

REPORT BY THE ENABLING MASTERPLAN 2030 TASKFORCE ON

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# COMMUNITY LIVING FOR PERSONS WITH DISABILITIES



*Illustration designed by Josephine Tan, a digital product manager and freelance designer-illustrator. She is hard-of-hearing with progressive vision loss.*

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## 1. Foreword by Co-Chairpersons

1.1 Launched in 2022, the Enabling Masterplan 2030 (EMP2030) outlines our goal for inclusive living: that by 2030, persons with disabilities with care needs would have access to a continuum of services that enable them to fully and actively participate in community life. Two years on, we have made progress towards this goal. In 2023, the first Enabling Services Hub and Enabling Business Hub were launched, providing more opportunities for persons with disabilities to engage in their communities and find work closer to home.

1.2 But there is still more we could do to empower persons with disabilities to participate in and contribute to the community. Under EMP2030, the Taskforce on Community Living for Persons with Disabilities was set up to explore how we could enhance and extend the current range of support for persons with disabilities to live well in the community, including the development of new housing and care models.

1.3 The Taskforce brought together persons with disabilities and representatives from the people and public sectors, who contributed diverse perspectives and ideas that shaped the recommendations in this report. Taskforce members also engaged persons with disabilities and caregivers to understand their needs and aspirations for community living and consulted other social service agencies (SSAs) to leverage their expertise in supporting persons with disabilities. Through these discussions, the Taskforce has developed a three-pronged approach to supporting community living that recognises the varied goals of persons with disabilities and their families at different life stages.

1.4 We appreciate the efforts and contributions of Taskforce members and all who have contributed to this report in one way or another. While the release of this report marks the conclusion of the Taskforce, we invite all stakeholders to continue working together to refine and implement the recommendations presented, to realise our shared vision of inclusive living for persons with disabilities.

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## 2. Executive Summary

2.1 Under the Enabling Masterplan 2030 (EMP2030), which was launched in August 2022, the Taskforce on Community Living for Persons with Disabilities was set up to identify housing and care models that would enable more persons with disabilities with care needs to live and participate in the community. These efforts contribute to the EMP2030 target for Inclusive Living, to increase persons with disabilities' satisfaction with their opportunities to participate in social activities to 4.0 out of 5.0 by 2030, up from 2.52 in 2015.

2.2 The Taskforce consisted of 18 members, including three individuals from the disability community, disability social service agencies (SSAs), public sector agencies such as the Ministry of Health (MOH), Ministry of National Development (MND), the Housing and Development Board (HDB), and SG Enable, as well as the healthcare community. In developing its recommendations, the Taskforce also considered additional insights and perspectives shared by over 70 persons with disabilities, caregivers, and disability sector professionals, gathered during three engagement sessions including the Forward Singapore exercise. Finally, the Taskforce also studied practices in supporting community living locally and overseas.

2.3 The Taskforce has identified recommendations across three key themes to enable community living for persons with disabilities (see [Table 1](#)), in recognition of their varied support needs across different life stages:

- a) Enhance Community-Based Services to Enable Persons with Disabilities with Higher Support Needs to Live, Work, and Engage in Community Living
- b) Expand Community Living Options for Persons with Disabilities
- c) Improve Care Planning and Coordination for Persons with Disabilities Through Life Stages

2.4 The Taskforce calls for the support of families, disability sector professionals, and the community at large to refine and implement these recommendations, so that we can collectively realise our shared vision of empowering persons with disabilities to live fulfilling, independent lives in the community for as long as possible.

Table 1: Overview of Taskforce's Recommendations

<p><b>(A) Enhance Community-Based Services to Enable Persons with Disabilities with Higher Support Needs to Live, Work, and Engage in Community Living</b></p>	<p><b>Recommendation 1</b> Review the Home-Based Behavioural Intervention Services (HBIS), Day Activity Centres (DAC), and Sheltered Workshop (SW) programmes to provide a continuous development pathway for persons with disabilities with higher support needs to acquire and maintain independent living and vocational skills.</p>
<p><b>(B) Expand Community Living Options for Persons with Disabilities</b></p>	<p><b>Recommendation 2</b> Pilot the Enabled Living Programme (ELP) to support persons with disabilities with low to moderate support needs to continue living in the community for as long as possible.</p>
<p><b>(C) Improve Care Planning and Coordination for Persons with Disabilities Through Life Stages</b></p>	<p><b>Recommendation 3</b> Establish a person- and family-centred planning framework and processes to better support persons with disabilities and their caregivers across life stages.</p>

## 3. Overview

3.1 Today, the vast majority of adults with disabilities in Singapore reside in the community, often with their immediate family members. Through engagements with families, the Taskforce also observed that persons with disabilities desire to remain within the familiar environments of their family homes, and that caregivers wish to continue personally caring for their children with disabilities for as long as they are able. Given the significant role that families play in enabling persons with disabilities to live in the community, the Taskforce has identified the importance of supporting persons with disabilities to remain with their families for as long as possible.

3.2 Persons with disabilities are better able to thrive within their family homes when they are empowered to live and work more independently. For most persons with disabilities with higher support needs, training in independent living and vocational skills may begin in special education (SPED) schools. Training may further continue for some in centre-based disability services. There is scope for these programmes to better accommodate the diverse and evolving training needs of different persons with disabilities, so as to enable every person with disability to achieve his or her full potential. At the same time, persons with disabilities who are not in these services may also need to refresh the skills that they have honed during their schooling years, and to continue acquiring new competencies as their needs change over different stages of life. Therefore, we need to strengthen training pathways and support for families and persons with disabilities to confidently navigate the landscape of services and resources.

3.3 While families remain a key pillar of support for persons with disabilities, the Taskforce also acknowledged the growing strain on families as caregiving responsibilities shift to smaller households amidst our ageing population. Persons with disabilities may require more regular assistance within their own homes as their caregivers age. Parents, in contemplating future care arrangements for their children, had also shared their desire for their children to continue participating actively in the community for as long as possible. The Taskforce recognises that persons with disabilities will need an ecosystem of support to continue living in the community. This includes ensuring the availability of support services to empower persons with disabilities to live more independently at home and remain connected to their neighborhoods and social circles.

3.4 Taking a lifespan perspective, the Taskforce has devised a three-pronged approach to enable persons with disabilities to remain as active and integral members of our community. This would involve (i) enhancing the community-based services that enable persons with disabilities with higher support needs to live, work, and engage in the community; (ii) expanding community living options for persons with disabilities; and (iii) improving care planning and coordination for persons with disabilities through

life stages. The following chapters will discuss the current state and gaps in each area and propose recommendations to achieve our shared vision of community living for persons with disabilities.

## 4. Enhance Community-Based Services to Enable Persons with Disabilities with Higher Support Needs to Live, Work, and Engage in Community Living

### Current State

4.1 Currently, about 450 students graduate from SPED schools into various pathways each year. Today, about half of these students become employed or progress to further studies and training. The remaining may enroll into centre-based services such as **Day Activity Centres (DACs)** that provide care and training in daily and community living skills for adults with disabilities who have higher support needs, or **Sheltered Workshops (SWs)** that offer employment and vocational training to adults with disabilities who are not ready for open employment. A small number of persons with disabilities also receive home-based behavioural intervention via the **Home-Based Behavioural Intervention Services (HBIS)**, if they are not yet ready for centre-based services.

4.2 Since the announcement of EMP2030, significant progress has been made to also support more persons with disabilities beyond these services.

- a) **Enabling Services Hubs (ESH)** take a community-based approach to support persons with disabilities by working with partners in the community to build their awareness of disability, and making mainstream sports, recreation and other social activities accessible for persons with disabilities. The ESH will also activate networks of local volunteers and neighbours to reach out to persons with disabilities and their families living in the community to understand their needs. SG Enable, in partnership with SPD, launched the first ESH in August 2023, and will be launching two more in 2025.
- b) **Enabling Business Hubs (EBH)** serve as the key touchpoint to persons with disabilities living in the region to access training and employment opportunities closer to their homes. The EBH provides enhanced on-site employment support for up to 24 months, at a higher intensity, for persons with disabilities with higher job support needs who require a longer runway of support to work independently in the community. The EBH also conducts targeted outreach and engagement of employers to increase employment opportunities for persons with disabilities. In December 2023, SG Enable launched the first EBH, EBH@Jurong, that has a Centre for Inclusive Employment to facilitate the growth of inclusive hiring in the Logistics sector.



4.3 Nevertheless, there is still room to enhance community-based services to enable persons with disabilities with higher support needs.

- a) First, there is opportunity to put in place a consistent and evidence-based learning framework to guide independent living and vocational skill acquisition. Today, there are varying approaches across the 32 DACs and 8 SWs in supporting independent living and employment training for persons with disabilities. It is timely to build on the effective practices in the sector and put in place a sector-wide learning framework, that builds upon the competencies that persons with disabilities acquire during their SPED years. A common, structured learning framework provides service providers and sector professionals with a common language to support persons with disabilities in their development. This framework would guide the programming and practices in our adult disability services and smoothen the transition from SPED to adulthood and employment, as well as across different levels of support as the needs of persons with disabilities evolve.
- b) Second, persons with disabilities in DACs and SWs would also benefit from greater support to apply the skills that they have acquired in simulated settings to their home environments. Service providers have stressed the importance of involving caregivers in supporting persons with disabilities to practise their skills at home, so that they are able to retain and translate what they learn in centres into community living. Therefore, there is a need to explore how service providers could partner caregivers more systematically in the training process.
- c) Third, porosity between services should also be increased so that persons with disabilities are placed and supported in environments that are best suited to their evolving needs and abilities. Today, persons with disabilities tend to stay for an extended period in the same centre and the same service even as their skills and needs evolve. More than 30% of DAC clients and 50% of SW clients have been enrolled in their respective services for more than ten years. There could also be greater clarity on when and how persons with disabilities can be transited between home, centre-based services, and community services, and between care-focused and skill-focused programming. By strengthening developmental pathways, we can ensure that persons with disabilities receive the support best suited for their individual needs and abilities.

**Recommendation 1: Review the HBIS, DAC, and SW programmes to provide a continuous development pathway for persons with disabilities with higher support needs to acquire and maintain independent living and vocational skills.**

4.4 Guided by the EMP2030's focus on strengthening support for lifelong learning, the Taskforce recommends reviewing community-based disability services to better enable persons with disabilities with higher support needs to acquire and maintain essential vocational and independent living skills.

4.5 **The Taskforce recommends exploring the integration and enhancement of the HBIS, DAC, and SW programmes to improve the functional outcomes of and quality of life for persons with disabilities with higher support needs.** The Taskforce envisages that such a model will:

- a) Focus on systematic, flexible skill acquisition for independent living and work, building on the learning from SPED schools and in alignment with the Enabling Skills and Competencies Framework (ESCF), which is being developed under EMP2030;
- b) Engage and support caregivers to reinforce the skills that persons with disabilities learn in the home and community settings; and
- c) Extend home-based interventions to persons with disabilities with higher behavioural needs, with the aim to stabilise and transit them into centre-based or community-based service over time.

### **Box Story 1: SUN-DAC's Partnership with Families of Persons with Disabilities**

*Under a home-based training support pilot, SUN-DAC provides training to families of clients with challenging behaviours and equips them with skills to support persons with disabilities in the home setting. The programme offers comprehensive support and personalised interventions by allied health professionals over 12 weeks, followed by a three-month follow-up period featuring fortnightly or monthly phone calls and home visits, as necessary.*

*One success story highlights the impact of this initiative: a client had very low centre attendance due to her caregiver's limited mobility and preference to have her cousin assist her on transport to the centre. As a result, the client led a largely sedentary lifestyle at home, often avoiding walking and engaging in activities. SUN-DAC's intervention focused on introducing enjoyable activities, conducting regular walking exercises, and training their helper to assist with the client's walking. By the end of the programme, the client could walk independently, and her caregiver felt more confident in allowing her to be assisted on transport with just their helper. The client's attendance at the centre increased from twice a month to daily.*

*SUN-DAC's commitment to working closely with families underscores the belief that effective support for persons with disabilities extends beyond professional care settings and into the heart of the home. By providing targeted support and fostering a supportive home environment, the programme helps families navigate challenges and allows persons with disabilities to achieve meaningful improvements.*

### **Next Steps**

**4.6 MSF and SG Enable will explore enhancing the HBIS, DAC, and SW programmes to emphasise systematic and more flexible support for skills training to live and work in the community for persons with disabilities with higher support needs as their needs change.**

## 5. Expand Community Living Options for Persons with Disabilities

### Current State

5.1 Persons with disabilities require not only opportunities for learning and engagement, but also the support of their families to lead fulfilling lives. However, ageing caregivers may face growing challenges in meeting the day-to-day needs of persons with disabilities at home as their own health declines. Today, families who temporarily require alternative caregiving arrangements could tap on short-term respite care services in **Adult Disability Homes (ADH)**.

5.2 Nevertheless, some caregivers may also require greater ongoing assistance to continue supporting persons with disabilities in various areas at home. For instance, persons with physical disabilities and sensory impairment may need assistance with activities of daily living. They can tap on **Home Personal Care**,<sup>1</sup> which provides support for activities of daily living (ADLs) in areas such as showering, toileting, etc. While this service supports persons with disabilities in areas of personal care, there remains scope to provide families with more comprehensive support so that they could better care for their loved ones, e.g. helping persons with intellectual disability and autism spectrum disorder manage emotional and behavioural challenges and remain connected to the community.

5.3 In addition to their immediate concerns regarding day-to-day care, parents have also expressed uncertainty about the longer-term living arrangements of their adult children with disabilities. They acknowledged that they could not personally care for their children indefinitely, but still hoped that their children would be able to continue living and participating in the community for as long as possible. However, there is currently a limited range of living options available to persons with disabilities with care needs who are unable to be cared for by their families.

- a) Persons with disabilities who are more prepared to live and work independently may be enrolled in **Adult Disability Hostels**. Hostels offer residential-based training in independent living and vocational skills to prepare clients to transition back to living in their own homes.
- b) Other persons with disabilities may be admitted to ADHs as a last resort. ADHs, besides providing short-term respite care, also offer long-term

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<sup>1</sup> HPC supports frail and home-bound seniors and persons with disabilities who have difficulties performing Activities for Daily Living (ADL). Under HPC, clients could receive home-based care services such as housekeeping, medication reminders, simple exercises, mind-stimulating activities and other personal care tasks as required. Services are delivered by a trained care staff.

residential care to persons with disabilities whose caregivers are unavailable to care for them.

5.4 Both residential facilities provide support and oversight to ensure the well-being and safety of clients, but their structured programming also limits the extent to which their clients can freely engage in the community. This trade-off is felt most strongly by persons with disabilities with low to moderate needs, who require lighter support to continue living independently in the community.

5.5 However, with appropriate support, persons with disabilities with low to moderate support needs whose caregivers are no longer able to care for them can continue living within the community for longer. Therefore, there is a need to broaden the range of community living options along the continuum of living models available to support persons with disabilities to continue living in the community. By delaying and keeping institutionalisation into residential facilities as a last resort, we could enable more persons with disabilities to enjoy a higher quality of life alongside others in the community.

**Recommendation 2: Pilot the Enabled Living Programme (ELP) to support persons with disabilities with low to moderate support needs to continue living in the community for as long as possible.**

5.6 Persons with disabilities make choices about their housing and living companions based on their unique circumstances and preferences. Therefore, support for community living should be designed to cater to persons with disabilities across a range of housing types and living arrangements. In this regard, **the Taskforce recommends piloting the Enabled Living Programme (ELP) to enable persons with disabilities with low to moderate support needs to continue living independently in the community.** The ELP pilot will develop, trial, and evaluate the range of services required to support persons of different disability profiles and with low to moderate support needs to live in the community, and assess how these services can be organised and delivered.

5.7 The Taskforce envisages that the ELP will provide persons with disabilities with support across a range of daily living domains. During the Forward Singapore focused group discussions, persons with disabilities, caregivers, and social service agencies had identified common and unique support needs of different disability profiles. For example, while most persons with disabilities would generally appreciate social and recreational activities, those with physical disabilities and sensory impairments are more likely to require daily support in activities of daily living. Persons with intellectual disabilities or autism spectrum disorder, on the other hand, would benefit from regular coaching in independent living skills. In addition, an individual's support needs could also change across life stages and life events. Hence, **the Taskforce recommends**

that ELP services be customisable to accommodate the varied needs of different individuals with disabilities.

### ***Box Story 2: Meeting Seniors' Needs in the Community Care Apartments (CCAs)***

*In supporting persons with disabilities to live independently in the community, the ELP takes inspiration from the approach adopted by the CCAs, a joint offering by MND, MOH, and HDB. CCAs integrate senior-friendly housing with care services that can be scaled according to the care needs and social activities to support seniors to age independently in their silver years within the community.*

*All CCA residents subscribe to a Basic Service Package which includes the help of a community manager who will support residents in areas such as basic health checks, simple home fixes, and organising activities in communal spaces. Residents will also have access to a 24-hour emergency monitoring and response service. In addition to the Basic Service Package, residents can also choose to add on optional care services depending on their care needs, at a cost. These include assistance with activities of daily living (e.g., transferring, moving around, washing, dressing), housekeeping, laundry, and meal delivery.*

*The ELP could draw insights from the suite of services provided within the CCAs to enable persons with disabilities living in their own homes to receive the necessary support.*

5.8 Social inclusion is also crucial for community living. Therefore, **the Taskforce recommends that the ELP not only support persons with disabilities to live independently, but also facilitate their participation in the community.** For instance, the ELP could support persons with disabilities to stay in touch with their friends and family. The ELP could also encourage persons with disabilities to be more socially engaged by connecting them to other residents in the neighbourhood and referring them to social activities in the community. Through creating and strengthening social networks, the ELP would enable persons with disabilities, particularly those living alone, to tap on a wider range of informal support.

**Box Story 3: TOUCH Ubi Hostel's Community Building Efforts**

*As an Adult Disability Hostel, TOUCH Ubi Hostel (TUH), a service of TOUCH Community Services, offers a stay-in residential programme designed to support adults with mild intellectual disabilities in their journey towards independent living within the community. TUH's presence within the heart of a residential estate has enabled it to foster strong ties with the local community. For example, staff proactively enlist the assistance of various local shops, businesses, and community members in looking out for the well-being and safety of the Hostel's trainees. In addition to these informal partnerships, TUH has also collaborated with the local Residents' Committee (RC) to use spaces for their trainees' activities, and enhanced trainees' access to essential resources and support services via linkages with regional services such as the Singapore Police Force and healthcare services. Through these ongoing community building efforts, TUH has established a strong network of support for trainees and fostered their sense of belonging within the neighbourhood. TUH's experience serves as a compelling example of how the ELP could effectively facilitate a supportive environment for clients through adopting similar community engagement strategies.*



### **Box Story 4: An Artist under JOURNEY, a brand under TOUCH Community Services**

*Mr Cheng Chiang Yong, 54, who has intellectual disability, joined TOUCH Centre for Independent Living in 1990 followed by TOUCH Ubi Hostel (TUH) in 2006. During his early years at TUH, he was shy and often used sounds to express his emotions. With the help of the TUH life skills coaches, he slowly gained more confidence in doing more complex tasks, including travelling to his workplace independently on his own. He has also learnt to adapt to the habits of his housemates at TUH and gets along well with them. As Chiang Yong gradually opened up, he was also able to forge closer friendships with other trainees as they spend time together after work. During the weekends, he would return home to spend time with his family.*

*Chiang Yong has shown remarkable progress over the years. He has learnt to be kind towards his mother Mdm Tan Hum Seow, 77, and is helpful at home. When she is not feeling well, he will ask if she is doing fine. He will also alert neighbours to bring in their laundry when it is about to rain. The TUH team has also been journeying alongside Chiang Yong's mother to ease her worries and to keep her updated on Chiang Yong's artistic accomplishments. She would sometimes join the caregivers support group to receive additional encouragement and to bond with other caregivers.*

*Chiang Yong has also been given the opportunity to hone his artistic talents through JOURNEY, a brand under TOUCH that showcases the artistic talents of people with intellectual disabilities. Through the income earned from the sale of his artwork through JOURNEY, he is now financially independent, and is happy he can pursue his artistic passion.*

## **Next Steps**

**5.9 MSF and SG Enable will pilot the ELP over three years to better understand the support that persons with disabilities with low to moderate support needs require to live independently in the community.**

5.10 The ELP pilot can start with serving persons with disabilities who most urgently require alternative support arrangements to continue living in the community. Low-income persons with disabilities who are no longer able to be supported by their families can be matched to stay in a cluster of public rental flats, where they will receive support services (e.g., supervision and coaching in self-management, home management and community engagement) from a service provider stationed on-site. The service provider can subsequently extend means-tested services to persons with



disabilities who are residing in other housing types within the vicinity of the pilot site, either alone or with their families. Support will be provided to these individuals and families within their own homes, with priority given to families who require additional support in caregiving.

5.11 Recognising that the ELP model will not be comprehensive in addressing the varied needs and levels of support required by different persons with disabilities, MSF will learn from other models of care supporting individuals in the community to review others forms of support services in the community to address the needs of the other persons with disabilities subgroups.

## 6. Improve Care Planning and Coordination for Persons with Disabilities Through Life Stages

### Current State

6.1 As we enhance and broaden service options for persons with disabilities, it is crucial to ensure that support is tailored to their individual needs, goals, and aspirations. Today, transition planning and coordination begins during the SPED years and continues as care planning into adulthood for persons with disabilities enrolled in adult disability services.

- a) Young persons with disabilities graduating from SPED are supported by a Transition Planning Coordinator who oversees the transition planning process in the secondary years up to graduation. This involves familiarising them with post-18 supports available, and potential post-school employment or training pathways. Students' life goals, aspirations, and post-18 plans are documented in an **Individual Transition Plan (ITP)**, which coordinators work with their families and teachers to co-create. Through this process, students with disabilities and their caregivers are guided to prepare for the transition to post-18 life.
- b) After graduation, persons with disabilities who are enrolled in adult disability services will continue to receive an **Individual Care Plan (ICP)**. The ICP, developed by respective service providers, guides in-service programming and intervention to ensure that it aligns with clients' support needs and individual goals.
- c) Some adults with disabilities with higher support needs may also receive more intensive case management support under the **Disability Case Management Programme (DCMP)** pilot launched in 2021. Under the DCMP pilot, a multi-disciplinary team of social workers and allied health professionals trained in disability care supports families in accessing the ecosystem of disability and social services. The team may also coordinate interventions and services that the family requires.

6.2 While these supports are valuable, there is still room to make care planning processes more person-centric and holistic.

- a) First, there is a need for a unified care plan centered around persons with disabilities and their goals rather than services, especially for most persons with disabilities in the post-18 space. Today, the tying of ICPs to specific disability services restricts service providers in their ability to leverage

external resources and to support clients in goals that extend beyond the scope of their service. This approach also creates discontinuity when clients leave services: those who switch services must restart the care planning process, and those who do not enroll in new services may lose access to care planning altogether. Therefore, it is essential to establish care plans that follow individuals with disabilities throughout adulthood, which can accommodate their evolving needs, goals, and aspirations.

- b) Second, there is also an opportunity to recognise the unique contributions of families in supporting persons with disabilities, and to partner families more closely in the care planning process. As families understand the needs and aspirations of their loved ones best, they can advocate for persons with disabilities and collaborate with sector professionals to create personalised care plans that prioritise their loved one's goals and overall well-being. In addition, families are also able to support persons with disabilities in ways that complement and extend beyond what disability services can offer. For example, families play a vital role in enabling persons with disabilities to foster social connections and pursue their personal interests. Families could also support each other by sharing experiences and resources. Therefore, by engaging families in the development and implementation of care plans, we could empower them to actively support persons with disabilities in achieving their goals.

### **Recommendation 3: Establish a person- and family-centred planning framework and processes to better support persons with disabilities and their caregivers across life stages.**

**6.3 The Taskforce recommends developing a sector-level person- and family-centred planning framework and processes, to support persons with disabilities and their caregivers to identify their goals, needs and future care plans, and pull together support from the family, community and services as needs change.** By anchoring plans to individuals rather than disability services, persons with disabilities and families would be empowered to identify support and resources that are most relevant to their goals. They would also be able to seamlessly transit between or out of services as their needs evolve without disrupting their overall care plan.

**6.4** When contemplating the support that they would require to live independently in the community, persons with disabilities had shared that their goals and support needs could vary depending on their life stage and family circumstances. Therefore, **the Taskforce recommends that the framework identify these diverse needs as well as the range of resources that could be used to holistically support them.** For example, plans would need to be periodically adjusted to accommodate age-

specific needs, beginning with the transition from school to adulthood and extending through future care planning as caregivers age. Families could also be encouraged to explore a broader array of support beyond formal disability services, including ways in which they or their immediate communities could be involved. Where necessary, caregivers could also be directed to additional training and support resources to enhance their ability to support loved ones effectively.

6.5 Today, young persons with disabilities graduating from SPED schools are supported by Transition Planning Coordinators, who will guide the process of developing an Individual Transition Plan (ITP) for every student from 15 years old. The ITP captures students' interests and aspirations for their future through their life goals, and the supports and pathways for successful transition to post-school life. From 2025, MOE will strengthen the person-centred approach to transition planning, by involving family members more intently in the envisioning process. A more structured ITP will also be developed to guide goal setting in important life areas.

6.6 In addition, SG Enable's "Planning for the future after graduation" resource kit, which assists in identifying post-graduation options that meet the needs of the persons with disabilities will complement MOE's efforts. The resource kit will increase the knowledge and capability of families to support their children to better plan their post-graduation life.

### ***Box Story 5: Planning for Good Lives in Adulthood and Beyond***

*At the heart of Rainbow Centre's mission to build a world where persons with disabilities are empowered, is a person-centred approach towards planning a Good Life for every person with disabilities.*

*Prioritising understanding each individual's unique strengths, preferences, and goals, Good Life planning involves conversations with persons with disabilities, their families, and professionals to create personalized plans that reflect what a "Good Life" means to each person. Recognizing that a supportive community is essential for advancing this mission, Rainbow Centre also actively engages with local partners to build an inclusive network that encourages community involvement and fosters a culture of acceptance and support for persons with disabilities.*

*By integrating person-centred planning, empowerment strategies, and community mobilisation, Rainbow Centre is shaping Good Lives for Persons with Disabilities - lives that are safe, independent, healthy, connected, engaged and included and heard.*

6.7 Finally, service providers and sector professionals will play a crucial role in involving persons with disabilities and their families in person- and family-centred planning. Hence, **the Taskforce further recommends the development of sector-wide processes to support the effective implementation of the framework.** Specific touchpoints could be identified to advise persons with disabilities and their families on how to begin the care planning journey, especially if they are not currently enrolled in any disability services. By tailoring support to the needs and circumstances of different families, more persons with disabilities could be empowered to participate and engage in the planning process early.

### **Next Steps**

6.8 **MSF, MOE and SG Enable will work with other agencies and disability and caregiver organisations to develop the person- and family-centred planning framework and processes to support persons with disabilities and their caregivers to identify their goals, needs and future care plans, and pull together support from the family, community and services as their needs change across life stages.**

## 7. Conclusion

7.1 The Taskforce has been a collaborative effort involving persons with disabilities, SSAs and healthcare professionals working with the disability community, and public sector agencies. Each group contributed unique perspectives that informed the design of housing and care models to support community living for persons with disabilities, which were further enriched through the engagements that the Taskforce conducted with the broader disability community.

7.2 The Taskforce recognises that supporting community living for persons with disabilities requires a multi-faceted approach, as needs and aspirations can vary based on their life stage and family circumstances. Persons with disabilities should be supported to continue living with their families for as long as possible, equipped with the necessary living and vocational skills that would enable them to engage meaningfully with the community and additional assistance for support needs at home where required. As caregivers become frailer and less able to provide care, it will also be increasingly important to introduce new support services to enable essential daily living. In this way, persons with disabilities who could continue living in the community with some oversight will not be prematurely institutionalised. Finally, persons with disabilities and their families should also be guided to identify services and resources that align with their goals for community living.

7.3 The government cannot realise this vision alone, as inclusive community living requires the concerted efforts of families, persons with disabilities, sector partners, and the community at large. Families could advocate for their loved ones, seek out resources, and support them in achieving their goals. Sector partners are also crucial in guiding families and persons with disabilities across life stages and empowering persons with disabilities to live more independently. Finally, each of us plays a part in fostering an inclusive and accepting environment for persons with disabilities. The Taskforce hopes that the insights and recommendations contained within this report will inspire and guide future efforts to support more persons with disabilities to live and thrive in the community.



## ***Annex A: List of Taskforce Members***

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| 1.  | Ms Cynthia Leow<br>(Co-chair) | Senior Director (Family and Child Development Policy Directorate), Ministry of Social and Family Development |
| 2.  | Ms Jacelyn Lim<br>(Co-chair)  | Executive Director, Autism Resource Centre (Singapore)   |
| 3.  | Dr Chen Shiling               | Founder and Executive Director, Happee Hearts Movement<br>Physician, Khoo Teck Puat Hospital                 |
| 4.  | Ms Chia Yong Yong             | Consultant, Foo Kwok LLC   |
| 5.  | Dr Vimallan Manokara          | Director (MINDS Institute), MINDS  |
| 6.  | Ms Ng Lee Lee                 | Director (Disability and Inclusion), AWWA  |
| 7.  | Ms Ang Chiew Geok             | Group Head, Special Needs, TOUCH Community Services  |
| 8.  | Dr Sim Zi Lin                 | Psychologist & Programme Director, Autism Resource Centre (Singapore)  |
| 9.  | Ms Joyce Wong                 | Director (Centralised Services Division & CEO Office), SPD   |
| 10. | Mr Dharmendran Gopal          | Deputy Director (Successful Ageing), Ageing Planning Office, Ministry of Health                              |
| 11. | Ms Lee May Gee                | Deputy Chief Executive, SG Enable  |
| 12. | Ar Wan Khin Wai               | Chief Architect & Director (Design Development), Housing Development Board                                   |
| 13. | Dr Wei Ker-Chiah              | Head (Adult Neurodevelopmental Service), Institute of Mental Health  |
| 14. | Ms Xie Jiayin                 | Deputy Director (Policy and Social Support), Housing Division, Ministry of National Development              |
| 15. | Ms June Lin Yizhen            | Person with Disability participating in personal capacity  |
| 16. | Mdm Jean Wang                 | Mother of Ms June Lin  |

17. Mr Muhammad Arshad Fawwaz Person with Disability participating in personal capacity
18. Mdm Meharoon Nisha Mother of Mr Muhammad Arshad Fawwaz

**Past Members**

19. *Mr Ron Loh* Deputy Chief Executive, SG Enable
20. *Ms June Sim* Group Head, Caregivers Support, TOUCH Community Services

*Illustrations in this report were designed by Josephine Tan, a digital product manager and freelance designer-illustrator. She is hard-of-hearing with progressive vision loss. Visit her website at [josephinetwh.com](http://josephinetwh.com).*