Community CareAwards

Redesigning Roles to Transform Active Ageing Centres and Reach Vulnerable Seniors

REACH COMMUNITY SERVICES

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Introduction/Background

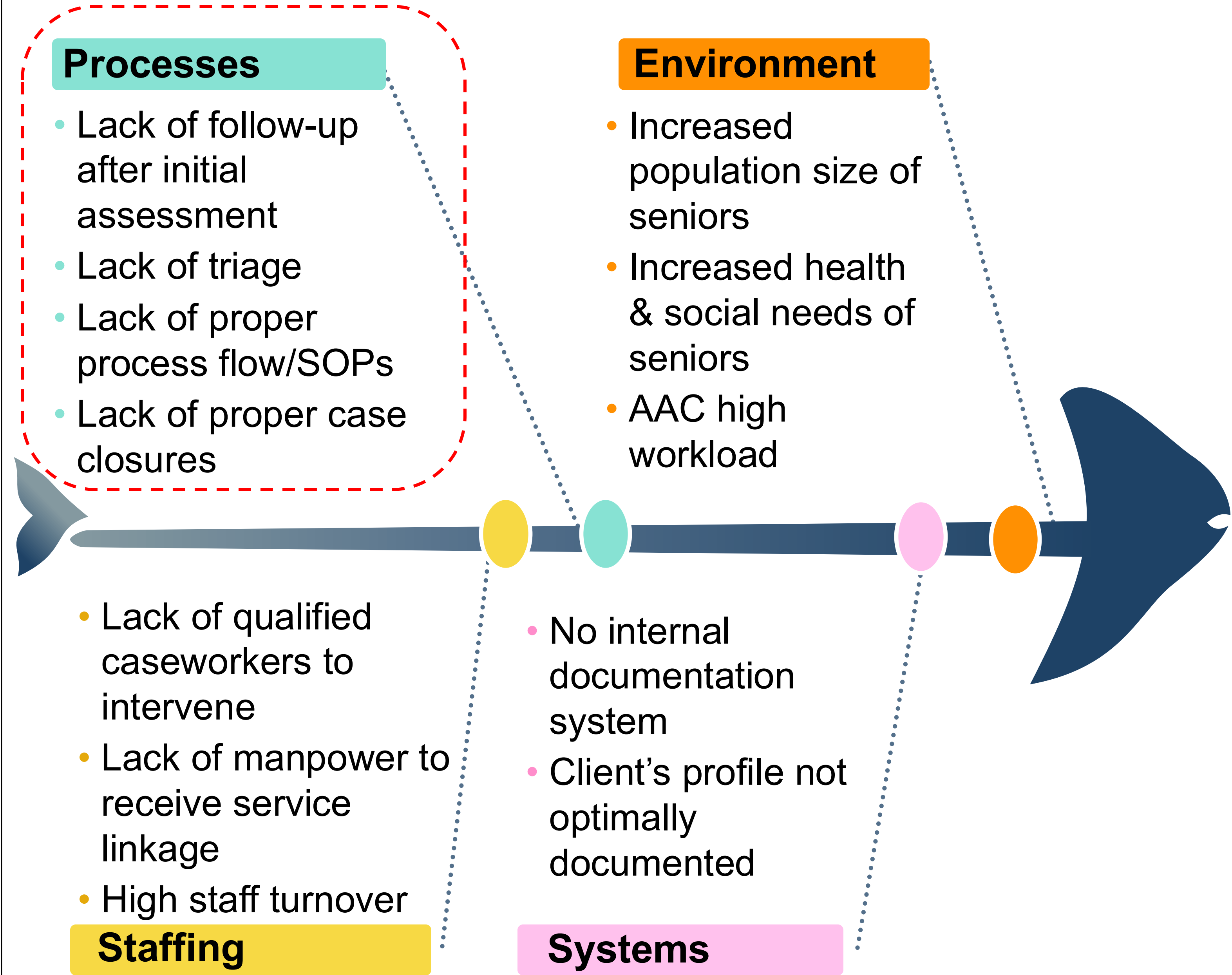REACH operates 4 Active Ageing Centres (AACs), providing:

Active Ageing Programmes (AAPs)
Buddying / Befriending
Care Service Referrals
Social Connector and Community Screening
Vital Signs Support

However, vulnerable and isolated seniors were under-represented in our AAC population.* REACH mainly engaged with active, independent seniors, overlooking those needing greater support.

Goals & Objectives

⬆ Access to Comprehensive Support Services for Seniors

⬆ Awareness and Outreach to Seniors-in-need

⬆ Coordination and Integration of Services, especially to seniors-in-need

Promote active in-place ageing for seniors and their caregivers

Problem Analysis using Fishbone Diagram

Processes
- Lack of follow-up after initial assessment
- Lack of triage
- Lack of proper process flow/SOPs
- Lack of proper case closures

Environment
- Increased population size of seniors
- Increased health & social needs of seniors
- AAC high workload

- Lack of qualified caseworkers to intervene
- Lack of manpower to receive service linkage
- High staff turnover

Staffing

- No internal documentation system
- Client's profile not optimally documented

Systems

- The team agreed that the main cause of the problem was the **method.**
- AAC staff focused on running programmes and engaging seniors already attending the AAC
- Jobscope was too varied and they had difficulties prioritising / focusing.
- Due to the above factors, redesigning of the jobscope was necessary for REACH to achieve its goals and objectives.

* Duke-NUS studies in 2014 found 2.7% of seniors in Singapore required ADL assistance. Duke-NUS studies in 2016 showed that 34% of seniors experienced loneliness. REACH served < 1% of such seniors in its boundaries from 2020–2022.

Implementation Plan
- AAC staff were split into 2 roles : Programme Executives (PE), which continued to engage active seniors, and Health Management Executives (HME):

PE	HME
• POC for walk-ins	• POC for referrals
• Focused on Centre-based Programmes, AAPs and drop-in programmes	• Focused on Social Connector and Screening, Buddy and Befriending
• Manage active seniors, refers seniors in need to HME	• Manage isolated and frail seniors, discharge well seniors to PEs
• Works with large groups of seniors	• Works with individuals and small groups

- Work processes were clarified, and trainings were tailored to the needs of each role.
- The change allowed AAC staff to focus, have clearer job scopes and a reduced learning curve.

Key Milestones
- **Jul 2023:** 2 staff converted to HMEs, and focused on 2 AACs: Senior Centre @ Bukit Batok and Senior Centre @ Bukit Gombak.
- **Nov 2023:** Positive results led to conversion of 1 more staff to fully support the work for FY24.

Results and Benefits
Results of the 2 AACs that started the project since 2023 showed a dramatic increase in REACH's ability to reach out to seniors-in-need.

No. of Seniors-in-need identified and supported by REACH

Year	REACH AAC@BB	REACH AAC @ BGV
2022	3	
2023	37	52
2024	139	188
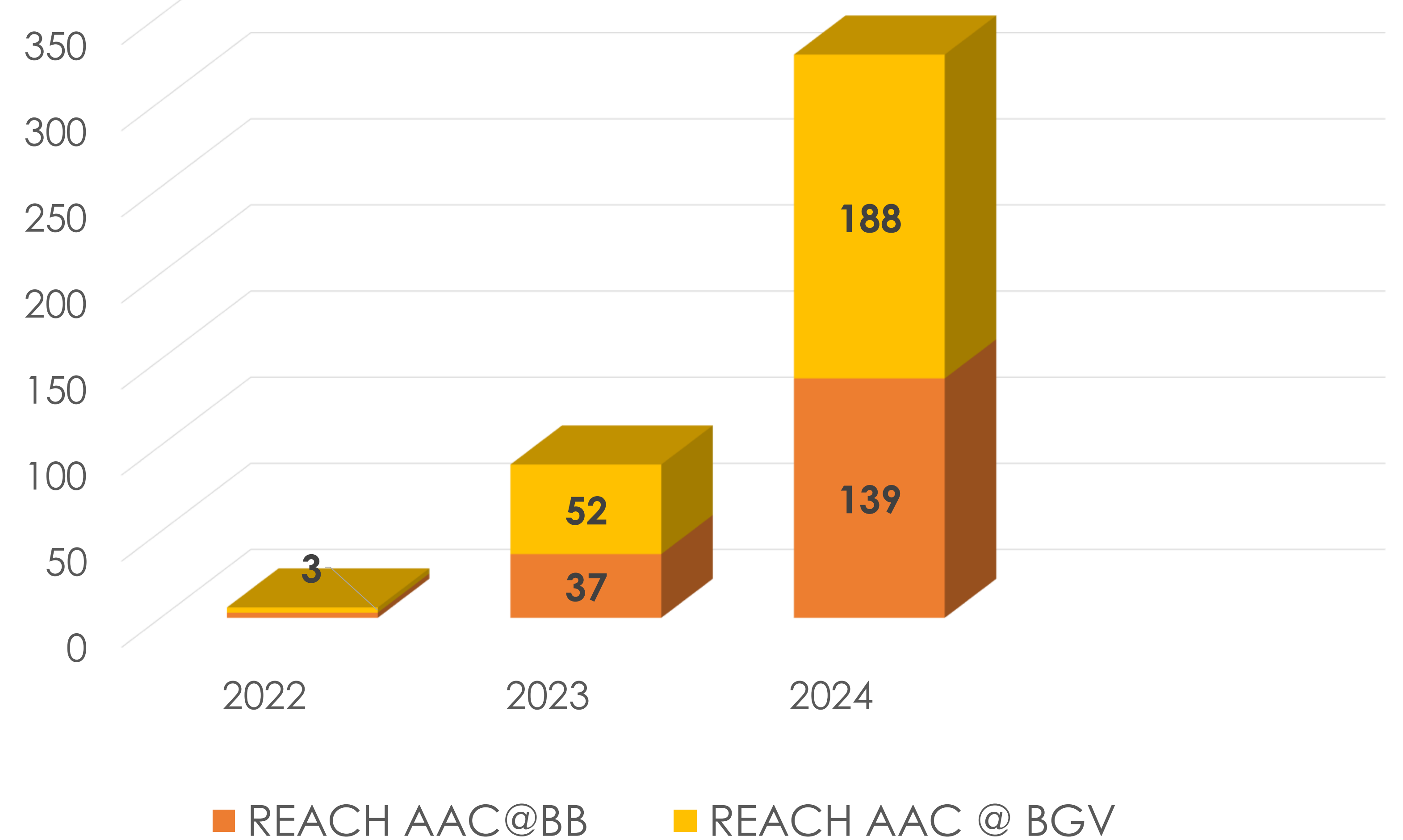
Sustainability and Reflections
- All 4 REACH AACs are now supported by HMEs, under the Health Management Team (HMT)
- All AACs showed significant improvements in identifying and facilitating early intervention for seniors-in-need.
- This helped REACH AACs align better with its objective of providing social support and resources for seniors-in-need.
- The HMT now supports community and partner initiatives like the Interdisciplinary Group (IDG) by NUHS, Just-in-time (JIT) Occupational Therapy by Renci, among others.
- The HMT is essential to REACH's future as an Integrated Community Care Provider (ICCP) in Bukit Batok–1 and Choa Chu Kang–2.