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SUPPORTING AND ENABLING IMPROVEMENTS IN THE AREA OF CARE FOR ADULTS WITH DISABILITIES IN SINGAPORE

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ABSTRACT

The purpose of this pilot study is to improve and facilitate enhancement in terms of care for adults with disabilities in Singapore. In many developed countries in the world, many if not all adults with special needs, live out in the community and are fully integrated with society. However, the majority of adults with disabilities in Singapore are residing in institutions because their families are not able to take care of them. There have been some attempts at mainstreaming adults with disabilities into the Singaporean community, however the number is very small. Although there has been much progress in the disability sector in Singapore, much work needs to be done in the adult disability sector. There are few research studies conducted on the adult disability sector in Singapore and the rest of the world (Happe & Firth, 2020; Lee & Burke, 2018). In Singapore and the rest of the world, there needs to be more of a person's centred model when working and supporting adults with disabilities. Thus, the premise of this study is how do we improve the quality of life of adults with disabilities in Singapore? How do we improve and facilitate enhancement in terms of care for adults with disabilities in Singapore?

KEY WORDS: *adults, disabilities, quality of life*

INTRODUCTION

Singapore has developed 'The Enabling Masterplan' which is a roadmap for Singapore to build a more inclusive society where persons with disabilities are empowered and enabled to realise their true potential. Thus, the goal of the 3rd Enabling Masterplan is to better enable persons with disabilities in Singapore to fulfil their aspirations in all aspects of life. One of the main recommendations for the Singapore government's enabling plan is to: To build the capacity and capability of disability service providers to enhance service quality. To improve the care as well as the quality of life for adults with special needs, there is an assumption that there is a direct and positive correlation between staff competency, confidence and expertise that would facilitate adults with special needs well-being. In this study, the investigator would look into the concerns and recommendations of the staff working with adults (clients) with disabilities. The project would be implemented in two voluntary welfare organisations (VWOs).

In this pilot project, the investigator intends to evaluate the efficacy of the staff's level of competency and areas of concern that may be lacking in their support for adults residing or in their care. This study involves the implementation of interviews and observation from four staff from each VWO organisation to facilitate the investigation of this study regarding improving and facilitating enhancement in terms of care for adults with disabilities in Singapore. There were be interviews, observation sessions, focus group discussions, feedback (sharing session with the staff) and a quantitative study (survey).

PURPOSE OF THIS STUDY

The purpose of this pilot study is to improve and facilitate enhancement in terms of care for adults with disabilities in Singapore. Some general and over-arching questions are:

i. How can we improve on this existing system because the majority of adults with disabilities in Singapore are living in institutions or segregated settings?

ii. What are some ways we can increase the quality of life for adults with disabilities in Singapore?

The questions listed above were needed to be explored and investigated to create a more in-depth understanding of the concerns and issues that adults with disabilities face in Singapore. In addition, this study seeks to extract data and information that may contribute to the well-being of adults with disabilities in Singapore.

RESEARCH OBJECTIVE

The objective of this study is to examine the different ways to improve and enhance the care aspect for adults with disabilities. In Singapore, many of the staff working with adults with disabilities do not have the qualifications or experience to help these adults. With better-trained staff, the assumption is that it would benefit the clients and therefore the prognosis and expected trajectory for adults with disabilities would also be improved.

RESEARCH QUESTIONS

1. What are the perceptions of the staff and professionals on the current existing model that MSF (Ministry of Social Services) or MOH (Ministry of Health) has given to each of these organisations? Eg, inclusion versus segregation, funding model, etc.
2. Do the staff and professionals believe this model is a person-centred approach? Why or why not? How can we improve the existing system?
3. Are there concerns from staff and professionals regarding the care aspect of adults with disabilities? Eg. How do they intend to increase the quality of life for their clients?
4. How can we build on the capacity and capability of disability service providers to enhance service quality? Eg level of staff competency

HYPOTHESES

This study hypothesises that adults with disabilities in Singapore (institutions, centres and drop-in therapy services) are not receiving the quality of care needed to maximise their potential.

It is hoped that if most of the concerns that the staff and professionals are looked into and resolved, regarding the care aspect for adults with disabilities, the trajectory of these adults would be better and more adults would be integrated into the community.

Thus it is hoped that:

- Adults with mild learning difficulties would be taught skills to work and live independently.
- Adults with mild and moderate learning disabilities would be taught skills for open employment.
- Adults with moderate learning disabilities would be taught skills for the sheltered type of supported employment.
- Adults with severe learning needs or complex needs would learn skills to be independent in some of their self-help skills for the preservation of self-dignity and quality of life. For example, being able to shower on their own or change their clothes without another adult helping them.

METHODOLOGY

The next few paragraphs would be describing the research methodology for this study. It would describe the methodology of the study, the selection and profile of the participants, the measures used, and the procedures conducted for this mixed-method study. The participants include care staff from two organisations. There are three phases to this research study, including both qualitative and quantitative components.

Sampling for this study would be taken from the two VWO organisations as stated above. The two VWO organisations were purposely selected based on the disability sector in Singapore. These two organisations target different types of disabilities and challenges in the adult disability sector in Singapore.

Organisation	Reason Organisation was Selected
Organisation A	Clients are adults with congenital and acquired physical disabilities.
Organisation B	Clients are adults with autism and many display behavioral challenges. Many of these clients have moderate to severe autism.

PHASE I

Phase I involved the selection and interviewing of 4 participants from each organisation (8 participants in total). The interviews are based on four broad themes:

(a) perceptions regarding the existing model
(b) person-centred approach of the model
(c) concerns regarding the care aspect of adults with disabilities
(d) capacity and capability of disability service providers

In general, the interviewees felt that the funds provided in the current model were insufficient, the model was not a person-centred approach, and more regular and higher quality training for staff would be useful to enhance our staff's competency. They hoped that adults with disabilities could be given equal opportunities and resources to participate and engage in activities. They also agreed that it is important to work on the strengths and interests of the clients when teaching important skills. These interview responses then formed the basis for the development of survey questions for the next phase.

PHASE II

Phase II involved the dissemination of a survey to 77 participants and 61 surveys were returned (completed). The survey consisted of 22 questions based on the same four broad themes from Phase I. In general, the coding and analysis of survey results revealed that participants agreed that more funds should be provided and that a model was a person-centred approach (which conflicts with the responses from Phase I), that more community engagement programmes could be implemented to raise awareness for people with disabilities that their clients should be taught social communication skills, that it is important to work on the strengths of the clients, and that more regular and higher quality training for staff could enhance staff's competency.

PHASE III

Phase III involved two focus group discussions with 14 participants from the two organisations. A total of 10 research questions were asked. These questions were broadly based on: (a) perceptions of the current funding model, (b) person-centric approach of the model, (c) perceptions of the individual care plan (ICP), (d) suggestions in terms of the services and care aspect for clients, (e) suggestions to improve the quality of life for clients, (f) suggestions for skills to teach to clients, (g) opinions regarding the qualifications and capabilities of staff, (h) confidence in handling and working with clients, (i) staff competencies, (j) staff upgrading.

In general, the coding and analysis of responses revealed that the model was not person-centric, and more funding should be provided. The Individual Care Plan (ICP) is an important component for the assessment of clients, and it is person-centric. An interviewee also suggested increasing the number of care staff to improve 'rehab quality', while another interviewee suggested providing funding for middle-income families. Some interviewees suggested teaching 'social skills' and 'independent daily living skills to clients. The interviewees generally felt confident and competent in working with their clients, however, they also agreed that a postgraduate in adult disabilities would be useful.

RELIABILITY AND VALIDITY OF RESEARCH STUDY

To ensure the reliability and validity of the study, appropriate research tools and analytical approaches were selected. For the qualitative and quantitative portion of this research, the reliability and validity of the analysis were based on the use of methodological triangulation, which in this study, combines different data sources including the completed surveys, interviews with 8 staff members, observation sessions of the 8 staff with their clients and the focus group discussions.

The triangulation of information collected served to prove the validity and soundness of the collected data. Furthermore, a second coder from the study team coded 30% of the interviews and focus group discussions for the computation of inter-coder reliability. For the observer section, the reliability of observations was established via (a) the use of rubrics, and (b) the computation of inter-observer agreement. Further, the findings of the observation sessions were triangulated with the interview questions with staff regarding their views on the services of care to adults with disabilities.

LIMITATIONS TO THE STUDY

There were some limitations to the study. Firstly, the foreign staff (i.e., those from Myanmar and India) faced some difficulties in understanding the survey questions due to the language barrier/difficulties. Although the survey was translated into the respective foreign languages by professional translators, some of the staff still do not understand the translated questions. This may have resulted in inaccurate responses. Secondly, some of the interviewees tend to respond very enthusiastically and may need prompts to be redirected to the main questions. This unfortunately extended the interview process. Thirdly, the small sample size of the study [mainly involving two Voluntary Welfare Organizations (VWOs) in Singapore] may not be representative of all the VWOs in Singapore. This may affect the internal and external validity of the study (Faber & Fonseca, 2014). Fourthly, it should be noted that the study only involves the opinions of staff in the respective VWOs. It did not include the opinions of the other stakeholders who also play a crucial role in the delivery of care services for adults with disabilities. These stakeholders include the clients themselves, their families, and other organizations such as the National Council of Social Services (NCSS) and the Ministry of Social and Family Development (MSF).

CONCLUSION

This study aimed to improve and enhance care for adults with disabilities In Singapore. The study consists of three phases, which included both qualitative (interviews and focus group discussions) and quantitative components (surveys). There are some conflicting results from the diverse participants in the different phases. Furthermore, the study has its limitations. In general, however, the results seem to show that more funding, more care staff, and more regular/higher quality training (i.e., postgraduate in adult disabilities) should be provided. It is also important to work on the strengths of the clients when teaching important skills. In doing so, it is hoped that adults with disabilities could be given equal opportunities and resources to engage in meaningful activities. This may eventually ensure inclusivity and the highest quality of care delivery and quality of life for adults with disability in Singapore.