Impact & Outcomes of the Tote Board Social Service Fund

FY2019-2022 Tranche Report
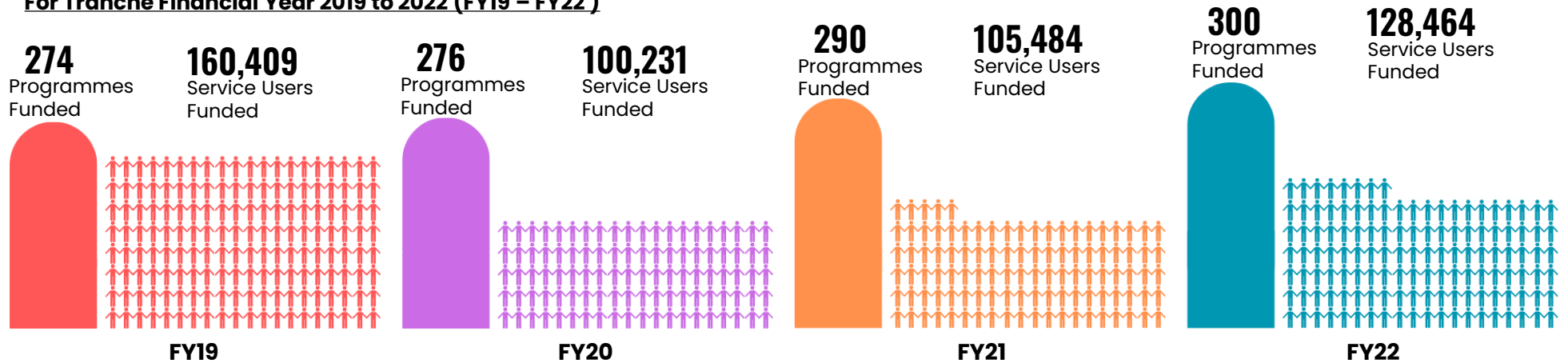
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For Tranche Financial Year 2019 to 2022 (FY19 – FY22)

274
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160,409
Service Users Funded

276
Programmes Funded

100,231
Service Users Funded

290
Programmes Funded

105,484
Service Users Funded

300
Programmes Funded

128,464
Service Users Funded

FY19

FY20

FY21

FY22

For FY22 TBSSF Outcomes Achievements[1]

For **Adult** Service Users:
Positive and significant impact is observed in:

- Improving Skills and Care
- Improving Self and Social Efficacy
- Integrating Service Users into Society

For **Child** Service Users:
Positive and significant impact is observed in:

- Improving Skills and Care
- Improving Self and Social Efficacy

Positive impact is observed in:

- Integrating Service Users into Society

1. The definitions of the 3 TBSSF Outcomes are explained in Section 1 of the report.

Funding Amount Allocated for Each FY and Respective Fund Utilisation Rates
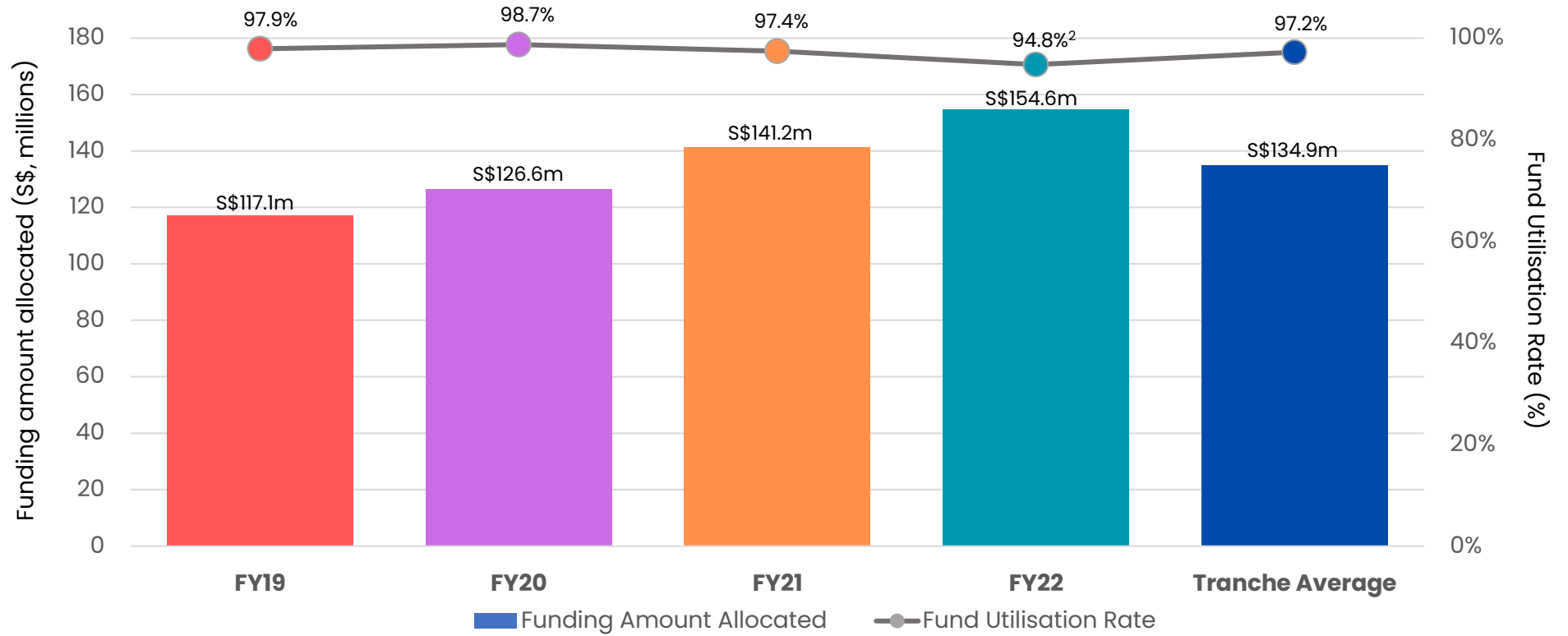
2. Fund utilisation figures are updated as of reporting time during the FY. Some programmes require their musters to be audited which would affect the on-going adjustments past the FY.

1. FY19-22 Tranche Overview

1.1 FY19-22 Details of Number of Programmes and Service Users

The current tranche of TBSSF funding is from FY19 to FY22. The length of the tranche has been extended from 3 (previous tranche) to 4 years to offer more certainty in funding continuity, allowing social service agencies (SSAs) to plan ahead and invest in building their capacity and capabilities over the longer term.

Table 1 details the number of programmes funded and the number of service users served by these programmes across the 4 years.

The number of programmes funded in almost all sub-sectors grew over the 4 years. This is especially so in the Children Disability sub-sector, due to the funding of additional Special Education (SPED) schools and the pilot Inclusive Support Programme that facilitates more inclusive early education for children with developmental needs, as well as the Family sub-sector, with the funding of additional Transitional/ Interim Shelters to support those without a home to secure long-term housing.

The number of programmes funded in the Adult Disability sub-sector dipped slightly, due to the sunsetting of programmes that were unable to continue operations or achieve intended outcomes, such as the Drop-in Disability

Table 1: Number of Programmes and Service Users from FY19 to FY22

	FY19		FY20		FY21		FY22[3]	
	Programmes	Service Users	Programmes	Service Users	Programmes	Service Users	Programmes	Service Users
Adult Disability	55	6,540	56	5,057	57	4,760	53	6,403
Children Disability	63	13,767	63	13,381	72	14,827	73	15,872
Family	76	96,865	77	57,112	79	55,027	90	58,524
Eldercare	45	25,969	44	10,064	44	10,034	45	12,946
Children & Youth	26	11,697	28	9,322	28	9,735	28	10,169
Mental Health	9	5,571	8	5,295	10	11,101	11	24,550
Total	**274**	**160,409**	**276**	**100,231**	**290**	**105,484**	**300**	**128,464**

programmes. This close monitoring and continuous re-evaluation of funding decisions ensures the most efficient and effective allocation of funding.

In terms of the number of service users supported in these programmes, the numbers dipped rather significantly from FY19 to FY20 due to the slowing down of/ restrictions to several services during COVID-19. However, since then, the number of service users participating in programmes funded by TBSSF has been steadily rising.

This is especially so in the Mental Health sub-sector, possibly owing to the increasing mental health needs of the population. In FY22, Samaritans of Singapore expanded its capacity of its suicide hotline and post-suicide intervention (SOS Care Text) and has seen a significant increase in the number of service users served[4]. Similarly, there was also an increase in demand due to the loosening of the safe management measures for the programme TOUCH Do You M.I.N.D.

3. The number of service users that benefitted from the services provided by NTUC Health Co-Operative Ltd, Thye Hua Kwan Moral Charities Limited, and Singapore Red Cross Society are from the unaudited musters. Figures from these SSAs reflect the latest as of 18 Dec 2023 that could be gathered prior to the finalisation, and reporting deadline of 31 Dec 2023 to Tote Board.
4. COVID-19 Mental Wellness Taskforce Report. Retrieved from https://www.moh.gov.sg/docs/librariesprovider5/covid-19-report/comwt-report.pdf

Changes in Funded Programmes in FY19-22

Across the years, the number of programmes assessed are relatively consistent, except for FY20, when there was a spike (see Figure A). Out of these programmes assessed, some were rejected, generally because they do not demonstrate how the programme meets a need in the community or how it leads to intended outcomes.

In FY22, apart from renewal of programmes, there were no open grant calls for new programmes as per the agreement between NCSS and Tote Board and therefore no rejected applications. Nonetheless, there were 2 new co-funded programmes added under SG Enable's management (AWWA Day Activity Centre & AWWA Adult Disability Home).

Throughout the tranche, some programmes were sunsetted, typically because they were right-sited to more suitable funding sources or because they no longer address a gap in the community. The number of programmes sunsetted also remains relatively consistent across the years (see Figure B).

Figure A: Number of Programmes Assessed and Rejected by FY
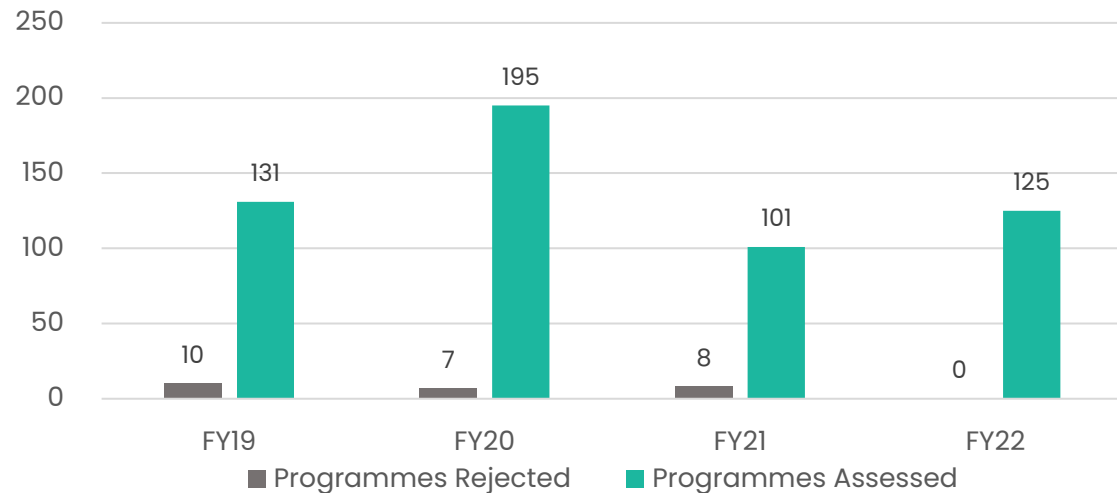
Figure B: Number of Programmes Sunsetted by FY
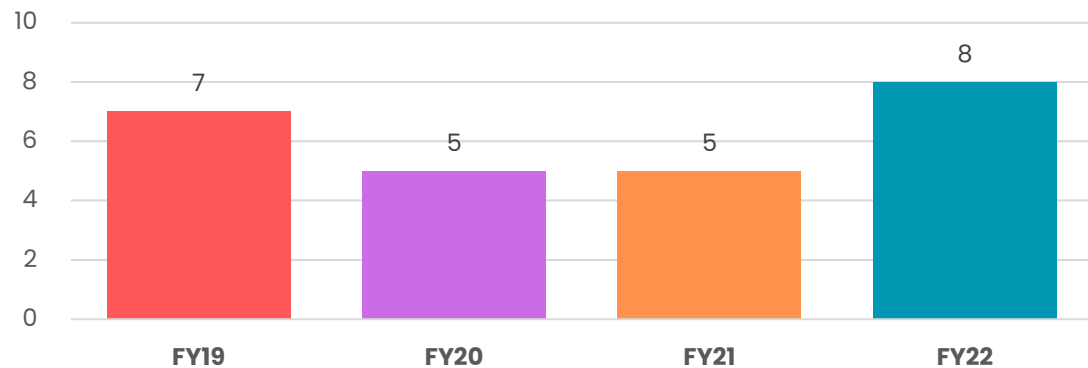
1.2 FY19-22 Details of Fund Administration

As an indispensable community contributor and acknowledging the perpetual necessity to enhance the lives of the vulnerable community, the TBSSF has backed vital social service programmes with up to an estimated S$580.4 million in FY19 to FY22 (4 years funding tranche) to achieve these objectives.

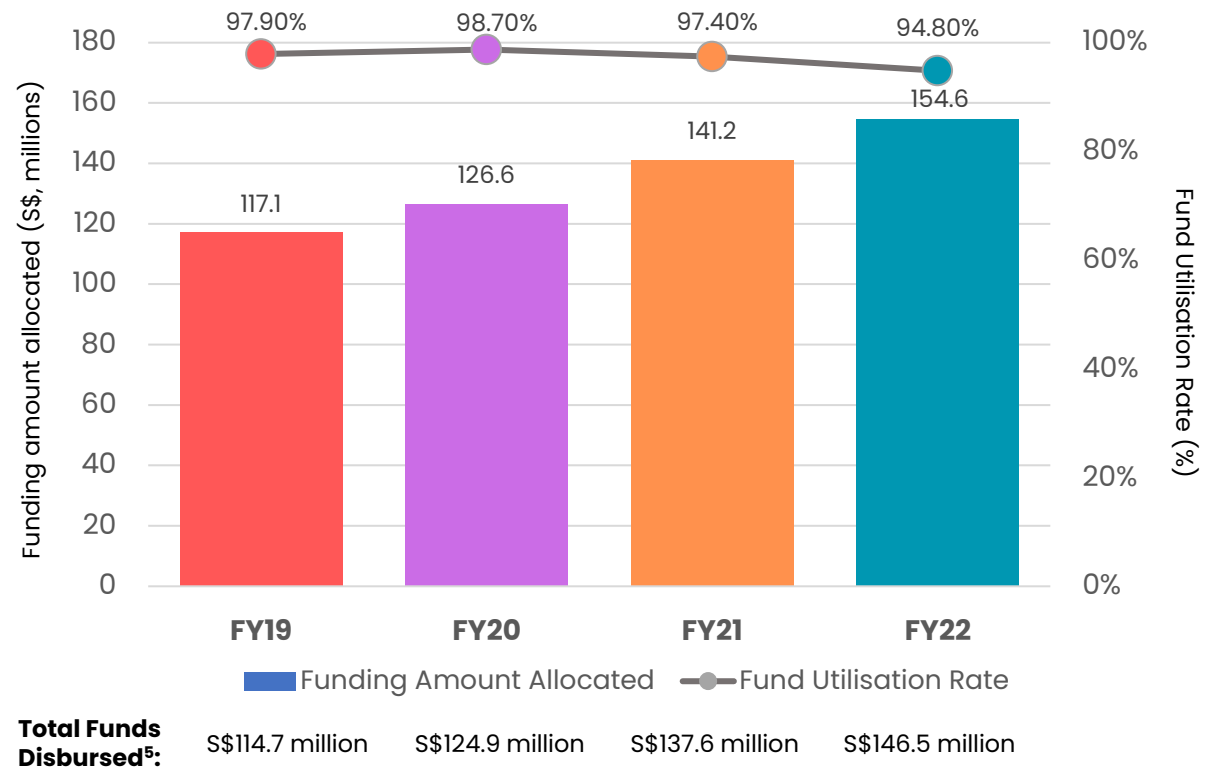The funding figures illustrated in the sections below include programmes administered by NCSS and SG Enable only. As depicted in Figure C and Table 2 (page 10), the funding amount allocated for FY19 was $117.1 million. This increased to $126.6 million in FY20, $141.2 million in FY21 and $154.6 million in FY22.

Fund Utilisation Rates

94.8% of the approved FY22 budget was utilised to meet the critical needs of SSAs on the ground.

Funding utilisation for NCSS and SG Enable-administered programmes decreased from 97.4% in FY21 to 94.8% in FY22 (see Figure C). While figures for FY22 would still have adjustments, an overall decrease is expected due to an agreed decision between Tote Board and NCSS to not open grant calls for new programmes in FY22 as there was no guarantee of funding for programmes beyond the tranche at that point in time which would result in short funding runway if there were new programmes in FY22. The fund utilisation rates were for FY19, FY20 and FY21 were 97.9%, 98.7% and 97.4% respectively.

5. Please note that the figures in the charts have been rounded to 1 decimal place for standardisation.

Figure C: Funding Amount Allocated, Disbursed and Utilised for FY19–22 Funding Tranche

	FY19	FY20	FY21	FY22
Funding amount allocated (S$, millions)	117.1	126.6	141.2	154.6
Fund Utilisation Rate	97.90%	98.70%	97.40%	94.80%

Legend: ▬ Funding Amount Allocated ●— Fund Utilisation Rate

Total Funds Disbursed[5]:	S$114.7 million	S$124.9 million	S$137.6 million	S$146.5 million

Funding Allocation Comparison by Sub-sector

Fund allocation for each of the sub-sectors (in terms of percentage of fund allocated in contrast to overall fund for the FY) has remained relatively consistent across the 4 FYs. Children Disability received the highest amount of funding at 53.8% with the increase in support for the sub-sector, such as addition of SPED schools. The Family sub-sector received the second highest funding amount, at approximately 23.3% of the funding in FY22 (see Figure D). That corresponds with the government's stance to continue strengthening support for families in Singapore.

Table 2: Fund Allocation by Sub-sector and FY

Sub-sector	Total Funding Allocated ($, millions)			
	FY19	FY20	FY21	FY22
Adult Disability	10.4	11.0	13.1	15.7
Children Disability	62.5	68.5	75.3	83.1
Family	28.0	30.2	34.7	35.9
Eldercare	5.2	5.4	5.5	5.4
Children & Youth	7.5	8.3	9.0	11.0
Mental Health	3.4	3.2	3.7	3.4
Total	117.1	126.6	141.2	154.6

Figure D: Funding Received by Sub-sector in FY22

Family (23.3%)
Children Disability (53.8%)
Adult Disability (10.2%)
Children & Youth (7.1%)
Eldercare (3.5%)
Mental Health (2.2%)
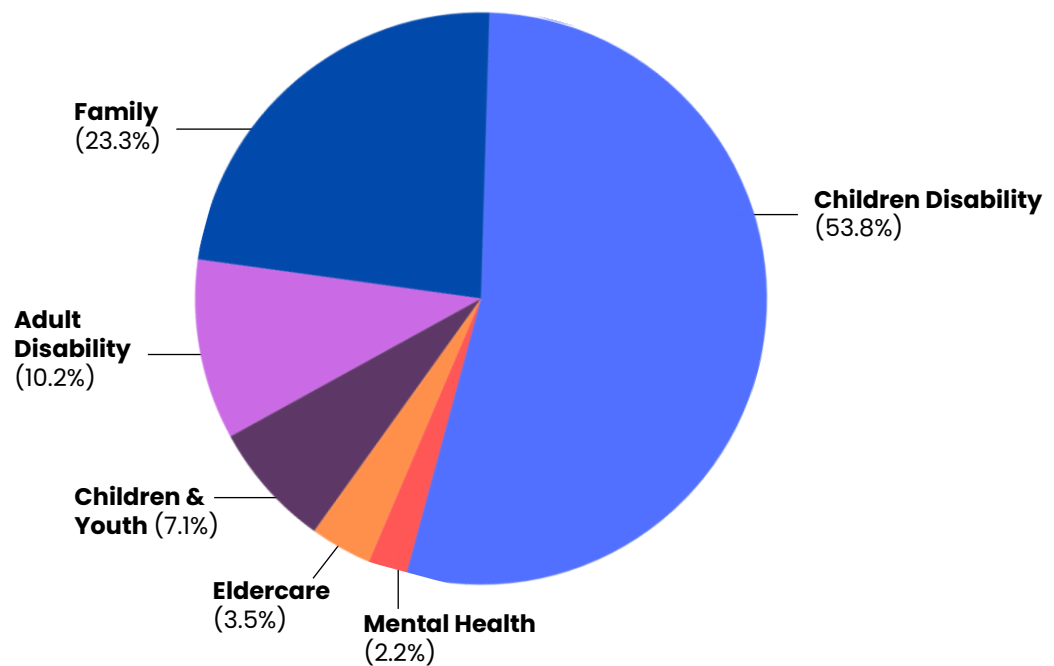
1.3 Comparison to FY16-18 Tranche

From FY16-18 tranche to FY19-22 tranche, there was a drop in the number of programmes, largely due to the right-siting of several programmes in the Eldercare sub-sector to AIC (See Table 3). Despite this, the number of service users supported on an annual basis more than doubled in FY19-22, showing that the programmes funded in FY19-22 likely expanded their reach to serve more service users in need.

Funding allocated to the programmes increased not only in totality from FY16-18 tranche to FY19-22 tranche (see Figure E), but also in terms of the annualised rate of about $116.3 million in FY16-18 to $134.9 million in FY19-22.

Similarly, both the absolute and annualised rate of funding disbursed increased from FY16-18 tranche to FY19-22 tranche, with the latter increasing from about $102.6 million to $130.9 million[7].

Table 3: Annualised[6] Number of Programmes and Service User by Tranche

Annualised Rate: Number of	FY16–18	FY19–22
Programmes	341	285
Service Users	60,468	123,647

Figure E: Funding Amount Allocated and Disbursed by Tranche

	FY16–18	FY19–22
(Allocated)	S$349.0 million	S$539.5 million

Total Funds Disbursed[8]: FY16–18: S$307.9 million   FY19–22: S$523.7 million
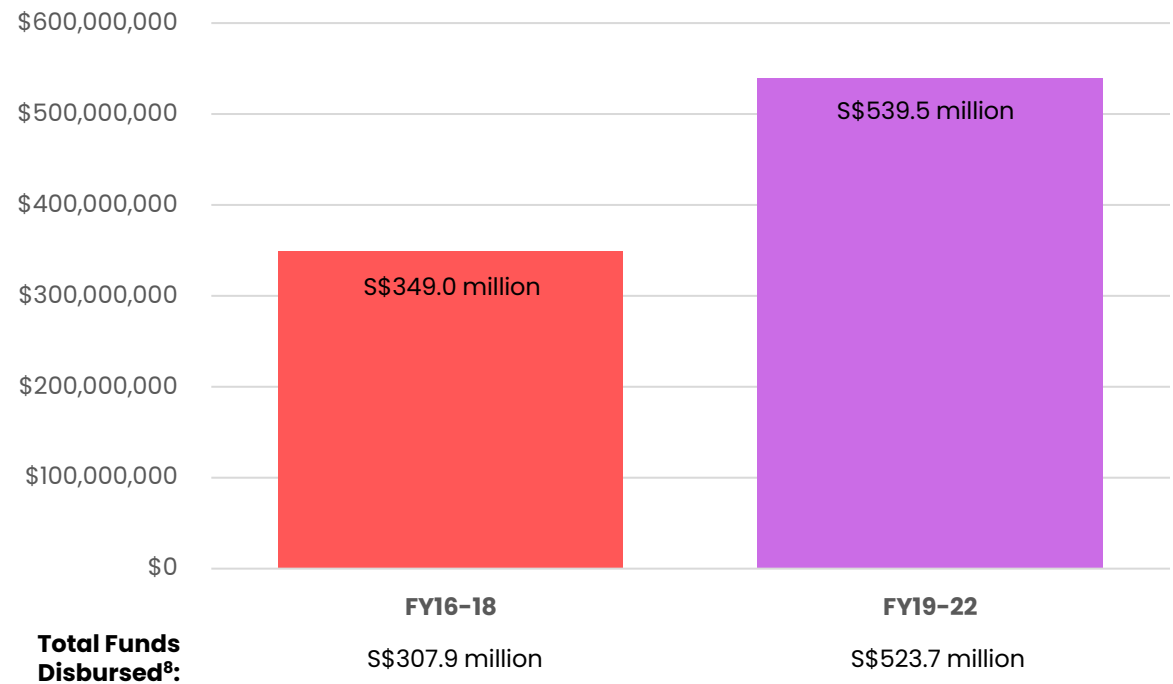
6. The annualised rate is provided, rather than the total number, to allow for better comparison across the different number of years for each tranche and as the number of *unique* service users served each year across the FY19-22 tranche is unavailable.
7. The funding disbursed is as of the time of reporting and thus does not include adjustments thereafter.
8. Please note that the figures in the charts have been rounded to 1 decimal place for standardisation.

2. Impact Evaluation of TBSSF FY19-22
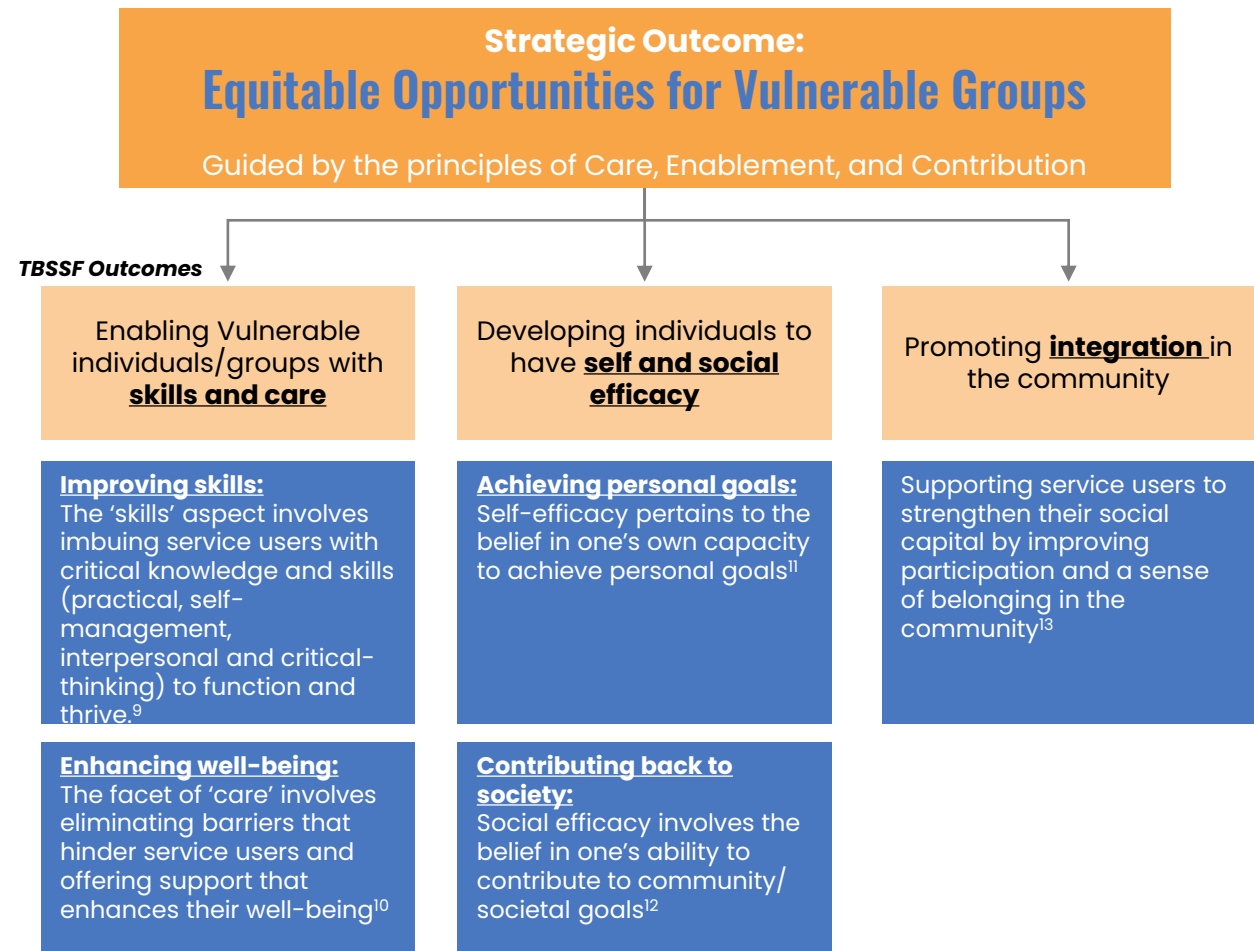
2.1 Introduction to Tote Board's Strategic Outcome and TBSSF Outcomes

Tote Board has been a critical partner in the nation's efforts to build an inclusive society that offers robust opportunities to everyone, regardless of their background or circumstances. This is encapsulated in Tote Board's Strategic Outcome: **"Equitable Opportunities for Vulnerable Groups"**. The Strategic Outcomes embodies its values and objectives and underpins its funding – to achieve a socially inclusive society that supports different pathways for members of society to fulfil their potential and make meaningful contributions.

TBSSF plays a pivotal role in advancing Tote Board's Strategic Outcome. It does so by bolstering the social service sector's efforts to realise the three TBSSF Outcomes (see Figure F for details on the Outcomes and a visual representation of the connection between Tote Board's Strategic Outcome and the TBSSF Outcomes). These TBSSF Outcomes and thus Tote Board's Strategic Outcome are achieved through TBSSF funding of diverse programmes across six sub-sectors in the social service sector.

Figure F: Tote Board's Strategic Outcome achieved through the TBSSF Outcomes

Strategic Outcome:
Equitable Opportunities for Vulnerable Groups
Guided by the principles of Care, Enablement, and Contribution

TBSSF Outcomes

Enabling Vulnerable individuals/groups with **skills and care**	Developing individuals to have **self and social efficacy**	Promoting **integration** in the community
Improving skills: The 'skills' aspect involves imbuing service users with critical knowledge and skills (practical, self-management, interpersonal and critical-thinking) to function and thrive.[9]	**Achieving personal goals:** Self-efficacy pertains to the belief in one's own capacity to achieve personal goals[11]	Supporting service users to strengthen their social capital by improving participation and a sense of belonging in the community[13]
Enhancing well-being: The facet of 'care' involves eliminating barriers that hinder service users and offering support that enhances their well-being[10]	**Contributing back to society:** Social efficacy involves the belief in one's ability to contribute to community/societal goals[12]	

9. Life Skills, Retrieved from https://www.unodc.org/pdf/youthnet/action/message/escap_peers_07.pdf
10. Vic. Finkelstein (1998) Re-thinking Care in a Society Providing Equal Opportunities for All. Discussion Paper prepared for the World Health Organisation. Open University, Milton Keynes; Fiona Williams (2010) Claiming and Framing in the Making of Care Policies: The Recognition and Redistribution of Care; UNRISD (2016) Care Policies: Realising their transformative potential; Fiona Williams (2001) In and beyond New Labour: Towards a new political ethic of care." Critical Social Policy, Vol. 21, No. 4, pp. 467–493; Barner (1994). Enablement: The key to empowerment.
11. Bandura, A (1977). Self-efficacy: Toward a Unifying Theory of Behavioral Change. Psychological Review. 84 (2): 191–215.
12. USAID. Positive Youth Development (PYD) Framework; Community Toolbox (University of Kansas, Centre of Community Health and Development). Building Capacity for Community and System Change
13. Social Integration, (Holt-Lunstad and Lefler, 2019) https://link.springer.com/referenceworkentry/10.1007%2F978-3-319-69892-2_646-2; Luca Andriani, 2013. "Social Capital: a Road Map of Theoretical Frameworks and Empirical Limitations," Management Working Papers 1, Birkbeck Department of Management, revised Jan 2013. https://ideas.repec.org/p/img/manwps/1.html; Study of Social Capital in Singapore, https://lkyspp.nus.edu.sg/docs/default-source/ips/study-of-social-capital-in-singapore.pdf

2.2 Impact Reporting of the TBSSF FY19-22 Tranche

To better understand the impact of TBSSF and facilitate further evidence-based funding decisions, an impact evaluation study has been commissioned.

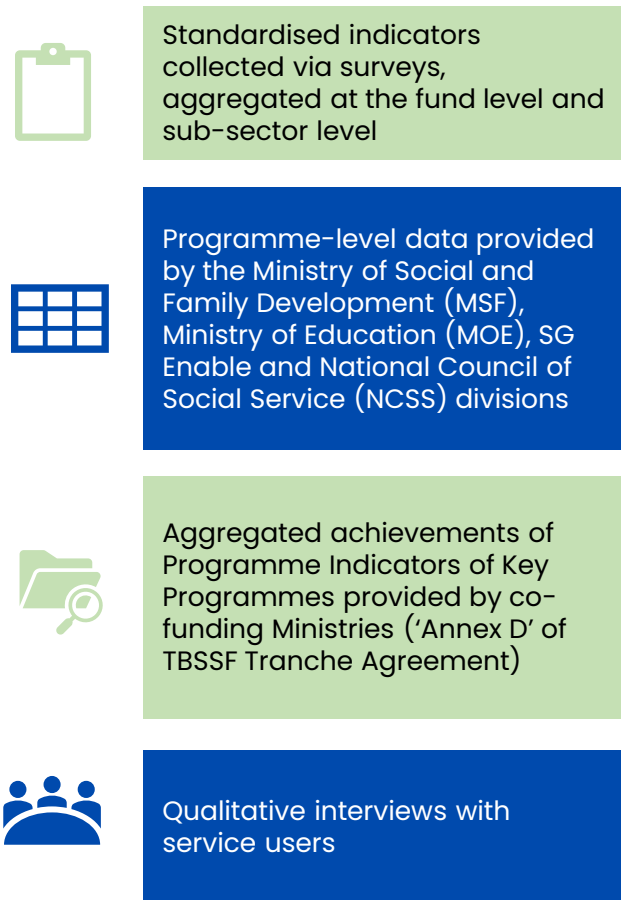The primary objective of the evaluation is to measure the aggregate outcomes of the fund and the sub-sectors, across various funded programmes. The evaluation involves measuring the three TBSSF Outcomes and related outputs as mapped out in the logic model in Figure G. As explained in Section 2.1, these three TBSSF Outcomes contribute to the long-term impact, which is Tote Board's Strategic Outcome of Equitable Opportunities for Vulnerable Groups.

Figure G: TBSSF Logic Model Illustrating the Linkage between TBSSF Outcomes and Tote Board's Strategic Outcome

Possible Inputs	Possible Objectives	Possible Activity Groups	Possible Outputs	Outcomes	Impact *(Beyond the service users of TBSSF-support programmes, at the national level)*
Investment					
Investment from Tote Board	**Critical programmes** *Critical programmes provide support and services to help individuals fulfill essential needs*	**Functioning** *Programmes that aim to meet the basic critical needs of service users*	**Number of sessions/ activities / trainings conducted**	**Outcome:** Enabling vulnerable individuals/ groups with **skills and care**	
Evaluation costs		**Residential Care** *Programmes that provide service users with short or long-term residential care*	**Number of participants / attendees to the sessions / activities / training**		**Tote Board's Strategic Outcome:** *Equitable Opportunities for Vulnerable Groups*
Resources		**Job Placement** *Programmes that help services users to gain employment / job placements*	**Number of collaborations / linkages formed with existing community groups**	**Outcome:** Developing individuals to have **self and social efficacy**	
Staffing from NCSS (Fund administration, disbursement and management)	**Strategic programmes** *Strategic programmes aim to increase self-reliance/ self-help among individuals/ groups in the long term.*	**Integration / Inclusion** *Programmes that help service users integrate into the community*	**Number of referrals to relevant support services**		
Local authority time investment (Tote Board, MSF, and MOE)		**Skills** *Programmes that provide specialised skills and knowledge to service users*	**Number of participants / attendees engaged in community activities**	**Outcome:** Promoting **integration** in the community	
		Caregiver Support *Programmes that provide caregiving support*			

The impact evaluation for the funding tranche of FY19-22 will be articulated based on the four data sources listed in Figure H below:

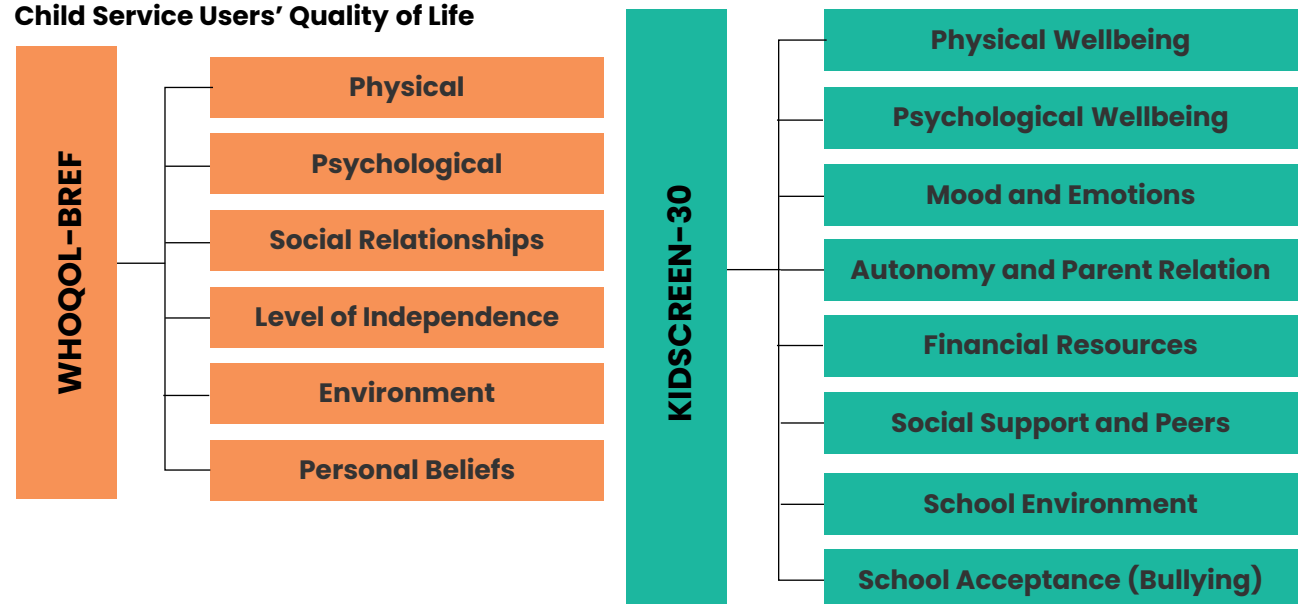**Figure H: The Four Data Sources for the FY19-22 Impact Evaluation of TBSSF**

Standardised indicators collected via surveys, aggregated at the fund level and sub-sector level

Programme-level data provided by the Ministry of Social and Family Development (MSF), Ministry of Education (MOE), SG Enable and National Council of Social Service (NCSS) divisions

Aggregated achievements of Programme Indicators of Key Programmes provided by co-funding Ministries ('Annex D' of TBSSF Tranche Agreement)

Qualitative interviews with service users

2.2.1 Details of the TBSSF Impact Evaluation Study

The impact evaluation utilises both qualitative and quantitative methods. For the former, in-depth interviews with service users from selected programmes were conducted, and for the latter, surveys were distributed to service users from all funded programmes from April 2022 to March 2023.

Since the impact evaluation is conducted at the fund level, the survey questionnaire consists of standardised indicators (i.e., questions/ statements) across all funded programmes. The primary measures of the survey are the TBSSF Outcomes and the Quality of Life (QOL), measures that are multi-dimensional and applicable across all sub-sectors, programmes and service user profiles.

To assess an individual's QOL, those aged 18 and above underwent evaluation using the World Health Organisation Quality of Life Brief Version (WHOQOL-BREF), while individuals below 18 completed the KIDSCREEN-30. Both instruments are multi-dimensional and capture different domains that contribute to QOL (see Figure I below).

Figure I: Domains Measured in WHOQOL-BREF and KIDSCREEN-30 for Assessing Adult and Child Service Users' Quality of Life

WHOQOL-BREF
- Physical
- Psychological
- Social Relationships
- Level of Independence
- Environment
- Personal Beliefs

KIDSCREEN-30
- Physical Wellbeing
- Psychological Wellbeing
- Mood and Emotions
- Autonomy and Parent Relation
- Financial Resources
- Social Support and Peers
- School Environment
- School Acceptance (Bullying)

To measure the three TBSSF Outcomes, indicators from the QOL instruments and other validated frameworks such as the New Economic Foundation's Model of Well-Being[14] and the New General Self-Efficacy Scale[15] were aggregated. Importantly, the use of validated frameworks ensures that statements and/or questions apply to a wide range of service users and TBSSF-funded models. An example of the measurement of TBSSF Outcome 1, Enabling Skills and Care is shown in Table 4.

Table 4. Measures used for TBSSF Outcome 1, Enabling Skills and Care for Adult Service Users

Outcome	Measures	Facets / Questions asked	Response Categories
TBSSF Outcome 1: Enabling vulnerable individuals/groups with skills and care. Improving skills: The 'skills' aspect involves imbuing service users with critical knowledge and skills (practical, self-management, interpersonal and critical thinking) to function and thrive. Enhancing well-being: The facet of 'care' involves eliminating barriers that hinder service users in receiving the care needed and offering support that enhances their well-being.	WHOQOL-BREF	Examples include: • To what extent do you feel that (physical) pain prevents you from doing what you need to do? • How much do you need any medical treatment to function in your daily life? • Have you enough money to meet your needs?	5-point Likert scale (1 – Not at all, 5 – An extreme amount / Completely)[16]
	Interpersonal Skills Self-Assessment	• To what extent do you clearly communicate (verbally and/or nonverbally) your emotions to people so that they know exactly how you feel?	

14. New Economic Foundation, Model of Wellbeing, https://measure.whatworkswellbeing.org/.
15. Gilad Chen et al (2001). New General Self-Efficacy Scale. https://sparqtools.org/mobility-measure/new-general-self-efficacy-scale/#all-survey-questions.
16. Response categories differ depending on the question

2.2.2 Fieldwork Methodology

The fieldwork for the TBSSF Impact Evaluation Survey was conducted from April 2022 to March 2023. Convenience sampling was used for the collection of the sample to reduce reporting burden on the SSAs. However, SSAs were encouraged to survey the same service user at least twice at any point of the programme, with a minimum of 2 weeks between each survey time point, on a best effort basis.

The final sample size targets and achievements are listed in Table 5. These figures include the collection of data from the NCSS Sector Evaluation Framework (SEF) workstream and reflect figures after the data collection process is completed[17].

NCSS Sector Evaluation Framework

The NCSS Sector Evaluation Framework (SEF) is a repository of shared outcomes and measures among programme types, offering a common language for SSAs, funders, and the government to measure and report the impact of social services.

Table 5: Fieldwork Achievement of the TBSSF Impact Evaluation Survey by Sub-Sector

Sector	Collected Responses	Target
Adult Disability	657	400
Children Disability	1,186	1,000
Family	2,087	1,000
Eldercare	2,479	1,000
Children & Youth	753	400
Mental Health	981	400
Grand Total	**8,143**	**4,200**

It supports agencies in evaluating the impact of their programmes on service users, enables agencies to shift or refocus from being programme-centred to person-centred, and ensures accountability and provides evidence of impact for funders.

The FY22 TBSSF study is in line with the SEF in the use of the WHOQOL-BREF for adults, and KIDSCREEN-30 for children and youth under the age of 18.

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17. The number of collected responses exceeded the target as Verian did not impose a hard cut-off to the number of responses collected by the SSAs and allowed responses to continue being collected.

2.2.3 Analytical Methodology

After the closure of fieldwork, data cleaning was completed to detect and correct for inconsistencies or errors (e.g. removal of duplicates).

With the cleaned dataset, descriptive statistics such as mean and standard deviation were computed across QOL measures as well as TBSSF Outcomes, both at the fund and sub-sector level. These statistics summarise the distribution of QOL and TBSSF Outcomes based on the sample.

Inferential statistics were also applied to extend conclusions about the entire population of service users. Since the main objective of the impact evaluation is to assess how individuals change across time on various outcomes of interest, panel fixed-effects regressions were used. This method allows the control for all time-fixed individual characteristics (e.g., enrolled programme, ethnicity) that may potentially shape the outcome, and accurately estimate the average effect of duration in programme on various outcomes.

The report will focus on:
1. The directionality of change (positive/negative), and
2. Statistical significance

3. FY22 Achievements

The reporting of the evaluation will focus on FY22, when the impact evaluation survey was launched, using (i) survey results (ii) aggregated achievements of key programmes (where relevant) and (iii) impact stories of individual service users.

Interpretation of Survey Results

The focus was on understanding the <u>direction</u> and <u>significance</u> of the effect of programme duration on quality of life and TBSSF Outcomes for service users.
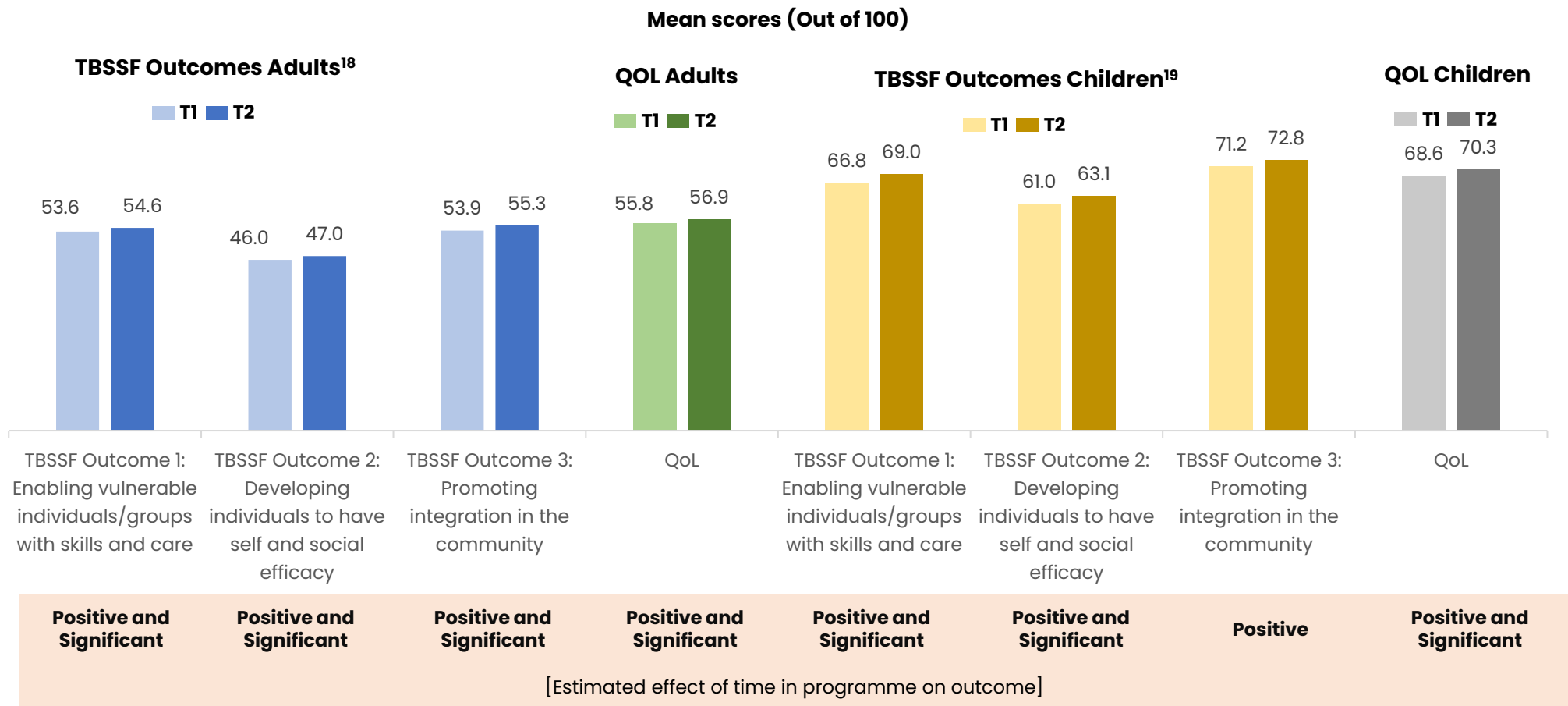
For all outcomes:

1. The bar charts show the mean scores based on the first (T1) and second completed survey (T2) of service users, and;

2. The tables show the estimated effect (or the estimated coefficient) of duration in programme on the outcome from the panel fixed-effects regressions.

A brief explanation of the possible outcomes and subsequent interpretations of the estimated effect of duration in programme is shown in Table 6.

Table 6: Explanations of Results Based on Panel-fixed Effects Regressions

	Significant *The statistics tell us that the best-fit line through the data points is sufficiently steep to represent a real effect.*	**Non-significant** *The statistics do not give us enough evidence that the best-fit line is sufficiently steep to represent a real effect.* • *This might be because we do not have enough data to detect the small effect or there is too much variance/ statistical noise, suggesting less consistent pattern/trend observed.*
Positive *The outcome level tends to **increase** over time in programme.*		
Negative *The outcome level tends to **decrease** over time in programme.*		

Figure J: Mean Scores – TBSSF Outcomes and Quality of Life (QOL) at Fund-level

Mean scores (Out of 100)

TBSSF Outcomes Adults[18]			QOL Adults	TBSSF Outcomes Children[19]			QOL Children
T1 / T2			T1 / T2	T1 / T2			T1 / T2
53.6 / 54.6	46.0 / 47.0	53.9 / 55.3	55.8 / 56.9	66.8 / 69.0	61.0 / 63.1	71.2 / 72.8	68.6 / 70.3
TBSSF Outcome 1: Enabling vulnerable individuals/groups with skills and care	TBSSF Outcome 2: Developing individuals to have self and social efficacy	TBSSF Outcome 3: Promoting integration in the community	QoL	TBSSF Outcome 1: Enabling vulnerable individuals/groups with skills and care	TBSSF Outcome 2: Developing individuals to have self and social efficacy	TBSSF Outcome 3: Promoting integration in the community	QoL
Positive and Significant	**Positive and Significant**	**Positive and Significant**	**Positive and Significant**	**Positive and Significant**	**Positive and Significant**	**Positive**	**Positive and Significant**

[Estimated effect of time in programme on outcome]

As seen in Figure J, the estimated impact of participating in a programme for a longer duration during the fieldwork period is positive and significant across most TBSSF Outcomes. This suggests that on average, staying in a programme is associated with improvements in all outcomes even after accounting for other factors (e.g., when they enrolled into the programme, ethnicity, gender).

The improvement in TBSSF Outcomes is also reflected by the increase in service users' aggregate self-ratings over the two surveys.

In terms of QOL, the estimated impact of duration in programme is also positive and significant for both adult and children sub-sectors, as seen in Figure J. This means that, on average, service users of TBSSF-funded programmes reported improvements in QOL over time. Similarly, we see the increase in mean QOL over the two survey time points.

18. Sub-sectors for adults include Adult Disability, Family, Eldercare, and Mental Health (N = 1277). A small segment of individuals (n = 59, 4.6%) from Children Disability and Children & Youth who completed the adult survey questions were also included.

19. Sub-sectors for children include Children Disability and Children & Youth (N = 299). A small segment of individuals (n = 6, 2.0%) from family and mental health who completed the children survey questions were also included.

Some of the possible reasons that could explain this positive impact of TBSSF-funded programmes are illustrated in Table 7, which displays some of the qualitative responses when service users were asked to elaborate further on their self-rated QOL[20].

Table 7: Qualitative Responses from Service Users on Reasons for Self-reported QOL Rating

Needs met	Self-reported QOL rating	Service users qualitative responses
Caretaking (e.g. Housekeeping)	4 out of 5	"I can go out to buy my own meals, my daughter comes over on weekends too. I have TOUCH coming to help me with cleaning. I feel good and can cope overall."
Social interaction and engagement	4 out of 5	"I have friends in the centre and I enjoy coming to the centre daily with the care-staff and manager."
Personalised treatment for health needs	4 out of 5	"I am getting the support I need from service providers like WeCare for trauma counselling. And I am able to get the help I need from psychiatrist for my mental health illness"

In summary, our analysis demonstrates that the TBSSF-funded programmes have a positive influence on both TBSSF Outcomes and overall QOL over time (with the sole exception of TBSSF outcome 3 for the children sub-sectors). This evidence underscores the importance of TBSSF-funded programmes as the appropriate interventions to help increase such outcomes.

20. Respondents were first asked to rate their QOL on a 5-point likert scale (i.e. 1 = Very poor to 5 = Very good), followed by an open-ended question to further elaborate on why they had given such a rating.
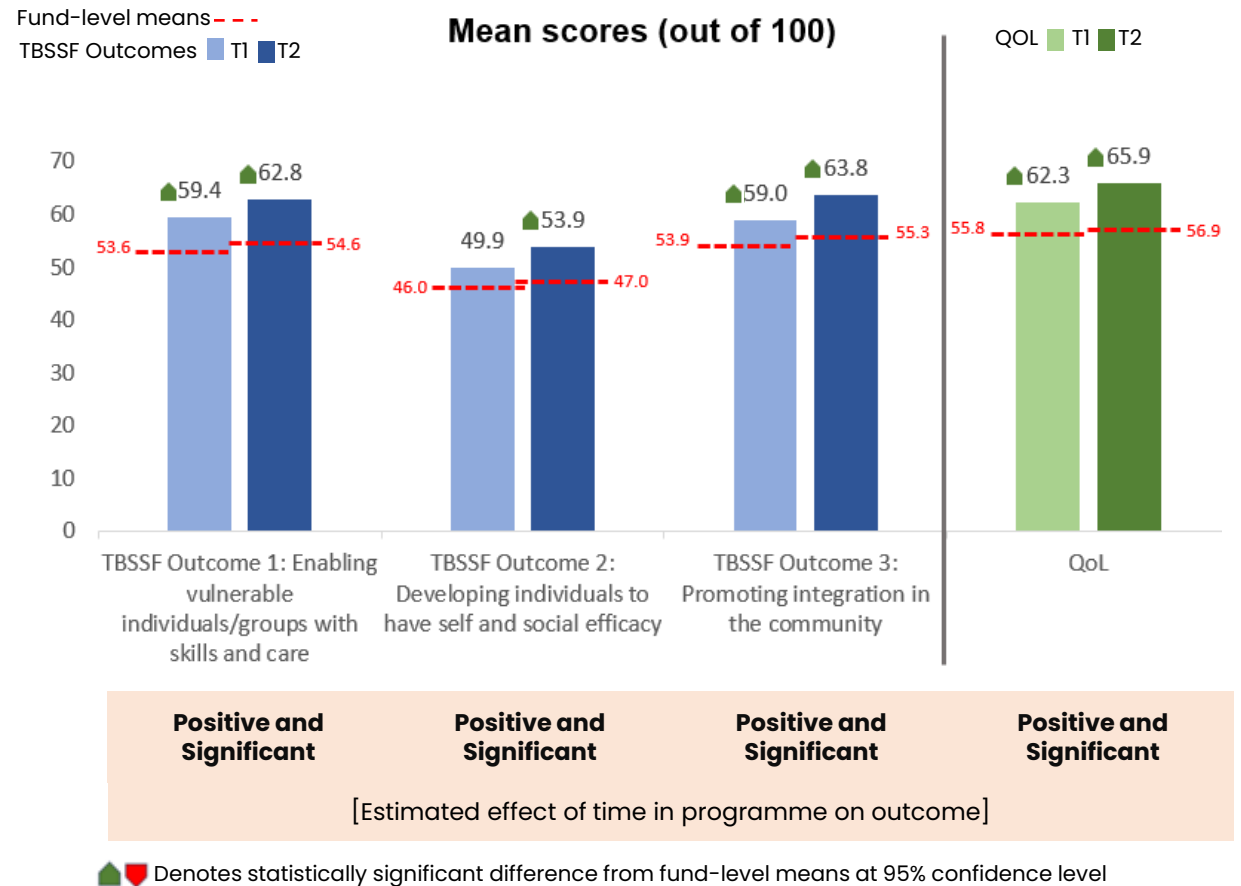
3.1 FY22 Achievements by Sub-sector

3.1.1 Adult Disability

TBSSF-supported programmes in the Adult Disability sub-sector aim to address a broad range of needs and barriers by ensuring a continuity of services and support for persons with disabilities throughout adulthood, and their caregivers. The programmes in the sub-sector equip service users with the necessary skills to gain greater autonomy, improve their self-confidence to set and achieve personal goals, and provide opportunities for integration into the wider community.

TBSSF-funded programmes in the Adult Disability sub-sector had a positive and significant impact on all 3 TBSSF Outcomes and the QOL of service users (Figure K). Across almost all outcomes, the aggregated scores of service users in the Adult Disability programmes are significantly higher than fund-level scores that were shown earlier in Figure J.

More notably, the QOL of adults with disabilities in TBSSF-funded programmes are higher than that of previous studies[21] (Mean QOL: 55.0) which surveyed a wider range of adults with disabilities who may not be actively participating in these programmes.

Figure K: Mean Scores and Estimated Impact of Duration in Programme – TBSSF Outcomes and QOL for Adult Disability Sub-sector [22]

▲🔻 Denotes statistically significant difference from fund-level means at 95% confidence level

21. NCSS (2017), Understanding the QoL of Adults with Disabilities. Retrieved from https://www.ncss.gov.sg/docs/default-source/ncss-press-release-doc/understanding-the-quality-of-life-of-adults-with-disabilities-pdf.pdf
22. Respondents included for the fixed-effects panel aggression and calculation of means include those who had answered the survey at least twice. For the Adult Disability sub-sector, n = 132 individuals were included in the analysis.

Aggregated Achievements of Key Programmes

Adult Disability Homes and Hostels reported an increase in the number of service users experiencing progress in at least one Activities of Daily Living (ADL) domain and one new Community Living Skills (CLS) domain – skills that enable service users to be more independent.

Job Placement & Job Support (JPJS) programmes empower service users to achieve personal goals such as employment in an inclusive and exciting workplace and guide them through this important process. Though the percentage of service users in JPJS programmes who sustained their jobs for 6 months decreased from 93% in FY21 to 72% in FY22, this was largely due to the manpower challenges that one of the JPJS programme partners faced in FY22 that resulted in a reduced capacity to serve service users. The other JPJS programmes saw an improvement in the outcomes of clients placed and supported in FY22.

Day Activities Centres (DACs) organised 20,745 hours of programmes that involved the community in FY22. Programmes range from social and recreational activities to internships or volunteering jobs at partnering convenience stores and coffee shops. DACs also organise celebrations and outings where members of the community are invited as either volunteers or participants. These provide opportunities for service users to interact with others in the community, thereby reducing the stigma they often experience and improving their social connections with persons with and without disabilities.

Table 8: Aggregated Achievements of Key Programmes in the Adult Disability Sub-sector

TBSSF Outcome	Programme Outcomes	FY22	FY21
TBSSF Outcome 1	No. of service users gain progress in performing at least one new activity in an ADL domain [Adult Disability Home]	560 (64%)	540 (64%)
	No. of service users gain progress in performing at least one new activity in a CLS domain [Adult Disability Home and Hostel]	543 (62%)	520 (62%)
TBSSF Outcome 2	% of Service users placed in jobs that are sustained for 6 months [Job Placement & Job Support (JPJS)]	72%	93%
TBSSF Outcome 3	No. of hours of DAC programme involving the community within a year	20,745	9,794

Impact Stories[23]

TOUCH Ubi Hostel (TUH)

TOUCH Ubi Hostel (TUH) provides more than a roof over the heads of its residents. Its aim is to equip adults with mild intellectual disabilities with the essential skills required for independent living and open employment.

Crystal is one such resident with high-functioning autism who has lived at TOUCH Ubi Hostel for more than two decades. During her stay at TUH, she succeeded in obtaining a position as a cook at a food and beverage establishment. The most transformative part of Crystal's journey with TUH has been her desire to give back to society. She began to volunteer her services to help elderly participants of the TOUCH Geylang Bahru's Active Ageing Centre. Whenever she was available, she would help distribute biscuits, canned food, and assist with activities like facilitating Bingo sessions. Her actions had a profound impact, not only on the lives of the people she served but also on her own personal development, as interacting with the elderly has sharpened her social skills and, most importantly, given her a sense of belonging.

In essence, Crystal's journey exemplifies the driving principle behind TUH: empowering the residents to flourish independently and integrate seamlessly into the wider community. By offering a nurturing environment, TUH has allowed Crystal to unlock her full potential, becoming a source of inspiration to others facing similar challenges

- Crystal is a service user of TOUCH Ubi Hostel

Job Placement & Job Support (JPJS) programme

During the pandemic, the Job Placement & Job Support (JPJS) programme provided Benjamin needed assistance after experiencing a job loss due to COVID-19. The JPJS programme provides employment assistance for persons with disabilities who are seeking job opportunities.

Since taking on his new role, Benjamin's mother, Lily has observed positive changes in Benjamin, most notably, the growth in his confidence. Before starting the role, Benjamin was worried and afraid of how he would be able to cope. However, through the in-house training provided by his company and the support of his friendly supervisor and instructor, he learnt the required skills quickly and gained confidence in himself. Most importantly, he derives enjoyment from his work and finds satisfaction when his supervisor provides positive feedback on his performance in the role. He also enjoys interacting with his coworkers and has built good rapport with them. Since he is younger than his colleagues, he takes the initiative to extend help in carrying out more physically challenging tasks, reflecting his confidence, eagerness, and generous spirit. Benjamin has also demonstrated increased independence and adaptability.

Overall, Lily is very grateful to the JPJS programme for helping persons with disabilities find employment opportunities. Looking forward, she anticipates that Benjamin will have the opportunity to further enhance his skillset by operating more advanced equipment at his workplace, enabling him to carry out his tasks with increased efficiency and with reduced physical strain on his body.

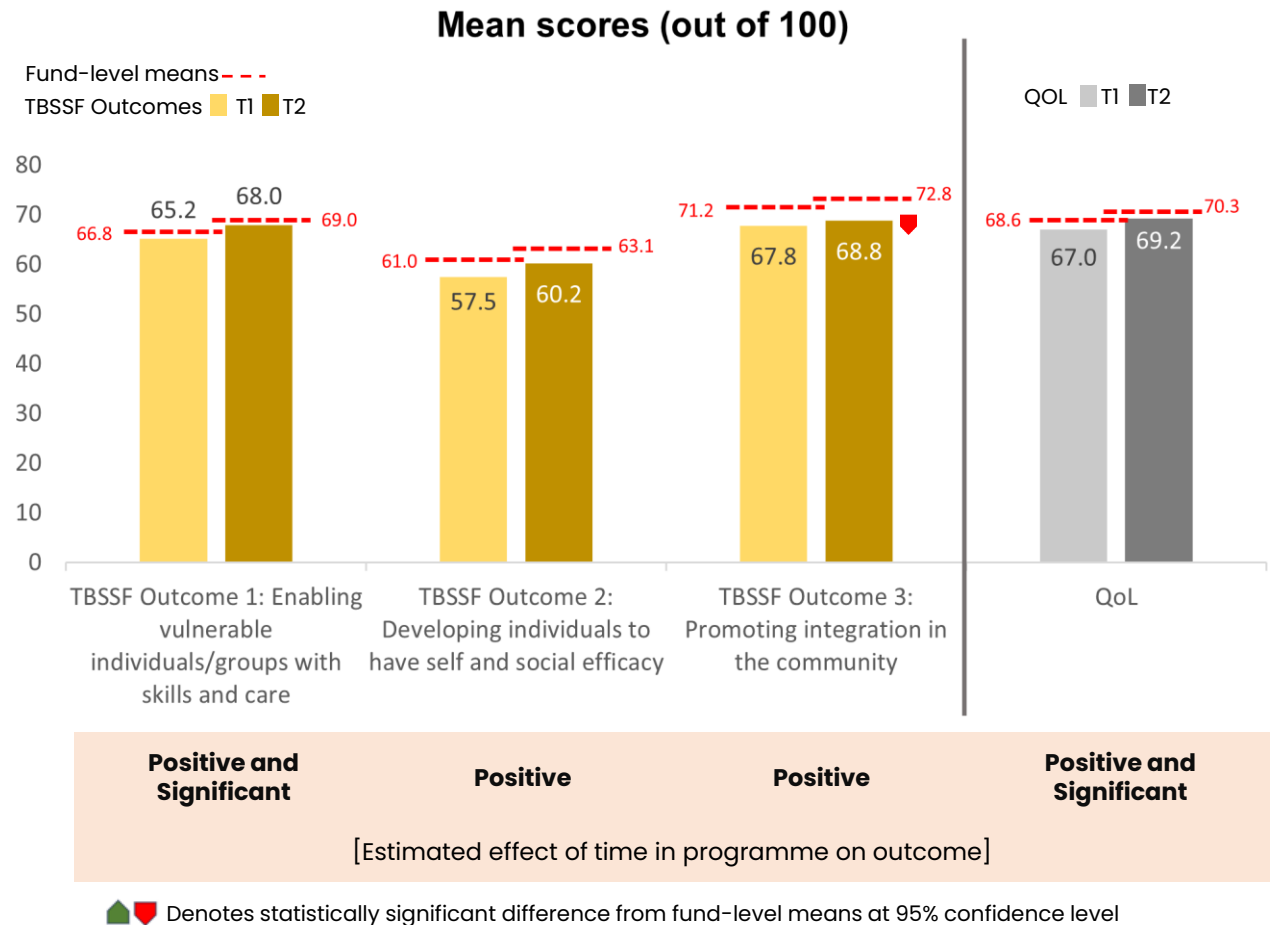- Benjamin is a service user of the Job Placement & Job Support (JPJS) programme

23. All names mentioned in the impact stories have been changed to protect the identity of the individuals involved.

3.1.2 Children Disability

TBSSF-funded programmes in the Children Disability sub-sector provide a host of specialised opportunities and services to support children with disabilities from early education all the way to the transition to adulthood. These range from building critical skills for their growth and development, to boosting their competence and confidence to explore desired pathways for their future, to providing opportunities for social interactions with other children with or without disabilities. Further, caregivers of children with disabilities are also offered services to improve their skills and reduce their stress levels, as they too are essential stakeholders in the sub-sector.

For the Children Disability sub-sector, more time in the programmes had a positive effect on all 3 TBSSF Outcomes and the QOL of service users, of which the effect on TBSSF Outcome 1 and QOL was significant (Figure L). Though the scores of service users in the Children Disability sub-sector tend to be lower than fund-level aggregated scores, these differences are largely minor.

Figure L: Mean Scores and Estimated Impact of Duration in Programme – TBSSF Outcomes and QOL for Children Disability Sub-sector [24]

Mean scores (out of 100)

Fund-level means – – –
TBSSF Outcomes ☐ T1 ☐ T2
QOL ☐ T1 ☐ T2

TBSSF Outcome 1: Enabling vulnerable individuals/groups with skills and care — T1: 65.2, T2: 68.0; Fund-level means: 66.8, 69.0

TBSSF Outcome 2: Developing individuals to have self and social efficacy — T1: 57.5, T2: 60.2; Fund-level means: 61.0, 63.1

TBSSF Outcome 3: Promoting integration in the community — T1: 67.8, T2: 68.8; Fund-level means: 71.2, 72.8

QoL — T1: 67.0, T2: 69.2; Fund-level means: 68.6, 70.3

Positive and Significant	Positive	Positive	Positive and Significant

[Estimated effect of time in programme on outcome]

🔺🔻 Denotes statistically significant difference from fund-level means at 95% confidence level

24. Respondents included for the fixed-effects panel aggression and calculation of means include those who had answered the survey at least twice. For the Children Disability sub-sector, n = 109 individuals were included in the analysis.

Aggregated Achievements of Key Programmes

On programme outcomes, of particular note are Children Disability Homes, which reported an increase in the number of service users experiencing progress in performing at least one Activities of Daily Living (ADL) domain and one new Community Living Skills (CLS) domain.

SPED schools also reported a sizeable increase in the percentage of SPED cohort who attained vocational certification or national qualifications. This is largely due to the re-calibration of the benchmark for Workforce Skills Qualifications (WSQ), which now tracks the acquisition of relevant and transferable skills for students pursuing vocational certification programmes.

The percentage of service users in Early Intervention Programme for Infants and Children (EIPIC) who transited to recommended post-EIPIC programme/ service dropped from FY21 to FY22. Similarly, the percentage of SPED graduates who transited to sheltered employment and Post-Secondary Education Institutes (PSEIs)/ Institutes of Higher Learning (IHLs) is lower than the target (derived from FY19's achievement) of 15% and 20% respectively. However, these outcomes are often determined by the individual decisions that students or parents make based on personal preferences, needs and strengths, which results in year-on-year fluctuations.

Table 9: Aggregated Achievements of Key Programmes in the Children Disability Sub-sector

TBSSF Outcome	Programme Outcome	FY22[25]	FY21
TBSSF Outcome 1	No. of service users gain progress in performing at least one new activity in an ADL domain [Children Disability Home]	46 (65%)	35 (63%)
	No. of service users gain progress in performing at least one new activity in a CLS domain [Children Disability Home]	47 (66%)	34 (61%)
	% experienced improvement in child outcomes for children who have gone through DS-LS packages [Development Support – Learning Support (DS-LS)]	97% (1,507)	97% (1,489)
	% of Children improved from the last assessed developmental age for the anchor domain [EIPIC]	89% (2,183)	87% (2,283)
	% of Children who graduated from EIPIC transited to recommended post-EIPIC programme/service [EIPIC]	81% (2,509)	86.5% (885)
	% of SPED cohort who attained vocational certification or national qualifications (i.e. ISC, WSQ or N, O Level Cert) [SPED School]	45%	30%
TBSSF Outcome 2	% of SPED cohort that transited to PSEIs/IHLs [SPED]	15%	15%
	% of SPED cohort that transited to open employment (not including those that go for further studies or training) [SPED]	35%	40%
	% of SPED cohort that transited to sheltered employment (not including those that go for further studies or training) [SPED]	10%	10%

25. All SPED-related indicators and achievements are rounded off to the nearest 5%.

Impact Stories

Thye Hua Kwan Early Intervention Programme for Infants and Children

Having observed the transformational powers of Thye Hua Kwan Early Intervention Programme for Infants and Children (THK EIPIC) for her daughter, Nurul's, development, Sadia did not think twice before enrolling her younger son, Raahim, in the programme when she began to notice similar speech development delays.

When Nurul was diagnosed with delayed speech, she was referred to the EIPIC programme, and within a month of her attendance, Sadia began to see progression in Nurul's communication. Initially, Nurul was afraid of using a word wrongly and being corrected; she preferred to remain quiet as a result. Through various activities and exercises, as well as the encouragement of the teachers, Nurul was slowly able to overcome this fear and practise her speech and writing. Over time, she began to be able to put together full sentences and express herself more fully, so much so that Sadia joked that "Nurul now talks too much". Now, Nurul has enrolled in a mainstream primary school and through the skills developed in EIPIC, is adjusting well in her new environment. Further, Sadia really appreciated that the teachers worked very well with parents and would provide frequent and honest feedback on Nurul's progress, so that they can work collaboratively to enable consistent improvement. This impact of THK EIPIC on Nurul's development far exceeded Sadia's expectations.

Thus, the moment Sadia began observing that Raahim was non-verbal, avoided eye contact and tended to exhibit behaviours like throwing toys at other children, she knew she wanted to enrol him into EIPIC as well, from as early as 2 years old. She knew that EIPIC would give Raahim the attention and focus he needs to develop his communication and emotional regulatory skills. Just over the course of a few months, Sadia has seen vast improvements – Raahim is now able to understand simple instructions and is more aware of his surroundings. This has enabled him to better follow his classes and engage in the same activities as his classmates in childcare, where previously he would do his own thing in class. He is also better able to express himself non-verbally, such as when he is hungry. This ability to communicate better has reduced his tendency to throw tantrums resulting from the frustration of being unable to express himself.

Overall, Sadia shared that THK EIPIC was transformative not only for her children's development, but also her and her husband's own well-being – they feel calmer and less stressed about Nurul and Raahim and feel like they do not raise their voice at them anymore. Sadia is thus thankful for the role that THK EIPIC has played in her family's lives.

- Nurul and Raahim were/ are service users of Thye Hua Kwan Early Intervention Programme for Infants and Children
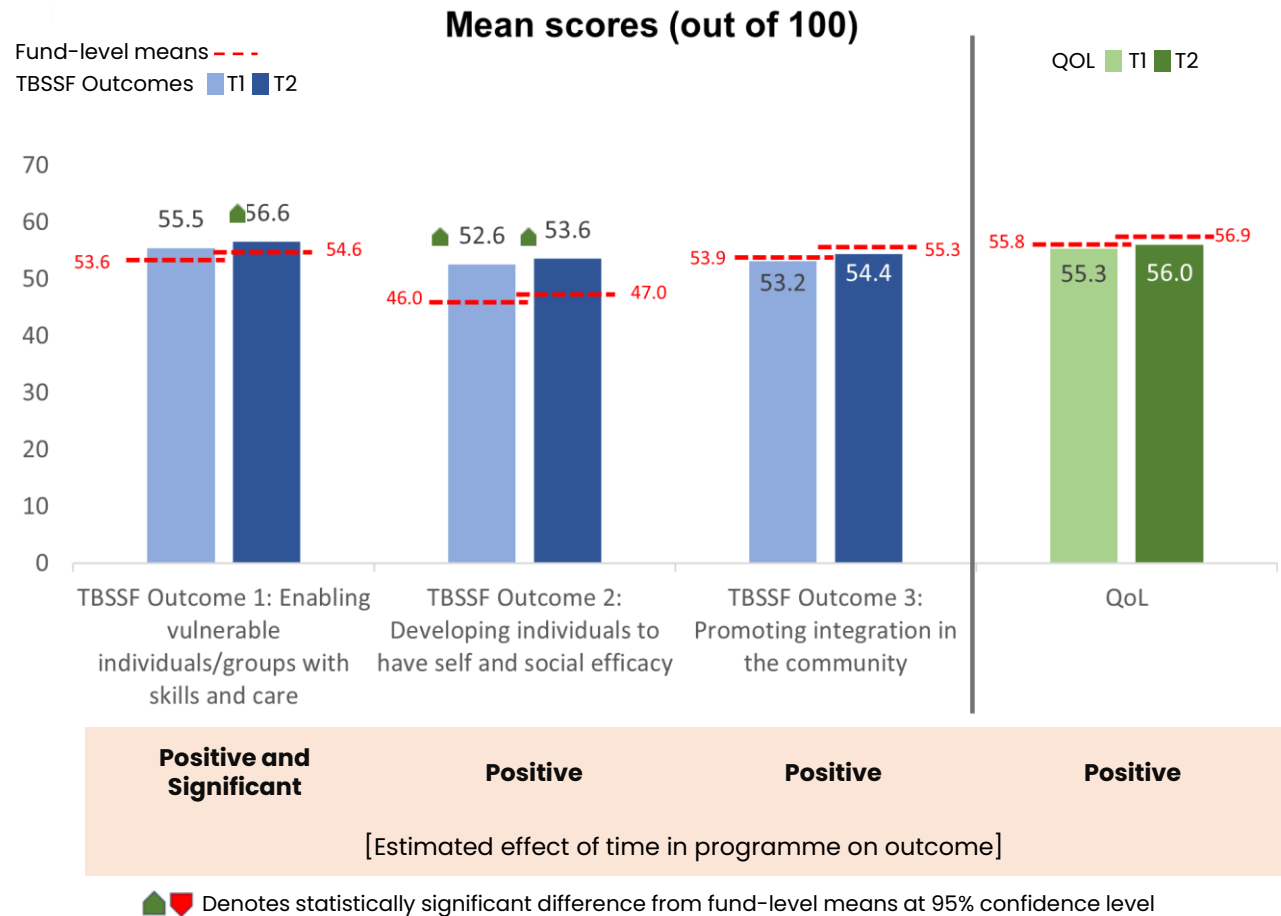
3.1.3 Family

TBSSF-supported programmes in the Family sub-sector aim to support families experiencing both internal stressors (e.g. family conflict) and external stressors (e.g. poor housing conditions). They provide customised services that help families and individuals develop skills, improve their self-confidence, and facilitate the strengthening of their support systems that all provide them the necessary tools and resources to overcome the stressors they are experiencing.

TBSSF-funded programmes in the Family sub-sector had a positive impact on all 3 TBSSF Outcomes and the QOL of service users (Figure M). The impact on TBSSF Outcome 1 was also significant. Compared to the fund-level scores, the scores amongst service users in the sub-sector are generally similar or significantly higher (particularly TBSSF Outcome 2).

Figure M: Mean Scores – TBSSF Outcomes and QOL for Family Sub-sector[26]

| | Positive and Significant | Positive | Positive | Positive |

[Estimated effect of time in programme on outcome]

🟢🔻 Denotes statistically significant difference from fund-level means at 95% confidence level

Majority of programme outcomes remain stable. The most noteworthy change is the improvement in both programme outcomes for Family Violence Specialist Centres (FVSC) from FY21. This points to advances in critical knowledge transfer and in awareness of resources that are crucial for service users in distressing situations.

On the other hand, though the percentage of service users in Divorce Support Specialist Agencies who have met the programme outcome has decreased from 97% in FY21 to 91% in FY22, the target of 75% has been met. Further, the percentage of service users in Transitional Shelters who achieved secure housing within 9 months also dropped from 56% in FY21 to 49% in FY22, due to the systemic barriers that Transitional Shelters often face, such as long waiting time for HDB flats, complicated divorce proceedings, amongst others.

Table 10: Aggregated Achievements of Key Programmes in the Family Sub-sector

TBSSF Outcome	Programme Outcome	FY22	FY21
TBSSF Outcome 1	% of Victims who are aware of the safety measures to keep themselves safe prior to case closure [Family Violence Specialist Centre (FVSC)]	90% (395)	82% (615)
	% of Victims are aware of community resources and informal support prior to case closure [FVSC]	90% (394)	83% (618)
	% of Clients who showed ability to manage needs and/or reduce needs and risks at case closure [Family Service Centre (FSC)]	93% (9,078)	93% (10,049)
	% of attendees of family counselling service report that they can cope better [FAM@FSC]	92% (353)	92% (109)
	% of Young couples who completed marriage preparation programme improved in communication skills [Marriage Preparation & Enrichment Programme]	100% (532)	99% (665)
	% of Couples who completed the Remarriage Preparation Programme reported increased awareness on stepfamily issues [Remarriages and Stepfamilies Programme]	97.3% (110)	100% (167)
	% of Participants at the Marriage Support Programmes who agreed that they can apply what they have learnt in their marriage [Early-Risk Marriage Agency]	99% (453)	99% (595)
	% of Parents who showed improvement in their sense of competency and confidence in parenting their child [Parenting Support Programme (PSP)]	98% (1,293)	98% (5,310)
	% of Divorcing and divorced parents with minor children who have gained better skills and increased knowledge in co-parenting after attending DSSAs' support programmes [Divorce Support Specialist Agency]	91% (2,130)	97% (3,591)
	% of Clients who achieved secure housing outcome within 9 months [Transitional Shelter]	49% (134)	56% (177)

Impact Stories

PAVE's Individual and Family Protection Specialist Centre

Being referred to PAVE's Individual and Family Protection Specialist Centre was a watershed moment in Tina's life. As a foreigner with no close friends or family in Singapore, Tina had suffered alone for many years at the hands of her abuser, her ex-husband.

With PAVE, Tina began attending online counselling sessions with her counselor, limited to the times when her ex-husband was not around, which were hard to come by and difficult to predict. Nonetheless, these sessions enabled her to make sense of the situation that she was in – to understand and come to terms with the fact that what she and her children were experiencing was not normal, and that it was verbal, physical and psychological abuse. Slowly, Tina's bubbly, vivacious and outgoing nature began to resurface. She gained the tools to independently manage her anxieties and panic attacks in the face of triggers that are outside her control.

A year into PAVE, Tina has left her home and now lives in a women's shelter with her youngest son. She lives her life to her fullest – exercising, meditating, going to church – and she has made some friends in her neighbourhood. Her optimism about her life and future shone through as she shared, "I feel so alive. I feel so different. I have evolved… I never felt so strong, so brave… I feel like I am reborn."

- Tina is a service user of PAVE Individual and Family Protection Specialist Centre

Marine Parade Family Service Centre

Samantha's story is one of resilience and perseverance, how she fought through the hurdles of language barriers, loss of a partner, and the responsibility of raising a child with autism alone in a foreign country. Her story highlights the significant impact made by Eunice, the dedicated social worker from Marine Parade Family Service Centre (FSC).

With Eunice's help to navigate a flurry of paperwork and bureaucracy in a language she barely understands, Samantha managed to secure government rental housing, allowing her to stay in the country instead of having to go back to Vietnam – a daunting prospect considering she had just lost her husband. Further, when her son was diagnosed with autism and expelled from school due to his hyperactivity, Eunice helped them tremendously by finding a suitable school for him, handling the necessary paperwork and even accompanying her to hospital visits.

No matter the hour, Eunice has been there to field urgent questions and help her pick up the pieces of her life after the loss of her husband. Her commitment extends beyond office hours and well beyond her professional responsibilities, signifying the very personification of an empathetic, dedicated social worker.

Without the support of Eunice, Samantha believes her life would have been infinitely more difficult. With Eunice's unwavering dedication, Samantha's life saw a remarkable turn. Her limited proficiency in English would have made navigating the unforgiving tangles of bureaucracy near impossible. From applying for allowances for milk and diapers to securing support from Chinese Development Assistance Council (CDAC), Eunice's interventions have created a substantial lifeline for Samantha and her son.

- Samantha is a service user of Marine Parade Family Service Centre
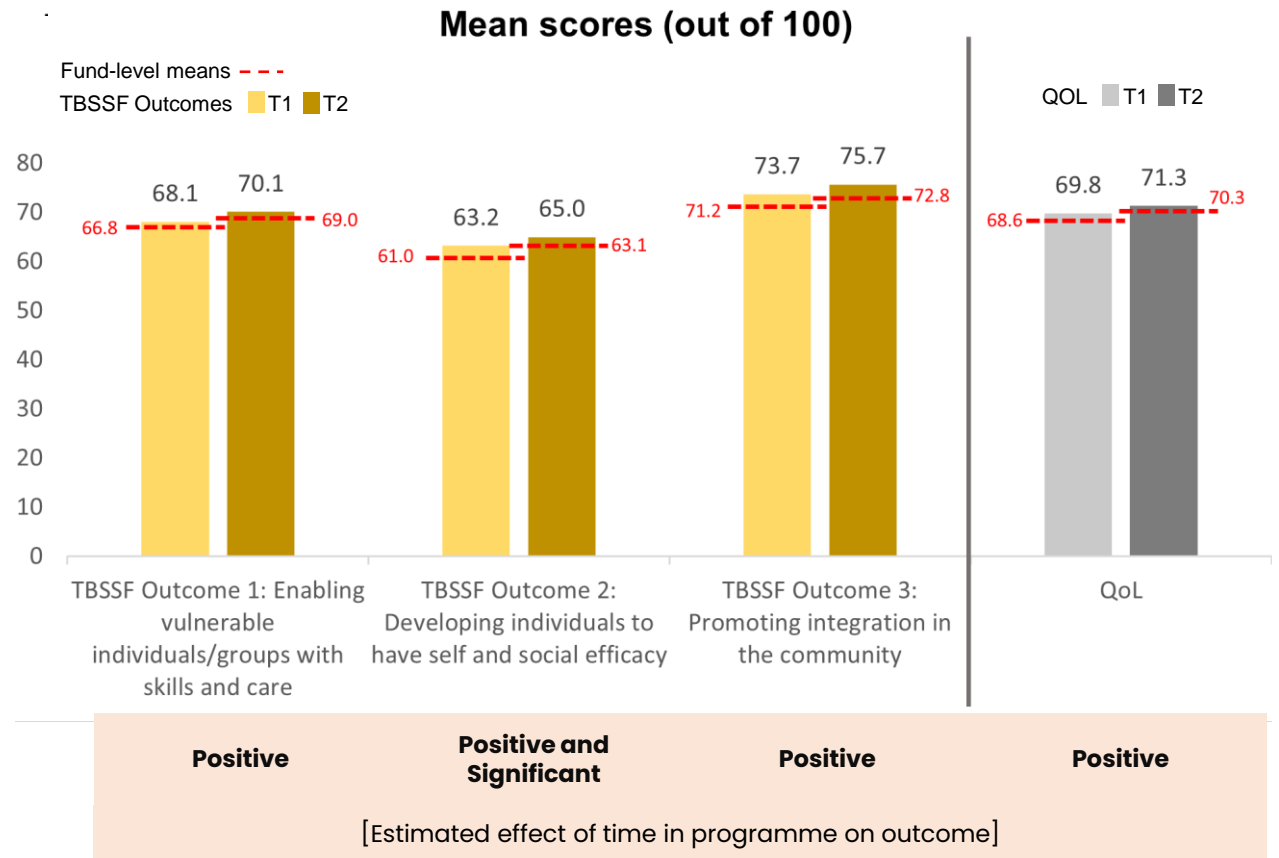
3.1.4 Children & Youth

TBSSF-supported programmes in the Children & Youth sub-sector aim to offer their service users with foundational opportunities for growth and development. They equip service users with core life skills, offer support to reduce stress levels and improve well-being, inspire them to set and work towards their goals, and establish supportive social connections.

TBSSF-funded programmes in the Children & Youth sub-sector had a <u>positive</u> impact on all 3 TBSSF Outcomes and the QOL of service users (Figure N). The impact on TBSSF Outcome 2 was also <u>significant</u>. Compared to the fund-level scores, the scores amongst service users in the sub-sector are generally similar or slightly higher.

Figure N: Mean Scores – TBSSF Outcomes and QOL for Children & Youth Sub-sector[27]

Mean scores (out of 100)

	TBSSF Outcome 1: Enabling vulnerable individuals/groups with skills and care	TBSSF Outcome 2: Developing individuals to have self and social efficacy	TBSSF Outcome 3: Promoting integration in the community	QoL
	Positive	Positive and Significant	Positive	Positive

[Estimated effect of time in programme on outcome]

🔺🔻 Denotes statistically significant difference from fund-level means at 95% confidence level

Looking at programme outcomes, the percentage of service users in Child Protection Specialist Centres who achieved the programme outcome dipped slightly from 87.8% in FY21 to 85.2% in FY22.

Table 11: Aggregated Achievements of Key Programmes in the Children & Youth Sub-sector

TBSSF Outcome	Programme Outcome	FY22	FY21
TBSSF Outcome 1	% of CYP and other children of the CYP's household had no recurrence of maltreatment for the first 6 months from case intake [Child Protection Specialist Centre]	1194 (85.2%)	1315 (87.8%)

27. Respondents included for the fixed-effects panel aggression and calculation of means include those who had answered the survey at least twice. For the Children and Youth sub-sector, n = 184 individuals were included in the analysis.

Impact Stories

The Grit Academy by Lakeside Family Services

Gerald is thankful to The Grit Academy (TGA) for providing him with the guidance and support he so required during difficult times, enabling him to develop into the young man that he wanted to be – more confident, experimental, self-aware and responsible.

Having a mentor in the programme who has gone through similar experiences has been transformative for Gerald, as he has someone to rely on whenever he wants some advice, someone who understands him and can guide him through any problems he is facing. Having this constant support system was assuring, as he knew he no longer needed to navigate through challenges alone. Beyond that, Gerald also finds that the programme has helped him hone his problem-solving skills and offered him different tools to overcome obstacles – he knows that he is now more equipped to deal with his problems independently.

Gerald's mentor was also instrumental in helping him improve his relationship with his mother, as through discussions on communication and his relationship with his mother, Gerald developed critical communication and conflict resolution skills. Through these discussions, he was inspired to initiate bonding sessions with his mother as an opportunity to rebuild a stronger relationship with her.

Overall, Gerald reflects that he has taken away a lot from TGA and would wholeheartedly recommend it to other teenagers as an opportunity to try new things and more importantly, to understand themselves better.

- Gerald is a service user of The Grit Academy by Lakeside Family Services

BABES Pregnancy Crisis Support

Isabel faced a challenging situation when she was pregnant, and the father of the child was abusive and did not want to take responsibility. After learning about BABES Pregnancy Crisis Support, she overcame initial hesitancy and sought their help. BABES became a pillar of strength, offering multi-faceted support, from practical assistance with essentials to emotional guidance throughout her pregnancy and beyond. A moment that stood out to her was when she approached one of the staff after breaking up with her ex-partner, and the support she received that made her feel much better instantly. Inspired by this care, Isabel who is currently a primary school teacher, aspires to become a social worker.

From her lived experience, she is passionate about supporting young single mothers, by understanding their challenges without judgment and allowing them to share their feelings more openly. Isabel advocates for BABES, referring friends whom she thinks would benefit and assuring them of a support system.

Through BABES, Isabel not only found her calling as a social worker but also a second family. She formed deep connections with staff and peers, creating a supportive community. Events at BABES provided Isabel opportunities to people in similar situations like herself. These friendships extended beyond BABES, with a group chat discussing parenting and organising gatherings. Isabel acknowledges that while her attendance at BABES may be temporary, she has found a lifelong community and support system.
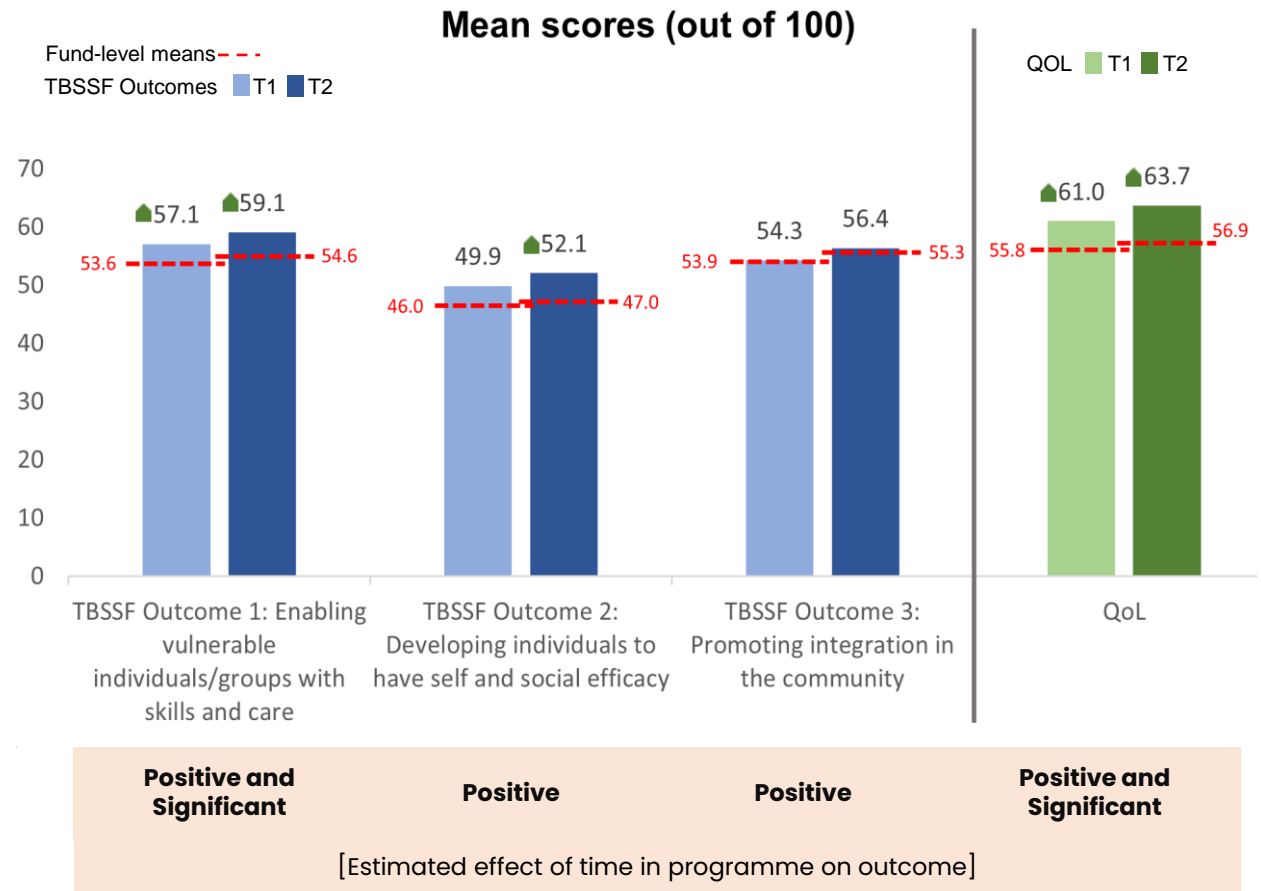
- Isabel is a service user of BABES Pregnancy Crisis Support

3.1.5 Mental Health

TBSSF-supported programmes in the Mental Health sub-sector aim to support both persons with mental health conditions and their caregivers. These programmes imbue their service users with coping and caregiving skills, provide critical psychological support, enhance resilience and attitudes towards their future, and offer a community for service users to lean on.

TBSSF-funded programmes in the Mental Health sub-sector had a positive impact on all 3 TBSSF Outcomes and the QOL of service users (Figure O). The impact on TBSSF Outcome 1 and the QOL of service users was also significant. Compared to the fund-level scores, the scores amongst service users in the sub-sector are significantly higher, except for TBSSF outcome 3 which is similar to the overall fund-level.

Figure O: Mean Scores – TBSSF Outcomes and QOL for Mental Health Sub-sector[28]

Mean scores (out of 100)

Fund-level means – – –
TBSSF Outcomes ■ T1 ■ T2
QOL ■ T1 ■ T2

- TBSSF Outcome 1: Enabling vulnerable individuals/groups with skills and care — T1: 57.1, T2: 59.1; Fund-level: 53.6, 54.6 — **Positive and Significant**
- TBSSF Outcome 2: Developing individuals to have self and social efficacy — T1: 49.9, T2: 52.1; Fund-level: 46.0, 47.0 — **Positive**
- TBSSF Outcome 3: Promoting integration in the community — T1: 54.3, T2: 56.4; Fund-level: 53.9, 55.3 — **Positive**
- QoL — T1: 61.0, T2: 63.7; Fund-level: 55.8, 56.9 — **Positive and Significant**

[Estimated effect of time in programme on outcome]

🟢🔻 Denotes statistically significant difference from fund-level means at 95% confidence level

28. Respondents included for the fixed-effects panel aggression and calculation of means include those who had answered the survey at least twice. For the Mental Health sub-sector, n = 207 individuals were included in the analysis.

Impact Stories

Sober Living Framework by WE CARE Community Services

Overcoming two addictions – to gambling and drugs – is no easy feat, but with the support of WE CARE Community Services' Sober Living Framework and his own sheer will, Kyle managed to do so and is at a better place now than he has ever been before. When Kyle was first introduced to WE CARE, he had been in active addiction for more than 15 years, which had driven him to a point of hopelessness and exhaustion as he felt trapped in a vicious cycle of wanting to quit but being unable to.

Kyle attends bi-weekly counselling sessions which allow him to understand the belief systems developed throughout his life, the underlying issues that played a role in his gambling and the reasons he used to engage in destructive behaviours. Importantly, they also offer him the tools required to correct his errors and to recover. WE CARE also has a drop-in centre that allows him to connect with others in recovery, to learn from them and lean on them through this challenging journey. The deep friendships that he has formed with them have kept him going longer than he could have alone. Taking up responsibilities at the centre has also taught him to practise commitment and discipline, values he now deems crucial.

- Kyle is a service user of Sober Living Framework by WE CARE Community Services

Caregivers-to-Caregivers (C2C) Programme by Caregivers Alliance Limited (CAL)

Emily found herself thrown into a caregiving role in 2021, when her sister experienced a serious mental health condition. Not having encountered such a situation before, she was overwhelmed by the rigours of day-to-day caregiving and anxious about the uncertainty of the future.

Based on the programme manager's recommendation, Emily signed up for the Caregivers-to-Caregivers (C2C) Young Caregivers' programme with her father. The programme improved her understanding of the emotions behind caregiving, a typical caregiver's journey, and the impact of mental health conditions on families. This helped Emily in making sense of her experience as a caregiver, finding comfort in understanding that it is normal to experience recovery as messy and non-linear.

Emily's favourite aspect of the programme was learning critical tips in caring for her sister in a manner that was sustainable. Though prioritising self-care was no doubt challenging, she found it rewarding to regularly practise thoughts or actions focused on her own well-being. Through the C2C programme, Emily also found strong connections with other caregivers, which was deeply helpful for her emotional well-being. Ultimately, Emily can care for her sister as well as she does now, because of the knowledge, care and support she receives from CAL and fellow caregivers.
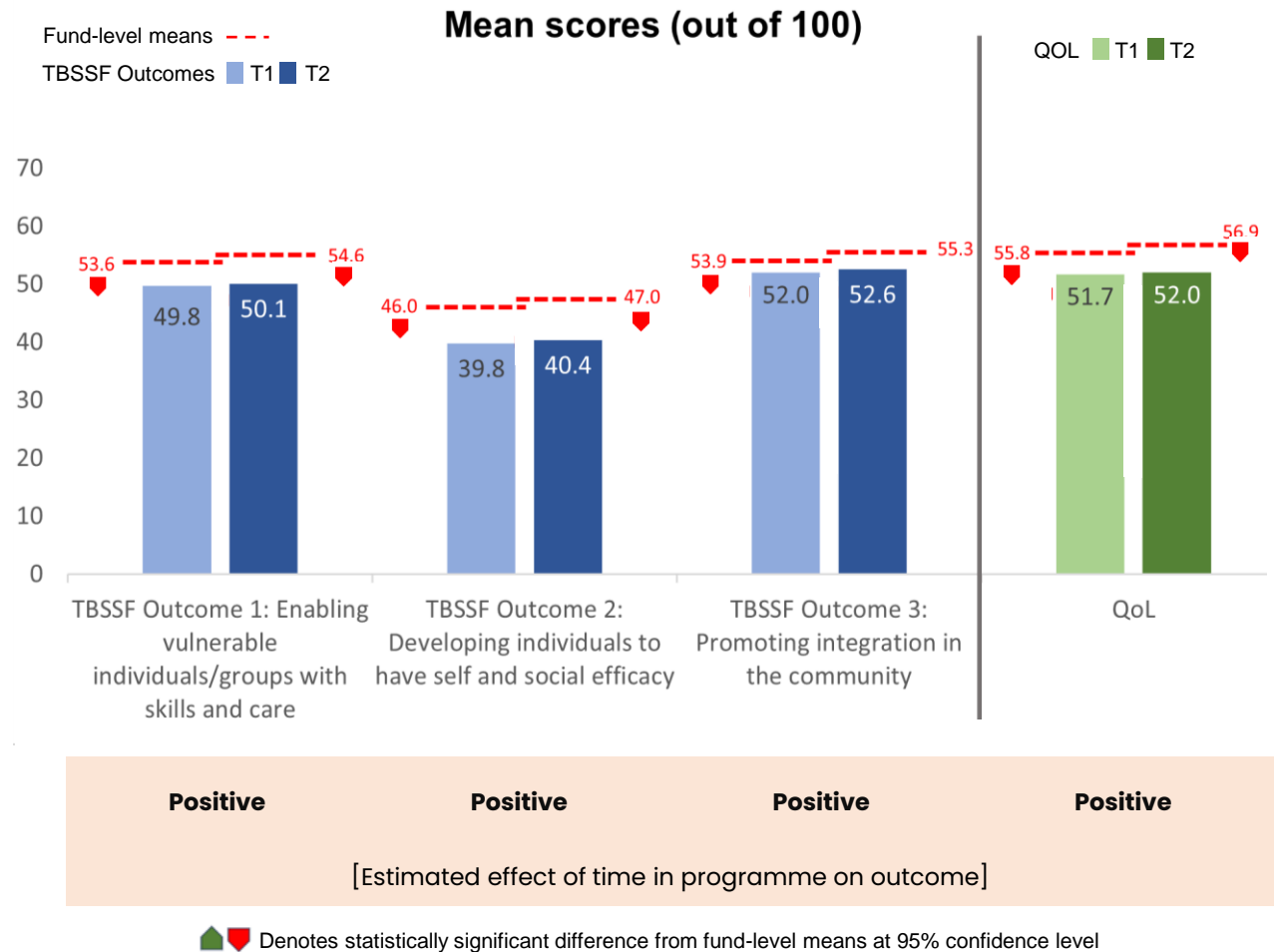
- Emily is a service user of the Caregivers-to-Caregivers (C2C) programme by Caregivers Alliance Limited (Impact story adapted from story published on CAL website)

3.1.6 Eldercare

TBSSF-supported programmes in the Eldercare sub-sector support seniors through the challenging process of ageing to enable them to enjoy their senior years with dignity and grace. The programmes develop daily living, mobility and cognitive skills that facilitate more independent living; provide physical, physiological and socio-emotional support; improve perceptions towards ageing and decrease loneliness by providing platforms for socialisation.

TBSSF-funded programmes in the Eldercare sub-sector had a positive impact on all 3 TBSSF Outcomes and the QOL of service users (Figure P). Compared to the fund-level scores, the scores amongst service users in the sub-sector are significantly lower across all outcomes. Most noticeably, service users of this sub-sector had scored the lowest in QOL, in comparison to other sub-sectors such as Family, Mental Health and Adult Disability. Moreover, the average QOL of elderly service users attending TBSSF programmes is lower than the average QOL of seniors (e.g. a wider sample of seniors, may include seniors who are non-TBSSF programme users) at 65.0 as reported in a previous NCSS study[29].

Figure P: Mean Scores – TBSSF Outcomes and QOL for Eldercare Sub-Sector[30]

Mean scores (out of 100)

- Fund-level means — – –
- TBSSF Outcomes ▉ T1 ▉ T2
- QOL ▉ T1 ▉ T2

TBSSF Outcome 1: Enabling vulnerable individuals/groups with skills and care	TBSSF Outcome 2: Developing individuals to have self and social efficacy	TBSSF Outcome 3: Promoting integration in the community	QoL
49.8 / 50.1 (53.6 → 54.6)	39.8 / 40.4 (46.0 → 47.0)	52.0 / 52.6 (53.9 → 55.3)	51.7 / 52.0 (55.8 → 56.9)
Positive	**Positive**	**Positive**	**Positive**

[Estimated effect of time in programme on outcome]

🔺🔻 Denotes statistically significant difference from fund-level means at 95% confidence level

29. NCSS (2017), Understanding the QoL of Seniors. Retrieved from: https://www.ncss.gov.sg/docs/default-source/ncss-press-release-doc/understanding-the-quality-of-life-of-seniors-pdf.pdf
30. Respondents included for the fixed-effects panel aggression and calculation of means include those who had answered the survey at least twice. For the Eldercare sub-sector, n = 617 individuals were included in the analysis.

Impact Stories

NTUC Health Senior Day Care (Serangoon Central)

Having been a service user at NTUC Health Senior Day Care (Serangoon Central) for many years, Mdm Ho has experienced a positive impact emotionally, feeling happier from being able to cultivate numerous meaningful friendships with fellow service users.

Every day, she walks to the centre with her helper. At the centre, she and her friends have their basic needs well-taken care of by the staff, such as the provision of meals and engaging in physical activities that are suitable for the elderly. In addition, weekly activities are planned to bring entertainment and opportunities to interact with other people in the community. Other activities include teaching service users new hand and leg exercises to improve mobility and organising performances to entertain them.

Most importantly, Mdm Ho's greatest source of contentment lies in the opportunities to meet with her friends at the centre to chat about the daily happenings at home. She has experienced a significant improvement in her emotional well-being as compared to when she stays at home, where she is restricted to activities like watching television or laying down to rest. Since joining the centre, she has had a multitude of exciting activities to engage in with her friends, thereby alleviating feelings of loneliness.

- Mdm Ho is a service user of NTUC Health Senior Day Care (Serangoon Central)

Voices for Hope by Dementia Singapore

As a programme targeted at both People or Persons Living with Dementia (PLWDs) and their caregivers, Voices for Hope deepened Krista's, as the caregiver, and Daniel's, as the patient, understanding about various aspects of dementia. For example, one of the sessions focused on the medical aspect of dementia – to understand what dementia is and how it affects the brain. This was crucial in helping them make sense of what they/ their care receiver is experiencing.

Voices for Hope further built Daniel's confidence by getting him to reflect and articulate his strengths and talents. Krista shared that this was something that stood out for them in the programme, as PLWDs tend to have low self-esteem and be hard on themselves. This was the case for Daniel, since he lost his job once he was diagnosed with early onset dementia. However, this exercise got him to acknowledge his strengths and rediscover his sense of self.

Throughout the programme, Voices for Hope allowed Daniel to cast away any feelings of shame or stigma he had felt, especially at the beginning of his diagnosis, so much so that he is no longer hesitant to share with others that he has dementia or to talk openly about his experience. Over the course of all the sessions, Voices for Hope went beyond exploring dementia and the PLWD-caregiver relationship to exposing participants to advocacy in this space. These sessions lit a spark in them, and they began to see advocacy as a tool of self-empowerment and a means to raise awareness about important issues relating to dementia.

Indeed, both siblings shared that Voices for Hope has empowered them not only with the knowledge and skills to manage the diagnosis, but further, to be a voice for this community.

- Daniel and Krista are service users of Voices for Hope by Dementia Singapore

4. Conclusion

This report underscores unwavering commitment of the SSAs and the collaborative leadership of Tote Board, MSF, MOE, AIC, NCSS and SG Enable, to meet the TBSSF Strategic Outcome of providing Equitable Opportunities for Vulnerable Groups. Together, through strategic leadership, hard work and partnership, these stakeholders including service users themselves, advance not only Singapore's social service sector but the entire ecosystem.

Looking ahead, NCSS and SG Enable will persist in their efforts to review the strategic relevance and performance of funded programmes, ensuring optimal and equitable distribution and utilisation of funds.

In terms of evaluation, the aim is to have all solely-funded programmes administered by NCSS onboarded onto the SEF by FY25. This is where programmes are assessed for their outputs and outcomes before the end of a funding cycle. Whenever feasible, programmes with similar core outcomes will be recommended a SEF measure and onboarded before the next renewal cycle, at which point the usage of the new measure will commence. Further, moving forward, all TBSSF-funded programmes will report based on the Tote Board Impact Outcome Measurement (IOM) framework.

This commitment is aligned with the top priority of Tote Board – to support critical programmes in providing services in line with the exigencies of the nation, sector and ultimately, groups and individuals in need.

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