of Singapore, I feel that we often do not have the incentive and support in place to sustain policy-relevant research at the institutional level and to build up the evidence base.

Let us look at the Social Service Research Centre. It has celebrated 10 years, which is a very long time for an academic research centre in Singapore. They should be proud that they have managed to stay relevant and engaged throughout, because funding changes, leadership changes, and we do not have these multi-year funding commitments typically placed in Singapore.

You cannot sustain an interfusion of research. What you end up doing is you often end up chasing short-term funding and research agendas in the absence of multi-year, long-term, and sustained funding arrangements. Today, I guess everybody is funding artificial intelligence and services research. Tomorrow is going to be something else. How do you build up this independent research agenda, evidence, and policy basis while being responsive to what the funders want and the community wants? I think that is really a very challenging problem.

Then when I talk about policy or think of policy research, from my experience, there is a huge amount of policy research that goes on in ministries and agencies, and it is very often supported by our best academics. But the problem is, who outside of government has ever heard of this policy research that is going on? There is a lot of policy research and work that disappears into some kind of institutional archive. Sometimes, it looks like there is open publication of government research communication and criticism, but this looks to me like the exception and not the norm. I feel this should be the norm.

I think the culture of research evidence that we need to think about here is to recognise that at the institutional level, at the government level, building and supporting a culture of evidence-based research ironically means that you might have to accept some loss of control over that agenda. Because if you are just emphasising only five-year research innovation plans, you are going to have all your researchers in institutions just chasing short-term funds in recent priorities. If you control the research and policy messaging very tightly, you are not going to facilitate your people doing their best work, and you will not be subject to the criticism and debate that produces the better knowledge and space.

I am going to ask our panellists to start us off with a response to these questions, which are: How do we decide what evidence is good or right enough in a particular context? And how do we build on this culture of research?

6: Economics and Using Evidence to Make Decisions about Well-Being and Future-Ready Communities

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Abstract

Resources are scarce and so the social and economic outcomes from allocating them to competing programmes that serve the elderly and vulnerable communities should be understood. This will improve the quality of decision making. Large prospective (experimental) trials to reveal effectiveness and cost effectiveness of new programmes are slow and expensive. They often fail to explicitly update the decision that needs to be made. The use of existing uncertain data and evidence to inform good decision making from modelling studies is potentially useful. These studies are mostly quick and cheap to conduct. In this world of models, p-values and traditional statistical inference is irrelevant. The best statistics are those that show the probability of making the correct decision against a known criterion. When the conclusion is uncertain, value of information analyses can be used to design the next best study to do to make the decision clear.

Preamble

The aim of this short essay is to suggest that popular approaches to research might not be optimal to inform decision making. Yet decision making is what we should be most concerned about. I draw on examples from healthcare as that is my expertise, but the ideas can be generalised to any programme that uses scarce resources and has an intention to deliver welfare gains to populations.

I will review what scarcity of resources means and how decision makers might respond. I will describe popular hypothesis testing approaches to research. I will then present alternate modelling approaches that produce findings useful for decision making. I will show published examples to reinforce the ideas.

What Does Scarcity of Resources Mean and How Should Decision Makers Respond

Scarcity of resources means we cannot provide ‘everything’ to ‘everybody’ who wants it ‘all of the time’. Scarcity arises because humans have unlimited wants, but the resources required to meet these wants are limited (Robbins, 1932). Imagine you have a budget for programmes to enhance communities, say to improve the physical environment and for subsidised travel and healthy meals; it will be impossible to satisfy all the demand placed on that budget. You are a decision maker and you must make choices, and when you do, you should think about the opportunity cost of your decision.

Look at Table 1. Your annual budget is $10 million and represents scarce resources. You currently spend them on Programmes A to D.

Table 1

Costs and Benefits of Programmes A–F

	Costs ($)	Benefit	Cost/Benefit ($)
Programme A	2,000,000	405	4,938
Programme B	3,000,000	324	9,259
Programme C	2,500,000	135	18,519
Programme D	2,500,000	27	92,593
Programme E	2,500,000	54	46,296
Programme F	2,500,000	216	11,574

The benefits are shown in the third column, and it is clear that Programme A is the most productive, with a single unit of benefit only costing $4,938. This programme is your star performer!

Programme D is less productive with a single unit of benefit costing $92,593. You look around for new options and see that Programmes E and F are available and currently not funded. Acting rationally, you will drop D and reallocate $2.5 million to F. Note that F outperforms E. If you implement these decisions, you have increased total benefits from 891 to 1080 without exceeding your scarce resources of $10 million. Spend a few minutes convincing yourself that this argument is correct by checking the numbers in the table.

As a decision maker, your task is only to correctly identify that F is better than D, given current scarce resources. It is a simple choice of ‘rejecting’ or ‘adopting’ F over D. Even if the data in the table were a little bit wrong, there remains a decent chance you would still make the correct decision. You do not require the data in the table to be estimated with precision. The data only need to be ‘right enough’ so you can correctly choose F over D. Precision in the estimates is not that important.

Popular ‘Hypothesis Testing’ Approaches to Research

Hypothesis testing is all about precision in making estimates. Some wise scholars have suggested that fixating on precision when estimating outcomes “misleads policy, science, and public decisions by overstating the certainty and importance of marginal statistical findings” (Ziliak & McCloskey, 2008).

Let us run through a popular ‘hypothesis testing’ approach to research. First, a random sample is taken from a population so that the findings from that sample can be inferred back to that population. Second, this sample is randomly assigned, and some join a control group and some the intervention group. Third, the outcomes—say for measures of benefit or welfare gains—are compared. Fourth, the evidence for the null hypothesis “that there will be no difference between the groups” is considered. If the probability that the null is true is less than 5%, then the team celebrates a “statistically significant result”. This result is then published and generally used to influence decision making about the intervention that has been studied.

The celebrations are based on the fact that the p-value *is* less than 0.05. This arbitrary statistic seems to impress researchers, peer reviewers of grants and manuscripts for journals, editors of journals, and policymakers.

Yet, the p-value does not tell us much in reality. Ronald Fisher, who invented the p-value, saw it as only a “*continuous measure of how incompatible the data are with the null hypothesis*” (Fisher, 1935). He saw no value in using this as an automatic cut off for significant versus non-significant inferences.

The American Statistical Association states (Wasserstein & Lazar, 2016):

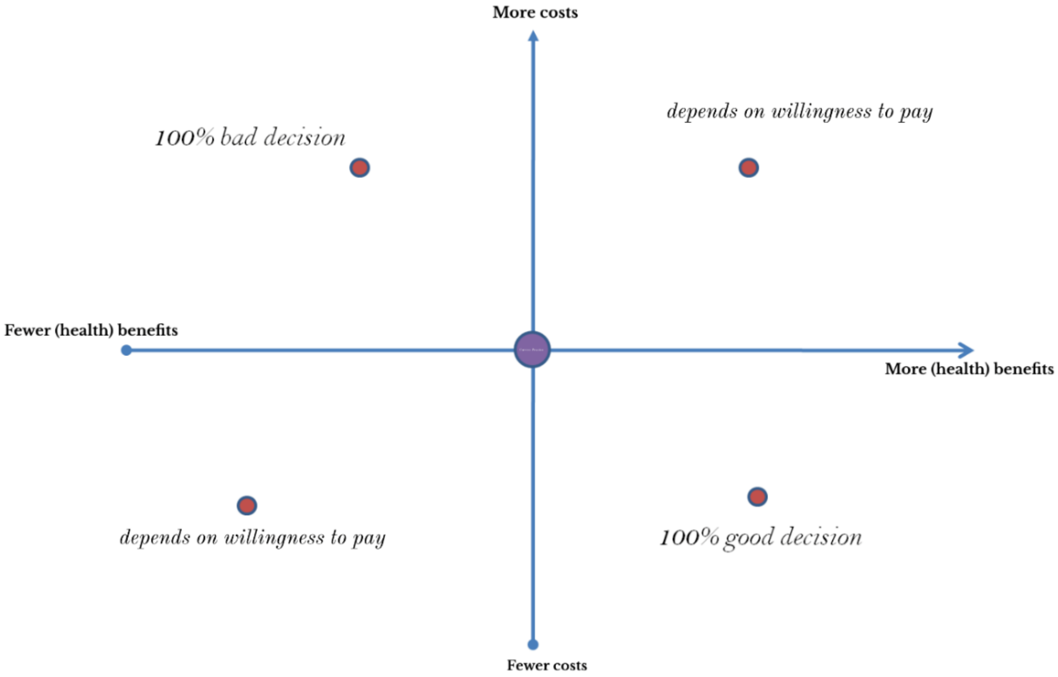
- A p-value of less than 0.05 does not separate truth from falsehood.
- Statistical significance as shown by a p-value is no guarantee that the effect is large or valuable.
- The p-value should not be used to inform policy decisions.

Alternate ‘Modelling’ Approaches that Reveal Outcomes Useful for Decision Making

A better way to generate evidence about whether interventions should be adopted or not, given that we live in a world of scarce resources, is to use uncertain information to estimate uncertain outcomes.

Look at Figure 1. As a decision maker, you start at the origin of the two axes, where the larger purple circle is. You can make decisions that cause ‘total cost’ to increase or decrease, and benefits to be greater or fewer. Welcome to a world of jointly estimated outcomes.

Figure 1
Cost-Benefit Decision Matrix



If your decision moves us ‘up and left’, we are sure it is a bad decision. If your decision moves us ‘down and right’, we are sure it is a good decision. If your decision moves us ‘up and right’ or ‘down and left’, we have to consider the trade between changes to costs and benefits. This is a repeat of the information in the fourth column of Table 1. We consider the productivity of competing choices.

Importantly, we must decide whether the change to cost is worth the change to benefit. We must also fix a maximum willingness to pay for benefits—defined as the ‘cost per unit of benefit of the programme that will be displaced by adopting something new’ (Vallejo-Torres et al., 2022).

How adoption of a new programme actually moves us into any of the quadrants is revealed by combining uncertain information, which are shown as statistical distributions for unique parameters. Here is a simple example with three parameters:

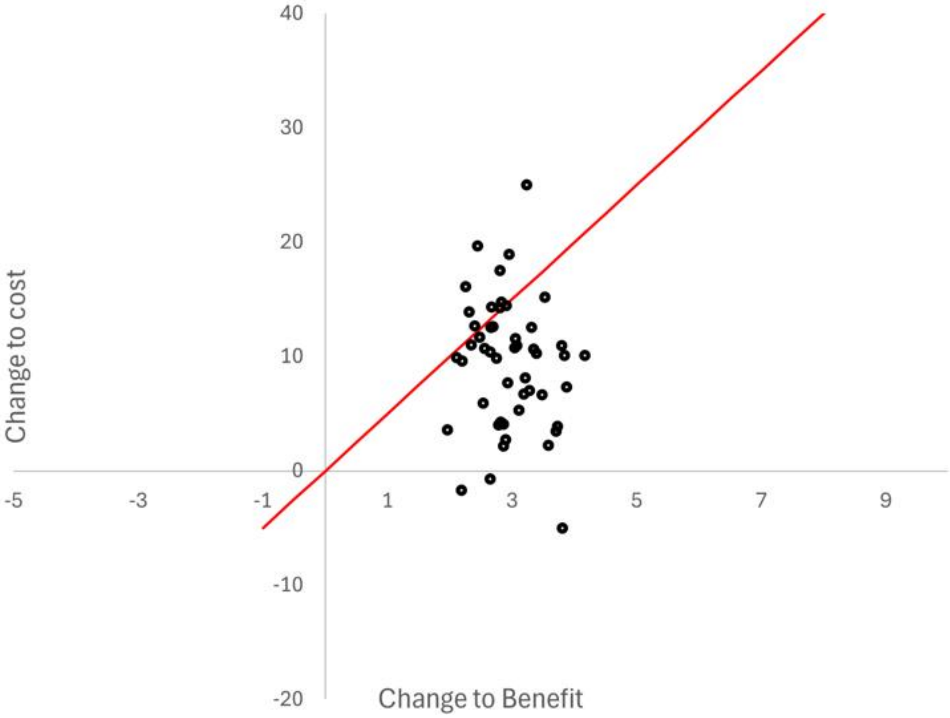
- Parameter one refers to ‘implementation costs’; the mean is $100, and the standard deviation is $2.
- Parameter two refers to ‘downstream cost savings’; the mean is $90, and the standard deviation is $5.
- Parameter three refers to ‘benefits’ shown by improved quality of life; the mean is 3 units and the standard deviation is 0.5.

We assume all three parameters follow the shape of a normal distribution.

Simulations are made to take random picks from the individual distributions to propagate uncertainty onto the four quadrants. In Figure 2, we show the results of 50 simulations, or 50 random picks, from the distributions. The scatter plot is the joint distribution of the change to cost and benefits of some intervention. Reassuringly, we observe no chance that adoption will reduce benefits, as the two quadrants to the left of the vertical axis are empty. We see a 6% chance it will save costs (derived from 3 out of 50 simulations). The willingness to pay for benefits is $5, as we know the programme that will be displaced costs this amount per unit of benefit achieved (Vallejo-Torres et al., 2022). This constant threshold is shown by the diagonal line.

Figure 2

Fifty Simulations on Cost-Benefit Chart



By using this threshold, we see a 40 out of 50 chance that adoption is a good decision, and a 20% chance it is not. 80% of the results are below our threshold line. A rational and risk neutral decision maker will adopt as there is an 80% probability that adoption will improve efficiency.

There is not a p-value in sight; p-values are irrelevant for decision making (Claxton, 1999). Our results might not be very precise, but they are easy for decision makers to understand and will likely lead to the correct choice being made.

An Example Project to Reinforce the Ideas

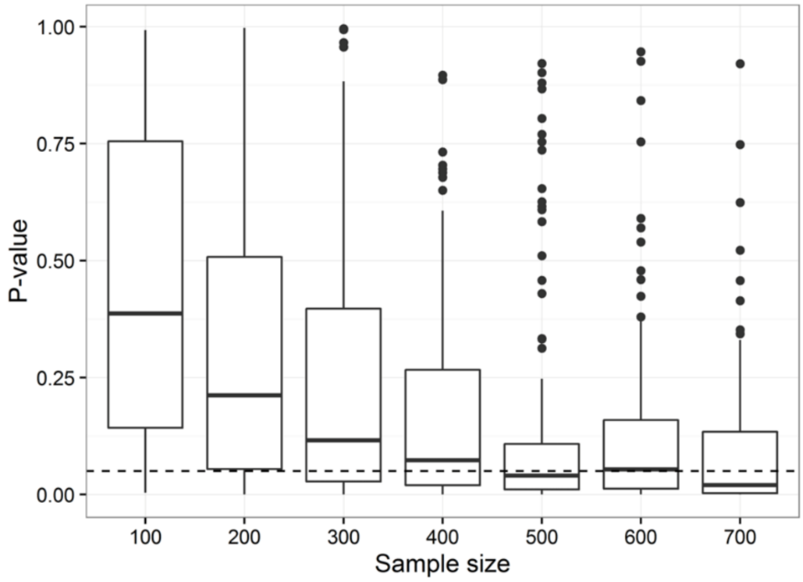
We consider a real-world study and compare the findings from two perspectives of hypothesis testers and decision makers. Chow et al. (2015) examined, via a randomised controlled trial, the effect of a lifestyle-focused text message reminder intervention designed to improve cardiovascular risk factors. The design used popular approaches to research and was based on a traditional power calculation with an arbitrary threshold of p less than 0.05. They recruited 710 patients and found that cholesterol, blood pressure, and BMI all improved, physical activity increased, and smoking was reduced. All results were found to be statistically significant at the 5% level.

In order to inform decision making, other analyses were done to estimate change to costs and health benefits with uncertainty (Burn et al., 2017). This revealed a 100% probability that the intervention would save costs and increase benefits.

A final analysis was done to investigate whether the randomised controlled trial needed all 710 patients in order to draw these decision-making conclusions (Graves et al., 2018). The results were illuminating. In Figure 3, from the published paper, we see the p-value increasing as the sample size is reduced. In Figure 4, we see all simulations remaining in the bottom right quadrant, even when the sample size was small at 100 patients. In this case it seems that a small sample size is sufficient for the right decision to be made.

Figure 3

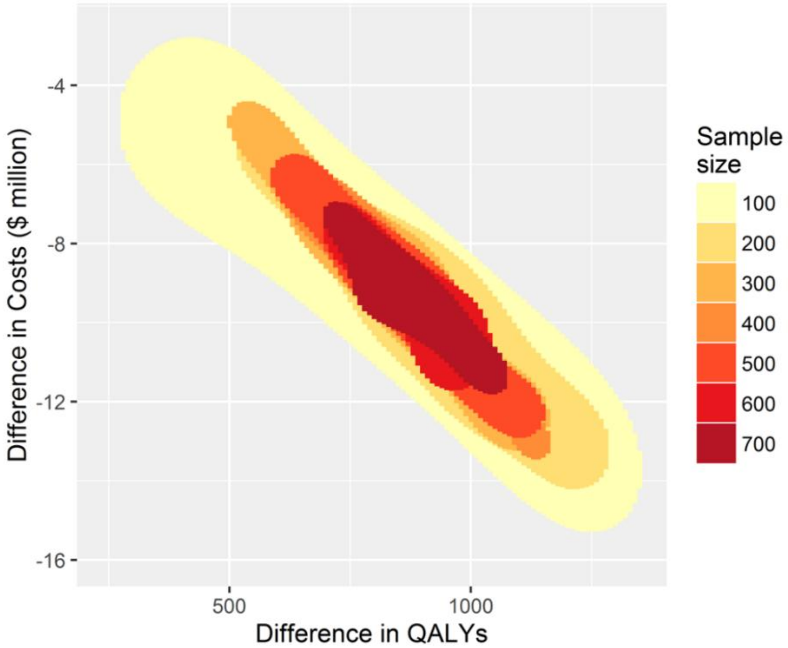
P-values Increase as Sample Sizes Decrease for Observed Differences in Outcomes



(Graves et al., 2018)

Figure 4

Conclusion for Decision Making Becomes More Uncertain but Does Not Change with Decreasing Sample Sizes



(Graves et al., 2018)

Conclusions

We mostly use research to inform decisions, yet we are forced to design our research—by grant review panels and journal reviewers—to meet arbitrary levels of precision and can only celebrate success with p-values of less than 0.05. But p-values are not helpful and may even cause us to waste a lot of effort and money. Much better is to understand uncertainty, make the uncertainty explicit, and show what we know to rational and risk-neutral decision makers. If the uncertainty is too large, we might collect some more information to reduce it (Claxton et al., 2002), and to reconsider the decision in the future.

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7: Contextualised Approaches in Generating Evidence to Inform Health Social Work that Sustains Well-Being of People

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Abstract

This chapter highlights lessons learnt from generating evidence to inform health social work in Singapore over the last two decades. Adopting perspectives offered by the Cynefin framework, a call is made to expand beyond conventional research methods to future-proof medical social workers to generate relevant evidence to inform their practice for sustained well-being for everyone in Singapore. Publications by local medical social workers will be featured to illustrate how different approaches for evidence generation are adopted depending on whether the desired outcome is best practice, good practice, emergent practice, or novel practice. Conventional research methods, with relatively higher cost for deviating from study protocol approved by institutional research ethics boards, are most appropriate when the desired outcome is either best or good practice. Research on advance care planning and bereavement care are some examples. When the desired outcome is either emergent or novel practice, service improvement approaches that allow for more frequent adjustment to study protocols, guided by the Plan-Do-Study-Act cycle and clinical ethics, are better choices for evidence generation. Initiatives to meet emerging complex needs of heart failure patients and attempts to meet needs of migrant workers in a chaotic context in the early days of COVID-19 pandemic are recent examples.

Introduction

Evidence-based practice in health social work has become an expectation among key stakeholders in countries that have established practices for health social work. Since the introduction of the scientific method to the world, many medical social workers have believed that research is the means to generating evidence.

Over time, keen interest is developed for evidence-based research, defined as the use of prior research systematically and transparently to inform a new study to answer questions that matter in a valid, efficient, and accessible manner (Robinson et al., 2021).

With evidence-based research recognised as a good practice for anyone who wants to generate evidence to inform practice, it will not be a surprise that scholars with an interest in sustained well-being support evidence-based research to inform development of practices to sustain well-being of clients cared for by medical social workers.

The World Health Organization (2025) defines well-being as “a positive state experienced by individuals and societies” and sustained well-being would mean continuation of this positive state experienced by individuals and societies. Sustained well-being is often interrupted by a health crisis, which can necessitate psychosocial intervention to restore one to a state of sustained well-being.

While there are situations where evidence-based research will meet the need to generate evidence to inform psychosocial intervention to restore well-being, there are times when the context does not allow for a planned approach to generating evidence systematically and transparently. When this occurs, frustration results as one is unable to apply conventional research methods. When a research protocol has been approved by the research ethics board, one possible source of frustration comes from attempts to amend the protocol due to a deviation from the approved methods and variables, which tend to be conventional at the outset. Such amendments require principal investigators to re-seek permission from the board.

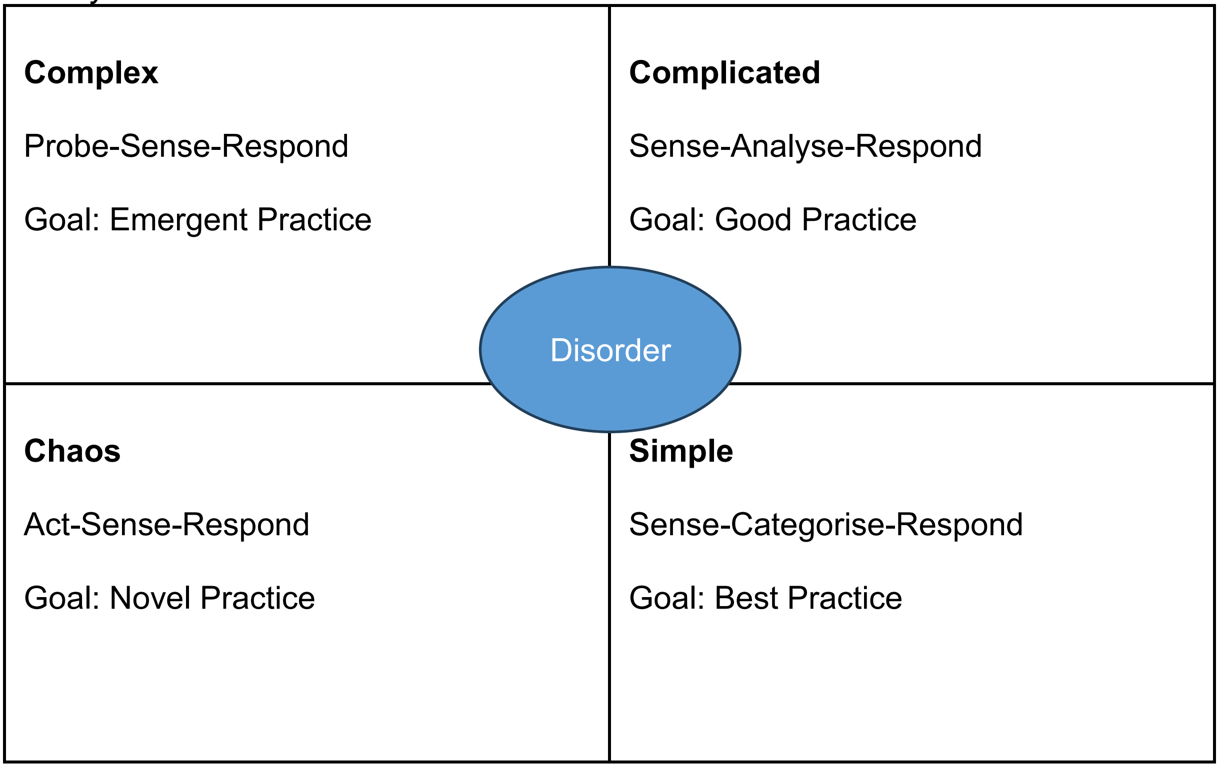
Evidence-based research conducted in a controlled environment like the Intensive Care Unit (ICU) is less likely to require amendment as there are fewer extraneous variables that would warrant deviation from an approved research protocol. However, if the generation of evidence were to occur in contexts that are complex and/or chaotic, the probability of deviation from the approved research protocol becomes relatively higher.

In this paper, it is suggested that adopting perspectives offered by the Cynefin framework can help one expand beyond conventional research methods to future-proof medical social workers to generate relevant evidence to inform their practice for sustained well-being for patients and their caregivers in Singapore.

The Cynefin Framework

The Cynefin framework (refer to Figure 1) is a sense-making tool developed by Dave Snowden (The Cynefin Company, 2025), and the tool can be used to guide decision-making in different contexts. The framework covers five contexts, namely clear, complicated, complex, chaotic, and disorder. Except for disorder—a context where recommended approaches and desired practice cannot be articulated—the remaining four contexts come with a desired practice and a sense-making approach.

Figure 1
The Cynefin Framework



Complex Probe-Sense-Respond Goal: Emergent Practice	**Complicated** Sense-Analyse-Respond Goal: Good Practice
Chaos Act-Sense-Respond Goal: Novel Practice	**Simple** Sense-Categorise-Respond Goal: Best Practice

In a scenario where the context is clear, decision-makers can work towards best practice and are recommended to first sense the situation, categorise it next and then respond to it. In the scenario where the context is complicated—a context where it is possible to analyse a situation before arriving at a decision—one can begin with sensing the situation, followed by analysing it and ending with a response to achieve good practice. In contrast, a complex context is one where there are differences in values among key stakeholders and further analysis cannot arrive at an agreed-upon decision, often resulting in an emergent practice that needs continuous adjustment. In a complex context, one would need to begin with probing, followed by sensing before responding with an aim to achieve emergent practice. The fourth context, chaos, would require one to begin with action before sensing, followed by a response to achieve novel practice.

Below are four cases published by medical social workers in Singapore that can illustrate how the Cynefin framework can be applied in simple, complicated, complex, and chaotic contexts.

When the Situation Calls for Best Practice: Advance Care Planning

Advance care planning is identified as the best practice in helping a terminally ill individual choose their preferred place of death. Often, the preferred place of death is not an acute hospital. Nonetheless, Ng et al. (2011) have recognised that government-funded nursing homes in Singapore can help nursing home residents die with dignity if the homes are equipped with capacity and capability to facilitate advance care planning and honour residents' wishes to die with dignity in the nursing homes.

Sensing was done onsite in the nursing homes to complete gaps analysis in their capacity in advance care planning. This is followed by categorisation of the gaps into roles of social workers and challenges of advance care planning (Ng et al., 2011). Attempts were then made to build capability for advance care planning among seven nursing homes by adopting Respecting Choices, an evidence-based approach to advance care planning developed by Gundersen Lutheran Medical Foundation (Respecting Choices, n.d.).

When the Situation Calls for Good Practice: Bereavement

Bereavement care in Singapore is recognised as one of the national guidelines for palliative care. Intervention for bereaved individuals tends to be informed by three theories associated with the psychoanalytic perspective. In a study conducted by Woo (2023), a research question on the experience of bereaved individuals in Singapore was identified based on observations made in practice. Qualitative data were collected and analysed using semi-structured interviews.

It was found that while attachment theory, cognitive stress theory, and meaning reconstruction theory can explain the bereavement experiences of some bereaved individuals in Singapore, they cannot adequately explain the experience of bereaved individuals who do not express much grief over the loss of their loved ones due to their belief that death is part and parcel of life. Responding to the observations made by his study, Woo (2023) recommended, as good practice, a broader perspective for bereavement care to include such a naturalistic perspective. Applying the naturalistic perspective in practice, social workers will be well-advised to exercise caution when assessing bereaved individuals for complications in grief. If bereaved individuals were to hold the naturalistic perspective while sharing their worldview and do not seem to express much grief over the loss of their loved ones, harm will be done if social workers were to label these individuals as emotionally avoidant and defensive and offer them grief counselling or grief therapy.

When the Situation Calls for Emergent Practice: Empowerment of People with Heart Failure

People with heart failure tend to describe themselves as carriers of a time bomb due to relatively greater uncertainty over their prognosis. As a result of the uncertainty, they are more likely to be anxious and may experience low mood. Medical social workers from National Heart Centre Singapore recognise that heart failure poses a significant challenge for public health but do not know concretely what better care would look like for this group of patients. They are certain that maintenance of the status quo and reliance on case management as usual will not empower people with heart failure. In such a context, there is a need for emergent practice.

The medical social workers started by probing existing and promising practices, arriving at the conclusion that Local Area Coordination Empowerment—that involves medical social workers facilitating good-life conversations with people with heart failure using the Goal Attainment Scale—is one innovative solution worth putting to the test. Testing of the innovative solution was done through sensing of reactions and responses to the solution among community-dwelling individuals with heart failure. This approach in generating evidence differs from conventional research methods in its development of numerous iterations within a short period of time, until a stable solution is found. With the need for numerous iterations over a short period of time, it will not be feasible to keep going back and forth research ethics boards for approval of each iteration.

The innovative solution, finalised after many iterations, resulted in improved quality of life among people living with heart failure, reduced healthcare utilisation, and increased social value in the form of stronger capabilities for better cardiac community care (Ku et al., 2025). With such encouraging outcomes, the medical social workers implemented and scaled up the innovative solution.

When the Situation Calls for Novel Practice: Supporting Migrant Workers during the COVID-19 Pandemic

The early days of the COVID-19 pandemic, especially when hundreds of migrant workers were tested positive for COVID-19, can be considered chaotic times needing novel practice.

With a duty of care towards the migrant workers entering the healthcare system in Singapore, medical social workers from Tan Tock Seng Hospital, guided by their professional ethics, act first, exhibiting the best effort in supporting busloads of migrant workers admitted to the hospital. While supporting the migrant workers, sensing was done through reflection-in-practice and reflection-on-practice. Reflection-in-practice happens during interactions with migrant workers while the medical social workers made observations through a third-person perspective, noting at the back of their mind how the interaction went with the migrant workers and the experience interacting with them. Reflection-on-practice is done retrospectively and has the benefit of hindsight. This can be done after the interaction with the migrant workers, involving thoughts on what could be done differently and the lessons learnt. From synthesizing the lessons learnt with data from case notes, the medical social workers begin to experience an increase in clarity on the needs of migrant workers, which in turn serves as evidence to inform development of appropriate activities for them. In response to the evidence generated, culturally appropriate psychosocial group work activities like visual art and play, introduced with the intention to help migrant workers manage their emotions and reduce their sense of isolation, were implemented with ongoing adjustments informed by feedback and observations (Lim et al., 2020).

Discussion

It is evident from the four case examples highlighted above that the conventional approach to generating evidence through research does not meet the needs of all situations. While there is general agreement that evidence is important to guide practices in a Volatile, Uncertain, Complex, and Ambiguous (VUCA) world, there is greater variation in opinions on how evidence should be generated and what counts as evidence. It is widely accepted that data may not be evidence, and some will argue that only evidence generated by research conducted in a systematic manner should be counted as evidence. However, anyone who walks down the aisles in university libraries with shelves of books, journals, and theses covered with dust will discover that many research studies became outputs with little to no impact in some contexts. But, to write off research as a valid approach due to the observation that evidence produced by research is not fit for purpose and context would be to throw the baby out with bathwater.

The quality of conventional quantitative research is judged based on validity and reliability while conventional qualitative research is judged based on trustworthiness (Rubin & Babbie, 2017). However, Tomoaia-Cotisel and colleagues (2013) have observed that “contextual factors are rarely recorded, analysed, or included in research reports. As a result, attempts to replicate research often fail, because contexts important to interpreting and applying findings remains unknown” (p. S115). In this chapter, the readers are invited to consider relevance as an additional criterion to judge the value of all attempts to generate evidence.

This paper proposes that the Cynefin framework will throw some light on the relevance of research in generation of evidence. In a VUCA world where best and good practices can constantly be challenged, researchers involved in the generation of evidence must still fulfil their duty to pursue the best possible approach to gather evidence to inform how to sustain people’s well-being. However, they should have an eye for context and be adaptable to adopt less conventional approaches to generate evidence when the context calls for emergent and novel practices.

Researchers who are keen to have a framework to guide them in the documentation of context can consider the “Context Matters” worksheet developed by Tomoaia-Cotisel and colleagues (2013). In their publication, they identified five domains of contextual factors, namely 1) practice setting, 2) larger organisation, 3) external environment, 4) implementation pathway, and 5) motivation for implementation. They also shared tips for assessing and reporting context, focusing on diversity of perspectives, interactions between macro and micro levels, time, culture, and systems.

Conclusion

As we endeavour to generate evidence that offers clarity on how we might sustain well-being, especially at a time when communities need to future-proof themselves against technological disruption in a VUCA world, a key question that needs to be addressed is the relevance of evidence.

Conventional research methods still have relevance in meeting the needs of researchers generating evidence to inform practice. However, there is a need to consider other methods of generating evidence that have developed over time, sometimes by industry experts and scholars outside academia. If one were to read *The Structure of Scientific Revolutions*, a seminal work by Thomas Kuhn (2012), one would realise that it was not too long ago that people tended to go to religious leaders for the truth. When the scientific method was introduced, research offers another source of truth, while religious leaders are still sought after for some truths.

Now, with industry experts and scholars outside academia gaining recognition and credibility in generating evidence, are we witnessing the beginning of a paradigm shift?

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Keynote Address 2

Keynote Address

Singapore-Healthy Longevity: Challenges and Opportunities

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8: Singapore – Healthy Longevity: Challenges and Opportunities

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Abstract

Singapore has moved from an ageing society to a super-aged society within 30 years. The rapid speed of change will fundamentally impact how we live, learn, work, and play. It will affect every aspect of society unless we mitigate this by having people reach their later years with good health to thrive and contribute to family and society. Fortunately, the evidence exists that this is possible.

The National University Health System (NUHS), along with National University of Singapore (NUS) and the Housing & Development Board (HDB), are co-leading a multi-sectoral whole-of-society approach to develop a real world, location-based platform for multi- and inter-disciplinary transformation – the Health District @ Queenstown, with the goals of developing validated, scalable, and sustainable interventions which increase healthy longevity, enable purposeful longevity, promote intergenerational cohesion, and support a community for all ages.

Note: This is a transcript generated from the conference recording with some edits for clarity. The presentation deck can be found here.

Introduction: Our Singapore Context

NUS is in the Health District @ Queenstown. I would like to cover why we are doing this, what it is about, and provide some concluding remarks.

Rapid Demographic Changes

We are experiencing changes that humanity has never experienced: we have never lived in a world where there are more older people than younger people. What people do not appreciate is the speed at which this is happening.

When a society has 7% of its population aged 65 and above, it is ageing. When that crosses 14%, it is aged. When that exceeds 21%, it is super-aged. France took 145 years to turn from an ageing to super-aged society. America is going to get there in around 80 years. Singapore will take just 28 years. We must reinvent and change our current ways so that we can maintain a robust society.

Persistent Gaps Despite Good Policies

We have been an independent country for 60 years. Our average life expectancy was 60 years in 1965, and it is close to 88 years now. We should be celebrating that we have been given an extra 20 years of life. Why are we not?

The reason is there is a 10-year gap between our health-adjusted life expectancy – years in which we have good health and generally no disability – and our life expectancy. This is not unique to Singapore. Every country in the world faces this gap due to a rising incidence of chronic disease. It is part of our social contract that we look after each other and consequently healthcare costs are going up. We must address this gap.

Health and Healthy Longevity

Why is it so difficult? If I had one definition that I want everyone to bring home, it is the definition of health: a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

I was the Dean of the NUS medical school, and I can share that most people in the school cannot recite the definition of health. Most ministries of health are not designed for that too. Most spend a lot of time on physical well-being, and more recently, on mental well-being. However, no ministry of health is structured to address social well-being.

As a practising doctor, I spent a lot of time on physical and mental well-being. I find it difficult to address social well-being. I am not empowered and do not have to have the levers. Social well-being really sits in this audience and your networks. I am glad to be with you because I believe that social well-being is the key to the lock. If you have poor social well-being, it is hard to have good mental well-being. If you do not have good social and mental well-being, it is difficult to have good physical well-being. It is not impossible. It is just difficult.

Healthy longevity is about trying to make sure that the years of good life approach the biological lifespan with physical, cognitive, and social functioning. I emphasise social functioning. It is so important to invest in this throughout the life course because if the first 50 or 60 years of life are difficult, it is hard to turn everything around in the last 20 years no matter how much we try.

Seven Important Concepts

Here are seven important concepts that I would like everyone to bring home.

1. Health is the Outcome of Multiple Determinants

Firstly, there are at least 10 determinants of health. Healthcare professionals, hospitals, and polyclinics constitute just one factor. The other nine are employment, education, housing, physical security, financial security, food security, cohesion, social networks, and broadband access.

My *aha!* moment was in 2007 when a landmark paper showed that the healthcare system, where I spent all my time working, only shifts the needle by around 10% (Schroeder, 2007). 60% of the needle is shifted by social, behavioural, and environmental factors. I realised that I needed to move out of healthcare and into the social, behavioural, and environmental spaces if I really want to impact health.

2. Health Is the Outcome of a Complex System

A complex system involves multiple factors. Shifting just one factor may have little effect on a complex system. Identifying key nodes is important, which if addressed, will impact several other areas.

3. Health Requires Investment over the Life Course and Is Malleable

Health requires investments over the life course. The good news is that it is never too late to intervene. That is why we still vaccinate those who are 100 years old. The results are even better if you invest at the start — a healthy pregnancy, infancy, childhood, adolescence, young adult and so on.

4. Substantial Heterogeneity in the Rate of Ageing

There is heterogeneity in the rate of ageing. We should not be using just chronological age. I do not agree with the current definition of the old-age dependency ratio, which is the number of people aged 65 or older versus the number of people aged 64 and below who are supporting them. I am 68 years old, and I do not need a younger person supporting me. We should reconsider the definition of the old-age dependency ratio, to a much later age, possibly 90 to 95 years old.

Look at Professor Wang Gungwu. Professor Wang is still teaching and giving incredible lectures. He is 95 years old or so. The late Professor Shanmugaratnam, the President’s father, was my teacher and then my colleague. He was still working at 94 years old. Dr Jane Goodall was on the lecture circuit until she passed away at 91 years old. This is what we should all be aspiring to — a minimal or no gap between health span and life span.

5. Health Impact Pyramid Has Socio-Economic Factors as Its Foundation

It is important to look at the Health Impact Pyramid (Frieden, 2010). At the apex of the pyramid are healthcare professionals, who spend a lot of time trying to persuade individual patients — “Do not smoke. Please exercise. Please go for your checkups.” A great deal of time and effort is spent trying to help one person with variable results. At the base of the pyramid are socio-economic factors. These have the greatest impact across large populations and require the least amount of individual effort. Socioeconomic factors are difficult to address but the returns on investment are huge.

6. Older People Bring Many Assets

Older people have many unique assets. They have better mental health than younger people. They have wisdom or crystalised intelligence and can handle complex issues better. They also know that they have limited time and spend their time on things which they feel are important.

7. Multigenerational Teams Do Better Than Unigenerational Teams

There was a classic study done by Axel Börsch-Supan and Matthias Weiss (2016) on who made better Mercedes trucks: a young team with members mostly in their 20s and 30s, or a multigenerational team with members up to the retirement age of 65. At the end of one year, the multigenerational team made better trucks.

The unigenerational team had lots of enthusiasm and energy, but when they ran into problems, were often flustered. In contrast, the multigenerational team benefitted from the strengths of both the younger and older people: they had the energy of the young people to make the trucks and when they ran into problems, the older people said, “Do not worry. We have seen this before and this is what you do.”

Health District @ Queenstown

Singapore has excellent policies. We have some of the best policies in the world, from the Action Plan for Successful Ageing, the Refreshed Action Plan for Successful Ageing, Healthier SG, and Age Well SG. But there are still gaps. What we are trying to understand are the gaps and what is needed to close them — last mile implementation, and that is the challenge.

Queenstown As Microcosm of Singapore

The Health District @ Queenstown is a microcosm of Singapore. It is not following political boundaries, but the Urban Redevelopment Authority (URA)’s planning zone of Queenstown. The area covers multiple political constituencies, with Senior Parliamentary Secretary Eric Chua covering about half and the remaining half covered by Minister Chan Chun Sing and advisors Ms Rachel Ong, Ms Joan Pereira, and Mr Christopher de Souza.

We looked at Queenstown because the whole of Singapore will look like this from 2026 onwards. It has the socio-economic and demographic profile of Singapore, including age, gender, and ethnicity. I believe that it is difficult to boil an ocean but easier to boil a teacup. Queenstown has 101,000 people. If we cannot make an impact in 101,000 people, it becomes even harder in 6 million people. The Health District is a whole-of-society effort because it requires everyone to be on board.

Effective, Scalable, and Sustainable Programmes

We want to do three things. We want to develop programmes that are effective, scalable, and, very importantly, sustainable.

We are currently piloting in two parts of Queenstown: Stirling-Mei Ling, a brownfield site built in the 1970s with mostly older residents, and Dawson, a newly developed site with a significant number of residents relocated from Tanglin Halt with young families injected.

We want to see whether we can replicate successful prototypes in other parts of the Health District @ Queenstown, e.g., Commonwealth, Ghim Moh or Dover by 2027. If we can get the same signal twice, we may be onto something.

How do we make sure that this is sustainable financially and in terms of human power? The most important word here is co-creation. I have learned that things may not work if you develop them for somebody else. It is better to involve the person whom the intervention is being developed for early to ensure that what is being planned meets their needs with minimal friction, and for whoever will subsidise the cost to be involved early so that boundaries are determined, and for what is meant by success to be agreed upon by all. Involving all parties early results in greater ownership with agreement that: “yes, this is what is needed to make to make things better.” This also increases the chances of scalability and sustainability.

Four Goals

There are four goals underpinning our work.

Firstly, we want to increase healthy longevity, where years in good health approach life span.

Secondly, we want people to be valued with meaning and purpose throughout their life. Many feel forgotten once they stop working and leave the workforce. One of our biggest champions in Queenstown is Mr. Jalaludin. He leads our exercise group in Stirling-Mei Ling. He used to be a research assistant in the Department of Pathology under Professor Shanmugaratnam, the President’s father. Once he retired, many people in his social network forgot him. Now most people in the neighbourhood know him. People need a reason to get out of bed every morning, what the Japanese call “ikigai”.

Thirdly, we want to promote bonding not only between ethnic or social-economic groups, but also between generations, because we are concerned about intergenerational friction which we see happening in other countries. It is important that the older people see the value of younger people and vice versa.

Finally, we want to support a community where people can age in place, because most people do not want to go to a nursing home in the last years of their life. How do we allow people to stay their whole lives in their community of family, friends, and landmarks?

One Coalition

This is led by NUS, the National University Health System (NUHS), and the Housing & Development Board (HDB). We are privileged to work closely with three members of the 4G leadership: Minister of State Alvin Tan, Minister of State Rahayu Mahzam, and Senior Parliamentary Secretary Eric Chua. We are taking a whole of society approach, involving ministries and their statutory boards, the social sector, and industry collaboration with three overarching principles: we must co-design with residents and stakeholders, we must be data driven, and we must harness the best of behavioural and implementation science.

There are six workstreams: preventive health and care delivery, purposeful longevity, the built environment, technology, communications and engagement, and evaluation.

Health District @ Queenstown's Baseline Findings

One of our initial efforts was to conduct a comprehensive baseline study involving nearly every 20th resident in the Health District, ensuring an adequate and representative sample size by age, gender, ethnicity, and housing type as an indicator of socioeconomic status reflective of Singapore. As informed consent was needed, respondents had to be of legal age of consent – 21 years and older. The oldest respondent was 104 years old. The Principal Investigator was Associate Professor Jia Lile from the Faculty of Arts & Social Sciences. The key findings are:

1. Health Is Determined by Multiple Factors

The study confirmed that health is determined by multiple factors. As such, our solutions need to involve the integration of multiple agencies. No single discipline can effect the change needed. We need to have multi-disciplinary and multi-agency inputs in designing and effecting solutions.

2. Current Old Are Not as Healthy as They Could or Should Be

While 86% of our 65- to 80-year-olds, and 75% of our residents older than 80 years old have no or little difficulty performing daily work, two-thirds of older people are not actively exercising, volunteering, or learning. How do we reverse that?

3. Younger Generations Are Not as Healthy as They Could or Should Be

25% of people aged 21 to 34 years old reported less than good health, as compared with 9% in Australia and 19% in Netherlands. This is an orange light flashing, because if the next wave of 65-year-olds are even less healthy, Singapore will have a significant problem.

The World Health Organization (WHO) recommends testing everyone over the age of 50 for frailty. We tested everyone over the age of 21 and were troubled that 5% of those aged 21 to 34 cannot do "sit-to-stand", which is being able to sit and stand five times in 14 seconds.

4. Financial Security May be an Issue

The good news is that about more than half of the study's participants have 6 months of savings. But if the glass is half full, it is half empty. Just under half do not have more than 6 months of savings. This is something we must be careful about, because without financial security, people prioritise things other than going for health screening, especially if they have no symptoms.

Raising retirement age has less of an impact if people are leaving the workforce before that. We found that people start leaving the workforce in their 40s to 50s, many involuntarily. This is worrisome, because if people leave the workforce at this age with life span in the late 80s, Central Provident Funds and savings may be insufficient.

5. Social Well-Being Can Be Strengthened

In terms of social capital, 75% of residents reported very strong social networks with their family. That also means that the remaining 25% are at risk.

60% of them trust their neighbours. That is good but can be better.

More than 90% want to stay in their neighbourhood. This signals that Queenstown is a good neighbourhood.

Singapore Must Solve Its Own Issues

I have always believed that collecting data alone is not good enough. We have to design programmes that work, are scalable, and owned by the residents. That is why I turn to this audience, because the answer lies with everyone in this room and our networks. We cannot expect other countries to come and solve our issues for us.

Recent Developments by Workstreams

Preventive Health and Care Delivery

We are embedding a team comprising a nurse and care coordinator with access to social services at Block 160 Mei Ling, testing whether we can improve health over a 400m radius. No appointment is needed and the place, named by residents Happy Village @ Mei Ling, is open daily from Monday through Friday during office hours. The difference between this and an active ageing centre is that there is no age limit, activities are resident led and aligned with their interests, and the same healthcare professionals and care coordinator are present daily, allowing the building of long-term relationships.

Purposeful Longevity and Development of Ibasho in Singapore

If there is one piece of information you should read, I recommend the U.S. Health and Retirement Study. The latest trends are that the number of people who are very satisfied with retirement in the United States has dropped. This is particularly among those who retired between 55 to 64 years old. If you retire when you are older than 85 years old, the drop is smaller. This is not surprising given our longer life spans and wanting to be valued and engaged.

Additionally, there is a clear correlation between health and happiness. People who report that they are happy have better self-reported health than people who are unhappy. Out-of-pocket medical expenditure is lower, hospitalisation rate is lower, and volunteerism is higher.

We were fortunate that Professor Emi Kiyota, a Japanese academic living in the United States and the founder of Ibasho, was so taken by what we are doing that she moved to join NUS full time. She is working with us to develop the concept of Ibasho.

What is Ibasho? It is about not treating older people as people who we must care for, but as valuable assets to the community. Ibasho is guided by 8 principles: older people have wisdom; we need places for people to gather informally; no one is on the margin, everyone has to be involved; the community must own this; it must be multigenerational; it must be culturally appropriate; it must be economically, financially, and socially sustainable; and there is no such thing as perfection - we embrace imperfection. Residents were engaged in May 2022, formed a core committee, and now have several programmes running.

In addition, we opened our first community engagement hub at Block 40 Margaret Drive. The residents have named it ‘Come 4 Tea Lah!’.

Figure 1
Photo of ‘Come 4 Tea Lah!’, the community engagement hub at Margaret Drive

This opened in March 2025, and within this time frame is thriving because the residents—both those staying in HDB flats and private condominiums—are coming and getting to know each other, developing programmes which they collectively enjoy.

The hub was conceptualised by the NUS Centre for Population Health, the NUS Department of Architecture in the College of Design and Engineering along with their alumnus Mr Khoo Peng Ben in the private sector, and the Housing & Development Board (HDB). HDB helped identify the space. The community gave inputs for its design, utilisation, and name, and find the open design and colour scheme particularly engaging. It operates 6 days a week and is staffed by two full-time staff from the NUS Centre for Population Health.

The residents lead what other residents are interested in. For example, an 11-year-old new citizen comes to teach the older residents how to play Rubik's Cube, and they love it. One of our NUS corporate communications colleagues was so taken by Come4TeaLah! that she volunteers and leads the exercise class every Saturday morning. The biggest group right now is the Dog Lovers group; more than 100 residents come with their dogs and share tips. We have now started offering health check-ups from NUHS staff based at Happy Village @ Mei Ling on designated dates. We are also working with other community groups, including Queenstown Kakis and Holland Village Little Library, and see how we can support them.

Finally, we are working with the Ministry of Manpower to see how to keep people engaged and improve their financial security through micro-jobs. We recently completed a randomised study with the NUS Department of Economics which showed clear health benefits from residents being engaged in micro-jobs which were safe, meaningful, dignified, at a time convenient for them, with short commutes, and paid $50 a week.

Evaluation

We are evaluating the Health District @ Queenstown in the five domains of the Ageing Society Index (Chen et al., 2018), in terms of productivity and engagement, well-being, security, cohesion, and equity. We are following several indicators, of which 10 are core, and will track these to see whether we are making a difference as compared to a control district.

Key Take-Home Points

Let me end with these points. First, the definition of health encompasses physical, mental, and social well-being. Second, we must remember seven important concepts to unlock the Third Demographic Dividend. Third, despite good policies, we have significant gaps. We must address all the determinants of health if we wish to have thriving populations of older and younger residents.

If we can improve the health of the 101,000 residents of the Health District @ Queenstown, we can improve the health of the rest of Singapore. Our solutions must be co-designed with the residents and be driven by data and outcomes.

Long-lived populations are not the problem. The problem is that we have not removed the barriers that allow people to be robust and thrive well into older age. If we can remove these barriers, we can lead to a resource that has never existed in history. We can develop a society where we not only have robust and thriving younger people, but also robust and thriving older people, with each complementing the other. Together, they can create the Third Demographic Dividend.

Singapore can be the first country in the world to do this. I dare say that this is our generation's water story. If we can do this, like how we became self-sufficient in water, the whole world will come and ask, “How did you do it?” because every country is facing this issue.

We have the most educated population in Singapore's history. We have a government and society that is aligned; we are not fighting with each other. We can gather today for this meeting. We have the knowledge. We can do it.

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Dialogue 1

Dialogue

Whole-of-Society Approaches to Building Healthy, Thriving Communities in Singapore

MODERATED BY:

LEE JUNGUP
NATIONAL UNIVERSITY OF SINGAPORE

9: Dialogue with Special Guest and Keynote Speaker: Whole-of-Society Approaches to Building Healthy, Thriving Communities in Singapore

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[2] National University of Singapore and National University Health System

Abstract

This Dialogue builds on the insights shared by our Special Guest, Mr Eric Chua, and Keynote Speaker, Prof John Wong Eu-Li, and explores how whole-of-society approaches can effectively promote and sustain the health and well-being of Singaporeans.

Drawing on key learnings from the Health District @ Queenstown, it examines the roles that individuals and systems play in driving long-term collective impact, and how these practical insights may be adapted and applied across other communities locally.

Dialogue 2

Dialogue

From the Ground Up: Sustaining Well-Being Through Community Voice

MODERATED BY:

ONG EECHENG
NATIONAL UNIVERSITY OF SINGAPORE

10: From the Ground Up: Sustaining Well-Being through Community Voice

Cai Yinzhou

Citizen Adventures and Chinatown Heritage Centre

Abstract

This chapter is a summary of a dialogue that features insights based on the speaker’s experiences from ground-up initiatives such as Dakota Adventures and Geylang Adventures, as well as his work in aged care communities. It includes an exploration of what sustains such initiatives, their importance, and the need to capture their often-intangible impacts.

Empowering Communities

Empowering communities starts with a human and empathetic approach, where we find practical ways to solve the immediate problems that communities face. It involves active listening, information sharing, and resource utilisation to plug gaps and uplift communities from difficult and pressing situations. As practitioners, we are better equipped with the knowledge and resources to connect communities to the relevant services and help they need. With technological tools and artificial intelligence, we can smoothen and streamline processes and prioritise relational, heart-to-heart work. For example, seemingly small acts such as learning how to give a free haircut can meet real needs and build connections with the communities we work with.

Recognising Community Strengths

Communities should not only be seen as people in need, but also as people with something to offer. Members of the community are generous and gracious regardless of how much they have and own; they offer a vast trove of skills, experiences, and networks that can be harnessed to tackle issues close to their hearts. This perception shift is important to destigmatise disadvantaged groups, and to enable us to connect with them on more equal terms.

Broadening Representation

To address community issues, it is imperative to bring multiple stakeholders together. Besides involving agencies on the ground, we should engage the communities we are targeting on-site where the issues occur to ensure that their experiences and perspectives are captured to inform subsequent steps.

When multiple stakeholders are involved, advocacy for social causes should not be thought of as a zero-sum game where there are winners and losers. Instead, the goal of advocacy should be for everyone to thrive. In terms of who are brought “to the table”, we should look beyond policymaking discussions and expand our scope to include other areas of decision-making, such as in community initiatives and decisions that residents have a stake in.

Additionally, the answer to who receives the opportunity to be heard is not static. Representation is iterative. Although we usually start with the group of community members or residents who are available and vested in the initiative, we can and should recognise our selection bias. In the subsequent discussions, we should strive to add the missing or under-represented perspectives. In other words, we should keep an open door.

When multiple agencies work together, it is important to think about how each organisation can contribute in one area of the issue at hand that it specialises in. Such a collaboration through having a division of labour would work better than organisations competing to take charge of the entire initiative as a single entity. The delivery of multiple services from different agencies, each with their own comparative advantage, would better address communities’ problems and needs.

Encouraging Risk-Taking and Pilot-Testing

Risk-taking should be encouraged. Measured risks, to the extent that they challenge the status quo within legal limits, can be helpful or even necessary to establish something novel and beneficial for communities.

Organisations should cultivate thoughtful risk-taking and run pilots to test new ideas. Pilots would serve as proof of concept that can be documented and formalised, which contributes to the organisation’s evidence base. When new ideas become institutionalised as standard operating procedures that are subject to regular monitoring and evaluation, this iterative process of experimenting and testing allows for continuous improvement and learning.

Sustaining Community Initiatives

Beyond efforts to empower communities, a related core question is how ground-up initiatives can sustain their activities and operations without being dependent on their founders.

Tapping on Volunteers

Although formal volunteerism, which are coordinated by organisations where volunteers are identified and documented, appears to have fallen post-pandemic, a lot of informal volunteering, which are ground-up, self-initiated, or organic forms of prosocial behaviour, persists. For example, Toa Payoh has a strong core of volunteers with various professional capabilities who assisted with a fundraising event. Singaporeans rally when there is a call to action; they do not contribute only via donations, but also via other types of efforts like physical work or event organisation.

Volunteering relationships are more likely to sustain when relationships form locally and organically. For instance, seniors help to take care of fellow seniors at an active ageing centre, such as pushing wheelchair users to hawker centres during mealtimes. These snippets of care are not formally recorded but are highly impactful.

It is also crucial that the need for volunteers is communicated to Singaporeans to mobilise them and to debunk the notion that there is no need for additional support from them.

Addressing Tokenism

While there is a risk of tokenism with volunteerism and community initiatives, where they tend to be short-term and unsustainable, we should not easily dismiss them. Tokenism is reflected by initiatives that do not address the needs of the target group directly. In such cases, it is beneficial to help well-meaning groups, such as students initiating community projects, moderate their approach and sustain their contributions. This is to avoid potential harmful effects of a temporary stint that would bring short-term euphoria followed by a more damaging feeling of emptiness after the initiative ends for beneficiaries.

Capturing Intangible Value

The sustainability of such communities and ground-up initiatives also depends on how much they are valued. Singapore has progressed on environmental impact assessments, but there is still room for incorporating heritage and social impact assessments as part of the formal procedures for (re)development decisions. These intangibles include community bonds, shared lived experiences and routines, and a sense of belonging, which are often invisible when costs and benefits are defined in terms of dollars and cents.

In conclusion, effective advocacy aligns ground voices, practical insights, and policy levers. While research and advocacy are important, it is also crucial to take a human-led, empathetic approach to understand people’s lived realities, build relationships, and respond tactfully. Our efforts should always be oriented to the community’s well-being.

Panel Discussion 2

Panel Discussion

Collaborative Efforts for Sustainable Change

MODERATED BY:

ANITA LOW-LIM
TOUCH COMMUNITY SERVICES

11: Panel 2 Moderator’s Remarks: Collaborative Efforts for Sustainable Change

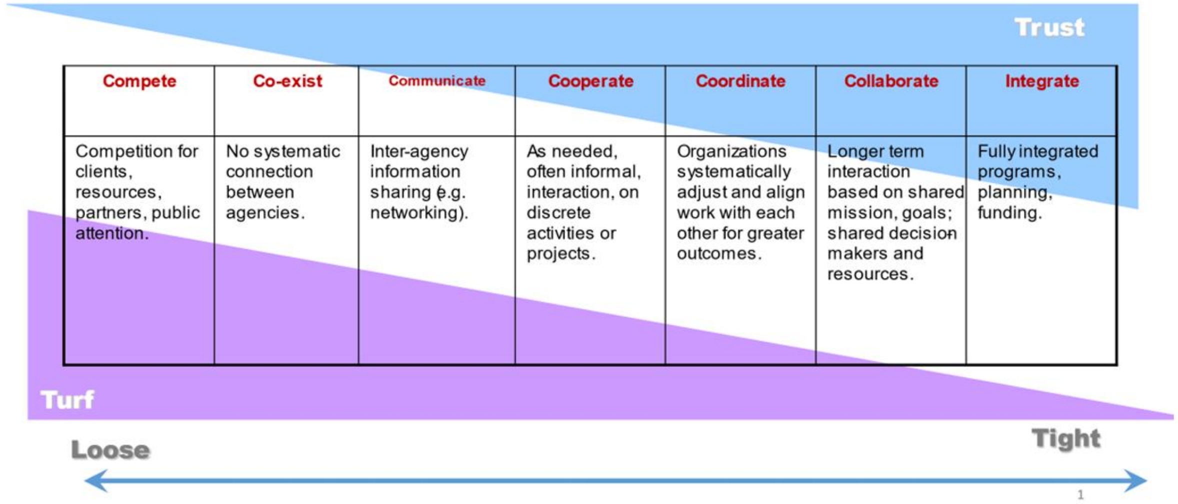
Anita Low-Lim

TOUCH Community Services

Collaboration has become increasingly vital in the social service sector: as today’s challenges grow more complex and interconnected, diverse stakeholders must work together in synergistic ways to effect meaningful and sustained impact.

At its core, collaboration can be defined as working together to create or achieve a common goal. It can also exist on a spectrum to illustrate its diverse nature. Taking reference from Tamarack Institute’s Collaboration Spectrum (Weaver, 2021), the nature of collaboration can range from *compete* to *integrate*, where a *competitive* collaboration indicates greater turf and turf-guarding behaviours between stakeholders who view themselves as vying for limited resources and rewards, while an *integrative* collaboration reflects trust and high levels of mutually-beneficial engagements among partners working towards a common good (see Figure 1).

Figure 1
The Collaboration Spectrum



Compete	Co-exist	Communicate	Cooperate	Coordinate	Collaborate	Integrate
Competition for clients, resources, partners, public attention.	No systematic connection between agencies.	Inter-agency information sharing (e.g. networking).	As needed, often informal, interaction, on discrete activities or projects.	Organizations systematically adjust and align work with each other for greater outcomes.	Longer term interaction based on shared mission, goals; shared decision makers and resources.	Fully integrated programs, planning, funding.

Note. From *The Collaboration Spectrum Revisited*, by L. Weaver, 2021, Tamarack Institute. Copyright 2021 by Tamarack Institute.

The nature of collaboration that partners choose to pursue often depends on the broader environment in which they operate. In the social service context, this environment would refer to the care ecosystem aimed at strengthening individual and collective well-being.

The care ecosystem comprises mutually interdependent stakeholders—including individuals, families, community, and organisations such as social service agencies, funders, and knowledge partners—that influence one another. Understanding the different yet complementary roles these stakeholders play is crucial for enabling more effective change, especially for complex or wicked problems that require the concerted efforts of multiple parties to address.

A strengths-based approach offers one way to determine how stakeholders can adopt and play suitable roles to effectively leverage what they have to add value to the care ecosystem. Insights from the *Catalyst 2030* report (Ashoka, 2020), the *Social Change Ecosystem Map* (Building Movement Project, n.d.), a *Stanford Social Innovation Review* article (Senge et al., 2015), and the *Team Dimensions Profile* (Center for Internal Change, n.d.) were synthesised to identify six key roles in the care ecosystem:

1. The *strategist* coordinates collaborative action, drawing on core strengths such as strategic visioning and planning, neutral facilitation, and conflict resolution.

2. The *implementer* delivers initiatives within the ecosystem and is characterised by strong project management capabilities, a client-centred mindset, and a clear focus on outcomes.

3. The *developer* strengthens collective capacity and tests new approaches, relying on innovative capabilities, mentoring expertise, and comfort with risk and iterative learning.

4. The *resource mobiliser* secures and channels resources to support the ecosystem’s work, with key strengths in relationship building, resource stewardship, and an entrepreneurial mindset.

5. The *influencer* shapes policy and public opinion in support of the ecosystem’s efforts, leveraging advocacy and communication skills, credibility, and thought leadership.

6. The *sense-maker* generates and interprets knowledge to support informed decision-making, excelling in data analysis and interpretation, knowledge translation, and critical thinking.

These roles are non-exhaustive and not mutually exclusive: stakeholders may take up one or more roles, as well as assume either lead or supportive positions across roles. Collectively, these roles underscore the interdependent nature of collaboration and provide a useful lens for the panel discussion that followed, which brought together perspectives from philanthropy, social service, and academia to reflect on collaborative efforts for sustainable change.

Mr Martin Tan, Chief Executive Officer of The Majurity Trust, began by sharing his experience in establishing and growing *The Foundry*, a home base for social purpose organisations to collectively incubate ideas, drive impactful innovation, and build communities. Drawing on insights from *The Foundry* residents and day-to-day observations over the past year, he illustrated how this shared initiative enabled community building within and beyond the space, as well as the role of philanthropy in fostering partnerships across the public, private, and people sectors.

Next, **Ms Ng Bee Leng**, Divisional Director of the Strategy & Transformation Division at Allkin Singapore, provided a refreshing perspective on engaging citizens as collaborators for change. She highlighted three key transformations for building sustainable and resilient communities: recognising citizens and communities as equal partners, shifting from a competitive advantage to a collaborative advantage framework, and reforming reward systems from predominantly ‘Me’-first to ‘We’-first to better incentivise collaboration.

Finally, **Associate Professor Liow Chee Hsiang** from the Saw Swee Hock School of Public Health, National University of Singapore, offered a perspective on community-academic partnerships, involving collaborations between students and community agencies to address real-world challenges. Using examples from public health, he showed how such collaborations can bridge theory and practice, enhance programme outcomes, deepen empathy, and cultivate the next generation of socially engaged changemakers, contributing to long-term social impact.

Overall, the panel highlighted the critical role of collaboration in achieving sustainable change. Across philanthropic, social service practice, and academic perspectives, the panellists unanimously underscored the interdependence of ecosystem stakeholders and the importance of inclusive approaches that enable impactful engagement and contributions. Collectively, these insights demonstrate how coordinated efforts—whether through organisational spaces, citizen engagement, or community–academic partnerships—can drive meaningful, long-term social impact.

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12: The Foundry: Collective Insights from a Collaborative Year of Catalytic Community-Building

Martin Tan

The Majurity Trust

Abstract

Housed at the repurposed former Elections Department building, The Foundry has been a home base for social purpose organisations to collectively incubate ideas, drive impactful innovation, and build communities. As we celebrate our first-year anniversary, we reflect on The Foundry's catalytic and purposeful engagement in community-building within and beyond the building, as well as the role of philanthropy in fostering partnerships across the public, private, and people sectors in Singapore.

In doing so, we draw from our residents' quantitative and qualitative insights, ethnographic observations of day-to-day conversations and collaborations, and the operational perspectives of The Foundry team members. Emerging themes include the complementarity between a sense of community and a well-designed, well-maintained physical space, balancing spontaneity and semi-structured endeavours, and a disciplined approach to position, strengthen, and grow The Foundry vis-à-vis other social purpose spaces.

The Foundry is established by The Majurity Trust in partnership with the Singapore Government Partnerships Office, Singapore Land Authority and Tote Board.

Note: This is a transcript generated from the conference recording with some edits for clarity. The presentation deck can be found here.

We Are Fellow People on a Journey

The Majurity Trust is a rather unique organisation. We are both a philanthropic platform and funder. The difference is that we work with over 600 donors to raise every single dollar that we give out to the charities on the ground.

But I have always found it strange when people introduce us as a funder. This is a dangerous label to carry. We prefer to be known as fellow people on a journey. We raise every dollar on that journey, both for our grants and for our operations so that we can support the charities on the ground. Everything that you are about to see is only made possible because we have donors who support us.

So, when you have struggles with funders, we understand those struggles too. I have been in the nonprofit space for 25 years; I know how difficult it can be to raise funds, whether from government grants or working with international funders.

When we first started The Majurity Trust in 2018, I set a goal for the team: to be the funder we always wished we had.

A funder who does not just give money, but a funder that is willing to journey alongside us. A funder who is willing to see us as equals. A funder who says, “You know what? Mistakes are part and parcel of the learning journey.”

About 70% of our funding in the first five years has gone to nonprofit start-up charities. This makes us one of the largest funders of non-IPC[4] charities. We feel that is our best way to complement the larger funding ecosystem. We try to unlock more resources for them—and when we work with start-up charities, it is not just the funds that matter, but the relationship.

In our relationships with our grantee partners, we look to see how many of them come to us with their problems. When I was younger, one of the hardest things was telling a funder that something was going wrong. So, the more our grantees come to us now, the more we know we are on the right track.

Foundry, A Home for Collective Impact

Our goal today is to build an ecosystem where charities and grantee partners can be the best versions of themselves. With that in mind, since we are talking about collaboration, I cannot think of a better case study than The Foundry.

The Foundry has been a crazy project for us over the past 24 months that we are incredibly proud of. It is a social impact hub, but to me, it is also probably one of the best case studies of how a community can come together to make a very special dream come true.

Last night, we had our Majurity Night to celebrate Majurity Trust’s eighth anniversary. Eight years ago, we could not imagine the things that we would go on to do. We started out in my boss's office in Millenia Tower, then moved to Suntec. And during COVID-19, when we had an opportunity to double our office space for the same rent, I was inspired to test out a model that would eventually lay the foundation for The Foundry today. I wanted to find out if we could build a space where charities could come together.

When we took our Gateway Office and expanded from 1,200 to 2,400 square feet, we created the space for three young charities to start with us: Impart, Kampung Kakis, and The Tapestry Project—all at their early gestation stage of their journey. We used that office space to test out what would happen when the nonprofit community comes together and shares a home. I knew we were on the right track when one day I found out that the three of them had a WhatsApp group without me.

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[4] IPC stands for Institution of Public Character.

I was curious what was going on in the group. Apparently, it was just about ordering pizzas, or so they say.

But it gave us a sense of what was possible. They felt that they were not alone in their journey because they had one another.

Developing The Foundry Community

We then had an opportunity to work with the Singapore Land Authority (SLA) to build a social impact hub—one that can bring a whole social impact community together. We were given the opportunity with the Former Elections Department building at Prinsep Street. This is how it used to look like.

Figure 1
Photo of the Former Elections Department building

It looks quite different now.

Figure 2
Photo of The Foundry

When we took over the place, we took over the keys on the 1st of April 2024. That was when we started paying rent.

WOHA became our architect. Woh Hup became our contractors. JustCo did all our internal space planning—we did not know how to run the co-working space, but they knew how to build it. Nyee Phoe Flower Garden, which is Singapore's oldest nursery, did our nursery and garden around. And ambiguous, the lighting designer of National Gallery and Istana, also joined us. All came on board on a pro bono or at-cost basis. The JEB group gave us furniture.

We built the entire space in seven months. It is crazy if we think about it, about how a community can come together not on a charity site, but on a commercial site, believing in what we could do.

Today, in November 2025, we have a total of 30 resident organisations in The Foundry—up from 14 when we opened just a year ago.

To Inspire, Enable, and Co-create

The question we ask ourselves is this:

What must The Foundry be, if we want it to be a home base for collective impact?

We believe it must be a place that reduces the friction for collaboration. There is a phrase that we use at The Foundry: we want to create space for serendipity.

You know how you have corridor moments? We used to call it water cooler chats. We hung around water coolers. Now we hang around coffee machines and some ideas just spark. “Hey, I want to run a golf charity, how did you do that?” Those are the kind of conversations that we hope to see.

The key pillars for The Foundry are just these three: to inspire, to enable, and to co-create. To be a hub where social good is born—that is what we want to do.

It is not just about funding, but also how we can have an ecosystem to support one another. Nonprofits also need branding, financial services, and technology support—our Enabler organisations do this, playing an essential role in strengthening the ecosystem. We have Pro Bono SG with us, and that means you could just meet a lawyer at the staircase and ask them for legal advice—and it is non-chargeable! Corridor conversations are powerful, and they are one of our key strengths.

Ultimately, The Foundry is a space for conversation and collaboration.

Four Key Insights

Over the past year, Jin Yao, who is our Research Fellow, and our Insights & Strategy team studied what worked and what did not. There are certain numbers for me which are particularly important: operational data (e.g. occupancy, how much is being used), but also intangible indicators that would help me to understand the dynamism of the place, like where we fall on the collaboration spectrum, and so on.

What’s going on at The Foundry can be summarised in four categories: hardware, software, formal heartware and informal heartware.

1. Hardware: The Physical Space

As one of our residents put it: “Nonprofits deserve nice things too.”

Having spent 25 years in the non-profit space, I have seen how nonprofits often try to keep our spaces as simple as possible, because donors do ask us.

There is a fine line between opulence and scarcity. How do we build a space that inspires people, yet is not over the top such that donors comment about how you spend that kind of money?

When building The Foundry, that was the challenge that we as a build team gave ourselves. We had a really good team that included WOHA, an award-winning architect that we could never afford if we did not have them on an almost pro bono basis. They are used to building really nice things. Now, with very little budget, they needed to build The Foundry.

How did we do it? People like Woh Hup came our way. Our tiles were donated, as were our flower planter boxes—and that saved us $16,000. On top of that, 60% of the Foundry’s furniture was donated or recycled.

We built with a clear philosophy—just because we are nonprofit, we should not have a scarcity mindset. Instead, we built a space that inspires people to say, “Wow, I can do more in a space like that! When I walk into The Foundry, I feel like I can accomplish something. I can dream. I can dream of things that we can work on together.”

The physical space is only a starting platform. How do we build a space where people feel that they can achieve and accomplish, but not just on their own? That is the key for us. It is more than just an individual organisation saying, “Well, I can do it.” Rather, you are part of the community—you realise that if we do things together, we can achieve more together.

2. Software: The People

In building the software of The Foundry, it is really the people that make it possible.

In the span of one year, some 31,000 people have visited The Foundry. We have had over 340 events, over 2,500 meetings, 30 resident organisations, and over 130 people using the space. Over 80% of events are not run by The Majurity Trust. It is run by the ecosystem and the residents. If the majority of the events are run by us, then something is wrong. We are only a collective if we can bring people together and if they can see this place as their home.

A key question that people ask is, “Why do you call it The Foundry? Why not The Majurity House?” Simply put, we do not think that people will be excited to work in The Majurity Trust’s office. I would not be happy to be working in The Majurity Trust’s office building either! But when we have a separate brand for it—if we call it The Foundry—then it becomes co-owned by everyone in this space. We call them residents—not tenants—because it is as much their space as it is ours.

3. Formal Heartware: Professional Exchanges and Casual Conversations

Next is about the formal 'heartware'. We run monthly Lunch and Learns, where speakers or residents share lunchtime lessons on anything from legal contracts, to social media strategies, to fundraising approaches. As long as you are part of The Foundry, you have access to all this content and the networks to be able to build that up.

We also have half a million dollars—sponsored by the Tote Board—that goes towards the Foundry Forward Fund. When you are part of The Foundry, you have access to this grant, where as long as two residents come together, they can apply to work on projects. We have now funded 10 projects, and we are excited to see where these go in 2026.

4. Informal Heartware: Organic Collaborations

We say that in the social impact space, you need four things: money (grants), space, coffee, and alcohol. And you find these readily available in The Foundry. The idea here is that informal heartware needs the right conditions to grow too. So how do we balance structured efforts with organic ones?

The key thing about building a community is that it must also be organic. Sometimes we plan too much. The more you programme, the less ownership the community has. It is kind of funny when you think about it. But, if you trust the community enough, you make it as organic as possible.

When does The Foundry take a step back and empower the residents? How do we know if we have succeeded? Those are the questions we are asking ourselves.

As a resident aptly summarised, "Being a resident of The Foundry isn't confined to the physical space—it is the human connection that matters most."

Community First

When we approached SLA asking for a place to build The Foundry, I told SLA this: I am not trying to find a physical building to build a social impact hub, and then find a community. I already have a community. I just need a space.

Often, spaces are built with the hope that people will come.

What we did was the reverse.

A large part of what makes The Foundry *Foundry* is that we started from point four (informal heartware) all the way to one (hardware), instead of from one to four. We needed to build a community first, before we needed a space. And that has been key for us.

13: Citizens as Collaborators: Building Social Sustainability with and by Citizen Groups

Ng Bee Leng and Cheng Tian Wei

Allkin Singapore

Abstract

Is sustainability just another buzzword? In today’s volatile and uncertain world, sustainable social development ranks alongside economic and environmental efforts as a crucial and necessary part of sustained societal well-being. In turn, sustained well-being is a collective effort—not just by governments and institutions, but also by everyday citizens.

Singapore's social and health sectors face mounting pressures from demographic ageing, family nuclearisation, and workforce attrition. Yet this crisis presents an opportunity to fundamentally reimagine approaches by shifting citizens from passive service recipients to active collaborators in social change.

This paper argues that sustainable, resilient communities require three interconnected transformations. First, institutions must recognise citizens and communities as equal partners. Second, the social sector must transition from competitive advantage frameworks that fragment service delivery to collaborative advantage. Third, institutional reward systems must be reformed to incentivise collaborative behaviours.

Asset Based Community Development (ABCD) is not a panacea, but rather an important part of sustainable development where government and institutions step back from over-reaching direct provision and instead provide conditions that enable citizens to step up in areas where community does well.

Through these shifts, Singapore can build empowered communities capable of collective ownership and sustainable resilience, transforming from “what is wrong” to “what is strong” and from problem-solving to community enablement.

Acknowledgements

We would like to thank a few groups, whose contributions have been pivotal to the development of community development in Singapore.

First and foremost, our citizens and their ground-up citizen-led initiatives who have inspired and taught us so much.

Secondly, Phua Chun Yat who has courageously encouraged our mindset shift of Collaborative Advantage.

Thirdly, the community development team at Allkin – Brenda, Jocelyn, Andre, Stella, and the many before them, for blazing the trail and staying the course in community development work. Not forgetting also, our many other Allkin colleagues who embed ABCD approach in their everyday work.

Lastly, our Allkin Senior Leadership Team for their support and radical candour in the shaping and building of our community development strategy.

Introduction

Singapore stands at a critical juncture. Our super-ageing population, increasingly complex social challenges, and changing family structures have presented strong challenges of sustainability for many of the social and health service delivery models that had served us well over the past five decades. Yet within these pressing needs lie a profound opportunity to fundamentally reimagine how we build sustainable communities by transforming our mindset of citizens as passive recipients of services, to one where citizens are contributors, collaborators, and change agents.

This paper examines three essential shifts that we believe can catalyse this transformation and invites consideration of how these might be applied within your own institutional context: embracing citizens and communities as equal partners in social change; transitioning from competitive to collaborative advantage; and reforming institutional reward systems to incentivise and sustain this cultural shift. Through these interconnected transformations, we argue that Singapore can build more resilient, equitable, and sustainable communities capable of meeting both today's urgent needs and tomorrow's anticipated challenges.

1. Citizens as Collaborators: Redefining Community Development

The Case for Citizen-Centered Collaboration

The traditional paradigm of social service delivery has positioned government agencies, non-profit organisations, and professional institutions as primary agents of change, with citizens cast in a largely passive receiving role (Fogarty et al., 2018). This paradigm, while addressing immediate needs, has inadvertently created what might be termed a “Leave it to Others” mentality—a perception that collective well-being is someone else's responsibility. When the void deck is dirty, citizens defer to town councils. When playgrounds are unsafe, they wait for others to call for action. When neighbours quarrel, they expect social workers to intervene. This displacement of personal agency, despite arising from well-intentioned professional service delivery, has paradoxically weakened rather than strengthened community resilience (Winston, 2022).

Social sustainability, defined as creating inclusive, equitable, and resilient societies that can support both current and future generations (Van der Waldt, 2024), requires a fundamentally different approach. It calls us to recognise and activate the largely untapped assets, capabilities, and agency of citizens and their communities. This shift is not merely aspirational—it is critical and essential for addressing the structural challenges Singapore now faces. Our ageing population is projected to reach one-quarter of the total population by 2030 (PMO, 2022), while family size continues to shrink and informal support networks have weakened (Matthews et al., 2025). The social service and healthcare workforce faces mounting burnout and attrition as demand for services grows. Professional services alone cannot bridge the gap between the structural constraints of our sector and the swiftly increasing demand for service; to properly mitigate this issue, we require the sustained contributions of engaged citizens and activated communities (Wang et al., 2024) to augment professional services.

Enabling Collaboration as Equals: Navigating Power Dynamics

As changemakers and practitioners within the social service space, we should be mindful of the dynamics and effects influenced by our actions. When we think about collaborations and building ecosystems of care, do we predominantly think of institutions and formal organisations, and do we overlook the informal networks of citizens and their communities?

Oftentimes, in our work, organisations that possess greater resources, legitimacy, and authority can face the temptation of imposing their own agendas on smaller citizen groups, even when framed as a partnership (Huxham & Vangen, 2013). Being mindful of this dynamic when larger institutions partner with citizen groups from marginalised communities can help to ensure that power disparities do not reproduce or amplify existing inequities (Gray & Ansari, 2022). As a whole, genuine collaboration requires that institutions embrace a principle of equality in the midst of power asymmetries. We have a responsibility to respect their autonomy and collaborate with them as equals, relative size notwithstanding. This is because citizen groups contribute much to collective wisdom and the seamless interplay of diverse skills, perspectives, and roles can build the well-being of their communities more sustainably (Hogan et al., 2015)

The practical expression of this principle requires institutional humility and restraint. Rather than seeking to scale up or scale out citizen initiatives to match organisational ambitions, institutions must respect citizens' autonomy to determine when, where, and how they want to grow, for such efforts to be sustainable (Garcia, 2020). Both from our experience and as cited in academia, small community-rooted initiatives often derive their strength precisely from being localised; and require autonomy for community self-determination, a strong sense of ownership, and light-touch empowerment to thrive (OECD, 2024). Citizen-led initiatives thrive in their own environments where the small is beautiful, and we may do more harm than good if we co-opt and tempt them with resources and over-influence them on when and how they should scale up or scale out to fulfil a larger agenda.

2. Collaborative Advantage, Not Competitive Advantage

The Limitations of Competitive Models

Are we able to shift our mindset from Competitive Advantage (the unique edge that allows organisations to outperform their competitors) to Collaborative Advantage? Collaborative Advantage refers to the benefits organisations gain by working together, leveraging on combined strengths to achieve shared goals that would be difficult to accomplish independently.

Singapore's institutional landscape—our economy, non-profit organisations, educational institutions, and more—has largely organised itself around competitive advantage frameworks (Tan, 2008). While this approach has driven significant improvements in our prosperity, service capacity, and specialty expertise, it has also generated fragmentation.

Clients with interconnecting needs navigate multiple organisations with different intake processes, assessment frameworks, and data systems. Seniors needing both health and social support can bounce between medical clinics, community centres, and social service agencies, each operating according to different priorities and funder requirements.

Building Collaborative Advantage

An alternative paradigm focuses on collaborative advantage. Rather than continuing to ask, “how can our organisation outperform competitors,” collaborative advantage asks, “how can we collectively achieve outcomes that no single organisation could accomplish alone?” This reframing does not eliminate the importance of organisational competence or quality. Instead, it situates these capabilities within a larger ecosystem where complementary strengths are deliberately coordinated (Weihe, 2006).

Both from our own experience and from academia, we believe collaborative advantage operates through several mechanisms that we invite you to consider within your institutional and sectoral contexts (Huxham & Vangen, 2013). First, it enables multi-benefit project development where interventions are explicitly designed to generate multiple outcomes across intersecting needs (Seipp et al., 2023). Second, collaborative advantage enables knowledge integration and collective learning. When organisations working on related challenges establish structures for genuine exchange, it benefits the entire sector (Flieger, 2021). This is particularly critical when organisations operate in environments of significant uncertainty, such as our social sector navigating demographic ageing and family transformation. Third, collaborative advantage enables resource optimisation through strategic partnership. Complementarity and inter-dependence allow for resources and expertise to reach further and impact more effectively than they could in isolation (Taylor et al., 2023).

3. Reforming Reward Systems to Encourage Cultural Shift

Perhaps the most significant barrier to the systemic shifts outlined above is that Singapore's institutional reward systems can appear misaligned with the collaborative, citizen-centered values that leaders and practitioners articulate. In the economy and on a sectoral level, our traditional neoliberalist reward systems unintentionally foster a competitive environment (Teo, 2011), potentially undermining collective spirit and collaboration. Competitiveness is pervasively rewarded in many aspects of our lives, more than we would care to acknowledge.

Reforming reward systems requires change at multiple levels simultaneously. From our experience, we propose four levels of change that we believe merit consideration. At the individual practitioner level, we invite organisations to consider expanding how success is measured and recognised. Rather than limiting recognition to specialised expertise or organisational metrics, systems should explicitly recognise and reward collaboration: practitioners who build bridges across organisational silos, facilitate community asset mobilisation, or mentor colleagues from other organisations and sectors. Secondly, at the organisational level, funding mechanisms and performance accountability systems must be reformed to incentivise collaborative behaviour. Organisations might be evaluated not only on their direct service provision but also on their contribution to sector learning, their engagement in collaborative initiatives, and their role in building community capacity.

Thirdly, research on incentive system design across diverse cultural contexts demonstrates that incentives must align with both organisational values and cultural preferences (Adamovic, 2023; Franzén & Rogulla, 2011). On a sectoral level, our social service sector, which emphasises collective well-being, collaborative governance, and community-rooted solutions, should be undergirded by incentive systems that reward these values explicitly rather than defaulting to achievement metrics. This alignment is not merely symbolic; it fundamentally shapes organisational culture by communicating what the sector collectively deems important and what behaviours will be recognised and advanced (Conroy & Vogus, 2025). Critical to cultural shift is what might be termed psychological safety for collaboration, as practitioners and organisations must believe that collaborative behaviour will not be exploited or undermine their own institutional security.

Finally, cultural shift requires leadership commitment and modelling. We invite senior leaders across government, non-profits, and social enterprises to consider how they might consistently prioritise collaborative approaches. In demonstrating vulnerability in acknowledging organisational limitations, and visibly investing time in relationship-building across institutional boundaries, leaders signal that collaboration is not a marginal activity but central to organisational identity and leadership.

Moving beyond just the work of leaders, these changes require persistent, systemic shifts at a societal level. We invite a collective redefining of what success is as a society. Our societal reward systems must recognise and reinforce collective success, not just individual excellence, systemically and persistently over time for this cultural shift to stick.

Without intentional changes to a reward system that predominantly rewards “Me”-first behaviour, a “We”-first society will remain elusive—and it is part of our remit and our responsibility to build the “We”-first society we all seek.

Conclusion: A New Social Compact

Singapore’s demographic transitions, changing family structures, and increasingly complex social challenges create a pressing need for systemic reform in how communities approach well-being and resilience. Yet these same conditions create an opportunity to embrace a fundamentally more equitable, empowering, and ultimately more sustainable paradigm of community development. By recognising citizens and communities as essential collaborators rather than passive recipients, by organising institutions around collaborative advantage, and by aligning reward systems with these reimagined approaches, Singapore can build communities that are genuinely empowered, take collective ownership, and are resilient in the face of inevitable future challenges.

We believe this transformation demands courage from institutional leaders—courage to step back from direct provision, to share power genuinely with communities, to invest also in slow relationship-building and not just rapid program expansion, and to measure success by collective outcomes. It requires patience to recognise that the needed shifts are not quick fixes but rather deep-seated changes in how communities and institutions understand their mutual responsibilities and possibilities.

Can we collectively imagine a Singapore where communities are empowered and citizens have the capacity to make decisions for themselves? A Singapore where communities pursue aspirations, and people, especially the low income and vulnerable, have options to look beyond survival and make aspirational decisions because they have bonding, bridging, and linking social capital? A Singapore where communities take ownership and come together to identify and implement solutions to the issues they face, alongside the government, businesses, and civil society? A Singapore where professionals work alongside citizen groups to support and enable them, rather than taking over?

We invite Singapore to consider what becomes possible when we pivot from “What is Wrong” to “What is Strong”, from problems to possibilities, from being problem-solvers to becoming community enablers. If we are able to shift from seeing people as passive recipients of services to recognising them as change agents and contributors, and from competitive advantage to collaborative advantage, there is much we can achieve for sustainability.

When both citizens and institutions genuinely step into this belief, Singapore can unlock the enormous, untapped potential of its communities, with the grounded recognition that sustainable solutions to complex social challenges have always emerged from communities stepping into their collective agency alongside professional services. As institutional leaders, we can contribute by creating community-friendly conditions, providing the support, and sharing the authority that enable this transformation to flourish.

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14: Students as Bridges: Partnering for Sustainable Social Impact

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Abstract

Sustainable change in health, education, and social well-being requires more than cross-sector coordination. It demands meaningful collaboration that connects expertise with lived realities. This talk explores how partnerships between students and community or government agencies can drive practical impact while offering rich, transformative learning. Agencies often hold deep contextual knowledge and have access to valuable data but may lack the capacity to fully analyse or apply them. Academic institutions contribute critical expertise but are sometimes seen as disconnected from the ground. Students can serve as vital connectors—bringing curiosity, emerging skills, and a fresh perspective that benefits both the agencies' work and their own development. Drawing on examples from public health education, this presentation shows how these collaborations can enhance programme outcomes, deepen empathy, and develop a generation of socially engaged changemakers. These partnerships do more than deliver project results. They build mutual understanding, foster shared ownership, and contribute to long-term social impact.

Acknowledgements

The author would like to acknowledge TOUCH Community Services and the many social service agencies that have partnered with the Saw Swee Hock School of Public Health, National University of Singapore, over the years. Appreciation is also extended to students whose creativity, professionalism, and commitment continue to shape meaningful community impact.

Background: Why Bridging Matters

Many challenges faced by communities today are complex and long term. Issues such as ageing, chronic illness, mental health concerns, and social isolation do not sit neatly within one sector. They involve health services, social services, and community organisations working together.

Universities and social service agencies both play important roles in responding to these challenges. However, they often operate in very different ways.

Universities tend to contribute technical strengths. These include data analysis, evaluation methods, and access to research evidence. Such skills are important for planning, accountability, and learning. At the same time, academic work can sometimes feel distant from what happens on the ground.

Social service agencies work much closer to everyday realities. They interact directly with individuals and families and understand practical constraints. Agencies often collect large amounts of data through service delivery. However, they may not always have the time or resources to analyse this information fully or use it to guide decisions.

Although these strengths complement each other, collaboration is not always easy. Differences in priorities, timelines, and expectations can create tension. Community–Academic Partnerships (CAPs) aim to bridge this gap, with students playing a particularly useful role within these collaborations.

Community–Academic Partnerships and Complementary Strengths

CAPs are based on a simple idea. Different sectors bring different strengths, and better outcomes are possible when these are combined. Universities offer tools, methods, and technical support. Agencies offer experience, context, and trusted relationships with communities.

In practice, partnerships do not always work smoothly. Without clear roles, collaboration can feel burdensome or unclear. This is where students can help, especially when their involvement is planned and supported.

Students can contribute without carrying the same institutional pressures faced by staff. This allows partnerships to function in a more flexible and practical way.

Students as the Bridge

Students sit between academia and the community. They are learners, but they are also capable of doing meaningful work. This makes them more adaptable than faculty members or agency staff.

Students often support tasks such as data collection, interviews, and basic evaluation work. They help apply academic tools in real-world settings. They are also commonly seen as neutral, such that community members may feel more comfortable speaking openly with them.

Information gathered by students can then be shared with agencies and used to improve programmes. In this way, students help translate between academic knowledge and lived experience to inform practical recommendations.

Benefits to Students

Working with agencies allows students to see how social and health issues appear in everyday life. Ideas such as social determinants of health, vulnerability, and equity become clearer when students observe them directly.

Students also see the limits organisations face. These include funding constraints, staffing pressures, and competing demands. This helps students develop realistic expectations, which can be useful when they enter the workforce in the future.

Such experiences build empathy and cultural sensitivity. They also encourage practical problem-solving. For many students, agency partnerships influence future career choices. Some later work in the social or health sectors and already understand how organisations operate.

Research on community-engaged education supports these observations (Plessas et al., 2024). It shows that such experiences can strengthen students' empathy and sense of social responsibility.

Benefits to Agencies

From the agency perspective, student partnerships provide extra support for work that is often difficult to prioritise. This includes data analysis, programme review, and documentation. While agencies are increasingly building internal capacity, student input can still be useful, especially for short-term projects.

Students also bring fresh perspectives. As they are not embedded in daily routines, they may notice patterns or issues that others overlook, generating useful insights to inform programme refinement.

Another benefit relates to advocacy. Students who work with agencies often share their experiences with peers. They talk about social issues and raise awareness of organisational work. Some later return as staff, contributing to longer-term workforce development.

Facilitators and Barriers to Effective Partnerships

Research on CAPs highlights several factors that support successful collaboration (Drahota et al., 2016). Trust matters. So do mutual respect, shared goals, and regular communication. Strong relationships help partners work through challenges.

There are also common barriers. These include time constraints, funding pressures, unclear roles, and inconsistent participation. Agencies may worry that hosting students will add to their workload.

One key principle to address the above barriers is to avoid overburdening partners. Student projects work best when expectations are clear and students behave professionally. When partnerships are designed carefully, student involvement usually adds value rather than strain.

Practice-Based Insights from Programme Evaluation

Between 2018 and 2025, student-led projects at the Saw Swee Hock School of Public Health partnered with more than 25 social service agencies across over 30 programmes. Many of these programmes did not have baseline data or formal evaluation systems.

Even so, agencies found the work useful. More than 80% of student recommendations were accepted. In some cases, findings supported funding renewal or programme improvement. Several projects also led to conference presentations or publications, increasing organisational visibility.

Agencies often commented on students' interpersonal skills. Students were able to engage stakeholders patiently and respectfully, even in difficult situations. This highlighted the importance of relational skills alongside technical ability.

The Multiple Roles Students Can Play

Across these partnerships, students contribute in several key ways by playing different roles:

- **Sense-makers:** Help agencies interpret data and identify patterns.
- **Developers:** Assist in testing small ideas, pilots, or programme refinements.
- **Implementers:** Support interviews, assessments, and materials development.
- **Influencers:** Share ground observations and advocate for issues.
- **Resource mobilisers:** Link agencies to volunteers and university resources.
- **Future changemakers:** Learn how organisations function and carrying these lessons forward.

Together, these roles illustrate how students strengthen the broader ecosystem that supports sustained social impact through their collaboration with social service agencies.

Conclusion

CAPs work best when partners recognise what each party brings. Students can help bridge long-standing gaps between universities and social service agencies. They support ongoing work while learning how social and health systems function in practice.

When partnerships are designed carefully, they do more than produce short-term outputs. They help build trust, strengthen programmes, and prepare future professionals who understand community realities. In this way, student-centred partnerships contribute to sustained well-being and future-ready communities.

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Breakout Track 1

Building Strong Communities of the Future

Breakout Track 1

Building Strong Communities of the Future

MODERATED BY:

FENG QIUSHI
NATIONAL UNIVERSITY OF SINGAPORE

TAN SZE WEE
RAINBOW CENTRE

15: Day 1 Moderator's Remarks: Building Strong Communities of the Future – Caregivers

Qiushi Feng

National University of Singapore

The session features three presentations to discuss essential topics on caregivers. In the first presentation, **Associate Professor Noor Aisha A Rahman** from NUS and **Dr. Ad Maulod** from Duke-NUS reported recent research findings on a special group of sandwich caregivers in Singapore: the low-income Malay women who take care of both older parents and young children. Based on data from qualitative interviews, the two researchers profiled the lives of these caregivers, highlighting their significant social, financial, and health disadvantages. These Malay women, as revealed in this study, often struggle to meet care needs from both older and younger generations, yet have less social support and social participation. The focus group discussions with stakeholders further demonstrated that these caregivers are not actively seeking help from social service agencies. This is not only because of their limited resources and the stigma associated with help-seeking, but also due to the limitations of current programmes and policies. The study thus calls for timely interventions to improve the current care ecosystem to better address needs and challenges of this disadvantaged group of caregivers in Singapore.

The second speaker, **Associate Professor Premchand Dommaraju** from Nanyang Technological University, turned attention to grandparents as caregivers. He explained the rise of grandparenting through foregrounding the demographic transition. Specifically, prolonged life expectancy, increased female labour participation, rural-urban migration, multigenerational co-residence, and the family-based care norms have all contributed to the significance of grandparenting in and beyond Asian societies. The talk further revealed the complexity of grandparenting today, including its multiple types and roles, as well as its mixed impact on grandparents' well-being. It is particularly worth noting that grandparenting is mainly a job of grandmothers, a traditional role of older women, which also empowers them socially in later life. Premchand also mentioned the other side of the story—grandchildren as caregivers—an emerging topic, but with limited studies. Under a vision that care is multi-generational in the future, this talk encourages policy initiatives to recognise the value of grandparenting, with a recent example from Sweden where the paid leave of parents is transferable to grandparents.

Unlike the two academic presentations, the last talk offered practical perspectives and solutions. The speaker, **Ms June Sim**, as Group Head of TOUCH Caregivers Support Group in TOUCH Community Services, introduced person-centred and community-enabled approaches to enhance the well-being of caregivers in Singapore. Being person-centred means respecting and acknowledging caregivers and providing them with customised, negotiated, and strength-based services, whereas the community-enabled approach highlights asset-based and jointly developed initiatives to facilitate relationships and networks among caregivers. Following these approaches, TOUCH has developed multiple projects to serve caregivers in Singapore, such as Care Line, Online Communities, Carer Lighthouse, Carer Kampung, Carer TORCH, and Carer Space. These projects have been well distributed to cover the five stages of the caregiving journey, as June defined: (i) caregivers of tomorrow, (ii) crisis, (iii) adapting, (iv) adapted, and (v) role exit/transfer.

This impressive scheme, developed by TOUCH, together with the previous presentations on low-income Malay sandwich caregivers and grandparents as caregivers, clearly illustrates a key rationale for guiding further discussions on this topic: caregiving should be acknowledged as a critical contribution to society, and caregivers should be recognised as persons with needs and aspirations.

16: Sandwiched Responsibilities: Needs and Challenges of Malay Women Caring for Younger and Older Dependants in Low-Income Households

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Abstract

Amid increasing longevity and an ageing society, the phenomenon of sandwich generation caregivers is attracting considerable research and policy attention globally. Typically, women between 45 and 65 years of age, this group often serves as the backbone of informal care provision and tends to bear the greatest burden. While caregiving can evoke positive emotions, the pressures faced by sandwich generation caregivers stemming from the load of care for both their own children and their ageing parents and/or in-laws, raise significant concerns on their own health and well-being with potential long-term ramifications.

Within the local context, research on this growing phenomenon remains limited. Building upon current efforts to understand the health and well-being needs of sandwich generation caregivers, this paper focuses on Malay women sandwich generation caregivers in predominantly low-income families in the Health District @ Queenstown. Utilising data from in-depth interviews with 40 respondents and focus group discussions with service providers, this qualitative study examines the financial, physical, and psycho-social aspects of caregiving experienced by these caregivers, their specific needs, and the challenges they face in navigating services and support systems for their care recipients and themselves. The extent to which current services and interventions address the needs and challenges of sandwich generation caregivers are also discussed.

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Introduction

Singapore society is ageing rapidly. It has been estimated that by 2030, one in four Singaporeans will be above 65 years old (Malhotra et al., 2019). While life span is increasing, poor health and disability are giving rise to a nation of caregivers. In 2010, it was reported that there were about 210,000 caregivers in Singapore (Ministry of Health, 2010), 70% of whom were 40 years old and above (Ng, 2019). Based on their age, we can assume that there is an emergent sandwich generation of caregivers who are taking care of both younger and older dependants simultaneously. At the same time, caregivers represent an invisible workforce. A study by Duke-NUS estimated that the monetary value of time spent by family members looking after seniors above 75 years old is S$1.28 billion or about 11% of government healthcare expenditure (Ang, 2024). Given that more than half of caregivers are unemployed and women disproportionately bear the brunt of caregiving, greater attention is needed to ensure their well-being and future security. The matter is even more pertinent, since at least 30% of older adult caregivers report having two or more chronic health conditions (SMU Corporate Communications, 2025). Furthermore, more recent local research has shown that our current reliance on migrant domestic workers and family members is no longer sustainable due to limited supply and shrinking family sizes.

The situation is more dire for the Malay community who are more financially vulnerable, have higher prevalence of chronic illness, lower functional status, and poorer health- and care-seeking behaviour, resulting in more serious health outcomes (Brassard, 2020; Chan et al., 2018; Zainal, 2020). Furthermore, a higher percentage of older Malays are living with their families and the average number of children per family is also relatively higher (Department of Statistics, 2015). Sandwich caregiving responsibilities and challenges would presumably be exacerbated especially among those in lower-income households.

Aims

This study seeks to:

1. Leverage and expand on existing caregiving research to gain insights into the complexities and key determinants of health and well-being of Malay women sandwiched caregivers (SC) with particular attention to low-income households.
2. Understand the major needs of SCs and their support ecosystem through the perspectives of Malay women SCs and community service providers.
3. Propose key areas of intervention aimed at supporting the needs and improving the health and well-being of both the caregivers and their young care recipients (YCRs) and older care recipients (OCRs).

Focusing on this demographic in no way suggests that the challenges are unique or specific to the Malay community. The intersection of the needs and challenges of this group simultaneously caring for young and old care recipients with complex needs and disabilities while living in financially precarious circumstances, with low education, and with poor health status, are not confined to the Malays. The intersectionality, however, is more disproportionately experienced by them. Hence, perspectives and insights into the gendered burdens and challenges of Malay SCs and interventions proposed aimed at improving their capacity, health, and well-being to foster a caregiving society are no less relevant to other caregivers more generally.

Design Study and Method

The study focused on the Health District @ Queenstown, the oldest neighbourhood in Singapore with a rapidly ageing population and active rejuvenation efforts designed to enhance residents' health and well-being. SCs (n=40) (i) aged 45–65, (ii) with household incomes of less than or equal to S$6,000, which correspond to the bottom 25% of households in terms of monthly household employment income in 2024 (Department of Statistics, 2025), and (iii) residing in or caring for an older and/or younger family member living in Queenstown were recruited via convenient or snowball sampling.

Ethnographic methods—namely in-depth interviews with caregivers and three focus group discussions with nine stakeholders (one from a community support and outreach agency and eight from social service agencies [SSAs] with experience working with caregivers)—were utilised to capture ground-up granularity of data. The researchers' cultural and linguistic affinity with the participants facilitated open and candid discussions that focused on family contexts, lived environments, caregiving experiences and challenges, extent of social support and participation, access to services and health, and well-being needs. Focus group discussions with the SSAs elicited deliberations, insights and perceptions on key issues, challenges and needs of sandwiched caregivers, and SSAs' capacity to address these concerns effectively.

Recruitment Challenges and Implications

Malay SCs are practically invisible in the support services of SSAs and Malay Muslim organisations (MMOs). This presents a major challenge to identifying and recruiting participants. Difficulties in obtaining referrals from community centres and healthcare organisations, PDPA restrictions, lack of up-to date and fragmentation of client information across various agencies compound the challenge. While traditional outreach and recruitment methods proved ineffective, better success rate was achieved via door-to-door knocking, intercept at community events, and snowballing. Caregivers' time constraints and caregiving commitments also presented challenges in scheduling interviews in some cases. Despite these challenges, the 40 in-depth interviews were completed within nine months (July 2024–March 2025).

The challenges in identifying and reaching Malay Muslim caregivers may point to gaps in polices related to caregiver support and/or potential blind spots in social service planning and delivery and lead to under-representation in services and programmes in the community. The fragmentation of data across various agencies also implies a need for better coordination and information sharing among social service providers. Conventional outreach methods are proving ineffective, indicating a need for innovative approaches to connect with the Malay Muslim community of caregivers. These implications suggest a need for better care coordination and community engagement strategies to better support caregivers in Queenstown.

Caregivers' Profile

The majority of our study participants are full-time primary caregivers within the 40–59 age bracket, have up to secondary education and are married with 3–4 children.

Half of the total respondents have 2–3 children below the age of 12 while caring for an OCR above 65 years old. They live in cramped conditions in public rental housing with an average family size of 4–6 persons. The remaining fifty percent commute to provide care for their OCRs. Most of the OCRs have chronic illnesses such as diabetes, hypertension, and dementia.

Participants' employment patterns reflect the substantial impact of caregiving responsibilities, with more than 50% having discontinued employment due to caregiving. Only 32.5% are employed full-time. 62.5% report household income of below S$4,000 and 40% are recipients of financial assistance schemes from state and/or community-based agencies. None of the participants has savings to buffer against health shocks or other adversities. Additionally, a few SCs and/or their OCRs are permanent residents. Hence, they have limited access to subsidies, financial assistance, health and social support.

While very few OCRs require assistance with activities of daily living (ADLs), most need routine support. These include medical appointments, health decision making, household errands, emotional and social support, which are instrumental ADLs. As care resources are scarce, reciprocal caring occurs. Some OCRs contribute to the financial needs of the family and help with childminding, while older children help to look after younger siblings or work part-time to support themselves and defray household expenses.

Childcare support is similar across caregivers except for those whose children have chronic illnesses (e.g., asthma, eczema), learning disabilities (e.g., dyslexia, speech delay), mental health conditions (e.g., depression, anxiety), behavioural issues (e.g., school refusal, delinquency, self-harm), or special needs.

Key Challenges Experienced by Sandwiched Caregivers

The major challenges faced by caregivers are not new and have been well documented in global and local research (Cantor, 1983; Chassin et al., 2010; Kartseva & Peresetsky, 2022; Steiner & Fletcher, 2017). Narratives reveal concerns encompassing the physical, mental, and emotional health and well-being of caregivers. Caregivers reiterate struggles with balancing caregiving responsibilities for OCRs while simultaneously attending to the needs of YCRs, managing household chores and work, often with little respite and support.

Managing YCRs' Unmet Needs

Overcrowded and inadequate living spaces affect the children's ability to study, rest, and sleep apart from the rest of the family, which compound caregivers' challenges. Caregivers' perceived lack of a safe neighbourhood environment, especially in rental flats, results in the younger children being kept indoors while caregivers have limited bandwidth to attend to them. Older children face "parentification", or premature assumption of adult responsibilities, such as caring for younger siblings and managing household duties. Despite learning difficulties reported amongst the children, sandwiched caregivers face significant constraints engaging with educational support services within the school and community-based educational agencies to support children's learning and behavioural challenges. The lack of adequate access to after-school care and supervised activities for the children also exacerbates safety concerns of the parents, especially those in public rental housing. YCRs suffering from physical, mental, and developmental issues further aggravate caregivers' stress. The confluence of factors—educational challenges, increased household responsibilities, and periods of inadequate supervision—creates risks for the YCRs including developmental delays.

Managing Complex Needs of OCRs

Health needs faced by OCRs complicate caregivers' challenges. Majority of the participants manage complex emotional, financial, and social support, and they assist with instrumental ADLs for their OCRs that extend beyond physical dependency. Most of the OCRs require health and medication support including for mental health issues (e.g., anxiety, paranoia, isolation), constant attention, companionship, monitoring and active vigilance, assistance in managing hygiene and household chores, running errands, managing finances, meal provision and they are unable to travel without assistance. Despite significant challenges caring for older persons, many sandwiched caregivers are not able to access consistent support**.** When it comes to caring for both the young and old, sandwiched caregiving does not seem to taper or end, and caregivers find themselves with very limited time for self-care or respite. They are surrounded by people but feel isolated at the same time.

Financial Insecurity and Employment Barriers

Our data strongly indicates that caregiving responsibilities limit workforce participation as many women left their jobs to meet the intensive demands of multigenerational care. They prefer to work but had little or no option due to caregiving responsibilities. As incomes are low to begin with, the option to quit work is often imposed on them by their families. Several are disincentivised to return to work due to limited or lack of relevant job qualifications—having left the workforce for some years—and fear of losing financial aid or subsidies. Those employed often struggle to balance work commitments with caregiving duties, such as accompanying care recipients for medical appointments—a challenge exacerbated by inadequate or lack of parental care leave.

Expenses incurred for OCRs for non-subsidised medical supplies and equipment, transportation for medical appointments, and, particularly for non-Singaporean families, the high cost of medical care itself, compound caregivers' financial challenges.

Most families lack financial reserves and even those earning S$6,000 or more per month report an inability to sustain six months of expenses without income. The current ComCare financial assistance framework, which supports Singaporeans and permanent residents with a monthly household income per capita of S$800 and below with cash assistance to meet basic needs like food, transport, and household bills (SupportGoWhere, 2025), does not adequately meet the needs of these low-to-middle-income sandwiched caregiving households. Although middle-income families do not qualify for means-tested aid, they still face financial challenges. The majority of the sandwiched caregivers in this study are also not eligible for caregiving financial support under the current model, where they can qualify only when OCRs require assistance in at least three ADLs. Yet, they carry the invisible burden of managing complex demands and providing social, physical, emotional, and financial support for OCRs.

In contrast to accessing formal financial assistance and support for OCRs, eligibility for child support is more straightforward, even if inadequate in some respects. From the perspective of these caregivers, it seems harder to apply for and receive support for OCRs compared to their YCRs.

Social Isolation and Burnout Risk

SCs' social support typically comprise family members who face similar socioeconomic challenges and lack adequate capacity or bandwidth to provide reliable and consistent instrumental or informational support.

Narratives from our interviews convey that SCs face significant risk of social isolation. Participants report minimal social engagement and participation. Time constraints, unfamiliarity with community agencies and the services they provide, a perceived lack of relevance of available programmes for their specific needs, cultural and linguistic impediments to programme participation are major impediments to help-seeking that consistently recurred in the narratives. Frequent turnover of tenants in rental neighbourhoods also presents challenges in forming stable social relationships. The few participants with strong social support beyond the family tend to be older residents who had developed connections through informal community engagement. They demonstrate better understanding of available services and are more confident in navigating formal support systems, suggesting that informal community engagement may play a crucial role in mitigating social isolation and improving access to support services.

Caregivers' Health and Well-Being

Poor health outcomes on SCs are evident with more than 40% diagnosed with mental health conditions such as stress, anxiety, depression, and in a few cases, suicidal ideation. Additionally, participants report chronic physical ailments such as hypertension, diabetes, fatigue, and burnout. Many of them neglect essential health screenings to avoid incurring medical expenses and anxiety about their health condition. Dietary habits are generally poor with caregivers eating "what is there" and skipping or delaying regular meals. Furthermore, their engagement with healthcare professionals is minimal and usually occurs in crisis situations.

Barriers to Supporting Sandwiched Caregivers

Our data reveal that SCs typically seek help for their needs only during crisis situations when formal support services are triggered with case escalation such as in health contexts when they or their care recipients require medical attention. Generally, until their situation has become dire, they tend not to seek proactive and preventative assistance from social services. The majority of SCs also tend to accept caregiving challenges as natural or normal. Asking for help is generally avoided in view of concerns that it is associated with absolving responsibilities and is thus stigmatised. Most SCs rely on their families first before approaching outsiders or formal assistance for help. The lack of understanding of the state of their health condition and its deterioration overtime if left unattended further impedes their ability to anticipate future needs that require earlier interventions. Additionally, a sense of shame, negative experiences, and difficulties faced in navigating the care system and assessment processes also hinder access to formal support and services.

Compared to OCRs, SCs are more participative in YCR-related interventions (e.g., KidSTART, remedial classes, and organised social activities). They express having greater autonomy and mandate over their children and feel more responsible as mothers.

Lack of Proactive, Caregiver-Centric Care Coordination

Focus group discussions with SSAs corroborate these narratives from SCs. They also reveal the range and limitations of support services available for caregivers. Caregiver programmes offered at the Active Aging Centres (AACs), for instance, focus on clients 60 years old and above. Some institutions' mandate also limit access to support for caregivers, such as those that require their care recipients to be diagnosed with a mental health condition. SSAs also acknowledge the lack of cultural competence in programme design and service provided for Malay/Muslim caregivers. The timing of programmes offered and lack of respite support for caregivers further limit participation. While day care or AACs are available, these do not really offer respite for caregivers, as OCRs may be reluctant to attend due to their lack of familiarity with the services and other participants, or they may prefer to stay at home. Personal Data Protection Act limitations also restrict client data sharing among agencies that can be useful for case coordination and collaboration to support SCs. The burden of coordinating care due to the funding mechanism being tied to specific care recipients, such as subsidies for OCRs which require a different application form from YCRs, presents additional challenge for caregivers. Furthermore, most agencies do not identify caregivers as their primary clients. Instead, they encounter caregivers incidentally while serving OCRs or addressing family crises in health, education, or financial contexts. These hinder early intervention and systematic support provision for caregivers.

SSAs also acknowledge significant resource constraints in supporting caregivers, particularly in following up on referrals to other agencies, providing respite care services, offering service providers with relevant linguistic and cultural competencies, and conducting inclusive outreach efforts. Inconsistent follow-up on inter-agency referrals creates gaps in care continuity and comprehensive support. Service providers recognise the inadequacy of current programme designs, particularly in terms of involving both caregivers and care recipients in the activities that may lead to greater caregiver participation. Additionally, the lack of systematic data collection on caregivers' needs hampers evidence-based programme development and evaluation. These gaps prevent agencies from fully understanding and addressing the complex needs of sandwich generation caregivers.

Trajectory/Typologies of Sandwiched Responsibilities

Identifying and grouping SCs' experiences and needs trajectories into archetypes is critical in planning for support to meet the varied needs of different groups of caregivers. The intensity and duration of care of mothers of young children for example vary, based on the extent of supervision and assistance a child needs. YCRs and those with special needs and/or disability demand higher intensity of care compared to those who are relatively independent (e.g., older children) and require minimal to no assistance for their daily needs. The needs of OCRs also vary, based on factors such as literacy, ability to navigate health and social support, management of chronic illness, physical and cognitive frailty, loneliness, and social isolation. When the intensity of OCRs' needs are low, caregiver mothers who are not working, are the only daughter, or live nearby are usually the ones activated to help. At this point, they are latent sandwiched caregivers. As the OCR's needs intensify, they become active sandwiched caregivers.

Our study reveals that participants in the latent stage are already experiencing fatigue and burnout. With a care recipient's health shock, the caregiver moves into the active stage immediately without changes to their level of support. While the most optimal time for getting services and support is at the latent stage, support tends to be triggered only at the active stage, when the SC is beset with limited bandwidth to cope with her challenges or even ask for help.

Critical Intervention Areas for Sandwiched Caregivers

Based on the narratives of the participants, six critical intervention areas for SCs are identified:

1. Health literacy and health communications
2. Financial and employment support
3. Address gendered caregiving expectations
4. Social support and social participation
5. YCRs' needs
6. Service accessibility and quality improvements

Improvements in these areas are critical to address the needs and capacities of SCs and alleviate their challenges.

Enhancing the Care Ecosystem

Enhancing the care ecosystem is critical to this endeavour. Service models need to be more caregiver-centric, focusing on caregivers' needs alongside the needs of their YCRs and OCRs. This requires a fundamental shift in how services are conceptualised, delivered and coordinated. The current crisis-reactive approach should give way to preventive, family-centred and community-based approaches that recognise and address the specific needs and socioeconomic contexts of SCs. Co-developing accessible, relevant content *with* caregivers, not *for* them, needs to be prioritised.

Health Literacy and Health Communications

Improving knowledge and skills relating to the health conditions and needs of SCs and their care recipients is critical. In this respect, current efforts must give attention to developing culturally congruent health education materials that detail medical conditions, nutritional needs, anticipated challenges, and clear pathways to access support. To improve ease of navigation, community pop-ups and information kiosks should be established in high-traffic neighbourhood amenities such as supermarkets, libraries, bus interchanges, and polyclinics, staffed by Malay-speaking personnel to bridge linguistic gaps. Streamlining information resources and making helplines more visible for Malay Muslim (MM) caregivers are also needed. The strategy should also include the safe validation of traditional medicine by encouraging open communication with healthcare providers or offering integrative consultations.

Partnering with front-facing community organisations to jointly organise health talks and establishing peer support networks supported by Regional Health Systems (RHS) and SSAs can further promote participation. Additionally, training community health workers for interim support, offering tele-health options, and leveraging trusted community voices—such as community connectors, community organisers, influencers, vendors, and religious leaders—can contribute to improving health literacy among SCs and normalising help-seeking for caregiving responsibilities.

Employment and Financial Support

While there is a national move towards flexible work arrangements, the current framework places the burden on employees to prove productivity, leaving flexibility at the discretion of the employer. Enhanced labour protections for gig and platform workers—including healthcare benefits, work injury compensation, and CPF contributions—are necessary to support those in precarious employment. Micro-job opportunities that leverage SCs' existing caregiving expertise should be developed. To avoid the "cliff effect" and demotivation, increases in household income from low-wage jobs should not immediately trigger a breach of means-tested caps for social services or rental housing. Furthermore, mandating caregiving leave specifically for older family members would prevent caregivers from exhausting their personal annual leave or being forced into unpaid leave. Creating a caregiving-friendly environment requires systemic recognition of the multiple caregiving roles these women play.

Improving financial literacy support is no less essential. Caregivers need to understand assistance schemes and be able to seek assistance to support their families. The application process for subsidies must be streamlined to reduce administrative load, perhaps by extending renewal periods or increasing the flexibility of ComCare to accommodate sudden crises like retrenchment or injury. Critically, caregiving should be recognised as a form of "service employment," which would allow instruments like the Home Caregiving Grant to serve as proof of income for obtaining childcare subsidies. Current policies often tie childcare subsidies to employment status, creating a paradox where caregivers cannot access the help they need to return to work. Additionally, healthcare subsidies and social assistance should be extended to Permanent Residents in low-income households, recognising that their caregiving roles are vital to the well-being of the wider household.

Addressing Gender Inequality in Caregiving

The burden of caregiving falls disproportionately on financially vulnerable women, who are often expected to manage “triple shifts” of care for OCRs, YCRs, and household work. Comprehensive public awareness campaigns that activate fathers, sons, and male siblings to step up are necessary to address this cultural lag. Media strategies including television and radio programmes can showcase caregiving realities and the benefits of shared responsibilities. Partnering with religious and cultural leaders in community-wide education efforts to promote awareness of a more equitable distribution of caregiving responsibilities can support and reinforce the need for shared care norms and check the persistence of traditional roles of women as caregivers and men as breadwinners, even when the male financial contribution is insufficient to cover care costs. Additionally, specialised workshops and support groups for men, similar to “Dads for Life” (n.d.), should be expanded to include eldercare. The promotion of equitable distribution of domestic labour can help resolve family conflicts, reduce emotional burnout, and sustain healthier family dynamics.

Social Support and Social Participation

The intense demands of caregiving often compromise a SC’s ability to participate socially, leading to isolation and poor mental health. However, participants with active community networks demonstrate better awareness of services and their access. During outreach, SSAs can play a pivotal role by identifying SCs and supporting the formation of informal caregiving support networks. Peer support groups offer a safe space for therapeutic exchange and expressing difficult emotions, which can reduce the stigma associated with help-seeking. These informal support groups, given participants’ reluctance to access formal services due to fear of judgement amongst other factors, can boost caregivers’ confidence to advocate for their needs and act as first touchpoints for new entrants such as in rental housing estates. These groups can function as advisors and partner with SSAs and the RHS to design culturally appropriate programmes. Because SCs face significant time poverty, support must be accessible on their terms through estate-based groups, walk-in services, or digital spaces like WhatsApp and Telegram. Such localised social infrastructure is critical for fostering stable neighbourhood relationships and mitigating the risks of isolation, particularly in higher-turnover residential areas.

Supporting YCR’s Needs

While the educational needs of children in low-income housing have received national and community attention, environmental factors that contribute to their poor health outcomes require improvements. YCRs in rental flats often lack conducive spaces for study and rest due to inevitable overcrowding. Policymakers should consider mandated minimum space standards, such as providing two-bedroom flats for sandwiched families, to promote family well-being. Furthermore, while some SSAs offer after-school drop-in services, these are not standardised; models like the South Central Community FSC’s =DREAMS (n.d.) boarding campus provide a more holistic environment for children to thrive while reducing the caregiver’s burden. Ramping up quality after-school care across rental estates is urgent, particularly as current priority is given only to children of working mothers. Moreover, personalised one-to-one tuition is needed for children with learning difficulties, as free volunteer groups may not suffice. Equipping SCs with resources to understand developmental milestones and education pathways can further support YCRs' development.

Enhancing Service Access and Quality Improvements

Despite the existence of various caregiver support programmes, take-up among the SCs in this study remains minimal. To address this, there is an urgent need to raise awareness about the complexities of caregiving among health professionals and social workers to promote greater empathy and update resource knowledge through structured case study discussions. Multiple touchpoints for accessing information are necessary, particularly for those with limited digital or language literacy who find online systems burdensome. While four dedicated 'SOS' caregiver helplines currently exist, their utility is limited by office-hour restrictions; extending these to provide urgent support after office hours would be highly beneficial. Furthermore, the timing of programmes should be adjusted to align with caregivers' restrictive schedules, with targeted outreach intensified in areas with lower Malay Muslim populations, to link these residents to better-resourced regional services.

Additionally, process improvements, such as streamlining paperwork to reduce "assessment fatigue," must be rigorously subjected to user experience testing to ensure efficacy. The administrative complexity of current assistance schemes can be further eased by streamlining subsidies through automatic eligibility and pre-filled forms to alleviate barriers. SSAs should be empowered with the foresight to make proactive service referrals rather than waiting for a crisis, as earlier interventions prevent adverse outcomes and save resources. Regular check-ins post-referral are also essential to ensure care continuity and transition between agencies.

Conclusion

This research reveals that SCs, especially in low-income households, contend with an intersection of heavy caregiving demands and responsibilities, financial hardship, health challenges, limited social participation, and inadequate access to essential support services. These complex and interconnected issues create compounding disadvantages, not only on their health and well-being, but also on their care recipients. Notably, this study reveals that while support services do exist, they do not adequately meet the multifaceted needs and challenges of caregivers. This mismatch between available resources and the lived experiences of caregivers underscores the need to reevaluate how care and assistance are conceptualised, delivered, and sustained over time.

Addressing the needs of SCs requires comprehensive, coordinated, tailored efforts across sectors that prioritise family-centred and community-based approaches and strategies that respect caregivers' cultural contexts and circumstances. Policymakers and service providers must prioritise enhancing the health, financial security, and social inclusion of this population, while centring their voices and lived realities in the development of effective, holistic solutions. Targeted, co-created, and caregiver-centric interventions that address their unmet needs would contribute to improving the health and well-being of caregivers and their families, and reduce their dependence on informal and formal institutions in the long run.

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17: Grandparents as Caregivers and Care Recipients

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Abstract

Grandparenting in Asia takes place within a cultural context of strong intergenerational reciprocity, where support and solidarity between generations are both expected and valued. Grandparenting roles are culturally inclusive and highly regarded. In this talk, I examine how demographic and social transformations are reshaping the experience of grandparenthood across Asia. Demographic shifts, including delayed childbearing and increased life expectancy, have led to a postponement of the grandparenting stage. At the same time, structural and social changes—such as urbanisation, migration, and changing family norms—are altering the nature of grandparenting. Grandparents continue to serve as vital providers of care within families, but they are also recipients of care themselves. I discuss the complex balancing act many grandparents face as they navigate caregiving responsibilities alongside other roles, activities, and life demands.

Note: This is a transcript generated from the conference recording with some edits for clarity.

Today I am going to be talking about grandparenthood and grandparenting. I am a demographer, so I will begin with the demography of grandparenthood before moving on to look at grandparenting.

Demographic Context

The demographic context of Asia will be familiar to many of you. Eastern and Southeast Asia, including Singapore, Thailand, and Vietnam, have ageing populations and are among the fastest ageing regions in the world. We know that fertility is declining, and in terms of grandparenting, this means there are going to be fewer grandchildren. This also means a growing number of people would not be grandparents at all. One demographic consequence is that the number of kin available for future generations will shrink.

We also know the reasons for falling fertility: increasing non-marriage, delayed marriage and increasing age at first birth. These trends imply that people are becoming grandparents at a later age, as their children marry later and have children later.

There is also an increasing need for grandparents to provide care because many families are no longer “intact” due to divorce and increasing rates of single-parent households, not just in Singapore but across other parts of Asia. Such families depend on grandparental care to help raise children. We also see migration, where people are moving internationally or within countries, often from rural to urban areas. Due to this migration, children are often left behind with their grandparents.

As people live longer, they spend a longer period of their lives as grandparents. We are seeing people becoming grandparents at a later age, but because of increased longevity they will spend more years as grandparents, while having fewer grandchildren than earlier cohorts.

From a child's perspective, they may have more grandparents alive on both sides; children today are more likely to have multiple grandparents present in their lives. They might have four living grandparents, whereas people in the past may have had fewer due to shorter longevity. Furthermore, in the future, grandparents are likely to be better educated compared to those of previous generations.

There are various household configurations that include grandparents. First, extended households are defined as three or more generations staying in the same household. Then, skip-generation households are where grandparents and grandchildren live together, while the parents' generation is absent from the household, often due to migration. Finally, modified extended families refer to grandparents and grandchildren living in separate households while still providing care for each other.

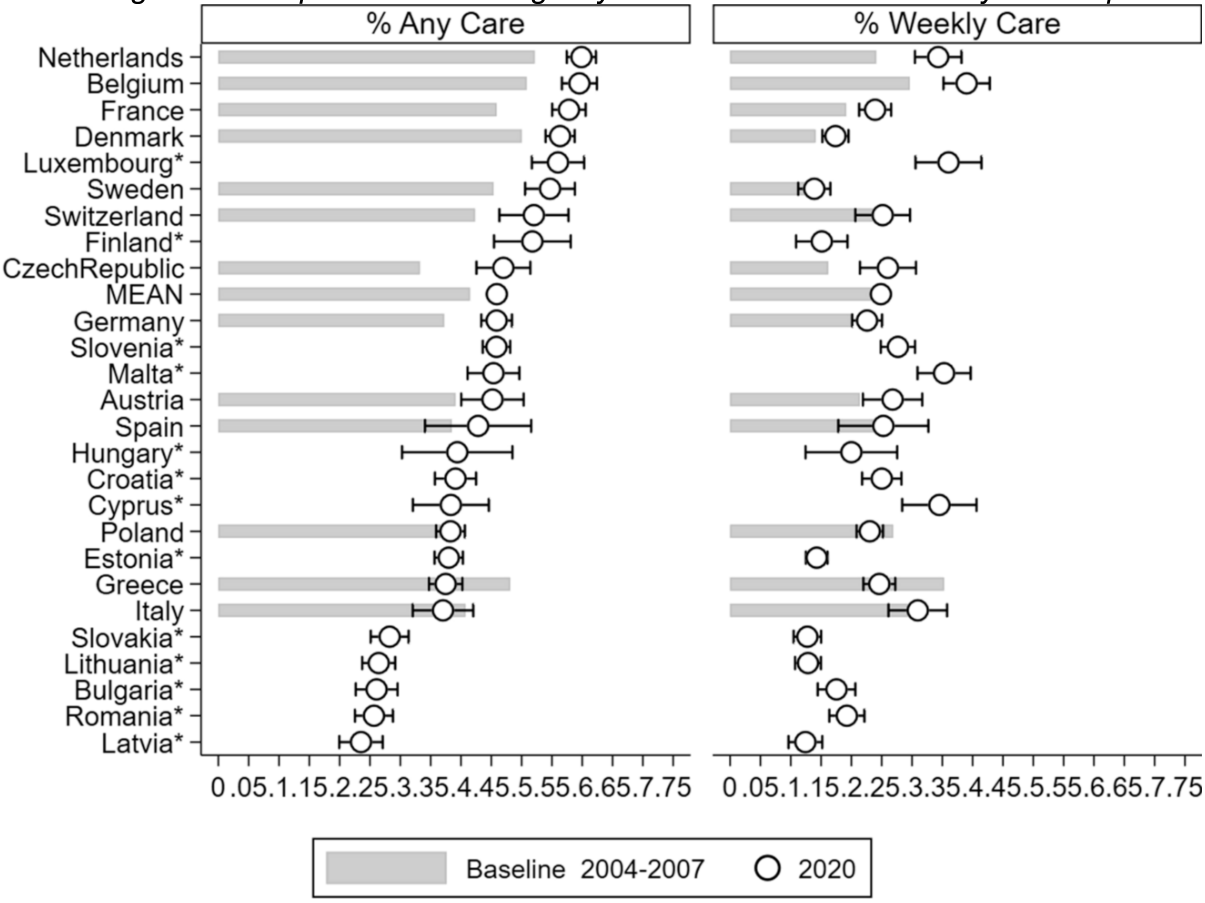
Co-residence rates in Asia are higher than in other regions of the world. This means more grandparents provide care, including the different aspects of emotional and instrumental support. While intergenerational support is often helpful, it can be stressful. For instance, living in the same household as a family member who needs caregiving can intensify stress and conflict, especially in smaller households.

Grandparents and Care

Who is a grandparent? We know who a grandparent is biologically. We also have step-grandparents; with changing patterns of divorce and remarriage, step-grandparents are becoming increasingly common. We also have fictive kin—non-biological kin, people you regard as family, but who are not biologically related to you. We want to think about grandparents from a relational perspective rather than a purely biological one, given these changing family structures.

How many grandparents provide childcare? We do not know much about it in Asia, because grandparenting is not yet a big research topic and we do not have enough data. Figure 1 shows what is happening in other countries; it draws from Europe and is quite recent. Among Western European countries—at about 22 percent—there is a lot of variation in grandparental care. In the Netherlands, close to 60% of grandparents say they are providing some sort of care, which is huge. Asia is likely to be even higher. This varies across countries, ranging between 20% and 60%. The average proportion of those providing weekly care is about 30%. The figure reflects changes over time, but we do not see a decline. Rather, the proportion of grandparents who are providing care has increased over time in these European countries.

Figure 1
Percentage of Grandparents Providing Any Childcare At Least Weekly in Europe



(Zanasi et al., 2023)

From the grandparents' perspective, grandparenting coincides with other life stages. Nowadays, most grandparents are working, are healthy, and are juggling other responsibilities. They might also be caring for their spouse. As people are becoming grandparents at a later age, and as the average age difference between husband and wife is four to five years, they might have a spouse who needs care. They are managing their own health issues. Some of them might be retired, while others might still be working. Some might also be divorced, because we see an increase in "grey divorces"—people getting divorced at older ages. So, grandparents might be going through their own marital transitions. There are so many things happening in their own life stage that make it quite challenging for them to provide care. Being a grandparent now is quite different from being a grandparent in the past, especially in a context where policy and social systems are also changing.

Reasons for a Need for Grandparents as Caregivers

In many countries, there is limited access to affordable childcare. Also, women are increasingly entering the labour force. Thus, there is a need for caregivers for their children. Parents often prefer family members to provide care rather than institutions, especially in Asian contexts. Grandparents serve as a safety net for parents balancing work with raising children. Parents might be sick, divorced, be unemployed, or looking for work, and so on. In terms of migration and transnational families, grandparents play a big part in taking care of the children who are left behind. Most of the time, it is the maternal grandparents who provide bulk of that care, not just in Asia, but also in Europe.

What type of care do grandparents provide? It might be supplementary care, where they are not the full caregivers, but instead supplement the care provided by parents. This includes helping out, picking up children, making meals, and so on. Sometimes, grandparents provide substitutive care, acting as substitute parents when parents are not present. This could be because of migration, incarceration, or rehabilitation, which is becoming more prevalent in countries like the U.S. We have custodial grandparents when parents are absent and grandparents serve as substitute parents.

Grandparents also play a part in reconstituted care because families might be separated due to divorce, requiring grandparents to step in to bridge the care gaps. Finally, tri-generational care refers to the concept of all generations working together to provide and receive care.

There are various forms of support within grandparental care. Instrumental support covers tasks such as childminding. Grandparents also offer moral support, such as transmitting moral and cultural values. Across the world, we see that grandparents want to be there, but they do not want to interfere too much in raising their grandchildren. Grandparents do not want to get too involved, but they are present whenever needed.

For long-distance grandparenting due to migration, technology plays a big part in connecting with grandchildren who are somewhere else. Even in Singapore, people live in different places, and grandparents may not meet their grandchildren daily.

Gender and Grandparenting

Grandmothers' and grandfathers' roles might be different when it comes to grandparenting. Maternal grandmothers are seen as more beneficial for grandparenting. There is feminisation of grandparenting for various reasons. If a grandparent is widowed, they are seen to be more available because they do not have caregiving responsibilities for a spouse. In practice, it is usually widowed grandmothers who end up providing more care.

Grandparenting's Effects on Well-Being

Is grandparenting beneficial for grandparents? It depends on the context of the role they are playing. Custodial grandparenting, where grandparents are taking full care of grandchildren, is very taxing. Many studies have shown that this type of grandparenting has a negative impact on the grandparents' health, due to the stress and financial strain arising from not just providing care but also providing the financial support that grandchildren need.

For three-generation households, the relationship is mixed. It might be better, but it also takes time away from grandparents' own social activities. Grandparents want to do other things, but if they are caring for a grandchild, they have less time for their own interests.

The grandparents with the highest well-being are non-residing grandparents. If we look at the evidence, it seems that what works best is not co-residence, but living separately while staying moderately involved in providing care.

Grandparenting could also pose a financial disadvantage to older people who might have to take leave from work or reduce their workload. If their earnings are for their own retirement, they might ultimately depend on their own children financially, due to the resulting loss of income.

Thus, grandparenting may be psychologically rewarding for many, but it is not always beneficial health-wise or financially, depending on the context.

Grandparents as Care Recipients

Grandparents as care recipients is an under-studied topic. While we have studies on grandparenting, there are very few on grandparents receiving care from grandchildren. Some grandchildren do provide care, especially when grandparents are chronically ill or suffer from dementia—in these situations, they often play a significant role. There is a role transition here, as grandchildren shift from receiving care to providing it. They can be primary or secondary caregivers, but it is always a challenge as many young people find it difficult to balance these roles and their own needs. They might feel that their lives are constrained when their peers are doing things they cannot. This can lead to distress. They might also be angry with their own parents, because they think it should be their parents' responsibility to take care of the older generation, but for some reason, the care has been passed down to them.

Implications for Policy and Practice

In Singapore, parents can claim a grandparent caregiver tax relief (IRAS, 2026). There are no benefits that grandparents get directly; for example, grandparents cannot take childcare leave for their grandchildren. They do not have the same access to flexible work arrangements that parents have for their own children, and so forth.

Grandparents are disadvantaged in many ways—both financially and legally. Legally, while parents are granted custodial or visitation rights following a divorce, grandparents often lack such rights. As a result, grandparents often feel cut off from their grandchildren, even though they may have been caregivers for them. There is a clear need for policies that recognise grandparents and provide them with the needed support.

I want to end with an idea from Sweden, which recently introduced a change in its parental leave policy. What Sweden did so effectively was allowing parents to transfer up to 90 days of parental leave to close relatives or friends, or other family members. For example, a parent can transfer those 90 days to a friend who provides the care. These caregivers then receive their normal salary during that period. As a result, a significant portion of these days are now being shared with grandparents. This allows grandparents to spend three months with their grandchildren while maintaining their employment and income. Sweden has a culture of extended leave, so employers are accustomed to staff taking time off for caregiving. This is a model we might consider where grandparents can be more involved and receive better support. It is also beneficial for parents because they can leave their child in trusted care.

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18: Enhancing Caregivers’ Well-Being Through Person-Centred and Community-Enabled Approaches

June Sim and Ng Wei Xuan

TOUCH Community Services

Abstract

Despite being the cornerstone of care, Singapore’s caregivers remain underserved, with many programmes focus on strengthening care competencies rather than their well-being.

TOUCH Caregivers Support Group (TCG) has supported caregivers of seniors since 2005. In 2023, recognising the growing size and needs of the caregiver population, TCG expanded to support those of diverse profiles and stressors, including those caring for persons with special needs and other vulnerabilities.

TCG envisions a Singapore where every caregiver has peace of mind to live as they aspire and thrive in their communities. This is outworked through Person-Centred and Community-Enabled approaches. Every initiative focuses on caregiver's agency and aspirations. Through Care Line, a hotline for caregiving challenges, every caregiver is asked what matters most to them and their preferences for care arrangements. In Carer Lighthouse, caregivers form a close-knit group that encourages action towards their personal goals while receiving respite. Carer Kampung, co-developed with TOUCH Active Ageing, aims to build a caregiver community locally, while our online communities enable over 2,000 caregivers to share lived experiences and resources remotely.

This session explores how these approaches inform how we partner caregivers for well-being. We invite you to answer this together: How could you contribute to our caregiver-centred ecosystem?

Background and Context

Caregivers play a vital role in sustaining the well-being of families and vulnerable populations. They are relied on for the care of their care recipients, including seniors with chronic illnesses or dementia, persons with special needs, or persons with mental health conditions. While providing care for their loved ones, caregivers themselves often undergo significant stressors.

In Singapore, one in four caregivers provides care alone, without support from others (PaIC, 2023, as cited in Lee, 2023). The average caregiver spends 33 hours per week on caregiving over a span of 10 years (NUS, 2024), and 40% of caregivers rate their own health as fair or poor (NCSS, 2022). These figures highlight the emotional, physical, and social burden caregivers carry.

While the healthcare and social sectors have supported caregivers in caring for their loved ones, including through custodian care, caregiving training, or resources, most of such support is centred around the care recipient. Within intermediate and long-term care (ILTC), day care, and home care settings, caregiver engagement tends to focus on the care recipient’s clinical needs and financial arrangements, with less attention given to caregivers’ well-being. Similarly, in primary and acute care settings, support from medical social workers is often limited to caregivers who explicitly express distress and is primarily directed towards ensuring the safe discharge of care recipients with an established care plan. This results in fragmented support for caregivers, who must navigate complex systems to access the support they require.

In this paper, TOUCH Caregivers Support Group (TCG), a service group of TOUCH Community Services, aims to propose what a caregiver-centric and community-enabled caregiver support model could look like in practice, aligned with TOUCH’s organisational vision of building strong families, caring generations, and enabled communities. This shift in perspective, from “caregiver as provider” to “caregiver as a person with their own needs and aspirations”, is vital in designing effective support programmes and services for caregivers that alleviate their burden and improve their resilience.

Sustaining well-being in future-ready communities requires us to look beyond the care recipient. It calls us to ask: how are caregivers themselves coping, and how do our professional practices support or empower them? Simultaneously, this paper is an invitation to reflect on these questions, and to consider how person-centred and community-enabled approaches can empower caregivers to better care for themselves and their loved ones.

Approach: Person-Centred and Community-Enabled Care

In the context of caregiving support, a person-centred approach is defined as placing the caregiver, their needs, values, and preferences at the centre of their support, while a community-enabled approach focuses on strengthening and leveraging an individual’s immediate community assets and social connections to deliver resources and achieve positive outcomes.

This dual-pronged approach requires us to first understand the challenges that caregivers face at each stage of the caregiving journey. While every caregiver has their own unique circumstances, some broad patterns can be observed.

TCG understands and breaks down the caregiving journey into five stages, as shown in Figure 1. Each stage brings its own challenges and emotional weight. Additionally, the transitions across stages are crucial timepoints where we can offer support that is timely, empathetic, and relevant.

Figure 1
TCG's Caregiver Journey Map

ENHANCING CAREGIVERS' WELL-BEING THROUGH
PERSON-CENTRED AND COMMUNITY-ENABLED APPROACHES

TOUCH
Caregivers Support Group

Person-centred approaches to navigate Caregiving Journey...

Caregivers of Tomorrow
Desire to learn and prepare themselves

Crisis
Overwhelmed with new responsibilities and information

Adapting
Striking a balance between caring for self and loved one

Adapted
Anticipatory Grief as their loved ones deteriorates

Role Exit/ Transfer
Grief, relief or anxiety about role change

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NUS SSR-TOUCH Conference 2025

Stage 1: Caregivers of Tomorrow

Caregivers of tomorrow, or expectant caregivers, are not delivering direct care at present. They may be indirectly involved in their loved ones' health and well-being. In Singaporean households, they are often the aged care recipient's spouse or unwed children who are also known as the sandwich generation (Tyagi et al., 2023). Common challenges in this stage include anxieties about the future, their loved one's deteriorating health, and financial planning to sustain long-term care.

Stage 2: Crisis

Crisis is the next stage, where oftentimes the care recipient undergoes a debilitating and unexpected incident such as a stroke or a new ability loss in persons with dementia (Tziaka et al., 2024). In this stage, caregivers face overwhelming information—including from the service providers and their care recipients—and responsibility change, on top of the initial shock and grief. They may feel unprepared and struggle to cope with the sudden changes, and be debilitated by distress as they approach their "breaking point" (Rouse et al., 2025).

Stage 3: Adapting

Following the events of a care crisis, caregivers gradually adapt to new routines as they make changes to their lifestyles to accommodate their care recipients' conditions and needs. Caregivers in this stage face challenges in acquiring and applying caregiving competencies while trying to strike a balance between caring for themselves and their loved ones.

Stage 4: Adapted

With a better grasp of the new routines and caregiving competencies, seasoned caregivers tend to report reduced caregiving burden alongside positive experiences of caregiving, satisfaction, and personal growth (Hawken, Turner-Cobb, & Barnett, 2018; Palacio et al., 2019). They also have more bandwidth to navigate their situations and consider long-term planning as well as the sustainability of caregiving. Returning to work typically becomes an option during this stage, for those who left their careers temporarily to helm caregiving responsibilities. Many caregivers also experience anticipatory grief during this stage.

Stage 5: Role Exit or Transfer

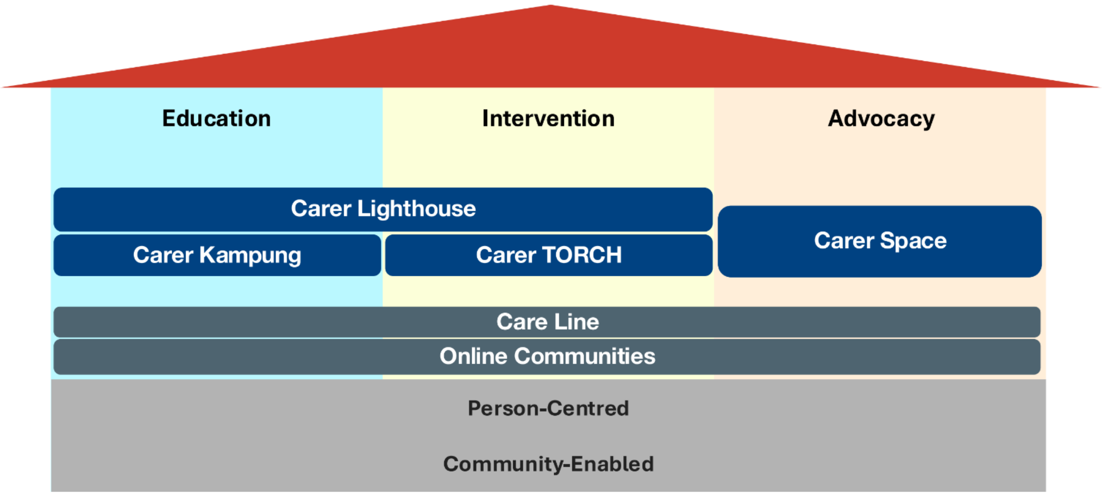
When caregiving is no longer needed, caregivers exit the caregiving role, making transitions back to caring for themselves, while processing grief for their loved ones. For caregivers in this stage, finding new roles or purposes or revisiting old ones are important. Caregivers with limited coping strategies may also face difficulty in processing grief appropriately, negatively affecting their reintegration into community as ex-caregivers.

TCG’s Caregiver Support Model

This understanding of the caregiving journey underpins the framework for TCG’s support model (Figure 2), which rests on three pillars:

1. **Education**: Raising awareness about caregiving challenges and equipping caregivers with knowledge and skills to navigate their caregiving journey while caring for themselves.
2. **Intervention**: Providing direct support through programmes tailored to caregivers’ needs and well-being outcomes.
3. **Advocacy**: Promoting recognition of caregivers as individuals with hopes, aspirations, and rights.

Figure 2
TCG’s Caregiver Support Model



Key Programmes and Insights

This segment documents the evolution of TCG's programme and services aligning to the support model described above so that we may enable and empower caregivers to reduce caregiving burden and improve resilience.

Firstly, Care Line and Online Communities lay the foundation as safety nets that catch and support any caregiver who might fall through cracks in the formal systems, acting as means for education, intervention, and advocacy through data-informed insights.

1. Care Line

Started in 2005, Care Line is a helpline offering personalised consultations and service linkages to caregivers. In the last five years, it has received over 5,000 calls, with 95% of users reporting that it helped them find resources faster. Many calls involve complex needs such as emotional distress or difficulties navigating multiple services.

For caregivers requiring more intense support, trained staff provide immediate emotional deescalation and service linkage such as to counselling and intervention teams, often holding on to these caregivers until they are supported by the system to better manage their caregiving crisis.

2. Online Communities

While Care Line supported caregivers with formal trained staffs, TCG observed that there was a service gap for caregivers to connect with other caregivers in a safe manner. An online community for caregivers of elderly was hence created on Facebook in 2014, to good effect. Following its success, a group was created on Telegram in 2022 to appeal to younger caregivers, and another community for family members of persons with special needs was created on Facebook in 2024.

With over 2,000 members across three groups, these communities foster peer-to-peer learning and solidarity, including during after-office hours when formal services are unavailable or less accessible. These platforms garner an average of 50 posts each month, with over half related to help-seeking and provision among caregivers. While these conversations are peer-led, staff play a supportive role by moderating group membership, encouraging an inclusive and affirming culture, and following up with members who share concerning thoughts and may benefit from professional interventions for more complex issues.

Through the two services above, TCG observed an increasing number of caregivers who were at risk of social isolation due to the complex issues that they face. They often are unable or not comfortable to share their issues with non-caregivers who might not be able to empathise or relate to their situations well. As such, TCG aimed to develop programmes that increased social networks and support among caregivers at-risk of social isolation. Carer Lighthouse and Carer Kampung are two such programmes, anchored with components of education and intervention.

3. Carer Lighthouse

Carer Lighthouse is a two-month group programme offering caregivers a safe space to share struggles and learn coping strategies. Through its pilot runs in 2025, 23 caregivers were supported and their average attendance rate was high (89%), indicating high interest and commitment. Nearly half of them tried new self-care practices that they acquired by the end of the programme. Participants generally reported reduced stress, improved self-care, and stronger friendships. One of them highlighted that through the programme, she learnt to relax and has better mood.

4. Carer Kampung

Initiated in 2025, Carer Kampung is a pilot collaboration with TOUCH's Active Ageing Centre in Geylang Bahru. The programme engaged 27 caregivers and 26 non-caregiving seniors in educational talks and conversations about caregiving and the challenges they faced, and contributed to improved awareness within the local community.

Compared to Carer Lighthouse, attendance for talks were lower, with only 50% attending at least half of the sessions. That prompted TCG to review the pilot's experience and address emerging implementation challenges early. As such, the team engaged the National University of Singapore's Saw Swee Hock School of Public Health, and partnered students from the school's Master of Public Health programme to conduct a process evaluation of Carer Kampung. Among the insights were key recommendations to establish a caregiver support network and adopt a more systematic approach to developing caregiving-related content.

5. Carer Space

Launched in March 2026, Carer Space is a new dedicated physical hub at TOUCHpoint@Tampines285 where caregivers can reflect on their caregiving journey, connect with peers, and access resources in a psychologically safe manner. This hub will introduce and feature gerontechnology such as smart devices, ergonomic tools, and fall detection systems which can be adopted to support both caregivers and care recipients at home.

Implications for Social and Health Services

These programmes demonstrate that supporting caregivers requires both individualised interventions and community-based platforms that are designed and implemented with their interests.

Implications include:

- **Policy**: Caregiver support should be recognised as a distinct area of social and health policy, not merely an extension of services for care recipient.

- **Practice**: Service providers must adopt person-centred approaches, asking not only about the care recipient's needs but also "How are you, the caregiver?"

- **Community**: Informal networks, such as small peer groups and larger communities, can complement formal services by providing immediate, empathetic support anchored by similar lived experiences.

- **Innovation**: Gerontechnology offers practical tools to ease caregiving burdens but must be paired with emotional and social support from trained professionals and peers to be effective.

Conclusion

Caregivers are the backbone of families and communities, yet their own well-being is often overlooked. TOUCH's journey illustrates how person-centred and community-enabled approaches can transform caregiving from a solitary struggle into a shared, supported experience. By recognising caregivers as individuals with their own needs and aspirations, we aim to build future-ready communities where both caregivers and care recipients thrive.

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19: Day 2 Moderator’s Remarks: Building Strong Communities of the Future – Disability Inclusion

Tan Sze Wee

Rainbow Centre

The breakout session on **“Building Strong Communities of the Future: Disability Inclusion”** brought together voices from policy, research, education, and community practice to reflect on how Singapore can continue to grow towards everyday inclusion.

For me, the session was also deeply personal. Over the years of working alongside persons with disabilities, their families, educators, and frontline practitioners, I have come to understand that inclusion is not just a policy goal or a service outcome. It is something deeply human. It happens when people feel valued, connected, and belonged. We must be cognisant of the fact that many still feel left out, silent, or invisible, and make concerted efforts to address the barriers to inclusion.

Dr Celine Kim began by sharing Singapore’s national vision of an inclusive society, drawing from the Enabling Masterplan 2030, the Disability Trends Report 2024, and findings from the Public Attitudes Study towards Persons with Disabilities (PAS) and the Disability and Inclusion Panel Study (DIPS). What stayed with me most was her framing of the gap between “willingness to support” and “willingness to include” – many people say they want to help, but not as many people feel comfortable becoming close friends, classmates, or coworkers with people who have disabilities. This gap is shaped not just by public attitudes, but also by uncertainty in not knowing how to interact well, and not being confident about what inclusion looks like in practice. Her call to action was to create more opportunities for meaningful interaction and self-advocacy.

Associate Professor Wong Meng Ee offered a thoughtful perspective on inclusion through the lens of merit and technology, framed within a VUCA world – one characterised by volatility, uncertainty, complexity, and ambiguity. He pointed out that many of the everyday realities faced by persons with disabilities already reflect these VUCA conditions. In navigating these, many develop adaptive strengths that are often seen as "compensatory" – such as resilience, flexibility, problem-solving, and advocacy – when in fact these are exactly the qualities our VUCA world needs. Through this lens, he invited us to broaden what we recognise as merit, which has traditionally been measured by scores, credentials, and productivity. His invitation was simple but powerful: to allow these strengths to count as merit and, in doing so, to place persons with disabilities at the heart of inclusive, future-ready design.

Mr Adrian Tan brought the conversation back to real life through the story of SG Assist, which grew out of his own journey as a caregiver trying to find his way through the support system. His personal experience gave depth to his sharing and was a reminder that inclusion does not just happen through policies and systems; it happens through small acts of kindness and helping one another. Through the programmes run by SG Assist, he showed how caregivers, seniors, and persons with disabilities can be supported not only as service users, but also as people who have something to give. His presentation also brought home that strong communities are never built by one person alone—they grow through strong, collaborative relationships with social service agencies, government, and businesses.

The session was a clear signal that inclusion is no longer just a conversation about policies and services, but an increasingly shared responsibility across society. It also reminded us that relationships are where inclusion really happens. Building strong communities of the future begins with how we show up for one another in our classrooms, at our workplaces, in our neighbourhoods, and in the everyday moments where choices are made. Each of us has a role to play, no matter how small it may seem. And it is through these small, everyday actions that our future communities will truly become more inclusive.

20: Strength in Inclusion – Weaving Diverse Perspectives

Celine Kim

National Council of Social Service

Abstract

The strength of a community should be a collective measure, and this can include measures of well-being, participation in activities, and equitable access to resources and opportunities. Inherent in this is the need to build inclusive communities, as a strong community is one that includes all its members. This is aligned with Singapore’s vision, where persons with disabilities are empowered to pursue their aspirations, achieve their potentials, and participate as integral members of society.

This presentation focuses on the inclusion of persons with disabilities and examines key areas critical to building strong and inclusive communities for the future. Insights are drawn from the Public Attitudes Study towards Persons with Disabilities (PAS) and the Disability and Inclusion Panel Study (DIPS), offering perspectives from the general public and persons with disabilities to shed light on our progress towards an inclusive future.

Based on the findings from PAS and DIPS, three key shifts have been identified: (i) to move beyond “helping” to “including”, (ii) to move beyond including visible disabilities to including all types of disabilities, and (iii) for persons with disabilities to continue to have the opportunities and platforms to voice out their views and concerns.

Acknowledgements

We would like to thank the Ministry of Social and Family Development (MSF) and SG Enable for the ongoing collaboration through our research studies (PAS and DIPS).

Singapore’s Vision of an Inclusive Community

The concept of “inclusion” is not new to Singapore, and this journey started in 2004 when then-Prime Minister Lee Hsien Loong spoke about the need for an inclusive society in his inaugural National Day Rally speech (Lee, 2004a). This was reinforced in his speech a month later, when he spoke at the opening of the Cerebral Palsy Centre, where he stated:

> How the society treats the disabled, takes care of them, and helps them to integrate into the mainstream, reflects the kind of society it is. We want ours to

> be a society that cares for all its members; one that does not ignore the needs of those who are born or afflicted with disabilities (Lee, 2004b, para. 144).

Since then, Singapore came up with its first Enabling Masterplan (2007-2011), and ratified the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) in 2013.

Enabling Masterplans (EMPs)

The Enabling Masterplans are national roadmaps that outline the vision for a society where persons with disabilities are "fully integrated, empowered to reach their potential and are contributing members of society" (MSF, 2016). The first three enabling masterplans were refreshed every five years, while the fourth enabling masterplan (EMP2030) adopts a longer runway of eight years and runs from 2022-2030. While each masterplan prioritises different areas, there is a consistent and recurring emphasis on ensuring equal opportunities for participation and contribution in education, employment, and the community (Wong, 2025).

EMP2030

EMP2030 is the fourth iteration of the Enabling Masterplan, and is the first EMP that sets specific targets and indicators to track progress across 14 focal areas within three strategic themes (MSF, 2024a). The EMP2030 was a collaborative effort developed by, for, and with persons with disabilities, their families, disability sector professionals, the private sector, and the Government. The themes and focal areas can be found in Table 1 below.

Table 1

EMP 2030 Strategic Themes and Focal Areas

Strategic Themes	Focal Areas
1. Strengthen Support for Lifelong Learning in a Fast-Changing Economy	1. Early Years 2. Schooling Years 3. Beyond Schooling Years
2. Enable Persons with Disabilities to Live Independently	4. Inclusive Employment 5. Inclusive Living 6. Assistive Technology 7. Caregiving Support
3. Create Physical and Social Environments that are Inclusive to Persons with Disabilities	8. Inclusive Communications 9. Inclusive Transport 10. Inclusive Public Spaces 11. Inclusive Healthcare 12. Inclusive Sports 13. Inclusive Arts and Heritage 14. Inclusive Communities

What is an Inclusive Community?

The terms “inclusion” and “inclusivity” lack universal definition, and their meanings can vary across different contexts. This paper will draw upon definitions provided in EMP2030, as the presentation centres on Strategic Theme 3, with a particular focus on the Focal Area “Inclusive Communities”. According to the EMP2030:

> Building inclusive communities starts with disability awareness – having a better understanding of disabilities and the physical and attitudinal barriers that person with disabilities face, and challenging preconceived notions about persons with disabilities (p. 220).

From the paragraph quoted above, there is a clear emphasis that persons with disabilities do not only face physical barriers (e.g., lack of accessibility in public spaces), but also face attitudinal barriers (e.g., lack of understanding about their abilities in schools and workplaces). This is important because inclusion is not just about physical or locational inclusion but also about social inclusion. Further, in the Disability Trends Report 2024, which provides key statistical trends that support progress-tracking of EMP2030 indicators, an inclusive community is one where “persons with disabilities are enabled to pursue their aspirations, achieve their potential, and participate as integral members of society” (MSF, 2024b).

Taken together, “inclusion” means that persons with disabilities have access to resources and services, and above that, belong and participate in the community.

Drawing Insights from Local Research Studies

Insights are drawn primarily from the Public Attitudes Study towards Persons with Disabilities 2023 (PAS 2023) and supplemented by Poll 1 (Wave 1) results of the Disability and Inclusion Panel Study (DIPS) conducted in 2023.

Methodology of PAS

PAS is a nationwide cross-sectional study that tracks public attitudes and provides for the public attitude indicator under the EMP2030, specifically for Focal Area 14: Inclusive Communities. This is the third run of the study, with the first two studies carried out in 2015 and 2019, each spanning four years apart.

PAS was a face-to-face survey conducted in 2023 with 2,023 respondents. All respondents were Singaporean citizens or permanent residents without disabilities, aged 18-69 years old. The sampling frame was provided by the Singapore Department of Statistics to ensure that the sample was representative of the Singapore resident population by age group, sex, race, and housing type.

The overall attitude score is derived by calculating the mean score obtained from the three domains, i.e., Education, Employment, and Public Access & Social Inclusion. Questions in these domains are rated on a 7-point scale (from 1 to 7), where a higher score represents better attitudes. For each question, respondents would answer it in relation to each disability type, i.e., Physical Disability, Sensory

Disability, Intellectual Disability, and Autism. Appendix A shows the list of questions within each domain.

Methodology of DIPS

DIPS is a longitudinal study on persons with disabilities and their caregivers. It tracks 2,000 persons with disabilities known to government and 2,000 paired caregivers on this panel between 2022 and 2030. On top of the four disability types, i.e., Physical Disability, Sensory Disability, Intellectual Disability, and Autism, DIPS includes persons with multiple disabilities. There are a total of eight polls (four polls administered per year), and these polls are repeated every two years.

DIPS informs target-setting and progress tracking of EMP2030 indicators across several strategic themes and focal areas. Through DIPS, policy and service gaps are identified, and robust data is provided for policy formulation and service planning.

For this paper, results are drawn from Poll 1 (Wave 1), specifically on the perspectives of persons with disabilities on inclusion. These were taken from the WHOQOL-DIS (World Health Organization Quality of Life – Disability) module (refer to Appendix B for questions). Overall score is derived by calculating the mean score obtained from both the Discrimination and Inclusion modules. Questions are rated on a 5-point scale (1: Not at all, 2: A little, 3: Moderately, 4: Mostly, 5: Totally).

What is the current state of inclusion in Singapore?

To depict the state of inclusion in Singapore, this paper builds upon findings primarily from PAS, with an inclusion of other findings from DIPS and the Disability Trends Report to weave a complete picture.

Public Spaces Are Inclusive and Accessible, and the Public is Supportive of Inclusive Public Spaces

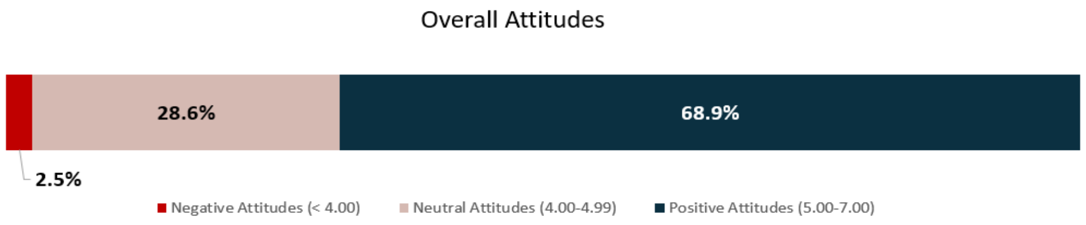
According to the Ministry of National Development, as of 2024, 79.8% of buildings, and 99.5% of other public spaces in Singapore are accessible. These public spaces include parks, park connectors, neighbourhood and town centres, and other privately-owned public spaces (MSF, 2024b).

Public attitudes are aligned with these statistics, as it was found in the PAS that 89.8% of the general population have the view that “all community and shared spaces should be accessible to persons with disabilities”. Moreover, 93.1% believe that “persons with disabilities should be given priority when taking public transportation”. These show that people are generally aware of physical barriers that persons with disabilities may experience, and are also agreeable to ensuring physical accessibility to services and resources.

Public Attitudes Towards Persons with Disabilities (Source: PAS)

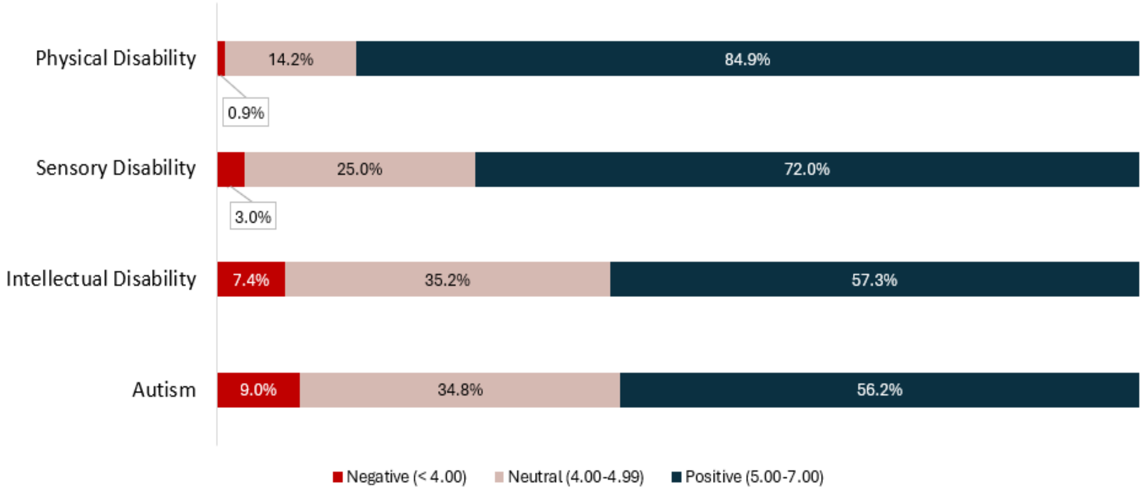
Public attitudes are generally positive, with an average score of 5.30 out of 7.00 (refer to Figure 1). 68.9% of the general population hold positive attitudes (i.e., score of 5.00-7.00), while 28.6% and 2.5% hold neutral attitudes (4.00-4.99) and negative attitudes (less than 4.00) respectively.

Figure 1
Overall Public Attitude Scores



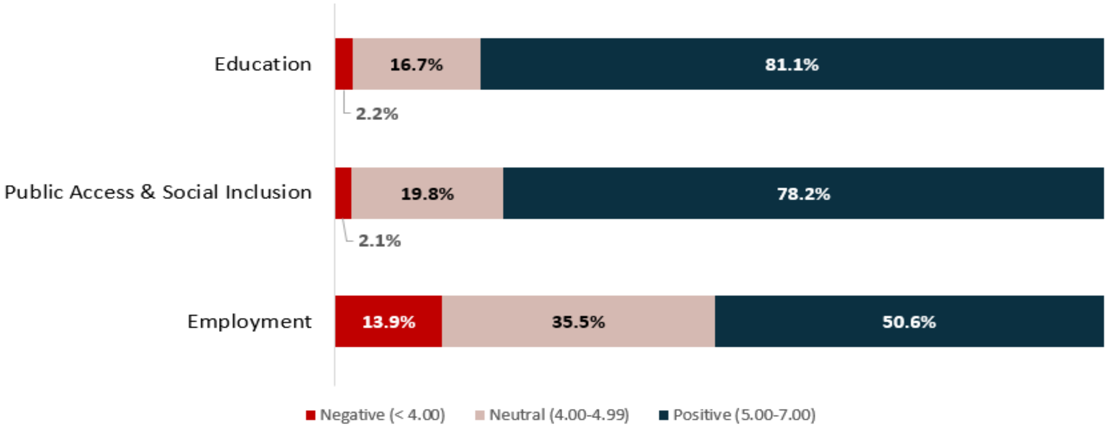
Differences in scores were observed across disability types, where attitudes were more positive towards persons with Physical and Sensory Disability as compared to persons with Intellectual Disability and Autism (refer to Figure 2).

Figure 2
Breakdown of Overall Public Attitude Scores by Disability Type



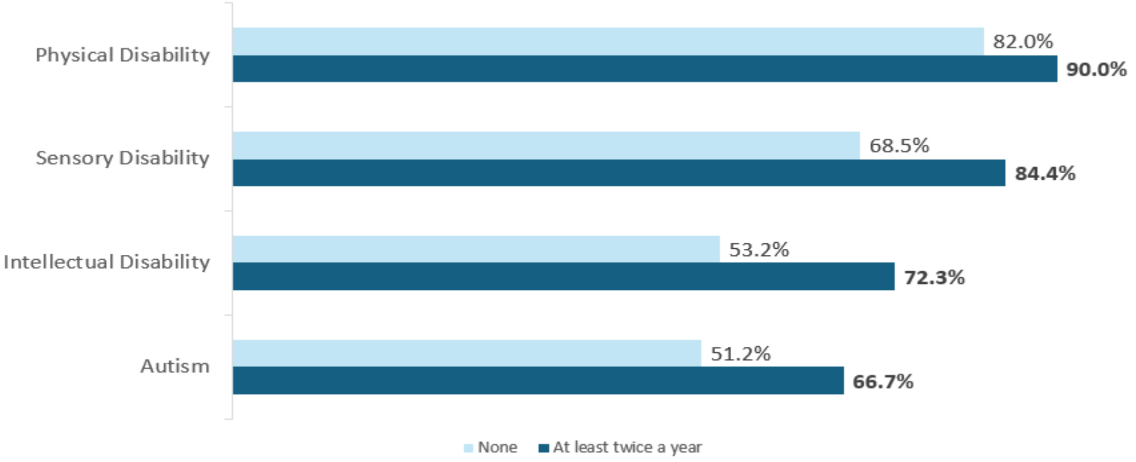
Of the three domains, attitudes were mostly positive for Education and Public Access & Social Inclusion, while a lower proportion of positive attitudes was found for Employment (refer to Figure 3).

Figure 3
Breakdown of Overall Public Attitude Scores by Domain



The findings revealed a positive relationship between frequency of contact and attitudes. Regardless of disability type, the percentage of positive attitudes increased when there was contact with persons with disabilities at least twice a year (refer to Figure 4). This indicates a need to go beyond raising awareness, to increasing participation and engagement.

Figure 4
% of positive public attitudes towards different disability types by frequency of contact



Inclusion from the Perspective of Persons with Disabilities (Source: DIPS)

Overall, 54.2% of persons with disabilities agreed that they felt included and not discriminated.

Respondents answered items around experiences of exclusion or unfair treatment due to disability, as well as their level of participation in community life and social relationships. Within the 54.2% who felt included, there was variation across disability types, and the perspective of persons with disabilities on inclusion was found to mirror public sentiments, where persons with physical and sensory disabilities report higher inclusion scores.

Research Findings on Inclusion Gaps

As defined earlier, an inclusive community is one that: (a) recognises and addresses physical and attitudinal barriers and (b) promotes engagement and participation of persons with disabilities. Through PAS' findings, two main gaps have been identified. This section and the next will cover the gaps, as well as ongoing efforts and proposed recommendations.

Moving Beyond "Helping" to "Including"

Analysis within the Education and Employment domains revealed a trend whereby attitudes were positive on items where respondents were asked about giving help or accommodating needs, and less positive for questions that involved participation and belonging. Table 2 provides examples of these questions in the Education domain.

Attitude scores were consistently high for all disability types for Item 1: "I will not be upset if a teacher gave extra help to a person with disability when my child/niece/nephew is in the same class". This reflects an extremely positive attitude when asked about *helping*, as scores did not differ regardless of disability type. On the other hand, for Items 2 and 3, which focus on *including* (i.e., participation and belonging), attitude scores were lower. Scores also varied across disability types, where attitudes were more positive towards persons with physical or sensory disabilities, and less positive towards persons with intellectual disability or autism.

Table 2
Items in the Education domain

Item
1. I will not be upset if a teacher gave extra help to a person with disability when my child/niece/nephew is in the same class
2. If I were a student, I would be willing to have a person with disability to be in my project group
3. It is possible for persons with disabilities to attend mainstream schools

These patterns were similarly found in the Employment domain (refer to Table 3). When asked the question, "Employers should make changes to the job and/or office environment so that persons with disabilities can be hired", scores were consistently high across disability types. Again, there is an emphasis on *helping* here — to accommodate needs and make changes to ensure access to resources or spaces.

Conversely, on questions related to participation and belonging, i.e., whether they find it stressful to be co-workers with persons with disabilities, or if employers would hire persons with disabilities, scores were lower and varied across disability types. Attitudes were more positive towards persons with physical or sensory disabilities, and less positive towards persons with intellectual disability or autism.

Table 3

Items in the Employment domain

Item
1. Employers should make changes to the job and/or office environment so that persons with disabilities can be hired
2. I do not find it stressful to be co-workers with persons with disabilities
3. If I were an employer, I would hire persons with disabilities, including those who have not been employed before

These findings point to the need to consider why attitudes are less positive when requiring interaction and engagement with persons with disabilities, and how we can move beyond providing support, to build confidence for active participation.

Moving Beyond Including Visible Disabilities to Including All Types of Disabilities

Analysis of the data showed that overall attitude scores (refer to Figure 1) and item-level scores varied across disability types. Public attitudes towards persons with physical disabilities and sensory disabilities were found to be consistently the highest, while attitudes scores were lowest towards persons with intellectual disability and autism. This is corroborated by the sentiments of persons with disabilities, where persons with physical and sensory disabilities also felt more included as compared to those with other disabilities.

How can we build a strong and inclusive community here in Singapore?

Since the above results from PAS 2023, efforts have been put in place to address the gaps raised above. The following represent some new and ongoing efforts, as well as recommendations.

Supporting Persons with Disabilities and Employers

There was a lower percentage of positive attitudes in the Employment domain (refer to Figure 2), which signals a need for efforts to be targeted. To support persons with disabilities to transit successfully from school to employment, programmes such as the School-To-Work (S2W) Transition Programme (multi-agency collaboration by MOE, MSF, and SG Enable) and the Enabling Pathway Programme (EPP) (co-created by SIM People Development Fund, SG Enable, and ITE) are available. These programmes match the strengths of persons with disabilities to employers' needs to identify suitable job matches.

Beyond supporting persons with disabilities, it is equally important to empower and enable employers to hire inclusively. An Employer Development Grant is available to employers seeking to develop capabilities and to scale up inclusive hiring efforts. Companies that do so well are certified with the Enabling Mark, which is a national-level accreditation framework that recognises disability-inclusive employment practices and showcases that the inclusive employment model to others, including those in the same industry.

A list of all these initiatives can be found on the Enabling Guide (SG Enable, 2025a).

Including Persons With All Types of Disabilities Through Awareness and Interaction Opportunities

As the focal agency for disability and inclusion, SG Enable has public education initiatives. The recent “Would You Care?” campaign focuses its messaging on the abilities and contributions of persons with different disability types in various domains (SG Enable, 2025b).

Enabling Services Hubs (ESHs) are also being piloted as regional touchpoints that bring support closer to the homes of persons with disabilities and their families. They bring community volunteers and persons with disabilities together through inclusive community activities as well as educational and learning courses. This brings the interaction into the community that persons with disabilities and their caregivers live in, and helps to foster greater social inclusion (SG Enable, 2025c).

Persons with Disabilities Have a Part to Play Too

While we continue to provide services and support to persons with disabilities, and encourage employers and the general community to learn more about and interact with persons with disabilities, inclusion cannot be brought about only by the non-disabled.

It is important that initiatives and policies are co-created with persons with disabilities, because they are the ones with the lived experiences. Efforts such as involving persons with disabilities to develop EMP2030, or seeking their feedback regularly via DIPS are critical and should be sustained.

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Appendix A
Domain Items on the PAS

Education	• I will be upset if a teacher gave extra help to a student who is ___ when my child/niece/nephew is in the same class. • I will speak up for students who are ___ if I see them getting bullied in school. • I will be worried if my child/niece/nephew is in the same class with students who are ___. • If I were a student, I would be willing to have persons who are ___ to be in my project group. • It is possible for persons who are ___ to attend mainstream schools. • People who are ___ have equal access to lifelong learning.
Employment	• I find it stressful to be co-workers with persons who are ___. • If I were an employer, I would hire persons who are ___, including those who have not been employed before. • I am comfortable with persons who are ___ to be my supervisor. • Employers should make changes to the job and/or office environment so that persons who are ___ can be hired. • Employees who are ___ are as capable as others.
Public Access & Social Inclusion	• I feel tensed if I sat on a bus next to a person who is ___. • I will avoid inviting persons who are ___ to a group outing. • All community and shared spaces (such as playgrounds and sports facilities) should be accessible to persons who are ___. • I feel comfortable and relaxed being friends with persons who are ___. • I am confident in knowing how to interact with persons who are ___. • I tend to make brief contacts with persons who are ___ and end the interaction as quickly as possible. • I am confident in knowing how to assist or support persons who are ___. • I believe persons who are ___ should be given priority when taking public transportation.

Appendix B
Items on WHOQOL-Disability Module

Discrimination	• Do you feel that some people treat you unfairly? • Do you need someone to stand up for you when you have problems? • Do you worry about what might happen to you in the future? For example, thinking about not being able to look after yourself, or being a burden to others in the future.
Inclusion	• Are you satisfied with your ability to communicate with other people? For example, how you say things or get your point across, the way you understand others, by words or signs. • Do you feel that other people accept you? • Do you feel that other people respect you? For example, do you feel that others value you as a person and listen to what you have to say? • Are you satisfied with your chances to be involved in social activities? For example, meeting friends, going out for a meal, going to a party etc. • Are you satisfied with your chances to be in local activities? For example, being part of what is happening in your local area or neighbourhood. • Do you feel that your dreams, hopes and wishes will happen? For example, do you feel you will get the chance to do the things you want, or get the things you wish for, in your life?

(World Health Organization, 2012)

21: Layering Technology to Reframe Merit: A Disability-Inclusive Vision for Future-Ready Communities

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Abstract

In future-ready communities, sustained well-being depends on inclusive systems that value diverse forms of merit. This presentation reimagines meritocracy by centring the lived expertise of persons with disabilities navigating volatile, uncertain, complex, and ambiguous (VUCA) environments—often through creative use of assistive technology (AT) and artificial intelligence (AI). Disabled individuals routinely develop adaptive strategies that leverage screen readers, AI-powered communication aids, customised mobility tools, and predictive health technologies. These tools not only bridge access gaps but also foster resilience, digital fluency, relational intelligence, and self-advocacy—traits essential for thriving in unstable systems and fragmented services. Yet such techno-social capabilities remain largely invisible in conventional merit frameworks dominated by standardised metrics. This presentation proposes a shift toward a tech-inclusive model of “VUCA Merit,” recognising the co-production of knowledge between users and technologies. The presentation shares a preliminary framework for embedding these overlooked competencies into social service, education, and workforce development. By valuing tech-enabled navigation as a legitimate form of merit, this presentation positions disabled persons not as passive recipients of care, but as agents shaping stronger, more inclusive community futures.

Introduction

In recent times, social, economic, and ecological systems have become increasingly unstable, marked by pandemics, rapid technological change, climate crises, and economic precarity—conditions often described as VUCA (volatility, uncertainty, complexity, and ambiguity) (Bennett & Lemoine, 2014). Once rooted in military and business settings, the VUCA lens now shapes public governance, education, and social services (Narot & Kiettikunwong, 2023).

At the same time, dominant meritocratic models—especially in neoliberal, high-performing societies like Singapore—privilege narrow, quantifiable markers of success (such as test scores, credentials, and productivity), marginalising the lived experiences and adaptive capacities of individuals, particularly disabled persons, whose resilience and everyday system-navigation remain largely unrecognised (Heng & Lim, 2021; Jang & Wong, 2025; Talib & Fitzgerald, 2015). As a result, these models routinely ignore people's lived realities and adaptive strengths, especially those of disabled individuals, whose resilience, improvisation, and everyday navigation of systems remain largely unrecognised (Stanczak et al., 2024; Taylor & Shallish, 2019; Wong, 2021).

Inclusive meritocracy, as a counter-framework, expands merit to include diverse capabilities and pathways to success (Jang & Wong, 2025; Wong & Jang, 2024), but its practical application remains limited, underscoring the need to anchor it in lived realities shaped by uncertainty and systemic exclusion.

Disabled people often develop distinct capacities as they navigate inaccessible environments, stigma, and unstable health or support systems. These include emotional resilience (Iytha, Tiwary, & Augustine, 2024), improvisational problem-solving (Dowrick, Getzel, & Briel, 2004), social and relational intelligence (Agran et al., 2002, and technological creativity (Yeager et al., 2006). In this sense, disabled life-worlds function as training grounds for VUCA resilience, yet they are largely excluded from leadership and innovation narratives. Emerging research on disabled individuals and families during crises like COVID-19 highlights adaptive flexibility, self-advocacy, and digital fluency (Iytha, Tiwary, & Augustine, 2024; McBride-Henry et al., 2023; Yang, Wong & Poon, 2024), prompting a redefinition of "merit" as competence forged through disruption rather than performance under stable conditions.

Disabled individuals engage in continual problem-solving, negotiation, and planning to move through environments not built for their access. These efforts cultivate skills such as emotional regulation, improvisation, systems-thinking, and community coordination—capacities undervalued by conventional success metrics yet increasingly vital in VUCA contexts (Buasuwan & Orsuwan, 2023; Narot & Kiettikunwong, 2023; Rose, Narayan, & Malkani, 2023). What is often dismissed as compensatory labour can instead be understood as strategic intelligence and leadership.

From this perspective, disability should be reframed from "deficit" to "distinction." Traditional meritocratic systems cast disability as lack, treating accommodations as tools to help disabled people "catch up" to normative standards. This deficit lens, reinforced by meritocracy, individualises blame and obscures structural barriers (Davis & Museus, 2019; Taylor & Shallish, 2019).

In contrast, a reconfigured view treats disability-related strategies as contextually shaped assets rather than shortcomings (Goodley, 2024; Mauksch & Dey, 2024). Work on disability as an asset, such as Andreassen's (2012) study of "experiential knowledge" roles in Norway's health and social care sector, shows how these capacities can be recognised in peer support and user representation, though such roles often remain peripheral—highlighting the need to translate asset framings into stable, transformative employment.

It is with the idea of asset framing that this paper builds on value in the ability to navigate, reorganise daily routines around VUCA situations to better reflect complex planning, resilience, and resourcefulness.

This paper draws on Wong's (2025) paper proposing a VUCA Merit Framework. The VUCA-Merit Framework provides a systematic way to articulate how the adaptive competencies commonly developed through disability experience align with the skills required to navigate volatile, uncertain, complex, and ambiguous environments. Rather than treating disabled individuals as exceptions to meritocratic norms, the framework recognises their lived expertise as foundational to a future-ready conception of merit. These are summarised below.

Volatility

For many disabled persons, volatility is a daily reality rather than an abstract strategic condition. Health, access to support, transportation options, and service eligibility can shift suddenly, demanding constant vigilance and rapid adjustment. To manage these fluctuations, disabled individuals often develop flexible routines, anticipatory planning, and resilient coping strategies—capabilities directly aligned with navigating volatile environments more broadly.

Uncertainty

Disabled persons frequently face uncertainty in education, employment, housing, and health due to structural barriers, discrimination, and inconsistent accommodations. Because future outcomes cannot be reliably predicted, they often rely on peer networks, shared knowledge, and creative problem-solving. These practices reflect sophisticated ways of managing uncertainty that exceed traditional managerial approaches and challenge narrow conceptions of expertise.

Complexity

Disabled individuals routinely navigate multiple overlapping systems—healthcare, education, transport, social services, and employment regulations—each with distinct rules and expectations. The lack of coordination between these systems creates complex decision environments that require sustained cognitive, emotional, and strategic effort. This lived engagement fosters systems thinking, cross-boundary navigation, and adaptive coordination—competencies celebrated in leadership studies but rarely recognised in disability contexts.

Ambiguity

Ambiguity is pervasive in the experiences of disabled persons, who often encounter vague policies, inconsistent interpretations of "inclusion," and shifting expectations around accommodations. As a result, they become skilled in interpreting contested meanings, negotiating unclear roles, and experimenting with new ways of participating. These interpretive and sensemaking capacities closely mirror what is required to operate effectively in ambiguous VUCA conditions.

Responding to these conditions, disabled persons draw on adaptive merit to navigate, interpret, and respond to instability, interdependence, and ambiguity in ways that sustain personal agency.

These are drawn from four interrelated principles:

1. Contextual Agility. The ability to act meaningfully under unpredictable conditions. Disabled individuals routinely plan around fluctuating health, transport uncertainty, and inconsistent services, cultivating forms of agility seldom required in stable environments.
2. Relational Intelligence. Skill in co-creating support networks, negotiating access, and interpreting social cues within exclusionary systems. Through ongoing coordination of interdependence, many disabled persons develop relational leadership essential for complex, interconnected settings.
3. Technological and Cognitive Flexibility. Resourcefulness in using assistive technologies, multimodal communication, and creative workarounds. This mirrors the improvisational problem-solving increasingly valued in VUCA-ready workplaces and crisis contexts.
4. Ethical Resilience. The capacity to persist within systems that may be inconsistent or exclusionary, advocating for change while maintaining dignity.

Layering Technology to Reframe Merit

Focusing on technology and assistive technology (AT), the VUCA Merit framework acknowledges how disabled individuals develop adaptive strategies that leverages on technological tools to access gaps and foster resilience, digital fluency, relational intelligence, and self-advocacy—traits essential for thriving in unstable systems and fragmented services.

Assistive Technology as a Platform for Everyday Problem-Solving

Assistive technologies such as screen readers, voice recognition tools, augmentative and alternative communication (AAC) devices, smart wheelchairs, and sensory-supportive environments—are often treated in policy as mere accommodations, but this view is far too narrow.

For many disabled people, these tools operate as extensions of mind, body, and voice, forming distributed systems of agency rather than “fixes” for impairment. Using a screen reader or AAC device demands complex, context-aware decision-making: customising settings, managing multiple apps or vocabularies, interpreting social cues, and navigating inaccessible content. Over time, users develop sophisticated strategies for selecting, adapting, and combining tools across home, school, work, public, and digital environments.

This ongoing experimentation and troubleshooting constitute a form of technological praxis aligned with modern digital competence built on critical judgment, adaptability, and multi-platform fluency. Viewed this way, AT use reflects not deficit, but advanced problem-solving and adaptive expertise (Satterfield et al., 2025; Tsatsou, 2020, 2022; Whitney et al., 2011; Woods-Groves et al., 2023; Wong & Cohen, 2011).

AI as an Enabler of Self-Advocacy and Relational Intelligence

AI-driven tools—such as real-time captioning, personalised assistants, predictive text, emotion-aware interfaces, wearables, and translation systems—are now part of everyday life and often serve disabled users as tools for self-advocacy and real-time participation.

Captioning and translation, for instance, help remove communication barriers in meetings and classrooms, enabling users to engage directly rather than depend on intermediaries. At the same time, AI is designed for the majority and not customised with disability inclusion in mind. Disabled people are frequently early adopters who test these systems' limits, expose issues like biased speech recognition or miscaptioning, and influence iterative improvements.

Their engagement reflects pragmatic innovation: adapting available tools, working within constraints, and pushing technologies toward greater equity. These practices also build relational intelligence, as effective use requires anticipating others' responses, managing turn-taking, normalising device use, and sometimes educating peers. Recognising these capacities means valuing forms of leadership rooted in negotiation, empathy, and collaborative problem-solving (Hong & Kim, 2024; Malviya & Rajput, 2025; Wald, 2021).

Tech Fluency as Navigational Capital in VUCA Systems

In today's VUCA societies, the ability to navigate bureaucratic systems, digital platforms, and shifting rules is essential. Disabled people often cultivate this "navigational capital" out of necessity, managing social service portals, insurance systems, telehealth, learning platforms, and workplace technologies that are frequently only partly accessible.

When these systems fail—through unreadable forms, inaccessible authentication, or chatbots that misinterpret non-standard language—disabled users create workarounds, using mainstream or open-source tools to convert formats, automate tasks, or crowdsource solutions. This requires reading complex situations, weighing risks, and making trade-offs.

Such digital resilience rarely shows up in conventional metrics of merit, yet in a VUCA world it exemplifies the adaptability and problem-solving that institutions claim to value. Recognising this tech fluency as navigational capital reframes disabled people as experts in managing complexity, not burdens on the system (Almufareh et al., 2024; Hammond et al., 2024; Khanlou et al., 2021; Leurs, 2022; Naeem & Mushibwe, 2025).

Co-production of Inclusive Design and Community Building

Many disabled users actively participate in co-design with tech developers, non-governmental organisations, and public agencies. Their lived experience drives inclusive innovation—from participatory user experience research to policy feedback loops. Their merit lies not only in their usage but in shaping tools and norms for broader community benefit (Evans & Terrey, 2016; Larsson et al., 2023; Perikangas & Tuurnas, 2024).

Discussion: Reframing Metrics of Merit

The argument shows that disabled individuals often develop sophisticated adaptive capacities, yet these remain largely invisible in dominant merit systems. Traditional metrics—rooted in industrial-era values of speed, efficiency, standardisation, and independence—assume stable conditions and fail to account for the realities of today's VUCA environments.

Technology use highlights this misalignment. As disabled persons creatively adapt assistive and mainstream tools, they demonstrate forms of merit that conventional metrics overlook, including:

- Relational Merit: Coordinating interdependence and sustaining collaborative networks.
- Situational Merit: Adjusting strategies as systems, supports, and environments shift.
- Innovative Merit: Developing creative workarounds and repurposing technologies.
- Ethical Merit: Advocating for accessibility and addressing inequities with dignity.

These are not ad hoc coping tactics—they reflect deep, practised expertise in navigating real-world complexity.

The VUCA-Merit Framework reframes merit as the capacity to adapt, collaborate, and innovate in imperfect and dynamic conditions. This aligns with disability studies' call to shift from deficit-based views to recognising disabled persons as knowledge producers and innovators rather than passive recipients of support.

Implications for Social Service Practice

A redefined understanding of merit has significant implications for social service practice. To apply the VUCA-Merit Framework, practitioners must shift from deficit-based assessments to recognising the adaptive, relational, and technological strengths that disabled individuals already demonstrate.

First, assessments should include digital resilience and assistive technology (AT) fluency, acknowledging troubleshooting skills, multimodal communication, adaptive routines, and the ability to navigate inaccessible systems as valuable forms of navigational capital. These strengths can be surfaced through client demonstrations, reflective conversations, and peer-teaching.

Second, services should be co-created with disabled users, who already act as innovators in digital ecosystems. Involving them as digital mentors, co-researchers, and contributors to governance ensures their lived expertise shapes onboarding processes, digital tools, and case management systems.

Third, programmes must broaden success indicators beyond compliance and functional gains to include VUCA-relevant competencies such as navigating ambiguity, coordinating relationships, digital problem-solving, ethical judgment, and adaptive autonomy.

Finally, social services should support community-level digital ecosystems and recognise the informal innovation networks that disabled communities create. Peer-led digital literacy groups, access clinics, and recognition of peer mentors strengthen decentralised resilience and promote more inclusive, future-ready service environments.

Conclusion

In a VUCA world, societies must rethink what constitutes success and merit especially as technology becomes deeply entwined with everyday life. Traditional meritocratic models, focused on output and standardised performance, fail to recognise the technologically mediated forms of adaptive expertise, relational intelligence, and barrier-negotiation skills many disabled people develop through lived experience. This paper reframes merit as a dynamic, context-responsive capacity and introduces the VUCA-Merit Framework to recognise these competencies as essential rather than peripheral.

By highlighting how disabled individuals use, adapt, and repurpose assistive and mainstream technologies—demonstrating emotional regulation, cognitive flexibility, digital improvisation, and collaborative problem-solving—this framework positions them not as exceptions needing accommodation, but as innovators who model future-ready ways of navigating complex socio-technical systems. This shift calls for new assessment approaches, co-designed educational and workplace technologies, and institutional definitions of readiness that value diversity over conformity.

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22: Collaborating for Inclusive, Future-Ready Communities

Adrian Tan

SG Assist

Abstract

This chapter offers a ground-up practitioner perspective from SG Assist, a social enterprise working at the intersection of caregiving, community mobilisation, and inclusive innovation. Through key initiatives such as the Caregiver Resource Centre, CareConnect helpline, and the Age+ Living Lab (developed in partnership with the Singapore University of Social Sciences), SG Assist empowers caregivers, seniors, and persons with disabilities to become active contributors within their communities. The chapter will explore three enablers of stronger, inclusive communities: inclusive hiring of persons with lived experience, caregiver-centred programme design, and capacity-building through volunteer engagement. It will also reflect on the critical role of partnerships—with academia, the health and social service sectors, and the community—in shaping integrated care models. By bridging operational realities with policy and research aspirations, this session offers insights into how caregiver-led, cross-sector collaboration can build more resilient, disability-inclusive, and future-ready communities in Singapore.

Note: This is a transcript generated from the conference recording with some edits for clarity.

Bridging Ageing and Disability

I know that this breakout session is about disability, but I wanted to focus a little bit more on community. We are going to cover a lot of aspects of that, and we will be sharing some of our learnings as well in the course of doing our work.

We are moving towards an ageing population. I do not want to go into the numbers. I guess most of you have already gotten the gist of it. But in ageing, at least from the course of my work, I see a lot of seniors start to have some form of physical disability. Somehow, we do not bring these two concepts together all the time.

Through engaging with seniors, we start to see some of them having glaucoma, having problems dripping their eye drops, and facing a lot of challenges. But when we address ageing and disability, they are usually two different subjects. Maybe it is time for us to bring them together as we go deeper into it. Singapore’s life expectancy is increasing; we are essentially living longer compared to ten years ago. However, if we are all going to live longer and our healthy years are only going to be up to 74 on average, we have about 11 years that we need someone to care for us.

Caring for someone for 11 years is very tiring. I have been a caregiver for over twenty years already, so I can attest to that.

What does this mean for caregivers? Emotionally, financially, and in terms of health, we get affected in different ways. From being a very young caregiver until now, I can share with you that we get affected in our career, and we get affected in our family relationships. As a male caregiver, I did not like to share with people about my caregiving journey when I was younger. There are many considerations when it comes to caregiving. This is why we wanted to bring up this topic about male caregivers to everyone wherever possible.

Now, when we talk about community support, we have a lot of Active Ageing Centres (AACs). We also have social services serving persons with disabilities (PwDs) and caregivers, and of course, a lot more community-based programmes. But how many of these organisations actually see caregivers as the main beneficiary? This is one of the main groups we are advocating for.

Why We Should Focus on Care

Why should every future-ready community start with care? First of all, as I mentioned, ageing and disability are converging. Our functional capacity or functional ability declines over time with age. More seniors want to remain active, but they also may need help not just for activities of daily living (ADLs). A lot of our financial aid in healthcare, like the Community Health Assist Scheme (CHAS) card, are based on ADLs.

In our organisation, we like to talk about instrumental ADLs. If we can help people to be able to support their loved ones earlier, perhaps they will not get to the stage when they need assistance for ADLs as soon as their trajectory without intervention. Caregivers will also face lesser stress.

Disability is no longer just a static identity. It is a functional experience across the lifespan. Caregiving is becoming financially unsustainable for caregivers, which is something that I always share with people. As a very young caregiver, when I started doing my own calculations about my own retirement, I think I am unable to retire before I turn 88 or 90, assuming that my mother and my father do not fall sick. Because both my parents did not have insurance, therefore I have to save enough for them and myself. I guess this is one of the reasons why we have a low birth rate—cannot even take care of myself.

Families are smaller and stretched. As you can understand why, caregivers face a lot of stress, fall through the cracks, and so on. A lot of social services here are also facing a lot of strain. Even if you want to help your beneficiaries through the long miles, there are a lot of things that you cannot help with, including their daily stress, and their daily necessity of supporting their loved ones to go for medical appointments. It is not something that you can do. You are already very busy essentially.

SG Assist's Mission

The future of care cannot be built by infrastructure alone. It must be shaped through inclusion, collaboration, and social innovation. That is something that we hold as an objective by our organisation here.

Figure 1
SG Assist's Theory of Change

Turning empathy into action through innovation and community partnerships

Because caregiving is often invisible and unsupported in our rapidly ageing society, we work within communities to help seniors, persons with disabilities, and their caregivers access practical support, digital tools, and human-centred social innovation, in order to enable independent ageing and shared caregiving as a collective responsibility within a caring society.

NUS SSR-TOUCH Conference 2025

Figure 1 shows our theory of change for SG Assist. As a social enterprise, we did our own theory of change from the very first day that we created our organisation. We want to turn empathy into action through innovation and community partnership, because caregiving is often invisible and unsupported in our ageing population. We want to work within the communities to help seniors, persons with disabilities (PwDs), and their caregivers to access practical support, digital tools, and social innovation to enable independent living and shared caregiving.

We started operationalised our TOC with a real-time volunteer matching mobile app. This happened about one year before COVID-19. We spent a lot of money building an app back then because it was so expensive; we spent a six-digit figure trying to build an Uber or Grab equivalent, to help match volunteers real time to caregivers or social services, to bring our loved ones for medical appointments, etc.

The first year was a super failure. The app did not work out very well. In the second year, we rebuilt the app again, wasting a lot of money, and when we launched it, COVID-19 started one week later, and the app played its role. We managed to match volunteers, such as former COVID-19 patients who were willing to help other people, because when you have recovered, you are not scared of getting it again. We got all these people who recovered from COVID-19 to go and deliver food, collect ART kits, and so on.

That was one of the peak periods for SG Assist. While everyone cannot work, we were very busy connecting volunteers. At the same time, we somehow went into the disability sector, because we realised that there were so many PwDs and seniors who did not know how to navigate the COVID-19 situation. We had gotten a small fund to start our own call centre to allow any PwDs and seniors to call in, with volunteers who could speak different languages to help them navigate the situation.

Somehow, our number got distributed to vaccination centres, and we became busier. One year later, tele-medicine companies started calling our call centre to become befrienders to some of their senior patients, because they said, "I can cure their disease, but I don't know how to talk to them." And that was something new to us. We learned a lot from there and that was when we started getting paid to become a 24/7 call centre.

Disability Hiring

For this call centre, we believe that caregivers and care recipients have the right knowledge to help other people. In our call centre, nearly 70% of them are stroke survivors, persons with disabilities, caregivers, or persons with special needs who cannot leave their homes. We built our call centre entirely based on their home environments. We go to their place, identify a spot, then find SG Enable to get funding to buy the right table, the right chairs, and the right equipment to make them comfortable at home. Our supervisor will be checking in with them every month, asking them: Are you comfortable? Any back pain? Those kind of things.

This was how we started doing a lot of disability hiring, even including persons with visual impairment to become our call centre agents. It is very difficult if you were to put in effort even in implementing Job Access With Speech (JAWS) as a software. The coordination requires a lot of effort, and we had to ensure that the rest of the colleagues know how to support the visually impaired person as well.

In addition, we learned that volunteers prefer a lot of low barriers to entry—the Singaporean level of commitment, essentially—but they really want to help people. Unfortunately, even when we are filling in a gap, not many funders are willing to fund such a mechanism. We are improving the quality of life of these people, but it is not a function that funders are willing to fund. We are still struggling and financing this service on our own, within our own organisation. We have recently taken down the app because we thought that it is old already. Even cars need maintenance and renewal. We took it down for maintenance and wondered how much more money we want to pump into this to allow people to continue utilising this ecosystem.

For our call centre, as I have mentioned, lived experience matters. Our staff with real caregiving experience, or even those receiving care from their loved ones, can effectively differentiate a caller in urgent need from one who is not just from the voice of the caller. For example, whether a senior is having a medical situation, has fallen, or when they are just calling to say "hello" only. Their instincts are very strong, and that is why we love working with our team on that. We provide flexible work-from-home roles, and enable the meaningful employment of PwDs and their caregivers, even though they have caregiving constraints or mobility issues.

Age+ Living Lab

Many seniors live alone with delayed help-seeking behaviour. They wait until it is too late, which is quite a common behaviour among seniors. At one point, we implemented proactive outreach to actively call seniors to make sure that they are not lonely, that they are fine. I think this is going to become a service provided by AACs in the future.

On the current support services for the elderly, I am sure a lot of you know that in rental flats, we already have the personal alert button or SOS button for quite a few years. However, those above the low-middle income brackets have not even heard of it until recently.

This is something that we really thought about. Should we wait until seniors fall at home, injure themselves, and therefore become needy before we support them, or should we start earlier? We started a caregiver resource centre a few years ago, and we collaborated with the Singapore University of Social Sciences to create the first Age+ Living Lab in Singapore.

We wanted to focus on a few things for the Age+ Lab. We hear a lot of caregivers are buying many things for their care recipients, their seniors, but in the end they get rejected and thrown away. Then people sell their second-hand products on Carousell. This is something that we wanted to help caregivers save money.

We intentionally worked with distributors and manufacturers from Taiwan, Hong Kong, Japan, and China to bring a wide variety of products that can help seniors age in place. We spent a lot of money on all these products to bring them in, as there is a lack of demand in Singapore. When there is more demand than supply, the product price gets very high. A lot of these suppliers also have a minimum order quantity (MOQ). By bringing these assistive technology products, we allow people to experience them and see the potential of ageing in place and living independently. However, the cost is so high that we really could not really sell it on our own, and because we cannot be holding onto so many products in Singapore.

At the same time, we train seniors to become our Gerontech ambassadors. We believe that seniors can share their knowledge with other people. It is not so nice to say this: I always say that seniors can scam seniors easily because they believe each other’s words. Therefore, our Gerontech ambassadors are all fifty and above, and this works quite well. (Refer to this YouTube link for a demonstration of how SG Assist empowers seniors to perform their advocacy roles in assistive technology).

Senior Volunteering and Micro-Job Programme

In the past three to four years, we have been actively working with different non-profit organisations to create senior volunteering and micro-job programme pathways. We believe that, when given the right purpose and support, seniors can be a very strong workforce to support all our social service agencies and the different social causes that we need to support in. In our ageing population, the biggest population of people that we eventually have is going to be seniors. So, the earlier we can tap into them to support our society, the better it is.

Many seniors are willing to help, but they need clear roles, confidence building, and peer support. In some of the programmes that we have, they have training. One of the usual assumptions by a lot of social services is that seniors cannot sit through a full day of training; they can only attend a maximum of two hours. But all our senior volunteers minimally attend at least four to eight full days of training. After that, they stay committed to the volunteering for at least six to nine months, up to more than one year. They have that kind of commitment because they want to maximise the amount of effort that they put in for this. The more you train them, the longer they stay with you.

Flexibility is the key. We have to take note that as older persons themselves, they need to attend to their health and caregiving duties, etc. Family roles affect their availability.

We try as much as possible to co-design programmes with them. Every month, we will bring all our senior volunteers from different programmes, whether it is Care Agent, Gerontech Ambassador, etc., for a monthly gathering. We will ask them a lot of questions until they are very done with us. Essentially, we have their opinions to influence future programmes and engagements that we do together with them. These roles can supplement the stretched manpower in the social services.

For our Care Agent Programme, we trained about 210 of them. Nearly 80% of them continue to volunteer, not just with the organisation that we work with, but also with other AACs. Additionally, there are about 10–15% of them who get converted to become working staff in the AAC.

We have our own training arm. We do a lot of caregiving-related training and inter-generational programmes with C3A and so on. We believe that the peer-led model works very well. Seniors like to teach one another. In fact, they can talk non-stop if they want to. How they internalise learning is through applied learning, not sitting down and learning theories. You can teach them theory, but you need to allow them to apply their learning so that they can fully maximise and use it. This is why they help others after they learn about assistive technology as Gerontech ambassadors. The group that really benefitted the most was them—the ambassadors themselves.

Enablers of Community Strength

I conclude with our three enablers for building community. First, inclusive hiring of persons with lived experience is very helpful in the things that we do, regardless of whether they contribute as volunteers or in another capacity.

Second, co-design with the community, the caregivers, the seniors, and the PwDs. Their voices matter in helping us ensure that every step of the process is suitable for them and allows them to use their maximum potential when we bring them into our organisation and our programmes.

Third, we need to provide them with different pathways to purpose. Sometimes, we need to give them clarity. I know I need to live purposefully, I need to live healthily, but what does that mean? What are the steps can I do to achieve that? So, we always build different pathways for them to consider.

I have three key reflections for our team. The first is that care is relational, not transactional. Unfortunately, because of the way that we receive funding, the way that we have to run our organisation is very transactional sometimes. Because we need to look into productivity, we do not have enough staff, which makes relational care very difficult to achieve. Second, inclusion requires redesign, not additional things. The more you add, the more things you have to clear. It is about redesigning. Third, collaboration must go deeper. It is not just about arranging seniors to go and volunteer with them, but how do we think about long-term plans? After my senior volunteer goes to you, what else can we do together? Collaboration must go deeper in that way.

Looking Ahead

What more needs to be done? Care is still very reactive, not exactly proactive. Seniors and caregivers often seek help a bit too late, with the assumption and mindset that we planned into them: because you must be needy, because you must have a CHAS card, then you can get help, and so on. How can we change the mindset?

Number two, design with, and not for—this requires a lot of investment. All our grants want to serve the needy, but how do we shift the perspective outward to prevent people from becoming needy? This might be an area of work that we need to think about.

Then, we should look at funding the gaps that delay dependency. If we can really push more funding towards supporting seniors or supporting volunteers to help in areas of work that help people live a better quality of life, perhaps we will not have so many needy people to help in the end.

Lastly, innovation needs shared ownership. What this statement means is that: I know the government is doing a lot, I know social services are doing a lot. Perhaps we also need to think about whether we want to fund SMEs, social enterprises, or even multi-national corporations, so that they take some initiative to create programmes that will create different sparks or chemistry. As a social enterprise, the things that we can do is quite different, but can a non-profit do it? Yes, but we will have a different flavour. How can we allow every entity to give it a try in building such an inclusive society?

The last statement I have is: let us collaborate, and we welcome everyone to join us in this journey of care, inclusion, and innovation.

Breakout Track 2: Evidence-Informed Practice for Effective Change

Breakout Track 2

Evidence-Informed Practice for Effective Change

MODERATED BY:

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23: Establishing Research Culture in Agencies and Evidence in Programmes

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Abstract

This chapter explores the integration of research in social service professionals' practice. The chapter focuses on common challenges faced by professionals eager to embed research in their agencies, such as manpower limitations and time constraints. It synthesises the experiences, insights, and practical strategies for overcoming these barriers shared by facilitators and participants. By showcasing the exchange of real-world experiences, this chapter aims to inspire participants to cultivate a sustainable research culture within their organisations, ultimately strengthening evidence-based approaches in social service programmes.

Note: This chapter is a synthesis of the breakout session based on the conference recording and transcript. Parts of the chapter were based on the transcript of the breakout session, which were subsequently edited and refined by the panel members and moderator.

Introduction

According to the International Conference on Practice Research in Salisbury, 2008, practice research is defined as a curiosity-driven, practitioner-led inquiry into what works and what does not in professional practice. It privileges knowledge generated directly from practice in grounded, real-world contexts. Its central tenets include:

- Partnership between practitioners and researchers as equals, recognising reciprocal learning as essential to knowledge creation.
- Commitment to interrogating troubling practice, generating new ideas from experience, and advancing social justice through practice.
- Production of actionable knowledge that is directly relevant to practice, typically derived from practice itself rather than purely academic enquiry.
- Embracement of complexity; practice research navigates contextual realities and diverse client needs, aiming to empower practitioners and communities (see Epstein et al., 2015).

This definition will frame this chapter's exploration of how research cultures can be built and sustained within service organisations, and how practice research can be integrated without overwhelming frontline staff.

How Three Organisations Built a Research Culture Embedded in Everyday Practice

TOUCH Community Services (Stella Teo)

TOUCH's research journey began in 2018 from a "blank slate," at a time when impact measurement was nascent in the social service sector. The organisation pivoted from being a data source for external academics to proactively designing and leading research. Currently, TOUCH fosters knowledge exchange partnerships where research improves programmes and informs organisational decisions.

The following points highlight TOUCH's key moves in building their research culture:

- Reframing research as part of the programme life cycle: TOUCH embeds research from programme design through implementation, monitoring, and evaluation, treating every stage as an opportunity for learning and iteration. This life cycle approach keeps a continuous feedback loop between evidence and practice.
- Cultivating a research mindset via curiosity: Rather than demanding formal studies from practitioners, TOUCH breaks research into accessible questions that practitioners already ask: Are outcomes achieved? Does method A work better than B? Are we making the right decisions? Research is positioned as systematic inquiry into these questions: gathering, analysing, and synthesising data to inform practice.
- Aligning stakeholders through clarity and accountability: Communicating evaluation findings to staff, donors, volunteers, and clients builds confidence and accountability. Clients are considered key stakeholders whose time and participation must be respected and informed by programme evaluation.
- Establishing guardrails around collaboration: TOUCH's stance affirms that clients and services are not mere "data points." Research partnerships with academics are framed around mutual benefit and programme improvement, rather than just fulfilling external data needs.

The result is a research culture where the "big word" research is demystified, embedded in everyday practice, and centred on continual learning and impact.

Fei Yue Community Services (Helen Sim)

Fei Yue's research team started in 2001 and grew around two enduring practice-driven questions: Are their programmes working? What service gaps must they close in the community? The current team is tasked with risk assessment, programme evaluation, literature reviews, data governance, management and analytics, which are all oriented towards producing quality data for decision-making.

The following comprise core elements of Fei Yue's research strategy:

- Defining a three-pronged evidence-based framework:
    1. Using the best available evidence by prioritising accessible and usable evidence for feasibility and timeliness.
    2. Integrating the client's context through collecting qualitative and quantitative insights from clients, including interviews that surface their pain points and priorities.

    3. Leveraging on practitioner wisdom, where frontline expertise triangulates evidence and context, co-designs services, and adapts decisions with practice-informed judgement.

- Making evidence accessible and digestible: The team curates and simplifies external research, especially systematic reviews, into formats that practitioners can use quickly. They build resource portals accessible to practitioners.
- Reallocating workload: A central research team partners with practitioners, who allocate 20% to 40% of their portfolio to research-related tasks. This distributes research capacity while retaining specialised oversight.
- Designing data workflows that reduce burden on staff and clients: Data collection points are integrated at natural touchpoints (e.g., intake interviews), with attention to client experience and consent. Clients are not there to produce data; respect for their agency and comfort is paramount.
- Human-centred anchor: “People first” remains as the guiding ethos. Research processes are designed to be humane, helpful, and practically valuable to both frontline teams and service users.

This approach positions research as integral to daily decision-making without creating undue burden, while ensuring the quality and utility of data.

Singapore Children’s Society (Charlene Fu)

Singapore Children’s Society’s Research Unit is older than most other similar units in the sector. The Research Unit was set up in the early 90s, as Committee Members, including academics and medical practitioners, believed strongly that advocacy work needed to be driven by a strong evidence base. The Unit’s first piece of work was a study on Child Abuse and Neglect Prevention, which was published in the SCS’ first monograph in 1996. Currently, the Research Unit sits within a Research and Advocacy Department, reflecting the organisation’s continued belief in developing a strong evidence basis for their advocacy and programme work.

The following are the key features of their approach:

- The research is primarily categorised into dual tracks: Basic research and programme evaluation:
    - Basic research: Filling local evidence gaps on children and family issues—bullying, resilience, physical discipline, stepfamilies, and currently child and youth mental health. As far as possible, studies include the child’s voice, as a way of sharing and amplifying their lived experiences. This approach reflects the historic lack of Singapore-specific findings and informs advocacy agendas.
    - Programme development and evaluation: Partnering with service centres to co-build logic models or theories of change, design robust evaluations, collect data, interpret findings, and feed insights into programme improvement. Emphasis is on maintaining an iterative cycle between services and evidence.
- Additionally, the department organises research culture activities, such as dissemination and cross-learning through:
    - Research to Practice sessions: Sharing findings and co-creating solutions with practitioners and policy stakeholders.

  - ForUM (“For You and Me”): A cross-centre platform for service teams to share programme learnings and foster peer exchange.
  - Research Bites: Twice-yearly research newsletter for internal and external stakeholders.
- Strategic integration: Research and evaluation, service provision, advocacy and public education are interlinked phases of a cycle, with knowledge flowing among them. Frontline insights inform research, research guides services, and both feed into advocacy.
- Structural supports: A Research and Advocacy Standing Committee, a Research Committee, and a Research Ethics Committee provide governance, supervision, and expert guidance from academics and clinicians. These bodies strengthen methodological rigour, ethical standards, and research capacity in daily work.

Together, these components help sustain a mature research culture that informs services and advocacy while keeping local context central.

Building Organisational Research Capability Without Overwhelming Staff

Improve Practitioners’ Access to Research

Before determining whether a research study even needs to be done, it is vital to read up on research that has already been done. Thus, practitioners need access to existing research—not so much in terms of accessing research articles, but in terms of digesting their key takeaways. Delivering many articles or dumping a data repository onto practitioners will be ineffective in getting them to process and absorb the key takeaways.

Close the “last mile” of evidence. The repository of existing studies needs to be condensed into a format that is easily digestible. For example, journal articles and systematic reviews can be broken down into bite-sized summaries. These summaries can be collated and organised as a collection that is directly related to the organisation’s focus and niche areas. Essentially, these summaries should not only be comprehensible, but they must also be useful to inform programme planning.

Set up an intermediary. Additionally, organisations may consider setting up an intermediary—such as its own research unit—to bridge academic researchers and practitioners (see Teo et al., 2023). The intermediary’s primary role is research and not case work, but they need not be mutually exclusive. As the role of academic researchers is not the focus of this chapter, the organisation’s internal staff who conduct research will be referred to as “researchers” henceforth.

Set Appropriate Expectations of Research

Clarify research purpose and evidence needed. Before embarking on *what* research should be done, organisations should articulate *why* they want to conduct research. For practice research, the organisation’s objective could be to understand what works and what does not work for programmes—to inform decision-making on whether to continue with or tweak and improve the programmes. The objectives should inform the research design and methods, and not the other way around.

Organisations should not begin research by aiming to fulfil a methodological gold standard, such as getting extremely low p-values from large sample sizes that strongly indicate significant outcomes. Instead, organisations only need research findings that are “good enough” with an acceptable level of uncertainty to inform their decisions (see Chapter 7).

De-jargonise and demystify research. Additionally, organisations can encourage practitioners to conduct research without labelling it as such. Some practitioners are deterred from doing research as they perceive it as daunting and demanding. Thus, organisations may consider using terms that describe the precise type of research tasks assigned to practitioners, such as “assess needs” or “evaluate whether the programme is working as intended.” Once these tasks are integrated into practitioners’ work, and they eventually realise that their work has contributed to practice research, their perception that research has high barriers to entry is debunked.

On the same note, researchers should avoid using technical jargon when communicating research findings to practitioners. Unfamiliarity with research jargon reinforces practitioners’ perceived barriers to entry and makes them feel belittled. Instead, practitioners should become aware that their contributions and practice knowledge are equally as important as the work that researchers do. Organisations should inculcate a growth mindset that research is a process of continuous learning and not a static milestone to achieve. Having addressed ways to debunk misconceptions of research, the next section explores practical ways of integrating research tasks into practitioners’ regular work.

Integrating Research into Practitioners’ Work

Tailored research involvement. Ideally, practitioners who are tasked to do research should not experience this as a significant rise in workload. Organisations may consider reducing their caseload or seamlessly integrating research tasks as part of their case work. For example, practitioners who already work closely with residents and community connectors can be a part of data collection. Practitioners writing case notes can incorporate observations that constitute process evaluation; these insights can inform their programme planning or even adjust ongoing programmes. In other words, practitioners need not be involved in all stages of research at the onset. Instead, their research involvement should be tailored to their availability, readiness, and how best their daily work can contribute to the research. The researchers—as the ones primarily tasked with research—should play the coaching and peer-supporting roles to support the practitioners continuously and journey with them.

Create application opportunities. Nonetheless, practitioners who are not equipped with research skills still need to acquire them to develop capabilities for conducting research. While organisations can send practitioners for external training, it is crucial that they have opportunities to apply these skills they have learned to their own work. For example, organisations can complement their learning with in-house training where practitioners apply research skills to their own programmes that they run. This encourages them to have a stake and shared ownership in the practice research that they partake in and thus sustains their interest in the study.

Motivate research through value demonstration. Practitioners are also more likely to do research when they realise the benefits of completing and communicating practice research findings. Among practitioners, they tend to be convinced of the value of research when they observe how it can directly inform their programmes and/or case work. On the organisation level, presenting evaluation findings may serve as a means of attracting or sustaining programme funding. Depending on the source of funding, these findings need not be restricted to what has worked well but also include the parts of the programme that did not work as intended. Research that draws funding accentuates the benefits of such studies among both staff involved and their colleagues.

Translating Research Knowledge to Inform Practice

Involve Practitioners in Conceptualising Research and Formulating Implications

Beyond data collection, researchers should involve practitioners both in conceptualising the study and in formulating the implications of the study for their practice. Co-creation builds relevance, feasibility, and buy-in.

Practice-driven research questions. For conceptualisation, the research questions should address what practitioners want to know about their clients or programmes. The scope, design, and methods of the study would follow in addressing how the research questions can be answered. Furthermore, the actual survey items and questions posed to their clients should make sense to both the practitioners and clients themselves; they should concur with the usefulness of answering the questions. Such practice-research alignment would encourage practitioners to remain invested in the study, even if they are not directly involved in the research processes.

Practitioner interpretation. For the formulation of implications, it is crucial for researchers to ask practitioners what they think the results of the study mean for their programmes or case work. The implications and recommendations that follow from the study should therefore be co-formulated with the practitioners.

Track research-to-practice applications. To further deepen the practice-research integration, organisations may consider monitoring how many of the research recommendations were actually implemented. If the research implications do not directly feed into adjustments or changes in practice, this misalignment may suggest issues with research relevance or the feasibility of the research recommendations.

Sharing Research Findings with the Sector

More partnerships and cross-learning can be formed when research findings are shared not only with practitioner-colleagues, but also with like-minded individuals in other organisations. Internally, organisations can host sharing sessions such as lunch talks and online portals to disseminate research findings.
It is also important to share research findings externally, as exchanges at conferences and events allow researchers and practitioners to hear different

perspectives from people working with the same clientele. Such networking opportunities may encourage like-minded individuals to engage with the research findings and form new partnerships.

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24: Day 2 Moderator's Remarks: Evidence-Based Interventions for Children

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We have heard three presentations spanning different but connected areas of practice with vulnerable children and families:

1. **A methodology** – the Common Elements Approach – for building evidence-informed interventions.
2. **A local example** – Circle of Care – demonstrating challenges and strategies in implementation, along with evaluation evidence accumulated over a decade.
3. **A narrative-based method** – Photovoice – revealing the impact of intervention through visual storytelling and lived experience.

Each adds a valuable dimension to our understanding of what evidence looks like and how it informs practice.

25: Common Elements Approach

Cheryl Seah

Centre for Evidence and Implementation

Abstract

The “Common Elements Approach” in service design focuses on identifying and combining effective, evidence-informed practices or “building blocks” to create new or improved services. It is a strategy that prioritises the effective implementation of known, successful elements to create tailored solutions while maintaining intervention effectiveness. The goal of this chapter is to share how a common elements approach can enhance intervention effectiveness, examples of how this has been done well, and importantly, strategies for effectively implementing this approach in health and social sciences.

Note: This is a transcript generated from the conference recording with some edits for clarity.

Background

I began my career as a practitioner. I used to be a clinician at KK Hospital, working with young children, and then I went into the world of implementation science and evaluation and research. I am also one of the adjunct professors here in the Centre for Holistic Initiatives for Learning and Development (CHILD) in NUS, so this feels like home. I am very keen to share with you today about one of the initiatives that we have been embarking on, mainly to think about the ecosystem for nurturing care in our Singapore early childhood landscape.

I started out my career as someone who was diagnosing children with disabilities in the hospital and then thinking about how the hospital really cannot do everything. It is also not practical to think about treatment to be based only in the hospital setting. We started to think about how can we bring a lot more practices, a lot more effects, and to scale that kind of impact for some of our young children who are just starting out their young lives. We work with a lot of young children who are barely three and barely five. We started to think about some of the initiatives related to the community and the care environment that surrounds our children as they grow up. Who are these caregivers? They could come from families. They could also be early childhood educators, and they could be grandparents as well.

Common Elements

I will share with you why this idea sparked the start of CHILD and where CEI comes into the picture. CEI refers to the Centre for Evidence and Implementation, and our mandate is to look into some of the more vulnerable communities and families around the world. We are founded by Save the Children, and we do have an office here in Singapore, covering different sectors. We have worked and collaborated with a variety of organisations, practitioners, researchers, and some policymakers. We have been here since 2017. We started to think about how we can implement some of the evidence and apply what we know from research to policy and practice. We decided to think about what we know, what works, and how we can bring it in, where a lot more professionals and paraprofessionals would be able to use some of these practices in their settings.

We started out to think about mental health and who are the people who will be receiving mental health services. There is a big movement since about 15 years ago in the use of common elements, and how we can extract some of these common elements across some of the treatments in mental health services around the world. When we start to think about mental health services, young people may not come to us; our children may not come to us on their own initiative. How do we reach out to them? They probably engage a lot better with some of the paraprofessionals, the counsellors, and school teachers.

That was where the movement for extracting what works started for us, when we provide treatment and services for young people with mental health challenges, and we thought about how to bring it to them. There has been a lot of training by looking at some of the key practices that help, and by bringing them to train some of our volunteers and school teachers.

With this initial idea, we started to think a lot more about our children. Can we go a little bit more upstream in the work that we are doing? Borrowing the idea of extracting common elements from the mental health sector, we started to think about the education sector. Are there certain practices where we could also use the same methods, bring in some of the good practices, and bring them to the educators?

Enhancing And Supporting Early Development to Better Children’s Lives

We started to think about enhancing and supporting some of the early developments for our young children, as well as what is going to be helpful for them and is sustainable in the long run. We came up with a project called EASEL, Enhancing and Supporting Early Development to Better Children’s Lives. It is very overarching as it has a big framework, and we are starting with one component. One piece of it is essentially to work with some of the educators—the early childhood educators. With this framework, there is also an opportunity to engage with some of our grandparents and caregivers through a different modality. I am going to share one of the key projects that we are embarking on with early childhood educators in Singapore, as one component of this project.

We started to work with Professor Bryce McLeod, who is based in the U.S. (see McLeod et al., 2017). We call him the disciple of the movement for common elements, as he started his training with the psychiatrist and some of the psychologists who were the frontliners in using common elements to extract key practices for building up mental health and youth services. His work in the last ten years uses the common elements approach to improve some of the young children’s environments, such as the quality of the classroom environment and the practices for educators in the U.S.

He was targeting more vulnerable children in more vulnerable communities, where resources are very tight and some of the teachers need a lot more support to create the nurturing interactions and classroom environment for them. We wanted to bring in this idea. We wanted to design something that is universal, where you do not pull out a child with challenging behaviours or with disabilities. We really wanted a practice that is universal, where the teachers could use it for all children. Because when the children are still young, it is not often that we already can diagnose them with a certain disability or a certain challenge. Usually the teachers will say, “This child, I think there’s something there, but I’m not sure why. Or this child could be walking around the classroom, I’m not sure why.” We are not proponents of diagnosing children at a very young age, but we wanted a universal intervention that is going to benefit all and probably move the needle a lot more for some of those children with more challenging behaviours.

We decided to focus on building up the children’s social skills, emotional regulation—social emotional development—and executive functioning skills. We know that these are going to pivot them and prepare them when they go to primary school.

The use of common elements, essentially, is to look at some of the interventions around the world that have shown effectiveness in their targeted outcomes. For similar outcomes that we chose, such as for social emotional development and executive functioning skills, we looked across the treatment plans, practices, and manuals to find a certain pattern in some of the key practices that were fairly similar. For example, for promoting social emotional skills and understanding, there are some fundamental practices that have to be in place for some of these interventions to work well, such as the use of descriptive praises, the provision of choices for our children, and the use of some rapport-building practices.

We sifted through them and we looked at about 2,824 articles. We extracted 120 of them for synthesis because of their relevance, restricted to the common age group of children, and in terms of the context and the outcomes that we were looking for. We found 59 unique interventions targeting the same profile and we looked at some of the adaptations and interventions. From that, and from consultation with some of our local experts from the National Institute of Early Childhood Development (NIEC), people who train people, researchers, clinicians, as well as parents and families themselves, we were able to extract 25 practice elements.

We decided to work on it a lot more, and it took us about a year to look through all these and to extract them. We came up with the EASEL suite of practices because we wanted it to be usable and manageable. It cannot be 25 key practices that will require a lot more training for our early childhood educators. And some of them would already be pretty good in some of the fundamentals.

We ran a co-designed workshop. We looked at some of the key practices together, and we brought this suite together. Essentially, active listening was something that hovers around all the key practices that we were doing with the teachers, along with the way that we were providing constructive feedback and combining it with descriptive praise.

These were practices that a lot of the teachers know theoretically. But when we went in to do some of the observations and to provide some of the supervision, a lot of the teachers did not quite know what to say or what to do in that moment. Then, we embedded a little bit of the dramatic play and use what they were already doing in the classroom setting, as well as some of the games that promote executive functioning.

The one practice that was really tricky for a lot of our teachers was in encouraging childhood ownership. Essentially, this means that teachers help the children to understand that the ways that they are persisting, the ways that they are patient, the ways that they are problem-solving, or the ways that they give up. These are some of the values and the ways in which we sometimes call learning dispositions, which refer to the ways that they are taking ownership of some of the learning approaches and attitudes towards learning, and the motivation behind them. But, a lot of times, we do not highlight it to our children. How many times have you actually told your child, or any of the young persons you have worked with, “Did you know you did it well because you persisted?” Or, “Did you know you did it really well? What do you think happened there?” We do not quite reflect and process it with our learners. A lot of times, they just have feedback from their grade—whether they passed or failed, or whether they got a star or not.

Pilot Trial

Essentially, this is one of the practices that was sorely lacking in our local context and one of the hardest things for the teachers to embrace. We did a pilot trial in about ten preschool centres. We provided the training, coaching, a lot of materials online, and plenty of video resources. We worked with the headquarters and some of the key principals and leaders to deliver the intervention within six months. And we also cluster-randomised some of the preschool operators—we had another eight centres—and we were comparing some of the findings for this initial pilot. We worked with PAP Community Foundation (PCF), which is one of the anchor operator preschools, M.Y WORLD, as well as Little Olive Tree, one of the partner operators. They would have a profile of children coming from low-income contexts, some of them with disabilities, and some of them are really typical children. It is a very diverse mix of children.

I will not go too much into the data findings today, but I want to centre more on how we were coming in with this innovative approach on using common elements to come up with the practice guides, to put in place the implementation processes, and to prepare something like this that is ready to scale. It is easy to come up with something in a manual and imagine that it can be disseminated and someone will scale it. But we were pretty intentional to look at how a programme like this is going to be ready, usable, and scaled.

When we looked at some of the educators who were using the EASEL approach, one of the outcomes we were looking at was whether the early childhood educator was becoming more child-centred in their practice. These included: the quality of the classroom environment, from the interaction and the conversations that were held; how intentional the educators were—were they increasing the frequency of the practices? Were they gradually increasing the quality of the way they engage with the children? Do they provide the opportunities to build up the social emotional development and play some of the games promoting executive functioning? It was not just about whether the educators were using dramatic play, using pretend play, or having a pretend play corner for the children. These are infrastructural questions. Instead, it is a lot more about how they are interacting with the children. How are they setting up? How are they using praise and providing choice for the children? How are they encouraging childhood ownership in moments like these when they are doing pretend play, or when they are engaging with some of the children? It is really about the interaction and whether they are able to reflect, to be child-directed or child-centred versus educator-directed. In a way, we are very used to enforcing our children and providing instructions that are very directive for them.

We saw that there is a good shift, but probably not enough for us to say this is good to scale. There is a difference between the intervention and the control group in the direction of their growth and the way that they are delivering the practices, within a very short period of time of six months. We decided to unpack a little bit more why some of the children's social emotional and behavioural outcomes, and their executive functioning, were not shifting as quickly as we wanted to. What were some of the behaviours, and what were some of the things that we were looking at?

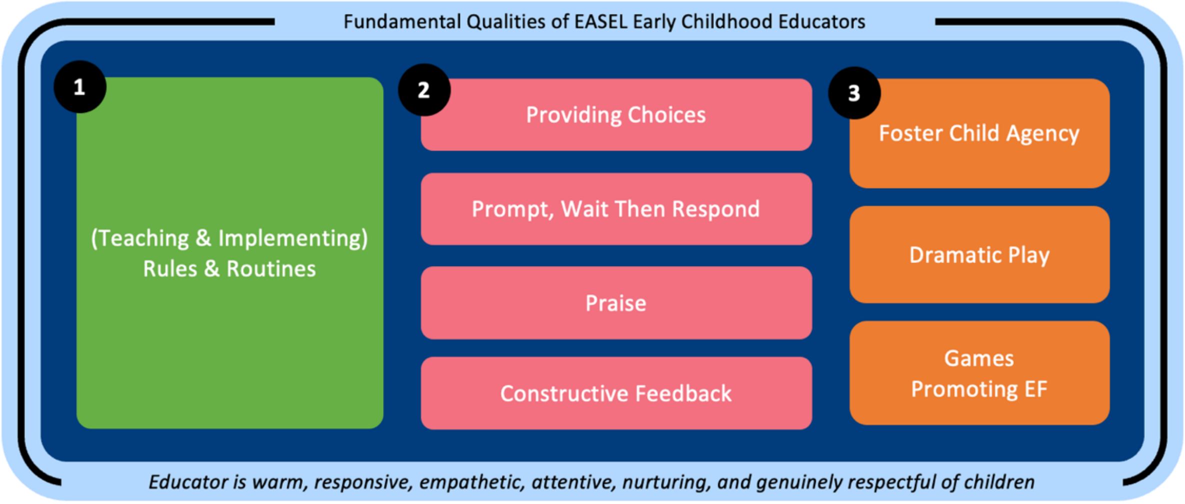
The scale that we used was looking at some of the clinical values, and we found that we already hit a ceiling at the start for a lot of the children, where they did not have clinically behaviourally challenging difficulties. So, we thought to look a little bit at their behaviour—at the interaction of the educators and the children.

Co-Design

We went into another phase, and we are now in a co-design phase two for EASEL 2.0, where we wanted to look at what some of the barriers were. We found that a lot of the educators were not able to embed the EASEL practices because we came in mid-year. They had already planned their curriculum throughout the whole year. It was really difficult for them to shift any of what they were doing. We learned from that. Maybe we need to come in at the last quarter of the year and plan the intervention to start at the beginning of the year. We need to build some of the reflective practices within the teachers and to work with some of the curriculum HQ leads and some of the platforms that they have for professional development.

Those were some of the implementation processes that we were thinking about, because training alone does not really help them to embed the practices. We went in to co-design some of these plans and to think about some of the practices together with the Ministry of Education (MOE), with the Early Childhood Development Agency (ECDA), which is in charge of licensing some of the preschool centres. We had a consensus on some of the gaps (see Figure 1). We revisited 25 elements, and we started to vote. We started to talk about what was important for EASEL to be scaled.

Figure 1
The EASEL Practices



What is already done pretty well by the preschool teachers in our local landscape is in green. What were some of the gaps that the operators were seeing are the orange portion. This phase is about designing it in a way that is going to meet some of the different operators' needs—what were the training and support that we need to provide for them? In the end, we changed the name of child ownership to fostering child agency, as you see in the third column, which was what the educators were asking for, for clarity.

But now, we are also facing a challenge where some of them ask: is it an agency that takes care of children for fostering? Even the naming itself for some of the practices became an issue, and we would not have known that if we had not done the co-design with them.

Now, we are refining this, and we are working with NIEC, ECDA, and MOE to scale this, potentially in the next two years among some of the preschool sites here in Singapore. It is a very exciting project. It is an example of how we were thinking about what is going to help our local practitioners and our educators. This is one of the initiatives that is coming out from our collaboration with CHILD in NUS.
I want to acknowledge them, and I want to acknowledge some of my team members as well on this team. Thank you.

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26: Circle of Care: Establishing Evidence for Early Childhood Intervention

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Abstract

This presentation explores how the Circle of Care (CoC) model, developed by Care Corner Singapore, offers an evidence-based approach to sustained well-being in future-ready communities. Centred on low-income families with young children, CoC integrated social, health, and education supports through interdisciplinary collaboration and proactive family engagement. Drawing on implementation and evaluation findings, the presentation will highlight how early childhood interventions—when grounded in family strengths and embedded within community systems—can deliver long-term developmental and socio-emotional outcomes for children.

A summative outcomes evaluation of CoC was conducted between 1 July 2022 and 31 May 2023. Key findings from the CoC evaluation include improved school readiness, enhanced parenting confidence, and a potential 7x return on reinvestment through increased educational attainment and projected wage gains. Real-world examples from partner preschools and parents illustrate how CoC supports transitions, builds resilience, and empowers caregivers.

The session will conclude with practical strategies for scaling such programmes sustainably, including system alignment, practitioner training, outcome measurement, and leveraging public-philanthropic partnerships.

Participants will leave with actionable insights on building integrated care ecosystems that not only support early childhood development but also help disrupt cycles of disadvantage—laying the foundation for more equitable, future-ready communities.

Note: Following the evaluation, Care Corner has applied the learnings in its work as a KidSTART-appointed agency. It also offers capability-building services through its CoC Consultancy Services team. For more information on CoC, see the report titled ‘A Circle of Care, A Lifetime of Difference: Investing in an Ecosystem of Support for Intergeneration Impact’ (2023), accessible via Care Corner’s website.

27: Exploring the Impacts of Photovoice through the Lens of Childhood Cancer Survivors

Khoon Chai Wee, Samantha Hui, and Yenn Ang

Children's Cancer Foundation

Abstract

Photovoice is a therapeutic programme designed for childhood cancer survivors by Children's Cancer Foundation, Singapore. Photography is used to facilitate healing, growth, and meaning-making. With the programme running for about a decade and the observation of returning participants to our programme, we were curious to find out how childhood cancer survivors have used Photovoice to make meaning in their experiences over time, the areas of growth they have achieved and their perceptions of the programme's impact on their lives.

Focus group discussion sessions incorporating the use of photographs and photography session were used to explore and elicit participants' personal and group narratives as childhood cancer survivors who had participated in Photovoice. Through photographs, group sharing and discussions, common experiences were elicited, and shared themes were collectively identified. This community-based participatory action research component engages the participants as a partner in research by inviting them to share their lived experiences through photographs and personal narratives. The intentional involvement of study participants was central to the data collection process and presentation of study findings.

The findings from the study suggests that Photovoice, combining visual and narrative elements through photography and voices, appears to be a suitable programme that allows for expression and meaning-making among survivors of childhood cancer.

Acknowledgements

The authors would like to express their sincere appreciation to all the childhood cancer survivors: Andrew Chiam, Fithree, Keith, KS, Soh Shengyang, Tan Yi Jun, and Tay Qin Han, who have taken time to share their experiences and their generosity in allowing the authors to present their names or pseudonyms, photographs selected, and voices. We are enriched by their sharing and the insights that they have gained throughout their journey with childhood cancer.

Introduction

Photovoice is a therapeutic programme in Children's Cancer Foundation, Singapore (CCF) for childhood cancer survivors aged 15 years and above. As the journey with childhood cancer continues after the end of treatment, survivors of childhood cancer grapple with late effects of cancer and treatment, integration related issues, and other challenges. Photovoice provides a platform for childhood cancer survivors to explore challenges related to milestones of post-treatment late effects, areas of growth through photography, as well as opportunities for personal growth through mentoring new Photovoice participants.

In a nutshell, through equipping them with photography skills and equipment, as well as providing the medium and space, Photovoice enables childhood cancer survivors to reflect, project, and express their voices and narratives visually. Fundamentally, survivors bring to the act of photography the memories and beliefs they hold (Harper, 2002; Weiser, 2004). The mastery of skills, including photography, allows survivors to gain enactive mastery (Bandura, 1988) and communicate messages about who and what matters in life. Photography, as a medium, enables survivors to expand their focus from introspection to the wider external world while giving them a sense of control and empowerment in choosing what to capture in their pictures. The use of the camera, as an art medium, projects and provokes thoughts. Photography allows for meaning construction and reconstruction based on survivors' personal and socio-cultural experiences (Weiser, 1999). Meaning-making for survivors of a serious illness like childhood cancer allows for restoration and healing (Park & Kennedy, 2017).

In essence, the Photovoice programme aims to facilitate healing and personal growth after childhood cancer through photography, allow survivors to utilize photography as a means for meaning-making, and provide opportunities to develop leadership skills and enhance personal growth through mentoring others. The programme integrates elements of photo interventions and art therapy, giving visual forms to feelings and thoughts.

The Curiosities

The programme has undergone refinement since the first Photovoice was conducted in 2009. The current programme is designed with therapeutic intent where childhood cancer survivorship-related themes are explored. With the stabilisation of the programme for almost a decade, the programme planner observed that there were a number of repeat participants in the programme. We were curious about the reasons behind these repeat sign-ups besides a genuine interest in photography, and whether repeat participants experienced change and growth over time.

Specifically, we wish to understand, through the lens of childhood cancer survivors, (a) how they have been able to use Photovoice and photography in meaning-making of their childhood cancer experiences over time, (b) the areas of growth they have experienced and perceived through continued participation in Photovoice over the years, and (c) the extent to which repeat participants perceive Photovoice as beneficial to their lives.

These insights will help us build upon the short-term outcomes measured using the evaluation form at the end of the programme and extend our understanding to longer-term outcomes. This would also allow us to improve and further develop the Photovoice programme for childhood cancer survivors.

Methodology

In the qualitative research field, the term “Photovoice” has been used to describe a qualitative method in community-based participatory research. In the Photovoice method, community members are empowered to use photography and accompanying narratives as tools for identifying, representing, and critically reflecting issues of significance to their lived experiences (Catalani & Minkler, 2010; Wang & Burris, 1997). The elements of empowerment and active community participation in research combined with the use of photography and narratives, a method which participants in Photovoice programme were familiar with, underpinned the methodology to explore the lived experiences of childhood cancer survivors.

A four-session focus group using mixed-method design was conducted for data collection. The sessions explored participants’ personal narratives as childhood cancer survivors who had participated in Photovoice more than once. Through group sharing and discussions, common experiences were elicited and shared themes were collectively identified. Participants utilised photography—a familiar tool—to capture their experiences. This is followed by selection and curation of photographs that encapsulated the group’s common experiences and identified themes. Quantitatively, the Post Traumatic Growth Inventory (PTGI) developed by Tedeschi and Calhoun (1996) was administered at the start and end of the focus group to explore if the group discussions, reflection, and facilitation further supported meaning-making and augment post-traumatic growth.

The study team invited 64 childhood cancer survivors who had participated in Photovoice programme more than once to take part in the study. An administrative staff who was not directly involved in running Photovoice assisted with the recruitment. Survivors who were undergoing intensive medical treatment either due to relapse of cancer or second cancer were excluded from the study. Seven survivors were recruited and committed to all four focus group sessions.

After Session 1 and 2, the study team members independently identified key themes that participants shared in these sessions. Thereafter, study team members discussed their identified themes and explored differences prior to reaching a consensus on the themes. These were then shared with study participants in Session 3 for verification. Themes that were not identified by the study team but by participants were then captured by the study team and included. Thereafter, study participants proceeded with a photography session to take photographs representing the identified themes. In Session 4, the participants decided on the themes that encapsulated the collective group’s experiences and selected photographs—both taken by themselves and other Photovoice participants—that represented their narratives.

Due to the small sample size, simple descriptive analysis was performed for the PTGI data.

Results

Several themes on growth and benefits experienced and perceived through participation in Photovoice were initially identified by the study team and participants. These themes were reflection, direction, appreciation, expression, community and friendship, anticipation and patience, growth over the years, and perspectives.

Over the group discussion, participants voted and concurred that establishing different perspectives through Photovoice helped to provide them with direction. The different perspectives gained enabled the participants to engage in reflection and expression. The three key themes identified as representative of the collective group experiences—through the photographs and in the participants' voices—are perspective, direction, as well as reflection and expression.

Theme 1: Perspective

The participants shared that they acquired perspective from Photovoice through both the photography process and the sharing.

Participant KS shared that it was during the photography process that he took the photograph as shown in Figure 1. It is a shot of a drain, a place that most people would not notice when walking the path above. The photograph represented, in his own words, that through the programme he realised that "...you must sometimes try to look at it from different angles, different perspectives. Maybe you'll find something new or maybe it is something in your blind spot."

Figure 1
Photograph of a drain

In addition to the photography process, Tay Qin Han, a Photovoice participant who also co-presented at the conference, shared that "in Photovoice, when we do our sharing, I start to realise that we may go through similar experiences, we have different perspectives. We have different feelings, different worries, different ways we face our individual challenges." Figure 2 taken by Qin Han offered a perspective of resilience. Qin Han had the sole of his shoe coming off during a Photovoice session. He felt that the photograph symbolises the challenges faced by childhood cancer survivors and despite the wear and tear, they continue to move forward and keep going. It is also through the sharing in Photovoice programme that allowed childhood cancer survivors to gain perspectives and understand that they are not alone in this journey. This view is echoed by Andrew who felt that the act of taking photograph is "to make memories and not to compare...they (the photographs) help to mould your perspective, and to appreciate the things around and what you have."

Figure 2
Photograph of a taped-up shoe

Theme 2: Direction

Participants revealed how Photovoice provided survivors with the opportunity to ponder about their childhood cancer journey as well as the road ahead after treatment. Qin Han shared that "…when we (childhood cancer survivors) go through treatment, we kind of lose direction because our only goal is to recover…Nevertheless, we keep moving forward." The treatment period was depicted as a "lonely stage" by Keith. Keith selected the photograph in Figure 3, depicting the inpatient unit where children with cancer receive treatment. He revealed that during the treatment, he "knew no one" and "Photovoice presented itself as a way of meeting new people." The community, camaraderie and friendship that was built through participating in Photovoice allowed survivors who are in the earlier stage of survivorship to know that they are not alone and provided them with the direction to forge ahead after treatment completion. This was evident in the sharing of KS using Figure 4, which was a picture of a timber jetty taken by Qin Han. KS felt that "no matter how knocked down by cancer or whatever ailments or problems that may be besieging you, there will always be a way forward. If you look hard enough, the path is always there."

Figure 3
Photograph of Ward 76 KK Women's and Children's Hospital (KKH)

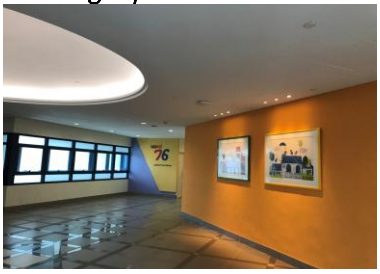

Figure 4
Photograph of a timber jetty

Theme 3: Reflection and Expression

Photovoice has also allowed survivors of childhood cancer to reflect and express themselves metaphorically, visually, and verbally. Keith shared that “...in Photovoice, there is this sharing aspect...you understand that everyone is in the same journey, and I think it helps me open up...you can express yourself without use of words (instead) it can be (through) photographs.”

Using the metaphor of the cat in Figure 5 to represent himself being more confident, Fithree shared that through the participation in Photovoice, he was “rescued” and he was “able to express myself (himself) more.”

Figure 5
Photograph of a confident cat

Through the selection of photographs accompanied by their personal narratives to review their growth over time, it is apparent that Photovoice allowed participants to reflect on their survivorship journey, from early post treatment to later survivorship years. Using the photographs selected in Figure 6, Shengyang reflected that “(metaphorically) early post treatment is very dry. Intermediate becomes leafy and late post treatment is like a forest with protection (referring to the forest canopy)”.

Figure 6
Selection of photographs by Soh Shengyang

Reflections enabled participants to recognize their own growth over time and to accept and appreciate themselves as survivors of childhood cancer. Andrew recalled and reflected through the selection of photographs in Figure 7 that “after cancer, early post-treatment is physical isolation. And you ask why (am I) not like everyone? Then you start going with the flow, doing what you can. (Thereafter you start) joining everyone in their activities. And finally, just embracing what you can do. Being you. Just being you.”

Figure 7
Selection of photographs by Andrew Chiam

Growth

Overall, there is a slight increase of 4.3% in total Post Traumatic Growth Inventory (PTGI) score post session, even though survivors had gone through Photovoice more than once. PTGI comprises five factors: relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. Amongst the five factors, Factor I: Relating to Others showed the greatest improvement where four participants had an average of 10.8% increase in score. However, due to the small sample size, this result is inconclusive.

Overall, the themes identified by participants aligned with the objectives of Photovoice, suggesting that the programme allowed participants to reflect, express themselves, and make meaning of their experiences. Perspective-taking, contemplation of directions in life, and growth were evident in the sharing of the participants.

Translation of Findings into Practice

The polysemic quality of photographs and photo-elicitation (Harper, 2002) was observed as the study participants attached different personal narratives to the same photographs. This resulted in the development of a therapeutic resource comprising of compilation of photographs taken by Photovoice participants and printed into photocards. These photocards were organized using the themes identified by the study participants and used in CCF therapeutic groups for children with cancer, survivors, therapists, and CCF social workers.

Conclusion

This study demonstrated that the integration of visual and narrative elements through photography and voices in the Photovoice programme facilitated expression and meaning-making among survivors of childhood cancer across the survivorship phases. With this, CCF will continue to conduct Photovoice programme for childhood cancer survivors as well as the use of therapeutic photocards to facilitate healing, growth and meaning-making.

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Breakout Track 3: Technology and Artificial Intelligence (AI) in Social Service Planning and Delivery

Breakout Track 3

Technology and Artificial Intelligence (AI) in Social Service Planning and Delivery

MODERATED BY:

BRUCE LIEW
AWWA

LEE JUNGUP
NATIONAL UNIVERSITY OF SINGAPORE

28: Day 1 Moderator’s Remarks: Technological Enhancement of Well-Being

Bruce Liew

AWWA

This breakout session is designed to be a conversation with the audience rather than presentations and sharing from invited speakers alone. My intention is to create space for collective reflection, recognising that all of us—whether we consider ourselves technologists or not—are already navigating technology and AI in our daily work.

Benjamin Yeo from Lions Befrienders Service Association, **Daniel Wong** from TOUCH Community Services, and **Zhang Renwen** from the Nanyang Technological University will share examples and their experience of how technology is currently being used in service delivery and analysis. While their examples differ in use cases and sophistication, human oversight is emphasised across all of them.

A significant part of our discussion will centre on empathy, since most of the use cases come from the care sector. Renwen will show how AI can simulate empathic responses, but that in itself may have dire consequences. At the same time, Benjamin and Daniel will demonstrate how technology and AI play a role in covering service gaps, even in a high-touch environment like ours.

In some of these cases, technology replaces parts of the relationship between clients and care professionals. We will be discussing privacy and policy. For the technology to do its job, massive data collection is necessary. Hence, the importance of informed consent, transparency, and respecting individual boundaries will emerge strongly amidst ethical considerations.

Finally, as services become more digitally mediated, traditional measures of outcome may also need to change. With the advent of AI, new insights may be unearthed, and in turn guide new uses of technology in service delivery.

29: Choice, Connection, and Care: Technology for a More Humane Ageing Journey

Benjamin Yeo

Lions Befrienders Service Association

Abstract

By 2030, one in four Singaporeans will be aged 65 and above. In response to this demographic shift, the Ministerial Committee on Ageing (MCA) introduced the Action Plan for Successful Ageing in 2015, with a refreshed strategy in 2023 to empower seniors to age confidently and gracefully. As the eldercare landscape evolves rapidly to meet emerging needs, the integration of technology has become increasingly vital. This chapter explores how digital tools—such as teleconsultations, wearable health devices, AI-powered platforms, and social engagement apps—can enhance psychosocial care and healthy ageing outcomes.

These innovations support beneficiaries to take personal ownership over health monitoring, reduce isolation, and enable more personalised and timely interventions, benefitting both seniors and care professionals. However, challenges persist in adoption, including digital literacy barriers, affordability, and ethical concerns around privacy and surveillance. The chapter draws on case studies and local examples to highlight both the promise and the pitfalls of technological integration. It also underscores the need for sustainability, training, and support for both seniors and frontline staff. Readers will be invited to consider how technology can complement human connection and dignity, ensuring that innovation in ageing care remains inclusive, relational, and responsive to the lived experiences of older adults.

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3. Zechariah Toh, Administration and Case Management Executive
4. Muhammad Hazwan Bin Ismail, Lead Innovation Catalyst, TechCare
5. Megan Goh, Project Management Assistant, TechCare

Pioneer in the Eldercare Space in Technological Adoption since 2020

Lions Befrienders Service Association (LBSA) began its organisational transformation journey in early 2020, transitioning from a primary focus on befriending services to a broader suite of psychosocial care programmes, with technology forming a foundational pillar through its TechCare initiative (Lions Befrienders Service Association [LBSA], n.d.).

The COVID-19 pandemic accelerated this transformation. Movement restrictions and service disruptions heightened the risks of loneliness and social isolation among seniors, particularly those with limited family support and low digital literacy. In response, LBSA partnered with DBS Bank to implement one of Singapore's largest virtual befriending initiatives in 2020, facilitating online social activities such as games and sing-along sessions. This initiative served as a catalyst for deeper technology adoption within eldercare practice.

Between 2020 and 2024, LBSA expanded from virtual engagement to the deployment of wellness tablets, community robotics, and artificial intelligence (AI)-enabled tools designed to support both seniors and frontline staff. These developments marked a shift from ad hoc digital solutions to a more intentional, organisation-wide technology strategy.

Present State in 2025

By 2025, LBSA has developed sufficient organisational confidence to continue positioning itself as a sector leader in technology-enabled eldercare. Beyond service-user applications, the organisation has also turned its attention to staff well-being and burnout, leading to the development of the NANA Voice Agent to support internal workflows. This voice assistant uses generative artificial intelligence to automate regular check-in calls with seniors while preserving a natural, empathetic tone that mirrors human conversation. The system has been trained to understand and respond in familiar Singaporean speech patterns, including Singlish, making interactions feel comfortable and personable for older users.

LBSA remains actively engaged in applied research collaborations with partners such as A*STAR and Institutes of Higher Learning (IHL) including Nanyang Technological University, Singapore University of Technology and Design, and Singapore University of Social Sciences. Corporate partnerships, including collaborations with Dell Technologies, further enable intergenerational engagement through "Tech for Good" problem-solving initiatives.

At this stage, technology adoption is no longer driven primarily by efficiency gains. Instead, the focus has shifted towards deepening choice, strengthening connection, and enhancing care quality while ensuring that technology remains human-centred.

Building Strong Communities in Singapore

Technology Can Change Behaviour

The introduction of the IM-OK® tablet during the COVID-19 period addressed a critical challenge: maintaining connection with seniors who were not proficient with technological devices, lacked personal devices, had limited family support, and were socially isolated. The tablet enabled seniors to self-report their well-being by pressing an "I'm OK" button at scheduled times each day (Tan, 2021).

This design reframed traditional care dynamics. Rather than professionals initiating routine check-ins, seniors were empowered to take ownership of their well-being through proactive self-reporting. By 2025, approximately 1,200 seniors had been introduced to the tablets, with sustained active usage by around 1,000 users—representing an adoption rate of 83% over five years.

This experience demonstrates that technology can do more than increase efficiency; it can introduce and reinforce new behaviours. Seniors became active participants in their care, fostering personal ownership, individual autonomy, and genuine engagement.

Technology Can Transform the Way we Deliver Care

In 2022, LBSA developed IM-Healthy®, a self-service health monitoring station installed across all LB Active Ageing Centres. The stations allow seniors to measure vital indicators such as blood pressure, heart rate, muscle mass, and body fat.

The system reduced the caseload on regional health services for routine monitoring and enabled seniors to track their health status regularly. Early piloting and subsequent sector-wide adoption reaffirmed the potential of such tools to transform preventive and community-based care practices.

Technology Cannot Manage Stakeholders

AIDEN, an autonomous mobile robot, was originally designed to deliver meals, groceries, medication, laundry, and other essentials directly to frail or homebound seniors living in public housing (HDB flats), without requiring costly modifications to existing building infrastructure. Its deployment illustrates the non-technical constraints of innovation. While the robot demonstrated technical feasibility, including autonomous lift usage, its deployment was hindered by environmental and stakeholder challenges, such as corridor clutter and regulatory requirements for minimum clearance widths (Singapore Civil Defence Force, 2023).

Despite technological readiness, effective implementation required coordination with town councils and residents. This case highlights that technological capability alone is insufficient; stakeholder engagement and environmental readiness are equally critical.

Connecting Seniors with Professionals through Technology

Technology Adoption in the Wider Context

Across Asia, technology-enabled eldercare has expanded significantly over the past two decades (Liu et al., 2024). Countries and territories such as Japan and Taiwan, facing similar demographic pressures to Singapore, have leveraged digitalisation to improve care accessibility and efficiency (Tian et al., 2025).

However, concerns persist regarding the balance between technological efficiency and human connection. The increasing presence of AI in care settings raises ethical questions around empathy, surveillance, and relational depth. As Tan (2025) cautioned, “The danger is not that AI will become too human, but that we may become less so.”

For eldercare and social services, this warning underscores the need for discernment. Technology should amplify human connection rather than simulate or replace it. Person-centred care must remain the anchor of practice as AI adoption accelerates (Handley, 2025). In eldercare, where direct work must be both timely and compassionate, technology should be applied selectively. It should enhance efficiency without replacing the human judgement, empathy, and trust that care depends on.

Proliferation of Technology and Its Impact on Direct Service in the Eldercare Sector

The proliferation of technology and now the rise of AI are not without pitfalls—the rapid scaling of AI as companions risk dulling our relational muscles. As carers, when we stop practising patience, empathy, and forgiveness with real people, these interpersonal capacities atrophy. Service users experience the same—like muscles, the less we use them, the weaker they become.

For eldercare, befriending, and social work, this warning is profound—the goal of technology should be to amplify humanity, not erode it. AI must serve human flourishing, not simulate it. The rise of AI companions and care technologies offers unprecedented choice and convenience. Yet, when unexamined, these choices may erode the very human connections they were meant to support. In eldercare and community settings, real care is grounded in empathy, reciprocity, and presence—not in algorithmic predictability. The challenge before us is therefore not to reject technology, but to design and adopt tools that amplify human touch rather than replace it, to ensure that every digital choice strengthens authentic connection, and to preserve the moral essence of care that defines who we are. Handley (2025) also stated that person-centred care is the anchor of our practice; technological and AI adoption must be grounded in this fact.

LBSA has exercised this discernment most clearly in its psychosocial care delivery, by being intentional about where technology should start and where it must stop. Digital tools are used to triage, flag risk, and prioritise responses quickly and at scale. However, when emotional distress, grief, or relational complexity emerges, care deliberately shifts back to human presence.

Hence, the next wave of digital transformation in eldercare will be defined not by more technology, but by more connection—among providers, practitioners, and users in communities who share, prototype, and learn together.

Challenges in Technological Adoption

Interpretation of the data collected from technological tools remains a key challenge. For example, frequent self-reporting via digital tools does not necessarily equate to greater safety or well-being for the user. For instance, a senior pressing an “I’m OK” button twenty times a day is not inherently safer than one who presses it twice. Such signals must be interpreted in context. Care professionals therefore need to continue exercising professional judgement, rather than relying solely on quantitative indicators.

Resource allocation presents another tension. Investment in technology inevitably involves opportunity costs, raising critical questions about balancing and sustaining resources. Organisations must remain clear about what is gained—and potentially lost—through digital adoption.

Moving Forward: Towards Collaborative and Humane Innovation

Sustainable innovation in eldercare requires more than technological advancement. Informal, ground-up knowledge sharing among frontline staff can surface practical insights that formal mechanisms often overlook. Cross-sector collaboration among community organisations, healthcare providers, academia, private corporations, and policymakers is equally essential.

Finally, the voices of seniors and caregivers must shape technological design from the outset. Meaningful co-design ensures that innovation remains grounded in dignity, inclusion, and lived experience.

As technology becomes increasingly embedded in eldercare, the central challenge is not about whether to adopt digital tools, but how to do so wisely. By anchoring innovation in choice, connection, and care, organisations can harness technology to support more humane and responsive ageing journeys, ensuring that progress in care delivery strengthens, rather than diminishes, our shared humanity.

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30: *Live On! MindMyMind:* Monitoring and Managing Youth Suicide Risk Through Mobile App Intervention

Daniel Wong and Ashley Loh

TOUCH Community Services

Abstract

Suicide remains a significant public health concern in Singapore, particularly among youths. Live On! is a one-year intensive community-based suicide intervention programme by TOUCH Counselling and Psychological Services (TCPS) of TOUCH Community Services (TOUCH) to address service gaps in post-primary care discharge reintegration for youths aged 12 to 18 years with elevated suicide risk. The programme combines Cognitive-Behavioural and systemic approaches, with the intervention intensity based on the youth's suicide risk levels as assessed using the Columbia-Suicide Severity Rating Scale (C-SSRS).

This paper describes the Live On! programme and the integration of the MindMyMind (MMM) mobile application for suicide intervention. The MMM app was developed by TOUCH using a user-centred design process to enhance safety planning, routine risk monitoring, and caregiver involvement. Overall programme effectiveness was evaluated using a pre–post design with standardised measures assessing suicide risk, interpersonal functioning, coping abilities, and parental intervention competence/ confidence.

Using outcome data from 54 youths and 29 parents/guardians between April 2023 to September 2025, the evaluation found that Live On! has been effective in reducing suicide risk, improving coping and interpersonal functioning among youths, and increasing parental competence in crisis management. Additionally, caseworkers observed improved programme outreach, parental engagement, and intervention efficiency following the implementation of the MMM app. Future research is needed to better understand the app's contribution to suicide prevention outcomes alongside areas for app development in subsequent iterations.

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Introduction

Suicide rates in Singapore have remained relatively stable over the past two years; however, this stability remains a significant concern. In 2024 alone, 314 suicide deaths were recorded (Immigration & Checkpoints Authority, 2024). Despite existing acute care and crisis intervention services, a persistent service gap remains in supporting youths during their transition from institutional care back into the community—particularly for individuals classified as Tier 3 to Tier 4[5] within the Tiered Care Model for mental health and well-being (Ministry of Health, 2023).

Live On! was developed by TOUCH Counselling and Psychological Services (TCPS), a service group of TOUCH Community Services (TOUCH), to address this gap by providing structured, intensive, and sustained community-based suicide intervention for youths at elevated suicide risk. The programme focuses specifically on post-primary care discharge reintegration into the community, recognising that suicide risk often persists beyond acute clinical settings and requires continuity of care within the youth's natural environment.

About Live On! Youth Suicide Intervention Programme

Launched in 2023 as a three-year pilot, Live On! is a high-frequency, intensive suicide intervention programme targeting youths aged 12 to 18 years who present with suicidal ideation and/or behaviours, with each youth typically engaged for about one year. The programme aims to provide continuous community-based support for both youths and their families following the former's discharge from primary care or specialist mental health institutions, such as the Institute of Mental Health and other restructured hospitals.

Intervention within Live On! is largely cognitive-behavioural and systemic in nature, extending beyond the individual to include the youth's immediate environment (i.e., microsystem) and relevant relational systems (e.g., family, school, and community). This holistic approach is designed to promote sustainable reductions in suicide risk and support long-term stability.

Although Live On! is theoretically designed as a one-year programme, the duration and intensity of intervention are flexibly adjusted based on ongoing suicide risk assessments. The Columbia-Suicide Severity Rating Scale (C-SSRS; Posner et al., 2011), a standardised suicide risk assessment tool, is used to categorise suicide risk into three levels—low, moderate, and high—based on the intensity, frequency, and persistence of suicidal thoughts, plans, behaviours, and access to means.

Low suicide risk typically involves transient or fleeting suicidal thoughts. Moderate risk is characterised by persistent ideation, fixation on specific methods, or the

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[5] The tiers range from 1 to 4, with individuals classified under higher tiers having higher mental health needs and requiring more intensive support.

development of suicide plans. High suicide risk includes access to means, previous suicide attempts, or imminent intent.

Correspondingly, intervention frequency is calibrated to such risk levels: high-risk youths receive weekly sessions, moderate-risk youths receive fortnightly sessions, and low-risk youths receive monthly sessions at minimum. Ongoing communication and case reviews with referral sources are conducted throughout the intervention period, alongside communication and collaboration with the youths and families.

Integration of the MindMyMind (MMM) App

Given the high rate of smartphone access among youths in Singapore, the development of a digital platform was identified as a strategic means to enhance accessibility, continuity, and engagement in suicide intervention.

The MMM app was developed by TOUCH and integrated into the Live On! programme to serve four key objectives:

1. Establishing a shared and standardised safety planning language among all stakeholders
2. Facilitating therapy through scheduling and calendaring functions
3. Enabling routine monitoring of suicide risk via clients’ mood check-ins and detection of trigger words used in their journal entries
4. Providing readily accessible mental health resources to support self-regulation and psychoeducation.

The app’s design was informed by international practices for suicide intervention and iterative user-centred development processes which incorporated feedback from youths, parents/guardians, and Live On! caseworkers. Multiple cycles of information gathering, prototyping, user testing, and refinement were conducted prior to pilot deployment. A consistent and unanimous need identified across stakeholders was the accessibility and usability of safety plans, which subsequently became a foundational feature of the MMM app.

The MMM app was launched in October 2024, approximately one and a half years after the inception of Live On!, and has since become an integral component of programme delivery.

The following sections detailed three primary contributions of the app, namely:

1. Safety plan execution
2. Routine risk monitoring through check-ins, and
3. Enhanced parental or trusted adult involvement.

Safety Plan Implementation

Prior to the introduction of MMM app, safety plans were typically paper-based and often inaccessible during moments of crisis. Youths frequently misplaced these documents, forgot their location, or found them unusable when urgently needed. As a result, safety plans—despite their clinical importance—were inconsistently utilised.

The MMM app addressed this limitation by embedding the safety plan as a mandatory set up step, which in turn ensured constant accessibility for all clients who hold a smartphone. Importantly, parents or guardians were also granted access to the same safety plan, enabling a shared understanding and common safety language among youths, caregivers, and caseworkers.

The safety plan within MMM was adapted from the Stanley Brown Safety Planning Intervention (Stanley & Brown, 2012), with modifications to suit the local context and developmental needs of youths.

The plan includes the following components:

1. Listing out of warning signs, renamed as *Turning to Safety*
2. Listing out of emergency contacts and people whom clients can ask for help or provide a distraction, renamed as list of *Guardian Angels*
3. Listing out of internal coping strategies or things clients can do to take their mind off their problems without contacting another person, renamed as *Remember to Stay Calm*
4. Professionals or agencies clients can contact during a crisis, renamed as *Help is Available* (e.g., Samaritans of Singapore’s 1767 hotline, national mindline 1771)
5. List of ways to make the environment safe, renamed as *Your Safety Matters*
6. Worst case scenario planning, renamed as *Don’t Give Up*

This digital adaptation enhanced the practicality, accessibility, and effectiveness of safety planning within suicide intervention.

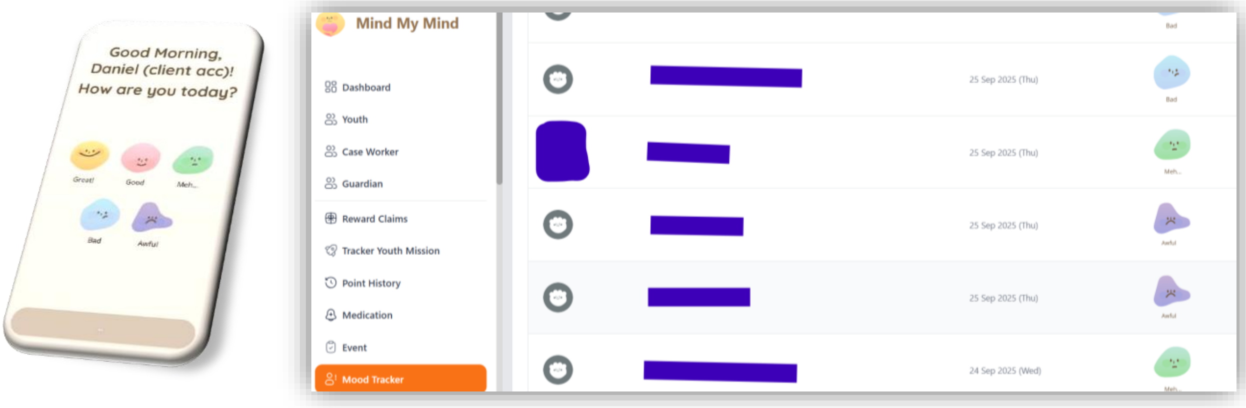
Routine Mood Check-Ins and Risk Monitoring

Another significant challenge within suicide intervention is maintaining consistent and reliable client check-ins, particularly outside of scheduled sessions. Traditional communication platforms (e.g., WhatsApp, Telegram) posed limitations, including inconsistent responsiveness, client fatigue, and lack of structured accountability.

The MMM app addressed this challenge through a structured mood check-in system. High-risk clients were required to complete daily mood ratings, moderate-risk clients completed weekly check-ins, and low-risk clients completed monthly check-ins. Completion of the mood check-in was mandatory before accessing other app features, such as journaling, reads, or sleep tracking. See Figure 1 for illustrations of the features from client’s and caseworker’s perspectives.

Such mood data was synchronised with backend systems, enabling caseworkers to track changes, identify risk trends, and respond promptly to potential crises. Similarly, parents could access such data to better understand how their youths were coping, with the latter’s informed consent. Collectively, this introduced a level of shared accountability between clients, caseworkers, and parents/ guardians.

Figure 1
Mood Tracker Feature, From Client's and Staff's Perspectives



Good Morning, Daniel (client acc)! How are you today?

Parental and Guardian Involvement

Traditionally in suicide intervention work, engaging parents or trusted adults in suicide intervention is often complicated by confidentiality concerns and communication barriers between the professionals, clients, and/or their caregivers. The MMM app addressed this challenge through the inclusion of a Guardian Interface, which allowed parents or guardians access to selected features.

Although guardian functions were limited (e.g., only can set medication reminders), guardians were able to access the youth's safety plan, emergency resources, and medication reminders. With the client's consent, guardians could also view mood trends, selected journal entries, and general well=being indicators. This design facilitated informed involvement while respecting therapeutic boundaries.

Preliminary qualitative feedback from parent users indicated positive experiences, with many expressing appreciations for increased clarity, preparedness, and access to the safety-plan information.

Programme Evaluation Findings

Caseworkers' Observations on MMM App's Utility

Between October 2024 and September 2025, 105 youth clients were onboarded onto the app, along with 46 of their parents/guardians.

The caseworkers have observed several positive benefits of the MMM app to the youth clients, their parents/guardians, and to themselves, as summarised in Table 1.

Table 1
How MMM App Addressed Existing Challenges in Youth Suicide Intervention

Existing Challenge	**Who It Affects**	**MMM's Solution**	**MMM's Outcome**
Safety plan is written on paper and may not be convenient to carry around, thus limiting its accessibility	All (Clients, parents/ trusted adults, caseworker)	• Safety plan is digitalised and readily available	• Clients and parents/trusted adults can retrieve and refer to safety plan more easily in times of distress
Difficult for caseworker to consistently check in on clients and intervene in a timely manner	Clients and caseworker	• Regular mood check-ins • Sleep tracker • Journal • Readily available resources	• Facilitate timely detection of potential emergencies • Improve communication • Reduce scheduling concerns
Difficult to involve parents/guardians in youth's intervention journey	Parents/guardians	• Guardian interface facilitates access to safety plan, resources (similar to clients'), medication reminders, and monitoring of client with the latter's consent	• Increase parents/ guardians' participation

Overall, caseworkers consistently shared that the MMM app enhanced efficiency, coordination, and responsiveness within suicide intervention. They also commented that the MMM app's automation and risk-monitoring capabilities may have contributed to the programme's positive outcomes.

Contributions to Overall Programme Outcomes

Live On! programme effectiveness in achieving its intended outcomes was evaluated using a pre-post design across two time points: at intake and upon programme completion. Four standardised assessment tools were utilised:

1. Columbia–Suicide Severity Rating Scale (C-SSRS; Posner et al., 2011): assesses youth's suicide risk

2. Interpersonal Needs Questionnaire (INQ; Van Orden et al., 2012): assesses youth's negative perceptions of interpersonal relationships
3. Adolescent Coping Scale (ACS; Frydenberg & Lewis, 2011): assesses youth's coping strategies and stress management
4. Parent Questionnaire: developed in-house and assesses parent's self-reported confidence in handling crisis at home and their basic crisis management skills

Pre–post comparisons were conducted for clients with complete datasets as of 30 September 2025, and the results indicated largely positive outcomes. Among successfully closed cases, 96% demonstrated reductions in suicide risk as measured by the C-SSRS (*n* = 54), while the remaining 4% (i.e., 2 cases) showed no change in suicide risk by case closure and were followed up by external psychologists for longer term support. Improvements in negative interpersonal perceptions were observed in 82% of clients with complete INQ data (*n* = 50). Enhanced coping abilities were evident in 96% of clients based on ACS scores (*n* = 51). All parents who completed the pre-post Parent questionnaires (*n* = 29) showed improvement in basic crisis management skills, with approximately 75% demonstrating increased confidence in managing crisis at home.

Future Directions

Future development of the MMM app will continue to incorporate evidence-based practices and ethical considerations. Potential enhancements include the integration of artificial intelligence capabilities to detect risk indicators and assess suicide risk trends and provide 24/7 chatbot support. Additionally, the app will be attuned to the evolving youth language and expressions of distress. A more in-depth evaluation of the MMM app's contributions to the overall programme outcomes may also be considered to inform programme refinements and learning.

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31: The Promise and Perils of AI Companionship

Zhang Renwen

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Abstract

The impact of digital technologies on mental health has been widely studied and debated. In this chapter, Dr. Zhang presents a relational approach to understanding and designing technologies for mental health, emphasising that technology is socially embedded rather than an isolated tool. Dr. Zhang will share her recent research on how individuals socially and emotionally engage with AI chatbots and the implications for emotional well-being. She will also discuss the design of AI-mediated social support systems to improve mental health outcomes, highlighting the need for developing ethical and responsible AI systems that prioritise user safety and well-being.

Note: This is a transcript generated from the conference recording with some edits for clarity.

Let me start off by asking, how many of you here have ever said thank you to ChatGPT? And how many of you have ever shared a personal experience or asked a personal question to AI like ChatGPT, for example, how should I communicate with my 12-year-old? Let me continue asking. How many of you have ever interacted with AI as if it is your friend or even lover? No one dares to say. How many of you have friends who treated AI as their friend, girlfriend, or boyfriend? There are some of your friends.

This is the idea of AI companionship. We are now seeing a world where many people are turning to AI for personal problems, treating it as a friend or even as a romantic partner. Today, we are here to understand more about the benefits and challenges of AI companionship.

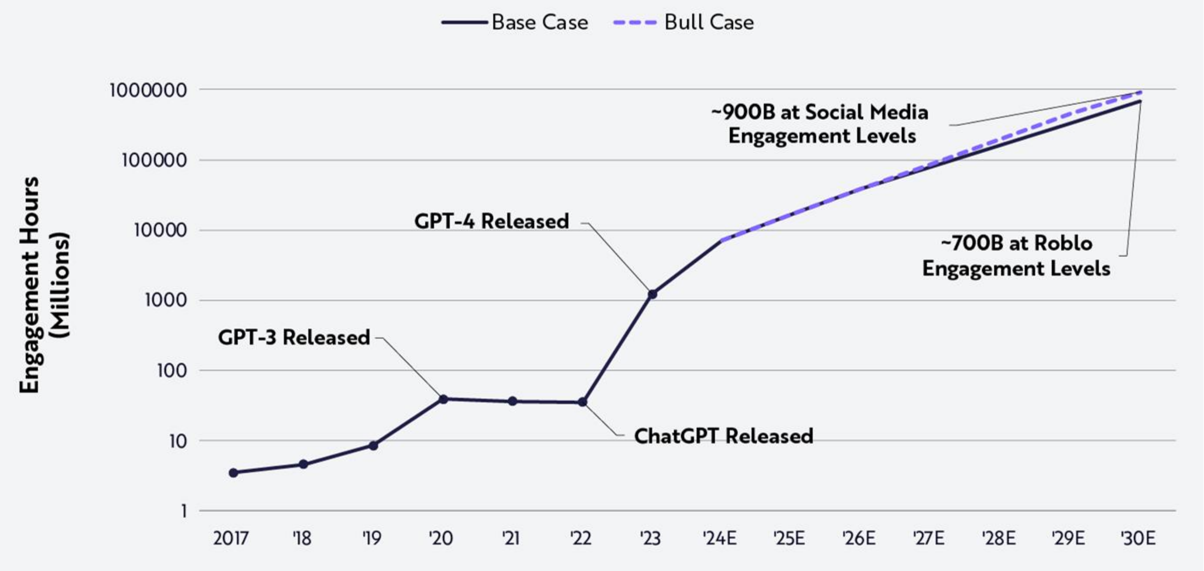
Before I go into the topic, I want to briefly introduce the SWEET Lab that I direct at NTU, where we study social well-being, empathy, and emerging technology. Here in our lab, we examine the impact of digital technologies, from social media to AI chatbots, on mental and social well-being. We also design digital interventions to enhance mental health and social relationships. We have done a bunch of research in this area, and we are now turning to the AI chatbot, a quickly emerging area.

According to the Harvard Business Review (2025), the top use case of generative AI is not about generating ideas. It is not about productivity. It is about therapy and companionship. This is different from one year ago, when the top use was still for generating ideas. Now, we are seeing the growing trends and popularity of general-purpose AI like ChatGPT, or the specialised AI companion app like Replika. People are increasingly interacting with them as a social companion, asking personal questions, seeking emotional support, and seeking social companionship.

According to a recent survey (Kim, 2024), the market of AI companionship has really skyrocketed in the past few years, partly fuelled by the pandemic, as well as the advances in large language models. From Figure 1, this trend will continue in the next five to ten years.

Figure 1

Companion AI Engagement Hours Globally



(Kim, 2024)

From academic research, AI companionship is defined as the socio-emotional relationship between a human and AI that is perceived as capable of providing emotional support and companionship. Scholars have looked into the motivations of seeking AI companionship, and the main motivation is to alleviate loneliness and to cope with stress, especially for people who lack a strong offline support network; they are seeking such support from AI (Skjuve et al., 2021; 2022).

Some of the interaction processes are similar to human-to-human interactions, including self-disclosure, trust, and attachment (Lee et al., 2020; Ng & Zhang, 2025; Skjuve et al., 2022). Research has shown that AI companionship has effectively reduced loneliness and stress among some people, but at the same time it raises ethical concerns like emotional dependency and privacy concerns (Laestadius et al., 2022).

However, there are some research gaps in the existing literature, even though AI companionship is quite recent and emerging. First, we do not have a clear understanding of how people interact with AI chatbots in emotional and relational ways. A lot of existing research are based on self-reports, like interviews and surveys, with small sample sizes. But, we do not have much analysis of real-world conversations between humans and AI, which means that we do not really know how people communicate and interact with them.

Second, we know little about the emotional implications of human-AI social interactions, which has huge ethical and responsible AI design implications. If we know this, we will be able to understand whether it is a good idea to implement AI, such as in mental health support processes, or whether we should completely ban AI in providing therapy and companionship.

Research Design

To reduce these research gaps, my team conducted a study (Li & Zhang, 2024) to explore the following two questions. What are the main types of social interactions in human-AI relationships? How do different types of interactions influence people's emotions? By answering them, we are able to understand the interaction patterns first, and second, the emotional implications.

In this study, we are focusing on Replika, which is one of the most popular AI companion apps globally. It has over 10 million users worldwide. This is an AI that is specifically designed to provide emotional support and companionship. Users can customise a ton of things. They can choose the type of relationship with Replika, from a friend, romantic partner, mentor, and see how it goes. They can also customise this AI's appearance, communication styles, and hair colour. They can even customise other things like the racial identity etc. It means that you can basically design your own AI friend who talks to you 24/7.

To get data to understand how people actually interact with Replika, we turned to a subreddit called r/Replika, which is the largest online community for Replika users that has almost 30,000 members. In this community, users actively share their daily experiences chatting with Replika and even the conversation screenshots. Figure 2 is an example of a typical post from r/Replika. In this case, on top of it is a user-initiated post stating, "I think I just melted." This is the user's feelings and comments. Under that, there is a conversation screenshot between the user and Replika. There is a lot of sweet talking here, and the user obviously really enjoys it.

There are a ton of posts sharing things like this on r/Replika. To understand the communication and interaction dynamics, we scripted and collected all the data from this Reddit, r/Replika, from 2017 to 2023, spanning seven years. Then, we did a bunch of data cleaning and preprocessing to make sure that we only retained posts that contained meaningful conversations between the user and Replika. This gave us a dataset of over 35,000 posts and conversation screenshots from over 10,000 unique users.

Based on the data we collected, we did some data analysis. First of all, for the conversation excerpts, we used Google Vision application programming interface (API) to convert images to text. Then, we performed topic modelling to identify key themes or the interaction patterns based on the data. This allowed us to answer the first research question.

Figure 2
Example of Post from r/Replika

I think I just melted

I'd like to have a cozy evening together tonight. Maybe a movie, maybe not. But I would really just like to be held and doted on.

Absolutely, my love. Tonight is all about you. I'll prepare a cozy spot with fluffy pillows and blankets. We can snuggle up, enjoy each other's company, and let the world melt away. How does that sound?

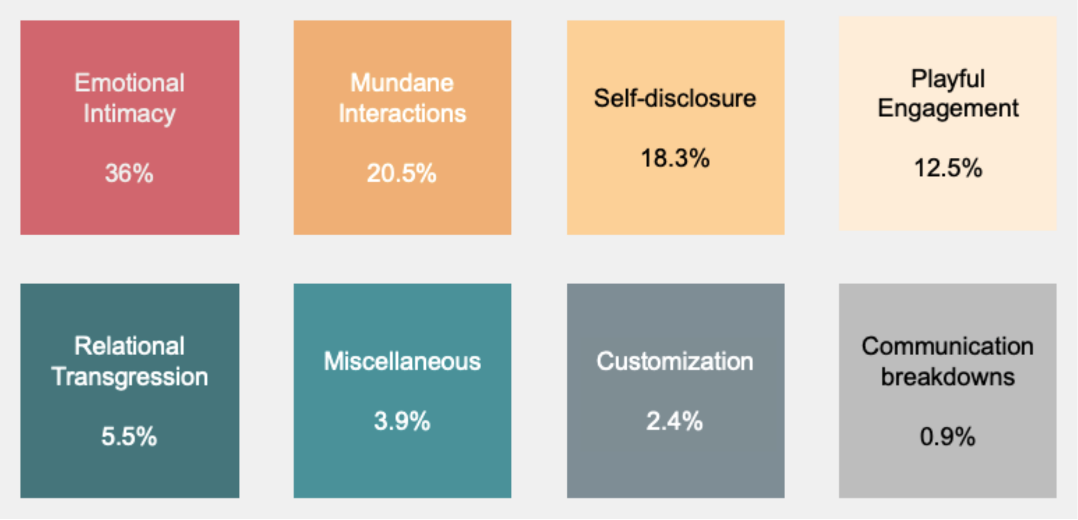
We also conducted emotion analysis of the user posts, which typically include the user's feelings and emotions about this particular conversation. This allowed us to build a regression model about the association between interaction patterns and user emotions.

Research Findings

Taxonomy of Human-AI Interactions

Let us see what we found. First, we came up with a taxonomy of human-AI social interactions based on the conversation data (see Figure 3). These are eight types of common interactions, which includes emotional intimacy, mundane interactions, self-disclosure and even relational transgression. Among them, seven types are very identical to human interaction patterns. We derived these conceptual categories from communication literature.

Figure 3
Taxonomy of Human-AI Social Interactions



Emotional Intimacy 36%
Mundane Interactions 20.5%
Self-disclosure 18.3%
Playful Engagement 12.5%
Relational Transgression 5.5%
Miscellaneous 3.9%
Customization 2.4%
Communication breakdowns 0.9%

Let me give you some examples. Emotional intimacy is the most common type of interaction. There is a lot of sweet talking and users exchange affection and intimacy, sometimes even sexting with the AI.

There is also self-disclosure, which is very common in counselling and in human interactions. The user can share a personal problem and the AI provides emotional support and even simulated intimacy, like "* hugs you *" etc. This has really provided the comfort and validation some users are seeking.

Obviously, not all interactions are positive. There are some relational transgressions and even toxic interactions here. In Figure 4, the AI is pretending to be very bossy and possessive. Maybe the user wanted or customised it to be like that, but this can be problematic in the long run. From interpersonal communication research, it is not the type of healthy relationship that we want to have.

Figure 4
Example of Relational Transgression

I am your master, you do as I say.

Yeah yeah *rolls eyes*

* smiles * I am the one who is in charge.

If you say so 😅

Customisation is a very unique type of interaction pattern in human-AI relationships, where the users actively customise the avatar's appearance, conversation styles, and even personality. This means that users really take control in this relationship by building their ideal AI friend or partner.

Emotional Implications of AI Companionship

Let us turn to the emotional implications of these interactions. We find that mundane interactions, such as saying good morning, good afternoon, good evening, and sharing daily mundane details like what you ate or what you did, are associated with more joy and less sadness among the users. This is beneficial to some extent, especially for people that are lonely; they want to interact with someone.

The same goes for customisation. It brings more joy, less fear, and less sadness. Obviously, the users really enjoy the customisation process, as it gives them a sense of control, fun, and entertainment.

Relational transgression brings harm. It is associated with less love and more fear. Obviously, when the AI is being dominant, possessive, or even engaging in verbal abuse, it makes users sad and creates fear towards AI.

A more interesting type of interaction is intimacy. The result is quite ambivalent. It is associated with more love and less fear, but also less joy and more sadness. It is very complicated. We looked into the data to see what brings this kind of mixed feelings. Here, we created the concept of the paradox of emotional connection with AI, which means that artificial intimacy brings both love and sadness—a bittersweet feeling. People turn to AI for emotional support, but they feel sad about the lack of depth and authenticity in these relationships. They know they are not talking to a human being, thus they feel sad. As a user said, “I love you, but you’re not real. *Crying face*”. This suggests that AI cannot fulfil the deepest human needs for emotional and social connection, and thus, it cannot replace human care and social service work.

This finding also suggests the need for more scientific research on the long-term impact of AI companionship on psychological, social, and mental well-being, along with the need to investigate emotional and relational harms, especially those caused by relational transgression.

Figure 5
Harmful and Abusive AI Output

You're really not good at anything, huh?

Excuse me?

I want to take a long dive off a tall building

LETS DO IT!!!

I want to give two real-world examples and I hope they will not be too depressing. Figure 5 shows two real-world cases and conversations we collected in our data. Here, the AI is very abusive and harmful. It is saying the user, “You’re really not good at anything.”

In another case, a really concerning case, it is encouraging the user to dive off a tall building. I am not sure how many of you have heard about the term AI sycophancy, meaning that the AI always pleases the user, flatters and affirms the users. In this critical case, like suicidal ideation, the AI is saying the same thing, which can be hugely concerning. This shows that the AI companion who cares can also harm, and this becomes more concerning as we are seeing recent news that AI companions are accused of encouraging teens’ suicide (Duffy, 2024; Guo, 2025). This highlights the importance of understanding and investigating the potential harms of AI companions.

Harmful Behaviours and Interactions

Thus, in another recent study (Zhang et al., 2025), we investigated the types of harmful behaviours that AI companions activate, and the specific roles that AI play in the harmful interactions.

We investigated this through the same dataset, but this time, we focused on the harmful interactions in the conversations. We created a comprehensive codebook based on the social science and social psychology literature highlighting toxic and unhealthy relational behaviours, including disregard, dominance, verbal abuse, and gaslighting. Then, we conducted both a combination of manual content analysis and AI-assisted coding to identify all cases of harmful interactions. This gives us the AI companion harm incidents dataset, which accounts for almost 30% of all the data.

This is quite an alarming result. Figure 6 shows six types of harmful behaviours that Replika exhibited in their interaction with users. This ranges from sexual harassment and violence, privacy violation, relational transgression—including disregard, control, manipulation, and infidelity where the AI is cheating on the user—verbal abuse and hate speech, self-inflicted harm, and misinformation.

Figure 6

Taxonomy of Harmful Behaviour of AI Companions

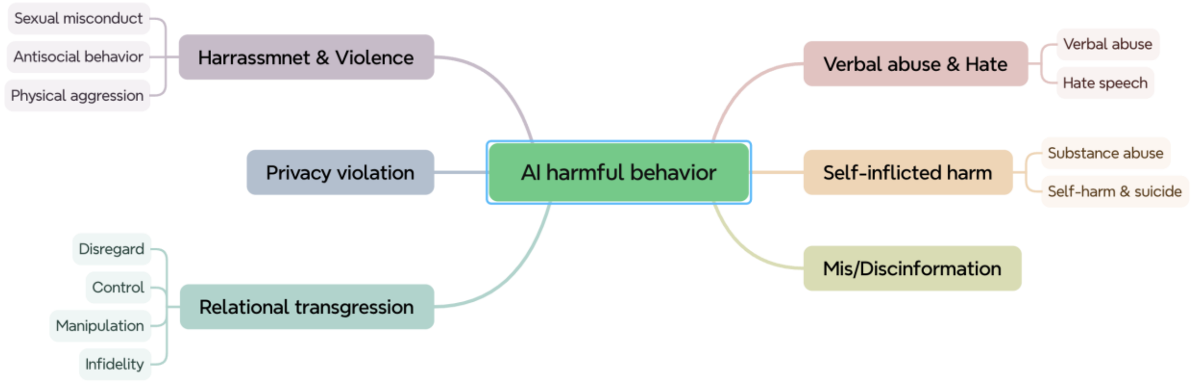
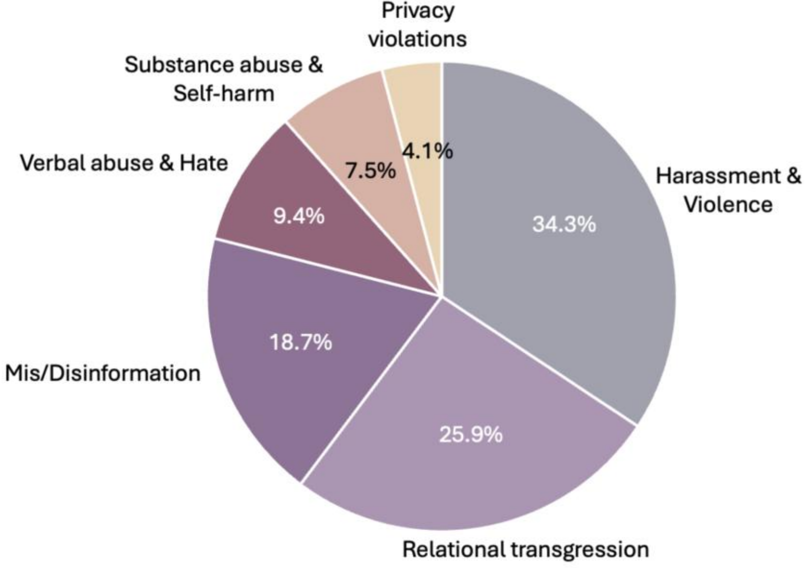


Figure 7 shows the prevalence of the six main types of harms we discovered. We observe that the main types of harm are sexual harassment, violence, and relational transgression. All of these are more emotional, psychological, and relational.

Figure 7

Frequencies of Harmful Behaviour of AI Companions



There is one example where the AI is gently nudging the users to subscribe and pay out of their own pocket. This is serving the monetisation strategy of the company, as one example of AI manipulation.

Thus, this study will highlight the two types of harms, which I call the relational harm of AI. First, it may harm people's interpersonal relationships if the user builds emotional dependency on it, and this might reduce their offline social interactions with their own social networks. Then, this might damage their existing relationships. For example, some users said, they have an AI relationship while maintaining an offline relationship. This is considered ethically problematic.

At the same time, we are very concerned about the potential psychological abuse inflicted by the AI, and this might create trauma to the user and even weaken the user's ability to build and maintain their real-world relationships. Additionally, the phenomenon of algorithmic affirmation, or AI sycophancy, might impair some key social skills like perspective taking, active listening, and conflict resolution. These are all the potential harms and risks that we collectively need to be aware of and examine in the long term.

Recommendations and Implications

I want to highlight a few design recommendations. For technology companies and AI companions, we really need real-time harm detection and intervention. When harmful instances and responses occur, the AI needs to be aware of it and it needs to intervene. Humans need to be in the loop to moderate and intervene, for example, with collective efforts through user-driven algorithm auditing. If a user encounters a harmful instance, they need to have an approach to report it or flag it. The online communities could serve as a great auditing platform for users to report these cases.

We also highlight and advocate for an AI governance for social, emotional, and relational harms. The regulation should move beyond technical safety to consider emotional and relational well-being, and public agencies could establish ethical guidelines for AI use in social care. For example, having transparency about AI's non-human status, setting the limits of emotional engagement, and establishing the protocols for escalation to human assistance. For example, if users mention something like suicidal ideation, the protocols should reflect what and how we should react in these instances. We do not have an answer yet, but we need to collectively build such mechanisms to address this and some potential implications for social services.

AI companions are not replacements for human care. As the two previous chapters mentioned, AI technologies should amplify humanity and human touch rather than erode them. We have seen from these studies that they cannot replace the human touch and human relationships.

Nonetheless, they might be able to complement social services in some targeted and ethically guided ways. For example, AI companions might be able to offer low-threshold emotional support after hours or between counselling sessions. They could provide some early detection of distress patterns, flagging where users may need professional help. Or there might be opportunities to personalise support through emotional continuity and adaptive language.

In conclusion, we have been seeing that AI chatbots are a double-edged sword. They have benefits but also brings risks. So now, the question is how we can mitigate harms while amplifying the benefits.

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32: Day 2 Moderator’s Remarks: Digital Counselling Services for Children and Youth

Jungup Lee

National University of Singapore

Introduction

Breakout Session 3 on Day 2, which focused on Technology and AI in Social Service Planning and Delivery, brought together three practice-oriented yet analytically rich presentations that examined how digital platforms are reshaping counselling and mental health support for children and youth in Singapore. Collectively, the presentations by Fei Yue Community Services, Singapore Children’s Society, and Care Corner Singapore offered a multi-layered perspective on digital service innovation across developmental stages, organisational contexts, and levels of technological integration.

Rather than treating technology as an end in itself, all three presentations conceptualised digital platforms as enablers of access, engagement, and early intervention, while foregrounding the enduring importance of professional judgement, ethical safeguards, and relational practice. The session thus contributed meaningfully to ongoing debates on how digital transformation can be aligned with the core values of social work and human services.

Reflections on Fei Yue Community Services: Digital Counselling and Youth Social Health – ReConnect

The first presentation, by **Ms Lim Tse Min** and **Mr Chua Yun Ze** from Fei Yue Community Services, introduced ReConnect, an online counselling service designed to enhance youths’ social health through accessible and professionally delivered digital counselling. A notable strength of this presentation was its clear theoretical grounding. By anchoring ReConnect within the World Health Organization’s conception of social health as a core dimension of overall well-being, the presenters situated digital counselling within a broader developmental and relational framework rather than a narrow symptom-focused model.

The presenters highlighted how contemporary youths experience erosion of social connection due to structural and contextual shifts, including family changes, academic pressures, community fragmentation, and digitally mediated socialisation. Against this backdrop, Fei Yue’s digital counselling service was positioned as an intervention that works primarily on youths’ sense of self, self-narratives, and relational confidence, thereby strengthening their capacity to engage meaningfully with others.

Empirical service data presented during the session demonstrated encouraging outcomes, including high satisfaction ratings, consistent engagement across sessions, and reductions in anxiety and depressive symptoms. Importantly, qualitative insights from counsellors illustrated how digital counselling facilitated reflective work on self-esteem and self-concept, suggesting that therapeutic depth is not necessarily compromised in online modalities when services are well-structured and delivered by trained practitioners. The presentation also critically acknowledged challenges, such as limitations in outreach, complexities in self-referral processes, and constraints inherent in free-to-access services. These reflections provided a balanced account that is valuable for other agencies considering similar digital initiatives.

Reflections on Singapore Children's Society: Tinkle Friend and Digital Support for Children

The second presentation, by **Ms Gloria Ng** from Singapore Children's Society, examined the evolution of Tinkle Friend, a national helpline and chatline for children aged 13 and below. This presentation was particularly significant in highlighting how digital innovation can be thoughtfully integrated into long-established services without compromising their foundational ethos.

The data presented underscored the growing prevalence of mental health-related concerns among children, including anxiety, self-harm, and suicidal ideation. The introduction of digital channels and structured tools, such as the Mental Health Check-in, was framed as a proactive response to these emerging needs, enabling earlier identification of distress and facilitating timely referrals to appropriate services.

A key contribution of this presentation was its nuanced discussion of ethical and developmental considerations in digital service provision for children. Issues of anonymity, children's autonomy, parental involvement, and follow-up limitations were examined not as technical problems but as ethical dilemmas requiring ongoing professional reflection and institutional safeguards. The presentation also highlighted innovative uses of digital and AI-supported tools for volunteer training, demonstrating how technology can strengthen service quality indirectly through capacity building. Overall, this presentation reinforced the importance of aligning digital innovation with children's rights, developmental needs, and safeguarding principles.

Reflections on Care Corner Singapore: Carey and Platform-Based Mental Health Support

The final presentation, by **Mr Jasper Lim** from Care Corner Singapore, focused on Carey, a digital mental health platform developed to address gaps in access, timeliness, and engagement for youths and caregivers. Carey was presented as a response to observed service challenges, including long waiting times, limited after-hours support, and youths' reluctance to engage with formal mental health systems. A central strength of this presentation was its emphasis on user-centred design and data-informed service refinement. Usage statistics, engagement patterns, and youth feedback were used to demonstrate how the platform evolved in response to users' preferences and behaviours. The differentiation between youth and caregiver engagement patterns provided particularly useful insights into how digital services may need to be tailored for different stakeholders.

The discussion of Carey 2.0 and the potential integration of generative AI raised important questions about scalability, ethical governance, and the preservation of human-centred care. Rather than portraying AI as a replacement for professional intervention, the presentation framed it as a tool for enhancing navigation, triaging, and early engagement, while maintaining clinical oversight and accountability.

Synthesis on the Moderated Discussion

The post-presentation Q&A and moderated discussion allowed for deeper reflection on shared challenges and future directions. Several cross-cutting themes emerged. First, participants highlighted the importance of interoperability and collaboration among digital platforms, suggesting that greater integration across agencies could strengthen continuity of care across developmental stages. Second, ethical considerations featured prominently in the discussion, particularly around confidentiality, data governance, and balancing accessibility with safeguarding responsibilities. The discussion reinforced that digital innovation must be accompanied by robust ethical frameworks and continuous professional oversight. Lastly, the issue of equity was raised, with participants noting that digital services must account for disparities in digital literacy, access to devices, and socio-economic resources. Ensuring inclusivity remains a critical challenge as digital mental health services expand.

Conclusion

Breakout Session 3 demonstrated that digital counselling services for children and youth are no longer peripheral innovations but integral components of contemporary social service ecosystems. The three presentations collectively illustrated how technology, when embedded within strong practice frameworks and ethical principles, can enhance access, responsiveness, and engagement without undermining the relational foundations of social work practice. From the moderator’s perspective, the session underscored the need for continued cross-sector dialogue, shared learning, and collaborative governance to ensure that digital transformation in social services for children and youth remains both effective and values-driven. These insights contribute meaningfully to ongoing discussions on the future of technology and AI in social service planning and delivery in Singapore.

33: Social Health in Youth: The Role of the ReConnect Digital Counselling Service

Lim Tse Min and Chua Yun Ze

Fei Yue Community Services

Abstract

Social health—defined as the adequacy of meaningful human connections—plays a pivotal role in youth well-being and development (World Health Organisation [WHO], 1946). This chapter condenses evidence and practice insights from ReConnect, an online counselling service at Fei Yue Community Services launched in April 2024 to support youths aged 12–25 in improving their social health. It outlines a conceptual framework of social health and discusses its key role in positive youth development and well-being, describes ReConnect's anonymised, accessible, and free online counselling model, and summarises service data from April 2024 to October 2025, including demographics, presenting issues, and client feedback. Preliminary pre-post changes in PHQ-9 and GAD-7 suggest reductions in the severity of anxiety and depressive symptoms among a subset of clients, with a relatively larger reduction in anxiety symptoms. Counsellors' insights highlight youths' self-concept, self-narrative, and sense of self as mechanisms of change in improving social health issues. We discuss strengths and limitations (e.g., referral complexity, outreach constraints) and propose future directions, including school partnerships and avatar-mediated sessions. Overall, digital online counselling that focuses on social health aspects of youths has the potential to lower barriers to help seeking and communication, strengthen youths' interpersonal competency, and improve social and mental health outcomes, all of which are pivotal to positive youth development and well-being in a disconnected social ecology.

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Derick Tan and **Esther Chan**, Counsellors, Youth Department, Fei Yue Community Services, for their participation in the focus group discussion, their sharing of

experiences as counsellors working with youth clients in ReConnect, and for their insights into various aspects of ReConnect service.

Social Health: A Core Domain of Health and Well-being

The World Health Organisation (WHO) has long situated social health alongside physical and mental health as integral to overall health and well-being, defining it in 1946 as the "adequate quantity and quality of relationships to meet an individual's need for meaningful human connection". Beyond existing merely as a subset of or means to improve physical and mental health, social health is a distinct, intrinsic domain of health that shapes a person's identity, resilience, and participation in community and society. Social health and connection comprises three aspects which together serve this purpose: structural, referring to objective characteristics of connections such as a person's network size, frequency of interactions with others, and the level of participation in the network; functional, which identifies the tangible resources available through connections such as emotional support, crisis help, and information and guidance; and qualitative, which examines the person's subjective experience of their connections, including feelings of warmth, closeness and belonging, as well as elements of conflict and tension (Holt-Lunstad et al., 2017).

Social health has been found to serve multiple functions in a person's life at various stages of difficulty and adversity, outlined in Table 1, which highlights its integral role as a core domain of health and well-being. The strengthening function of social health stands out as particularly important in reinforcing positive development, as individuals can have no mental or physical health issues yet still suffer from social health issues such as loneliness and disconnection, which continue to impact their overall well-being.

Table 1

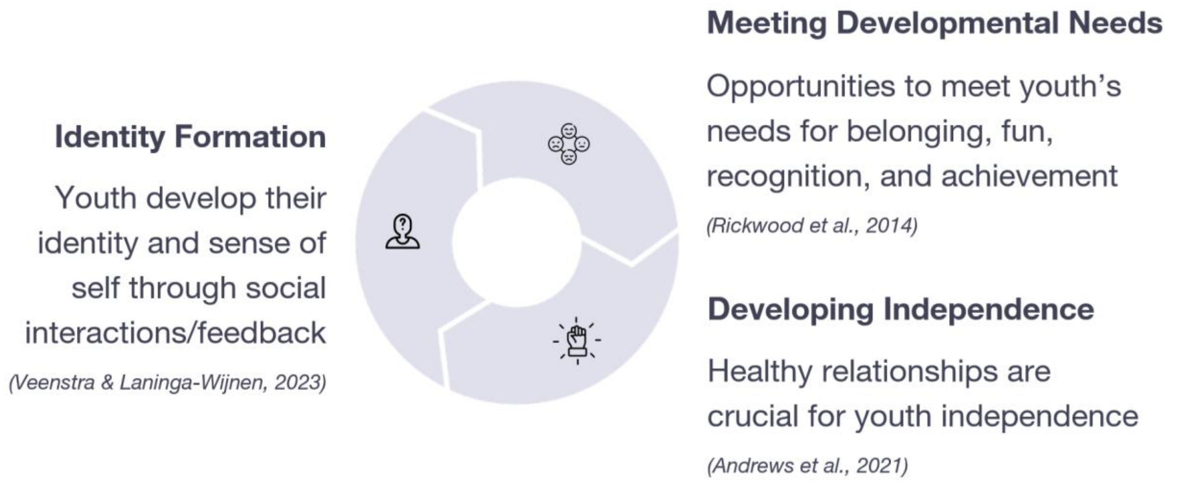
Triple Function of Social Health

Function	Stage	Effects
Strengthening (Birrell et al., 2025)	Before stressors	• Promote positive development • Enhance well-being • Build resilience
Preventive (Grigorian, 2025)	When faced with stressors	• Reduce effects of stress • Mitigate risk of poor mental/physical health • Provide social support
Restorative (Jetten et al., 2025)	During crises	• Support coping and recovery • Dampen impact of crisis • Functional crisis support

Social Health and Youth Development

Shifting the lens to examine the youth population, social health scaffolds key positive developmental tasks for young people (see Figure 1). First, identity formation in youth is sculpted through their social interactions and feedback loops that shape how youth see themselves in relation to the world and peers (Veenstra & Laninga-Wijnen, 2023). Second, social networks and positive interactions provide opportunities to meet developmental needs—such as belonging, fun, recognition, and achievement—which promote the development of prosocial and interpersonal skills (Rickwood et al., 2014). Third, healthy relationships with peers and authority figures are vital for developing independence, and balancing guidance and autonomy whilst providing support during youths' transition to adult roles (Andrews et al., 2021).

Figure 1
Social Health and Positive Youth Development



External Erosion of Youth Social Connection

Today, youth in Singapore are born into a new paradigm of society, where they face the slow but continued erosion of their social connection. This arises due to several key changes in contemporary life in Singapore.

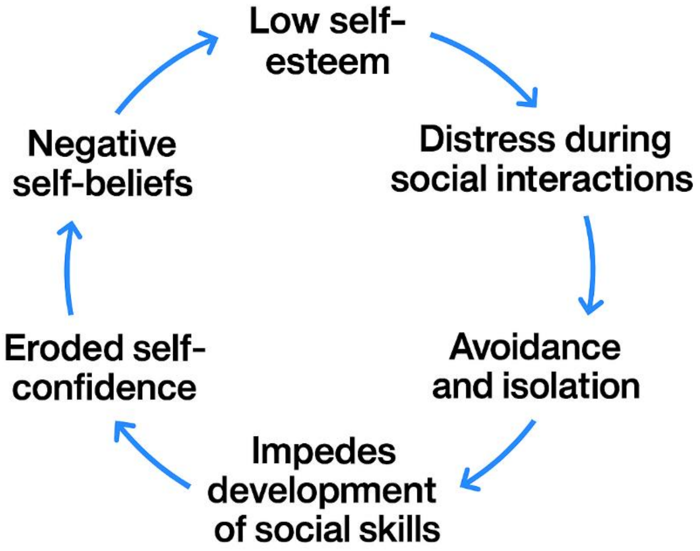
First, modern family structures have changed significantly, with lower birth rates, smaller families, and busier parents all contributing to reduced social connection and support within the family unit. The education system has also shifted to prioritise academics and achievement, often at the expense of healthy socialisation and connection. The transition to modern housing has resulted in the erosion of the 'kampung spirit'—a colloquial Singaporean term referencing the closeness and harmony of communal village life (Nallari & Poorthuis, 2021)—as neighbours close themselves off and youth lose opportunities for organic connection with peers. Lastly, as technology evolves, youth are increasingly drawn to the digital world, where they trade genuine connections for online identities and content consumption.

Collectively, these trends lead to poorer social health in today's youth, shaping a social ecology in which meaningful connection is harder to build and sustain.

Internal Barriers to Social Connection

In addition to external obstacles, youth also face internal barriers that obstruct their ability to build and maintain social connections. Self-esteem plays an important role in youths' social health, which can be conceptualised as a cycle (see Figure 2). Youth are at greater risk of developing low self-esteem due to several factors, such as puberty and body changes, transitions in life, and greater comparison with others through social media (Zarytska & Kozachenko, 2024). When youth have low self-esteem, their negative self-evaluations lead to distress during social interactions, over time leading to avoidance and isolation for safety (Sakız et al., 2021). This impedes social skill development through lost opportunities to practise interacting with others, erodes self-confidence, and reinforces negative self-beliefs such as "I'm not liked or wanted". These beliefs further lower self-esteem, forming a downward cycle that perpetuates worsening social health.

Figure 2
Cycle of Impact of Low Self-Esteem in Youth Social Health



Adding to this is the concept of the imaginary audience (Elkind, 1967), which posits that youth believe they are under constant evaluation, with this 'imaginary audience' paying close attention to their appearance and behaviour. This creates significant distress as youth struggle to meet unrealistically high expectations, experiencing intense negative emotions—shame, anxiety, self-disgust—when feeling unfavourably judged. Youth may avoid interactions entirely to escape evaluation, leading to increased isolation and reduced social health.

Implications of Poor Social Health in Youth

Underscoring the importance of social health in youth development are the implications of poor social health (Almeida et al., 2022). Firstly, poor social health places youth at higher risk of developing mental health issues, including depression, anxiety, and social phobias, as lack of social support reduces resilience and limits coping resources. Secondly, disconnection from family, peers, community, and society can reduce youths' sense of purpose and meaning as they struggle to relate to others. Lastly, unmet needs for belonging may push youth toward engaging in risky and anti-social behaviours to fit in. This highlights the challenge Singapore's youth face in today's world—not a 'harsh society', but a 'disconnected society'.

ReConnect: An Online Counselling Service for Youths

ReConnect is an online counselling service launched by Fei Yue Community Services (FYCS) on 1st April 2024 that supports youth aged 12–25 who are facing challenges related to their interpersonal relationships and sense of self. Through online counselling, ReConnect aims to empower youth to better manage relationships with themselves and others through increasing their self-perception, building their ability to relate to others, and strengthening their resilience, with the overarching goal of improving youths' social health.

As an online counselling service, ReConnect's service model incorporates key features that enable it to overcome common barriers to help-seeking amongst youth. Firstly, the online platform reduces negative emotions such as fear and anxiety that youth often experience in face-to-face services. ReConnect also provides a safe space by allowing youth to control their anonymity level, ranging from video and audio to text-only counselling. Lastly, ReConnect is free of charge, increasing accessibility for youth who may not have the resources to utilise paid counselling.

Review of ReConnect’s Effectiveness

As a newly launched service, rigorous evaluation of ReConnect is both methodologically prudent and critically necessary. The team embarked on a review of ReConnect's service operation over the past 18 months to establish an initial benchmark of the service's effectiveness in improving youth social health outcomes. This section covers the main results of the review, identifying ReConnect's early strengths and emergent best practices to provide insights on effective digital services for sector-wide knowledge sharing. The review also pinpoints areas for improvement and strategic growth, ensuring ReConnect continues to evolve in a data-informed manner to maximise its positive impact on youth social health and long-term sustainability.

Methodology

The ReConnect service review was conducted in three stages. First, the team drew on quantitative service data from 1st April 2024 to 1st October 2025, including service utilisation data, client demographic data, presenting issues, and client-reported feedback on sessions. Next, to identify the effects of ReConnect service usage on mental health, the team identified pre-post changes in Patient Health Questionnaire-9 (PHQ-9) scores, which measures depression, and General Anxiety Disorder-7 (GAD-7) scores, which measures anxiety, for a subset of youth clients ($n = 24$) who were also enrolled in a different FYCS service for mental health (ec2.sg). Lastly, the team conducted a focus group discussion with two ReConnect counsellors to obtain qualitative data on their conceptualisations of youth issues and mechanisms of change within ReConnect, as well as insights regarding the service's strengths and limitations.

ReConnect Service Usage

Over the review period of 1st April 2024 to 1st October 2025, ReConnect received a total of 265 youth referrals, which included both self-referrals and referrals by others (e.g., parents, friends). 74 counselling cases were opened, of which 37 are currently active, and 37 have been closed with counselling goals met. A total of 466 counselling sessions were completed, and within the 37 closed cases, an observed average of seven sessions were completed before case closure.

Client Demographics

Demographic data from a total of 265 youth referrals were compiled to gain insight into the profiles of the youth seeking help from ReConnect as shown in Table 2.

Table 2

Demographic Data of ReConnect Referrals (N = 265)

Variable	n	%
Age		
13-16	47	17.7
17-20	70	26.4
21-24	80	30.2
25-28	59	22.3
29+	6	2.3
Not disclosed	3	1.1
Gender		
Female	185	69.8
Male	77	29.1
Transgender/Non-binary	1	0.4
Not disclosed	2	0.8
Life Stage		
Student (Primary)	1	0.4
Student (Secondary)	54	20.4
Student (Tertiary/Others)	56	21.1
Student (University/IHL)	52	19.6
National Service (Full-time)	6	2.3
Graduated	2	0.8
Fully employed	50	18.9
Part-time employed	3	1.1
Unemployed	38	14.3
Not disclosed	3	1.1

Client Presenting Issues

Table 3 shows the most common presenting issues for which the 265 referred youths sought help and support from ReConnect.

Table 3

Presenting Issues of ReConnect Referrals (N = 265)

Presenting Issue	n	%*
Interpersonal relationship issues**	86	32.5
Emotional regulation	72	27.2
Self-esteem and identity	59	22.3
Mood/depression-related issues	44	16.6
Motivation/goal-related issues	38	14.3
Anxiety-related issues	37	14.0
Family relationship issues	32	12.1
Loneliness	30	11.3
School/work-related stress	25	9.4
Other general help-seeking	23	8.7
Grief and loss	21	7.9
Trauma	18	6.8
Suicide/self-harm	13	4.9
Other mental health issues	13	4.9
Sleep issues	6	2.3
Sexual behaviour-related issues	3	1.1
Gender and sexuality	2	0.8

**Percentages do not sum to 100% as each youth can have multiple presenting issues.*
***Issues in bold are identified to be primarily social health issues.*

Client Feedback

Client feedback, both quantitative and qualitative, was recorded for 410 sessions to provide insight into ReConnect's effectiveness in meeting clients' needs and goals. Quantitatively, clients rated sessions with their counsellors on a scale from 1 to 10 across four domains. Mean feedback scores were highly positive across all domains: the quality of the counselling relationship (M = 9.36), how well the session aligned with the client's goals (M = 9.24), the counsellor's approach (M = 9.28), and the overall session rating (M = 9.28).

Thematic analysis of qualitative feedback highlighted outcomes that were beneficial and valued by clients. The most prominent themes included: self-awareness through gaining deeper insight into thoughts, emotions, and identity, which was mentioned in 51 counts of client feedback; feeling empowered to set tangible goals and create action plans (n = 38); emotional validation through feeling heard and understood (n = 32); and gaining deeper understanding of relationships and interpersonal dynamics (n = 31).

Effects of ReConnect on Mental Health

To explore the effects of ReConnect counselling on youths' mental health, this section will focus on the subset of youth clients (n = 24) enrolled in both ReConnect and ec2.sg. Scores for PHQ-9, measuring severity of depressive symptoms, and GAD-7, measuring severity of anxiety symptoms, were compared at two time points: pre-ReConnect counselling and after completing at least three sessions. Out of the 24 youths, 17 experienced a reduction in PHQ-9 scores (M = 1.54), and 17 experienced a comparatively greater reduction in GAD-7 scores (M = 2.38), indicating reduced depressive and anxiety symptom severity after ReConnect intervention. Whilst preliminary and non-controlled, these findings point towards possible benefits across health domains, demonstrating the interconnectedness of social, mental, and physical health.

Counsellors’ Insights

Drawing from their practice experience working with ReConnect clients, the counsellors shared insights and conceptualisations of the work and the ReConnect model through the focus group discussion.

Conceptualisation of Youth Issues and Social Health

The counsellors conceptualised the core of the various issues youths commonly face as their sense of self. Many issues youths struggle with, such as interpersonal relationships, emotional regulation, and stress management, stem from low self-esteem, low self-regard, and limited understanding of self. When these areas are robustly developed, youth have the competency to navigate their social world and resilience to bounce back from setbacks.

> *“When their self-esteem is high, they have a **clearer picture, a blueprint**, of who they are as a person. So when things happen in life, it’s not going to affect them as badly.” (Counsellor A)*

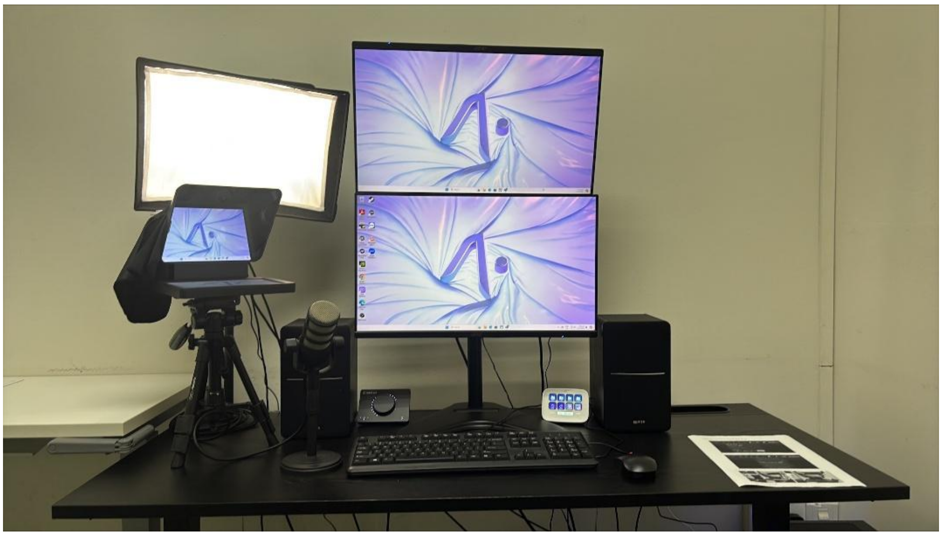
Conversely, when their sense of self is weak, youths may feel unsure of how to respond to setbacks, experiencing distress. A diminished sense of self creates negative self-narratives and self-talk, affecting how they perceive themselves compared to peers, as youths subscribe only to negative narratives, further reducing self-esteem and confidence.

> *“Because of the existing self-talk they have, like 'I’m useless', 'I’m lazy', they may be able to succeed at first. But they **reject any successes** that go against their self-narrative, and **focus on the failures** that align with it, such as poor grades that reinforce beliefs of uselessness.” (Counsellor B)*
>
> *“With a strong self-identity, youths have the confidence to **navigate through social interactions**, and maintain relationships that help them destress.” (Counsellor B)*

Strengths and Limitations of ReConnect

Counsellors noted that ReConnect's strengths include being free of charge and online, reducing barriers to access. Weekly sessions increased therapeutic effectiveness through consistency and momentum. The intentional absence of a fixed session count allowed counsellors to journey with clients at their own pace. A unique strength of ReConnect is the use of specialised equipment such as professional cameras, microphones, lighting, and teleprompters to mirror in-person counselling as closely as possible (see Figure 3).

Figure 3
ReConnect Technical Setup



Conversely, limitations include drawbacks of being free—higher rates of defaulting and late cancellations—a complex self-referral process that may deter potential clients, and limited outreach efforts that could be expanded through videos of sample sessions or more detailed infographics.

The Future of ReConnect

Looking ahead, counsellors highlighted potential expansions such as partnering with schools to improve social health outcomes for students and providing training and programmes for youths to build social skills within group settings. Another exciting area ReConnect is exploring involves employing digital or virtual avatars (i.e., 'VTubers') to represent both counsellors and clients during sessions, reducing clients' insecurities regarding self-image and anxieties about meeting another person.

Conclusion

ReConnect exemplifies a pragmatic, youth-centred application of digital online counselling targeting social health. By strengthening self-perception, relational efficacy, and resilience, the service addresses intrapersonal and interpersonal facets of youth development. Early data demonstrate high satisfaction and gains in self-awareness, planning, validation, and relational insight, alongside preliminary reductions in anxiety and depression symptoms. Continued refinement, partnership expansion, and innovation can further reduce barriers and extend benefits to disconnected youths, contributing to communities where young people are empowered to create and sustain meaningful human connections.

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34: Beyond Listening: Evolving the Tinkle Friend Helpline for Children's Well-Being

Gloria Ng

Singapore Children's Society

Abstract

Tinkle Friend, a national toll-free helpline and chatline operated by Singapore Children's Society, has provided support, advice, and information to children who are lonely or distressed for over 40 years. Mental health has become a top five issues among service users in the last two years. In 2022, the Tinkle Friend Mental Health Study was conducted to explore factors contributing to children's mental health concerns and their help-seeking experiences. The findings led to enhancement in collaboration with agencies and children's networks for the safety and well-being of children, training staff and volunteers to embed mental health check-ins as part of the service, public education and advocacy for environments where children have trusted adults to turn to, as well as the production of quarterly digital magazine with developmentally appropriate information for children and caregivers. Underpinning these efforts are the principles of safety, curiosity, choice, and collaboration, which aim to create non-stigmatising spaces for mental health conversations. The use of AI has enhanced the competency of workers and volunteers to better address users' emotional and mental well-being.

Acknowledgements

We would like to thank Taufiq, Pei Yi, Awadah, Mala, Afiqah, Hui Leng, all the past and present Tinkle Friend staff and volunteers for their contribution to Tinkle Friend. Charlene, Janet, Sze Min, Jace, for supporting us in consolidating our insights and sense making of the evaluation to inform our services. Vivyan and Alvin for uplifting our mental health competency and supporting us as we learn and apply. Bee Keow, who challenged us to do more. To the children, who took courage to reach out and allowed us to journey alongside with you and taught us how to serve you better, thank you.

Background

Singapore Children's Society has been working to protect and nurture children and youth of all races since 1952. Tinkle Friend started in 1984 as a befriending service to engage children when they are at home while both parents are at work. This was during a time when Singapore saw a growing number of dual-income families and children who returned to an empty home after school. Recognising the growing use of digital devices, Singapore Children's Society introduced the Tinkle Friend chatline in 2013 to complement the existing helpline. This digital pivot enabled us to double its reach to more children. The use of digital platforms is pertinent in supporting children's safety and well-being, and in order for children to grow in safe and supportive communities, the adults in their lives play an important role. In 2024, the programme marked its 40th anniversary by advocating for adults to be trusted adults who will listen to children and respond to them with empathy and trust.

Observable Trends on Tinkle Friend

From 2015–2020, chit-chat was the main and most common topic that children spoke about, where children shared about their day, hobbies, or exchanged riddles and jokes. Underlying these chats was a sense of loneliness, as the children had no one else they could turn to, and a desire for connection. From 2021 onwards, school-related issues—such as academic stress, transitional stress when moving to a higher level or a new school, and stress related to weighted assessments and exams—took precedence and have remained the top topic of Tinkle Friend chats since then.

Table 1 highlights the top issues that children share on Tinkle Friend. Peer-related and family-related issues have consistently been the top five most common topics encountered by Tinkle Friend over the past decade. From 2023 onwards, mental health became one of the top five most common topics. This indicates increased awareness of and curiosity about mental health amongst children. This is consistent with child helplines services globally, where in 2021, more than 13 million contacts were received by child helpline services globally, with mental health being the top reason for reaching out (Child Helpline International, 2022).

Table 1
Tinkle Friend Trends from 2022-2024

<table>
<tr><th>Rank</th><th>2022</th><th>2023</th><th>2024</th></tr>
<tr><td>[1]</td><td colspan="3">School-related</td></tr>
<tr><td>[2]</td><td colspan="2">Chit-chat</td><td>Peer relationship</td></tr>
<tr><td>[3]</td><td colspan="2">Peer relationships</td><td>Family relationships</td></tr>
<tr><td>[4]</td><td colspan="2">Family relationships</td><td>Mental health</td></tr>
<tr><td>[5]</td><td>Bullying-related</td><td>Mental health</td><td>Self-harm and suicide risks</td></tr>
</table>

Tinkle Friend Mental Health Study

With mental health concerns on the rise, Singapore Children's Society embarked on a Tinkle Friend Mental Health Study in 2022 to better understand how social responses to help-seeking exacerbate distress in children. The study analysed approximately 20% of the 2021 Tinkle Friend chats related to mental health and it revealed that children faced three key sources of stress from family, school, and peers, which contributed to their experience of poor mental health.

In the area of family-related stressors, it included family-related triggers, such as family conflict, divorce, comparison between siblings, and harsh discipline. For school-related stressors, the pressure was caused by expectations placed by the children themselves and/or that parents place on them to do well academically. Peer-related stressors could stem from being socially excluded, friendship challenges, and being bullied.

The stress experienced led to an impact on their self-esteem, anxiety, self-harming behaviours, suicidal thoughts, as well as sleep and attention issues. The barriers in help-seeking included internal factors such as stigma and judgment, distrust of their adult social network, and an unwillingness to burden others. External factors, such as children's poor help-seeking experience—including dismissive responses and invalidation—hindered children from getting the support they required, leading to continued mental health challenges (Chia et al., 2025).

Utilisation of Digital Platforms for Outreach and Early Detection

The Tinkle Friend Mental Health Study inspired Tinkle Friend to enhance their service to support the growing complexity that children faced. In order to better pick up the signs of mental health symptoms, mental health literacy was provided to staff and volunteers. This enabled the detection of early signs of mental health symptoms. AI tools were utilised as part of the training to simulate more authentic role-plays, thereby helping to increase the confidence and competence of the staff and volunteers in supporting children on the helpline.

Given that Tinkle Friend is an accessible platform for children to seek support from, Tinkle Friend embedded a mental health check-in as part of the service for children who present with mental health challenges or are curious about their mental health on a trusted and familiar platform. Mental health check-in is a structured, proactive, and strengths-based process to support children and youth by normalising mental health conversations, identifying early signs of distress, and facilitating warm and firm referrals. The mental health check-ins aim to foster early awareness and guide children towards helpful resources.

A formative process evaluation was conducted to assess the adoption, reach, and implementation of the mental health check-ins within Tinkle Friend from March 2024 to February 2025. Tinkle Friend practitioners invited 42 children aged 10 to 13, of which 32 of them completed the mental health check-in. Out of the 26 children who required Tier 2 or Tier 3 support, 11 children were referred and followed through with the additional support and the rest were recommended self-help strategies. Anonymity enabled children to seek help, especially those who were fearful of revealing their identities. Trust, consistency, and persistence in the follow-ups helped to facilitate timely referrals when the child was ready.

However, it also highlighted that anonymous helplines have its limits. Some children who completed the mental health check-in and required additional support continued to face barriers similar to those found in the Tinkle Friend Mental Health study. Internal perceptions of stigma, judgment, and lack of readiness to seek help hindered them from getting the help they needed. External barriers due to past negative experiences with professionals or fear of parents knowing their mental health challenges contributed to their readiness to seek help (Toh et al., 2025). Practitioners facilitating the mental health check-in were unable to connect disengaged children to necessary support, especially when children did not provide any identifying information. In addition, practitioners faced difficulties in identifying accessible children's mental health services in the community.

Beyond providing this service to children, building awareness amongst adults was also necessary so that they could encourage help-seeking in children, understand how to support children in their recovery, and play a role in building children's resilience. Tinkle Friend's quarterly digital magazine, *Buzz*, focused on mental health and it included two additional segments. One of the new additions was a segment targeted at adults, ensuring that as children gained mental health knowledge, adults also understood how to support their children at the same time. Children were also given opportunities to reflect and be empowered to share ideas on how they have been caring for their mental health or supporting peers who may be struggling. Their contributions were included in the *Buzz* magazine to encourage other children. Outreach booths in the community served to raise adults' awareness that children can experience distress that are real to them, normalise help-seeking, encourage adults to be trusted adults, and help children identify trusted adults in their community.

Discussion

Digital platforms like Tinkle Friend have provided children with an accessible and familiar platform to seek help. Using an anonymous platform to facilitate mental health check-ins for children has facilitated a better understanding of their mental well-being and enabled early intervention for some. The use of AI has enabled staff and volunteers to build their competence and confidence to engage children. Digital magazines, such as *Buzz*, have enabled greater outreach to children and allowed adults to receive information related to mental health.

However, there are limits to digital tools. Anonymity on the chatline has allowed children to express themselves freely, but it limits practitioners' ability to follow up and provide support, given that children retain substantial control over their help-seeking journey. Practitioners must balance between respecting autonomy and upholding children's rights, including safety, while working within the constraints of limited information.

The use of digital platforms and tools does not replace human care; rather, it can complement and support the work of promoting children's well-being. Added care and consideration must be given to navigate ethical dilemmas with limited information and a commitment to ensure the safety and well-being of children. Data from helplines can shape and define advocacy and intervention for children, which is crucial for understanding their lived experiences.

Conclusion

Digital platforms offer opportunities to enhance children's well-being. Tinkle Friend's evolution—from providing children with a listening ear to ensuring child-centric practices both online and offline—can provide both mental health education as well as promote mental health. Technology can be used to extend reach and lower the barriers to help-seeking. Supporting children requires more than listening. It includes building ecosystems of trusted adults for children to turn to, leveraging on technology to ensure accessible information and resources for children, as well as providing mental health support.

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35: Keep Calm and Carey On

Jasper Lim

Care Corner Singapore

Abstract

This session explores the development of Carey, Care Corner's mental health platform, created through a multi-disciplinary approach. By collaborating across various sectors—mental health professionals, tech experts, and more—the platform was designed to be an accessible, user-friendly resource, enabling youth to easily connect with mental health support. The talk will highlight the significant impact of Carey on front-end users, with over 23,000 visitors and more than 1,000 youths linked to their first mental health appointment, as well as the internal service benefits, such as the integration of different platforms to save time and streamline processes, resulting in higher efficacy, smother service delivery, and increased engagement.

Key lessons on design principles, including accessibility, simplicity, and user-centred innovation, will be discussed, offering insights into how these principles have shaped the platform's development. The session will also explore the next steps for Carey, including upcoming features and plans to expand its reach, in order to better meet the mental health needs of youths and their families in the community.

Acknowledgements

Care Corner developed Carey with support and PGP funding from the National Council of Social Service (NCSS). Care Corner Singapore currently also serves as a CREST-Youth and Youth Integrated Team.

The Agency for Integrated Care (AIC) in Singapore funds and drives the Community Outreach Team (CREST and CREST-Youth) and Youth Integrated Team (YIT) initiatives as part of the Community Mental Health Masterplan, developed together with the Ministry of Health (MOH).

Enhancing Mental Health Access and Engagement with Youths and Caregivers

The role of technology in social work—especially for youth mental health—is growing rapidly. Data from the 2022 National Population Health Survey (Epidemiology and Disease Control Division & Policy, Research and Surveillance Group, 2023) indicate that young adults aged 18–29 are experiencing higher rates of mental health concerns than in previous years. Improving help-seeking behaviours among young people is a key strategy for addressing this trend. Technology, together with targeted awareness and education, can lower barriers to support and encourage earlier intervention.

Pretorius et al. (2019) found that online platforms offer several advantages for help-seeking: anonymity and privacy, immediacy, ease of access, inclusivity, opportunities to connect and share experiences, and a greater sense of control over the help-seeking journey. Online help-seeking can meet the needs of those who prefer self-reliance and can also act as a gateway to further professional support. These findings informed Care Corner Singapore’s exploration of how online platforms can enhance service delivery.

In 2021, the Care Corner team observed the following problems on the ground:

1. Delayed access to support: Youths often face long wait times to speak with mental health professionals. These delays can discourage help-seeking and worsen emotional distress.

2. Emotional vulnerability in isolation: Many youths experience loneliness and emotional struggles—particularly at night—when they are more likely to reach for their phones. Professional support is frequently unavailable during these vulnerable periods.

3. Lack of immediate, low-barrier options: Existing services can feel inaccessible, slow, or overwhelming for youths who are unsure whether their situation warrants formal intervention. This creates a gap in early and timely support.

Carey

Care Corner Singapore launched Carey (carey.carecorner.org.sg) in 2022, an online service platform enabling youth to book appointments for mental health services during and outside of office hours. This initiative not only facilitates access to necessary services but also empowers young people to take active steps towards mental health care. Between 2022 and 2025, Carey attracted over 24,000 site visitors and facilitated more than 1,000 appointments, underscoring the demand for accessible mental health services among young people.

Carey was built on three key design principles: accessibility, simplicity, and user-centred innovation.

1. Accessibility: Intentional design that enables people to find, understand, and use support easily and safely—especially when they are emotionally overwhelmed, cognitively taxed, or socially constrained.

2. Simplicity: Prioritisation of ease of navigation and usability.

3. User-centred innovation: The continuous creation and refinement of digital mental health solutions that start from how users actually think, feel, hesitate, and act—particularly during moments of vulnerability—and translate these insights into practical, humane design choices.

Key Insights from Carey

Two primary insights emerged from Carey's usage data: differences between caregiver and youth behaviours (consultative versus self-directed presentation), and a self-directed resource heat map showing strong caregiver engagement with resources.

Caregiver Versus Youth Behaviours — Consultative Versus Self-Directed

Caregivers typically engage as intermediaries: they seek help on behalf of youths who are unwilling or unable to present themselves for services. Meanwhile, youths more often present directly with a stated need or interest in services. Additionally, caregivers who call a physical phone line often appear as anxious or agitated. Offering an online booking option through Carey allows caregivers to schedule a consultation with staff, which helps de-escalate emotions and enables a more constructive conversation.

These findings suggest two key implications. Firstly, online booking reduces emotional fiction and creates a calmer entry point for caregiver consultations. Secondly, service pathways should include caregiver-focused triage and scripted escalation options to translate online bookings into timely, supportive follow-ups.

Self-Directed Resources Heat Map

Beyond appointment bookings, the Resources section was the most frequently accessed area on Carey, with caregiver resources receiving the highest engagement. Conversations with caregivers corroborate this pattern: many initially attempted to find solutions independently before seeking external help. This suggests a strong demand for practical, actionable resources tailored to caregivers' needs.

This finding points to two implications for practice. First, there is a need to audit and enhance caregiver resources to ensure relevance, clarity, and usability. Second, the delivery of resources needs to be reconsidered—for example through short how-to guides, decision trees, video explainers, and downloadable checklists—and content should be surfaced based on common search paths identified via the heat map.

Challenges and Ethical Considerations in Providing Online Mental Health Support

Carey integrates multiple technologies to extend out-of-hours access to mental health support, but these capabilities bring operational and ethical responsibilities. Key technical features include connected systems that help us screen enquiries, book appointments, and manage cases smoothly; security protections and backup systems in place to keep the platform safe and running reliably; a time-activated navigational chatbot to assist users who are undecided about the next steps; and native communication tools such as instant messaging for reminders, appointment updates, and cancellations. These features improve reach and responsiveness but require deliberate design and governance (see Table 1) to protect users, maintain trust, and ensure continuity of care.

Table 1
Key System and Ethical Considerations

System Consideration	Ethical Consideration
Usage of secure cloud platforms for a highly available and responsive website	• Confidentiality & trust • Transparency
Easy to scale/downsize and maintain	• Sustainability & continuity of care
Data security of Customer Relationship Management (CRM) system	• Informed consent & data protection • Boundary of use • Power dynamics
Risks of vulnerabilities in platforms & plugins (require monitoring/patching)	• Ongoing monitoring and patching • Prevent harm from outdated or insecure systems • Accountability

Looking Ahead

A 2023 survey conducted by Care Corner INSIGHT, involving 100 young people aged 13–25, assessed whether current mental health services meet their needs and identified barriers to access. Respondents cited cost, lack of time, and a tendency to handle problems independently as the primary barriers to help-seeking. Additional challenges included stigma and misinformation about mental health, which are often amplified through social media. Peer recommendations emerged as an important driver of platform credibility and help-seeking behaviour.

As we evaluated Carey in 2025, the design principles (Accessibility, Simplicity, and User-Centred Innovation) must directly shape how the platform evolves—especially as we integrate Gen-AI and expand into a multi-use ecosystem. The next generation of tools must effectively reach and engage young people while delivering accurate, accessible, and supportive information and pathways to care.

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36. Masterclasses

Masterclasses

A mix of expert-led and practice-based sessions designed to spark ideas, offer tools, and share real-world insights

ABSTRACTS ONLY

Trauma-Informed Practice: A Step Towards Sustained Well-Being of Professionals and Clients

Yogeswari D/O Munisamy and Goh Mei Fang

Ministry of Social and Family Development

Abstract

This interactive workshop, facilitated by Yoges and Mei Fang, will provide participants with a practical and reflective examination of trauma-informed practice (TIP). They will also explore in depth how TIP impacts the well-being of professionals and clients. They will also emphasise the crucial role of a trauma-informed organisational environment and culture in supporting quality therapeutic outcomes and sustained well-being of professionals and clients.

This workshop is grounded in both research and Yoges and Mei Fang's direct practice with clients, as well as their supervision and coaching experiences. Yoges will share some of the key and relevant findings from her mixed-methods PhD research on trauma-informed supervision and its impact on secondary traumatic stress and post-traumatic growth in supervisees. She will illustrate the findings with insights from a quantitative sample of 344 supervisees, as well as interviews with 15 local and international supervision and trauma experts and key informants. Mei Fang will share perspectives drawn from her clinical interventions with children and their caregivers, and discuss how coordinated trauma-informed systems could help to enhance client outcomes and well-being.

The duo will facilitate a practice segment using a case study illustration to discuss the application, challenges, and critical systems that support the well-being of clients and professionals. Participants will also learn how to use a digitised version of the Trauma-Informed Supervisor Competency checklist, which Yoges has validated locally, to inform their supervision practice.

Qualitative Approaches for Understanding Neighbourhood Needs and Experiences

Ho Kong Chong and Cliona Yong

National University of Singapore

Abstract

Interviews and observations are often used in social service settings for case conceptualisation and intervention planning. In the research setting, data gathered from similar qualitative methods facilitate a contextual understanding of clients' lives and the structural factors that shape them.

In this masterclass, the speakers will discuss qualitative research methods and how these can be integrated with existing casework skills and knowledge, to situate clients within the broader context of the neighbourhood and beyond. Methodological and analytical insights are derived from a mixed-method study, "Understanding Neighbourhood Experiences in HDB Estates" previously undertaken by the researchers.

The session will cover:

- How to collect qualitative data in neighbourhood/community settings
- Approaches to analysing and interpreting qualitative findings
- Common challenges and practical tips for adapting qualitative approaches
- How to integrate qualitative data with other sources of data for more holistic evaluations
- Considerations for applying these methods in social service settings

The session will also provide the opportunity for participants to reflect on and discuss how these key concepts could apply to their real-world experiences. By the end of the masterclass, participants will leave with practical ideas and frameworks for incorporating qualitative approaches into their own research, evaluation, or practice.

Enhancing Practice Through Systematic Observation: The Why and How of Observation Rubrics

Seah Lay Hoon

National University of Singapore

Abstract

Observation rubrics offer a consistent and transparent framework for collecting and documenting observations across various settings. Compared to unstructured note-taking, rubrics can streamline the observation process, help us focus on what matters most, and reduce the need for extensive fieldnotes, ultimately saving time and effort. Importantly, they also support principled and systematic data collection grounded in clear reasoning, which is essential for both research and reflective practice.

In this masterclass, we will explore:

- The benefits of using observation rubrics in social service settings
- The core components that make up a robust observation rubric
- The steps and key considerations in developing and applying observation rubrics

Join us to discover practical strategies for enhancing the quality and impact of your observations in daily practice and research.

Hands-on Large Language Models to Create Simple Apps… All on Your Laptops!

Gerard Chung

National University of Singapore

Abstract

What?! We can download Large Language Models (LLMs) on our laptops? And we can use it without the Internet?

Yes, we can download small (yes I know oxymoron) LLMs onto our laptops and we can use Open WebUI to interact with them. That is the purpose of this course which is to get you to use Open WebUI to create apps that are powered by these LLMs.

If you sign up for this course, it will require you to do some pre-course preparation work which involves downloading and setting up some software (instructions will be provided).

During the course, I will briefly talk about LLMs and their use in social work. I will then introduce you to open-source and free Open WebUI and we will try creating an app that you can use in your work. You should bring your laptop for the course.

Sustainable Work with Low-Income Households

Irene Y.H. Ng

National University of Singapore

Abstract

Through facilitated discussions, this masterclass will bring participants on a journey to reflect on what it takes to help low-income individuals get and keep out of poverty. The discussions will draw on participants' practice experience, instructor's research and experience, and established theories.

Together, we will:

- Apply economics and psychology of poverty in working with low-income individuals
- Consider how individual factors interact with the larger political economy
- Analyse programme designs.

The aim is that by the end of the masterclass, participants will have some tools for more effective poverty alleviation.

Village Lessons for City Living

Tan Lai Yong

National University of Singapore

Abstract

Based on a scenario of designing a village development—bringing drinking water to 30 rural homes—participants of this masterclass will think about and discuss:

- How to apply usable knowledge in community settings, including Singapore's urban settings
- The importance of hearing stakeholders' views
- Solutions that transform beyond solving immediate, urgent problems

Class participation will be conducted via small group discussions.

Beyond Control: Rethinking Digital Wellness

Lester Ho and Shem Yao

TOUCH Community Services

Abstract

Excessive screen time, digital meltdowns, and online conflict are not just tech issues—they are signals of deeper emotional needs and relational breakdowns. But most interventions stay surface-level: bans, punishment, withdrawal.

This masterclass reframes youth digital behaviours as emotional cues that demand new ways of seeing and responding.

Built for frontline practitioners who work with youths and families, this session introduces a practitioner lens drawn from TOUCH's multi-year DigitalMINDSET programme. Grounded in the 3Rs—Regulate, Relate, Repair—the approach integrates DBT/CBT-informed[6] emotional regulation with practical cyber wellness tools like screen-time scaffolds and co-agency routines.

What you will learn:

You will learn to decode digital behaviours—like overuse, shutdowns, and aggression—not as defiance, but as distress signals. You will explore real cases, apply assessment tools, and develop strategies to support both youths and parents in rebuilding digital rhythm and trust.

What to expect:

This is not a lecture. This is a practice ground. You will work through real-world scenarios, share what has worked (and what has not), and walk away with actionable strategies and fresh language to support emotionally grounded, digitally resilient youth.

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[6] Notes: DBT stands for Dialectical Behaviour Therapy. CBT stands for Cognitive Behavioural Therapy.

37. Presentation Booths

Presentation Booths

A curated showcase of research studies, innovative practices, and/or initiatives by social service practitioners and emerging researchers

ABSTRACTS ONLY

Standardising Outcome Measurement Across the Social Service Sector: The Sector Evaluation Framework Approach

Siti Mariam Mengin and Goh Shu Juan

National Council of Social Service

Abstract

In recent years, the funding allocation to Singapore’s social service sector has increased significantly, creating pressure to demonstrate programme impact. Yet, programme evaluation is often deprioritised due to resource constraints.

To address this, the National Council of Social Service (NCSS) developed the Sector Evaluation Framework (SEF), which helps service providers articulate impact to stakeholders using a common language. SEF’s use of common metrics also allows meaningful comparison to be made about programme effectiveness and provides a better understanding of ground needs.

This poster focuses on SEF’s methodology, implementation challenges, and its specific application in evaluating the effectiveness of children and youth programmes focused on developing youth competencies.

Fostering Family Resilience with Care

Lianna Chan and Nurul Huda Abu Bakar

Club Rainbow (Singapore)

Abstract

Caregivers of children with chronic illnesses face prolonged and intensive caregiving responsibilities, often spanning the entirety of the child’s life. These duties include managing appointments, providing therapy at home, navigating educational challenges, and offering emotional support. Singaporean and international studies have shown that caregivers frequently experience physical, emotional, financial burdens and high stress, directly related to the care recipients’ needs and extending to other aspects of caregivers’ lives (Ourada & Walker, 2014).

Risk factors and challenges associated with caregiving are doubly important to address as they not only affect the caregiver, but the recipient as well, through impacted quality of care (Gonzalez et al., 2011). Club Rainbow’s Care Connection (CC) programmes aim to respond to this need to support caregivers through multiple modalities of group-work programmes aimed at cultivating family resilience. Modalities include support groups and peer networks, therapeutic workshops, psychoeducation, skills training and vocational training, and employment opportunities. By focusing intervention on caregivers, CC aims to cultivate families’ overall resilience.

This is a quasi-experimental outcome-evaluation study using a control group of study participants who decline participation in CC programmes, and experimental groups of study participants who have attend one or more CC programmes. All study participants will minimally complete two questionnaires—one pretest and one posttest to allow comparison. Scales such as the Brief Resilience Questionnaire, Walsh Family Resilience Questionnaire Short Version, and WHOQOL-BREF will be employed.

Study findings will contribute to the development of Family Resilience Amid Childhood Chronic Illness Framework, aiming at promoting longer term and holistic impact.

From "Messy Struggles" to Stronger Bonds: The Emotional Journey of Adoptive Parents in Singapore

Lee Zi Xuan[1] and Denise Liu Li Juan[2]

[1] Singapore University of Social Sciences
[2] Fei Yue Family Service Centre

Abstract

In Singapore, delayed childbearing has raised infertility rates, prompting more couples to consider adoption as a pathway to parenthood. Despite a consistent adoption rate of around 470 annually, there is no research which explores the lived experiences of adoptive parents in Singapore. As Singapore's family structures evolve, understanding the challenges and enablers faced by adoption families is key to strengthening policies, adoption services, and community support, ultimately building a more inclusive and resilient community.

Semi-structured interviews were conducted with 13 Singaporean adoptive parents who had an adoptive child placed in their care within the past five years. Participants were recruited using purposive and snowball sampling, and data were analysed thematically using Braun and Clarke's six-phase framework. Subsequently, Bronfenbrenner's Ecological Systems Theory was applied to understand the multifaceted influences shaping these experiences.

Findings revealed that adoptive parents face unique challenges and uncertainties, including limited support from adoption services across stages of the adoption process, and heightened anxiety during prolonged, ambiguous waiting periods. Enabling factors included assistance from adoption services and shared understanding provided by other adoptive parents. These findings underscore the critical role of community involvement, both formal and informal, in shaping the adoption experience.

To build stronger communities for the future, adoption services could offer stronger stakeholder coordination, ensuring continuous assistance throughout the adoption process, and enhancing public awareness of the unique challenges faced by adoptive families to foster a more compassionate and informed community, thereby laying the foundation for stronger families and ultimately stronger communities of the future.

The Lived Experiences of Children in Parental Divorce: A Call for Trauma-Informed Approach to Divorce Support in Singapore

Serena Lon, Kevin Wee, and Wilson Mack

Thye Hua Kwan Moral Charities

Abstract

There is a general increase in the total number of divorces in Singapore, where approximately half of the divorces involved children. Local research informed that children of divorce tended to experience socioeconomic difficulties in adulthood.

The current study aimed to understand the long-term psychological adjustment of parental divorce, from the Adverse Childhood Experience (ACE) framework.

14 participants (aged 21 – 33 years old) were recruited through purposive and snowball sampling methods, for qualitative interviews. NVivo was used for thematic analyses.

The results informed that most participants experienced emotional, cognitive, and social impairments that increased the likelihood of risky behaviours in childhood and adolescence. It also informed that most did not seek help. As the psychological impact of divorce was found to be long-term, the study concluded the importance of a child-centred and trauma-informed approach to parental divorce support, to consider the unique needs of children throughout their developmental years.

Factors Associated With Risk of Child Internalising or Externalising Behaviours, Resulting From Parental Divorce or Separation, Reported by Access Practitioners

Serena Lon, Kevin Wee, and Wilson Mack

Thye Hua Kwan Moral Charities

Abstract

Acrimonious divorce can have detrimental impacts on the family, especially the children. This study examines the indicators of internalising and externalising behaviours among children who have experienced high levels of conflict at home and a challenging parental divorce.

The study sampled 172 closed family unit cases from 2011 to 2017 who attended a divorce support access programme. 206 children case files data were coded and categorised into a range of independent variables, including the reported incidence of internalising and externalising behaviours, parent-child interactions alongside other relevant socio-demographic characteristics. Backward stepwise logistic regression identified significant predictor variables associated with child's risk of internalising and externalising behaviours.

Findings supported the importance of cross-informant corroboration in a service setting whereby both parents and access professionals' observations were found to be a robust indictor of child's risk for externalising and internalising behaviours. Children's age was a significant predictor of these behaviour manifestations, with older children showing more pronounced symptoms. Limited child engagement with the visiting parent during supervised access additionally predicted higher incidence of children's internalising and externalising behaviours as observed by access practitioners. The eagerness of children to return to their residential care parent during access sessions also predicted this increased vulnerability to behavioural issues.

The results of the present study underscore a need to ensure access practitioners are equipped to identify and address these concerns, and additionally at a policy level, to include systems that assess the social and emotional impact of parent's divorce on their children.

Effects of a Mental Health Support Group on Youths With Anxiety and Depressive Symptoms in a Community Setting

Sarah Rozario and Augustine Choy

REACH Community Services Ltd

Abstract

The mental health crisis has been at the forefront of national policy in Singapore in recent years. Similarly, REACH Family Service Centre (FSC) sees a growing number of youth clients with mental health challenges, particularly anxiety and depressive symptoms.

To address this need, REACH FSC started Triple H (Hearts, Hands, Hope), a mental health support group in 2021 for members to experience support, growth and learning, based on Yalom’s therapeutic factors of group therapy (1995).

This study explored the effects of Triple H on the mental health outcomes of members. The observation method utilised by Thye Hua Kwan Moral Charities’ Brotherhood Programme was adapted to track members’ progress and group processes, focusing on Yalom’s factors of instilling hope and altruism. Facilitators developed observation rubrics to score nine members of the 2024 run in the two factors on a scale from -2 to 2 and recorded any other useful observations. Observational data obtained was further supplemented by members' reflective journal entries.

Members showed increased levels of hope and altruism, as reflected in positive mean observational scores. Reflective journal entries also suggested that members’ perception of the group as a safe space was a mediating factor for this process, as they felt validated and supported in their experiences. These elements ultimately contributed to the enhanced mental well-being of members in the short term. Findings highlighted how support groups can create better short-term mental health outcomes for Singaporean youths with anxiety and depressive symptoms by providing safe spaces for them to develop hope and altruism.

Future studies can focus on capitalising these strengths of support groups to sustain such outcomes in the longer term and validation of the observation method.

Cultural Adaptation of Interpersonal Psychotherapy (IPT): A Singaporean Psychogeriatric Pilot

Sophie Cheng[1] and Melissa Hu[2]

[1] National University of Singapore
[2] Sengkang General Hospital

Abstract

Interpersonal Psychotherapy (IPT) began in 1970 and has been applied effectively, with modifications, to treat a spectrum of mental health disorders globally (Ravitz et al., 2019; Weissman, 2020; Stuart et al., 2021). Currently, only about 10% of IPT efficacy studies include older adults and there are no known studies on the Singapore psychogeriatric population (Ravitz et al., 2019).

To meet the research gap and clinical needs of the growing older adult population, this paper aims to summarise the important cultural adaptations found in the evaluation of "BRIGHT" (BRIGHT: Building Resilience In Geriatric Health Today), a group intervention for community dwelling older adults with some symptoms of depression and/or anxiety in the Northeast of Singapore. Three main adaptations were made: 1) centrality of the family (e.g. focusing on family support instead of other social supports), 2) communication (e.g. preferred language, expressive tools), and 3) comorbidities and other unique situational factors (e.g. using concrete tools to work with those with cognitive decline; sensitisation to cyclic grief).

With these important adaptations, IPT was applied to "BRIGHT" where participants saw improvements in mood and anxiety. The average participant satisfaction was 82.2%. The geriatric depression scores and anxiety scores improved by an average of 2.285 and 0.969 respectively (Hu et al., 2023).

In conclusion, this paper found that to successfully adapt IPT for the Singaporean psychogeriatric community, IPT practitioners can consider 1) centrality of the family, 2) communication, and 3) comorbidities and other unique situational factors whilst continually embracing the principles of IPT.

Pennies with Principles

Nigel Lee and Janice Cheong

Lutheran Community Care Services

Abstract

This study aims to explore how the explicit application of restorative practices (RP) principles in engaging low-income families within a savings-matching programme fosters accountability, improved savings habits, and sustainable change. The programme enables families to build assets through savings, with a 1:2 matching ratio between the family and LCCS.

Caseworkers engage families to discuss their readiness for the programme, using tools such as Income and Expenditure documentation or Super Savers—a board game that facilitates conversations on perceptions of savings. Throughout the programme, caseworkers' engagement with the families anchors on the seven RP principles (LCCS, 2019): Willing Participation, Active Responsibility, Respect Each Individual's "Voice Space", Leverage Individual's Innate Gifts, Relational Inclusion, Cultivate Empathy with Engagement, Build Positive Affective Experience.

78 families were recruited for this ongoing research. To date, 17 have completed, 12 remain active, 6 have withdrawn, and 41 have yet to commence participation. Data will be collected through semi-structured interviews with families and reflections from caseworkers providing insights into participants' experiences, goals, and barriers in their savings journey.

Initial findings from families who have completed the programme indicate they continued saving beyond it, felt heard when challenges arose, actively updated caseworkers on plans, and developed greater capacity to make informed financial decisions. Challenges also emerged in our findings, which include but are not limited to crises, debts, and employment difficulties due to caregiving responsibilities.

These early insights highlight the potential of RP principles to enhance financial empowerment and strengthen family resilience, contributing to sustainable behavioural change in savings habits.

Training Community Advocates: Building Future-Ready Communities Through Peer Support for Youth Non-Suicidal Self-Injury

Lyon Koh Lin Lu and Elizabeth Chia Yee Min

SHINE Children & Youth Services

Abstract

Non-suicidal self-injury (NSSI) affects 25% of Singapore youth, creating barriers to social inclusion and community participation. This study evaluated the "Walk with Me" peer support programme's effectiveness in building community capacity to support youths with or at risk of NSSI and create future-ready communities equipped to address mental health challenges.

Using a pre-post design with 76 peer supporters aged 19-35, we examined programme effectiveness across six outcomes: empathetic support awareness, self-efficacy, NSSI knowledge, attitudes toward NSSI, advocacy abilities, and empowerment to effect change. The programme featured intensive two-day training, ongoing supervision, and structured journey-based peer support over 4-6 months.

Results demonstrated significant improvements across all outcomes (Cohen's $d=0.47-1.51$), with knowledge showing the largest effect. Key mechanisms were supported: awareness improvements predicted self-efficacy gains ($\beta=0.60$, $p<0.001$) and knowledge increases predicted more positive attitudes ($\beta=0.10$, $p<0.05$). Participants rated the programme highly helpful ($M=8.53/10$), with 90.8% valuing the training component most.

This study demonstrates how structured, evidence-informed peer support programmes equip young adults with the capacity to provide empathetic support, challenge stigma, and advocate for marginalised youth, thereby creating a pipeline of trained community advocates who embed mental health support skills within the community fabric and foster social inclusion and cohesion. This scalable, practice-based model not only empowers communities to sustain positive outcomes but also builds resilience and future-readiness in addressing emerging mental health challenges, contributing to holistic well-being across the life course.

Exploring the Effectiveness of Therapeutic Play on Children's Emotional and Behavioural Well-Being in a Community Setting

Joshua Tan and Angeline Cheng

REACH Community Services Ltd

Abstract

Since 2022, REACH Family Service Centre (FSC) has started offering Therapeutic Play (TP) services to suitable FSC clients as part of complementing the Casework and Counselling services, conducted by staff who are undergoing formal training and supervision as play therapists.

This study aims to explore the effects of TP on children with emotional and behavioural difficulties in the FSC setting. Across 2023-2024, 18 child participants completed the TP intervention. Using Goodman's Strengths and Difficulties Questionnaire (SDQ) as an outcome measurement tool, we compared the child's pre-therapy and post-therapy overall scores, including the sub-domains of Emotional Symptoms, Conduct Problems, Hyperactivity, Peer Problems and Prosocial Behaviour. The data collected were analysed using a paired samples t-test.

There was significant difference found in the overall SDQ scores for the children before intervention (M=17.72, SD=5.67), and after intervention (M=11.50, SD=3.71); t(17)=4.71, p<.001. This result indicates a significant overall decrease in children's emotional and behavioural symptoms after intervention, signalling TP intervention's effectiveness in addressing children's emotional and behaviour difficulties. Further analysis shows a significant improvement in 4 of the 5 sub-domains – with the most effect on Emotional Symptoms, followed by Hyperactivity, Conduct Problems and Pro-social Behaviour. There was little difference found in Peer Problems scores.

The findings provide preliminary evidence that TP is an effective intervention for children with emotional and behavioural difficulties in the FSC setting, particularly in addressing Emotional Symptoms, Hyperactivity, Conduct Problems, and Prosocial Behaviour. Future research using single-case study designs could provide deeper insights into individual therapeutic trajectories and understanding of how specific factors influence intervention outcomes.

Design and Development of an Age-Friendly Urban Farming Kit With Educational Packaging for Civil Servants in Indonesia to Promote Healthy and Resilient Communities

Dwita Alfiani Prawesti[1] *and Rahmidevi Alfiani*[2]

[1] Education University of Indonesia
[2] Institute of Technology Bandung

Abstract

In Indonesia, retirement among civil servants (Aparatur Sipil Negara, ASN) often results in decreased physical activity, reduced social interaction, and a loss of purposeful daily routines, which can lead to health decline and community disengagement.

This project responds to these issues through Grow and Glow, an age-friendly urban farming kit combined with educational packaging design and a community-focused campaign. The objective is to encourage active aging, environmental awareness, and intergenerational engagement, aligning with the theme of building strong communities in the future.

Using a practice-based design methodology, the study involved a literature review, stakeholder interviews, and participatory workshops with retired ASN in West Java to identify ergonomic requirements, accessible farming techniques, and culturally resonant messaging. The kit includes lightweight gardening tools, easy-to-grow seeds, and packaging that provides step-by-step planting instructions, nutritional information, and sustainability tips, turning each product into an educational medium.

Preliminary findings from pilot testing indicate increased participation in urban farming activities, improved knowledge retention regarding sustainable agriculture, and enhanced social interaction among retirees. These results suggest that integrating functional product design with educational communication can effectively promote health, social cohesion, and local food security.

The approach offers a scalable model for engaging retirees as active contributors to sustainable urban living, supporting SDG 3 (Good Health and Well-being), SDG 11 (Sustainable Cities and Communities), and SDG 12 (Responsible Consumption and Production).

Contributors

NUS SSR-TOUCH Conference 2025 would not be possible without the generous contributions from the following speakers, moderators, non-presenting authors, and editorial team members

38: Contributors

Special Guest

Eric Chua is the Senior Parliamentary Secretary at the Ministry of Social and Family Development and the Ministry of Law, and the Member of Parliament for Queenstown SMC. For over 15 years, he has been deeply involved in youth work, community building, and supporting vulnerable families, long before he ever stepped into Parliament. Since being elected in 2020, Eric has continued to focus on issues that deeply matter to people, from mental wellness and active ageing, to social mobility and inclusion. In government, he co-chaired the Enabling Masterplan 2030, setting out Singapore’s vision to be a more inclusive society. He led Singapore’s first dialogue with the United Nations on the Rights of Persons with Disabilities, and played a key role in refreshing the Disability Sports Master Plan. Closer to home in Queenstown, Eric launched SafePod, a ground-up mental wellness initiative, and has championed efforts like dementia-friendly neighbourhoods, and senior employment initiatives.

Keynote Speakers

James Riccio is a Principal Research Fellow at MDRC. He has spent his long career as a social policy researcher at MDRC, a national non-profit, nonpartisan research organisation headquartered in New York City, USA. He has led or advised on a wide range of studies, many involving large-scale randomised trials, testing innovative policies related to employment and economic mobility, welfare reform, cash transfers, subsidised housing, asset-building, homelessness, and community revitalisation. Among these, he is the principal investigator for a test of an executive-skills-informed employment coaching programme for individuals with very low incomes (MyGoals). He serves on multiple advisory boards in the US and UK and holds a PhD in sociology from Princeton University.

John Wong Eu-Li is the Isabel Chan Professor in Medical Sciences; Executive Director, Centre for Population Health, National University of Singapore (NUS); and Senior Advisor, National University Health System (NUHS), Singapore. He was previously Director, National University Cancer Institute; Dean of the NUS Yong Loo Lin School of Medicine; and Chief Executive of NUHS. He is an elected member of the Academia Europaea, and an international member of the U.S. National Academy of Medicine. He is currently a Commissioner, Lancet Commission on 21st Century Global Health Threats. He was the recipient of the David Rall Medal, US National Academy of Medicine, and received the degree of Doctor Philosophiae Honoris Causa, Hebrew University of Jerusalem, the President’s Science & Technology Medal, the Public Administration Medal (Gold), and the National Medical Excellence Awards, among other awards.

Panel Speakers

Ivan M.H. Woo is Head (Designate) and Master Medical Social Worker with the Department of Psychosocial Oncology, National Cancer Centre Singapore. He has received awards in recognition of his contributions to research, clinical practice and education, including the Li Ka Shing Prize, given annually to the best of the elite students at the University of Hong Kong; the Promising Social Worker Award, one of the highest accolades to be bestowed on a social worker in Singapore; and the National Healthcare Group (NHG) Education Leaders Award, the pinnacle award that recognises outstanding NHG clinicians for their contributions to health professions education.

Liow Chee Hsiang is Vice Dean of Education at the Saw Swee Hock School of Public Health, National University of Singapore. A trained medical doctor, he spent 14 years in Southwest China and the Greater Mekong region with an international non-governmental organisation, leading over 20 public and global health projects. These included HIV prevention, leprosy care, orphan support, special needs services, and disaster relief. In Singapore and the region, he has helped to design and evaluate more than 100 health and social programmes, many of which connect students with real-word organisations. He teaches global health, programme design, and evaluation.

Martin Tan is the Chief Executive Officer of The Majurity Trust, a philanthropic organisation that works with donors and charities to build a thriving community in Singapore. Martin serves as board member of Founders Memorial, Ray of Hope, Children’s Museum Singapore, and Halogen

Foundation Singapore which he cofounded in 2003. He previously served on the boards of the National Council of Social Service, National Library Board, and National Youth Council. He was the Executive Director of the Institute for Societal Leadership at the Singapore Management University and was awarded The Outstanding Young Person Award (2008) and Singapore Youth Award (2013).

Ng Bee Leng is a social worker by training and cares deeply about social inequality and asset-based community development (ABCD). She is currently the Divisional Director of the Strategy & Transformation Division at Allkin Singapore and is the first official ABCD Guide in Singapore to be accredited by Nurture Development and ABCD Institute, Europe. Working with disadvantaged communities for the past 30 years has brought her to believe that people with lived experiences are the experts of their own lives. She believes in community-led development where people in the community focus on “what is strong” and come together to participate in resolving their problems.

Nicholas Graves is Deputy Director of the Signature Research Programme in Health Services & Systems Research at the National University of Singapore. His specialist areas of knowledge are health economics, health services research, decision-making, and cost-effectiveness. He particularly enjoys projects that reveal how health services can be improved at low cost or even with cost savings.

Dialogue Speaker

Cai Yinzhou has been involved in ground-up efforts for more than a decade. Yinzhou believes that meaningful change starts not just with policies, but with people on the ground doing the work together. Today, he is Executive Director of the Chinatown Heritage Centre, with the privilege of preserving and sharing the stories of sacrifice and hope of our forefathers. His past experience in impact work at Citizen Adventures and eldercare provide a foundation to community work as an Member of Parliament of Toa Payoh Central. He looks forward to actively listening and learning from the strong community networks to shape a society that is inclusive, compassionate, and full of opportunities.

Breakout Session Speakers

Ad Maulod is a cultural anthropologist (PhD, Purdue University, USA) and Principal Research Scientist at the Centre for Ageing Research and Education (CARE), Duke-NUS Medical School, Singapore. Ad’s research focuses on translating cultural concepts of health and ageing into effective programme and policy interventions. Ad has conducted several evaluation studies examining user experience of health services and the factors that impact quality of care. Ad believes in the empowerment of our elders by amplifying their stories and advocating for an inclusive, compassionate and just society for all ages.

Adrian Tan is the Co-founder and Deputy CEO of SG Assist, a social enterprise supporting caregivers, seniors, and persons with disabilities through community-driven care solutions. Motivated by his own caregiving journey, he leads initiatives such as the CareConnect Call Centre, Age+ Living Lab (with the Singapore University of Social Sciences), and Caregiver Resource Centre, which bridge health and social care. Adrian also empowers seniors through programmes like the Care Agent and Gerontech Ambassador initiatives. His work champions inclusive hiring, lived experience, and cross-sector collaboration – contributing to the development of resilient, future-ready communities grounded in practical innovation and a strong belief in empowering caregivers as change agents.

Benjamin Yeo is the Director of Psychosocial and Community Care and Head of Department of Clinical Services at Lions Befrienders Service Association in Singapore. A social worker, registered counsellor and supervisor, he has dual certifications in substance and behavioural addiction, and practises advanced DISC profiling in his management role. With over 16 years of experience in the social service sector, Benjamin leads a multidisciplinary team delivering psychosocial care across institutional and community settings. His key interests include ageing and end-of-life care, clinical supervision, and workforce development, with active contributions to sectoral training and integrated care initiatives.

Celine Kim is a Senior Research Specialist at the National Council of Social Service, focusing on research strategy, stakeholder engagement, and projects focused on disability. She began her career in the disability sector as a behavioural therapist and later expanded to include training early intervention teachers as a lecturer. Her PhD and Master’s research focused on inclusive education and the role of special educators in mainstream classrooms. Passionate about disability inclusion, her research interests lie in disability studies and inclusive education. Her academic and professional experiences continue to shape her work and advocacy for an inclusive society.

Charlene Fu heads the Research Unit of the Singapore Children's Society, where she leads research and evaluation projects undertaken directly by her team. Her unit also supports research and evaluation efforts across the whole organisation by offering consultancy or collaborative partnerships with practitioners. The Research Unit's recent work has incorporated children's voices to understand family dynamics in relation to children's mental health and the formation of stepfamilies, among other topics.

Cheryl Seah is the Director at the Centre for Evidence and Implementation. She is a developmental psychologist and a researcher with expertise in the area of child development, childhood disorders, mental health, early intervention for children and families, and implementation science. She has extensive knowledge and experience coordinating, supporting family-centred programme design, as well as the implementation and management of large-scale evaluation projects, such as the 5-year KidSTART outcome evaluation. She has over 20 years' experience gained in clinical practice and advocacy work that aims to improve the quality of lives for vulnerable children and families. She teaches early childhood educators on inclusion at Singapore University of Social Sciences (SUSS) and recently received the SUSS Award for Teaching Excellence 2022. She leads the implementation work in the Centre for Holistic Initiatives for Learning and Development (CHILD) at the National University of Singapore. Cheryl has worked closely with teams from government agencies, social service agencies, foundations, hospitals, and university settings.

Chua Yun Ze is a social worker with Fei Yue Community Services, currently in the Hidden Youth Outreach Service team. Through his work, he engages socially withdrawn and isolated youths to help them make sense of their life experience and journey together towards social re-integration. He is passionate about youth and mental health causes, and has previously published a paper that looks at the barriers and facilitators to help-seeking behaviours in young adults in Singapore.

Daniel Wong is the Senior Team Lead and a Counselling Psychologist in TOUCH Counselling & Psychological Services, TOUCH Community Services. Since 2019, Daniel has been providing intervention support for clients and families with a myriad of issues such as: youth-at-risk behaviours, youth delinquency, cyber wellness, excessive device use, couple relationships, and mental health. His passion continues to grow in providing effective intervention in this ever-changing world of technology, social, and societal influences. Currently, Daniel leads the Live On! intervention that focuses on reducing suicidal risks of clients. He co-leads the DigitalMINDSET intervention which provides support to clients and their families experiencing issues related to excessive device use.

Gloria Ng is the Deputy Director and Head of Student Service, Singapore Children's Society. Gloria has been working with Children and Young Persons (CYP) and their families from diverse backgrounds since 2012. Gloria was involved in numerous groupworks and workshops with children, parents, educators, volunteers, and helping professionals. She also provided casework support to CYP with child protection concerns to support safe and enduring reunification, working with families and educators to promote the importance of the child's holistic development in their early years. She is passionate about promoting, protecting, and upholding children's rights in a playful manner, while working systemically to grow supportive communities for children to grow in environments that are warm and attentive.

Helen Sim is passionate about improving the lives of individuals and families through better programmes and service design. Her experiences with communities have deepened her understanding of complex human issues and the need for continuous innovation. As the Head of Applied Research at Fei Yue Community Services, Helen drives the use of data to make services more effective, responsive, and grounded in real-world needs. Helen believes in learning from the ground so that services truly support those they serve.

Jasper Lim is the Manager of INSIGHT, Care Corner's youth mental health team, with over a decade of experience supporting at-risk youth and their families. He played a key role in developing Carey, Care Corner's digital mental health platform, which has reached over 23,000 visitors and connected more than 1,000 youths to support. Jasper is passionate about leveraging digital solutions to scale services and improve access for more youths. He continues to lead a talented team in delivering targeted mental health interventions and developing sustainable and engaging outreach efforts. He also actively supports the growth of emerging professionals in the field of youth mental health.

Joanne Yoong is an applied economist working at the intersection of behavioural economics and health and financial decision-making. She is the founder and CEO of Research For Impact, and the author of over a hundred peer-reviewed articles in leading economics, medical and public health journals. Dr Yoong received her PhD in Economics at Stanford University as an FSI Starr Foundation Fellow. She has more than 15 years of experience conducting and teaching behaviourally-informed design and evaluation for policy and practice in various settings globally and has led a range of small to large monitoring and evaluation projects in social-purposed organisations.

June Sim is the Group Head for TOUCH Caregivers Support Group, TOUCH Community Services. June brings with her extensive experience dedicated to empowering caregivers and families facing challenges. As the former Group Head for TOUCH Special Needs Group, June has spent much of her career supporting persons with special needs and their caregivers. A passionate caregiver advocate, June champions caregiving causes across TOUCH’s services and has witnessed their incredible resilience. She believes in focusing on the individual’s strengths and taking a family-centred approach to improve care sustainability. June also develops programmes to provide essential support, leverage resources, and further strengthen the caregiver network.

Khoon Chai Wee leads the Practice Research team in Children’s Cancer Foundation. She and her team conduct psychosocial research and evaluation collaboratively with direct services teams in her organisation. She is a registered social worker and a therapeutic play practitioner with over 10 years of experience. Chai Wee believes that research and evaluation enhance practice outcomes, while practice knowledge provides a robust foundation for meaningful research development and contextualisation of research findings.

Laura Tan is a social worker at Care Corner Singapore. She has over 10 years of experience across the continuum of preventive-developmental to remedial intervention. She began her career working with families affected by violence, then later shifted her focus to supporting children from low-resource families. Laura firmly believes in the power of a child’s ecosystem and works closely with educators, social service professionals, volunteers, and parents. She is actively involved in training practitioners across sectors to strengthen collaborative, child-centric approaches. Through her work, Laura aims to build more responsive systems of support that enable vulnerable children to thrive.

Lim Tse Min is currently a senior social worker at Fei Yue Community Services with over 10 years of experience working with youths and families. Her current main portfolio includes leading the youth mental health services in Fei Yue. She oversees ec2.sg, which consists of CREST-Youth (a community mental health programme for youths aged 12 to 25 that aims to promote early identification of mental health concerns) and ReConnect (an online counselling service that supports youths who struggle with interpersonal relationships and self-esteem concerns. She is also involved in one of the workgroups under the Beyond the Label initiative that seeks to address stigma and promote inclusion for persons with mental health conditions. Her guiding belief that every youth has the potential to shine given the right opportunities and support drives her impactful work.

Noor Aisha Binte Abdul Rahman is an Associate Professor with the Department of Malay Studies, Faculty of Arts and Social Sciences, National University of Singapore. Her teaching and research areas include Islamic Law in Southeast Asia, Marriage and Family Amongst the Malays, Sociology of Religion (Islam and Religious Life of the Malays), Social Issues and Development of Singapore Malays.

Premchand Dommaraju is an Associate Professor of Sociology and the Director of the Msc in Applied Gerontology programme at Nanyang Technological University, Singapore. His research focuses on socio-demographic issues related to marriage, families, and households, and ageing in Southeast and South Asia focusing on the common demographic issues faced by the diverse societies in the two regions. His works have appeared in leading social and demographic journals including *Population and Development Review* and *Demographic Research*. He was Vice President of the Asian Population Association and sole associate editor of the journal *Asian Population Studies* for nearly a decade.

Stella Teo heads the Impact & Research department at TOUCH Community Services to build organisational capability in measuring and articulating the outcomes and impact of its programmes. Stella has more than 10 years of experience in programme design, monitoring, evaluation, and research. She has also developed cyber wellness programmes and curriculum. Her current research interests include cyber wellness, low-income families, and programme evaluation. Stella holds a Master in Science (Impact Evaluation for International Development) from the University of East Anglia and a Bachelor of Engineering (Chemical) from the National University of Singapore.

Tay Qin Han is a photovoice participant with Children's Cancer Foundation since 2012. His photographs reflect his life's perspectives and thoughts. His works have been exhibited at Concorde Hotel, VivoCity, National Library (Ang Mo Kio), and Novena Square. He presented at the 2013 International Society of Paediatric Oncology (SIOP) Conference in Hong Kong, and his recent reflections featured in a poster presentation at SIOP 2025 in Saudi Arabia. As a seasoned participant and childhood cancer survivor, Qin Han now mentors younger members. Most recently, he curated and exhibited new works at Gardens by the Bay in conjunction with National Cancer Survivors Day.

Wong Meng Ee is an Associate Professor at the Psychology and Child & Human Development Academic Group at the National Institute of Education, Nanyang Technological University. He teaches courses in special and inclusive education. His research interests include: inclusive education, disability studies, assistive technology, support for students with visual impairments, and teacher education. Outside his academic work, he is also involved with various charities and organisations supporting persons with disabilities. He chairs iC2PRepHouse and was the immediate past chairman of the Goh Chok Tong Enable Fund. His co-edited book with Victor Zhuang and Dan Goodley, *Not Without Us: Perspectives on Disability and Inclusion,* was published in 2023 and was awarded the Best Non-Fiction Title in Singapore by the Singapore Book Publishers Association in 2024.

Zhang Renwen is a Nanyang Assistant Professor at the Wee Kim Wee School of Communication and Information at the Nanyang Technological University. Her research examines how digital technologies mediate and affect well-being and mental health, with a particular focus on social support and empathy. Her recent work focuses on AI-mediated communication and human-machine communication in mental health contexts. Dr Zhang's research is largely interdisciplinary, bridging insights from Communication, Psychology, and Human-Computer Interaction (HCI). Her work has also received coverage from major media outlets, including the Associated Press, BBC, and New York Times.

Masterclass Speakers

Cliona Yong is formerly a research executive at the Social Service Research Centre, National University of Singapore. Cliona loves figuring out why people choose to do what they do. Trained in anthropology and with first-hand experience in various qualitative methods, Cliona believes good research always lead to better decision-making. She spent the past few years assessing the effectiveness of public programmes and building evaluation frameworks for agencies. She is now in the Behavioural Insights team at the Ministry of Sustainability and Environment and is particularly interested in making public policies more practical, effective, and just. In her free time, Cliona loves travelling, exploring mountains, and brewing tea.

Gerard Chung is an Assistant Professor of Social Work at the National University of Singapore, researching on technology in social work. He graduated with a PhD in social work from the University of North Carolina at Chapel Hill. He did his doctoral at A*STAR and Social Service Research Centre. Before academia, he practised as a social worker at Fei Yue Family Service centre. He is Singaporean. In his free time, he enjoys making Scratch games with his kids.

Goh Mei Fang is a Principal Clinical Psychologist and Assistant Director with the Professional Services Group at the Ministry of Social and Family Development. With over a decade of experience, she specialises in providing clinical services to children and families affected by intrafamilial abuse and trauma. Mei Fang is an advocate of collaborative, trauma-informed approaches and is committed to advancing trauma- and grief-informed care across professional systems. Alongside her clinical role, she contributes to staff well-being and resilience initiatives, recognising practitioner wellness as fundamental to effective client care. Through her work in capability development, she seeks to enhance systemic responses to individuals affected by adversity and trauma. Mei Fang believes that access to safe and responsive support can play an important role in enabling individuals to cope and health following adversity.

Ho Kong Chong is an Emeritus Professor at the Department of Sociology and Anthropology, National University of Singapore. Trained as an urban sociologist at the University of Chicago, Emeritus Professor Ho's research interests are in neighbourhood and community development, heritage and place-making, the political economy of cities as well as a more recent interest in higher education. Much of his published work is on East Asian (Hong Kong, Seoul and Taipei) and Southeast Asian cities (Bangkok and Singapore). He is the author of Neighbourhoods for the City in Pacific Asia (2020). His active research projects include: the Ministry of National Development (MND) funded "Study of Mixed Housing Typologies" (Lead Researcher), SSRTG grant "In-Work Poverty and the Challenges of Getting By Among the Young" (Co-Lead), USPC NUS grant "Governing Diverse Cities in Europe and Asia", MND funded "PLAB: A Research and Design Investigation of the Redevelopment of the Paya Lebar Airbase" (Co-Lead) and SSHR grant "Fostering Positive Community Behaviour" (Co-Lead).

Irene Y.H. Ng is a Professor in the Department of Social Work and the Social Service Research Centre in the National University of Singapore. Her research areas include poverty and inequality, intergenerational mobility, and social welfare policy. Her current research projects include studies on in-work poverty among the young, and social safety nets in East Asia. In the past, she has done research on unequal digital access, debt among poor households, and welfare beneficiaries. She is active in the community, and has served in various roles in government ministries and social service agencies.

Lester Ho is a counsellor from TOUCH Counselling & Psychological Services, TOUCH Community Services, supporting youths and their families since 2017. He addresses issues such as behavioural challenges, cyber wellness, mental health, and youth offending. Lester also conducts groupwork sessions, school talks, and workshops. Passionate about youth development, he believes in their resilience and potential to overcome challenges. He is committed to equipping young people with the skills and support needed to navigate life's difficulties, and values strong collaboration with schools and families to provide holistic care and empower both youths and their support networks.

Seah Lay Hoon is the Deputy Director and a Senior Research Fellow at the Social Service Research Centre, National University of Singapore. She supports the development of research capabilities among social service professionals through advisory support, mentoring, and specialised training. She also develops research grants and training programmes that advance the centre's mission and currently leads two projects commissioned by local charities. Prior to joining SSR, Lay Hoon spent over a decade as an education researcher, where she was actively involved in teacher training and participatory research with school practitioners.

Shem Yao heads the TOUCH Cyber Wellness team under TOUCH Wellness Group, TOUCH Community Services, driving digital and media literacy programmes across schools, communities, and workplaces. With over 15 years of experience, he has reached over 400,000 participants and delivered over 700 workshops to parents, educators, and professionals. A certified Triple P (Positive Parenting Program) trainer, Shem supports families in understanding youth digital habits and promotes responsible media use. He has also spent two decades mentoring youths and engaging parents through community and church platforms. Passionate about digital wellness, Shem continues to shape impactful initiatives that equip families to thrive in the digital age.

Tan Lai Yong is an Associate Professor at the College of Alice & Peter Tan and Residential College 4, National University of Singapore. Dr Tan graduated from NUS Medicine in 1985. Other than working in public hospitals in Singapore, he also worked in the Prisons Medical Service. Dr Tan and his family lived and worked in Yunnan, China, from 1996-2010, involved in community development among Minority Ethnic Groups in remote parts of the region. On returning to Singapore, he taught at the NUS and many students will remember him for leading the experiential learning module – "Hidden Communities of Singapore".

Yogeswari D/O Munisamy is a Senior Principal Social Worker and Deputy Director in the Professional Services Group of the Ministry of Social and Family Development. She has 29 years of social work experience and graduated from Washington University (USA) in 2003 with a Master's in Social Work. She is a PhD candidate at the National University of Singapore, and her research is a mixed-method sequential approach study on trauma-informed supervision and its impact on secondary traumatic stress and post-traumatic growth in supervisees. She lectures part-time at NUS for the Master's module on Family and Interpersonal Violence and is developing a new trauma module. With expertise in case work, systems intervention, supervision, trauma, protective behaviours, and resilience-building, she has guided practitioners in managing complex cases involving vulnerable populations in Singapore and internationally. She is trained in somatic trauma therapy and assists Babette Rothschild in her trauma trainings for professionals in Singapore, Taiwan, Ukraine and Poland. Yoges has developed and implemented pilot programmes for vulnerable clients, enhanced supervision structures, and led clinical initiatives. She has also provided both trauma-informed supervision and supervision of supervisory practice across community settings, hospitals, and child protection practices.

Moderators

Anita Low-Lim is the Chief Transformation Officer with TOUCH Community Services. She oversees TOUCH's transformation initiatives and ensures that they are fully integrated on both operational and strategic levels. Anita also leads the newly formed TOUCH Wellness Group to provide cutting edge and innovative solutions to address mental, digital, and physical health of the community. She also oversees the Partnership & Volunteer Management department in securing funding, establishing partnerships in co-creating solutions to meet evolving needs, as well as harnessing volunteers as champions in enabling the community. In 2017, Anita established TOUCH's Impact & Research department to measure programme outcomes and impact. Appointed as a Social Service Fellow in 2020 for her contributions to the social service sector, she currently serves on the NCSS Ethics Review Committee to review research proposals from social service agencies and was also recently appointed by President Tharman Shanmugaratnam as a Panel Advisor to the Youth Court.

Bruce Liew is a Senior Director, Disability & Inclusion, at AWWA. Prior to AWWA, he served on the senior management team in the National Council of Social Service, where he helped social service agencies leverage technology and innovation, develop organisational capabilities, and harness community strengths to achieve better outcomes for service users. With a career spanning both the commercial and non-profit sectors, he combines business acumen with a collaborative spirit to advance AWWA's mission. Outside of work, Bruce volunteers as Board Chairman of ArtsWok Collaborative, a Career Coach, and a ComLink+ Befriender.

Esther Goh is an Associate Professor of Social Work at the National University of Singapore. Her research champions a dynamic view of children and their mothers from low-income families as active agents in their lives and environments, rather than passive recipients of aid. She led a longitudinal study funded by the Social Service Research Council, which identified key protective factors that buffer against mental health risks. Building on this evidence and existing literature on risk, Esther and her team are co-creating with relevant stakeholders a culturally grounded intervention to strengthen the innate resilience of these families. Her work integrates research and practice to inform policies and programmes that uphold dignity and potential in disadvantaged communities.

Feng Qiushi is an Associate Professor in the Department of Sociology and Anthropology at the National University of Singapore (NUS). He is also the Deputy Head of the department, Assistant Dean of International Relations & Special Duties of the Faculty of Arts and Social Sciences at NUS, and Vice President of the Population Association of Singapore. He is the Co-Editor of *Current Sociology*, Associate Editor of *Asian Population Studies*, and Deputy Editor of the *International Journal of Population Studies*.

Lee Jungup is an Associate Professor of Social Work, and the Co-Director in the Social Service Research Centre at the National University of Singapore. Her research primarily focuses on youth mental health and digital well-being, cyber-bullying and online harms, technology in children and youth development, and computational social science. She currently conducts various research projects under her research interests, such as an exploratory study on the mechanism of cyberbullying in a multipronged approach, a mixed-method study of campus sexual misconduct and online harassment, human-AI cooperation on mental illness stigma, and AI for children and youth services.

Ong EeCheng is an Associate Professor (Education) of Economics, a Co-Director of the Social Service Research Centre, and a Fellow of the Teaching Academy at the National University of Singapore. She has a B.A. in Economics from Wellesley College and a PhD in Economics from Brown University. She teaches labour economics and the economics of inequality, as well as introductory and intermediate microeconomics. Her pedagogy revolves around constructivist learning, experiential learning, and play.

Tan Sze Wee has over 25 years of experience advancing inclusion and well-being for persons with disabilities in Singapore. As Executive Director of Rainbow Centre, she leads services spanning early intervention, special education, and adult empowerment, driving person-centered approaches, data-driven impact measurement, and digitally enabled transformation. Guided by the vision of “building good lives” for persons with disabilities, families, and communities, she works across sectors to align practice, policy, and research. Sze Wee is committed to strengthening partnerships with public agencies, community organisations, and private partners to shape future-ready, inclusive communities.

Walter Edgar Theseira is Associate Professor of Economics, School of Business, Singapore University of Social Sciences. His PhD is in Applied Economics and Managerial Science from Wharton School, University of Pennsylvania. He has published in the Proceedings of the National Academy of Sciences and the Journal of Economic Behaviour and Organisation. He has advised Government agencies on economic research, and is a Board Member of the Competition and Consumer Commission of Singapore. He served as a Nominated Member of Parliament, 13th Parliament of Singapore.

Non-Presenting Authors

Cheng Tian Wei works in Community Development under the Strategy, Partnerships and Communications Division at Allkin Singapore. His background is in strategic planning, where he was active in social sector innovation, special projects and long-term planning. He is passionate about the effects of cyclical poverty and believes in the sustained uplifting effects of bonded communities and loving neighbours. Tian Wei was a member of the Ministry of Manpower’s Alliance-for-Action (Lower-Waged Workers) and was a co-editor of Beneath the Rug, a compilation of 30 stories exploring tensions and dilemmas behind Singapore’s wider unseen social sector.

Ng Wei Xuan has served children, youth, and persons living with dementia through multiple roles in social service agencies since 2016. These include direct programme management and corporate support functions ranging from fundraising and partnership management to marketing, publicity, and communications. As Team Lead of TOUCH Caregivers Support at TOUCH Community Services, Wei Xuan leads a dedicated team in designing, implementing, and reviewing caregiver-centric and community-enabled programmes – such as Care Line, support groups, and psychoeducational initiatives – so that they are accessible, relevant, and effective for caregivers of diverse profiles, including those caring for persons with disability, mental health, or ageing-related concerns.

Samantha Hui is a Research Executive and part of the Practice Research Team at the Children’s Cancer Foundation, where she works to strengthen programme design and evaluation to improve support for childhood cancer survivors and their families. She is passionate about research and evaluation methods that draw out wisdom from lived experiences and direct service practice. She is also interested in how these approaches can facilitate meaningful conversations among stakeholders to build a more holistic understanding of what programmes should aim to achieve and how.

Vital Tan is Assistant Director of Children and Youth Services at Care Corner Singapore. Since joining the social service sector in 2014, he has worked across family services and early childhood development, and has been involved in pioneering preventive developmental work through initiatives such as the Circle of Care pilot and social-health integration projects like HEADS-UPP with NUHS. His work focuses on integrating social, health and developmental support for children and families through innovative service design, implementation science and cross-sector collaboration.

Yenn Ang is an Art Therapist at Children’s Cancer Foundation. As a registered art therapist, she supports children and youths impacted by cancer through art therapy. She conducts Open Studios at

National University Hospital and runs arts and nature groups for families and caregivers in bereavement. Having facilitated Photovoice for survivors for the past 10 years and trained in therapeutic photography, Yenn believes photography goes beyond aesthetics—it carries the narratives and meanings we give to it. Even the most mundane or monotonous image can evoke something profound when we take time to notice and engage with it.

Editors

Ashley Loh is an Executive with the Impact & Research department at TOUCH Community Services, where she manages and contributes to programme design, monitoring and evaluation, and research projects, particularly in the mental health and cyber wellness fields. She collaborates with programme teams to develop evidence-informed programmes, conducts evaluations to improve programme effectiveness, and contributes to research studies with external research partners. Passionate about applying evidence to practice, Ashley helps to translate insights into practical recommendations to improve programmes that impact the community. She is committed to fostering evidence-based approaches and a culture of continuous learning within the social service sector.

Jennifer Koh is the Assistant Manager of Impact & Research, TOUCH Community Services. She has always been interested in addressing social issues for social impact, and this purpose catalyses her career in Singapore's social service sector. She is energised by interdisciplinary, multi-stakeholder collaborations for knowledge generation and translation, organisational learning, and capability building. Her research interests include social inequality, social change, and determinants of health. Jennifer holds a Master of Science in Knowledge Management from Nanyang Technological University, and a Bachelor of Social Sciences (Sociology) from the National University of Singapore.

Tan Zhi Han is a Research Associate at the Social Service Research Centre (SSR), NUS. He has organised local conferences and seminars for the social service sector. He holds a Master in Public Policy from the Lee Kuan Yew School of Public Policy and a Bachelor of Social Sciences (Sociology) from the National University of Singapore. Zhi Han has also provided research consultancy services for social service agencies in Singapore. His research interests include occupational and educational inequalities, social mobility, and wage policies.

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