



A self-help guide with concrete steps, examples and ideas to explore and achieve desired 4ST outcomes

Updated 7/7/2022



OUTCOMES:





Practices and solutions in the sector become more person-centred

EMPOWERMENT AND PERSON-CENTREDNESS

Thrust 1 Outcome:



Practices and solutions in the sector become more person-centred

What is a person-centred approach?

- A person-centred approach recognises that an individual has the capacity to understand, articulate, and work through his or her problems and make decisions on how to overcome them.
- It also recognises that the ecosystem plays an instrumental role in supporting the individual to reach his/her goals.

Guiding questions

- To what extent have you used data and user journey mapping to understand the needs and aspirations of the individuals and families you are serving?
- What are the steps you have taken to ensure that individuals and families are able to play a role in solutioning for their challenges?

For social purpose entities (SPEs):

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	When working with individuals and their families	Organisational level practices	When working with others across the sector	
Starting out in this area	 Understand the broad needs of the population groups through a review of the existing literature. Understand the specific needs and aspirations of individuals from their perspective, through the use of humancentred design thinking, user journey mapping, and measuring their Quality of Life 1. Partner the individual's support networks to achieve the individual's goals. Customise partnership for different profiles of individuals, taking into consideration their desires, family situation, social circumstances, and lifestyles. Create an empowering environment to make individuals and families feel involved in the process. Provide relevant data pertaining to services so that individuals and families can make the best decisions for themselves. 	 Embed a personcentred culture within the organisation (in terms of how staff interact with one another, and managers adopting a 'coaching approach' to manage people) to effect mindset shifts. Send staff for training to be equipped with the skills and knowledge to implement personcentred practices (e.g., having empathy and facilitation skills to understand and engage individuals). Design and conduct programme evaluation to review and improve programme effectiveness. This includes output indicators for monitoring implementation, and outcomes indicators for measuring programme effectiveness. 	 Identify the stakeholders that can best contribute to supporting individuals and families, where necessary. Create a platform where best practices and failures can be shared with other organisations across the sector and other sectors. Centralise information on services and schemes for ease of navigation. 	

¹ The WHO Quality of Life framework comprises of 6 main domains – physical, level of independence, social relationships, environment, psychological, and personal beliefs.

For social purpose entities (SPEs):

	When working with individuals and their families	Organisational level practices	When working with others across the sector
Tried some things and is interested to grow further in this area	 Involve individuals and their families in a shared decision-making process to achieve their goals (e.g., decide on the service to participate in, involve individuals in the design and implementation of solutions. Refer to Empowerment Deconstructed! Guide on how to involve users in the decision making process.) Enable individuals and families to opt for service components based on their preferences. Use technology and data to customise, deliver and provide integrated, seamless service and user experience across multiple touchpoints. 	 Where needs are more complex, support should be multidisciplinary involving more than one professional, and across multiple services. Leaders to empower their staff to make certain decisions, where appropriate. Board should empower the leaders of the organisations to execute with flexibility and latitude. Share and learn best practices and failures with one another through networks or learning platforms. 	 Share data at a centralised platform (if available) to provide a 360 view on the individual's needs to other supporting stakeholders involved. Collaborate across agencies, other community partners and sectors (e.g., social care, housing, transport, employment) to meet the needs of individuals holistically.

For social purpose entities (SPEs):

Experienced and wants to strengthen this area...

- Design collaborative care plans across service providers to manage an individual's care and support that span across different services and life stages.
- Hold ongoing joint care plan discussions with other service providers, involving the individuals and their families to ensure care is integrated across providers (if any), and goals are kept relevant.
- Appoint a dedicated group of professionals to coordinate care and support (across various transition points/types of services) or provide the necessary transition/support to the next organisation.
- Establish service standards to ensure that quality and principles of empowerment are upheld in service delivery.
- Evaluate outcomes attained by the individuals and families over a sustained period, and share the information with other partners in the ecosystem.
- Engage a pool of experienced service providers to share their experiences, as well as coach others with less experience.
- Involve donors and funders to be partners in the process to better understand the programme, as well as to value-add to the service delivery.
- Establish a joint venture/strategic alliance with one or more agencies to bid for/run joint programmes.

For partners in the ecosystem:

Mindset shift

 Understand and appreciate the importance of taking a personalised approach in service delivery.

Funding support

- Introduce service and funding models, in collaboration with SPEs, to provide individuals and families greater ownership and choice.
- Provide funding for professionals that provide the continuity of support across various life stages.
- Extend resources for initiatives and structures (e.g., data platform for data sharing) that support individuals across the various life stages, or across different needs (e.g., tackling problems upstream).
- Incentivise or fund service models that demonstrate collaborative elements with other SPEs.

Data management

- Develop and implement an integrated systems and data platform for individuals and families to have access to information about themselves and available services; social care and other professionals have the right information and records to provide the right support.
- Aggregate, centralise and share data to facilitate planning and allocation of resources.

Policies and structures

- Design policies and structures that span across sectors (e.g., education, health) and life stages to provide the continuity of care and support centred around the individual.
- Set up online repository to assist matching of individuals to services/service providers, and improve individuals' access to the range of services available.
- Collaborate and work across adjacent sectors to achieve alignment of objectives.

Resources available

Guides/Tools

Quality of Life Framework

The World Health Organisation (WHO) defines Quality of Life as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". NCSS conducts research studies to understand how various population groups perceive their quality of life, identify areas of need and initiatives that can contribute to improving their quality of life.

Past research studies conducted by NCSS can be found below. https://www.ncss.gov.sg/press-room/publications

Social Innovation Starter Kit

NCSS developed a Social Innovation Starter Kit which includes guiding principles and mindsets of human-centred design process as well as specific methods and tools to help the sector in tackling complex social challenges and embark on their own innovation journeys.

https://www.ncss.gov.sg/press-room/publications/SocialInnovationStarterKit

Empowerment Deconstructed! Guide

In 2021, NCSS developed the Empowerment Deconstructed! Guide which breaks down the concept of empowerment into practical and relatable terms. It includes a 4-step process as well as other tools and frameworks that one can use to kickstart the journey in putting empowerment principles into practice.

https://www.ncss.gov.sg/press-room/publications/empowerment-deconstructed-a-guide-to-grow-empowering-practices

² World Health Organization. (2012). The World Health Organization Quality of Life (WHOQOL)

Empowering Seniors Resource Kit

In 2019, NCSS developed this resource kit to introduce the concept of empowerment as well as provide examples and templates to encourage and teach SPEs in the sector how to develop their own empowering programmes that are suitable for their own organisation.

https://www.ncss.gov.sg/docs/default-source/ncss-publications-doc/empowering-seniors_resource_kit.pdf?sfvrsn=cc42a176_2

Service Standards Framework

The NCSS Service Standards aims to support agencies in attaining higher standards of service delivery across nine mutually reinforcing domains and develop better procedures to improve user outcomes. The set of standards also incorporates the principles of person-centredness, service user empowerment and collaboration.

https://www.ncss.gov.sg/social-service-agencies/capability-building/consultancy-support/ncss-standards-framework/service-standards-requirements

Sector Evaluation Framework

NCSS developed the Sector Evaluation Framework, which aims to provide a common language to consider progress and impact across NCSS-funded programmes, while allowing for flexibility at the programme level. The Framework is one which all stakeholders can use as a consistent set of measures for evaluation.

https://www.ncss.gov.sg/our-work/translational-social-research

Social Service Sector Repository

The Repository is a first-of-its-kind online database of research on the local social service sector, for NCSS members' use. It houses rigorous research done by NCSS member organisations and public service agencies, in NCSS's research domains. This Repository and research resources such as the EBSCO scholarly journal database, Research Pulse newsletter, and online dashboards can be found on NCSS's website.

https://www.ncss.gov.sg/our-work/translational-social-research

Training to explore

Cultural Competency: Engaging with and Bridging across Differences

Visit SSI for more info at https://iltms.ssi.gov.sg/registration/#/Course

Practising Person Centred Care Approach (Synchronous E-learning)

Visit SSI for more info at https://iltms.ssi.gov.sg/registration/#/Course

Develop an Individualised Care Plan

Visit SSI for more info at https://iltms.ssi.gov.sg/registration/#/Course

Person-Centred Care Approach to Dementia (Synchronous E-learning)

Visit SSI for more info at https://iltms.ssi.gov.sg/registration/#/Course

Design Thinking

Visit Capelle Consulting for more info at https://www.capelleconsulting.com/

Networks of support

Empowerment Circle

NCSS convened a group of SSA leaders who are forerunners in practising the empowerment approach. The Circle will catalyse ideas to grow empowerment practices across the sector.

Empowerment Learning Journey

NCSS is co-organising Learning Journeys with SSAs for SSAs to learn best practices from one another and spark collaborations on empowerment in the sector.

Case examples

Empowering and providing choices to users

Our Lives, Our Voices

Jointly organised by Movement for the Intellectually Disabled of Singapore (MINDS) and Down Syndrome Association Singapore (DSA), Our Lives, Our Voices aims to empower persons with intellectual and developmental disabilities to voice their needs and make decisions for themselves.

Through the 12-session programme, the service users would learn how to share more about their lives with others and be encouraged to step up as leaders in self-advocacy groups with support from MINDS and DSA. The programme seeks to enable the service users to be more confident and independent and empower them to find solutions or support to address challenges.

Food Pantry 2.0

Food Pantry 2.0, a project of the Food Bank Singapore Ltd, aims to make food supplies more accessible to service users in a coordinated manner. The project places vending machines with emergency food aid such as instant noodles, rice, and biscuits in the heartlands to serve users 24/7.

Service users are provided with pre-credited cards and can go to nearby vending machines to redeem food items of their choice. Compared to traditional food distribution services, service users can exercise choice in the food they redeem, rather than receiving a predetermined list of groceries that may not suit their needs and preferences.

Voices for Hope

Voices for Hope by Dementia Singapore aims to empower persons with dementia and their caregivers to self-advocate, to promote greater acceptance and support for individuals who were coping with dementia. The 10-week programme was designed to equip service users with relevant skills and foster confidence in them to actively share their stories, their needs, and views publicly.

Ideas for exploration

Having an integrated data system to better deliver services Singapore: National Electronic Health Record (NEHR)

What is it?

Across different healthcare providers, the secure system gathers personal healthcare information of individuals such as medical records, prescriptions and appointments.

Only individuals authorised by healthcare professionals can access the data.

Potential benefits

- Improve health care coordination and better inform treatment decisions.
- Allow care team to deliver better and more personalised care for individuals.
- Individuals are provided with information to manage their own health, and this allowed them to be more informed and have greater control over their own health.

How does it work?

- "One Patient, One Health Record" allows the care team to deliver safer, better and more personalised care for individuals.
- Data contribution to the NEHR is voluntary for all private healthcare providers.
- Auto-inclusion and one may choose to opt out.
- Rigorous security defences designed according to industry best practices are in place to protect one's data on the NEHR.
- All healthcare professionals authorised to access the NEHR are bounded by laws and professional ethics to keep records strictly confidential.

Food for thought

How might we pull together, fuse and better leverage data to provide more person-centred solutions in the social service sector?

Allowing individuals to decide their allocated budget spending to meet their goals

United Kingdom: Personal Health Budgets

What is it?

Instead of giving funds to service providers directly, individuals will be allocated the money to decide on the areas to spend to meet their health and well-being needs, in consultation with their local healthcare team.

Potential benefits

Individuals are involved in deciding the services they would like to participate in and in turn, they can exercise greater choice and agency over their lives.

Resources may get directed to the most relevant services and may encourage higher service quality.

How does it work?

- In England, personal health budgets are offered to eligible individuals who need continuing care services.
- Individuals (or their representatives) will be central in decision-making, from setting the health and well-being goals with relevant professionals and in having the discretion on when and how to use the money, as agreed in their personal plan.

What are the ways that personal health budget can be managed?

- Notional budget: The individual will decide with their local healthcare team on how to spend their personal health budget, and their team will be responsible for holding the money and arranging the care and support.
- Third party budget: An independent trust or voluntary organisation will hold the money on behalf of the individual and spend the personal health budget in line with what has been agreed in a personalised care plan.
- Direct payment: The individual or their representative will receive the money in their bank account and will take responsibility for purchasing the agreed care and support services.

Similar models in Singapore

- SkillsFuture provides individuals with credits of at least \$500 which can be used on eligible courses aimed for individual skills development.
- Similar to the personal health budget, individuals can decide how to spend the money to further their own lifelong learning journey.

Food for thought

How might we support individuals to exercise greater agency in what they do with their allocated budget so as to achieve their goals?

Creating a community of support to provide person-centred care Australia: Circles of Support, United Kingdom: Circles Network

What is it?

Building a community of support around the individual being placed at the centre of the circle.

Potential benefits

- Right site support from service providers to the community.
- Individuals are recognised as having the capacity to be part of the service planning process.
- Leverage the strengths of the community, reduce stress on caregivers.
- Provide opportunities for individuals to develop and nurture friendships.
- Continuous care and support as an individual moves across various life stages (e.g., child to youth to adult).

How does it work?

- Individuals can choose who they want in their circles, but it would be voluntary for people to join.
- A means of providing practical advice, solving problems, and generating ideas to contribute positively to the individual's life.
- Facilitators work with individuals to understand and set their goals.
- Support varied from light touch to intense and specialised support, varying from individual to individual, based on their needs.
- Some circles are facilitated by formal organisations, but others are private arrangements between families and their friends.
- Guided by the requirements of the individual, the circle would meet periodically to review the progress made towards meeting the individual's goals.

Food for thought

How might we tap on the community around individuals to foster more community-based support?

Involving the community in making decisions about allocation of budgetsScotland: Participatory Budgeting in Health and Social Care

What is it?

A framework where the community is directly involved in making decisions about the allocation of budgets.

Potential benefits

- Exchange of ideas can help resolve issues.
- Higher motivation
 of the participants
 because they have a
 stake in the
 projects.
- Redistribute
 resources by
 increasing under resourced persons'
 access and
 influence on
 resource allocation
 process.
- Foster informed citizenry by helping individuals express views and see how they affect policy and action.
- Approach that can potentially work well for ground-up initiatives.

How does it work?

This model attempts to move up the co-production ladder by moving from consultation to decision making and most importantly catalysing community empowerment. It requires the involvement of local people (e.g., community) who would be affected by the decision to be part of the decision-making process, thereby building capacity, creating ownership through shared responsibilities, and raising importance of community engagement.

In Scotland, the public, non-governmental partners, and volunteers with lived experience designed and facilitated a participatory budgeting event called "Mental Health & Well Being, You Decide" in 2017. Funded by public and private sectors at 50,000 GBP, a steering group co-produced the event, which included the development of a communication plan. 82 applications were received and assessed by a small independent panel comprising of community members. The shortlisted 46 were then given an opportunity to give a 3-min presentation to bid for the project at maximum GBP 1,250 each. Audience voted using a digital voting system with instant feedback, resulting in 41 projects being funded and reviewed after 6 months to measure impact and access further support if required.

Food for thought

How might we structure such a process and set aside resources to support solutions that are ground-up and decided by members in the community?

Annex - References:

Quality of Life: WHO

• https://www.who.int/publications/i/item/WHO-HIS-HSI-Rev.2012.03

Our Lives, Our Voices

- https://www.ncss.gov.sg/our-stories/detail-page/the-new-advocates
- https://www.minds.org.sg/stories16-olov-april-koh/
- https://www.minds.org.sg/for-adults/self-advocacy-programme/

Food Pantry 2.0

- https://whatareyoudoing.sg/tech-and-data-maintain-privacy-for-food-aidbeneficiaries/
- https://foodbank.sg/our-big-projects/food-pantry/

Voices for Hope

- https://www.dementiahub.sg/blog/voices-for-hope-giving-a-voice-to-those-withdementia/
- http://dementia.org.sg/voices/

National Electronic Health Record

https://www.ihis.com.sg/nehr/about-nehr

Personal Health Budgets & Skillsfuture

- https://www.england.nhs.uk/personal-health-budgets/what-are-personal-health-budgets-phbs/
- https://www.skillsfuture.gov.sg/credit

Circles of Support & Circles Network

- https://www.ric.org.au/assets/Uploads/circles-of-support/fc67c032b4/Circles-of-Support-Manual-2019.pdf
- https://circlesnetwork.org.uk/advocacy/

Participatory Budgeting

- https://www.alliance-scotland.org.uk/wpcontent/uploads/2017/10/Participatory_Budgeting_-_Health_and_Social_Care_Academy_Insight_Paper.pdf
- https://openknowledge.worldbank.org/handle/10986/6640