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ABOUT US



Hua Mei Centre
for Successful Ageing
A Tsao Foundation Initiative

Hua Mei Centre for Successful Ageing:

Embracing a holistic, person-centred approach, this one-stop provider of primary healthcare for older adults offers carefully integrated medical and psycho-social services. Its community-based models have proved both effective and sustainable in optimising health and well-being while allowing seniors to age in place, with grace and dignity.



Hua Mei
Training Academy
A Tsao Foundation Initiative

Hua Mei Training Academy:

By providing practitioner-driven training, education and consultancy services, it helps fill an urgent need to build capacity in community-based eldercare. Another key focus is on channelling skills and knowledge that will enable self-efficacy and family caregiving.



ILC Singapore
International Longevity Centre
A Tsao Foundation Initiative

International Longevity Centre Singapore:

To spur effective practice, policy and community development, it plays a vital role in initiating multi-sector and regional collaborations as well as policy-relevant research, while shaping innovative programmes for elder empowerment and participation.



Community for
Successful Ageing
A Tsao Foundation Initiative

Community for Successful Ageing (ComSA):

By taking a community-wide, ground-up approach, this far-reaching project continues to forge an integrated ecosystem of services, programmes and enabling environments that will meet both the needs and aspirations of elders. Designed to encourage personal growth and participation, it aims to build vibrant communities where all ages can thrive.



Tsao Foundation
Longevity is Opportunity

Established in 1993, the Tsao Foundation is a Singapore-registered charity with IPC (Institution of a Public Character) status, engaged in the global response to longevity. Our goal is to help build a caring society where people of all ages can gain from longevity and nurture strong bonds across generations. We hope to transform the ageing experience by being a catalyst for constructive change, in both mindsets and care systems, through four synergistic core initiatives:

VISION, MISSION & VALUES

VISION

Our vision is of an inclusive society for all ages that optimises the opportunities in longevity and strengthens intergenerational solidarity.

MISSION

To advance a positive transformation of the ageing experience, we seek mindset and systemic change by implementing innovation in community-based eldercare, training and education, as well as policy-relevant research, collaboration and advocacy.

VALUES

Our approaches and programme models for improving the quality of life of older persons and enabling the dividends of longevity to reach all ages are guided by innovation. In the pursuit of excellence, we put our programme innovations to the test and strive to maintain the highest service standards. As a catalyst for constructive change, we promote research on issues in ageing, build collaborative platforms for understanding and action, and engage in advocacy.

ORGANISATION STRUCTURE



COMMUNITY-BASED, INTERDISCIPLINARY MEDICAL AND PSYCHOSOCIAL HEALTHCARE

- Mobile Clinic
- Acupuncture and TCM Centre
- Adult Primary Health Clinic
- Counselling and Coaching
- Elder-centred Programme of Integrated Comprehensive Care
- Care Management



TRAINING AND EDUCATION IN COMMUNITY-BASED ELDERCARE

- Professional Training
- Informal Caregiving Training (Volunteer Training)



COMMUNITY DEVELOPMENT PROGRAMMES, RESEARCH AND COLLABORATION

- Collaboration
- Research and Policy
- Community Development at ComSA



COMMUNITY-WIDE APPROACH TO INTEGRATED SERVICE SYSTEM AND COMMUNITY DEVELOPMENT

WHAMPOA CENTRE AN INTEGRATED CARE SYSTEM

- Person-Centred Medical Home
 - Adult Primary Health Clinic
 - Care Management
 - Dementia Care System
 - Intellectual Disability Service
- Elder-centred Programme of Integrated Comprehensive Care
- Learning Room (Part of Hua Mei Training Academy)
- ComSA Kawan
- Elder Empowerment and Community Development

CORPORATE SERVICES

- Human Resources
- Finance, Administration and Facilities
- Community Relations
 - Corporate Communications and Media Relations
 - Corporate Partnerships
 - Volunteer and Donor Stewardship



Mrs Tsao Ng Yu Shun was 86 when she decided to honour two of the greatest influences in her life – her father and father-in-law – by leaving a lasting public legacy that would enable older persons to achieve a better quality of life and to shape their own destinies.

Her own experience as a caregiver had shown her that everyone wants to grow old with dignity, in their own home and community, among family and friends.

She set up the Tsao Foundation in 1993 to bring that vision to fruition, by driving initiatives to champion successful ageing, so people can lead healthy and fulfilling lives even as they grow older.

Since then, the Foundation has worked to address these concerns and to support ageing in place by pioneering eldercare programmes that take a whole community approach, under the leadership of her granddaughter, Dr Mary Ann Tsao.

For her dedicated service and her commitment to creating a society for all ages, Mrs Tsao Ng was honoured at the Fourth Global Conference on Ageing, held in Montreal in 1999, which the United Nations had declared as the International Year of Older Persons.

Mrs Tsao Ng passed away in 2001, but her vision and values continue to guide the Foundation, whose efforts to achieve excellence in innovation, practice and collaboration have established it as a leader in the eldercare sector.



BOARD OF DIRECTORS



Dr Mary Ann Tsao
Chairperson



Mr Frederick Chavalit Tsao
Family Director



Mr Bryan Goh
Family Director



Mr Phillip Tan
Family Director



Ms Anne Kim
Director

BOARD OF DIRECTORS



Ms Cheah Sheau Lan
Director



Mr Eddie Chau
Director



Ms Jackie Wong
Director



Mr Saxone Woon
Director



Ms Tan Bee Nah
Director

CORPORATE INFORMATION, BOARD MATTERS & GOVERNANCE

In 1993, the Tsao Foundation was incorporated as a registered charity limited by guarantee in Singapore. The Foundation is governed by its Constitution and has been an Institution of a Public Character since 14 September 2002.

Instrument Setting Up the Foundation	Memorandum and Articles of Association of the Tsao Foundation
UEN No.	199302114W
Registered Address	298 Tiong Bahru Road, #15-01/06 Central Plaza, Singapore 168730
Bankers	DBS Bank Limited United Overseas Bank Limited Standard Chartered Bank (Singapore) Limited
Auditors	Lo Hock Ling & Co. (Chartered Accountants, Singapore)
Company Secretary	Ms Tiong Mee Leng
Staff Strength	As at 31 December 2020, there were a total of 114 staff employed by the Foundation.

CORPORATE INFORMATION, BOARD MATTERS & GOVERNANCE

The Board of Directors as at the date of this report consisted of:

Name	Position	Date Appointed to the Board	Occupation
Dr Mary Ann Tsao	Chairperson	7 April 1993	Chairperson, Tsao Foundation
Mr Frederick Chavalit Tsao	Family director	7 April 1993	Chairman, IMC Pan Asia Alliance Group
Mr Phillip Tan	Family director	24 June 2000	Director, EQ Insurance Co Ltd
Mr Bryan Goh	Family director	17 June 2019	Chief Executive Officer Tsao Family Office
Ms Anne Kim	Director	23 November 2015	Director, Alphavita Holdings Pte Ltd
Ms Jackie Wong	Director	31 August 2018	Executive Director and CEO, Temasek Management Services
Mr Saxone Woon	Director	7 November 2019	Board Member, Action For AIDS
Mr Eddie Chau	Director	17 June 2019	Founder and Chairman, Neuro
Ms Cheah Sheau Lan	Director	17 June 2019	Director, Thye Hua Kwan Moral Charities Ltd
Ms Tan Bee Nah	Director	16 July 2020	Partner, PricewaterhouseCoopers LLP

CORPORATE INFORMATION, BOARD MATTERS & GOVERNANCE

The Tsao Foundation is governed by a Volunteer Board whose members are appointed in accordance with its Memorandum and Articles of Association. Board members are each appointed for a term of three years. The appointment is renewable for up to two terms. The Board also includes family directors who do not have fixed-term limits.

As the Foundation's highest policy- and decision-making body, the Board is responsible for ensuring that the Foundation is governed and managed effectively and credibly and that it is sustainable.

Board members' responsibilities include the following:

- Approving broad policies; periodically reviewing and approving strategies and objectives to ensure that they are consistent with the Foundation's vision and mission.
- Providing a strategic overview to ensure that the activities and support for the programmes of each initiative are in line with the objectives of the Foundation.
- Overseeing the processes for evaluating the adequacy of internal controls, financial reporting and compliance.
- Approving annual budgets.
- Implementing corporate governance to ensure that there are adequate resources to sustain the Foundation's operations and that such resources are effectively and efficiently managed.

The Board has established the following committees to assist with the governance and programmes of the Foundation:

Executive Committee

Dr Mary Ann Tsao (Chairperson)
Mr Phillip Tan
Ms Anne Kim

Finance & Investment Committee

Ms Anne Kim (Chairperson)
Ms Cheah Sheau Lan
Ms Tan Bee Nah

Audit Committee

Ms Tan Bee Nah (Chairperson)
Ms Elsie Low
Mr Yuelin Yang
Ms Tan Peck Sim

Technology Committee

Mr Eddie Chau (Chairperson)
Mr James Woo
Mr Chua Ah Leng

The Foundation has a total of 10 board members, of whom four are family directors, namely, Dr Mary Ann Tsao, Mr Frederick Chavalit Tsao, Mr Phillip Tan and Mr Bryan Goh. Family directors do not have fixed-term limits as it is difficult to find appropriate candidates to serve as directors, Dr Tsao, Mr Tsao and Mr Tan have each served on the Board for more than 10 consecutive years.

The Board meets at least twice a year, with a quorum of at least one-third of the Board (and at least half of the one-third of the directors not being family directors) at each meeting.

The number of meetings attended by the Board members during the financial year is set out below:

Board Members	Designation	Number of Meetings Attended
Dr Mary Ann Tsao	Chairperson	1/2
Mr Frederick Chavalit Tsao	Director	0/2
Mr Phillip Tan	Director	2/2
Mr Bryan Goh	Director	2/2
Ms Anne Kim	Director	2/2
Ms Jackie Wong	Director	1/2
Mr Saxone Woon	Director	2/2
Mr Eddie Chau	Director	2/2
Ms Cheah Sheau Lan	Director	2/2
Ms Tan Bee Nah	Director	1/1

All members of the Board of Directors are volunteers and receive no monetary remuneration for their contribution, except for the reimbursement of out-of-pocket expenses. No staff member serves on the Board as a Director.

The Tsao Foundation is committed to lawful and ethical behaviour in all its activities, and requires its Board of Directors, employees and volunteers to conduct themselves in a manner that complies with all applicable laws and regulations, as well as the Foundation's internal policies. In keeping with this commitment, the Tsao Foundation has complied with the Code of Governance for Charities and IPCs, as required by the Charity Council.

The Board of Directors is responsible for ensuring that the Foundation has appropriate internal controls in place to safeguard stakeholders' interests and the Foundation's assets. The external auditors, in the course of their annual statutory audit, review and test the operating effectiveness of the internal controls, to enable them to arrive at their audit opinion. The Foundation also engages internal auditors to audit the Foundation's operations and procedures. The Board considers the recommendations made by the external and internal auditors, and implements changes as appropriate. Implementation of recommendations by the external and internal auditors is reviewed and monitored by the Audit and Finance & Investment Committees.

The Finance & Investment Committee works closely with the Finance Team to ensure that cash resources are managed in an efficient and effective manner, within an acceptable risk framework approved by the Board. The Foundation currently invests only its excess funds in fixed-deposit placements with banks or financial institutions.

CORPORATE INFORMATION, BOARD MATTERS & GOVERNANCE

Reserves Policy

The Foundation's reserves management objective is to ensure that it maintains strong and healthy capital ratios in order to support its operations and future growth. In view of the assured funding from the Tsao Ng Yu Shun Trust and sustainable income from consultation fees, the Foundation targets to maintain a level of accumulated reserves equivalent to one year of budgeted total expenditure.

The Foundation regularly reviews and manages its reserves to ensure an optimal structure, taking into consideration the future capital requirements of the Foundation and capital efficiency, prevailing and projected profitability, projected operating cash flows and projected capital expenditures.

The Foundation is not subject to externally imposed capital requirements. There have been no changes to the Foundation's approach to reserves management since the previous financial year.

Restricted Fund Policy

The restricted fund named "The Tsao Ng Yu Shun Health Scholarship" was set up in 1993 by the family of the late Mrs Tsao Ng Yu Shun, who established the Foundation, for the purpose of awarding scholarships at the master's, degree and diploma levels to geriatric health professionals. Upon completion of their studies, these scholars will be bonded for two years with the Foundation if an appropriate position is offered.

The fund is placed in designated fixed deposits earmarked for the purpose of awarding scholarships. Any interest derived from the fund is used to defray administrative costs incurred.

The fund will be drawn down as and when qualifying applicants have been identified.

Conflict of Interest Policy

The Foundation is governed by the Board of Directors, which is the final authority and has overall responsibility for policy-making and determination of all activities. The Board delegates duties to the Executive Committee, which include conducting and overseeing the Foundation's activities and affairs in line with the overall strategy as determined by the Board.

The Foundation has in place policies relating to the management and avoidance of conflict of interest. All members of the Board of Directors and senior management are required to declare their interests yearly.

Whistle-Blowing Policy

The Foundation is committed to fostering a workplace conducive to open communication regarding the Foundation's business practices and to protecting employees from unlawful retaliation and discrimination for their cooperation in disclosing or reporting illegal or unethical conduct. The Foundation has a process in place for the reporting of illegal or unethical conduct.

Disclosure and Transparency

Annual reports are prepared, which include up-to-date information about our programmes, activities, performance and finances, as well as a listing of the Board's key office bearers. Audited financial information is available on our website, www.tsaofoundation.org, as required by the Commissioner of Charities.

Principal Funding Sources of the Charity

- The Tsao Ng Yu Shun Trust
- Government matching for programme grants and donations

Loan, Donation and Other Policies

It is the policy of the Foundation not to extend loans to any party.

The Foundation allows donations to be made to other organisations for a worthy cause. For a donation of up to \$10,000, it is sufficient to obtain approval from the Chairman of the Board and to inform the Executive Committee. Any donation in excess of \$10,000 needs to be approved by the Board of Directors.

No donation was made during the financial year.

Management Team

- Ms Peh Kim Choo, Chief Executive Officer
Director, Hua Mei Centre for Successful Ageing
- Dr Ng Wai Chong, Chief, Clinical Affairs - till 30 April 2020
- Mr Danny Chan, Chief Operating Officer
- Ms Susana Harding, Senior Director, International Longevity Centre - Singapore
- Mr Terell Lee, Director, Hua Mei Training Academy
- Ms Low Nengduan, Director, Finance, Administration and Facilities
- Ms Leong Siew Yin, Director, Human Resources
- Ms Jeslyn Low, Director, Community Relations
- Ms Mei Amurao, Assistant Director, Community for Successful Ageing

Notes

- » No Board members were remunerated for their Board services during the financial year.
- » The annual remuneration of the highest-paid staff (classified by remuneration band) for the past two years is set out below:

	No. of staff	
	2020	2019
Annual remuneration		
- between \$200,001 and \$300,000	-	1
- between \$100,000 and \$200,000	3	2

- » There were no paid staff who were close members of the family of the executive head or board members, who received more than \$50,000 during the financial year.

CHAIRPERSON'S MESSAGE



Dr Mary Ann Tsao
Chairperson

2020 was indeed a momentous year.

This was the year where, through COVID, we learnt a great deal about older people and ourselves in a time of crisis, and we were reminded once again of the importance of being able to anticipate, be agile in the face of change, and be as proactively prepared as we can be moving forward. As such, 2020 also marked the year that - after almost three decades of championing ageing-in-place - we reconsidered our role and charted new directions for our future as a organisation that aims to be a catalyst for constructive change.

Through the year, the Tsao team worked diligently to adapt our practices to the relentless uncertainties around COVID, striving to strike a balance between caring for our seniors - especially the large number of frail, truly vulnerable elders - while keeping our staff safe. The good news is that no one was infected; no seniors, nor staff.

Just as elsewhere around the world, our seniors suffered, but their mental well-being recovered quickly because of our team's frequent calls as well as close monitoring and support for the caregivers and families.

Caregivers also suffered, especially during the circuit breaker when elders were restricted to their homes while support by friends, families and service providers were markedly curtailed. The Tsao team saluted our caregivers and honoured their challenging role, especially during COVID, by delivering a small gift to each of our 480+ caregivers, including the helpers, in celebration and affirmation of a difficult role for which they usually receive little acknowledgment. It was a spark of joy amidst an otherwise dark time.

While we focused on our elders' mental well-being, the most painful lesson came from underestimating the negative effect of the decrease in physical activities. While those who were previously well also became weaker and lost function, they by and large recovered over time, but for the frail seniors, such as those attending our day centres, the lack of physical activities caused rapid deterioration of function, many of whom never recovered. Furthermore, many also deteriorated medically, with many more hospitalisations and even a death. This experience very much highlighted the importance of the "eyeball" factor - being able to see these frail elders at least weekly and detect health issues early - in enabling these seniors with complex health and functional issues stay well. This also highlighted the need to exploit IT and technology to bring services into the seniors' home, if they cannot come to us.

On the strategic front, the Foundation embarked on an organisation development exercise in 2019, but with the COVID 2020 experience, we quickly pivoted to *transformation* in order to take onboard the lessons learnt across all our services and programmes so we can rebuild better. Working with the board and with support from National Council of Social Services (NCSS), the foundation team identified new, long term directions, including the transformation of the training academy and clinical services into a community aged care learning Institute with practical clinical training; the revolutionising of practice with technology and information technology, building multi-stakeholders platforms that can catalyse systems building in mental health, caregiving, dementia and inter-generational living; and building a new focus on work, livelihood and older people.

With the hindsight of 2020, we look forward to doing better and doing more in 2021 and beyond with a future-ready organisation and clear new focus.

Dr. Mary Ann Tsao
Chairperson, Tsao Foundation
Council Member, Tsao Family Office

CEO'S MESSAGE

2020 is a very challenging year for all of us. With the onset of the COVID-19 pandemic, the world and certainly Singapore was thrown into a completely new way of being – we had to adjust to the way we live, work, play – in both the private and public space.

For the Tsao Foundation, it was no different – the way we carried out our work, how we care for our elders and their families, how we work together as a team had to be relooked and revamped. Adjustments had to be made for project timelines, new ways implemented for conducting meetings and case discussions, and the key performance indicators (KPIs) had to be planned and organised – essentially a new process of service delivery had to be put in place within a short time.

However, despite these challenges, I am proud to say the teams at the foundation continue to forge forward to tackle all these challenges and achieve even more.

The Hua Mei Centre for Successful Ageing (HMCSA) embarked on a series of outreach activities to enhance connections with our service partners in the Tiong Bahru catchment areas – including Queenstown, Telok Blangah and Redhill areas. Online outreach events were planned to share and start discussions with our partners on how best we can serve elders living in these areas and how we can collaborate more effectively with each other especially in these trying times.

The Hua Mei Training Academy (HMTA) had a busy year of new programmes development and engaging with stakeholders. They presented an entirely new series of training under the SSG-SGUS funding scheme whilst embarking on an overall review of the Workforce Skills Qualifications (WSQ) programmes that had been run since 2008. HMTA also started a series of outreach for collaborations with partners whom we've been working with, exploring how we can better work with them to upskill their workforce and at the same time, provide skilled workforce to their services with graduands from HMTA's suite of training programmes. Providing bespoke consultation to our partners was also a first for TA as part of the spectrum of training and development activities we can offer.

The International Longevity Centre – Singapore (ILC-S) continues its community development programmes despite all the restrictions implemented due to the pandemic. Creative ways were found to organise activities so they can carry on. ILC-S also saw a busy time engaging with regional and local partners to build advocacy networks, something all the more relevant with the climate brought about by the pandemic.

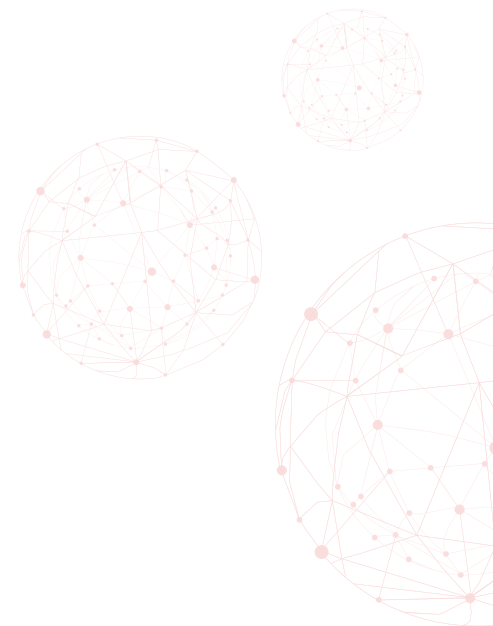
The Community for Successful Ageing (ComSA) continues to reach out to its clients, finds ways of engaging elders online and completed its three-year evaluation study of the new model of primary care for older persons with complex care needs in the midst of all these challenges (for more information on this study, go to page 26).

As we strive to thrive and live with COVID-19, we have learnt to operate with uncertainties ahead. The lessons we have learnt together – being nimble and adaptive as an organisation; building strong partnerships; and never losing sight of the elders at the centre of our care, or their potential – will continue to be our greatest strengths.

Ms Peh Kim Choo



Ms Peh Kim Choo
CEO



HOLISTIC CARE

Continual Care throughout COVID-19

By first quarter of 2020, we knew that the coronavirus disease (COVID-19) attacks our immune system and thus renders older people more susceptible to its exposure – they also risk developing further complications from it.

This means greater impacts on community eldercare services, ie. our foundation, our community partners and our elders.

Singapore declared Disease Outbreak Response System Condition (DORSCON) Orange on 7 February. By then, we were well prepared for what must be done to deliver continual care necessary for our at-risk elders while we keep our active agers engaged meaningfully.

COVID-19 seriously impacted Tsao Foundation as it did everyone around the world.

It had many drawbacks, but also silver linings that brought many learnings that allowed us to rebuild better.

This is our 2020 COVID story...

Being Prepared, Being Ready

By failing to prepare, you are preparing to fail – Benjamin Franklin

Since Severe Acute Respiratory Syndrome (SARS) back in 2003, and H1N1 influenza in 2009, our foundation has always been prepared for pandemic.

We have an emergency response plan and the Tsao Foundation Pandemic Preparedness Protocol – both were activated in 2020 to guide our response for COVID. We started with the rapid establishment of the COVID-19 Response Work Group, co-chaired by Chief Executive Officer and the Chief Clinical Affairs department.

Across the foundation with the COVID-19 Response Work Group, we had a coordinated response to COVID as advisories from Ministry of Health (MOH) and other ministries came rapidly and required quick but varied response – day care, home care, clinics, research, training, active ageing, administration – all required a different response and continued calibration as COVID conditions waxed and waned.

The Hua Mei Clinic was already enrolled as a Public Health Preparedness Clinic (PHPC) since SARS and we already had a healthy stockpile of personal protective equipment (PPE) and priority access to government supply of PPE, so we started off at a good place.

To ensure a safe environment of care for our elderly, all staff were briefed and trained on hygiene practices necessary, educated on the virus and its effects etc, and swabbed/tested timely.



HOLISTIC CARE

All Hands on Deck... and Action!

Our care ecosystems established in Whampoa and Tiong Bahru areas look after frail, at-risk elders with poor financial and/or social support, as well as active agers. Thus, the strive to deliver uninterrupted holistic care throughout 2020 has been a great challenge for all involved – even our teams delivering community participation programmes, lifelong learning opportunities and research projects were affected too – albeit in a slightly different manner.

Adhering to the COVID-19 safe management measures at the workplace, our teams were put on split shifts rotation, encouraged to work from home wherever possible and they avoided crossing the boundaries between Tiong Bahru office, ComSA Whampoa Centre, and among other community partners and homes too. Staff were given a thermometer each to monitor and report their own temperatures twice a day.

Our counter staff in both premises started using Visitor Declaration forms on Chinese New Year eve. Triage forms were also used for patients attending clinic while Risk Stratification Scorecard was used on home care clients to access their risk and care coordination. Temperature screening table with visitor log books and Trace Together scanner and QR codes were set up in both premises as well. All our centre-based eldercare teams in both Whampoa and Tiong Bahru went through additional trainings on disinfecting the centres thoroughly for our elders and they developed and adhered to a strict regular cleaning routine for the centres from then onwards too.

During the circuit breaker (CB) period, face-to-face (f2f) interactions were minimised to prevent infection risk, including the closure of day centres and grounding of home care teams. Home visits plans were submitted and reviewed, and only the most urgent cases were permitted. Clinical teams used a foundation-wide three-level risk stratification system to identify (1) the

“Action is the foundational key to all success.” – Pablo Picasso

seniors with high risk/high need who need ongoing f2f care, (2) seniors who are somewhat stable who need close monitoring by once or twice weekly calls, or (3) seniors who are fairly stable who need bi-weekly calls.

In addition to immediate COVID-19 measures, all teams also devised complex contingency plans in case an entire team needed to be quarantined and care delivery capability became severely compromised.

A screening protocol (especially for phone monitoring) was also developed to help us monitor changing needs in family finance, access to food and other daily necessities, and any medical deterioration. Even more importantly, the monitoring protocol aims to provide early detection or red flags, especially around heightened anxiety, depression, carer stress and risk of abuse. All calls were documented, which enabled regular reviews and further learnings by the teams.

“In the heart or every caregiver is a knowing that we are all connected. As I do for you, I do for me.” – Tia Walker

Caring from a Distance

Social distance is the key to contain and reduce the spread of COVID-19 and numerous countries went into lockdowns in the attempt to do just this in 2020. The eldercare sector adjusted and went swiftly from “high-touch” to somewhat “high-tech” in the same year too, and this has great repercussions to our elders and their caregivers, as well as our teams and our community partners.

One common issue our teams noticed from our elders and their families after emerging from the CB period is the perceived “crowding” at home, and/or conversely, the perceived isolation because family and friends cannot visit and the elder cannot go out to their regular gatherings. These impacted everyone – both the elders and their family members. Our teams worked to ensure that all families received care plan support at home, with special interest focus on households with seniors living with dementia.

For these elders, the disruption of their daily routine can trigger challenging behaviour changes that can add additional stress to an already stressful situation at home. Pre-emptively, families were provided with individual care plans at home with additional guidance on structuring daily activities, avoidance of triggers that may result in behaviour issues, and activities tool kits that can enable caregivers to support seniors with dementia to remain socially engaged and emotionally calm.



HOLISTIC CARE

We also recognised that caregivers were the most distressed during circuit breaker and life with pandemic, though their stress and situation at home can be difficult to truly and accurately be assessed by phone, thus the clinical teams under HMCSA and ComSA planned an activity at midpoint of the CB period to celebrate our caregivers, families and helpers alike, by delivering a small gift and bring a small measure of cheer to them. Volunteers baked cookies, students made colourful Thank You cards, merchants donated products, and friends of the foundation contributed money to purchase additional gifts like grocery vouchers. All our teams were mobilised to deliver these gift packs to almost 500 households over two days to give thanks and appreciation to our caregivers, our unsung heroes. While observing all appropriate safety measures, the teams were also able to 'eyeball' from the doorway how our seniors and caregivers looked and quickly assess how they were mentally and physically faring. The experience was joyful and gratifying for all in the team despite the manpower crunch and safety measures during CB.

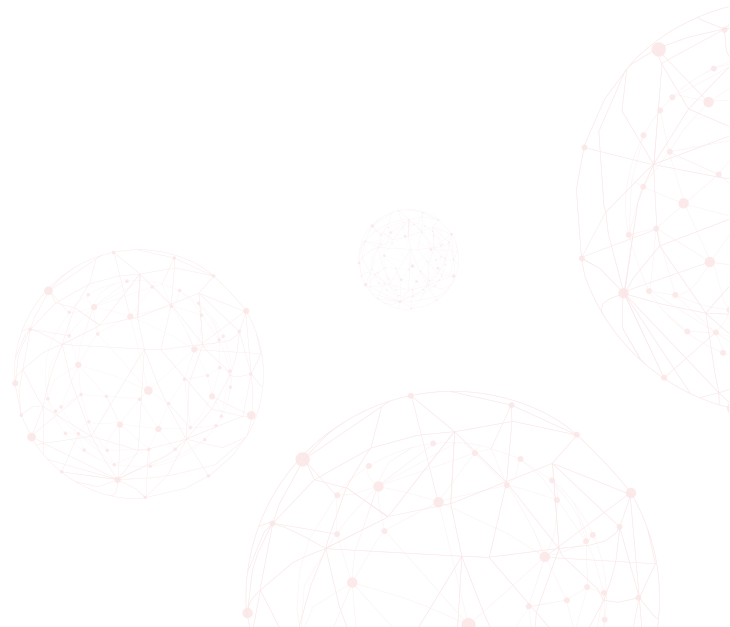


The teams also collaborated and launched an online resource page on our website for our caregivers with information, guides, reflections and advice on a regular basis in May. These resources were shared with caregivers and clients as a regular tool, as well as general outreach via social media etc.

Shifting from a high-touch culture to online approach was seriously challenging but all teams quickly adapted. While services were severely disrupted during CB, the time was also useful to develop adaptations, such as tele-health for our clinics, video calls for monitoring for home-based services, telephone counselling for our counselling service, online training for our training teams, and group social activities by WhatsApp. All these taught us how to use IT and tech in a high touch sector that had been traditionally resistant. We learnt that tech can be effective when used for the appropriate client profile and subsequently encouraged us to explore and integrate some of these IT/tech modalities into our regular practice beyond COVID-19.

Crossing the digital divide with our seniors is a critically important issue that had been the elephant in the room all along but generally ignored, until COVID-19 made it painfully obvious. Seniors were increasingly being left out of society's social fabric as Singapore move towards being a Smart Nation where most of our vital services went online (such as appointments to all public health services, and most government services such as income tax filing, library book reservation and purchase of public housing units etc) and the prevalence of technology platforms for daily living, including online banking, taxi booking, online grocery shopping and of course, *TraceTogether*, which most of the seniors cannot fathom fully.

After CB, we systematically tried to get as many seniors as possible on to some online platform - minimally *WhatsApp*, and if possible, *Zoom*. ComSA Kawan and Learning Room @ ComSA Whampoa Centre partnered Infocomm Media Development Authority (IMDA) to deliver a successful programme for IMDA volunteers to teach the seniors (to maintain good social distance, each class allow five elders only). The team also worked with the caregivers or family members of clients who are frail or cognitively impaired. They also work with additional limitations, such as seniors with dementia, elderly caregivers, seniors living alone and those for whom data plans were deemed too expensive. For the latter group, the foundation provided a monthly \$15 data plan as the most expedient solution during circuit breaker, when frequent video calls were necessary. Most seniors, amazingly, do have smart phones, though most are not versatile in using its online functions.



HOLISTIC CARE

“Life can only be understood backwards; but it must be lived forwards.”
 – Søren Kierkegaard

Research. Experience. Share

Having experienced the darkest times with COVID-19, the research teams thought it vital to understand how our elders are coping, especially during and after CB period, thus four phone surveys were conducted from March to July, leading to findings that suggested that (thankfully!) our seniors are coping well with COVID-19.

Specifically, the team found no significant difference in information and information communication technology (ICT) access and patterns of usage between the males and females, but they noted that ICT access decreases with age and that staying in touch with family, friends and grandchildren seems to be the top motivation for using online ICT for these elders. For more findings on this, go to page 31.

Access to ICT Decreases with Age

Age	<60 (n=9)	<60-69 (n=21)	70-79 (n=29)	>80 (n=35)	P-val*
Have smartphone	88.9%	80.9%	79.31%	54.29%	0.04
Have computer/ tablet	66.7%	23.8%	10.3%	14.3%	<0.01
Have internet at home	66.7%	23.8%	10.3%	14.3%	<0.01
Have mobile plan	88.9%	76.2%	51.7%	45.7%	<0.01
Have someone at home to guide you in using smartphone	22.2%	42.9%	51.7%	22.9%	0.08

*P value for X2 test

The year 2020 was the culmination year of several evaluation research projects, including a study on (1) dementia in Whampoa and the effectiveness of our dementia care management service, (2) a pilot person-centred medical home (PCMH) clinic – a social and integrated primary care model – and (3) SCOPE Diabetes Management, a diabetes education programme using a peer-supported, self-efficacy approach. All three studies were deeply impacted as we were not able to deliver the intervention nor research along the original timeline required. While the results were severely disrupted, the research remarkably still showed positive impact by the interventions (though not at the expected levels), while revealing valuable learning points about our target clients and our work processes.



HOLISTIC CARE



With all our learnings and observations from the grounds, as well as all the researches new and old, we thought it timely to venture into delivering and curating some webinars and online panel discussions to share our COVID-19 experiences and more. Both *The Caregiving in the Times of COVID-19* and *COVID and Older People – Safety vs Sanity* were delivered in the month of September where foundation and other stakeholders shared experiences, solutions and cautionary tales. Both sessions were attended by more than 400 participants each.

Towards the end of the year, the teams were relieved that our close monitoring and stringent safety measures have not gone to waste. Everyone, including our elders and their family, as well as all staff fared well generally – no one was infected, and no service needed to be shut down.

We do see that generally, the mental well-being of our elders was mildly affected, but our teams made conscious efforts to stay closely connected to their elders and families throughout the difficult year. They also knew we can be called upon for help and leaned on for emotional support.

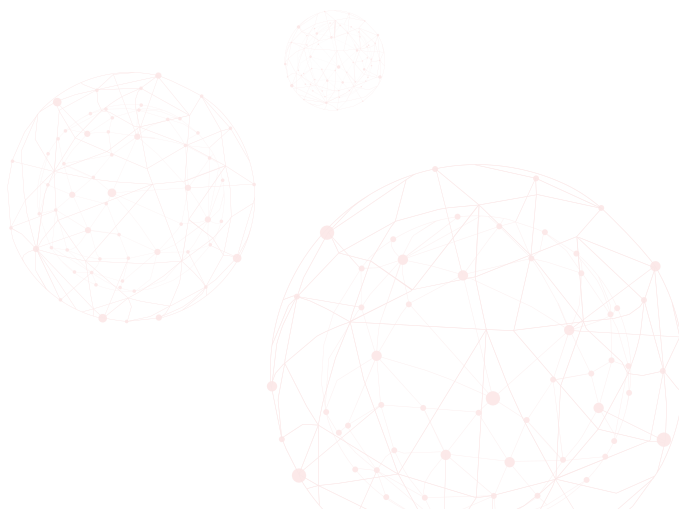
Though there was certainly heightened anxiety during CB period, it took some time thereafter before the seniors re-emerged due to concerns over contagion (themselves or their families), but as the world understand COVID-19 better and began to manage and control the virus a little better, life started to return a little back to normalcy and people acclimatise to the situation. The overall state of mental health also returned to normal for many of our elders.

“The lowest point was probably when we were deep in Circuit Breaker – when day care operation stopped temporarily and suddenly, and home visits are heavily restricted. Supporting and caring for older persons at homes become key, as the care team re-organised itself to deliver care to homes. While we tried to keep the elders connected to the community, arguably, the impact is too detrimental for this profile of elders.

Of the 42 elders at EPICC (Tiong Bahru), we lost about a quarter of them to institutionalisation and through deaths...

When we resumed operations in late June, we were alarmed by the state of returning elders. In a few short months, many of our elders are in vary states of decline – physically, cognitively and/or emotionally. The care team felt rather disheartened for a while but we took on an unanimous decision to focus on improving the physical rehabilitation for our elders. Led by our seasoned locum physiotherapist Ms Gek Han, we recreated our physical therapy programmes for our elders. Slowly and surely, we noticed progression amongst our elders as we adopt her philosophy of Move-to-Heal.”

- Don Tan, Centre Manager of EPICC



HOLISTIC CARE

Hua Mei Centre for Successful Ageing (HMCSA)

The Hua Mei Centre for Successful Ageing (HMCSA) was launched in 2009 to consolidate and deliver an integrated ecosystem of programmes, services and resources that would enable seniors to successfully age in place for vulnerable elders living in Tiong Bahru catchment areas.

Hua Mei Mobile Clinic (HMMC)

Throughout the restrictions and lockdown during the CB period, the Hua Mei Mobile Clinic (HMMC) continued to serve and care for frail elders who are mostly homebound.

As our elders are largely homebound, the actual impact on their routines and well-being has been minimal. However, some of them live with families and the lockdown means everyone was at home all the time. This did cause some changes and adjustment to the family dynamics, as well as increased stress on some of our caregivers. But these dissipated once the restrictions were lifted after the end of CB. As a result of the partial lockdown, we were able to reach out to the clients' families more easily and this helped in our care delivery to the clients.

Eden Lunch – an annual gathering organised by the HMMC team to bring joy and respite to clients and their caregivers, planned for the mid-year, had to be cancelled due to the pandemic.

The HMMC team also participated in the gifting of care packages to caregivers and domestic helpers of our clients in a Foundation-wide initiative. We visited and distributed the package to about 70 households under our care. In the same spirit of spreading warmth and cheer, our partners from Singapore Hospice Council (SHC) also dropped by a few times with care packages for our clients and families in need.



The Foundation has long valued and advocated for lifelong learning and a life course approach to ageing. Thus the HMMC team continued to host attachments of varying lengths for different groups of professionals while monitoring and adhering to the necessary safety measures stipulated by Agency for Integrated Care and Ministry of Health.

The Lee Kong Chian School of Medicine sent 12 of their first-year medical students to experience community-based home care with the HMMC team, this is an ongoing collaboration with their Long Term Patient Project. In their journey with selected clients over the course of a year, we hope to cultivate a keen interest in them in caring for older persons in the community, while playing a part in grooming these future doctors. We also followed up with the previous batches of students under the same programme. However due to the COVID situation, they were only able to make one visit.

We also hosted another group of eight nursing students from Singapore Institute of Technology (SIT) – however their attachment to our department was shortened from two to one weeks due to the COVID advisory.

The spirit of continuous learning persisted through the pandemic as HMMC team members were sent to necessary training for skills upgrading. Nurse Gina attended the Certificate in Palliative Care course for nurses while Nurse Cinthia was nominated for the 40 under 40 leadership course - however the latter was oversubscribed so Nurse Cinthia subsequently registered for a Singapore Nurse Leadership Programme instead (the programme was unfortunately pushed back to 2021 due to the pandemic).

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Hua Mei Clinic (HMC)

Hua Mei Clinic (HMC) was established in 1996 as Hua Mei Seniors Clinic – it was Singapore’s first outpatient clinic dedicated to providing primary healthcare to adults above 40 years old then. Today, the HMC is an elder-friendly clinic supporting a life course approach to successful ageing, and promotes ageing in the community.

During the CB, our clinic services had to be curtailed and we had to find different ways to consult with our elderly clients and make onsite visits safe for patients and staff.

As appointments were scheduled way in advance, we were able to call up the affected patients and triage their health status, using the following as yardstick,

1. Patient’s overall history over the years /months
2. Availability of caregiver’s support
3. Any acute complaints or issues that need to be resolved since last visit
4. No change in medication needed

For those who were stable, we repeated their medication and postponed the consultations. For those who need onsite consults, we spaced out their consult times and ensured patients who were well had appointment slots different from those who were unwell.

For regular patients who fit the Ministry of Health’s (MOH) criteria, we provided tele-consult as an alternative to onsite consult. There were seven such requests in 2020, most of these during April to June.

In November 2020, MOH rolled out a nation-wide programme to enhance subsidies for vaccinations recommended under the National Adult Immunisation Schedule. As our clients are mostly elderly, this programme with its generous subsidies is timely and to date, we have administered 137 influenza vaccinations, 40 Prevenar 13 vaccinations and 4 Pneumovax 23 vaccinations. This is a vast improvement from our usual rate of <50 influenza vaccines and <10 *Prevenar vaccines being administered.

Overall in 2020, our elderly clients did not fare too badly and we did not see a significant increase in hospitalisation or premature institutionalisation – though the patient count suffered significantly especially during the CB period (see *table of comparison below*).

	March	April	May
Number of Patient visits 2019	229	231	215
Number of Patient visits 2020	113	35	78

(*Note: Adult Immunisation Schedule calls for Prevenar 13 to be given followed by Pneumovax 23 one year later)

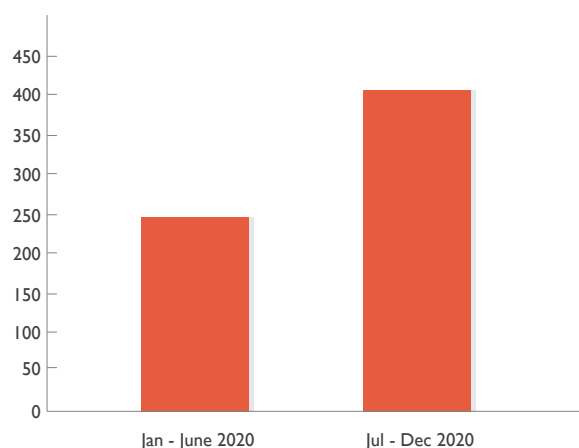
Hua Mei Acupuncture and TCM Centre (HMAC)

Hua Mei Acupuncture and TCM Centre (HMAC) was set up back in 1996 to offer complementary treatment for a variety of diseases and chronic conditions, in accordance with World Health Organization (WHO) principles.

HMAC remained open throughout 2020 for patients who needed our services. The team worked on split shifts from 10 February to 29 June 2020, coupled with the fact that some patients decided to stay indoors to be safe, inadvertently resulted in a drastic fall in patient count.

During the CB, we followed the directives from the Traditional Chinese Medicine Practitioners Board (TCMPB), which stipulated no moxibustion treatments and mandatory observation of safe distance measures – permitting patients to be treated one at a time only. Our physicians also could not attend to clients with flu or those who were on in-vitro fertilisation (IVF) treatments. The average number of acupuncture cases for the first half and second half of FY2020 were 247 and 409 per month respectively. Average numbers of TCM cases for the first and second half of FY 2020 were 52 and 51 per month respectively.

Ave. no. of acupuncture cases



Whilst the patient load was reduced, our physicians were kept busy with other developmental work. They devoted some time toward curriculum planning and delivered some 15 hours of TCM talks and workshops with the Learning Room at ComSA Whampoa Centre.

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The physicians also found time to contribute three articles for the Foundation’s online caregiving page where they advised readers on how to care for their bodies through self-help such as acupressure massages to relieve stress and body aches. These articles were picked up by AIC and re-posted on their Facebook page. The AIC team also did a zoom interview with the two physicians which was published on their website (<https://www.aic-blog.com/when-east-meets-west-tcm-treatments-for-seniors-and-caregivers>) and Mosaic newsletter.



Screenshot from AIC blog

Hua Mei Community Care Management Services (HMCCMS)

Launched in 1998 to pioneer care management in Singapore, Hua Mei Community Care Management Services (HMCCMS) is one of the longest-running continuous service of its kind here caring for the frail and vulnerable older persons who have complex medical/ nursing, functional and psychosocial issues as well as providing support to their caregivers.

Despite the difficulties brought on by COVID-19, it has been an opportunistic time to explore and strengthen our relationships with various community partners. The safety measures caused all community care services to resort to the Many Helping Hands approach and work together to help care for vulnerable elders affected by the pandemic and frequent changes. It was evidenced in our work as we counted as many as over 20 inter-agencies and inter-team virtual conferences/meetings related to case management, advocacy, continuity and coordination of care, and partnership in 2020 alone.

The CB brought about a tightening of measures which caused an unexpected and sudden limitations to community services available during the period. Services were generally reduced or closed within short notice, including day rehabilitation, day care centre, medical escort and transportation, befriending and home help services. As a result, our team observed an increase in social isolation, high fall risks and caregiver stress, possible functional decline and conflicting relationships among family members with clients and caregivers – all of which could be potential triggers to elder abuse at home. The team also worked with the day care services affected during this time to advocate for our clients with care crisis at home and make referral through AIC for temporary day care service at other designated centres.

Percentage of Issues identified and faced by clients during this period of COVID-19

Caregiver Stress	Social Isolation	Decline	Suicide Ideation	Potential Risks of Abuse
60%	71%	47%	6%	14%

There was also an influx of referrals from AIC Silver Generation Office (SGO) - Tanjong Pagar, during CB and the team initiated networking and collaboration sessions with the SGO team via zoom, to discuss/ update on referred cases and explore partnerships for care plan implementation and care goals alignment. Case conferences were conducted and facilitated for better communication with service partners in the community and with hospitals too.

On the whole, the team observed that clients and caregivers experienced more loneliness, helplessness and boredom from the pandemic. Our tele-conversations with them thus lasted longer, from the usual 20 minutes to 40 minutes. However, some clients were uncomfortable with using the phone. These include:

1. clients living with dementia who are able to find relevance and association as to who we were, and poor concentration
2. clients with hearing impairment
3. clients who are generally suspicious, unfamiliar and impatient, and are hard to be engaged
4. clients living with mild cognitive impairment and are forgetful
5. clients who are concerned about the high phone costs as most of them do not have wifi accessibility at home

Thus, home visits would need to be considered for some of them, at least on a bi-weekly or monthly basis and on a case-by-case basis with adherence to the AIC guidelines.

In general, clients and caregivers were managing well with family support coming forward if staying apart, such as running errands, marketing for their elderly relatives and parents. Working from home did pose challenges in terms of personal space and work commitment but some children did feedback that they had more time to spend with their elderly parents at home then, which helped to improve their understanding and commitment to care and wanting to do more for their elderly parents.

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Throughout the year, the team took in multiple referrals from other care teams within the Foundation, such as Counselling and Coaching, Mobile Clinic, Dementia Care System, Hua Mei Clinic and the day-care team. Integration meetings were conducted via zoom, to coordinate and facilitate co-management of clients between teams and exploring of potential referrals as well. The various case management teams under HMCSA and ComSA also organised zoom meetings to discuss and map out the transition of clients' care between services and co-management of cases, as well as create and review COVID-19 questionnaire and discharge checklist periodically.

Despite the challenges, HMCCMS continues its collaborations with external partners such as various hospitals, polyclinics and community partners, including Apex Day Rehabilitation Centre For Elderly, AIC Silver Generation Office (SGO) from Tanjong Pagar GRC, Social Service Office, Family Service Centres, Thye Hua Kwan Moral Charities, Senior Activity Centres, St Andrew's Day Care Centre, Lions Befrienders, Home Nursing Foundation, Dorcas Home Care Services and etc to support the care and needs of our clients and easing the care load on their caregivers and families, to enhance better relationships in the family.

Hua Mei Counselling and Coaching (HMCC)

Counselling and coaching have been a part of the person-centred holistic healthcare offered by the HMCSA since its inception in 2009.

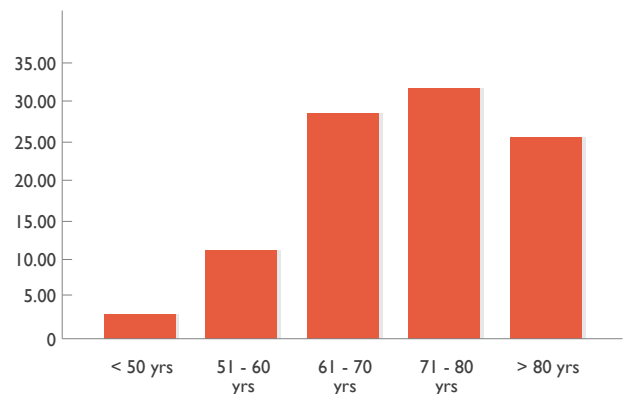
Like the other community care services, the HMCC team had to manage clients and families in an all new manner in the year 2020. Building trust and rapport with clients, demonstrating empathy, mutual communications with respect to non-verbal cues, exploring their issues and probing tactfully became a new challenge and soon, a new norm – at least for the year.

Besides adopting phone counselling and other adjustments for our clients, the team also conducted trainings for our para-counsellors via video conferencing to keep them motivated, maintain their skills and to provide support in coping with the restrictions from the safe distancing measures. Through the process, we took the opportunity to enhance their IT literacy and confidence in using the new digital tools so that they are better equipped to engage our clients in the future. As most of them are senior citizens and less familiar with digital tools, the team had to make their learnings bite-sized and refreshable as and when needed. The group of para-counsellors shared a strong bond, thus they encouraged and supported one another throughout the sessions, and emerged from the sessions together with a higher level of confidence. This learning journey can be useful for these volunteers to share with their clients lateron – especially in their advocacy for life-long learning and empowering clients digitally.

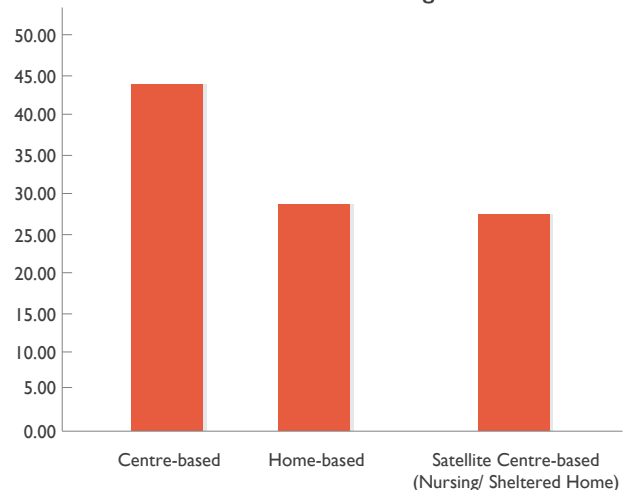
For the year, HMCC attended to a total of 206 individual counselling cases and 53 para-counselling cases. Collaborations with the Hua Mei Training Academy continued as we developed and conducted online trainings and programmes and actively participated in the delivery of the Community Dementia Care training programme. We also helped to conduct the *Person-centred Care* training for SASCO Senior Citizens' Home.



Clients by age groups

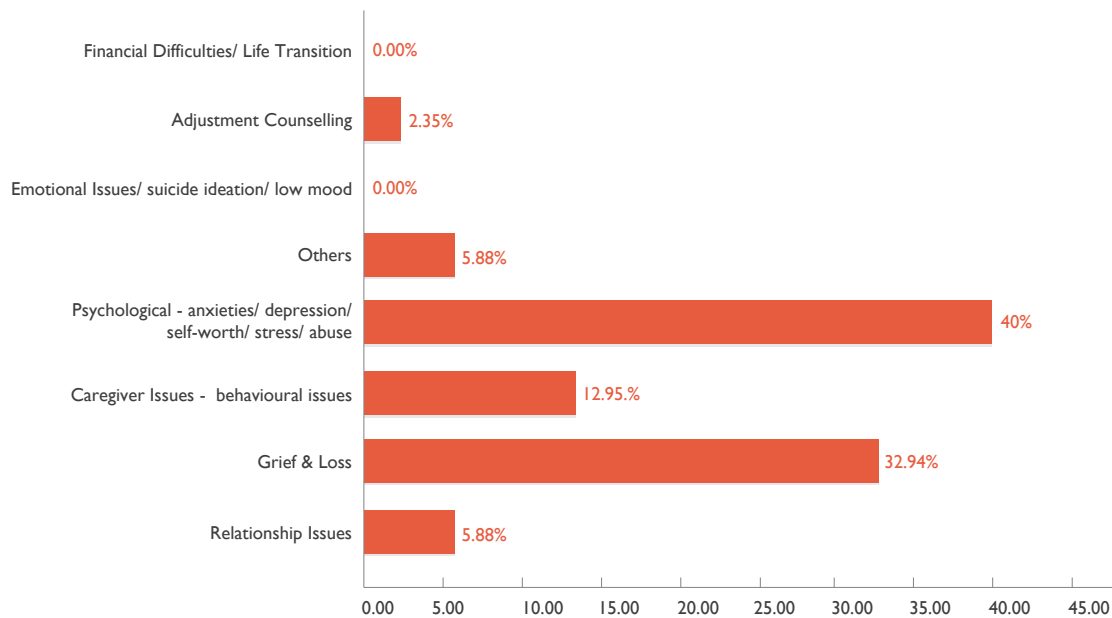


Venues of Counselling



HOLISTIC CARE

Presenting issues

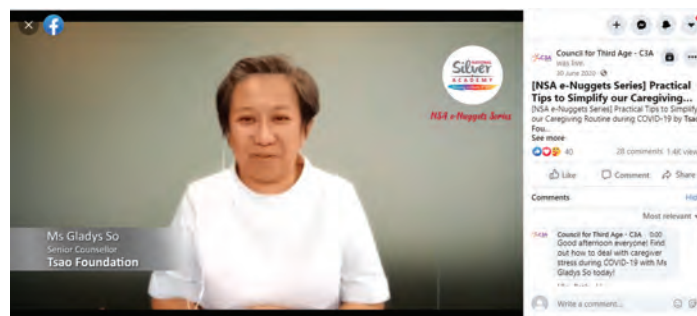


With all these new challenges on the psychosocial well-being of our clients and caregivers, the team increased its engagement with internal and external service partners to extend the reach of our counselling service to those in need. The team also took the lead in planning and developing an online caregiving page in May 2020 to reach out to caregivers to share experiences and knowledge, as well as to enhance their resilience and caregiving skills. Colleagues from other clinical teams were roped in to contribute a multidisciplinary content useful to the intended audience.

The team was actively involved in many public education, awareness and advocacy work on ageing and caregiving topics as well. We contributed articles on how to manage various psycho-emotional issues to our community partners— including the St John’s Home newsletter and *MyMentalHealth* website by Temasek Foundation and AIC. It also helped to The team also conducted a National Silver Academy e-Nuggets session via Facebook Live titled *Practical Tips to Simplify our Caregiving Routine during COVID-19*, on top of participating in webinars organised by the Foundation.

The team was invited to share their thoughts, opinions, experiences and stories pertaining to a range of topics impacting the elders, on mainstream media such as The Straits Times, Channel 8, CAPITAL 95.8FM (城市频道), and SPH Radio 96.3.

From September 2020, the counselling team officially become part of COMMunity Intervention Team (COMIT) @Tsao, under COMIT programme by AIC. We work closely with our colleagues from the Dementia Care System of ComSA Whampoa Centre on delivering integrated care to help client with Dementia and their caregivers.



Screenshot from facebook of Council for Third Age

We also collaborated with internal clinical teams and other community partners to provide psycho-emotional intervention for clients with mental health and caregiving issues within Tiong Bahru and Whampoa catchment areas.

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The team observed a definite impact on general well-being of our clients and caregivers in the year 2020, specifically:

- Increased caregiver stress
- Increased sense of loneliness, boredom, helplessness
- Mental well-being was affected – more relapse of depression and anxiety
- Increased tension among family members
- Decline of the physical function due to lack of physical activity
- Hypersensitivity towards visitations from others (due to worry about spread of virus)
- The social isolation triggered the grieving process
- The social distancing measures triggered existential crisis for some elderly
- More aggression, anger management and emotional exploding
- Delay in seeking medical help
- Memory decline due to the lack of mental stimulation from social activities

Overall, we observed that clients under our counselling programmes who have been most severely impacted by the pandemic are:

- Single elders
- Single caregiver
- Frail and socially isolated elders
- Low income family
- Clients with mental health and disabilities issues
- Clients who are not so IT savvy
- Clients with conflictual family relationship
- Clients within institutional environment (nursing home and shelter homes)

Moving on, we look forward to tap on resources from neighbours, friends, religious groups, social agencies, government financial support schemes, mass media and online resources to help our older people and caregivers achieve a better psycho-emotional well-being for life after COVID-19. We will work with our clients to help them tap on their internal resources to face their fears and anxiety with the support from counselling too.

A crisis can be seen as an opportunity for growth and learning, we will explore ways to better support our clients to help them step out of their comfort zones and embrace new options to adapt to the new normal.

Hua Mei Elder-centred Programme of Integrated Comprehensive Care (EPICC)

The Foundation's philosophy is for older people to age and thrive in the community thus EPICC was launched in 2013 to give older Singaporeans the option of attending day care facility with programmes instead of landing in a nursing home. It is modelled after the American PACE (Programme of All-Inclusive Care for the Elderly), which has served as an inspiration for the Foundation since its inception in 1993.

EPICC clients are typically frail elders and falls under the high-risk group during the pandemic. Throughout the year, our care and service delivery to them were very much defined by the Ministry of Health's advisories.

The lowest point was when we went deep into CB - day care operations had to cease and home visits were heavily restricted. Supporting and caring for older persons at homes then became key, and the care team re-organised itself to do just so while ensuring adherence to all safety measures despite the impact on manpower constraints. While we tried to keep the elders connected to the community through us, arguably, the impact was too detrimental for this profile of elders. Of the 42 elders we had under our care back in 2020, we lost about a quarter of them to institutionalisation and through deaths.

When we recommenced day care operations in late June, we were alarmed by the state of our returning elders. In a few short months, many of our elders were in various states of decline – physically, cognitively and/or emotionally. The situation was quite sad and discouraging to our team back then.

The team then made a unanimous decision that our care from then on would focus on physical rehabilitation for our elders. Led by our seasoned locum physiotherapist Ms Gek Han, we recreated our physical therapy programmes for our elders. Slowly and surely, we noticed progression amongst our elders as we adopt her philosophy of Move-to-Heal.

In our management of elders, we have always relied on care assessment tools to determine their level of care needs and goals to achieve. From hindsight, these tools did not factor in the potentially detrimental effects of a lockdown on an older person. In fact, from the 2020 experience, we noted that those adversely affected were not on elders who are medically unstable per se, but rather on elders who depend on EPICC to have a structural lifestyle of physical therapy and social connection. With the pandemic, a temporary lockdown and the resulting disruption, this profile of elders were adversely affected – as seen from their decline in physical, cognitive and social well-being when we resumed day care operations in late June 2020.

Through the CB experience, we also learnt that we need to have a bigger prominence of support care for elders at home. As such, we started training a small group of freelance workers to do physical therapy at home, medical escorts, housekeeping and so forth. This is also in line with our belief in striving to be more holistic with our approach.

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Community for Successful Ageing (ComSA)

Started in 2013 as a population health experiment to successful ageing in Whampoa, the aim of the Community for Successful Ageing (ComSA) concept of community development and the ComSA centre (established in 2017) is to advance good health and well-being through the life course by promoting self-care, enabling community action to support positive ageing, providing timely and effective bio psychosocial care in the community, and fulfil our elders' wish to age well and age in place.

As the first advocate for ageing in place in Singapore, ComSA leverages on Tsao Foundation's 28 years of community aged-care service model-building experience as well as multidisciplinary skills to build the ComSA Whampoa Center pilot into an integrated, multi-service, one-stop longevity hub, providing a comprehensive range of services – from active ageing to end of life care – to the Whampoa community.

Impact of COVID-19 on Clients and Families

ComSA Whampoa Centre strived to provide the best services we can through COVID 2020's uncertain times. It was a year of constant adaptation, adjusting our care according to COVID circumstances as well as what we learnt along the way.

In order to better serve the medical needs of the Whampoa community during COVID, ComSA Whampoa Centre's Hua Mei Clinic, in March 2020, became a Public Health Preparedness Clinic (PHPC) so we can see suspected COVID patients.

Through the Circuit Breaker (CB) and throughout the various periods of COVID precautionary practices, all ComSA services aimed to strike a balance between meeting our seniors needs while protecting them and our staff from exposure by mitigating risks, which changed throughout the year depending on the state of COVID, compliance requirements, and in our best judgement, what our elders and staff needed. Being able to accurately assess risk became an important task for each family and ComSA teams - as all Tsao Foundation services - used standardised tools developed by our senior clinical team to assess risk, deliver appropriate care and collect data. Across all the services, the high risk seniors received regular care at the clinic or with home visits. Those who we thought were stable and of low risk received no-weekly calls, and those with moderate risk received once or twice weekly calls.

Care management teams leveraged on community partnerships and collaborations as they worked together to minimise exposure while arranging services such as meals on wheels and alternate transport arrangements for medical appointments for their clients.

As day centres are closed, our Elder-centred Programme of Integrated Comprehensive Care (EPICC) team stepped up to deliver in-home services to seniors, especially those with limited social support. Instructions for exercises and activities to keep older persons active and engaged were pre-recorded and sent to caregivers so their family member at home can keep seniors active during the CB period. The EPICC team also continue to celebrate clients' birthdays by delivering cakes and calling the seniors via WhatsApp video call to convey their birthday wishes to them. While the CB kept seniors away from their loved ones, in many cases the EPICC team observed strengthening of ties between older persons and their caregivers through frequent conversations – which is heartening and inspiring.

The impact on the seniors was palpable; as anticipated with CB, our elders and their caregivers suffered. The change or lack of routine was especially felt by our seniors with dementia and persons with intellectual disabilities under our care, resulting in heightened caregiver stress, as they were deprived of usual support by family members

and service providers. Social isolation and loneliness were common experiences, especially for elders who live alone and were unable to visit friends and relatives, which the Comsa teams try to ameliorate with pre-emptive caregiving training and support and frequent telephone contact. The majority of our seniors have access to phones, though we had to provide pre-paid phone service and data plans for a handful, so we can be in touch.

The CB offered much learning - both the negative physical and psychosocial impact on our seniors, as well the remarkable resilience of our elders and our teams.

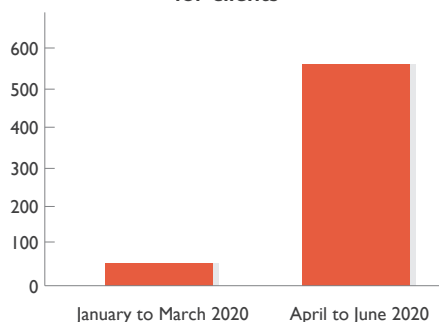
Overall, the impact on mental health was significant. The EPICC team estimated that approximately 40% of caregivers of their clients experienced increased stressed during the circuit breaker and Phase I (ie. April – June 2020) restrictions period, while the Intellectual Disability Service (IDS) team reported an alarming 75% of their caregivers experienced more caregiver stress as well.

The physical impact was similarly significant and much worse than expected. Many seniors became weaker for the lack of physical exercise, and the medically complex became more ill. While the well and the pre-frail seniors recovered well afterwards, a number of the frail seniors, such as those attending the clinic and EPICC (our senior

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centre), deteriorated significantly – both medically and functionally, with more hospital admissions in the period following the CB. Hospital admissions for seniors under the care of ComSA’s clinical teams (ie. Hua Mei Clinic, IDS, Dementia Care System, Hua Mei Care Management and EPICC) shot up during that period as well. Total admission in April to June 2020 increased ten-fold as compared to the period of January to March 2020. One previously stable senior at EPICC passed away.

Total hospital admission for clients



In spite of our effort to manage risk and closely monitor from a distance, the frail elders with complex needs did not do well without regular face to face observation (the “eyeball factor” to detect change) and rapid, timely intervention. That was the most important and painful lesson.

Going Digital

Despite the challenges brought on by the pandemic, 2020 witnessed a major breakthrough – bridging the digital divide among seniors in our community. Digital literacy has been one of the key objectives of Café Kawan at ComSA when it first started operations years ago. However, the inertia to change has been hindering the digital adaptation and change since then.

Due to the CB, loneliness, boredom and social isolation provided the impetus for seniors to learn how to be adept in using mobile devices. Café Kawan thus ramped up partnerships with the Infocomm Media Development Authority (IMDA) and Youth Corps Singapore to teach the seniors and empower them to connect with others digitally. In the last quarter of 2020, more than 40 seniors went through lessons to improve their digital literacy. As such, they were then also able to participate in the online programmes Café Kawan had. These new online programmes included interactive exercise programmes, virtual learning and health talks. For the seniors who did not participate in programmes digitally, there was still an avenue for them to come to the café to take part in the programmes with safe distancing measures in place.

Other programmes that were offered before COVID-19 period also resumed slowly by mid-July, such as crafts and gardening. From the attendance of barely 50 visits a month when café operations resumed in July 2020, attendance went up to 165 visits per month towards the end of 2020 – this, nonetheless, was a significant fall from December 2019 when the total number of visits was 295. However, the café will continue to be a digital and physical space where people share and learn skills with each other, further helping to strengthen social connectedness of our elderly residents in Whampoa.

The Learning Room also successfully transitioned to the digital space, developing and conducting nine courses during the CB and early reopening phases. These included *Staying Well to Age Successfully*, teaching seniors how to improve and maintain high physical, mental and social functioning, financial independence and overall quality of life and *Staying Cool – The Power of Positive Emotions*, which teaches older persons to express their emotions in a healthy way. Learning Room delivered these online courses in partnership with Senior Activity Centres (SACs), Southeast Community Development Council, Thomson Shun Fu Residents’ Committee, revising course materials and activities to make them accessible and online-friendly for senior participants.

In 2020, Learning Room ran a total of 73 courses (both online and in-person) for 1,050 seniors. With the Council for Third Age (C3A) as a key partner in lifelong learning for positive ageing, and the continued support of volunteer trainers, the team intends to continue to extend the tools and knowledge for successful ageing to seniors both on and offline.



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Towards Developing a Service Ecosystem

The Intellectual Disability Service (IDS), launched in September 2019, attained certain key milestones in the first year of the pilot phrase in 2020. By the end of the year, the service targeting adults with intellectual disabilities and their ageing caregivers had admitted 43 families with a total of 94 clients. In order to support families with complex health and social issues, an integrated service ecosystem involving multiple service partners is needed to address the various care needs of this vulnerable population. These include the Institute of Mental Health Adult Neurodevelopmental Service (IMH ANDS) which addresses mental health of persons with intellectual disabilities, Tzu Chi Free Clinic for dental services, legal partners for future care planning matters, and disability agencies such as the Movement for the Intellectually Disabled of Singapore (MINDS).



With the support of these partners and an educational gift from the Chua Foundation, the IDS team launched a series of webinars to bring multiple stakeholders together to build this integrated service ecosystem, starting with the first webinar in December 2020, attended by Guest of Honour, Minister for Social and Family Development, Mr Masagos Zulkifli, and approximately 400 attendees.

Testimony from caregiver

“The team is caring and supportive. We are glad for the team’s home visit and their checking in on us, especially during the challenging period when my dad is unwell. It has been assuring to have them around.”

– Kayleigh, daughter of Mr Tan Ah Huat, client of Care Management Service, ComSA

Reflection from staff

It was also during the circuit breaker period that EPICC lost a dear senior, Mdm Wong*.

Mdm Wong’s health deteriorated and was hospitalised twice. The staff spoke with her on video calls while she was in hospital and her daughter, Lilian* reported that she was very happy to “see” us. When she was about to be discharged from hospital, and given prognosis of end-of-life (pneumonia), the EPICC team stepped in to help - they secured a donated hospital bed and arranged for delivery, set up the bed, acquired the necessary equipment needed and got the place ready for Mdm Wong to return home.

During her last 10 days at home, the team took turns to keep her company every day while allowing Lilian to have some respite. As Lilian is the only child, one staff helped to drive Lilian around to formalities and paperwork for Mdm Wong’s wake.

*Names in article have been changed

Testimony from caregiver

“I am writing, on behalf of the family members of Madam Ang, our mother, to express our gratitude to the Hua Mei Dementia Care Team members, who paid her a surprise visit yesterday, 14 of May. It was, indeed, a timely gesture to enliven our mother’s mood and spirit during this current circuit breaker period. We are grateful for your presence and the gifts for our mum and her care-giver, Ms Sudarsih.

We commend your Team members’ dedication in their work and wish all of you continued good health and success in monitoring the well-being of our seniors and bringing cheer to them!!”

– Mr Soh Swee Kiat, son of Mdm Ang Chee Hui, client of Dementia Care System

HOLISTIC CARE

Research Projects for 2020

Project	Start Date*	End Date	Status as at end-2020	End-goal/ Advocacy Objective?
The Community for Successful Ageing (ComSA) Patient-Centered Care (COPACC)	Nov 2017	Nov 2020	<ul style="list-style-type: none"> Report to be drafted, confirmed and circulated in 2021 The team secured a 6-month Person-Centred Medical Home (PCMH) funding extension until Dec 2021. 	Propose a new model for primary care for older persons with complex care needs in Singapore, based on evaluation of ComSA PCMH.
Cognition Grant Study on Dementia in Whampoa	Oct 2018	Feb 2021	<ul style="list-style-type: none"> Final quantitative results of evaluation to be presented in Feb 2021 	<p>Develop a blueprint for community-based dementia care in Singapore.</p> <p>Explore scaling/ replicability of Dementia Care System (DCS) across Singapore through evaluation.</p>
SCOPE -Diabetes Management	Feb 2019	Jun 2020	<ul style="list-style-type: none"> Final evaluation report submitted and shared with AIC 	<p>Explore scaling/ replicability of SCOPE DM across Singapore through evaluation.</p> <p>Advocate for this type of programme to be mainstreamed.</p>
Enriching and Mobilising Participation of Whampoa's Elder Residents (EMPOWER)	Jan 2019	Dec 2021	<ul style="list-style-type: none"> Completed baseline survey data collection for 59 intervention and 80 comparison participants so far. Data collection has wrapped up, as the implementation of the six community design thinking workshops was completed in 2020. Preliminary data analysis was done and presented to stakeholders. 	To develop community advocates of older persons in Whampoa, as guided by the Culture-Centred Approach
GDSSIL Mapping of community resilience and empowerment initiatives across Southeast Asia (Thailand, Philippines and Singapore)	Jun 2020	May 2022	<ul style="list-style-type: none"> Completed data extraction and synthesis for systematic review, Next stage is for preliminary domains of the community resilience framework to be validated with subject matter experts. 	For local and regional -level advocacy on resilience of older people.

* Refers to start of study recruitment/ data collection process

CAPACITY BUILDING

Hua Mei Training Academy

Hua Mei Training Academy (HMTA) saw a year of new opportunities and transitions in the year 2020. It started the year on a high note with a graduation ceremony being organised for the 2019 cohort of Singapore Workforce Skills Qualifications (WSQ) graduates. Held on 9 January 2020 at the Lifelong Learning Institute for some 80 graduates, the Guest-of-Honour was Mr Er Kwong Wah, Chairman of HMTA Academic & Examination Board.

The academy delivered one last class of WSQ *Diploma in Community and Social Services (Senior Services)* for the year. Funding expired on 31 July 2020 for the other two qualifications i.e. the *WSQ Diploma and Advanced Certificate in Community and Social Services (Senior Services)* and *WSQ Advanced Certificate in Community and Social Services (Senior Services)* thus the academy was unable to run further WSQ intakes which were housed under the old WSQ Framework of Community and Social Services (Senior Services). With the recent government’s push for sectoral industry transformation, the two expired qualifications need to be realigned to the Skills Framework for Social Service. The Skills Framework is an integral component of the Industry Transformation Maps and it is co-created by employers, industry associations, educational institutions, unions and government for the Singapore workforce.

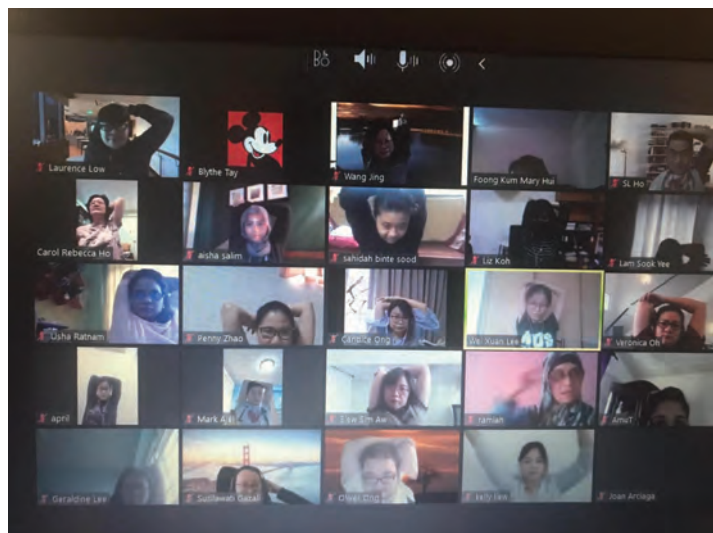


Digitalisation of capacity building

The COVID-19 pandemic has accelerated the speed of digital transformation in every aspect of work and lives in Singapore – including our various training deliveries and curriculum plans.

The academy ran six virtual roadshows and online course previews in the months of November and December after the revamping and re-packaging of our programmes and curriculum.

With Singapore gradually re-opening in the second half of the year, we also delivered 10 runs of our courses to some 142 participants for the four modules under Agency for Integrated Care’s (AIC) appointment. In view of the pandemic and the mandatory safety measures put in place, most of these training lessons were done via zoom sessions. Moving forward, HMTA will look at designing blended and e-learning content to further enhance and diversify our product offerings to reach a wider audience.



Screen grab from *Clinical Dementia Care* course

Course Title	No. of Runs	No. of Paxs
Advanced Primary Care for Home-bound Elders - Principles and Practices for Service Leaders	1	11 paxs
Advanced Primary Care for Home-bound Elders - The Practice for Nurses	3	37 paxs
Befriending Older Persons	4	53 paxs
Clinical Dementia Care	2	41 paxs

CAPACITY BUILDING



In September 2020, the academy collaborated with SASCO Senior Citizens' Home to run a synchronous learning session of virtual *Person-Centred Care* training across three different locations in Singapore for their caregivers, drivers, cooks, as well as HR and management staff. A total of 120 participants attended the successful session while adhering to strict safe distancing measures. Some feedback gathered from the participants from this session includes the following:

“The course achieved its stated objectives.”

“The concepts and skills acquired in the course are useful and relevant to my work.”

“The trainer had good knowledge and practical understanding of the subject matter.”

“The administrator provided timely technical assistance.”

New collaborations and appointments

On 26 May, Deputy Prime Minister Heng Swee Keat launched the SGUnited Jobs & Skills Package to support an estimated 100,000 Singaporeans whose livelihoods have been affected by the COVID-19 pandemic. HMTA was awarded a Letter of Appointment (LOA) by SkillsFuture Singapore (SSG) to deliver three SGUnited Skills (SGUS) programmes from 10 December 2020 to 31 March 2021.

SCOR, one of the world's largest reinsurers, partnered with the academy on 24 July 2020 to deliver a talk on *Inclusion in Diversity - Building a Community of Many Ages* to its employees. The academy also conducted three runs of the Befriending Older Persons Workshop for Thye Hwa Kwan. The collaboration with our long-time corporate partner – Prudential, continued with HMTA delivering 12 sessions of *Age Sensitisation and Basic Caregiving for the Older Persons* workshop, and *Empathy with a Heart-Valuing the Older Persons* programme.

No.	SGUS programmes	Target Audience
1	SGUS Programme for Care and Coordination (Community Eldercare)	
3	SGUS Programme for Centre Management (Community Eldercare)	Mid-career switchers/retrenched workers
4	SGUS Programme for Case Management and Coordinatio (Community Eldercare)	

JOINING THE DOTS

Launched in 2011, the mission of the International Longevity Centre – Singapore (ILC-S) is to drive constructive change in eldercare and how society approaches and responds to longevity. It aims to promote the well-being of older people and contribute to national development through initiating research and forging collaborations which inform policy, facilitate policy-action translation and promote quality, effective practice in Singapore and the region.

Research as the Basis to Advocacy

With these in mind, the ILC-S team navigated through the pandemic in 2020 and managed to continue many of its planned research projects, as well as embarked in new research ideas and tweaked the ways researches were conducted.

Understanding the impact of COVID-19 on seniors and their digital literacy

Due to the uncertainty of the COVID-19 situation in early part of the year, the team started a longitudinal phone survey in March to monitor the well-being of participants from our community development programmes in Whampoa.

The phone surveys were designed to minimise physical contact while checking with our senior participants. Data entry processes were streamlined such that they were all entered online into a survey platform. This paperless format of data entry increased efficiency while reducing cost and manpower required for data entry.

About 73.25% or 115 seniors responded and shared with us how they were coping with COVID-19 over four rounds of phone surveys conducted from March to July 2020. 10% of them were affected by a change in routine. However overall, but there was little or no impact on their finances while they continued to monitor their health.

At the same time, given the increasing need for digital access with the COVID-19 pandemic, the team wanted to know the proportion of seniors who had access to information, communication and technology. We found that access to smartphones decreased from 88.9% to 54.3% with increasing age. About 60% of our seniors reported using some kind of social networking services. WhatsApp was the most popular, followed by Zoom. While there was no significant difference in ICT access and patterns of usage between males and females, overall, staying in touch with family, friends and grandchildren was the top motivation for using ICT and social network services for our seniors.

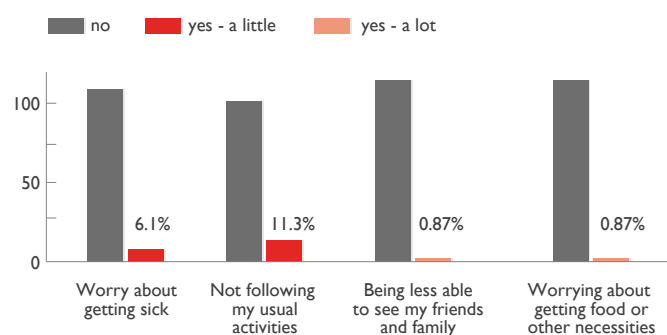
Access to ICT Decreases with Age

Age	<60 (n=9)	<60-69 (n=21)	70-79 (n=29)	>80 (n=35)	P-val*
Have smartphone	88.9%	80.9%	79.31%	54.29%	0.04
Have computer/ tablet	66.7%	23.8%	10.3%	14.3%	<0.01
Have internet at home	66.7%	23.8%	10.3%	14.3%	<0.01
Have mobile plan	88.9%	76.2%	51.7%	45.7%	<0.01
Have someone at home to guide you in using smartphone	22.2%	42.9%	51.7%	22.9%	0.08

*P value for X2 test

No significant difference in ICT access for females vs males

During the past one month, has any of these affected your wellbeing?



JOINING THE DOTS

What makes our communities and elders resilient in the face of change, uncertainty and stress?

In June 2020, with funding support from GDSSIL (UK based foundation), ILC-S partnered with its research and NGO partners - Coalition of Services for the Elderly (COSE) in the Philippines and Foundation for Older Person's Development (FOPDEV) in Thailand to conduct a regional study on community resilience. This new research aims to explore how community resilience manifests and can be promoted in ageing communities of Southeast Asia, in the face of a wide range of stressors over their life course.

A multidisciplinary team of nine experts was formed, comprising of academics, NGO practitioners, as well as policy experts from the three countries. In the first phase of the project, a scoping review was conducted, where the team screened 3,878 journal articles and grey literature on community and individual resilience to understand the factors and processes that promote resilience at the individual and community level. Based on this scoping review, an evidence-based framework was derived, which was further validated by a wider team of 24 subject matter experts on community resilience through a Delphi survey.

In the next phase of the project, the team will further test this framework, by using it to compare six case studies across the three countries, on how older people and other members in their community came together to address a specific stressor.

Women and Ageing

A longstanding focus of the ILC-S is understanding the different experiences of ageing for older men versus women, as well as how existing gender inequalities can increase older women's vulnerabilities to stressors such as COVID-19.

In 2020, the Foundation catalysed the formation of a national level alliance of women and ageing organisations to advocate for the financial security of older women in the Philippines and Thailand in partnership with the HelpAge International Asia Pacific regional office, COSE (Philippines) and FOPDEV (Thailand).

As part of this alliance, a series of gender mainstreaming training was conducted for ILC-S staff and programme partners from COSE and FOPDEV. The team also found time to contribute and submit an article to HelpAge's AGENEWS on the Pro Older Women Project, as well as an article on Strengthening Social Protection of Older Persons, particularly of older women in ASEAN in the ASEAN Inside View, July 2020 Issue 3.

To explore the impact of COVID-related effects on women, we organised the ASEAN Web Forum on *COVID-19: Gender and Ageing Focus* with the ASEAN Secretariat on 29 June. Additionally, we are proud to have completed the 10-year impact evaluation of the Citi-Tsao Foundation Financial Education Programme for Mature Women in 2020 – where we were heartened to learn that the majority of our participants reported sustaining positive financial outcomes from the programme.

Other notable achievements on the advocacy front in 2020 include:

1. Presentations at the ILC Global Alliance webinar – *A caring world-responding to the impact of the coronavirus on long term care* on 18 June
2. Co-organised a webinar with ILC UK on *Healthy ageing and adult vaccination* in Singapore and Hong Kong on 1 October
3. Conducted training as part of the ACWO (ASEAN Confederation of Women's Organisations) *Masterclass on Enhancing the quality of women's life in ageing* on 16 September

Community Participation - Programme Development for Mainstreaming

Using the Whampoa catchment areas to launch our community participation programmes, ILC-S aims to bring a slew of programmes to help enable healthy ageing, self-care and social participation, as well as promote an increased sense of well-being for older residents. The goal is to have these measurable and effective programmes replicated in other communities in Singapore and beyond.

One of which is the Enriching and Mobilising Participation of Whampoa's Elder Residents (EMPOWER) programme launched back in 2019. It is a three-year pilot community participation initiative with an aim to build a ground-up peer leader empowerment programme for catalysing community-based active ageing, community participation and action in health and wellness.

In August 2020, the team commenced midpoint data collection and analysis to understand the implementation process and outcomes of EMPOWER programme in Whampoa. Some 137 community advocates from the programme were interviewed at various community design thinking workshops. The data collected from this round of interviews will be compared with those collected subsequently in 2021 to make a more meaningful analysis and evaluation of the programme.

Preliminary findings from the 2020 findings have been positive, with many praising the programme for the following:

1. increasing regular and meaningful social participation for seniors
2. creating a space of peer learning and community listening
3. encouraging values of creativity, problem solving and growth mindset for seniors towards their community and neighbourhoods

JOINING THE DOTS

Quotes from community advocates interviewed on EMPOWER programme:

"It's because [some seniors] are alone, I guess? They are not aware of the activities around them. They may also be limited by their mobility. We ought to help them as friends and neighbours, and bring them out, by participating in these activities." - Mdm Seah

"We have arrived at a point where we can make decisions now, what our goals are. Now we have to make decisions, find people willing to volunteer for certain roles, who knows many dialects, who can speak to many people, and can communicate. We can knock on the doors to ask people what their needs are. These things we couldn't have done by ourselves. These things we learned from the group meeting." - Mdm Pushpa

"The elderly don't have to wait for people to assist them. Especially for elders who live on their own, they don't have to depend on the younger people to help them out. For example, if I apply this to myself, I can go online to look for assistance. I can search for solutions myself." - Mr Tan

With approval from the National Council of Social Service (NCSS) on our safe distancing protocols for large-scale events in August, we were able to resume physical activities. We organised three sessions of community design thinking workshops and together with the community advocates, identified three community issues and solutions for Whampoa – ie. (1) social isolation, (2) public transport challenges, and (3) overhead bridge challenges.



The team followed up with three consultations arranged for both the community advocates and the respective agencies to meet and further deliberate on the community issues of Whampoa and potential solutions they can all work towards. The agencies include the Urban Redevelopment Authority (URA), Land Transport Authority (LTA), Agency for Integrated Care (AIC), Whampoa Family Service Centre, AWWA, and SAGE Counselling Centre. The team has been working with the senior participants to produce white paper reports on the issues of overhead bridges, public transport and social isolation as per discussions throughout the engagement sessions.

The outcomes of these collaborations include capacity building workshops for seniors in befriending and peer support skills, as well as workshops on mapping resources and institutions in the neighbourhood. The team also produced three videos documenting the process of three community design thinking workshops organised from August to November.

Looking back, the many challenges encountered in 2020 provided valuable learnings for the team. The mandatory social distancing measures affected venue bookings which in turn impacted our programme requirements as the number of participants in each activity were restricted. We also did more frequent outreach to recruit new participants through phone calls and door-knocking, leaning on our team members and interns even harder.

From the findings of the COVID-19 phone surveys, we found an increase in illnesses reported by our senior participants. While some of them were hesitant to return in July for physical activities, others were eager to return to their actively social lifestyle. In working with the seniors, we were able to create spaces of listening that were safe in pandemic conditions and engaged the community in a substantial and meaningful way. Unfortunately, two of our senior participants passed away in the year. We held a short memorial service for one of them at our first activity in August, to honour his time with us.

NURTURING A ROBUST AND RESILIENT TEAM

Workplace mental health has taken top spot with most companies and organisations as the COVID-19 pandemic hit the world and created a new norm on how we all work, live and play.

The circuit breaker period brought many changes to our work and operations, and our teams strived to manage the uncharted waters, as well as clients and caregivers who were stressed by the uncertainties.

Mandatory split teams, minimal workplace interactions and the recommended work-from-home (WFH) arrangement also caused some strain on manpower available (in some of) our services. Advisories from the ministries and AIC came in on a regular basis throughout the year and we continued to tweak our operations accordingly.

Leveraging on available means and platforms, a COVID-19 workgroup was formed using WhatsApp as the primary channel quickly and effectively disseminate information and address all questions and doubts from all heads of departments.



To manage staff stress and mental wellness, the management and teams stayed connected through the year via virtual town-halls and meetings, with emphasis on heads of departments to continually engaged their team members. The staff had sponsored virtual team lunches once as well. Team members who reported significant stress during the period were offered counselling and allowed to go on extended leave if they wished to.

We also continued to deliver employee upgrading opportunities to all – especially vital digital skills which became our top priority since the pandemic. Some courses and online tutorial sessions facilitated include e-booking of internal and external resources, as well as various online teaching and video conferencing tools, such as Zoom, Pigeon-hole and Trello. Managers were signed up to an online programme *NexLeaders* to help equip them on people management skills in over 30 topics including conflict management, engagement, and personal growth.

Tsao Foundation Long Service Awards 2020

5 years

Yong Leong Ying (HMCCMS)
Cinthia Lim (HMMC)
Yeo Siew Ching (HMAC)
Alice Chiam (HMCC)
Betty Tan (EPICC TB)
Casey Chong (HMTA)
Joan Wong (EPICC TB)

10 years

Jasmine Wong (HMMC)
Lim Siew Chuay (HMMC)
Tan Sai Tiang (HMC)
Lim Lei Hoon (HMC)

20 years

Gu Falong (HMAC)
Annie Xie (HQ)

To enhance work-life balance, the foundation also formalised flexible work arrangements policy to allow employees to work staggered hours or from home where operationally possible and as needed, particularly for post COVID-19.

Due to the COVID-19 safety measures, we were unable to hold our annual ceremony to celebrate the staff's long service awards, but we continued to recognise them for their contributions via a virtual Town Hall. Moving forward, we will support the organisational transformation particularly in the areas of performance enablement, engagement, leadership, and capability development.



DIRECTORS' STATEMENT

The directors present their statement to the members together with the audited financial statements of Tsao Foundation (the "Foundation") for the financial year ended 31 December 2020.

In the opinion of the directors,

(a) the accompanying financial statements are drawn up so as to give a true and fair view of the financial position of the Foundation as at 31 December 2020 and the financial performance, changes in funds and cash flows of the Foundation for the financial year covered by the financial statements; and

(b) at the date of this statement, there are reasonable grounds to believe that the Foundation will be able to pay its debts as and when they fall due.

Directors

The directors of the Foundation in office at the date of this statement are as follows:

Mary Ann Wai Sheng Tsao
Chavalit Tsao
Phillip Tan Eng Seong
Anne Kim So Min
Jacqueline Wong May Fong
Goh Yong Leng
Chau Shing Chi
Cheah Sheau Lan
Woon Sac San Saxone
Tan Bee Nah (Appointed on 16 July 2020)

Arrangements to enable directors to acquire benefits

Neither during nor at the end of the financial year was the Foundation a party to any arrangement whose objects are, or one of whose object is, to enable the directors of the Foundation to acquire benefits through the acquisition of shares in, or debentures of any other body corporate.

Directors' interests in shares or debentures

As the Foundation is a public company limited by guarantee and has no share capital, matters relating to the directors' interests in shares, debentures, and share options of the Foundation are not applicable.

Auditors

The Auditors, Messrs Lo Hock Ling & Co., have expressed their willingness to accept re-appointment.

On behalf of the Board of Directors,



Director



Director

Singapore, 4 June 2021

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER 2020

	2020 S\$	2019 S\$
ASSETS		
<u>Non-Current Assets</u>		
Plant and equipment	192,061	163,185
Intangible assets	319,387	194,534
Right-of-use assets	352,378	485,228
	<hr/> 863,826	<hr/> 842,947
<u>Current Assets</u>		
Inventories	41,002	38,658
Receivables	2,128,459	1,519,280
Fixed deposits with financial institutions	4,153,770	4,111,957
Cash and bank balances	7,478,010	5,787,251
	<hr/> 13,801,241	<hr/> 11,457,146
Total Assets	<hr/> <hr/> 14,665,067	<hr/> <hr/> 12,300,093
<u>FUNDS, RESERVES AND LIABILITIES</u>		
<u>Funds and Reserves</u>		
Accumulated reserves	8,332,065	8,482,691
Scholarship fund	106,403	111,987
Total Funds and Reserves	<hr/> 8,438,468	<hr/> 8,594,678
<u>Non-Current Liabilities</u>		
Lease liabilities	238,613	369,729
Provision for restoration costs	271,030	271,030
Grants and donations	340,849	88,909
	<hr/> 850,492	<hr/> 729,668
<u>Current Liabilities</u>		
Grants and donations	3,827,074	1,579,265
Payables	1,417,917	1,280,983
Lease liabilities	131,116	115,499
	<hr/> 5,376,107	<hr/> 2,975,747
Total Liabilities	<hr/> 6,226,599	<hr/> 3,705,415
Total Funds, Reserves and Liabilities	<hr/> <hr/> 14,665,067	<hr/> <hr/> 12,300,093

STATEMENT OF COMPREHENSIVE INCOME

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

	2020 S\$	2019 S\$
Income		
Donations and fund raising income	3,118,088	3,027,677
Programme grants	3,917,245	4,166,292
Consultation fees	991,502	1,030,358
Training fees	400,333	465,098
Other income	1,725,193	319,689
	10,152,361	9,009,114
Less: Expenditure		
Amortisation of intangible assets	90,847	75,938
Employee benefits expense	8,381,440	8,040,370
Depreciation of plant and equipment	108,791	136,014
Depreciation of right-of-use assets	132,850	122,101
Fund raising expenses	50,845	63,161
Finance cost	29,328	14,254
Other expenses	2,022,685	2,370,204
	10,816,786	10,822,042
Operating deficit	(664,425)	(1,812,928)
Donations matching grants	513,799	1,896,280
(Deficit)/surplus for the year	(150,626)	83,352
Other Comprehensive Income:		
Items that will not be reclassified subsequently to profit or loss:		
Net movement in restricted funds:		
Scholarship fund	(5,584)	(13,375)
Other comprehensive loss for the year	(5,584)	(13,375)
Total comprehensive (loss)/income for the year	(156,210)	69,977

STATEMENT OF CHANGES IN FUNDS

AS AT 31 DECEMBER 2020

	General funds	Restricted funds	
	Accumulated reserves*	Scholarship fund	Total funds
	S\$	S\$	S\$
Balance as at 1 January 2019	8,399,339	125,362	8,524,701
Surplus for the year	83,352	-	83,352
Other comprehensive loss	-	(13,375)	(13,375)
Total comprehensive income/ (loss) for the year	83,352	(13,375)	69,977
Balance as at 31 December 2019	8,482,691	111,987	8,594,678
Deficit for the year	(150,626)	-	(150,626)
Other comprehensive loss	-	(5,584)	(5,584)
Total comprehensive loss for the year	(150,626)	(5,584)	(156,210)
Balance as at 31 December 2020	8,332,065	106,403	8,438,468

* Included in the accumulated reserves are:

(a) accumulated programme deficits of \$973,210 (2019: \$893,169) representing the excess of expenditure over income arising wholly and exclusively from Enhanced Counselling and Coaching Programme for Hua Mei Centre for Successful Ageing; and

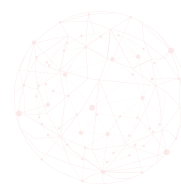
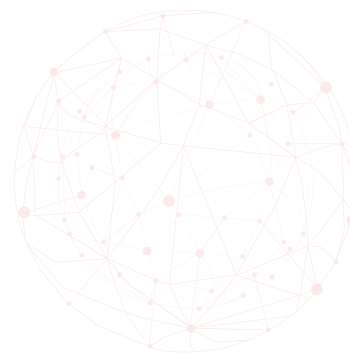
(b) accumulated programme deficits of nil (2019: \$25,410) representing the excess of expenditure over income arising wholly and exclusively from Enriching and Mobilising Participation of Whampoa's Elder Residents. In the current year, the unutilised programme grant amounting to \$39,468 is included in advance subvention for special projects and is restricted for the programme's future use as per its intended purpose.

Any deficits in these programmes are met by the unrestricted accumulated reserves. In the event these programme reserves are in surplus, these reserves are restricted for the operations of such programmes only, for the benefit of its intended clients and will not be transferred out of these programmes for other purposes in keeping with the funders/donors' intended use of monies.

STATEMENT OF CASH FLOWS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

	2020 S\$	2019 S\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
(Deficit)/surplus for the year	(150,626)	83,352
Adjustments for:		
Amortisation of intangible assets	90,847	75,938
Depreciation of plant and equipment	108,791	136,014
Depreciation of right-of-use assets	132,850	122,101
Gain on disposal of plant and equipment	(3,738)	-
Interest income	(37,520)	(45,765)
Finance cost	29,328	14,254
	<u>320,558</u>	<u>302,542</u>
Operating surplus before working capital changes	169,932	385,894
(Increase)/decrease in inventories	(2,344)	833
(Increase)/decrease in receivables	(620,933)	102,827
Increase/(decrease) in grants and donations received in advance	2,499,749	(50,988)
Increase/(decrease) in payables	136,934	(95,337)
Changes in working capital	<u>2,013,406</u>	<u>(42,665)</u>
Net cash from operating activities	2,183,338	343,229
CASH FLOWS FROM INVESTING ACTIVITIES:		
Interest received	49,274	60,516
Proceed from disposal of plant and equipment	3,738	-
Purchase of intangible assets	(215,700)	(189,200)
Purchase of plant and equipment	(137,667)	(71,623)
Net cash used in investing activities	<u>(300,355)</u>	<u>(200,307)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payment of interest relating to lease liabilities	(29,328)	(14,254)
Repayment of lease liabilities	(115,499)	(122,101)
Net cash used in financing activities	<u>(144,827)</u>	<u>(136,355)</u>
Net increase in cash and cash equivalents	1,738,156	6,567
Cash and cash equivalents at the beginning of the year	<u>9,787,221</u>	<u>9,780,654</u>
Cash and cash equivalents at end of the year	<u><u>11,525,377</u></u>	<u><u>9,787,221</u></u>



Tsao Foundation

Longevity is Opportunity

Tsao Foundation

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