Changing the mindset of young & old

C O N N E C T

Bulletin

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Gerontological Society of Singapore Symposium:

Strengthening Community, Empowering Longevity

1 October 2022 (2.00-5.00pm)

On 1 October 2022, the Gerontological Society of Singapore (GSS) organised a symposium in conjunction with the International Day of Older Persons. The event held at the Lifelong Learning Institute focused discussions on strengthening the community not only through support for older persons, but also to empower older persons to contribute as vital community members. It is important to enhance the ageing experience of individuals with the increasing life expectancy. so that 'longevity' and 'ageing in place gracefully' would be synonymous terms within the society.

The event consisted of two segments, Following an opening address by the President of GSS, A/P Thang Leng Leng, the first segment started with the 12th Henry Lim Lecture by the Founder of Ibasho, A/P Emi Kiyota, who is also Director (Program) of Health District @Queenstown, National University of Singapore and National University Health System. Following which, Ms Charlene Chang, Group Director of Aging Planning Office spoke about Action Plan for Successful Ageing .; The third speaker is Mr Nathanial Farouz who heads the Senior Living at Keppel Corp,.

The latter half of the event consisted of presentations by Gerontology experts followed by a roundtable discussion with the panel speakers on empowering longevity. The discussion was facilitated by Ms Susana Concordo Harding, Senior Director of International Longevity Centre, and discussants include Ms Lim Sia Hoe, Executive Director at Centre for Seniors, Dr Wayne Freeman Chong, Director at Geropsych Consultants PL, and Dr Tan Jit Seng, Director/Senior Home Care Physician at Lotus Eldercare PL.

Welcome Address by President of GSS, A/P Thang Leng Leng

The event launched off with a welcome address by the President of Gerontological Society of Singapore, A/P Thang Leng Leng. She started with her personal contact with a senior grab driver who perceives age as just a number and reminisces about kampung life. With reference to his inspiring and passionate story, A/P Thang brought up the importance of creating a kampung-like atmosphere within the community despite modernization so as to enable older adults to retire gracefully and be empowered with longevity.

Keynote Address by Founder of Ibasho, A/P Emi Kiyota

Starting off the keynote address with presentations of her studies and research, A/P Emi Kiyota screened pictures of older adults who appeared beaming as they performed activities in the community . She then proceeded to talk about the marginalisation that many older adults experience, stating that ageing is often viewed as a decline in life. However, the ibasho model advocates for seniors to be treasured as an important community resource. A/P Kiyota repeatedly highlighted the importance of interacting and treating seniors such that their strengths are being acknowledged and their contributions are encouraged and appreciated. She further emphasised that the ideology and system of treating older adults as if they need to be taken care of should be removed, especially in social policies. Referencing a story from her experience conversing with older adults, she commented that that these seniors have a desire to share their stories and wealth of experiences with others, however, they may not have the resources, or more simply, no one to listen to their sharings. A/P Kiyota also tapped on her personal inspirations in establishing the Ibasho model through both good and bad experiences that she had with seniors, as well as her own experience living in a 4-generation household with her grandmother looking after her since young but who was then taken care of in a nursing home. These stories and experiences inspired her to believe the important of creating conducive and empowering nursing homes that go beyond only

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providing care to the seniors, but also to encourage their active participation and contributions in the community.

Moving on to the discussion of the Ibasho model, A/P Kiyota took the time to explain her works and what the Ibasho concept consists of as follows:

Ibasho's 8 Principles:

1. Older people are a valuable asset to the community (elder wisdom)
2. Creating informal gathering places (normalcy)
3. Community members drive development and implementation (community ownership)
4. All generations are involved in the community (multi-generational)
5. All residents participate in normal community life (de-marginalization)
6. Local culture & traditions are respected (culturally appropriate)
7. Communities are environmentally, economically, and socially sustainable (resilience)
8. Growth of the community is organic and embraces imperfection gracefully (embracing imperfection)

The Ibasho model aims to provide older persons with a platform for them to take lead of the changes they want to make and to encourage them to collaborate as decision-makers. A primary example of how the Ibasho principles are applied is through the incorporation of opinions from seniors living in disaster-prone sites in Japan, where theythemselves take charge to build and improve the ibasho centre, serving as volunteers and helping those who were gravely impacted by the disaster. This scenario highlights the older persons' centricity, i.e., giving older persons opportunities to lead, and make decisions. The Ibasho model is also applicable to architecture and environment, i.e., making sure that the amount of accessibility provided is balanced in the sense that it does not become too easy for the seniors, thus implying systematic protectiveness, and yet, not too challenging, thus implying a lack of inclusivity within the facilities.

Q&A Segment in Keynote Address by A/P Emi Kiyota

Question 1: What are some challenges that may hinder Singapore from adopting the Ibasho model?

Response : The most prominent challenge would be the mindset because the Singapore culture, expects one to be filial and to provide perpetual care for the elders, and for the government to also take action in the face of an ageing population. This means that the elderly would be taken care of, rather than being encouraged and empowered to age in place with autonomy and leadership.

Question 2: What steps should be taken to have more youngsters and the community partake in contributing to caring for older persons and to adopt this Ibasho mindset? How do we bridge the gap between the different generations?

Response: The key is to try and shift our perspective.s t mean that we have to challenge the existence of nursing homes, but rather to change the perspective and system within nursing homes and within the community. A/P Kiyota also lightly commended on how the younger generations in Singapore appear to be closer to the seniors compared to Japan. She also commented that the generational gap can be a good thing, because the differences and imperfections allow us to learn more about one another and can be complementary. in skill sets. Hence, Singapore should systematically embrace the generation gap whilst also shifting our perspectives.

Sharing by Ms Charlene Chang, Group Director of Ageing Planning Office

Ms Charlene Changstarting off her sharing with statistics, reminding the audience of the rapid aging of our population nearly 1 in 5 people is currently 65 years old and older at present. This population will impact the workforce, the family structure as well as the care needs. While both the life expectancy (LE) and health-adjusted life expectancy (HALE) are increasing, there is still a gap between LE and HALE, and we should strive towards shortening that gap so that older adults not only live longer, but they also live healthier. On top of that, Ms Chang mentioned the importance of shifting the narrative of the 'Silver Tsunami' by turning 'silver' to 'gold'. This is to change the depiction of the seniors into valuable assets rather than as 'destructive' or 'unexpected' like a Tsunami. With that goal in mind, the Action Plan for Successful Ageing which was first launched in 2015 is one of the national efforts was by the Ministerial Community of Ageing (MCA). Ms Chang further explained the levels of effort taken to improve ageing in Singapore which are as follows:

- Individual Level: To enhance the rate of opportunities for the aged through improving the platforms for lifelong learning and volunteering activities etc.
- Community Level: Offering a platform for intergenerational living through co-locating day care centres with childcares etc.
- National Level: Improving housing through assisted living, improving town infrastructures, transports and care provider services, etc.

On top of the Action Plan for Successful Ageing (2015), Ms Chang mentioned that another initiative that has been introducedis the ABC services in Active Ageing Centres (AAC). The following describes the ABC services:

- A - Active Ageing
- B - Befriending/Buddying for vulnerable elderly
- C - Info and referral to Care services, Community vital signs monitoring + Community Connector

Other than that, national efforts that are taken also include supporting and funding projects through the National Integration Council (NIC), launching the Caregiver support action plan in 2019 which was augmented with more initiatives, enhancing ageing-in-place initiatives through twinning "housing" and "care", e.g. Community Care Apartments in Bukit Batok, updating the Action Plan for Successful Ageing, and more.

Strengthening Community, Empowering Longevity

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Q&A Segment in the Sharing by Ms Charlene Chang
Question: What other healthcare resources is HealthierSG looking to bring into the plan, especially as we are progressing forward to holistic care?
Response: We want to do this incrementally, and to do a whole ecosystem approach to it, to bring in community partners on the non-healthcare aspects. It will be a multi-year effort.

Sharing by Mr Nathanial Farouz, Head of Senior Living at Keppel Corp

Mr Farouz started his sharing by introducing Keppel and its first step in the eldercare sector in 2020. He then proceeded to describe the trends of living arrangement for older persons, stating that independent living is increasing due to the emergence of alternative infrastructures and options. Mr Farouz also shared about his opinion on what assisted living means to him, i.e., a place to go to for seniors who are no longer able to live on their own. Mr Farouz further added that the ideal assisted living concept should empower an older person's dignity, allow expression and practising of self-identity, empower autonomy i.e., providing activities that the elderly can participate in, providing security such that it does not overpower autonomy as that would appear protective of the elderly e.g., combatting falls by getting seniors to lie in bed 24/7, providing love, care and normalcy from family and friends such that seniors may still tap on them despite being in assisted living. From Keppel Corp's perspective, their aim is to offer support so that family members may enjoy the ageing process. Keppel believes that the ways to improve ageing and empower longevity are as follows:

1. Implement a detailed assessment with a personalised lifestyle and care plan with the residents and the family, with a team of specialists from different areas
2. Designing a community that cares about its employees and residents such that the employees should be able to focus on caring for the seniors. This implies that there will be extensive use of tech for areas which do not relate to interactions with the residents, and at the same time for the residents, to be able to make decisions and stay connected to the community.
3. Making sure that the community is welcoming and designed to be welcoming to ensure that the decision of transitioning is made easier as it is often very difficult and emotional
4. Welcoming couples with uneven dependency levels, so that a partner with lower dependency level is able to partake in activities without worrying over taking care of their partner with a higher dependency level. In this way, both of them are able to age gracefully.
5. To intervene early enough to reverse vicious cycles and re-stimulate people before it's too late e.g. caregivers giving in early and relying on using wheelchairs to take care of their family member which would be detrimental to their recovery due to increasing reliance on the wheelchairs
6. Tapping on technologies to improve residents' safety and comfort, and staff productivity & working conditions

Q&A Segment in the Sharing by Mr Nathanial Farouz
Question 1: How do you intend to be able to make it attractive over the cultural platform?
Response: It doesn't happen overnight, there are demographics and factors that intervene in the cultural decision-making. It takes the people to really see and experience for them to be convinced. The first foreign project in China but other community partners were pairing up which thankfully accelerated the effectiveness.

Question 2: How do we standardise these proposals of Keppel on the assisted living concept and adopt it to HDB? How long will it take for these ideas to be implemented in the Singapore setting like HDB?
Response: Not everybody needs dependency care, and though we should be inclusive and accommodating, statistically, not everybody needs such facilities as it may be a waste of resources. So it would be better to implement the facilities in areas and communities where more people would need it. But it is also possible to adapt these facilities to accommodate more to the general population, e.g., with regards to incontinence of older personsin an elevator, and bringing in a design of clicking a button that prioritises the senior's floor. This can be useful for pregnant ladies as well.

Reflections of A Young Caregiver

Wan Xin Yi, MGER Programme Candidate, SUSS

Dear Readers,

In case you are wondering about the sudden change in tonality, rest assured that this article is included in this bulletin by no mistake.

Allow me to introduce myself – I am Xin Yi, a Master of Gerontology (MGER) candidate at Singapore University of Social Sciences (SUSS). You may ask, of all master's programmes, why Gerontology? Truth be told, I initially pursued this field of study out of practicality, hoping that the knowledge I gained would complement my current vocation at a local community hospital. Looking back, I am glad to have made the right decision. Besides gaining a better understanding of seniors from a biopsychosocial perspective, the knowledge and skills learnt thus far have benefited me tremendously as a young caregiver . One such learning opportunity I had was the recently concluded Silver Caregivers Co-operative Limited (SCCL) CARE-TITUDE symposium, which I attended as part of my internship in the SUSS MGER Programme. Taking a young caregiver's perspective, I invite you to join me on a brief reflection journey as I relate key topics covered in my gerontological studies and SCCL CARE-TITUDE symposium to my personal caregiving experience.

First things first – Who should be THE caregiver?
As I studied more about caregiving issues, the first few questions that popped into my head were, "Why should we only have ONE primary caregiver?" and "Who then should be the designated caregiver?". Should the responsibility, by default, fall on the eldest child? Or should it be the child who has better financial means or is single without other family commitments? As families shrink, younger caregivers like me worry about having to shoulder more caregiving duties as compared to older caregivers (such as Pioneer and Merdeka generations). Even when we have fellow family members to support us, how do we enable a more equitable distribution of caregiving load within the family? For myself, I thought of caregiving as a constant negotiation process, where we need to have open conversations on tasks prioritisation and delegation with other family members, compromising and thus working out the best care arrangements.

Reflections of A Young Caregiver

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Aside from caregiving burden, my generation faces a different set of caregiving challenges with the growing trend of overseas migration. Who can we trust to take care of our elderly parents back home as we pursue personal and professional goals abroad? How should we go about planning or future-proofing care needs of our loved ones when we are not with them? Would a "designated primary caregiver" still be relevant? Personally, I feel that caregiving could not be achieved by just one single caregiver, and that it requires collective support from multiple stakeholders from healthcare teams to community members like neighbours; though I would like to point out that families living in private estates may face more difficulties in establishing support networks within their community, considering the exclusive housing infrastructure on these premises. Nonetheless, I believe it is necessary to reframe the definition of "primary caregiver" and start recognising caregiving as collective responsibilities involving other societal stakeholders.

Do we know enough?

Being a True-Blue Singaporean, I grew up in the typical Singaporean way of life – studied hard to pass my PSLE, "O" and "A" Levels, graduated from university before hitting the adulting phase and embarking on my career. While I spent 20 years preparing for my debutante in the working society, the same could not be said for my caregiving journey.

My caregiving learning curve has been a steep one. Besides trying to cope with my graduate studies and work, I have to manage seemingly insignificant (but necessary) caregiving errands like purchasing the correct bandages, and other complex tasks such as understanding diverse healthcare services across different institutions. Ironically, as I attempted to research and overcome my lack of knowledge of care services, I was overwhelmed by the sheer amount of available information. This situation is not unique to me, as I observed similar issues among older caregivers, perhaps even more aggravated with some of them not being educated or digitally literate. I, therefore, agree with the CARE-TITUDE symposium panellists that more should be done to educate caregivers, empowering them to better navigate health and social care services and provide quality care.

While I acknowledge the need for educational interventions, certain considerations should be deliberated before their implementation. For instance, how early on should caregiving education be initiated? Despite CPF schemes being taught during my younger academic years, I did not realise their relevance until I assumed the role of caregiver, hinting at the importance of initiating training at appropriate phases. Training partners should also tweak curriculum contents to cater to caregivers of varying educational backgrounds. Compared to my older relatives who are used to directed paternalistic solutions, I wish to have an in-depth understanding of disease trajectories and corresponding preventive measures before making decisions with care recipients. As the adage goes, there are different strokes for different folks. Equipping caregivers with knowledge is pertinent, but I believe the crux of issue lies in the conscious and deliberate calibrations of interventions to accommodate caregivers from diverse backgrounds.

Relevant resources are provided, but are we willing to use them? Although the state and community partners have developed an extensive network of resources, low caregivers' receptivity toward these services can significantly impact their effectiveness. For example, while I am open to exploring caregiving resources to cope with my caregiving duties, my older relatives are more conservative in utilising such services because they associate help-seeking behaviours as threats to their pride and independence. As a result, they have lower motivation to tap on formal sources of assistance. Interestingly, they are, however, more receptive towards informal sources of assistance like family and friends, which could be explained by Socioemotional Selectivity Theory where older adults prefer to form emotionally satisfying relationships within their smaller social circles. Echoing my earlier comments, it is thus pertinent to expand caregiving roles beyond individuals and seek the community's collective efforts in supporting caregivers.

Closing remarks

Overall, I am grateful for the valuable takeaways from my gerontological studies and learning opportunities like the SCCL's CARE-TITUDE symposium that have enabled me to become a more competent and empathetic young caregiver.

To me, caregiving isn't a standardised checkbox exercise. Each caregiver-care recipient dyad has their unique caregiving needs, and no two caregiving experiences are ever the same. While it may not be possible to provide a one-size-fits-all solution to address all caregiving challenges, I am hopeful that calibrated measures and community involvement can help better prepare caregivers across different age cohorts. Like a long-distance marathon, it is essential that caregivers build a robust heart-ware and espouse the right attitude to sustain themselves throughout this long caregiving journey.

With the right outlook and mindset, all of us can be empowered to alleviate various aspects of our own and others' caregiving burden in small little ways. As a young caregiver, I look forward to new developments in local care landscape, and contributing to an inclusive and supportive caregiving ecosystem.

Exploring Our Home Caregiving and Caregivers Training Grants

Ms Wan Xin Yi. Master of Gerontology Candidate, SUSS

By 2030, almost 25% of Singaporeans will be 65 years and above (Chin, 2022). In addition to longer life expectancies (Ministry of Health [MOH], 2020), disease prevalence has also increased (Lee, 2022), translating into heavier caregiving responsibilities for caregivers. With Asian values such as filial piety creating cultural expectations of familial obligations and reciprocity (Ng et al., 2002; Chew et al., 2022), informal caregivers like spouses and children thus constitute an instrumental pillar of caregiving support.

To accommodate to the higher caregiving demands, Singapore's government has been investing much efforts in providing and reinforcing existing resources to support these informal caregivers. Recently, the Ministerial Committee on Ageing published the refreshed 2023 Action Plan for Successful Ageing (MOH, 2023), highlighting past progress and upcoming enabling plans that support Singaporeans to age confidently and gracefully in their golden years. Riding the waves of this latest buzz, let me explore two key initiatives that directly impact caregivers – the enhanced Home Caregiving Grant and a specific focus on the Caregivers Training Grant.

Home Caregiving Grant (HCG)

Implemented in 2019, the HCG offer monthly monetary grants to care recipients with permanent moderate disability and require assistance with minimally three Activities of Daily living (ADLs). In replacing the Foreign Domestic Worker Grant, HCG provides more coverage as the cash payouts can be used to defray other types of caregiving costs, such as care services and caregiver support services. With the recent enhancements, applicants with either no income or possess a monthly per capita household income of $1,200 and below would receive $400, whereas those with a monthly per capita household income of $1,201 to $2,800 would receive $250 (Ang, 2022).

Significance of HCG

By reducing caregiving costs, HCG helps relieve financial strain, alleviating the caregiving burden. According to a recent study by the National Council of Social Service (NCSS) (2022), one of the surveyed caregivers' top priorities was financial resources. Financial concerns are associated with caregivers' global symptom burden, including anxiety and poor sleep (Mercadante et al., 2022). Provision of monetary grants like HCG can, therefore, alleviate financial burden, reducing caregiver stress and contributing to improved overall wellbeing.

HCG Limitations and Recommendations

Despite its benefits, some potential limitations warrant necessary considerations. Firstly, although means-tested tiered payouts may imply a more efficient distribution of resources, some may still fall through the cracks. For instance, having inherited their property from family members, some asset-rich-cash-poor individuals are ineligible for HCG due to their housing value despite requiring the financial assistance.

Furthermore, despite the expansion of service scope, the criterion of requiring assistance for minimally 3 ADLs poses strict limitations. To illustrate, one may experience difficulties performing a couple of ADLs but cannot tap on HCG for home therapy services, which can cost up to an average of $180 per session (Miao, 2021). In addressing these gaps, one recommendation could be to correspond and tier the HCG payouts based on the number of ADLs that one would require assistance in (i.e. higher grants for individuals who are unable to perform more ADLs), enabling better resource allocation to needy individuals while alleviating caregiver burden.

Caregivers Training Grant (CTG)

Another caregiver support resource worth discussing would be the CTG. CTG was formally launched in 2013 and provides caregivers with grants of $200 per year to help them gain and improve their caregiving skills. To date, there are over 200 caregiving training courses provided by varied CTG providers, ranging from clinical skills to ADL assistance (MOH, 2021).

To perform their care duties effectively, caregivers need to be familiar with respective disease trajectories like dementia, technical care skills like changing nasogastric tubes, and practical knowledge of local health and social care services. Caregiving skills are often acquired through informal advice and even trial and error (Paun et al., 2004; Kavanaugh et al., 2019), and caregivers tend to only seek training when the needs arise, suggesting a lack of preparations and directions in their caregiving journey.

Significance of Caregiving Training

Educational caregiving training is an effective intervention that empowers caregivers with skills, enabling them to provide quality care for their loved ones. Such training can improve caregivers' knowledge and competency (Chiu et al., 2013; Mehta & Thang, 2017; McAtee et a., 2021), and higher caregiving competence is shown to be negatively associated with psychological symptoms like depression (Chan et al., 2018), thereby serving as a protective factor against caregiver burden. Beyond technical skills and knowledge, educational interventions boost caregivers' confidence (Kavanaugh et al., 2019). Besides cognitive reframing skills, higher perceived mastery can also motivate caregivers to employ positive thinking and adaptive problem-solving coping strategies to manage caregiving duties better (Chan et al., 2018). Adequate caregiving training is thus essential in supporting caregivers in delivering their care responsibilities and navigating care services. CTG is, then, an integral enabler of such interventions in preparing and empowering caregivers to lead a sustainable caregiving journey.

Utilisation of CTG

The CTG remains under-utilised despite its numerous benefits. By 2021, the number of caregivers is expected to reach over 210,000 (Awang, 2021). Yet, the number of caregivers tapping on CTG per annum is less than 10% of this estimated figure, underscoring its low utilisation rate. According to MOH, while there was an increase in caregivers utilising CTG from 2013 to 2019, the bulk of CTG application was by Foreign Domestic Workers (FDW) compared to that of informal family caregivers (MOH, 2019; MOH, 2021). The recent COVID-19 pandemic also resulted in stringent training restrictions, drastically reducing the CTG utilisation rate to only 2,000 applications in 2020 (MOH, 2021). A finding in a recent study (Mehta & Thang, 2017) revealed a lack of training for caregivers on disease symptoms and age-related symptoms, further emphasising the mismatch between grant provision and utilisation.

Adopting an economic perspective based on the Economic theory of Market (Allen, 2013), low CTG utilisation can be interpreted as a form of imbalanced resource allocation. Due to the complex nature of local healthcare and social services, the care landscape is not a perfect market, where there is a centralised means of allocating services through grants (Allen,

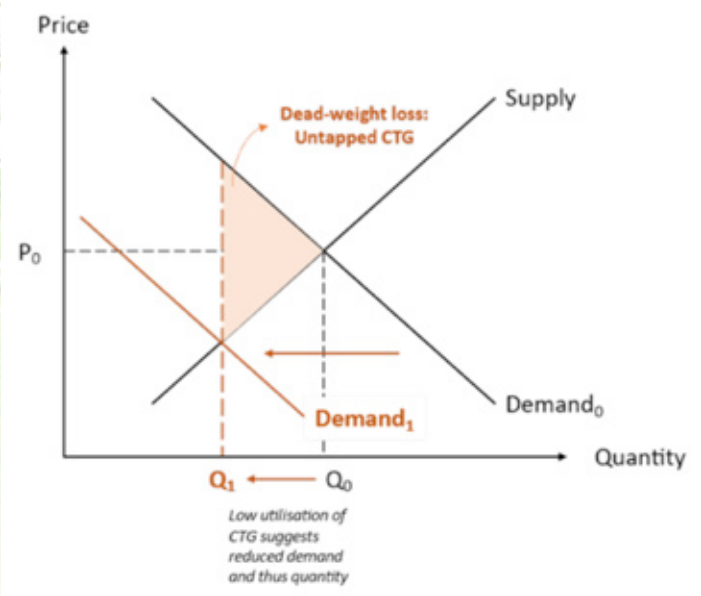

Figure 1. Simplified CTG supply and demand chart

2013). Without the 'invisible hand' of economy, deadweight loss (refer to Figure 1) can ensue from inefficient resource allocation and utilisation.

Low CTG utilisation can lead to question on the need for it, and possibly reallocation of training funds to other needs. This can mean lesser opportunities for caregivers who require these training resources to help them cope with their caregiving duties. Furthermore, reduced training funds can render an over-supply of training courses, of which training providers incur manpower and logistical costs. Ultimately, as the number of family caregivers and caregiving responsibilities increase on the back of the ageing population, the low take-up rate can be of concern due to downstream implications like resource allocation, caregiver burden and care needs for recipients.

Barriers to Caregiver Training and CTG Utilisation

So, what could have led to the low take-up rate of caregiver training and CTG? Relating to Gao et al.'s (2022) lifelong learning study, barriers to using CTG to attend caregiving training can be categorised into institutional, situational and dispositional aspects.

Situational barriers like lack of time may deter caregivers from attending training. In prioritising their care recipients' conditions, caregivers can spend up to 60 hours weekly performing care duties (Gubhaju et al., 2017), often sacrificing their self-care time and neglecting personal needs. One of CTG conditions was the mandatory completion of entire training course (Agency for Integrated Care, n.d.), which could then be a challenge for some caregivers who clock in long caregiving hours.

In addition to institutional barriers like inconvenient course scheduling, caregivers may encounter difficulties making arrangements to seek coverage through avenues like respite care or informal sources such as neighbours or friends to care for their loved ones while they attend training. The NCSS survey (2022) highlighted caregivers' lack of awareness of formal support services, implying caregivers' limited knowledge in accessing such resources. Seniors' low confidence in digital skills (Sheng et al., 2019) may also hinder their abilities to access and navigate these digital resources. Furthermore, in an Asian society, the cultural script may be caregivers not recognising the need to tap caregiving resources, reducing their motivation to attend training.

On an intra-personal dispositional level, prevalent ageism may cause caregivers to lose confidence and learning interests. Some seniors may relate and attribute learning challenges to internalised negative self-perceptions expressed through ageist terms like being absent-minded (Maulod & Lu, 2020). Such psychological limitations further reinforce their low self-worth (Maulod & Lu, 2020), impeding their learning interests and, thus participation in caregiver training.

Boosting CTG Take-Up Rate

To address these gaps and encourage CTG take-up rate, one proposed recommendation is to integrate caregiving training in high touch points, for example, at community hospitals where the average length of stay of patients is longer, hence more interaction time with caregivers in the hospital. Care teams could direct and offer recommended relevant in-house or external training courses to caregivers, who may need caregiving support. In this way, caregivers can take advantage of the 'respite time' during their care recipients' hospital stay to attend training and be equipped with the skills upon discharge, or even attend courses when visiting their loved ones. Besides enhancing their knowledge about respective disease trajectories and practical skills, there are also opportunities for caregivers to clarify concerns with care teams before discharge, improving the quality of care rendered to their care recipients. Harnessing the Regional Health System (RHS) cluster networks, these high touch-points can also refer caregivers to community partners, which may provide more specialised training courses, promoting CTG usage, improving course awareness, and facilitating synergies within RHS.

Conclusions

Summing up, while providing financial support is a welcoming move, it is essential to enable favourable conditions and ensure appropriate signposting to maximise resource utilisation. As a young caregiver, I am encouraged by the increasing attention and support rendered to caregivers.

Role transition to a caregiver can happen at any time, and I share similar sentiments as Mehta (2017) in that caregiving preparation should take on a gerontological life course perspective to ensure caregivers are supported throughout their caregiving journey. Beyond financial schemes and training, stakeholders should also look into mindset shifts to create inclusive and accepting communities that can holistically support caregivers and alleviate their caregiving burden.