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CAREGIVER SUPPORT NETWORK TOOLKIT

A STEP-BY-STEP GUIDE TO EMPOWER COMMUNITY
PARTNERS AND INDIVIDUALS TO IMPLEMENT
EFFECTIVE CAREGIVER SUPPORT NETWORK

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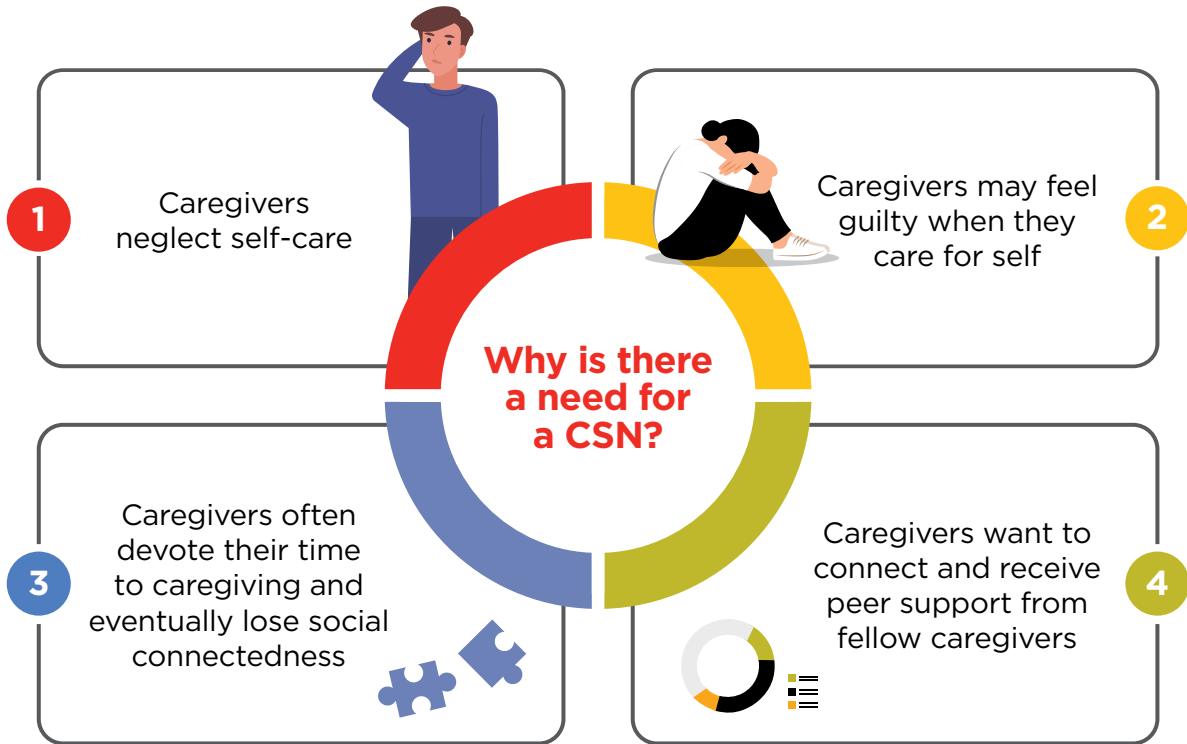
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Overview of a Caregiver Support Network (CSN)



What Do We Want To Achieve Through a CSN?

Objectives



The vision of a CSN is for Caregiver Peers to eventually lead and facilitate the CSN

How Do We Achieve Our Objectives?

A CSN comprises of 3 key focus areas:

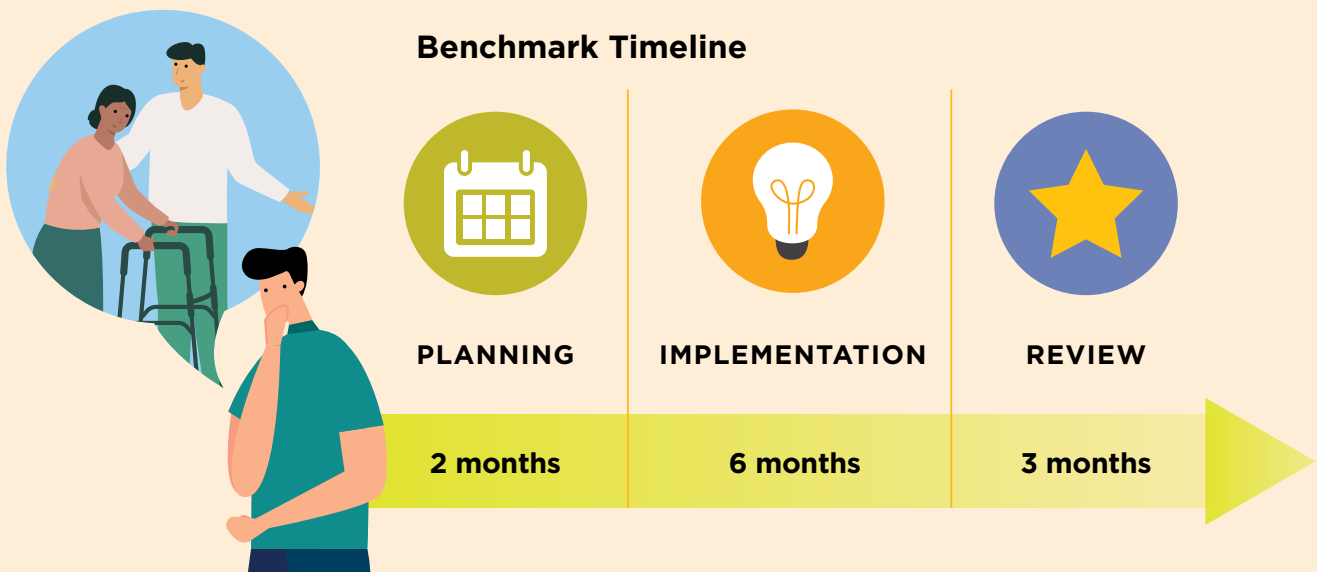
- 1 Self-Care
- 2 Peer Support Network
- 3 Recognition

Planning of the programmes is done based on the 3 elements of Self-Care:

-  Know Yourself
-  Know Your Body, Mind and Soul
-  Know Your Future

How to Set Up a CSN?

The development of a CSN is a long process and it requires commitment. Depending on the ground support and caregiver needs, the CSN model and timeline may vary.



The steps for formation of a CSN:

- 01** Engagement and enrolment of caregivers into self-care activities (physical or virtual)
- 02** Caregiver-to-caregiver support through regular meeting sessions and WhatsApp group chat
- 03** Identification and empowerment of caregivers to step up as Caregiver Peers by tapping on their strengths and interests



ABOUT CSN

CAREGIVER SUPPORT NETWORK



Background

A CSN which started as an initiative under Dementia-Friendly Singapore, aims to support and connect with caregivers caring for persons living with dementia, mental health or physical health conditions. From our learnings, the CSN framework can be applicable to caregivers caring for loved ones with other conditions.

Most caregivers, often unknowingly, experience an accumulation of stress related to their role. Due to this lack of awareness, caregivers often neglect themselves and forget their own needs. Many caregivers reported feeling guilty for taking time off their caregiving roles to care for themselves. Spending most of their time on caregiving can also cause many to lose their social support and connectedness to society and even their identity. Particularly for those who have had to quit their jobs to meet caregiving demands.

CSN was developed with the intention of enabling caregivers to care for themselves and to become pillars of support for one another. Through CSN, we hope caregivers will support one another to achieve:

- **Improved self-awareness of their mental and emotional wellbeing;**
- **Increased knowledge of how to practise self-care and maintain their wellbeing in order to better care for themselves and their loved ones;**
- **A sense of recognition, social connectedness, and belonging; and**
- **A sense of meaning and identity, beyond caregiving.**

Ultimately, we hope that CSN will also raise awareness of the different needs of caregiving and encourage more stakeholders to come together to support caregivers.

CSN was developed with the intention of enabling caregivers to care for themselves and to become pillars of support for one another



Target Population



CSN HAS 3 INTENDED TARGET GROUPS OF CAREGIVERS:

1

EXISTING CAREGIVERS

This is the main target group that CSN hope to support, especially those who are burnt out or looking for respite or support. Caregivers who are interested in supporting other caregivers can also be empowered to help each other in the CSN.

2

FORMER CAREGIVERS

This is an important target group as they have rich experiences that others can tap on. Former caregivers can mentor and share their caregiving experience with existing caregivers, motivate and provide social and emotional support.

3

POTENTIAL CAREGIVERS

This group may not expect to become caregivers in the immediate future, but can be caring for someone at some point in their lives. They can be volunteers who want to support caregivers. Participating in CSN can be beneficial for potential caregivers as they can learn from the stories and experiences of others, thus better equipping them for their future caregiving role.



Framework for CSN

TO ACHIEVE ITS OBJECTIVES
CSN HAS 3 KEY FOCUS AREAS:



SELF-CARE

PROMOTE CAREGIVERS WELLBEING
RECOGNISE THAT CAREGIVERS ARE PERSONS WITH NEEDS



PEER SUPPORT NETWORK

CREATE A PEER SUPPORT NETWORK FOR CAREGIVERS TO SUPPORT CAREGIVERS



RECOGNITION

RECOGNISE THAT CAREGIVERS CAN STEP UP AS CAREGIVER PEERS AND LEAD IN PROGRAMMES BY TAPPING ON THEIR STRENGTHS, TALENTS AND INTERESTS

COMPONENTS

• Know Yourself

- Through talks and activities such as life journey mapping, writing about themselves (likes, dislikes, goals, dreams), caregiver mapping

• Know Your Body, Mind and Soul

- ▶ **Body** : engage in exercises, educational talks on healthy lifestyle, grooming activities
- ▶ **Mind** : engage in breathing exercises, mindfulness, mind stimulating exercises
- ▶ **Soul** : be connected through faith or spirituality

• Know Your Future

- Financial planning, Advance Care Planning, what to do when loved ones pass away

• Having regular connections face-to-face or virtually

- Connected via WhatsApp group chat
- Having small groups and buddy system

• Recognition as Caregiver Peers

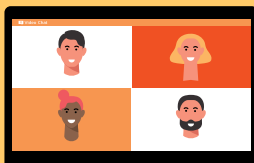
- Empower them to take on certain roles e.g. sharing of caregiving tips, conducting chair yoga or lead in an outing

• Recognition by corporates

- Corporates providing incentives to caregivers e.g. Guardian Golden Senior cards, performance at the Esplanade, visit to the National Gallery Singapore and manicure sessions

OUTCOMES

- Mindset change - not having the feeling of guilt when caregivers take time for respite



- Empower caregivers to care for themselves and loved ones through self-help and resources
- To plan ahead and create a life for themselves beyond their caregiving journey



- Caregivers can support one another through regular sessions and engaging in activities

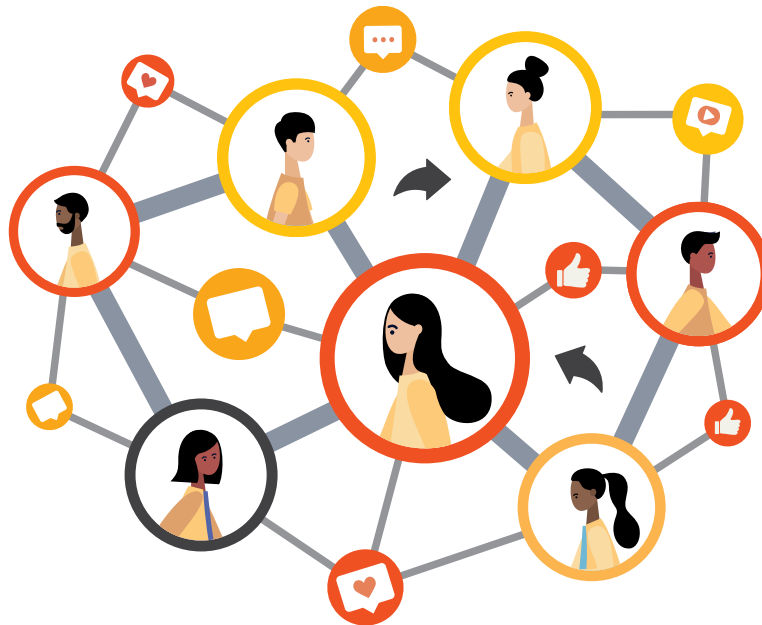


- Boost the morale of caregivers and empower them to give back to society

Setting Up a CSN

Structure

Working Towards Sustaining a CSN



1. To encourage meaningful interactions, we recommend each CSN session be attended by at least 10 caregivers.
2. To promote the fostering of rapport among caregivers, we recommend CSN sessions be held at least once a month, with the majority of participants preferably being regular attendees.
3. The contents of each session should cover the components of CSN:
 - **Know Yourself**
 - **Know Your Body, Mind and Soul**
 - **Know Your Future**
4. Advanced planning is encouraged. Your organisation should develop concrete plans for the next 6 months, including the dates of the sessions, method of outreach to caregivers and an overview of content for each session.
5. Organisations are encouraged to identify suitable caregivers and empower them to lead CSN sessions and activities in the future.

Programme

Caregivers shall lead the sessions and activities, tapping on their strengths, talents and interests. Planning of these programmes should be done based on the 3 components of self-care in CSN. You may refer to [Annex E](#) on suggestions of activities you may organise under each component.

Tips on Setting Up a Successful CSN

01

Create a safe place for caregivers to share and to be heard

This is important for caregivers to effectively interact with one another and build strong relationships. Consider setting community ground rules and share them at the start of each CSN session.



02

Remember that caregivers come from diverse backgrounds

Consider organising a variety of activities focusing on self-care to attract different caregivers into the network.



03

Implement small groups and buddy system

This creates a conducive environment that encourages in-depth sharing and building of strong relationships. Sessions can still be conducted as a big group for activities like talks or briefings; but consider splitting large groups into smaller ones whenever activities involve sharing or bonding amongst caregivers.



04

Grow organically via word of mouth

Encourage caregivers to invite other caregivers or friends to join the network. Familiar faces help to expand the network faster and stronger.

05

Make caregivers feel recognised

- Give caregivers a role to play in the facilitation or planning of CSN sessions to boost their morale and empower them to give back to society.
- Show appreciation and recognition for caregivers through partnering with corporates to provide incentives or offers for caregivers.

PROCESS: PLANNING



Process



PLANNING

8 WEEKS
BEFORE STARTING

01 Identify caregiver needs and target audience

Review your existing client database to estimate the potential number of caregivers that can be supported.

Identify and engage local stakeholders who may be interested in caregiver support, e.g. Advisor and Grassroots Leaders (GRLs), faith-based organisations, and corporates.

Identify and engage other existing caregiver support groups in the area (if any) to explore potential collaborations.



4 WEEKS
BEFORE STARTING

02 Design a concept plan

Come up with a rough schedule and programmes for the upcoming 6 months based on your organisation's strengths and resources.

03 Plan for a Kopi Chat (informal focus group discussion)

Purpose: The Kopi Chat is a form of needs analysis to gauge the interest on the ground, before the actual implementation.

Plan the schedule and programme for the Kopi Chat, and prepare the list of questions to ask during the Kopi Chat.

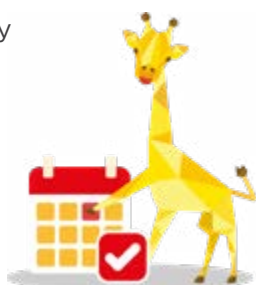
Please refer to [Annex A](#) on sample of how to plan a Kopi Chat.

3 WEEKS
BEFORE STARTING

04 Publicity plan

You can work with other local stakeholders to identify caregivers who may benefit and invite them to the Kopi Chat through phone calls/home visits.

Caregivers can also be invited through publicity at community events.



2 WEEKS
BEFORE STARTING

05 Design and maintain a database of caregivers

It is recommended to have a database of CSN caregivers comprising of some basic details, which can be included in the sign-up sheet. Please refer to [Annex B](#) and [Annex C](#) for a sample of the details required.

Organisations should ensure that adequate consent has been obtained for the collection, use and disclosure of personal data, in line with the Personal Data Protection Act (PDPA). Storage within the organisation of client data should also be in line with the PDPA. Please refer to the PDPA website at pdpc.gov.sg for more information.

PROCESS: IMPLEMENTATION



Process



IMPLEMENTATION



ON THE FIRST MONTH OF IMPLEMENTATION

BEGIN AFTER THE KOPI CHAT

01 Kopi Chat (Focus group discussion)

Please refer to [Annex A](#) on how to prepare and conduct a Kopi Chat.

The information gathered from the Kopi Chat can be analysed to guide programme planning in order to meet the caregivers' needs. Please refer to [Annex D](#) for an example of findings from a Kopi Chat.

02 Planning of subsequent sessions for the upcoming 6 months

Please refer to [Annex E](#) on the planning of subsequent sessions.

A recommended timeline to implement the various features of a CSN is shown below:

1 ST TO 3 RD MONTH	4 TH MONTH ONWARDS	7 TH MONTH ONWARDS
Suggested Focus & Tips		
<p>Foster social connectivity</p> <ul style="list-style-type: none"> • Focus on bonding among caregivers • Focus on : <ul style="list-style-type: none"> ▶ Introduction to CSN (objectives, target audience, frequency) ▶ Self-care activities ▶ Caregiving tips ▶ Celebration of festive seasons 	<p>In-depth sharing and building of strong relationships among caregivers</p> <ul style="list-style-type: none"> • Include bonding segment whenever new caregivers join • Focus on: <ul style="list-style-type: none"> ▶ Self-care activities ▶ Caregiving tips and education • Peer support • Celebration of festive seasons 	<p>Recognition by peers and corporates and opportunity to contribute back to society</p>
Key Milestones/Actions		
<ul style="list-style-type: none"> • Clear focus on the components of self-care in CSN • Identification of potential Caregiver Peers • We recommend to consider only caregivers who have been with the CSN for at least 3 months for the positions of Caregiver Peers 	<ul style="list-style-type: none"> • Equip Caregiver Peers through training and empower them to co-facilitate activities with you • Create small groups and buddy system for all caregivers 	<ul style="list-style-type: none"> • Review the programmes by getting feedback from the caregivers • Caregiver Peers start to lead group activities

1-2 WEEKS BEFORE EACH CSN SESSION

03 Invitation to caregivers to attend the regular sessions

CSN sessions should run regularly, at least once a month to maintain the rapport and relationship among the caregivers.

Prior to the CSN sessions, contact caregivers through WhatsApp or phone calls to invite them for the session and also to update them on upcoming sessions.

04 Recruitment of caregivers

The suggested source of caregivers for recruitment are:



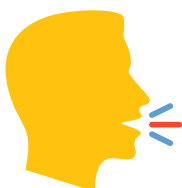
Community Outreach
[People's Association (Active Ageing Committee and Wellness Groups), Community Network for Seniors, Silver Generation Office]



Community Mental Health programmes
(Community Resource, Engagement and Support Teams, Community Intervention Teams, etc.)



Senior Care Services
(Day care centres, Nursing Home Providers, Home Care Providers, Palliative Care Providers)



Word of Mouth



Other Community Organisations
(Social Service Agencies, Family Service Centres)



3RD MONTH AND ONWARDS OF IMPLEMENTATION

05 Empowering caregivers to be Caregiver Peers

As CSN progresses, caregivers who are identified to have the traits and potential of a Caregiver Peer should be encouraged to lead programmes. Please refer to [Annex F](#) for the proposed division of roles between the organisation and the Caregiver Peers.

A Caregiver Peer is a caregiver who will step up to rally the caregivers and play the role of an advocate for the group.



Traits of a Caregiver Peer



Once the Caregivers Peers have been identified, you can approach them to affirm their strengths, talents and interests to step up as Caregiver Peers.

Please refer to [Annex G](#) for more details on the stages of potential Caregiver Peers.

Caregivers who have agreed to step up as Caregiver Peers will be groomed so that he/she can play the role of a Caregiver Peer. Please refer to [Annex H](#) for the list of training in equipping the Caregiver Peers.

4TH MONTH AND ONWARDS OF IMPLEMENTATION

06 Create small groups and buddy system

Small groups and buddy system aims to:

- Facilitate close interactions and encourage relationship building among caregivers
- Create a conducive environment for more in-depth sharing;
- Encourage caregivers to keep a lookout for each other and provide emotional support
- Provide opportunities for Caregiver Peers to contribute through leading the small group sessions.



Things to consider when grouping caregivers or identifying buddies:



FAMILIAR FACES

People feel more relaxed and comfortable when they see familiar faces within their small groups, and are more likely to share or interact with them.



PERSONALITY

Some people are more outspoken or extroverted than others. Pairing them with an introverted person might result in the extroverted person dominating most of the conversations.



GENDER

Some people may be more comfortable to share certain issues or topics with another person of the same gender, especially if the issues are gender-specific.



LANGUAGE SPOKEN

Some people can only understand a certain language or dialect. You need to be aware of any potential language barriers among the caregivers.



HEALTH CONDITION OF LOVED ONES

You may choose to group caregivers according to the health condition of their loved ones if it will be more appropriate for group sharing.



CULTURAL BACKGROUND

Some of the caregivers' issues may be specific to their culture, and may not be relatable to someone with a different cultural background.



HOBBIES AND INTERESTS

People generally bond better with others who have common interests.

How to implement small groups and buddy system:

1. Assign a **Caregiver Peer** to lead each small group; we recommend each small group to have at most 6 to 8 caregivers to facilitate sharing.



2. Within each small group, **match each caregiver with another caregiver as their buddy**. Caregiver Peers must know the pairing within their group and support them.



4. If caregivers notice that their buddy is **in distress** and they are not confident or comfortable in providing the emotional support for their buddy, they should **escalate the matter to the Caregiver Peer** in charge of the group.



3. Buddies will keep a **lookout for each other** and have frequent conversations.



5. At each CSN session, the caregivers will gather in their respective groupings and the **Caregiver Peers can lead the sharing** in the respective small groups.

PROCESS: REVIEW



Process



REVIEW

COMPLETE WITHIN

7 to 9 MONTHS

AFTER THE KOPI CHAT

Evaluation of Effectiveness



FEEDBACK

Seek feedback from caregivers annually using the *Connecting with Caregivers Survey* to evaluate if the objectives of CSN are being met. Please refer to [Annex I](#) for the *Connecting with Caregivers Survey*.



PROGRAMME AND ACTIVITIES PLANNING

Engage caregivers on a half-yearly basis when planning the CSN activities and programmes for the subsequent 6 months.



REVIEW OF PROGRAMMES

Analyse the caregivers' feedback and adjust the current CSN programmes to better suit their needs.



ANNEXES



Annex A

Outreach to Caregivers via Kopi Chat (Focus Group Discussion)

Things to note when planning the Kopi Chat:

- Finalise a date and time for the session.
- Identify a potential venue.
- Plan for the Kopi Chat session, including the details listed below.

Details to Include When Planning the Kopi Chat

A) OBJECTIVES

- To build rapport with caregivers and seek interest/consent to contact caregiver participants for subsequent CSN sessions
- To get a deeper understanding of the caregivers' needs, how they support themselves and how else to support them
- To co-create solutions with the caregivers to support them in maintaining their personal well-being and their caregiving journey

C) GROUPING AND SEATING ARRANGEMENT

- Target number of participants for the Kopi Chat: at least 15 caregivers (of which at least two-thirds of the participants should be either existing or former caregivers), split evenly into groups of at most 6 to 8 caregivers per group
- When planning the groupings, it is preferable to have variations in the demographics within each group:
 - ▶ Gender
 - ▶ Age
 - ▶ Caregiving experience
- Group the participants based on their preferred language of communication to facilitate the discussions among the participants and facilitators
- For more conducive discussions, ensure that there is sufficient space between the groups

B) POTENTIAL TARGET AUDIENCES

- Existing caregivers for persons living with dementia
- Existing caregivers for persons with mental health conditions
- Existing caregivers for persons with physical health conditions e.g. stroke
- Former caregivers
- Potential caregivers

D) MANPOWER

- Allocate 2 volunteers to each group, one as a facilitator and one as a note-taker
- Assign the volunteer to the appropriate groups based on their preferred language of communication



Annex A

E) PROGRAMME OF THE DAY

- List down the questions to be discussed during the session. Examples of questions are as listed below:
- Include light refreshments in the programme

TIME NEEDED	QUESTIONS TO ASK
5 mins	<p>Introduction</p> <ul style="list-style-type: none"> • Explain why we are inviting the participants to the Kopi Chat and the purpose of Kopi Chat • Explain the objectives of Caregiver Support Network
15 mins	<p>Getting to Know Each Other</p> <ul style="list-style-type: none"> • Are you currently: <ol style="list-style-type: none"> a) Caring for someone; b) Have past experience caring for someone; or c) Know of someone caring for their loved ones • Can you briefly share your caregiving journey
20 mins	<p>Exploring Common Interest/Activities</p> <ul style="list-style-type: none"> • What do you like to do during your free time? • How do you help yourself to relax?
15 mins	<p>Brainstorming on the Key Elements of Caregiver Support Network</p> <ul style="list-style-type: none"> • How can we make the Caregiver Support Network that we are setting up more attractive to you and other caregivers? • As we hope for the Caregiver Support Network to be held on a regular basis, for example once a month, which timings would be more preferable to you: <ol style="list-style-type: none"> a) Weekday (morning / afternoon / evening) b) Weekend (morning / afternoon / evening)
10 mins	<p>Closing</p> <ul style="list-style-type: none"> • How do you find today’s session? • We intend to create a WhatsApp group chat to keep you updated on Caregiver Support Network. Would you be keen to join? If you do not have a WhatsApp, would you be keen for us to contact you via other means (SMS, email or phone call)

- At the end of the Kopi Chat, seek caregivers’ concurrence to create a WhatsApp group chat to facilitate communication and support beyond the regular CSN sessions
- Caregivers who do not have a smartphone or do not wish to be in the WhatsApp group chat can be outreached separately via phone call

F) COLLATION OF INFORMATION

Note-takers should then collate the information and submit them for analysis and evaluation

Annex B

Sample Sign-Up Sheet

Be Part of a Caregiver Support Network

Please fill in your details for us to get to know you better.

Name (as in NRIC) : (Mr./Mrs./Mdm./Ms.) Age :

Email address : Contact number :

Postal code : Gender : Male Female

Employment status : Working full-time Working part-time Currently unemployed

Marital status : Single Married Widowed Others

Preferred language : English Chinese Malay Tamil

Caregiving status : I am currently providing care for someone.
 I have provided care for someone before in the past, but I am currently not providing care for anyone.
 I have not provided care for anyone before, but I would like to find out more.

Who are you caring/ have cared for? : Parent Child Sibling Grandparent Not applicable
 Relative Spouse Friend Grandchild

Medical condition(s) of care recipient : Dementia
 Mental health conditions :
 Physical health conditions :
 Not applicable as I have not provided care for anyone before

Year(s) of experience of caregiving : Less than 1 year 6 to 10 years
 1 to 5 years More than 10 years
 Not applicable as I have not provided cared for anyone before

Do/Did you have a domestic helper to help you in providing care for your care recipient? :

Yes No
 Not applicable as I have not provided care for anyone before

Are/Were you staying with your care recipient while you are/were providing care for your care recipient? :

Yes No
 Not applicable as I have not provided care for anyone before

Annex C

Sample Database of Caregivers

No.	Date of Joining CSN	Name	Age	Gender M / F	Contact No.	Email	Postal code

(cont'd)

No.	Employment Status	Preferred Language	Marital Status	Caregiving Status
	1. Full-time 2. Part-time 3. Unemployed	1. English 2. Chinese 3. Malay 4. Tamil	1. Single 2. Married 3. Widowed 4. Others	1. Existing caregiver 2. Former caregiver 3. Potential caregiver

(cont'd)

No.	Years of Experience as a Caregiver	Relationship to Care Recipient	Medical Condition(s) of Care Recipient
	1. Less than 1 year 2. One to 5 years 3. Six to 10 years 4. More than 10 years 5. N.A.	1. Parent 2. Child 3. Spouse 4. Sibling 5. Grandparent 6. Grandchild 7. Relative 8. Friend 9. N.A.	

(cont'd)

No.	Does / Did Care Recipient Stay with Caregiver While He/She is/was Caring for the Care Recipient?	Does Caregiver Have Any Helper?	Does Caregiver Consent to Be in WhatsApp Group Chat?
	1. Yes 2. No 3. N.A.	1. Yes 2. No 3. N.A.	1. Yes 2. No 3. N.A.

Annex D

Findings from a Kopi Chat (Focus Group Discussion)

Ideal Caregiver Journey



Caregiver to be mentally, emotionally, and physically healthy

Caregiver has balance between caregiving responsibilities and personal life

What Caregivers Want



Potential Caregivers

A place to learn and at the same time provide support to their peers in preparation for their future caregiving role

Existing Caregivers

A place for social support – to feel that “they are not alone”, a safe place to share experiences

Availability and accessibility of caregiver training to equip caregivers with skills and techniques to care for care recipients

To be aware of the various resources available in the community

Former Caregivers

A place to encourage caregivers who are going through their caregiving journey

Opportunities to provide emotional support to their peers

Caregivers Preferred Activities



Know Yourself

Care mapping
Goal setting/life coaching
Health talks

Know Your Body, Mind and Soul

Art & crafts
Baking/cooking
Be connected via faith-based activities
Exercise
Grooming & make up
Learning to play musical instruments
Massage
Meet up with friends
Mindfulness
Outings/holidays/staycations
Reading
Watching movies

Know Your Future

Advance Care Planning (ACP)
Advance Medical Directive
Lasting Power of Attorney
Coping with grief and loss
What to do when a loved one passes away

Annex E

Planning Subsequent CSN Sessions

Things to note when planning subsequent CSN sessions:



a) Profile of target audiences:

- Caregivers who have previously attended the Kopi Chat
- Caregivers who were not part of the Kopi Chat but are subsequently recruited or interested to join the CSN



b) Programme and schedule of the day:

- Share the objectives of CSN with the caregivers
 - ▶ To create a supportive network for caregivers to support one another
 - ▶ To promote caregiver wellbeing through self-care skills and support
 - ▶ To empower caregivers to care for themselves and their loved ones through self-help and resources
 - ▶ To promote corporate support for CSN and encourage provision of privileges to caregivers as a form of recognition
- It is important to help caregivers adopt the mindset of caring for themselves, which can be challenging especially when they first join the CSN. As such, there is a need to reiterate this point frequently throughout CSN sessions especially when there are newcomers to the CSN
- Programme of the day (cont'd)
 - ▶ Sample programme of the day for a session in the **1st to 3rd month** of starting CSN:

Time	Programme Details
10.00am - 10.30am	Introduction Welcome message and brief introduction to the programme of the day, sharing and explaining of ground rules*
10.30am - 11.00am	Getting to Know You (Ice-Breaker) 1 st - 3 rd month: Tailor the programme to focus on bonding among caregivers and allow caregivers to get to know one another better
11.00am - 11.20am	Refreshments
11.20am - 12.20pm	Bonding 1 st - 3 rd month: Tailor the programme to focus on one or more of the following: <ul style="list-style-type: none"> ▶ Introduction to CSN (including objectives, target audience and frequency of session) ▶ Self-care activities ▶ Caregiving tips ▶ Celebration of festive seasons
12.20pm - 12.30pm	Closing Announcement and update on the activities for the following session



▶ Sample programme of the day for a session from the **4th month** onwards of starting CSN:

Time	Programme Details
10.00am - 10.10am	<p>Introduction</p> <ul style="list-style-type: none"> • Welcome message and a short period to allow caregivers to reconnect with one another since the last session • Brief introduction to the programme of the day, sharing and explaining of ground rules*
10.10am - 11.00am	<p>Self-Care Activities</p> <p>Programmes planned based on these components:</p> <ul style="list-style-type: none"> ▶ Know Yourself ▶ Know Your Body, Mind and Soul ▶ Know Your Future
11.00am - 11.20am	<p>Refreshments</p>
11.20am - 11.50am	<p>Self-Care Activities</p> <p>Programmes planned based on these components:</p> <ul style="list-style-type: none"> ▶ Know Yourself ▶ Know Your Body, Mind and Soul ▶ Know Your Future
11.50am - 12.20pm	<p>Peer Support</p> <ul style="list-style-type: none"> • Caregivers gather into their assigned small groups led by Caregiver Peers to share about how the weeks have been for them, and any challenges they had faced, etc. • This section should be held immediately before closing so that caregivers can receive encouragement and peer support from one another just before finishing the session
12.20pm - 12.30pm	<p>Closing</p> <p>Announcement and update on the activities for the following session</p>

*** Examples of ground rules could be:**

- Every caregiver plays a role in the CSN
- Be punctual for sessions and committed to attending the sessions regularly
- Be empathetic and non-judgmental when listening to other caregivers' sharing of experiences
- Have a positive learning attitude
- Show respect and mutual support for one another
- Information shared among participants will be kept confidential
- Participants should continue to observe these ground rules even outside of the sessions



Things to note when planning subsequent CSN sessions:



b) Programme and schedule of the day: (cont'd)

- Self-Care Activities
 - ▶ The table below shows some examples of self-care activities that can be conducted in the CSN sessions. Organisations/individuals are free to explore different activities based on the profile of the caregivers in their CSN.

Components	Example of Activities
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Know Yourself

- Through talks and activities such as life journey mapping, writing about themselves (likes, dislikes, goals, dreams)
- Caregiver mapping
- Sharing by caregivers of their experiences

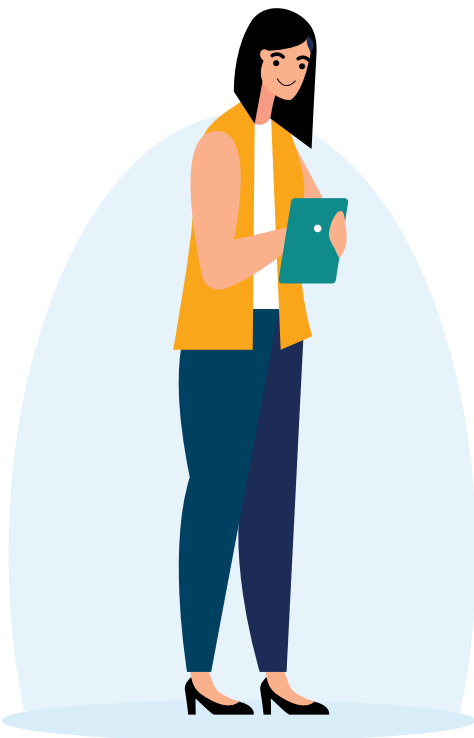
- A talk on self-care
- Caregiver mapping:
 - ▶ Visit atlascaremap.org or scan QR code



or atlasofcaregiving.com
or scan QR code



- Writing about themselves (likes, dislikes, goals, dreams)
- Exploring solutions to problem statements shared by caregivers
- We Care Toolkit by National Council of Social Service (NCSS):
 - a) [Care Circle](#) (p18)
To support caregivers in discussing roles and responsibilities within their family, mapping out support network on a care map
 - b) [Crisis Map](#) (p24)
To understand what a caregiver goes through during a crisis so that relevant and guided advice can be given to help them learn from and grow from the experience



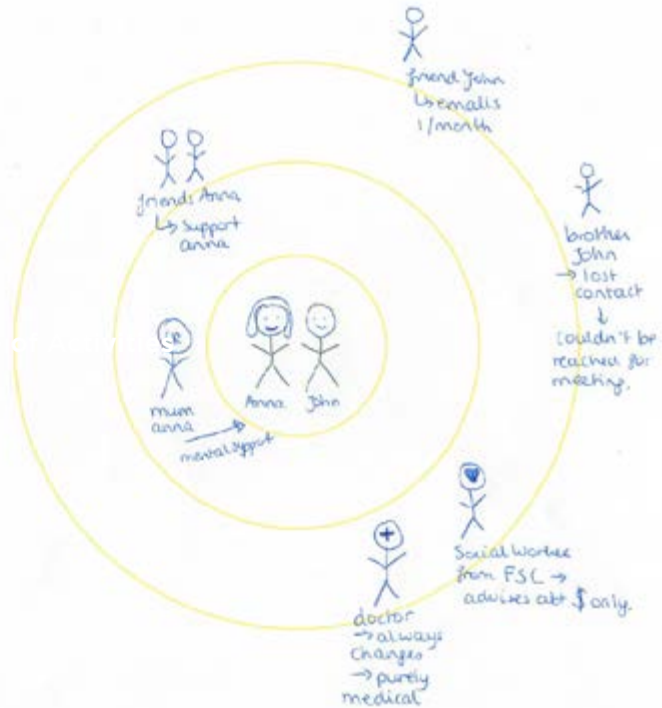
Care Circle

1

Draw the Caregiver and care recipient in the centre. Then think about who else are part of the Care Circle?
Think of (nuclear) family, friends & neighbours, social workers, doctors & nurses, religious figures or support groups.

2

What do they do as caregivers? What is their role and what tasks do they perform?
Mum: helps mentally but needs most help herself
John family: no-one alive or reachable



Drawing suggestions



Person



Social care



Healthcare

Crisis Map

What happened?



Events & actions

How did it make you feel?



Emotions

Would you do something different next time?



Reflection

<p>Ate white bread which made him gassy → didn't notice bad mood & touched him wrongly when changing diaper → he burst out aggressively in bathroom</p>		<p>- he calmed down & asked why I was spraying water. He seemed 'awake' again, himself. She dried him off & lay him in bed. He was exhausted. I went out to buy food.</p>
<p>trapped & scared</p>	<p>① white wrong breath touch ② 'oh shit!' ③ scared ④ 'o.k. let's fix this!' ⑤ really scared ⑥ trapped ⑦ desperate ⑧ still scared</p>	<p>- guilt - worn-out - tired "but no time for my emotions."</p>
<p>- prevent white bread & keep to normal routine - always keep backup nut bar in bag</p>	<p>always stand @ right side at toilet so that she is nearest to the door & cannot get trapped inside.</p>	<p>- call crisis team</p>
<p>Cause/Trigger</p>	<p>Describe crisis</p>	<p>Follow-up & Interventions</p>

Things to note when planning subsequent CSN sessions:



b) Programme and schedule of the day: (cont'd)

- Self-Care Activities (cont'd)

Components	Example of Activities
------------	-----------------------

Know Your Body, Mind and Soul

- **Body:** engage in exercises, educational talks on healthy lifestyle, grooming activities
- **Mind:** engage in breathing exercises, mindfulness, mind stimulating exercises
- **Soul:** be connected through faith or spirituality

- Activities such as arts, chair yoga, mindfulness, manicure, spa
- Cooking demo by Health Promotion Board
- Outings such as visit to National Gallery, Esplanade, parks
- Talks on healthy lifestyle by dietitian
- We Care Toolkit by NCSS:
 - a) [Caregiver Wellbeing](#) (p26)
 To help caregivers take better care of themselves based on various aspects of health and wellbeing

Caregiver Wellbeing

How much attention do you give each aspect of your health and wellbeing? Reflect on each aspect and draw a dot on each axis to show importance (further out is more important). Do this for all 5 aspects of health and wellbeing and connect the dots to view your personal wellbeing map.

As a Caregiver you take care of the health & wellbeing of your loved one but your own health is as important if not more important. Without your health you cannot be a good caregiver to your loved one!

This template is for you and your family manager to discuss your health & wellbeing and to discuss points for improvement.

Write down what you currently do for each health aspect in your life.

 Food	I eat vegetarian every lunch to make sure I eat enough vegetables
 Exercise	I feel much better when I exercise physically & mentally. I exercise a min. of 3*/week: basketball, bike, run
 Mental	mental health following if I can exercise to release my stress.
 Body	my body health is important but I don't do much beside keeping my nails & hair neat.
 Social	social health is important only with my husband, to feel good I need quality time with him. Friends are less important if I'm too busy caring.

Your goal

Tip: Make your goal SMART: Specific, Measurable, Attainable, Realistic and Timely.

Make more time for friends. Swap one of my routine work-outs for a mild work-out with a friend. 1*/week go with a friend to climbing gym instead of going for my weekly gym.

Components **Example of Activities**

Know Your Future

- Financial planning, ACP, what to do when loved ones pass away

- Talks such as ACP, financial planning

- We Care Toolkit by NCSS:

a) [Care Journey Map](#) (p20)

To get to know a new caregiver or to understand where a caregiver is at in his/her journey; this tool can help to facilitate a conversation about past and current caregiving experiences and also future expectations

Care Journey Map

BECOMING AWARE	STARTING CAREGIVING	DEVELOPING ROUTINES	CONTINUOUSLY ADAPTING	LOSING CG-ROLE	REDEFINING IDENTITY
<p>accident 2009</p> <p>aware</p> <p>Awareness wasn't there after the accident/hospital stay "I was giving care but not yet really aware of becoming a primary/full time caregiver."</p> <p>↳ awareness 3 wks after discharge</p> <p>"I felt HELPLESS & down & lost" → what should I do with my job?</p>	<p>Fired from work nov 2009</p> <p>there was no one else.</p> <p>"I tried to balance work & smuggled. I got fired & worry abt money."</p> <p>↳ fired after 5 yrs of work; 2 mnths of accountant into caregiving.</p>	<p>2011</p> <p>put bed on blocks so that "I don't have to bend too much"</p> <p>"my own health was troubling. I got a panic attack 1 evening when I had been very busy during the day & when I forgot to eat."</p> <p>called my friend but she didn't understand → I'll never call her again, feel embarrassed.</p>	<p>2011</p> <p>the condition is getting worse? I feel more & more stressed abt it."</p> <p>panic attacks now 2 or 2 times/week!</p> <p>prevent it by staying @ home</p> <p>No idea how to adapt. feel HELPLESS</p>	<p>NOW</p> <p>Doesn't expect changes in her ability (!)</p> <p>↳ but also hasn't contacted a doctor for own health & sees friends less & less.</p> <p>care recipient health ↓ worse</p>	<p>No idea. Doesn't want to talk abt it.</p>
<p>* When did you become aware that you would become a caregiver?</p> <p>* What kept you busy before caregiving?</p>	<p>* How did you decide that you would be the main caregiver?</p> <p>* How did you start caregiving?</p> <p>* Do you know what to do?</p> <p>* What do you struggle with?</p>	<p>* What routines and habits have you formed to make your daily life easier?</p> <p>* Do you struggle with certain caregiving tasks?</p> <p>* Can you share your responsibility with others?</p>	<p>* Can you maintain the routines and habits you formed over time?</p> <p>* Do you expect your CR's needs to change in the future? How would you adapt?</p>	<p>* Do you expect any changes in your ability to care? (relating to your life stages or health)</p> <p>* Do you expect your CR's needs to change drastically in the future?</p>	<p>* What would you do if you can't care anymore?</p> <p>* Do you have plans for your future?</p>

Things to note when planning subsequent CSN sessions:



b) Programme and schedule of the day: (cont'd)

- Self-Care Activities (cont'd)

Components Example of Activities

Know Your Future (cont'd)

b) [Relevant Resources](#) (p22)

To create a reference and list of resources to remind caregivers what services are relevant for them now and in the future

Relevant services for Caregivers

Write down relevant Caregiver services you can think of. Some suggestions are already made.

YN
Anna

What service would be useful for which of your Caregivers?

	Counselling Assistance schemes Mentor program	Counselling Education/training Support groups Spiritual support Helplines	Counselling Information/referral	Counselling Palliative care Education/training	Counselling Mentor program	
	C2C CAL					
MR. Ton		AWWA Caregiver Connect Family of Wisdom ADA		home hospice care		
Caregiving stages	BECOMING AWARE	STARTING CAREGIVING	DEVELOPING ROUTINES	CONTINUOUSLY ADAPTING	LOSING CG-ROLE	REDEFINING IDENTITY



For more details on **We Care Toolkit**, click on the link: go.gov.sg/ncss-wecare-toolkit or scan QR code on the left.



c) Budget and availability of refreshments

- Set aside a budget for purchasing refreshments for every CSN session based on the estimated number of caregivers who will be attending each session



d) Venue

- Identify suitable and appropriate venues for each CSN session e.g. in Community Clubs or within the organisations' own premises
- We recommend holding CSN sessions in venues that are easily accessible as not all caregivers may drive. CSN sessions should preferably be held at the same venues (where possible) so as to attract and retain regular attendees
- Alternatively, you may consider conducting the sessions virtually via an online platform, if it is not possible to hold face-to-face sessions



e) Duration of each session

- The suggested duration for each CSN session is between 1.5 – 2 hours as caregivers may not have the spare time to attend longer sessions due to their caregiving responsibilities, whereas sessions that are too short may not be effective for the caregivers



f) Timing and frequency of the sessions

- The timing and frequency of the sessions should depend on the feedback and responses from the caregivers during the Kopi Chat

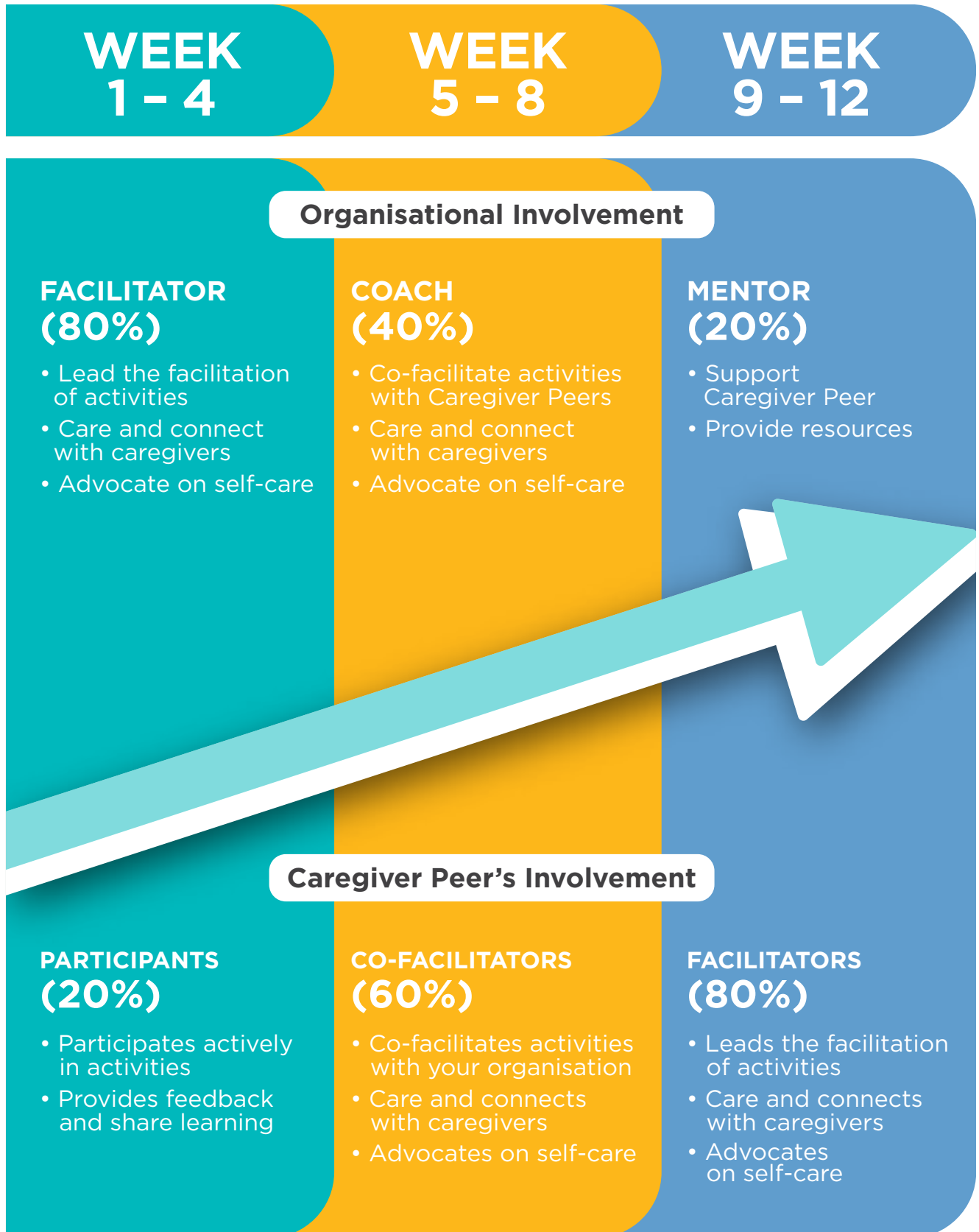


g) Manpower

- Allocate manpower based on the number of participants during each session
- The facilitator to participant ratio should be around 1:8
- Facilitators may be required to lead the CSN sessions at the beginning, but Caregiver Peers should gradually be empowered to lead the sessions

Annex F

CSN Transition Model



Annex G

Development of Caregiver Peers

Profile of Potential Caregiver Peers

How to Engage and Coach

Not keen nor ready to be a Caregiver Peer



- Check with caregivers on their concerns of being a Caregiver Peer
- Do not force him/her if he/she is not keen or ready
- May revisit the matter again if their interest to be a Caregiver Peer arises

Keen or ready but hesitant and need affirmation



- Check with caregivers on their concerns of being a Caregiver Peer
- Share with them the roles and description of a Caregiver Peer:
 - ▶ The role of a Caregiver Peer can be tailored to suit the strengths/capability of the individual
 - ▶ The knowledge/skills required of a Caregiver Peer
- Address training needs of potential Caregiver Peer via formal and informal training:
 - ▶ Map out a training plan with potential Caregiver Peer
 - ▶ Have regular check-ins with potential Caregiver Peer to reflect on progress
- Assure potential Caregiver Peer that he/she will receive guidance and support from the other Caregiver Peers
- Pair potential Caregiver Peer with an experienced Caregiver Peer, who can mentor the potential Caregiver Peer

Keen and ready to be a Caregiver Peer



- Share with them the roles and description of a Caregiver Peer:
 - ▶ The role of a Caregiver Peer can be tailored to suit the strengths/capability of the individual
 - ▶ The knowledge/skills required of a Caregiver Peer
- Address training needs of potential Caregiver Peer via formal and informal training:
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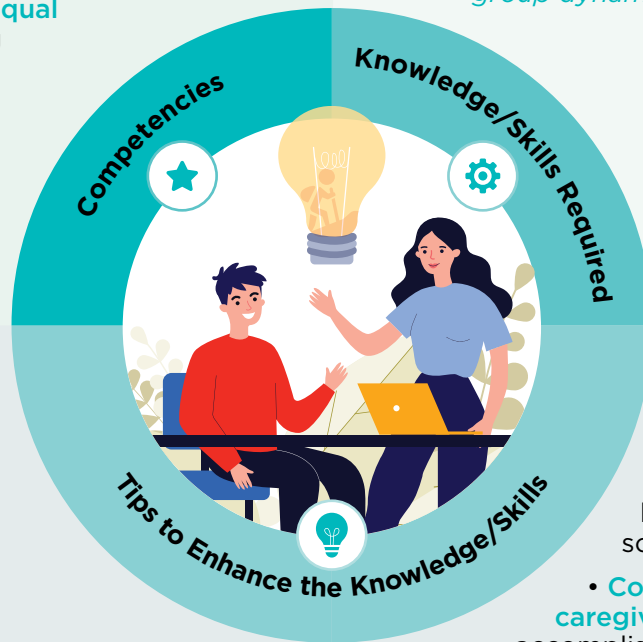
Annex H

Roles of Caregiver Peers and Competencies

1. Planning and facilitation of discussions/activities/outings

- Able to **plan, coordinate, execute** and **lead** discussions/activities and/or outings
- Able to **facilitate discussions** in small breakout groups for example encourage caregivers to speak and share their experiences and learnings
- Able to **encourage equal participation** among caregivers during discussion

- Demonstrate the ability to **encourage caregivers to participate actively** in discussions/activities/outings
 - ▶ *Provide a safe environment for caregivers to participate openly and actively*
 - ▶ *Demonstrate the ability to manage group dynamics*



Basic group facilitation

- Appear **friendly** and **responsive**
- Provide **simple instructions** with a clear voice
- Attend to caregivers during the session and **not be perceived to be practicing favouritism**

- Create opportunities for caregivers to **interact with one another** for bonding and to boost social interaction
- **Compliment caregivers** for efforts and accomplishments demonstrated during the session



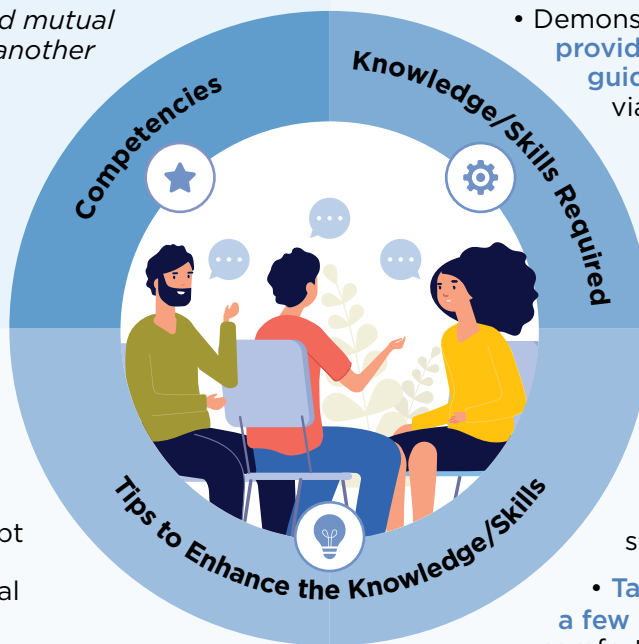
Suggested Training/Key Words (in italic) for Searching Courses

- *Group facilitation*
- Informal training – involve Caregiver Peers in the planning of the sessions, providing inputs, delegation of roles

2. Care and connect

- Able to show **empathy** and be **non-judgmental** when listening to other caregivers' sharing of experiences
- Able to **maintain and promote positive relationships** among caregivers
 - ▶ *Show respect and mutual support for one another*
- Able to support the **integration of newly joined caregivers** into the network

- Demonstrate ability to **communicate effectively** with the caregivers in a respectful and sensitive manner
 - ▶ *Demonstrate ability to listen actively and probe*
- Demonstrate ability to **provide support and guidance** for caregivers via feedback channel



Basic emotional support

- The **body language** speaks louder than words. You may adopt these principles to provide the emotional support:
 - ▶ *Keep eye contact*
 - ▶ *Speak in a friendly and caring tone*
 - ▶ *Use positive facial expressions to convey your message*
 - ▶ *Provide encouragement and acknowledge caregivers' emotions during conversation*
 - ▶ *Be attentive to caregivers' needs and attend to their needs e.g. discomfort, anxiety, etc.*

Emotion management

- **Welcome caregivers** as they arrive. You may use different languages/dialects for greetings
- **Check in** with caregivers on their wellbeing before starting the activities
- **Provide encouragement** to caregivers who appear to be quieter than his/her usual self by having a 1-to-1 chat with them

Stress management

- Relax your muscles and refresh your body by doing some stretches
- **Take a moment for a few deep breaths.** Sit in a comfortable position with your hands on your lap and feet on the floor. Close your eyes, and imagine yourself in a relaxing place. Slowly take deep breaths in and out for 5 to 10 minutes
- **Talk about the issues** you are facing to someone else can help to lower your stress. Try talking to a family member or a friend
- **Take a walk and get a break** from the problem you are dealing with. A change of scenery can help shift your frame of mind and the exercise can also help you relieve stress quickly



Suggested Training/Key Words (in italic) for Searching Courses

- Basic emotional support
- Emotion management
- Stress management
- *Active listening*

3. Sharing of caregiving tips and stories • Advocacy for self-care

- Able to be aware of the coping strategies to **manage stress and challenges** faced in caregiving
- Able to encourage caregivers to be **advocates for self-care** within the network
- **ASPIRATIONAL:**
Able to share their caregiving journey on a national platform
- Demonstrate awareness of how **triggers and stressors** can impact the caregiving journey
- Demonstrate ability to share their caregiving journey in a **comprehensive and relatable manner**
- Demonstrate understanding on **self-care tips and strategies**
- Demonstrate ability to **advocate for self-care**



Basic public speaking

- List the main points of your presentation on a piece of paper and bring with you during the presentation, to **remind you of what you want to say**, but you should not be reading off your notes during your speech
- Keep to a maximum of **5 main points** to illustrate the key message
- **Practice beforehand** with someone you are comfortable with or self-record your presentation. By doing so, they can provide feedback and you can watch yourself present and improve on certain elements of public speaking e.g. **posture, pace of speaking, body movements**, etc
- Remember to **maintain a confident standing posture** and try to **smile** or at least relax your face if your voice and words sound confident but your body language shows nervousness, your audience will sense it and you will lose them
- Speak at a **natural speed**, with pauses in between sentences and words
- We always think our mistakes are bigger than they actually are, but very often, your audience will not even notice it. **So don't worry too much**

Tips to Enhance the Knowledge/Skills (Cont'd)

Self-awareness

- Know where to seek support
(Please refer to the picture below)

Self-care tips and strategies

- (Please refer to the picture below)



Suggested Training/Key Words (in italic) for Searching Courses

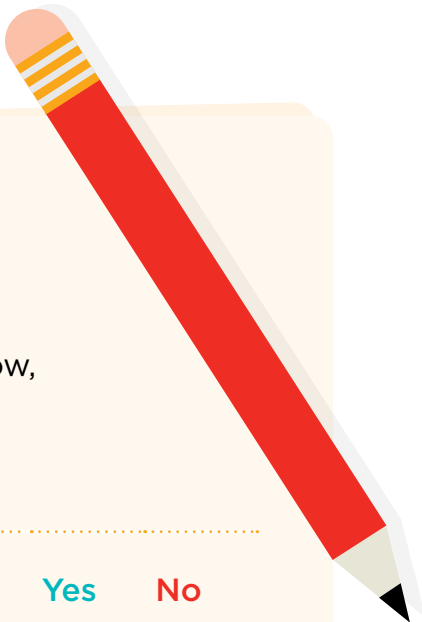
- *Public speaking*

* The roles of a Caregiver Peer are not limited to those listed above.

** If you are interested in more in-depth tips, you may consider attending courses on MySkillsFuture website: myskillsfuture.gov.sg

Annex I

Connecting with Caregivers Survey



Dear caregivers,


Please take some time to answer the questions listed below, so that we can better understand how you are now.

- | | | | |
|----|--|-----|----|
| 1 | I am currently caring for someone. | Yes | No |
| 2 | I have time for myself and my activities | Yes | No |
| 3 | I can keep myself mentally and emotionally positive. | Yes | No |
| 4* | I feel that it is alright to access help when I need it. | Yes | No |
| 5 | I have someone to turn to when I need support. | Yes | No |
| 6 | I have enough support from others in this caregiver support network. | Yes | No |
| 7* | I am able to support my peers and lend them a listening ear. | Yes | No |
| 8 | I am able to balance my commitments. | Yes | No |

* These questions were created without references.



Additional Resources for Caregivers

General Caregiving Resources





Is your loved one an active senior?

Learn about the services that can support you and your loved one.


Is your loved one using a mobility aid?

Learn about the services that can support you and your loved one.

Is your loved one bedbound?

Learn about the services that can support you and your loved one.




Financial Schemes
A Guide to Eldercare Subsidies



About Caregiving

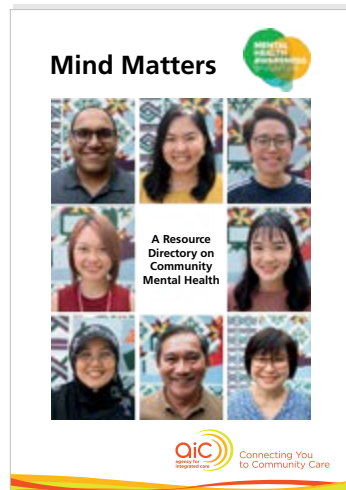
Financial Schemes

Mental Health Resources




Mind Matters

A Resource Directory on Community Mental Health



Mind Matters

A Resource Directory on Community Mental Health




MENTAL HEALTH AWARENESS SINGAPORE

AGENCY FOR INTEGRATED CARE
MENTAL HEALTH CAREGIVER SERIES

Developed by Caregiving and Community Mental Health Division, Agency for Integrated Care

ccmh@aic.sg
1800-650-6060

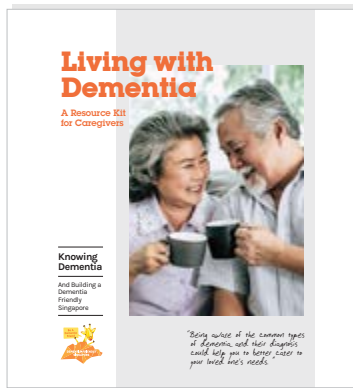
Mind Matters e-newsletter

Mind Matters Resource Directory

Helpsheets for Caregivers

To subscribe, please email us at ccmh@aic.sg

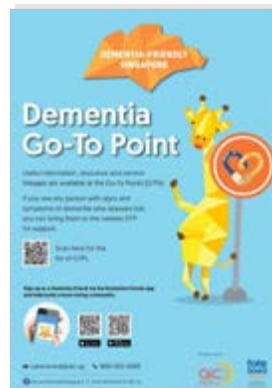
Dementia Resources



Resource Kit for Caregivers Available in 4 languages



DFC Brochure



GTP Poster



360° Virtual Reality Dementia-Friendly HDB Home Design Guide



Exhibition Posters



Recipe Cards



About DFC



Ask the Experts

🔍 Resources can be found on AIC Website at:



General Caregiving
aic.buzz/CG-Brochures



Mental Health
aic.buzz/mh-resources



Dementia
aic.buzz/dementia-brochures

You can also visit:



aic.sg



Agency for Integrated Care
Dementia-Friendly Singapore
Mental Health Awareness Singapore



[heygiffy](https://www.instagram.com/heygiffy)

For more information and resources
or feedback, please contact us:



Email **ccmh@aic.sg**



Visit **[DementiaHub.SG](https://dementiahub.sg)**, Singapore's first
one-stop portal on dementia resources

Information is correct as of October 2021