LEARNING GUIDEBOOK (FOR STAKEHOLDERS)

A Guide for Caregiver Training Providers and Stakeholders in the Eldercare Sector

aic
agency for integrated care

CONTENTS

Information in this guidebook is accurate as of September 2023.

1 INTRODUCTION

1.1 TARGET AUDIENCE

The Learning Guidebook (For Stakeholders) is targeted at two key groups of stakeholders who support caregivers in decision-making, service delivery, advocacy, care management training and hands-on care delivery, etc. They are:

i. Caregiver Training Providers
ii. Service Providers, i.e. acute hospitals, community care partners, caregiver support groups, social service agencies, and private entity eldercare sector service providers, etc

The goal of this Guidebook is to address the learning gaps of caregivers, prepare them for caregiving and empower them with the resilience to sustain the care journey.

THIS GUIDEBOOK:

a) Maps the care journey of the caregiver according to the trajectory of the care recipient's functional capacity and medical condition.

b) Integrates a newly developed **Family Caregiver Proficiency Framework (FCPF)** into caregiver training to serve as a useful reference, guiding stakeholders in the design and development of a training curriculum that is targeted and relevant to caregiver learning needs.

c) Identifies the different key dimensions of care for caregivers to pace their learning needs across the different stages of their caregiving journey.

d) Guides eldercare sector stakeholders to identify essential caregiver skill sets and desired behaviour, based on their caregiving roles and responsibilities, to advocate family caregiver involvement in the planning and delivery of support services.

1.2 BACKGROUND

Singapore is facing an ageing population. One in four Singaporeans will be aged 65 and above by 2030.[1] As most seniors wish to age in place in their own homes, family caregivers play an indispensable role in supporting their loved ones.

Studies have shown that a caregiver, when well-supported, can have a positive impact on the outcome of their care recipient. However, the trajectory and continuum of a care recipient's care journey over time is a dynamic process dependent on multiple factors. As a result, the role of family caregivers can be ambiguous and often boundaries are poorly defined. Furthermore, family caregivers often face multiple challenges and competing demands, and must cope with other priorities while caring for their care recipients living at home.

We need to empower family caregivers with resources and training, so they can better meet the demands of managing and giving sustainable care. Today, there is no systematic way of identifying the learning needs of our family caregivers. Therefore, there is a need to develop a structured guide to help family caregivers acquire basic caregiving literacy and practical skills, and develop their cognitive, intrapersonal and interpersonal attributes within the context of their own home environment.

[1] Reference: Singapore population white paper, 2012

2 CAREGIVER NEEDS AND CHALLENGES

The care trajectory of a care recipient starts from when they were active to the onset of illness, and/or care dependency to the resolution. During this journey, caregivers themselves often encounter multiple needs and challenges which can give rise to negative consequences, as shown in the table below.

WHY CARE FOR CAREGIVERS?

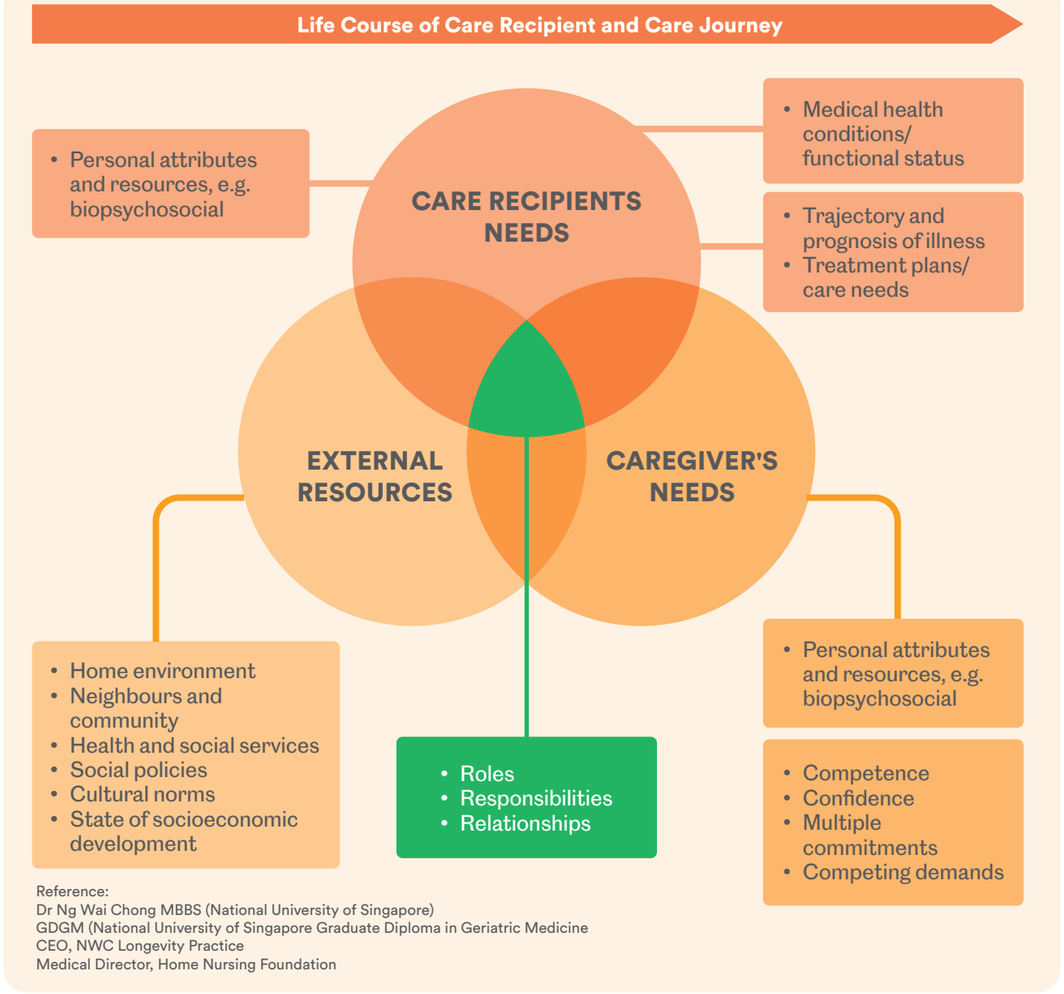
- Current efforts in health and social care are oriented towards care recipients.
- Caregivers play an indispensable role in keeping our loved ones well in the community. They devote time and energy to look after our loved ones, but the demands of caregiving can be challenging.
- Poor caregiver outcomes can negatively impact care recipient outcomes.

We must and can do more to provide caregivers with adequate support and ensure that their well-being is protected, to allow the delivery of optimal, effective and sustainable care.

IMPACT OF CAREGIVER'S NEEDS AND CHALLENGES

Caregiver Needs and Challenges	Potential Consequences
1. Lack of role clarity leading to ambiguity of caregiving roles and responsibilities.	1. Role conflict, uncertainty regarding responsibilities and unmet expectations regarding which tasks and responsibilities are part of the role.
2. Disrupted schedules due to conflicting role obligations and competing demands.	2. Caregiving strain impacts caregiver's health and work employment.
3. Ill health, advanced age, issues with family dynamics, commitment issues, lack of resources (financial, manpower, etc.).	3. Decline in physical and emotional health, social isolation, financial worries, strained relationships and conflict.
4. Increasing intensity and/or complex care needs.	4. Chronic stress, inability to cope with uncertainties, continuous adaptation to cope with unknowns and surprises.
5. Lack of coping skills and difficulty solving problems due to a lack of competence and/or confidence.	5. Unmet learning needs. • Irrelevant or unproductive training • Unable to translate learning to application at home.
6. Build up of stress, lack of self-care and neglect of one's own physical and emotional needs.	6. Risk of caregiver burnout, negative emotions, and loss of control from seeing loved ones treated poorly. Inability to sustain the caring, and putting the loved ones at risk.

2.1 FACTORS AFFECTING CAREGIVERS NEEDS AND CHALLENGES



Reference:
Dr Ng Wai Chong MBBS (National University of Singapore)
GDGM (National University of Singapore Graduate Diploma in Geriatric Medicine
CEO, NWC Longevity Practice
Medical Director, Home Nursing Foundation

2.2 MANAGING CAREGIVER NEEDS AND CHALLENGES

Identify skills that empower **family caregivers** to manage the inherent uncertainties of caregiving.

Encourage empowerment by identifying and strengthening intrinsic caregiver protective factors that are modifiable (e.g. coping mechanisms that inform self-care, coping skills to develop self-efficacy in intrapersonal and interpersonal skills).

Enable family systems intervention in caregiver training that can help to create a supportive environment and foster healthy caring relationships, so as to manage a sustainable caregiving journey in the home setting.

3 THE CAREGIVER TRAINING LANDSCAPE IN SINGAPORE

Caregivers can access training from different channels and platforms to meet their learning needs.

CHANNELS AND PLATFORMS FOR CAREGIVING TRAINING

- Acute and Community Hospital Pre-Discharge Caregiver Training
- SkillsFuture Singapore (SSG)-Approved Caregiving Training
- Home Care Agencies Caregiver Training e.g. NTUC Health Home Care
- Non-profit Caregiver Support Group and Orgranisations, e.g. Foreign Domestic Worker Association (FAST) and Centre for Domestic Employees (CDE) for migrant domestic workers
- Caregivers Training Grant (CTG)-Approved
- Community Care Services by Social Service Agencies (SSA) e.g. TOUCH, AMK FSC
- Caregiver Support Groups, Disease Specific Organisations e.g. Dementia SG, Parkinson Society Singapore (PSS)

3.1 LEARNING NEEDS AND TRAINING GAPS IN CAREGIVER TRAINING

Significant training gaps were identified during a review of the CTG caregiving courses conducted by the Caregiving and Community Mental Health Division (CCMHD) of AIC.

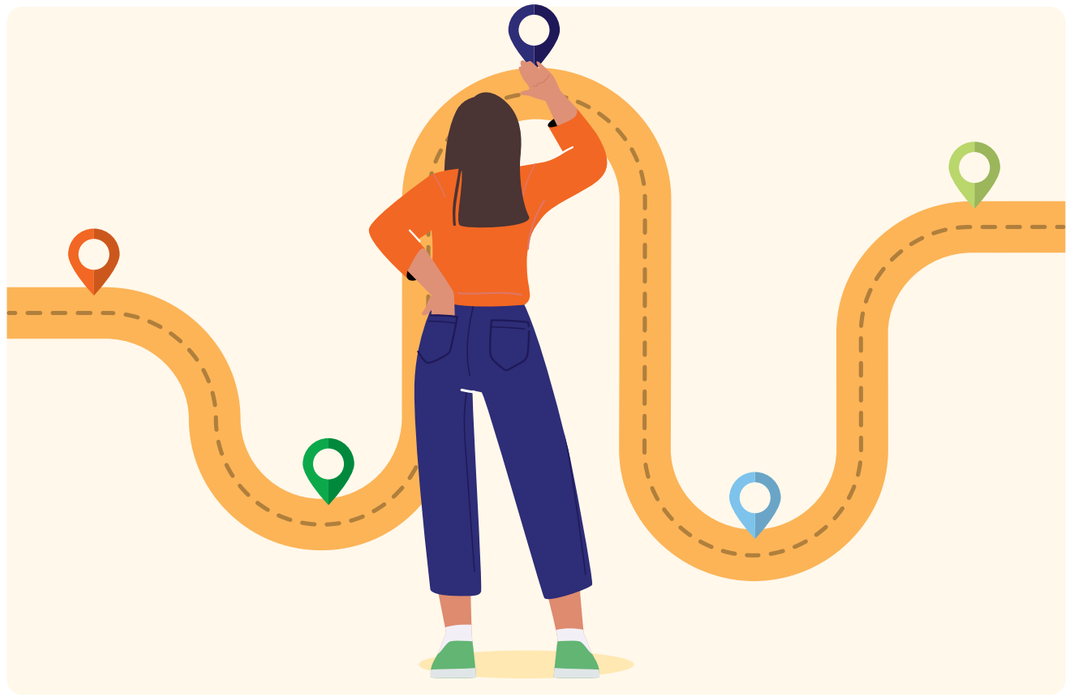
The majority of caregiver training courses focused only on one key dimension of care, the hands-on delivery of physical care such as Activities of Daily Living (ADLs) to care recipients. In other words, the focus was on the physical care needs of care recipients.	A caregiver needs to be equipped with knowledge, skills, attitudes and behaviours regarding other key dimensions of care depending on their caregiving roles and responsibilities. However, there were few courses providing such knowledge.
Significant training gaps regarding caregiver-specific support were identified. Caregivers need training in management competencies required for care planning, organising, and monitoring and supervising care delivery within the context of a family in homecare.	There was little training available that focused on developing caregivers' psychosocial skills, essential for dealing with the demands and challenges of everyday life e.g. issues arising from conflicts with care recipients, family members, and helpers (if any) due to a lack of effective communication and intrapersonal and interpersonal skills.

4 CARE JOURNEY MAP AND KEY DIMENSIONS OF CARE

4.1 ILLUSTRATION OF A CARE JOURNEY MAP ALIGNED TO LEARNING NEEDS

To better address the learning needs of caregivers, the key dimensions of care at different touchpoints in the caregiver's journey were built into a Care Journey Map. The care map defines the scope of the care recipient's functional status, i.e. from when the care recipient was "active" to the end of his/her life, in parallel with the functional capacity of an older person and those with medical conditions.

While every caregiver will experience a unique path, each will follow a similar trajectory through the different stages of caregiving in the caregiver's journey. The information and skills required of caregivers are defined as "learning needs" and are written in **blue** in the map, in parallel with the care recipient's care needs in the care journey.



Primarily, the purpose of the Care Journey Map is to facilitate ease of identifying the caregiver learning needs with regard to the key dimensions of care at the various stages of the caregiving journey. Its secondary purpose is to introduce a common language with consistent definitions for users to have an understanding of each other and a situation more rapidly.

CARE JOURNEY MAP

Key skills required to better care for your loved ones as they age

CARE RECIPIENT FUNCTIONAL STATUS	ACTIVE	BECOMES FRAIL OR DIAGNOSED WITH ILLNESS	CHANGE IN CONDITION/ DETERIORATED	PRE-END-OF LIFE PLANNING	REQUIRES PALLIATIVE CARE	END-OF-LIFE
CAREGIVING JOURNEY	GENERAL HEALTH AND CAREGIVING LITERACY	ONSET OF CAREGIVING		DURING CAREGIVING – INCREASING INTENSITY OF CARE		POST- CAREGIVING
MAPPING OF CAREGIVER INFO/ SKILL NEEDS ALIGNED TO CARE RECIPIENT'S CARE NEEDS AND CAREGIVER LEARNING NEEDS	● Understand your loved ones functional status and access for care needs	● Learn about your loved one's health condition and their care needs.		◆ Understand what stage of the caregiving journey your loved one is at		◆ Caregiver needs to access resources i. Grief and bereavement if necessary ii. Return to work support if required iii. Offer to help others walk the same path
	● **Understand** i. Ageing and health issues ii. Caregiving roles and responsibilities iii. Your loved one's care preference iv. Caregiving, health and eldercare resources available	● **Make informed decisions** on care arrangements		● Initiate pre-end-of-life discussions with your loved one		
		● **Draw up a care plan** with family members and/or migrant domestic worker		● Monitor and review care plan		
		◆ **Keep updated on your loved one's condition** and **facilitate discussions** regarding care arrangements with your family		◆ Keep updated on your loved one's condition and facilitate discussions regarding care arrangements with your family		
		● **Communicates and mobilise family members** to play a role to support care.				
		● **Access resources** i. Eldercare services for your loved one (i.e. home, centre-based and/or palliative care services) ii. Caregiver support services (i.e. emotional support and respite services)		iii. Financial support iv. Hire and manage Migrant Domestic Worker v. Training		
		▲ Provide personal care				
		▲ Mitigate emergency situation				
		▲ Manage challenging behaviour				
		▲ Ensure home environment is safe to prevent fall				
		◆ Care for themselves to sustain the journey				

● Care Management Level ▲ Care Delivery Level ◆ Both Levels

5 DEVELOPMENT OF THE FAMILY CAREGIVER PROFICIENCY FRAMEWORK

The Family Caregiver Proficiency Framework (FCPF), based on the defined **roles and responsibilities of caregivers** was developed with reference to research on informal caregiving and family caregiving conducted in Singapore, overseas caregiver skills frameworks and in consultation with home and social care clinicians.

Anecdotal comments and suggestions from various sources were also noted. These included practices and professionals working with family caregivers of frail seniors, persons living with dementia, seniors receiving palliative and end-of-life care, and those caring for individuals with acute or chronic illnesses and/or disease-specific conditions, e.g. stroke, cancer, Parkinson's disease.

THE FCPF SYSTEMATICALLY ORGANISES INFORMATION FOR CAREGIVERS WITH THE FOLLOWING OBJECTIVES:

- Gives an overview of the **different dimensions of care** in caregiving.
- Helps **put things into perspective** at a glance.
- Guides caregivers to **better define** their caregiving roles and understand the skills, behaviours and knowledge required of them.
- Guides **caregivers on what and where to prioritise their efforts to build proficiency** in skills aligned to the pace of their caregiving journey.
- Guides **stakeholders in developing relevant curriculums** to address learning gaps that support family caregivers.

5.1 APPLICATION OF THE FAMILY CAREGIVER PROFICIENCY FRAMEWORK IN THE CAREGIVING JOURNEY

The FCPF is a basic structure that illustrates the flow of training needs aligned to the various stages of the caregiving journey.

FAMILY CAREGIVER PROFICIENCY FRAMEWORK MAPPED TO CAREGIVER ROLES AND RESPONSIBILITIES AT THE VARIOUS STAGES OF THE CAREGIVING JOURNEY

Care Recipient functional status	Active	Becomes frail or diagnosed with illness	Change in condition/ deteriorated	Pre-End-of Life Planning	Requires palliative care	End-of-Life
Caregiving Journey	**Becoming Aware of the Need for Caregiving**	**Onset of Caregiving—Developing Care Plan Routines**	**During Caregiving—Increasing Intensity of Care, Adapting to Changing Routines Due to Increasing Complexity**			**Post-Caregiving**
Mapping of caregiver info/ skill needs aligned to care recipient's care needs and caregiver learning needs	**Planning and Managing Care** Making informed decisions including communicating with healthcare professionals, managing relationships and communication with family members, care workers and migrant domestic workers, acquiring basic/ specific health literacy, practising self-care, understanding caregiver roles and tasks. **(Caregiver plans, organises, makes arrangements, supervises, coordinates and manages care)** **Providing the Care Delivery** Supporting home personal care, managing challenging behaviour, adapting to the home and environmental risks, performing nursing/ therapeutic tasks. **(Caregiver performs daily personal care delivery)**					**Seek Support and Plan the Post-Caregiving Future to Move On with Life** i. Tap on available resources to redefine identity ii. Offer to help others walk the same path iii. Apply existing caregiving skills in home caregiving industry

6 CAREGIVING SKILLS STRUCTURED ACCORDING TO THE ROLES AND RESPONSIBILITIES OF CAREGIVERS

Based on the Care Journey Map, individuals who play Care Management or Care Delivery roles require five care management and four care delivery skills respectively. While the nine skills categories are portrayed individually, in practice, the categories are interdependent and intended for coordinating and integrating care within the context of the home environment as a whole family system. Thus, care skills, **cognitive**, **interpersonal** and **intrapersonal skills** are directly related to **managing and delivering care**.

6.1 INTEGRATION OF CAREGIVING SKILLS STRUCTURED ACCORDING TO THE ROLES AND RESPONSIBILITIES OF CAREGIVERS

CARE MANAGEMENT

Key Tasks:
Plan, organise, supervise, coordinate care delivery management.

Making Informed Decisions and Communications with the Medical Team
Actively acquire relevant information to make shared decisions on medical management and care management.

Managing Relationships and Communication with Family Members and Migrant Domestic Worker
Communicate effectively with family members and Migrant Domestic Worker to facilitate effective care management.

Acquiring Basic/Specific Health Literacy
Understand health literacy and leveraging on available resources for the optimal care outcome and efficacy of care for caregivers.

Understanding Caregiver Roles and Tasks
Distinguish between different caregiving roles and responsibilities, managing expectations while appreciating the value of each role.

Practising Self-Care for Caregivers
Self-care awareness and tapping onto resources for support to sustain caregiving journey.

CARE DELIVERY

Key Tasks:
Hands-on personal care tasks. Role usually taken on by Family Caregiver or Migrant Domestic Worker.

Supporting Home Personal Care
Safety perform hands-on home personal care.

Performing Home Nursing/ Therapeutic Tasks
Carry out medical/clinical tasks to meet your loved one's needs.

Managing Challenging Behaviours
Recognise basic human needs and manage your loved one's challenging behaviours.

Adapting the Home Environment for Risk Prevention
Address home and environmental safety risks and emergencies.

7 SKILLS MAP AND DESCRIPTORS

Successful application of the recommended learnings aligned to the nine skills categories requires caregivers to gain knowledge, take action, change attitudes and adopt behaviours at home to care for the care recipient and themselves.

The nine identified skills categories are individually mapped to descriptors based on previously identified elements underpinning knowledge, skills, attitude and behaviour. They aim to shape caregiver-centred care practice with the following learning objectives in mind.

1. To gain knowledge by actively acquiring relevant information to make informed decisions on care arrangements.
2. To take action to explore available resources for support, e.g. caregiver training to develop relevant caregiving skills based on their roles and responsibilities.
3. To cultivate an attitude that recognises the caregiving tasks and efforts required, aligned to changing care needs while appreciating the value of each role.
4. To advocate for change behaviour to facilitate care management and care delivery for an optimal outcome.

8 CARE MANAGEMENT SKILLS MAP AND DESCRIPTORS

SKILLS CATEGORY	Making Informed Decisions: Communication with Healthcare Professionals (8.1)	Managing Relationships and Communication with Family Members*, Care Workers and Migrant Domestic Worker (8.2)	Acquiring Basic/Specific Health Literacy (8.3)	Understanding Caregiving Roles and Tasks* (8.4)	Practising Caregiver Self-Care (8.5)
DESCRIPTOR	Ability to conduct effective communication with the clinical team and healthcare professionals.	Communicate effectively with family members*, care worker and migrant domestic worker to facilitate shared responsibilities in care arrangements and formulate a shared care plan.	Understand health literacy and leveraging on available resources for optimal care outcomes and efficacy of care.	Differentiate the caregiving roles and expectations while appreciating the value of each.	Engage in activities that support their own mental, emotional and physical well-being.
UNDERPINNING KNOWLEDGE	Comprehend diagnosis, care recipient's condition and the next steps to explore resources for healthcare management in anticipation of advance planning for care recipient's transition of care and biopsychosocial needs.	Recognise family dynamics and differences in expectations when negotiating a viable shared care plan with family member, care worker and migrant domestic worker.	Understand having adequate health literacy is important for monitoring and managing health conditions and navigating the healthcare environment.	Understand the significance of different caregiving roles, tasks and responsibilities and their limitations.	Understand the need for self-care as the demands of caregiving can be challenging.
SKILLS	Explore resources to support decisions, e.g. arranging for relevant training aligned to the needs of the care recipient.	Demonstrate effective communication skills.	Apply health literacy, in particular, disease knowledge, to manage care of and tap on resources available.	Manage conflicting views when negotiating commitments to a shared care plan capitalising on the strengths of family members.	Engage in positive stress management techniques to identify and acknowledge one's own feelings and stress.
ATTITUDE	Acknowledge self-limitations and the need for self-care and managing expectations.	Recognise the need to be open-minded when negotiating a viable shared care plan with family members, care workers and migrant domestic worker.	Appreciate the importance of health literacy in strategising care for the recipient.	Mindful of family dynamics, perspectives and potential conflict triggers.	Acknowledge self-limitations and the need for self-care and managing expectations.
BEHAVIOUR	Draw upon information from healthcare professionals to mobilise resources to match the care recipient's needs to the care plan and/or review the care plan in tandem with changes in the care.	Effectively listen and communicate when negotiating shared responsibilities and tasks to propose a viable shared care plan with family.	Recognise the impact of increased health literacy on achieving optimal health outcomes for the care recipient and self.	Recognise the value of individual roles and understand that roles may change over the course of the caregiving journey.	Identify and access available resources to practise self-care.

*Includes care recipient

8.1 MAKING INFORMED DECISIONS

CAREGIVING ROLE	Care Management
SKILLS CATEGORY	Making informed decisions: Communication with healthcare professionals.
SKILLS DESCRIPTOR	Ability to conduct effective communication with the clinical team and healthcare professionals.

1 Underpinning Knowledge

- Recognise the factors that can affect effective and constructive communication with healthcare professionals.
- Recognise common communication pitfalls with healthcare professionals.
- Recognise the impact of lack of communication or miscommunication on vital information with healthcare team to care recipient and caregiver.
- Comprehend diagnosis, condition and next steps to pre-empt exploring of resources for healthcare management in anticipation of advance planning for care recipient's transition of care and biopsychosocial needs.
- Understand the rationale of nominating one or two persons to be the primary point of contact when communicating with healthcare professionals.

2 Skills

- Demonstrate ways to express needs and feelings clearly and constructively without blaming others or causing them to be defensive especially when broaching difficult topics.
- Educate yourself with health literacy and be informed about your care recipient's condition, medication, medical history, allergies, care preference, red flag situations and any detailed information about the care recipient's symptoms and usual habits.
- Use specific questions to clarify with healthcare professionals regarding the care recipient's medical diagnosis/condition and prognosis, e.g., clinical signs of deterioration that require urgent intervention.
- Plan what to ask and takes notes to help guard against forgetting something important when speaking with healthcare professionals.
- Provide input and suggestions towards the development of a care plan.

3 Attitude

- Concur with care recipient and family members when making decisions about care and ask about care options and other resources.
- Acknowledge limitations in communicating with healthcare professionals.

4 Behaviour

- Identify appropriate behaviour to equip oneself with communication techniques/styles when speaking with healthcare professionals.
- Examine emotions of oneself when faced with situations of stress, anxiety and anger and impact on communication.

*Includes care recipient

8.2 MANAGING RELATIONSHIPS AND COMMUNICATION WITH FAMILY MEMBERS

CAREGIVING ROLE	Care Management
SKILLS CATEGORY	Managing relationship and communication with family members*, care workers and migrant domestic worker.
SKILLS DESCRIPTOR	Communicate effectively with family members*, care workers and migrant domestic worker to facilitate shared responsibilities in care arrangements and formulate a shared care plan.

1 Underpinning Knowledge

- Recognise the importance of positive communication with family members*, your care worker and migrant domestic worker to communicate expectations on shared caregiving roles and responsibilities.
- Recognise how inherent family relationship fault lines and family dynamics impact communication and how lack of communication or miscommunication on vital information impacts care outcomes.
- Identify approaches to have frank and meaningful dialogue with family members*, your care worker and migrant domestic worker when broaching difficult and delicate subjects.
- Acknowledge feelings of ambivalence from family members* on sharing responsibilities towards committing to care roles, e.g. related to financial and or time commitment matters.

2 Skills

- Demonstrate ways to express needs and feelings clearly and constructively without blaming others or causing them to be defensive, especially when broaching difficult topics.
- Invite frank and meaningful dialogue with family members*, your care worker and migrant domestic worker to help build mutual trust and understanding to mobilise resources and formulate a shared care plan which keeps each other informed.
- Encourage immediate reporting of red flag situations, e.g. constipation, bed sores, and adverse events, e.g. falls, medication error, to Care Manager/family member.
- Focus on the positive aspects of caregiving, leading by example to encourage family members to work towards common goals.
- Reward good effort and positive outcomes.
- Apply appropriate techniques and skills to resolve conflict.
- Initiate conversation with the care recipient on Advance Care Planning (ACP), Lasting Power of Attorney (LPA) and Advance Medical Directive (AMD).

3 Attitude

- Be self aware to know one's limitations, self-care needs and manage one's expectations of self and others.
- Take time to know your care worker and migrant domestic worker to build a relationship.

4 Behaviour

- Facilitate effective communication when speaking with family members* (be mindful of language and cultural barriers of migrant domestic workers).
- Examine one's emotions when faced with situations of stress, anxiety and anger, and be mindful of their impact on communication.
- Be responsive to care workers and migrant domestic worker needs when making decisions about care and leverage on available resources to support your care worker/ migrant domestic worker with their self-care.

*Includes care recipient

8.3 ACQUIRING BASIC/SPECIFIC HEALTH LITERACY

CAREGIVING ROLE	Care Management
SKILLS CATEGORY	Acquiring Basic/Specific Health Literacy
SKILLS DESCRIPTOR	Understand health literacy and leverage on available resources for optimal care outcomes and efficacy of care.

1 Underpinning Knowledge

- Understand the importance of caregiver health literacy for optimal care outcomes and skills on efficacy of care for caregivers.
- Understand that having adequate health literacy is important for monitoring and managing health conditions and navigating the healthcare system and environment.
- Understand how low health literacy can negatively impact health behaviours resulting in poor health and care outcomes and become a barrier to access of resources for the care recipient and for self-care.
- Recognise the benefits of being health literate in helping to prevent, protect and better manage health problems when they arise for the care recipient and self.

2 Skills

- Demonstrate the capacity to obtain, process and understand basic health literacy, i.e. comprehension of diagnosis, trajectory of disease, health-related information needed to make appropriate health decisions.
- Demonstrate functional and communicative health literacy to engage in disease management, medication management, and care management for the care recipient, and self-care for care recipient and family members.
- Demonstrate how having adequate health literacy can help facilitate patient and/or caregiver communication when the caregiver may need to make key decisions on behalf of the care recipient and family members.
- Demonstrate how a caregiver with adequate health literacy can effectively identify early signs of disease deterioration and seek medical intervention.

3 Attitude

- Appreciate that being health literate improves monitoring of changes in the care recipient's health trajectory, utilisation of health care services, medical adherence and critical decision-making for medical intervention or non-intervention and lends credibility during caregiving discussions with the care recipient and family members.

4 Behaviour

- Identify ways to gain access to and understand health information that impacts health and care management of the care recipient and for self.
- Advocate the benefits of good practices in daily caregiving routines for achieving optimal health outcomes for the care recipient.

8.4 UNDERSTANDING CAREGIVING ROLES AND TASKS

CAREGIVING ROLE	Care Management
SKILLS CATEGORY	Understanding Caregiver** Roles and Tasks
SKILLS DESCRIPTOR	Differentiate the caregiving roles and expectations while appreciating the value of each role.

1 Underpinning Knowledge

- Understand the need to distinguish caregiving roles and responsibilities and recognise the limitations of each role.
- Define the care roles and crucial duties and responsibilities for each role and communicate expectations constructively.
- Determine when and where support is needed when the demands and weight of caregiving responsibilities become untenable.
- Understand the importance of the psychological well-being of caregivers and their need for respite and self-care.
- Understand and acknowledge the importance of interpersonal skills when negotiating shared care plans with family members*.

2 Skills

- Demonstrate, define and prioritise work tasks for the different caregiving roles when planning care.
- Practise effective communication skills to avoid misinterpretation of expectations, particularly in view of language and culture barriers when addressing migrant domestic workers (if any).
- Understand and be respectful of culture, beliefs, attitudes and values of migrant domestic worker or care workers (if any) to relate more effectively across cultural lines.
- Demonstrate self-awareness of the need to improve health literacy which may result in improved utilisation of health care services, medical adherence and involvement in health decision making.

3 Attitude

- Be self aware to know one's own limitations, need for self-care and manage one's expectations of self and others.
- Be positive and encourage sharing of responsibilities for solving problems to build trust and avoid assigning blame.
- Recognise the need for continuous learning and upskilling via caregiver training.

4 Behaviour

- Employ empathy and patience with the care worker/migrant domestic worker who undertakes caregiving and manage expectations realistically.
- Be mindful of caregiving stress and burn out and seek out care support services to support caregivers with respite care.
- Be empathetic towards care workers/migrant domestic worker-care recipient relationship challenges in particular due to the challenging behaviours of the care recipient and the need to seek professional help to intervene.

* Includes care recipient
** Includes migrant domestic worker or care worker

8.5 PRACTICING CAREGIVER SELF-CARE

CAREGIVING ROLE	Care Management
SKILLS CATEGORY	Practising Self-Care for Caregiver
SKILLS DESCRIPTOR	Engage in activities that support the caregiver's own mental, emotional and physical well-being.

1 Underpinning Knowledge

- Understand the demands and weight of caregiving and preempt what, who, when and where to seek support from before caregiving responsibilities become too overwhelming.
- Understand the importance of psychological well-being of caregivers and their need for respite from the emotional and physical stress.
- Recognise the importance of tapping on available resources for the care recipient and self to support the care journey.
- Understand and acknowledge the importance of self-care, keeping oneself healthy and well (physically and emotionally) in order to sustain the caregiving journey.

2 Skills

- Demonstrate the capacity to plan ahead, organise and prepare to manage the care recipient's needs by evaluating the type of resources available for the care recipient and for caregiver support.
- Break down tasks into bite sizes and put things into perspective for effective time management.
- Engage in positive stress management techniques.
- Engage in healthy behaviours to maintain one's own physical, mental and emotional well-being.
- Recognise the signs and symptoms of caregiver stress and burnout.
- Set priorities and boundaries and recognise the need to seek appropriate support when required.
- Maintain connections with family and friends.

3 Attitude

- Be self aware to know one's own limitations, self-care needs, and seek assistance when necessary to manage self and the care recipient.
- Practice self-care, network with caregiver support groups for peer support and do not work in insolation.

4 Behaviour

- Plan to be equipped with caregiving knowledge, skills, tips and tools to better support the care recipient.
- Future planning to explore and touch base with all available caregiving resources to pre-empt the necessity to leverage on them when and where appropriate.
- Learn from others and accept help.

9 CARE DELIVERY SKILLS MAP AND DESCRIPTORS

SKILLS CATEGORY	Supporting Home Personal Care (9.1)	Performing Home Nursing/ Therapeutic Tasks (9.2)	Managing Challenging Behaviours (9.3)	Adapting the Home Environment for Risk Prevention (9.4)
DESCRIPTOR	Perform basic home personal care of ADLs, e.g. eating, bathing, grooming, going to the toilet, transferring and mobility for care recipient.	Safely perform or coordinate the required home nursing and or therapeutic tasks to meet the care recipient's needs.	Recognise basic human needs and manage challenging behaviours due to unmet needs.	Identify and address home and environmental safety risks and emergency preparedness.
UNDERPINNING KNOWLEDGE	Acquire basic understanding of knowledge of care recipient's health condition, care needs and care preference for daily routine and involve care recipient in care delivery.	Understand the importance of supporting the administration of continued treatment and adhering to the prescribed post-hospital medical/nursing/ therapy care instructions for caring for care recipient in the home care setting.	Understand basic age related physical, health and cognitive changes and deficits, e.g. dementia in the elderly and its impact on the elderly.	Understand and identify home and environmental safety risks and emergency situations and develop contingency plans.
SKILLS	Assist the care recipient with routine personal care activities of daily living, either performing the tasks or coordinating performance of the tasks.	Identify the scope and range of the home health care or nursing care services the care recipient needs to receive at home in consultation with the healthcare professionals.	Identify potential triggers for challenging behaviours and identify appropriate reactions.	Adapt the home environment and have emergency preparedness plans within reach during emergency situations.
ATTITUDE	Be responsive to self-care needs, i.e. caregiver self-care needs and health outcomes.	Examine self-awareness and readiness to deal with the practical aspects of home health care for the care recipient, e.g. time management, financial situation, manpower resources.	Practice self-awareness to know one's own limitations and learn how to manage expectations of the practical aspects of care delivery for the care recipient with challenging behaviour.	Appreciate motivation for implementation of home adaptations for safety and risk prevention.
BEHAVIOUR	Communicate with the care recipient on care needs and care preferences and arrange for appropriate and adequate training to safely deliver care.	Able to perform and monitor the delivery of nursing/ therapeutic care and respond appropriately to medical/ nursing/therapeutic side effects.	Respond appropriately to the care recipient's challenging behaviour and consider leveraging on external help.	Implement safety plans and train family members and care workers/migrant domestic worker to follow the plans.

9.1. SUPPORTING HOME PERSONAL CARE

CAREGIVING ROLE	Care Delivery
SKILLS CATEGORY	Supporting Home Personal Care
SKILLS DESCRIPTOR	Perform basic home personal care of ADLs, e.g. eating, bathing, grooming, going to the toilet, transferring and mobility to care recipient.

1 Underpinning Knowledge

- Understand basic age-related physical, health and cognitive changes and deficits in the elderly and their impact on the elderly's condition or functional capacity.
- Identify the risk factors associated with caring for the elderly and/or disabled at home.
- Recognise the risks and consequences associated with inappropriate or unsafe hands-on care delivery of ADLs and Instrumental ADLs.
- Recognise the importance of involving the care recipient, family members and migrant domestic worker (if any) in care planning, adhering to medical treatment/medication, recommended lifestyle changes (if any).

2 Skills

- Demonstrate safe practices of providing hands-on delivery procedures of care recipient ADL personal care tasks including feeding, hydration, using the toilet, personal hygiene, grooming, transferring and positioning, mobility, fall prevention and basic skin care.
- Approach communication with the elderly appropriately and utilise communication techniques for care recipients with cognitive impairments.
- Demonstrate ways to minimise or mitigate risks of falls, medication administration errors, environmental risks.
- Demonstrate actions for emergency preparedness for managing emergencies at home.
- Demonstrate approaches to engage the care recipient in simple physical activities and exercises to maintain functional ability.
- Demonstrate approaches to maintaining the cognitive well-being of the care recipient.
- Where appropriate, promote the care recipient's independence in personal care.

3 Attitude

- Practice self awareness to know one's own limitations and learn how to manage the expectations of the practical aspects of care delivery.
- Be responsive to self-care needs to sustain the caregiving journey.

4 Behaviour

- Communicate with the care recipient regarding care needs and care preferences and negotiate with family members on shared care arrangements for care tasks.
- Be responsive to the care recipient and family members* needs when making decisions about care and ask about care options.
- Leverage on resources to support the caregiving journey.

* Includes care worker who may be a family member and or a migrant domestic worker.

9.2 PERFORMING HOME NURSING/THERAPEUTIC TASKS

CAREGIVING ROLE	Care Management and Care Delivery
SKILLS CATEGORY	Performing Home Nursing/Therapeutic Tasks
SKILLS DESCRIPTOR	Safely perform or coordinate the required home nursing and or therapeutic tasks to meet the care recipient's needs.

1 Underpinning Knowledge

- Understand the importance of recognising, monitoring and responding appropriately to medical/nursing/ therapeutic side effects and adverse effects.
- Recognise the importance of regular maintenance of medical or nursing equipment and consumable supplies, e.g. oral suction pumps and tubes, ostomy bags, feeding tubes, catheters, dressing sets.
- Understand environmental issues in the home, e.g. unsanitary conditions, that increase the risk of contamination and cross infection which pose a risk to the care recipient.

2 Skills

Coordinate–Care Management role only

- Identify the scope and range of home health care, nursing or therapeutic care services the care recipient needs to receive at home in consultation with the healthcare professionals to include in the care plan.
- Implement and supervise care tasks intended for care recipients who are discharged home but still require skilled follow-through care, e.g. some care recipients may need specific therapy to help relearn how to perform ADLs or improve and/or maintain their functional capacity.
- Recognise the need to coordinate the services from different disciplines for the care recipient and leverage on different available resources.
- Recognise how caregiver and care recipient compliance or adherence to the plan of care impacts the care recipient's health outcome.
- Demonstrate the ability to perform the home nursing and or therapeutic tasks to meet the care recipient's needs.
- Demonstrate the ability to monitor and supervise the performance of the care worker and migrant domestic worker.
- Explore resources for alternative care options when the care recipient's care needs become increasingly complex and demanding regarding caregiver ability to cope with complex care needs, e.g. palliative and end-of-life care.

Perform–Care Management and Care Delivery roles

- Perform home nursing and/or therapeutic tasks.
- Demonstrate safe practices of when performing home nursing/ therapeutic tasks.
- Demonstrate appropriate approaches of communication with care recipient.
- Demonstrate ways to minimise or mitigate risks of falls, medication administration errors, environmental risks.
- Recognise clinical deterioration requiring urgent intervention.

3 Attitude

- Examine self-awareness and readiness to deal with the practical aspects of home health care for the care recipient, e.g. time management, financial situation, manpower resources.
- Examine motivation for planning home health nursing care and be realistic about the barriers and facilitators.
- Recognise the need for continuous learning and upskilling via caregiver training.

4 Behaviour

- Apply caregiving knowledge, skills, tips and tools to better support care.
- Future planning to explore and touch base with all available caregiving resources to pre-empt the necessity to leverage on them when and where appropriate.

9.3 MANAGING CHALLENGING BEHAVIOURS

CAREGIVING ROLE	Care Delivery
SKILLS CATEGORY	Managing Challenging Behaviour
SKILLS DESCRIPTOR	Recognise basic human needs and manage challenging behaviours due to unmet needs.

1 Underpinning Knowledge

- Understand basic age related physical, health and cognitive changes and deficits, e.g. dementia in the elderly and the impact on the elderly.
- Recognise behavioural change associated with organic diseases, e.g. dementia.
- Understand how the impact of the challenging behaviour from the care recipient can lead to stress and conflict and affect the psychological well-being of family members, care workers and migrant domestic worker.
- Recognise the need to upskill and attend training courses for managing challenging behaviour, e.g. behavioural and psychological symptoms of dementia (BPSD) to understand the possible reasons for challenging behaviour.
- Understand non-pharmacological approaches to managing and/or reducing challenging behaviours.

2 Skills

- Identify potential triggers for challenging behaviours.
- Demonstrate appropriate responses to react to the care recipient's challenging behaviour.
- Identify appropriate interventions and facilitate activities that can help to reduce the impact of triggers on the challenging behaviour.
- Recognise the factors that can affect interactions and effective communication with care recipient who exhibits challenging behaviours.
- Implement the appropriate techniques and communication strategies to respond to care recipient who exhibits challenging behaviours during ADL care delivery.
- Recognise the unmet needs e.g. physical, emotional, spiritual, sexual of care recipient with challenging behaviour.
- Communicate the reasons for the care recipient's behavioural changes to family members* and agree to review care plans where appropriate.

3 Attitude

- Practice self-awareness to know one's own limitations and learn how to manage expectations of the practical aspects of care delivery for care recipients exhibiting challenging behaviour.
- Be responsive to care worker needs/stress and ask about care options and leverage on resources to support the care worker/migrant domestic worker to practice self-care to sustain the caregiving journey.

4 Behaviour

- Identify ways to acquire health literacy that impact the health and care management of care recipient who exhibits challenging behaviour.
- Seek professional help to identify possible causes for the behavioural change of care recipient and how to manage the challenging behaviours and triggers.
- Leverage on resources to engage external help where appropriate.

*Includes migrant domestic worker and care worker

9.4 ADAPTING THE HOME ENVIRONMENT FOR RISK PREVENTION

CAREGIVING ROLE	Care Management and Care Delivery
SKILLS CATEGORY	Adapting the Home Environment for Risk Prevention
SKILLS DESCRIPTOR	Identify and address home and environmental safety risks and emergency preparedness.

1 Underpinning Knowledge

- Understand basic age related physical, health and cognitive changes, frailty and deficits in the elderly and the impact of these limitations on their functional capacity.
- Recognise indoor environmental hazards and how custom home adaptation can be a key contributor to successfully ageing in place for the elderly to stay in familiar environment despite progressive functional decline.
- Recognise the types and signs of medical emergency situations, e.g. sudden illness, accidents and/or injury, home fire, explosions or hazards.
- Recognise the need for emergency preparedness plans to be implemented and for family members* and care workers to be aware, trained and ready.
- Recognise how a person's physical and social environment affects their behaviour, i.e. the elderly are particularly affected by their environment.
- Recognise that a poorly adapted home environment that can impact the care recipient's functional ability and that could lead to increased physical care dependency on the caregiver, e.g. toilets, bathrooms, bedrooms.

2 Skills

Care Management role only

- Conduct risk assessments to identify potential emergencies, hazards required for planning and implementing emergency preparedness plans with issues and needs of the care recipient in mind, e.g. cognitive issues, mobility issues.
- Assess home environment to identify environment/situations that are poorly adapted to the care recipient's cognitive functions and deficits, e.g. poor lighting, noise, unfamiliar surroundings.

Care Management and Care Delivery roles

- Demonstrate awareness of the impact of indoor environmental hazards and consequence to the health and safety of the care recipient.
- Identity ways to improve a home's accessibility to enhance the elderly's activity patterns and independence, reduce the risk of injuries from falls and improve the quality of life of the elderly.
- Demonstrate good household practices in the home to mitigate environmental safety risks for the care recipient, e.g. sanitation, uneven surfaces, cluttered furniture, wet floors.

3 Attitude

- Appreciate motivation for implementation of home adaptations.
- Appreciate awareness of expectations regarding dimensions of safety, ease of use for care recipient, independence, comfort and preventive safety measures.
- Recognise the need for good decision making skills and that prompt measures are crucial in emergency situations in the home setting.

4 Behaviour

- Identify ways to actively implement adaptive measures to maintain optimal independence, well-being and quality of life.
- Identify the issues, barriers and facilitators of custom home adaptations and environmental safety risks factors (for care management only).

*Includes care recipient

10 FAMILY CAREGIVER ROLE SCENARIOS

To help illustrate the application of the intent and objective of the care skills categories and descriptors for one or both of the roles, profiles of caregiver personas are portrayed below:

The following examples illustrate the following role profiles:
- **Care Management scenario**
- **Care Delivery scenario**

- The sequencing of the illustrations in the scenarios corresponds to the significance of the acquired knowledge, which directly impacts decision making on care planning, care management and delivery of care to the care recipient.
- This **paced approach and pathway** also recognises, respects and addresses care recipient needs and preferences, and integrates the family in support of the caregiving, e.g. siblings, migrant domestic worker, as partners in planning and delivery of care and supportive services.

Note: dual role scenarios integrate cross-functionality skills of both levels.

10.1 CARE MANAGEMENT – STROKE

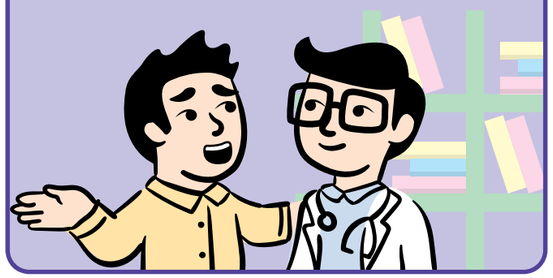
Michael Lim, 38, is a manager at an multinational corporation. Single, only child, resides with parents in their 70's with relatives living nearby.

Karen, 72, has chronic medical conditions and back pain due to a previous injury and is beginning to show signs of age-related frailty.

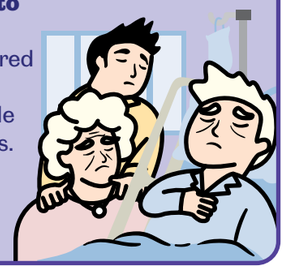
Ana, 35, a migrant domestic worker from Indonesia with no prior experience caring for the seniors.

1 Michael heard his father had suffered a stroke and was hospitalised. As his father had moderate post-stroke functional loss, he would need discharge planning and care arrangements to enable his smooth rehabilitation.

2 With advice from doctors and nurses, Michael was able to make an **informed decision** regarding care planning, as well and explore and evaluate his mother's and father's **care arrangements.**

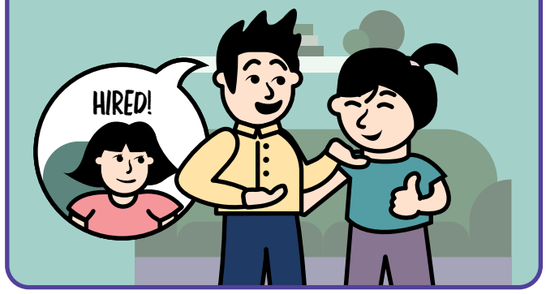


3 As happy as Michael was with his father's prognosis, he needed advice from professionals on **how to manage his parents' care.** He was unprepared for the scope of tasks ahead and how to juggle his new responsibilities.



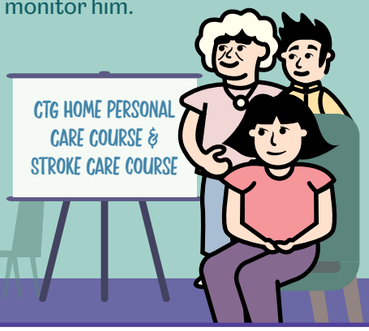
4 Michael **discussed care arrangements** with his mother Karen and cousin June and **with his father's consent**, the family agreed to caring for him at home.

5 Michael will **plan and manage the care**. They will hire a migrant domestic worker, Ana, and train her to **deliver the day-to-day physical care** and assist Karen. Cousin June agreed to be his back-up to pitch in to help.

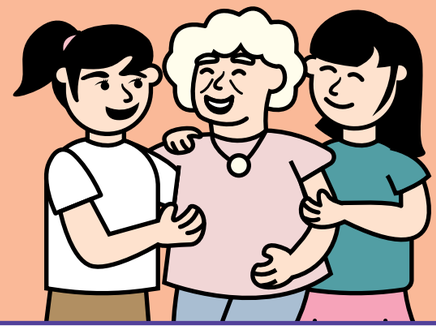


6 Michael signed himself, Karen and Ana up for the **CTG Home Personal Care Course** and a **Stroke Care Course** under AIC.

Michael feels he needs basic caregiving and stroke care literacy to **understand the roles and tasks of the person** delivering care, in order to monitor him.



7 As he is frequently not around, Michael solicits the **help of relatives and church friends** as he feels that his mother **needs the company and support.**



8 For his father, Michael registered him with the **Singapore National Stroke Association (SNSA)**, a national support group for stroke survivors and caregivers.

10.2 CARE MANAGEMENT AND DELIVERY – DEMENTIA

Ai Choo, 40, used to work as a part-time cashier but had to quit her job to look after her mother-in-law when her dementia deteriorated and needed 24/7 care.

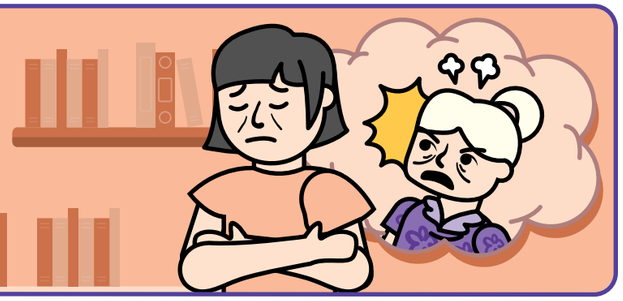
Ah Ma, 75, is a widow who was diagnosed with Alzheimer's Disease. She has two sons, and moved in with the elder, Mr Tan, after her husband passed away. Her younger son lives overseas.

Chee Beng, 46, is Ai Choo's husband and Ah Ma's eldest son. He was retrenched and now drives a taxi as the breadwinner in the family.

Ai Choo's daughters, 12 and 10, who see their grandmother as erratic due to her behaviour and are upset with the disturbance at home.

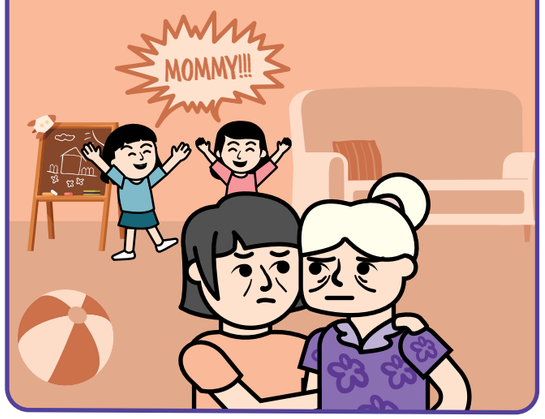
1

Ai Choo looks after her mother-in-law full-time. But Ah Ma's **recent change in behaviour** has Ai Choo constantly worried about **"what's next"**.



2

Ai Choo is responsible for caring for her mother-in-law as well as her two young daughters. She is often at a loss on how to to balance her attention.



3

Ah Ma's increased confusion, restlessness, agitation and aggression resulted in Ai Choo risking getting burnt out. Hence, Ah Ma's geriatrician refers Ai Choo to **professional help for dementia care** and **available resources for services** to support her.

4

Ai Choo and Chee Beng were **referred to support services** to learn how to care for Ah Ma and support Ai Choo in **respite care.**

5

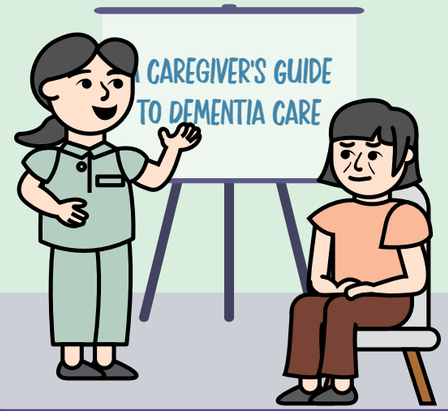
Chee Beng urgently **communicates with his sibling** on their mother's condition and the situation at home.

6

Aware of the **burden of care** on his brother's family, he is supportive of **care options** that suit his mother, e.g. **Dementia Day Care** and/or **hiring a migrant domestic worker.**

7

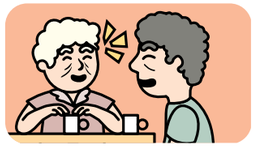
Realising she needs to know how to better take care for Ah Ma, Ai Choo signed up for **'Dementia Care including Managing Challenging Behaviour'**, to learn how to manage dementia symptoms and her own **psychosocial well-being.**



10.3 CARE MANAGEMENT – SENIORS LIVING ALONE

Anne, 36, lives near her elderly single aunt, who is frail and vulnerable.

Aunt Mary, 72, was never married, worked till she retired from her secretarial job and has been living alone after both her parents passed on.



Aunt Mary's Neighbours, retirees themselves, who are her peers and hang out with her socially.

Aunt Mary's Home Help Services, they help Aunt Mary with basic elder-minding services.

1

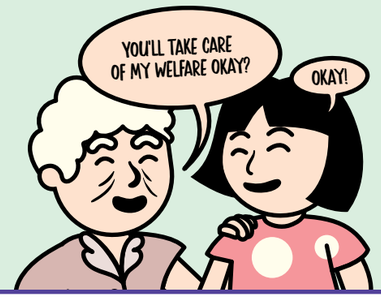
One day, Mary's neighbours called Anne and told her Mary had fallen during their morning exercise, her second known episode. Anne suspects that Aunt Mary may have had a **history of falls** but failed to report them. During a **geriatric assessment**, the doctor confirmed that Mary has become **frail** due to her advanced age, and advised Anne to **plan care for her ageing aunt.**

2

Anne urgently **communicated with her sibling** about their aunt's condition and the **risk factors** of her living alone at home. The nephews and nieces decided to plan for their aunt's care.

3

Though Mary had verbally appointed Anne **"to take care of her welfare"**, Anne was not aware that she needed to be appointed as her aunt's **Lasting Power of Attorney (LPA)** donee. This would enable her to make decisions on her aunt's behalf should Aunt Mary lose the capacity to make her own decisions.

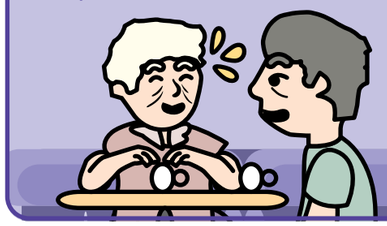


4

Anne immediately read up on the **ageing process, learned about frailty** and looked out for interventions to prevent further decline. She also searched for more information on basic caregiving **literacy,** so as to make an **informed decision** regarding the **care plan, including information about acting legally** on Aunt Mary's behalf should she lose her mental capacity.

5

Meanwhile, Aunt Mary's neighbours, retirees themselves, realise that Mary is getting on in age and may need extra help with her **activitives of daily living, e.g. eating, bathing, going to the toilet.** They encourage Mary to start planning and legally appoint one or two persons to take care of her personal welfare.

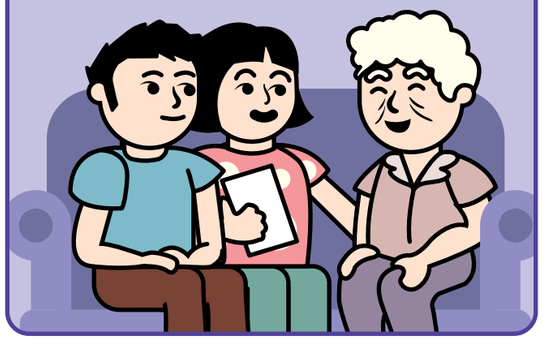


6

After the fall, Aunt Mary realised that it would be unwise of her to put off planning for her own care.She proceeded with the **LPA, Advanced Care Planning (ACP) and Will Planning.**

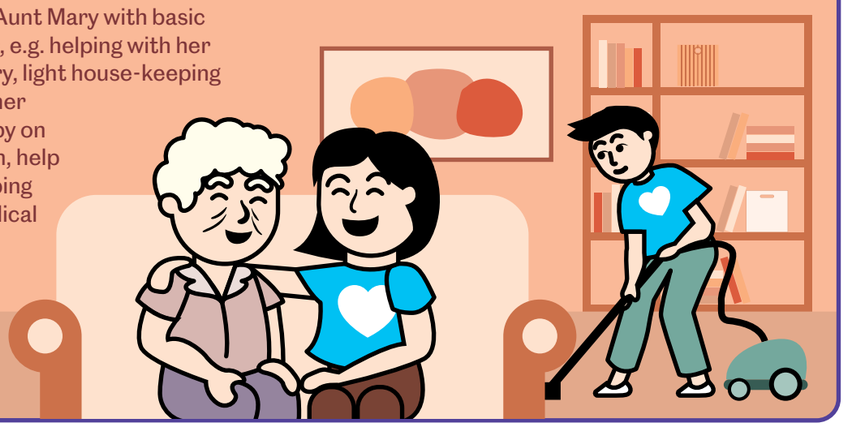
7

As Mary is still of sound mind, Anne and her siblings explained to Aunt Mary about **LPA, ACP and making a will** in matters like care preference and end-of-life decisions.

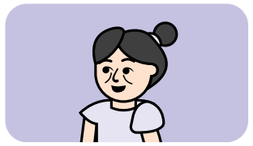


8

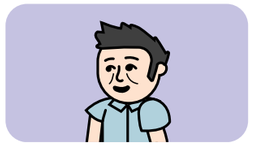
Anne realised that she needed to call in **home help services** to help Aunt Mary with basic elder-minding services, e.g. helping with her meals, doing the laundry, light house-keeping and generally keeping her company. Anne drops by on a daily basis to check-in, help her with grocery shopping or take her for her medical appointments.



10.4 CARE MANAGEMENT AND DELIVERY – MENTAL ILLNESS



Dorothy, 53, a homemaker who lives with her husband



David, 54, husband of Dorothy, father of Kimberly and an engineer

Kimberly, 25, an events executive popular with her colleagues. Currently single.

John, Mr and Mrs D's eldest son who is married and lives with his young family nearby.

1

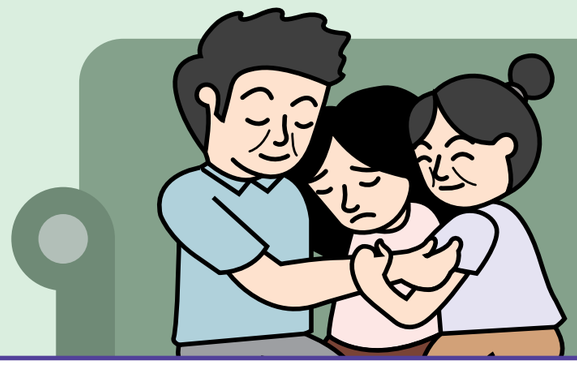
Dorothy noticed that Kimberly gets very moody, is easily irritable, and locks herself in her bedroom for days.

2

One day, she quits her job suddenly and goes on shopping sprees and partys every night. At one party, she made sexual advances on a stranger who rejected her. Kimberly went on to harm herself and was admitted to hospital.

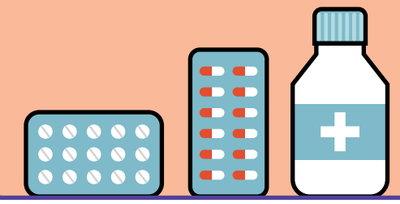
3

Kimberly was diagnosed with bipolar disorder, and advised to undergo treatment. The doctors informed Kimberly's parents that with a combination of continued medical treatment and therapy supported by family, friends and community, her symptoms can be managed. This was **communicated to Kimberly's family** and the whole family decided to make **informed decisions** to support Kimberly.



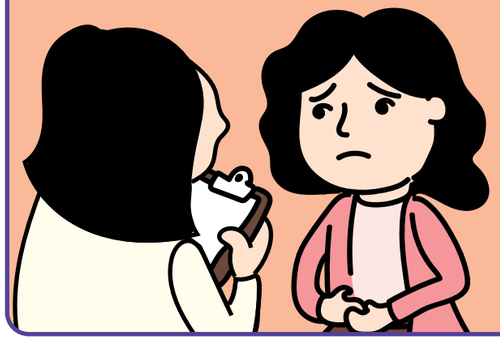
4

Kimberly suffers from bipolar disorder, characterised by chronic distruptive mood swings from mania to depression. She may require long term care management with continual re-evaluation and treatment modification. Her family prepares for the trajectory of her illness and treatment management and manages their expectations of Kimberly's prognosis.



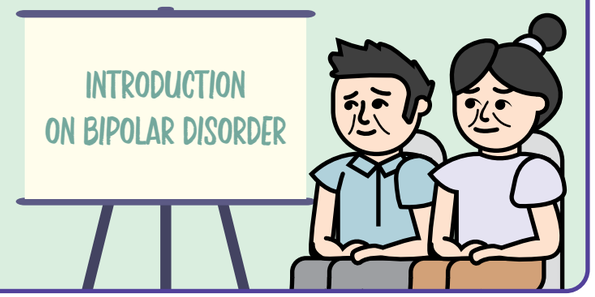
5

Kimberly is encouraged to keep up with treatment and therapy plans and be aware of her symptoms, mood triggers and episodes.



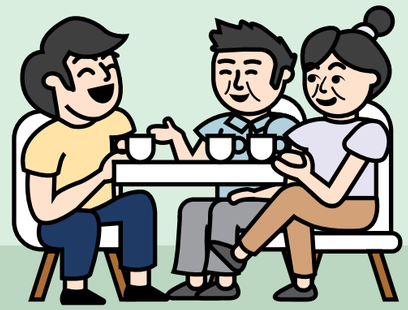
6

The family receives **education** on bipolar disorder so as to remain calm and manage Kimberly's **challenging behaviours.**



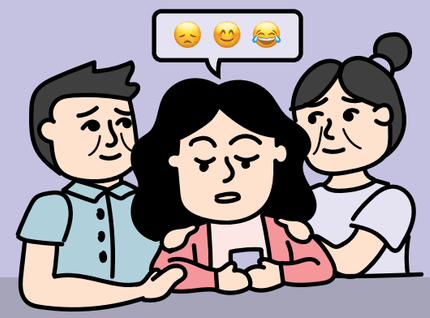
7

David and Dorothy tap on **available resourses** to support her care, seek **peer caregiver support for self-care** and learn how to establish healthy family boundaries.



8

David and Dorothy recognise that the **family environment** plays an important role in continued treatment. Through receiving family counselling they learn how to **communicate their feelings** of anger and manage their anxieties, frustrations and encourage her to lead a healthy lifestyle.



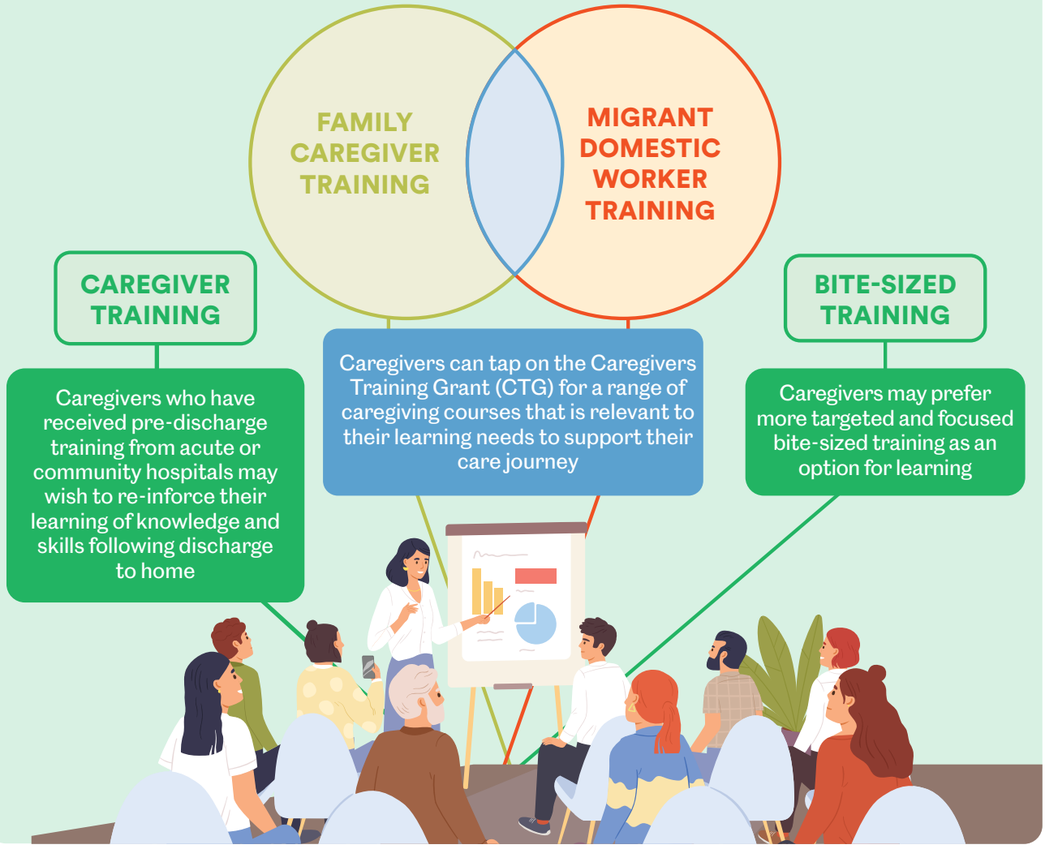
11 CALL TO ACTION FOR TRAINING PROVIDERS

Caregiver Training Providers can refer to the respective skills categories (Care Management and Care Delivery) in the FCPF to:

- Review existing training courses to align them to the FCPF.
- Create new relevant training courses to address emerging skills gaps.

THE FCPF AIMS TO STANDARDIZE THE KEY LEARNING SKILLS CATEGORIES FOR CAREGIVERS

(Training providers and stakeholders can refer to the FCPF to develop and advocate relevant curriculum to meet learning needs of caregivers).



Caregiver Training Providers and Stakeholders can Now:

- Advocate for relevant continued training e.g. post-discharge from acute and community hospitals.
- Create and curate content based on the skills categories and descriptors e.g. Care Management and Care Delivery in FCPF.
- Create bite-size training so that training is accessible to the caregivers in content formats and platforms that can fill the training gap.

11.1 EXAMPLE OF COURSE CURATION AND CREATION

When creating written or visual content around these skills, it is important to make the **learning meaningful to the caregivers** in content curation, instructional strategy, approach and methods and address their learning needs.

Examples of content curation referencing Skills Descriptor (8.2), Managing Relationship and Communication with Family Members, Care Workers and Migrant Domestic Workers:			
Recognise the importance of positive communication with family members*, care workers and migrant domestic worker to communicate expectations on shared caregiving roles and responsibilities.	Understanding communication pitfalls in caregiving and managing conflict.	Learn effective ways to improve communication with care recipients who exhibit challenging behaviours.	Overcome language barriers and adopt effective communication techniques.

*Includes care recipient

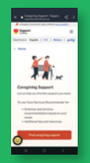
Tips on instructional strategy and approach:		
Design the training programme around real-life examples and applications.	Engage learners' prior knowledge by inviting them to share their experiences in class.	Relate, or elicit from learners, how the learning from the training programme is relevant to them.
Tips on instructional methods:		
Didactic, demonstration, role-play, practice skills.		

12 CAREGIVER SUPPORT RESOURCES

When developing courses, you might need to help caregivers identify support systems and resources to lighten the caregiver load. The links to caregiver resources are below for your use.

The Care Services Recommender (CSR) will help you find the support you need for:

- Schemes and services recommendations based on your needs
- Additional tips and resources



Mind Matters Directory and Listing

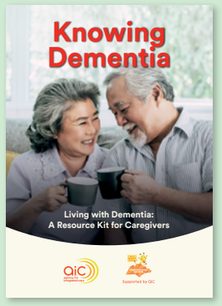
Provides members of the public with an overview of the common mental health conditions, commonly-asked questions and services. Together with the booklet comes a list of available service providers.

Target audience:
General Public and Partners

(Available in English and Mandarin)

English	Mandarin
Booklet:	Booklet:
Directory:	Directory:

Living with Dementia - A Resource Kit for Caregivers

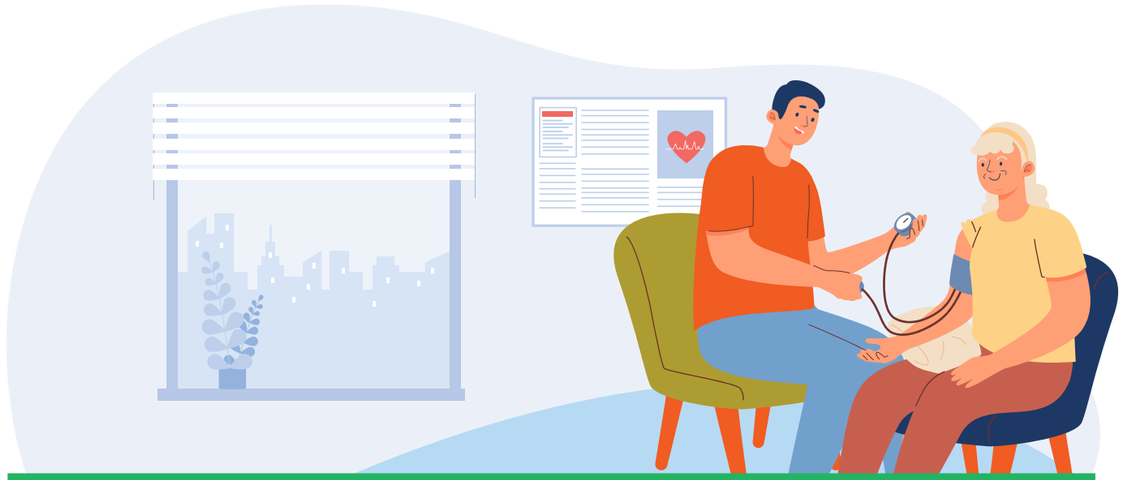


A comprehensive guide to caregiving for persons living with dementia, arranged in four parts to help caregivers along in their journey. This kit consists of a series of four booklets and a listing of services.

Target audience:
Caregivers and General Public

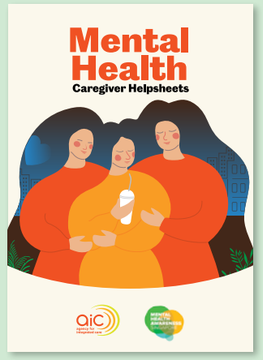
(Available in four languages)

Knowing Dementia	Caring for Yourself
Planning Care	**Providing Care**



Community Mental Health Collaterals

Mental Health Helpsheets



Bite-sized Helpsheets for Caregivers
An enhanced version of Mental Health Helpsheets for caregivers touches on essential information such as understanding loved one's mental health treatments, medications, and preventing a relapse for the loved one.

(Available in English and Mandarin)

English	Mandarin

Journeying With You To Better Mental Health And Well-being

Remembering For The Two Of Us

Let's Build a Caring and Dementia-Friendly Singapore Together!

(Available in English and Mandarin)

English	Mandarin

Lend a Helping Hand, Be a Dementia Friend

(Available in four languages)

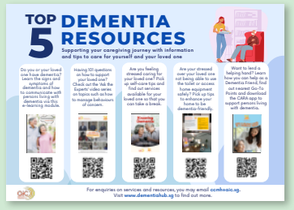
English	Mandarin
Malay	Tamil

OTHER COMMUNITY RESOURCES AVAILABLE ONLINE

DEMENTIA

Consolidated Listings for Care Professionals – Dementia

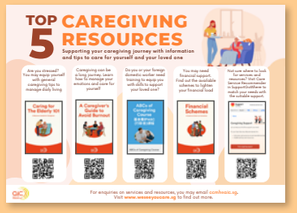
Top 5 Curated Tips and Guides for Caregivers – Dementia



CAREGIVING

Consolidated Listings for Care Professionals – Caregiving

Top 5 Curated Tips and Guides for Caregivers – Caregiving



MENTAL HEALTH

Consolidated Listings for Care Professionals - Mental Health

Top 5 Curated Tips and Guides for Caregivers - Mental Health

LEARNING GUIDEBOOK
(FOR STAKEHOLDERS)