



Bersama-sama

HEALTHY TO(GATHER)



Designer bio

Esther Jingxin Yip is an experience designer from Singapore, building a more caring world through the lens of design.

She believes that designing for equity is the only viable way forward in our increasingly complex world. With a varied background in social design, systems engineering and analytics, her design philosophy is grounded in humility, introspection and trust-building, and fuelled by a strategic understanding of the systems around us.

Throughout her years in designing both digital and physical experiences, she takes a collaborative and participatory approach, while building the capacity of communities and organizations towards sustainable impact.

Preface

I went into graduate school, wanting to understand how structural systems can be more human and grounded in lived experiences, instead of processes and workflows.

My thesis journey towards care began from the hope that one day when my parents grow old, that they are part of a compassionate, caring ecosystem. To care is to relate with another person, so why is the relational part often missing in organisations? I combined this hope, with a heart for disempowered communities, and my growing practice as a social designer— to explore a future world of care.

In this journey, as the community opened their world to me, I was constantly warmed by their spirit of generosity and courage. Yet as I reflected on my power and privilege, I often questioned myself if I was doing more harm than good.

Working with my community partners, slowly led me to realize how genuine relationships can happen, when we listen, celebrate strengths, and constantly find ways to share power.

The outcome of this thesis is a gift of tenderness and humility, a small step towards compassionate care that uplifts communities.



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Phase 1: Discover

PHASE 1: DISCOVER

Setting the context

Higher & earlier rates of chronic health diseases for low-income groups in Singapore

With an ageing population and one of the highest rates of diabetes in the world, health inequity in Singapore is definitely a concern.

Not only are those in lower-income groups more likely to get chronic diseases, but they also have a higher utilization of healthcare resources, for example, more frequent readmissions and emergency cases.



“We see the intersection of poverty and health very closely.”

Staff from Population Health and Community Transformation, Yishun Health

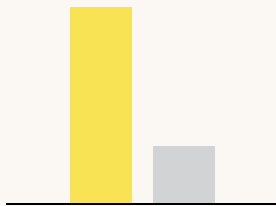
“Just as obesity has a strong correlation with the low income, diabetes too has the same link.”

Paulin Tay Straughan, SMU Dean of Students and Professor of Sociology (Practice)

STATISTICS OF HEALTH IN SINGAPORE

Prevalence of chronic conditions¹

Using educational levels as a proxy for socioeconomic status



Women with lower education are 3.4 times more likely to get diabetes



Women with lower education are 1.9 times more likely to get hypertension

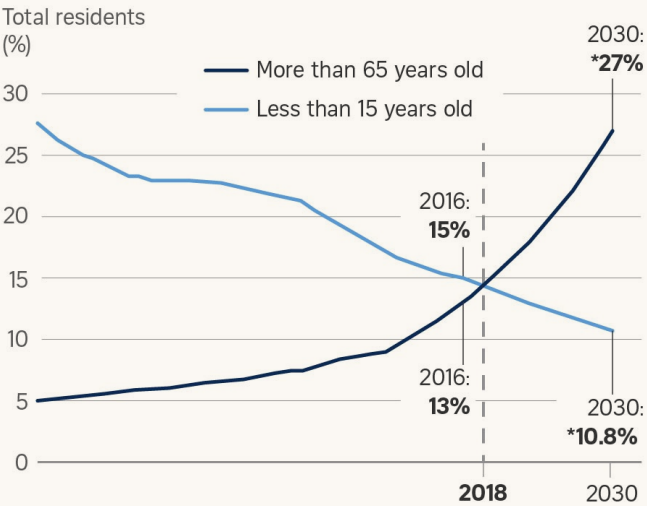


Men with lower education are 1.3 times more likely to get diabetes

¹ “Health Inequalities by SES.” Ministry of Health, www.moh.gov.sg/news-highlights/details/health-inequalities-by-ses.

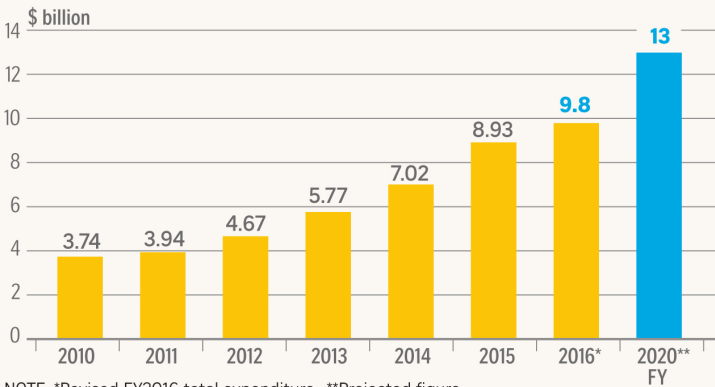
STATISTICS OF HEALTH IN SINGAPORE

Singapore’s resident population²



NOTE: * UOB's forecast.

Annual healthcare spending³

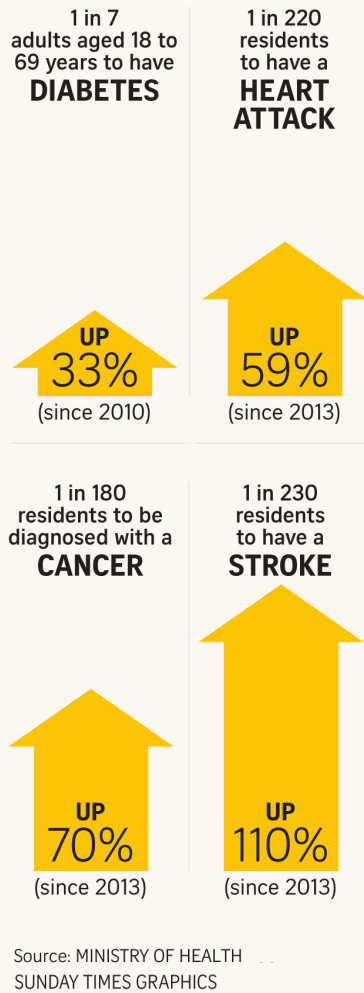


NOTE: *Revised FY2016 total expenditure. **Projected figure. Figures are rounded to the nearest \$10 million.

Source: MINISTRY OF FINANCE SUNDAY TIMES GRAPHICS

Diseases on the rise due to ageing population³

Estimated numbers by 2030



Source: MINISTRY OF HEALTH SUNDAY TIMES GRAPHICS

Shifting towards relational care in community

Pressures on the healthcare system have led to a shift towards a decentralized system.

There is a need to shift value-based care in hospitals, to relationship-based care in the community. This shift is made even more crucial, for low-income groups, who are often placed in complex situations, feeling lost in navigating healthcare and social care systems.

When we move towards relational care in communities, we move from sick care to health care, and collective responsibility towards well being.

“In moving care to the community, traditional multi-disciplinary care is not sustainable; instead care has to be delivered in inter-professional teams and delivered by staff that are transdisciplinary in their training. This makes care sustainable and relationship-based.”

Dr Eugene Fidelis Soh, Tan Tock Seng Hospital and Central Health Singapore CEO

Insights from experts

From speaking to experts in the healthcare space, here are some insights I gained:

1. Traditional care delivery is facility-based. Coordination is crucial when shifting towards a decentralized system.
2. The shift of care towards the community is geared towards the prevention of diseases and complications.
3. There is difficulty in sharing information and resources between different care providers, due to differing incentive models and fragmented case management systems.
4. Ignorance exists between clinical and community care, and even within care teams (e.g. not knowing the difference between a social worker and psychologist, assuming community care is only for emotional needs).
5. Patients desire greater power leveling with healthcare experts and personalized instead of generic advice.
6. Patient empowering care involves a shift towards patient-reported outcome measures e.g. rating “my care team respects me”.

² “Singapore's Demographic Time Bomb: Number of Old People Will Match Number of Young for First Time next Year, Says UOB Analyst.” The Straits Times, 7 Dec. 2017, www.straitstimes.com/business/economy/singapore-will-reach-critical-demographic-crossroad-in-2018-says-uob-economist.

³ Sin, Yuen. “Finding a Cure for Rising Costs in Healthcare.” The Straits Times, 28 Jan. 2018, www.straitstimes.com/politics/singapolitics/finding-a-cure-for-rising-costs-in-healthcare.

'Care' ecosystem in Singapore

These are just some aspects of the ecosystem that relate to a low-income resident's lived experience on care. It is highly complex, as systems are multifaceted and inter-connected.

SERVICES SYSTEM

These include services that residents encounter on a regular basis, such as food, electricity and internet access.

SOCIAL SYSTEM

This includes neighbours looking out for each other, or other family and support groups residents are part of.

SOCIAL CARE SYSTEM

This includes befriending or emotional support, often from community or social workers and volunteers.

This includes donations of money, food and essential items, or services like elderly care and childcare.

HEALTHCARE SYSTEM

This includes services for those with chronic illness or disability, who cannot care for themselves for long periods.

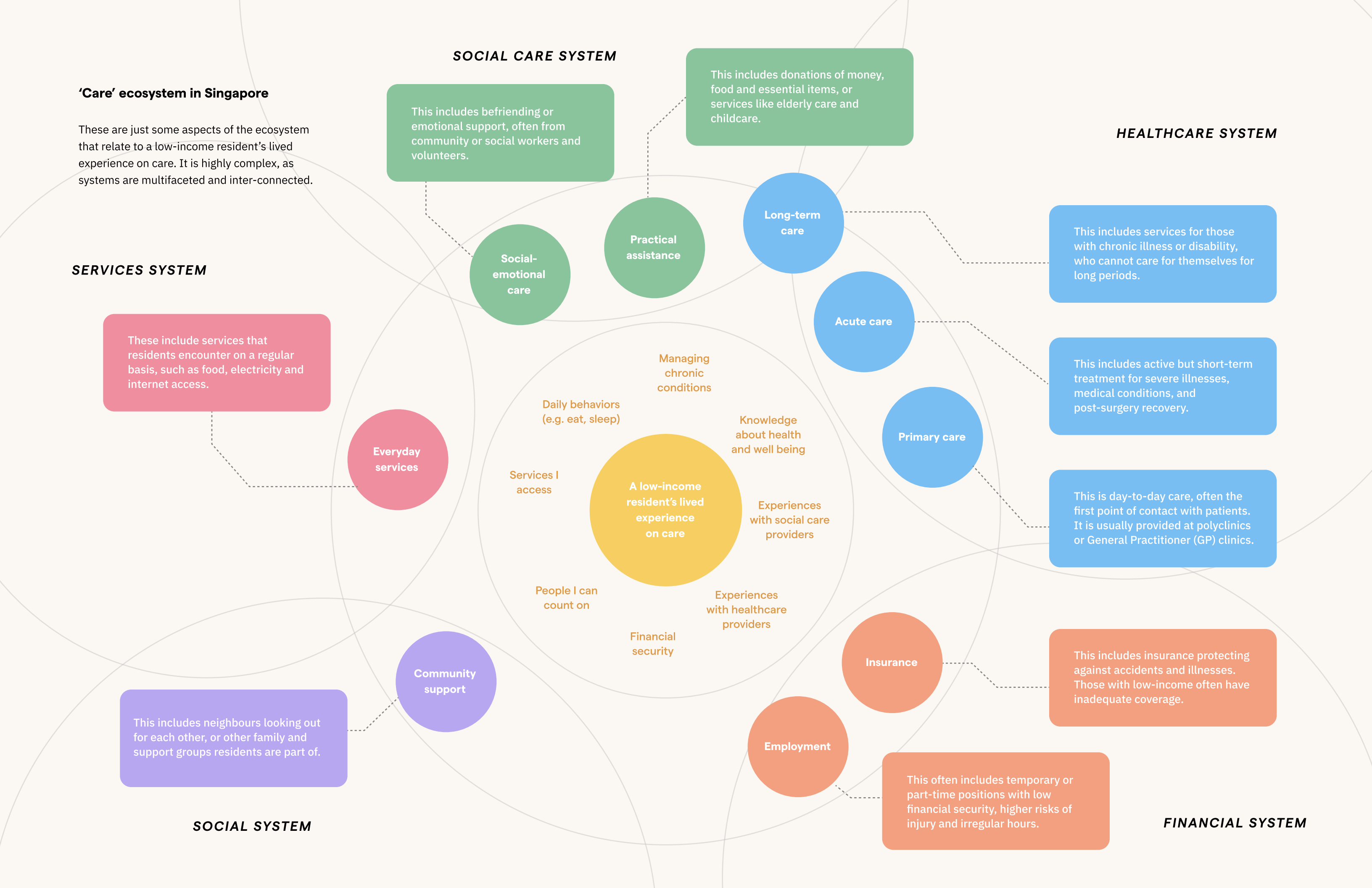
This includes active but short-term treatment for severe illnesses, medical conditions, and post-surgery recovery.

This is day-to-day care, often the first point of contact with patients. It is usually provided at polyclinics or General Practitioner (GP) clinics.

This includes insurance protecting against accidents and illnesses. Those with low-income often have inadequate coverage.

This often includes temporary or part-time positions with low financial security, higher risks of injury and irregular hours.

FINANCIAL SYSTEM



PHASE 1: DISCOVER

Learning from community

Connecting with community partners

In my journey towards a more integrated, relational care system, I feel so privileged to be able to connect and partner with Yishun Health and Beyond Social Services.

This is a unique collaboration between healthcare and social care. In the past year, my community partners have been working with a rental community in Yishun, through the Community of Care initiative. They have spent one year building awareness and relationships, as well as supporting the community through challenges in the pandemic.

What was special to me was that they were grounded in their approach, in listening to the community and sharing the power they hold.

COMMUNITY PARTNERS

Beyond Social Services

A charity that utilizes an asset-based community development approach, to equip disadvantaged families in rental blocks to solve their own problems.

Yishun Health

A network of medical institutions and health facilities under the National Healthcare Group in the north of Singapore, which also includes Admiralty Medical Centre, Yishun Community Hospital and extensions such as Wellness Kampung.

Public Rental Housing in Singapore

In Singapore, those living in rental communities are amongst the most vulnerable. Similar to ‘projects’ in the US, these are heavily subsidized housing for those with low or no household income and no assets, often who have no other housing options.

There are 50,000 households currently. Rental blocks are often clustered together in the same neighbourhood, and residents experience narratives of identity and belonging on a community level, with unique strengths and challenges.

Connecting with community

Through observing the ground, connecting with residents through door-knocking, and taking part in community initiatives, I began to appreciate the stories of care that exist.

I was particularly stuck by how the community bonded over food, and the vibrant home cook community was really proud of their food culture and heritage.

Stories of care



This is a local community store that residents frequent. Over the past few months, they've supported local home cooks by giving them extra space in the store to showcase and sell their goods. There is a makcik ("malay aunt") from the community who makes delicious mee goreng that community workers buy from as well!



There was a frozen hot dog distribution going on at the void deck below their housing block, administered by Beyond Social Services, but supported by community members.

Each resident would register their name with the community worker, state how much they want to collect, get some hand sanitizer from a little girl put in charge, and make their way to one of the 'stalls' set up for collection (zones where volunteers from the community have set up). There was friendly banter amongst the residents who tried to get people to collect hot dogs from their stalls.

Stories of residents

Treated with disrespect and apathy by hospital staff

A 30+ year old resident shared when he arrived at the emergency department of a nearby hospital with a high fever, he was told off rudely by the hospital staff on an overdue payment of \$100. They said, “It’s been a whole year, why can’t you pay this bill? What have you been doing?”

Sudden stroke leading to job loss and self-treatment

A middle-aged dim sum chef recently suffered from a stroke and was forced to stop working. He is currently living alone. He lamented about the high hospital fees and has since relied on traditional chinese medicine and his own exercises to rehabilitate. When asked about interests, he said he doesn't have any, and that it was difficult to do anything after having a stroke.

Neighbours as the first line of defence

An elderly lady lives alone. She used to work as a cook at a Pasar Malam (night market), but stopped due to the pandemic. Now she experiences chronic pain from standing too long. She goes for monthly check ups at a clinic. She tries to cut down on Panadol for pain relief, hearing that it is not good for her liver.

Her neighbor and herself check in on each other from time to time, if there is no activity from their flats. There was once she had a heart problem, and went to her neighbor, who then promptly made arrangements to bring her to the hospital.

Managing chronic condition alone

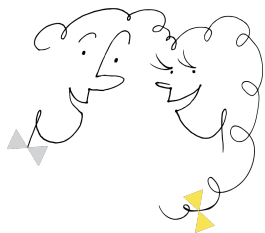
A middle-aged housewife has diabetes. She finds it hard to move around because of her leg, and goes for check ups every 6 months. She goes out for daily walks in the early mornings, exercises at the fitness corner nearby. She cooks at home mostly and takes care of her diet not to eat things that are too sweet.

Key learnings



Support on healthy living

Residents seek support in healthy living, but may lack guidance and specialised knowledge. They rely on advice and tips from friends and family, but remain unsure.



Spaces for connection

There is ample evidence of mutual aid, and residents forming strong bonds based on shared interest, like home-based chefs and single mothers, yet, residents lack emotionally supportive spaces for connection, beyond acts of kindness and giving.



Relate care to community

Health initiatives and programmes are often top-down, curated programmes that are institutionalised and designed for scalability. Professionals strongly hold their position of power and authority when driving these programmes.

In catering to the rental community, many initiatives have low participation because of a mismatch of schedules, and missing conversation on the contextual struggles that they face.

PHASE 1: DISCOVER

Framing

What if... we understand health as a collective wellbeing rather than an individual responsibility?
What if... there is strong trust amongst communities and care professionals?
What if... communities have the capacity to care for one another?

In building relationships with my community partners, I met with them weekly, and conducted a series of workshops to map out the people, initiatives and vision for the Communities of Care initiative, and to frame our approach towards relational care.

Throughout all this, our goal stayed true- we wanted to grow relationships with community, level power, and celebrate their strengths and assets.

This led me to my thesis statement- “How might we strengthen the capacity of care organisations to grow relational care, leveraging on assets in the rental community in supporting health and nutrition?”

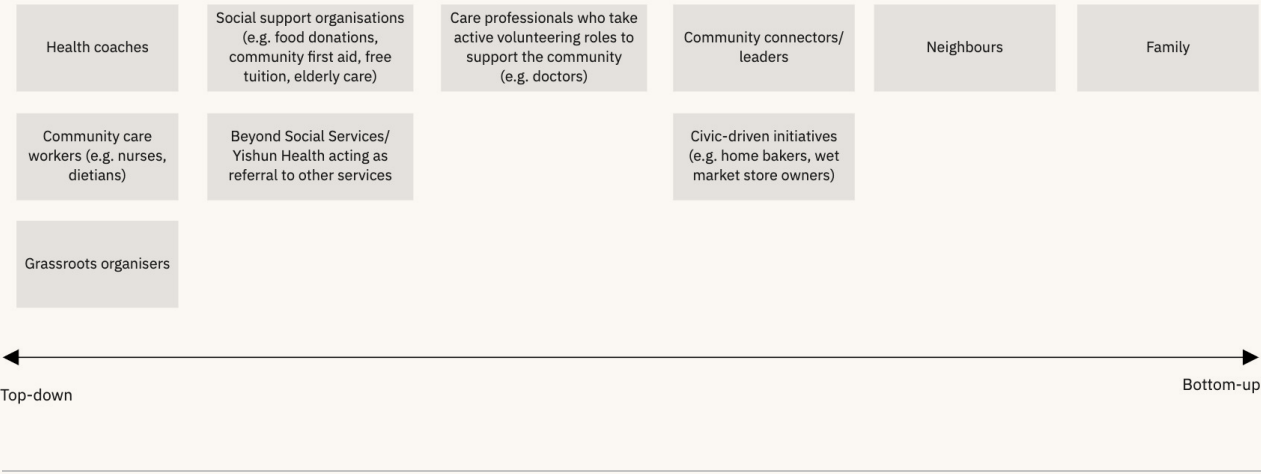
Values

The values that guided our work were-

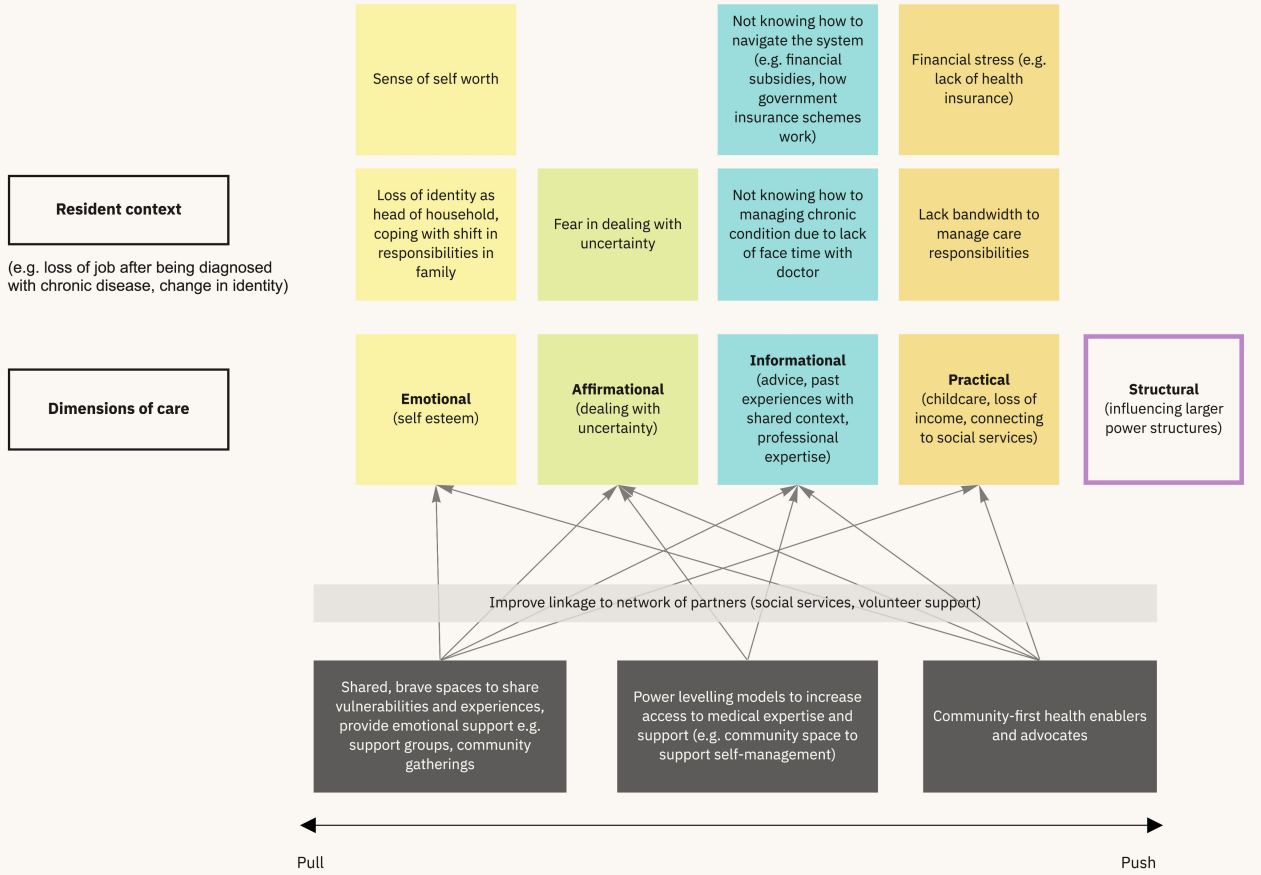
Relationships • Safety • Autonomy • Ownership • Compassion



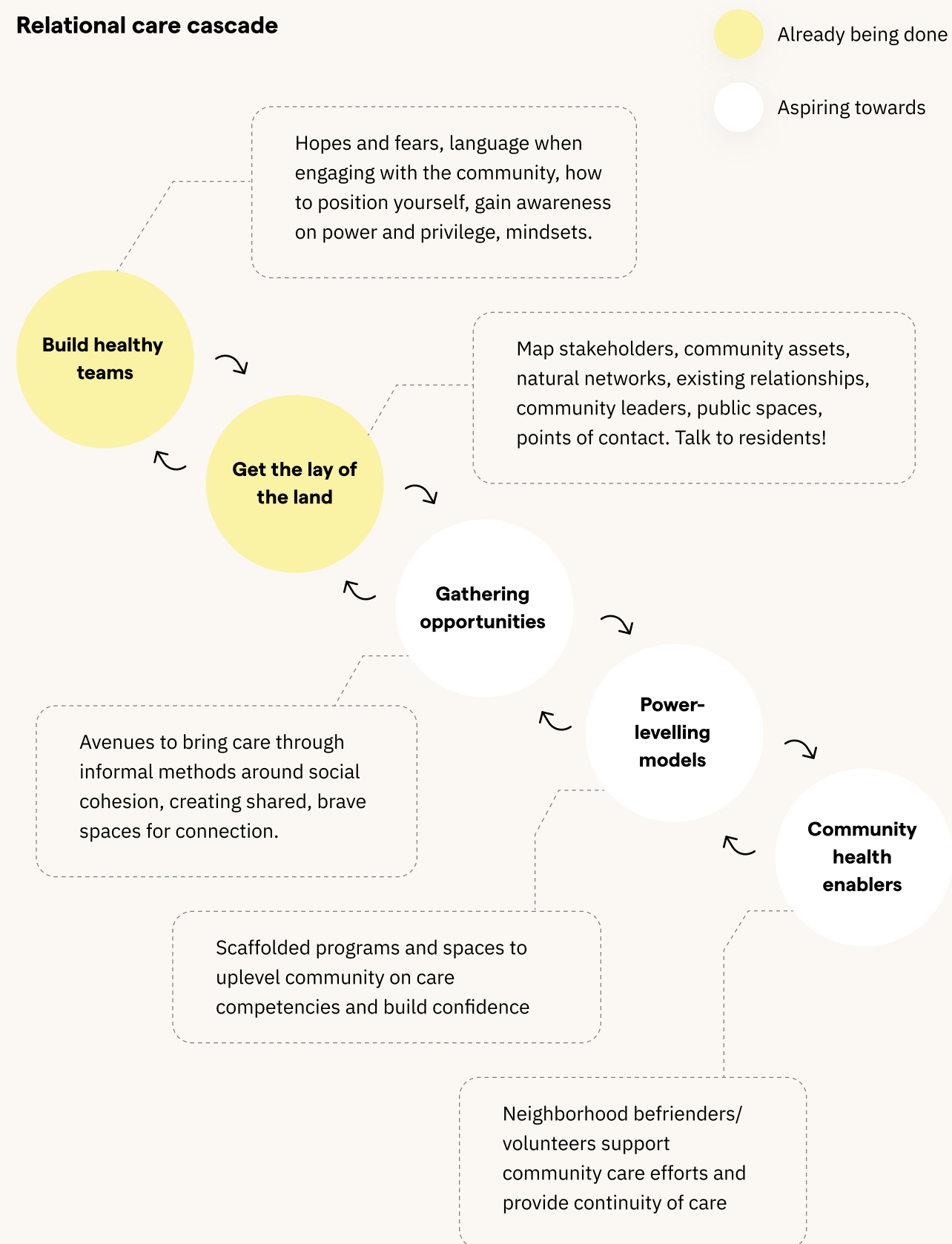
Current stakeholders



Dimensions of care



Relational care cascade



THESIS STATEMENT

How might we strengthen the capacity of care organisations to grow relational care, leveraging on assets in the rental community in supporting health and nutrition?

Design process

Concepting

We created a concept, ‘Food Circles’, as a north star on how we envision communities and care systems gathering together in a shared space.

Prototyping

We prototyped 6 gatherings in total, to test out varying components of our concept—observing how the community would respond to them, and whether they were effective in building individual and community agency.

- [#1] Kickoff + creative apron activity
- [#2, 3, 4] Community assessments + gathering community wisdom
- [#5] Community playback + what can I do?
- [#6] Community networks + appreciation

Iterating + Piloting

Learnings from the gatherings helped to frame a field guide, with the intent to amplify the good work that my community partners were already doing in growing relational care.

After multiple iterations, I found a focus, by listening to my partners’ current needs and challenges. We then piloted a practical tool that the team could start using for future gatherings.

Intervention

"Bersama-sama: Healthy To(gather)" is a collaborative field guide to grow relational care in Singapore's low-income rental neighborhoods, through community-centered gatherings around health and nutrition.

Phase 1: Prototyping

PHASE 2: PROTOTYPING

Concepting

With the passion that the community already has around food, and the influence that nutrition has on chronic health, we decided to build around a concept where care systems and communities can gather around health and nutrition, more specifically with home cooks.

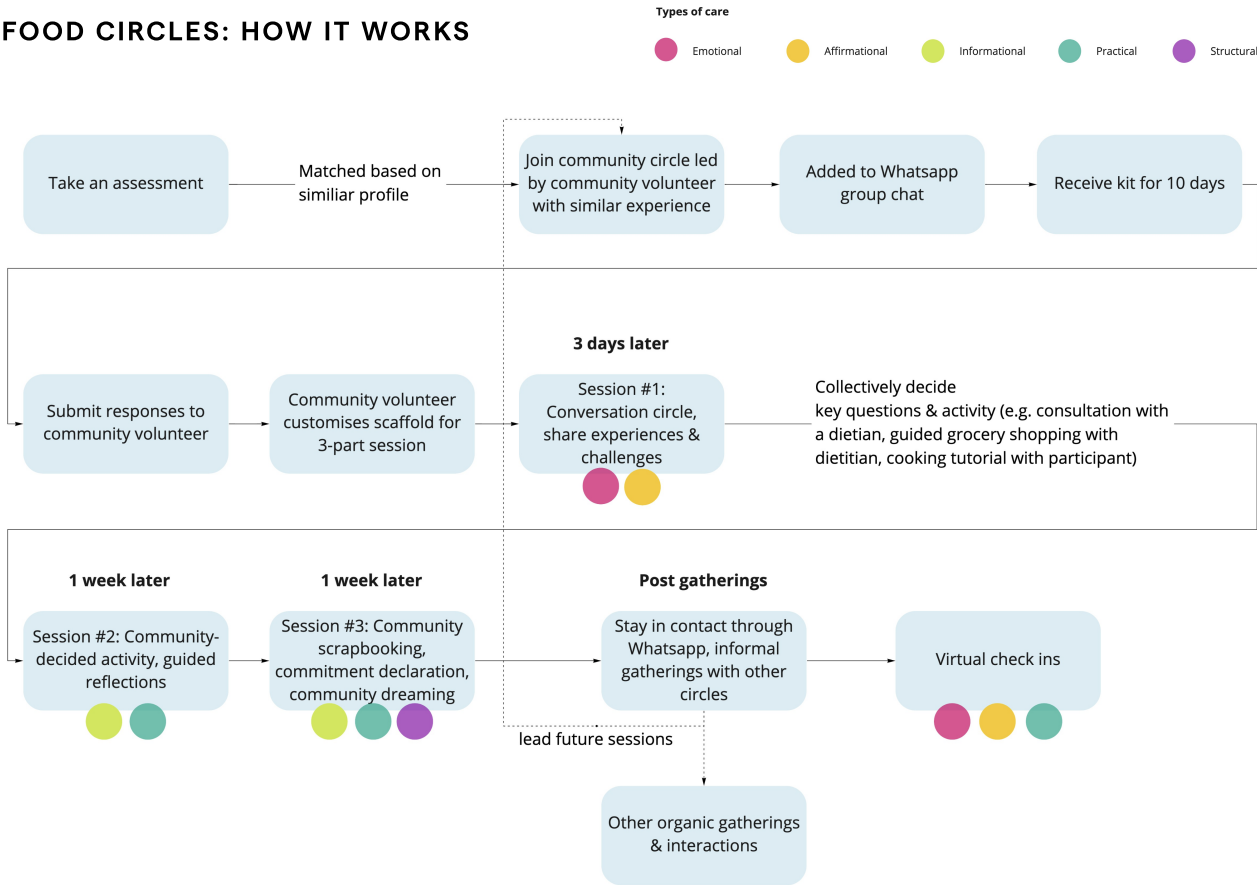
Food Circles is a ritualized gathering around food that facilitates value-based conversations, bringing care systems in service of community needs, and celebrating collective wisdom.

- FOOD CIRCLES:
CHARACTERISTICS
1. Community enabled, directed, and sustained

2. Integrates with larger care systems to create more value

3. Promotes health as collective wellbeing rather than individual responsibility

FOOD CIRCLES: HOW IT WORKS



Food Circles: Key components

Food Circles is a series of weekly gatherings that community volunteers customize and run, while being supported by care professionals like dietitians.



After signing up, participants receive a 'Food diary' kit to fill up, with an accompanying kit for children to take part in. They take photos of their food creations, and add comments and questions on nutrition. They also add grocery bargains in the neighbourhood.



The completed kit is passed to a community volunteer to customise the programme.

The volunteer group consists of past participants of Food Circles. They work together with social and healthcare workers, customize a scaffold of activities, and engage potential collaborators and partners through a playbook, consisting of various programme templates and guides. This playbook has been built up over time through ideas from the community in previous gatherings.



During Food Circles gatherings, the group collectively decides on which activities to do and whom they would like to bring in for the subsequent weeks, based on recommendations given.

The sessions nurture community reflection and ownership over their health and well-being through guided sharing. They also help build relationships with care professionals in the community when they are able to relate to the community, and give practical health-related advice based on their circumstances.



Food Circles ends with members putting together a community scrapbook, building on previous Circles, sharing their recipes, tips, wisdom, and knowledge gained with the wider community.

This is a community-owned resource, and recipes and guides can be shared online to promote food culture and heritage, with an angle and perspective on healthy eating.

Learnings from Food Circles help social & health care systems to have a more intimate understanding of the nutritional gaps of the rental community.

PHASE 2: PROTOTYPING

Gatherings as a medium

Learning goals

1. Understand how to create brave spaces for sharing and connection
2. Understand community receptiveness and response towards engagement methods
3. Test how different engagement methods gear towards increasing individual and community agency

Food Circles was a proof of concept of how community-driven gatherings could look like.

Using meaningful dialogue and creative facilitation, we aim to nurture equitable relationships and trust with communities—unveiling and appreciating personal stories, natural networks and collective wisdom.

Over the next few months, we prototyped a total of 6 gatherings and tried over 13 engagement methods. The goal was to test out varying components of our concept—observing how the community would respond to them and how participation would look like.

In these gatherings I adopted a collaborative approach, where community workers and healthcare practitioners from my partner organisations were also actively involved in planning and co-facilitation.

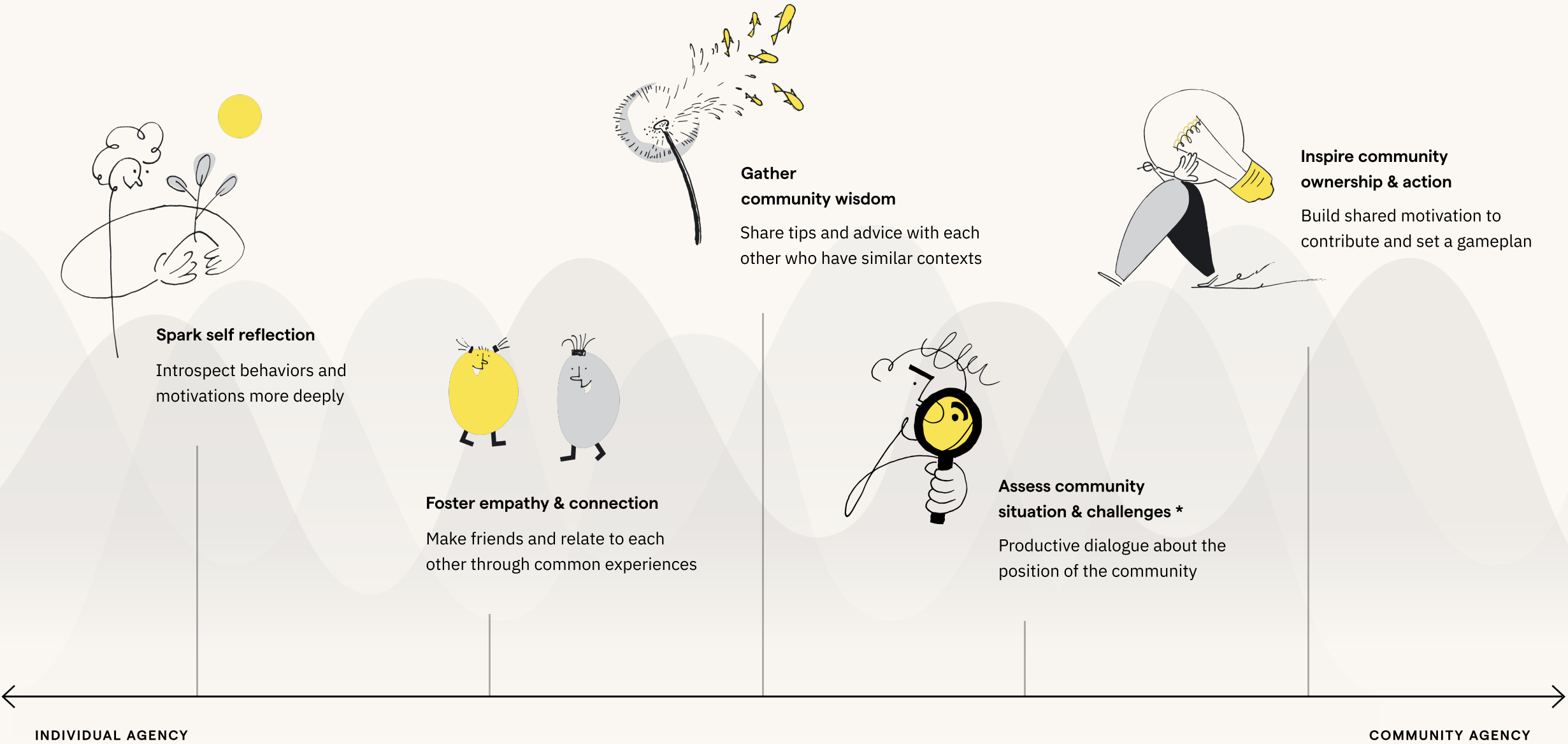
We decided to focus on homecooks and mothers, who often take on the responsibility for providing food for their families.

“It’s an invitation to reflect and participate, and it also shifts power back to resident & the autonomy of their care!”

Community Worker

Increasing individual and community agency

These are the different components of building agency, ranging from individual to community-based. It is not a sequential process, and what we wanted was to find out how to weave different methods, activities and gatherings at different levels so that residents are able to take greater ownership of their health and nutrition.



* Inspired by the Community Life Competence Process (CLCP) model, a community-based behaviour change approach designed to encourage communities to take ownership of their development challenge



GATHERING 1

Kickoff + creative apron activity

Our first gathering was an eye opener and gave much insights into engaging with a community through gatherings.

We took effort to individually contact individuals and sent them personalized videos, but saw more than a 50% last minute drop off rate—which we later realised was because many of them were still busy with managing food orders and deliveries at 1pm on a Saturday.

Participants also arrived a lot later than we expected, which meant that we had to be flexible with adjusting the agenda and activities.

The body scan meditation was effective in helping residents arrive into the space, and keeping the soft ambient music helped set the tone for more vulnerable and open sharing.

Amongst the 4 residents was a native-mandarin speaker and a native-malay speaker who knew limited english. Because of that, we had to spontaneously translate instructions and conversations between residents. It was heart warming to see how these two residents, who spoke different languages could connect on very personal levels during the session.

The apron activity was originally meant as a way for residents to creatively express their strengths in the community, but we quickly realised that the medium chosen did not match the intention, and residents were spending more effort on decorations! This realization helped us further calibrate our later gatherings.

WHAT HAPPENED

We gathered with 4 residents and a community dietician at Wellness Kampung, an activity center that was walking distance from the rental blocks.

What I learnt

Listen to the community- I realised how important it was to understand the community, and to listen to them. Instead of already deciding the date and time, we followed up with asking what are timings residents preferred.

Tend to the space- The physical environment, and the mental space that residents arrive in are important. We dimmed the lights, played soft music, and started with residents sharing what food was close to their hearts, and conversations naturally followed.

Center inclusivity & accessibility- We needed to be more mindful towards residents' language abilities, as well as confidence in expressing their creativity and understanding prompts.



An atmosphere of mutual appreciation and celebration

GATHERING 2, 3, 4

Community assessments + gathering community wisdom

Despite our efforts, the second gathering saw only 2 residents joining, partially due to it being during the Lunar New year season. We understood that it could be circumstantial, but this also gave us an opportunity to experiment with other ways to hold gatherings.

We tapped on voucher distribution sessions that were happening, and positioned the gathering as an optional activity residents could choose to participate in (with additional incentives). It was held in an open area right below their housing blocks, and residents stood around in a circle.

We created more bite-sized activities, such as large participation boards. We invited residents to pen down their personal healthy food practices with each other, and then held discussions on barriers and challenges they faced, through a community assessment.

They enthusiastically shared recipes in making healthy food for children. They spoke about challenges of having limited time and energy to cook for their families when they reached home late after work, and a lack of space for cooking appliances in their apartments. They also shared stories of success, in managing diabetes, and weight loss journeys.

It was amazing to see how the community can come together for each other, with a simple invitation.

WHAT HAPPENED

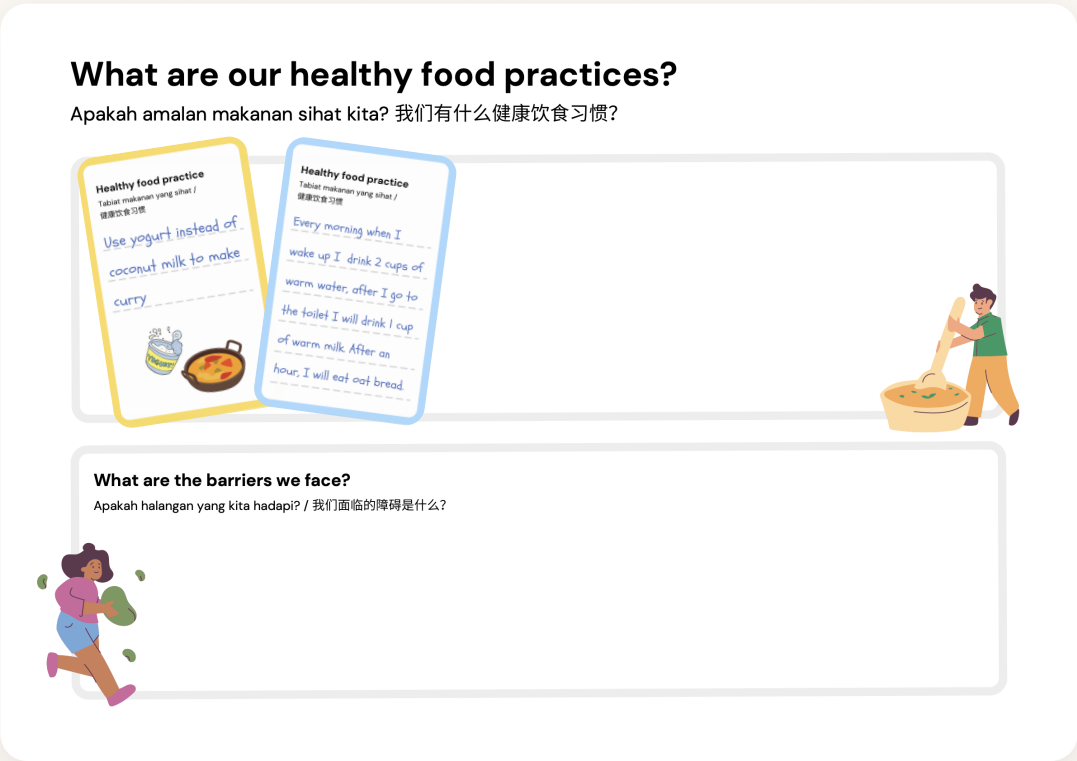
The next gathering had to be cancelled due to low turnout. We decided to hold 2 shorter, bite-sized gatherings right below their housing blocks, which saw increased participation of 7 and 11 residents.

What I learnt

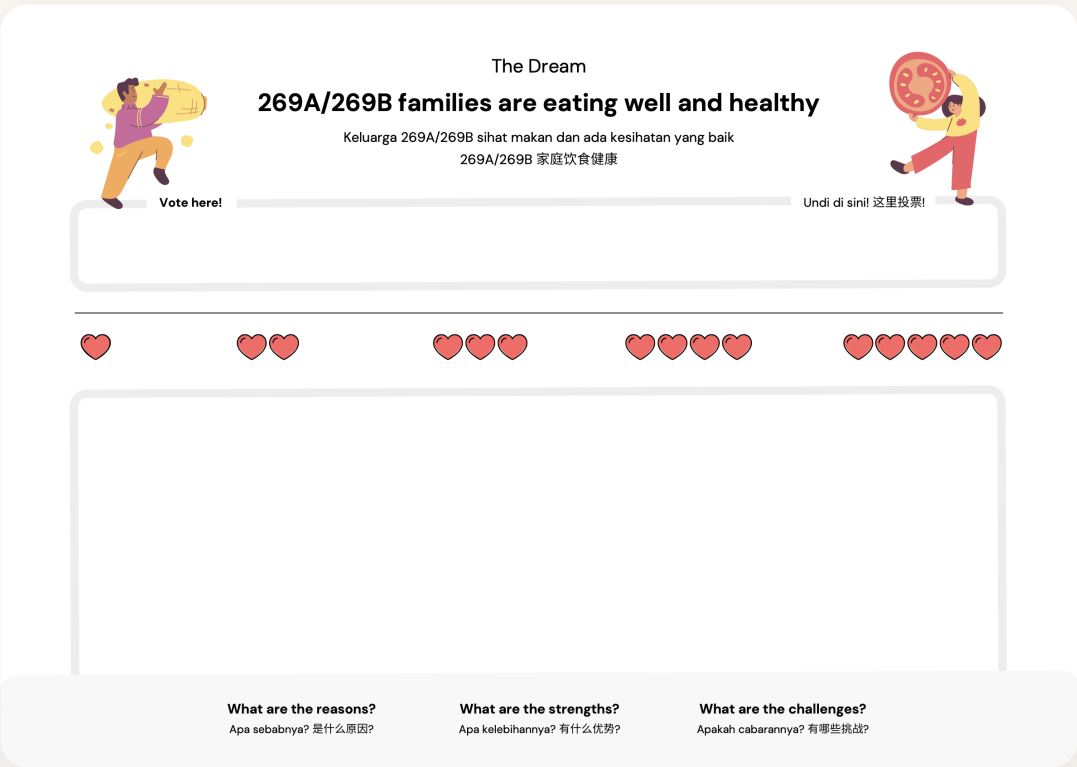
Meet the community where they are- I found that being in relationship with the community means more than just to listen. We have to be empathetic towards their circumstances, and their limited time and energy.

Different settings lead to different outcomes- In changing the environment and shortening the session from 2 hours to 40 minutes, the atmosphere created was vastly different, and suited a lively discussion, compared to a more intimate sharing.

Appreciate & value residents- Valuing residents’ time meant giving appropriate incentives like vouchers, but also for them to leave the gatherings with newfound insights and strengthened relationships.



Gathering healthy food practices and barriers faced in the community



Understanding how the community assessed themselves in healthy eating, and their reasons



Gathering with residents below their housing blocks



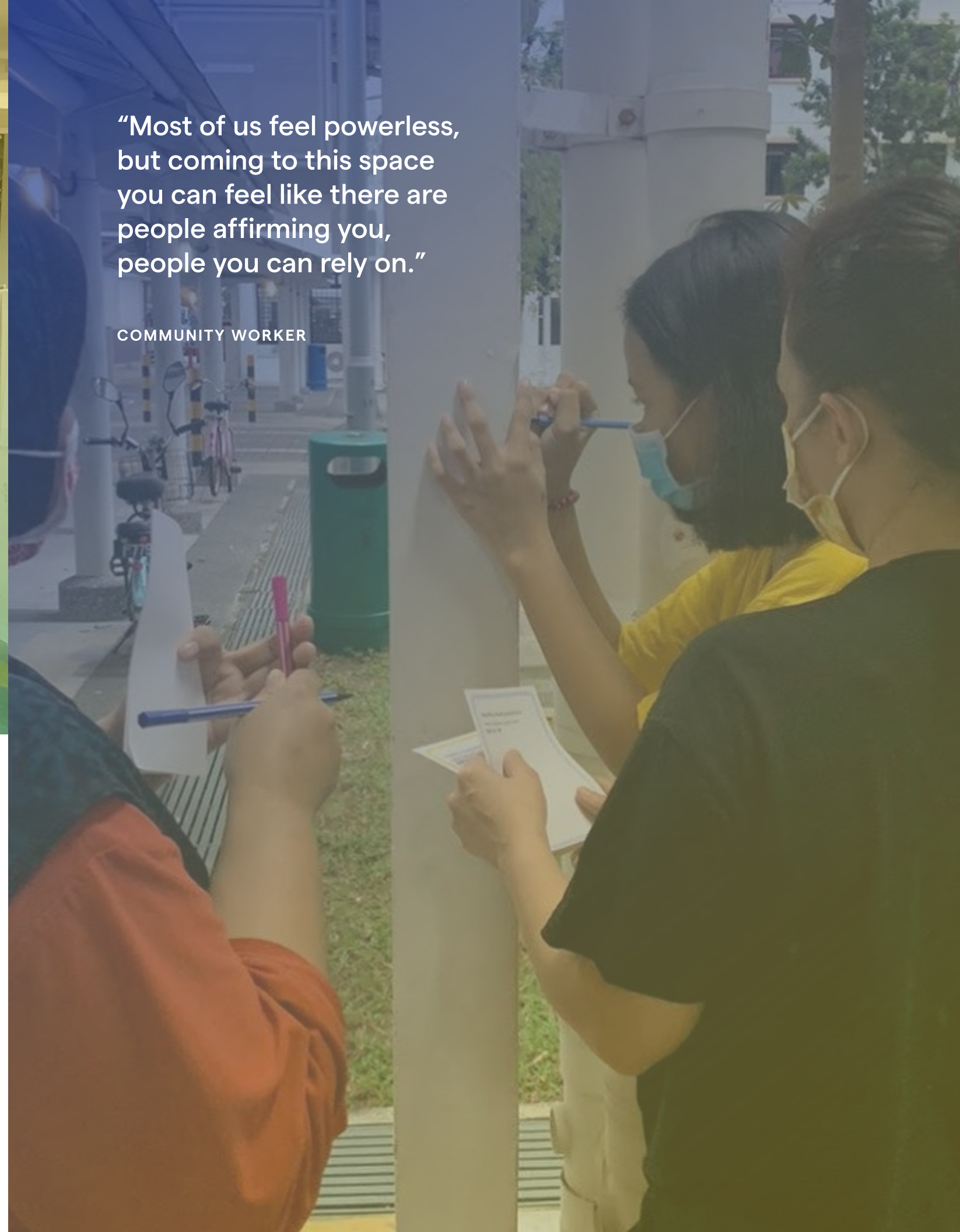
Contributions from residents on healthy food practices

“It’s an invitation to reflect and participate, and it also shifts power back to resident & the autonomy of their care!”

COMMUNITY WORKER

“Most of us feel powerless, but coming to this space you can feel like there are people affirming you, people you can rely on.”

COMMUNITY WORKER



GATHERING 5

Community playback + what can I do?

Following the harvesting of collective wisdom on healthy food practices and challenges faced in the community, the next gathering was created to deep-dive into 4 identified key challenges, dig into personal experiences, understand current strategies, then start to build ownership within the community on what was possible.

When we realised that some mothers had to leave their young children at home to attend the session, we brought in volunteers to help with child minding, who designed craft activities related to food.

We started the session with a stretching exercise called *paída*, shared by one of the community members in our online chat group. On hindsight we realised that we could let the community member actually lead everyone through the activity, as a way to build confidence and level power.

Our ice breaker, in a form of a card deck of varied questions, did not create as much camaraderie between residents compared to previously when they answered a common question.

During the conversations, an observation we had was that we were too eager to contribute as well, and should give more space to the community. We should be comfortable with silence. We also found that the gathering focused very much on tips, advice and strategies, and less personal connection was made.

WHAT HAPPENED

We gathered with 5 residents, together with the community dietician, at Wellness Kampung.

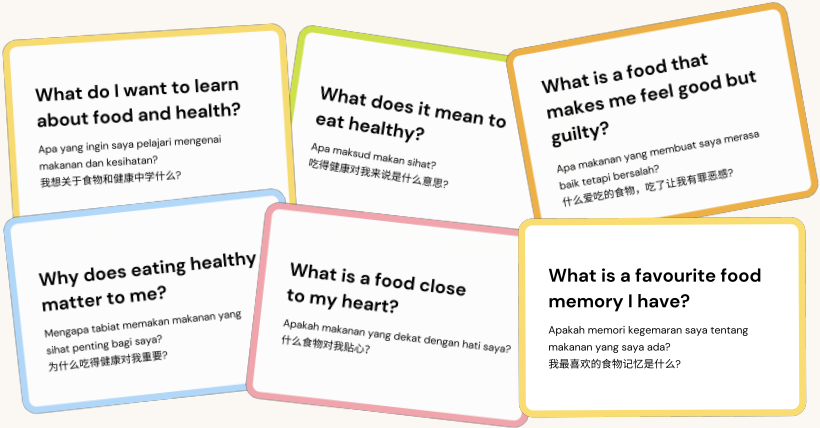
Post gathering, we all agreed that the session felt that it was missing something special. This led us to be more critical of the distribution of power in the space, clarifying roles and prioritizing relationships.

What I learnt

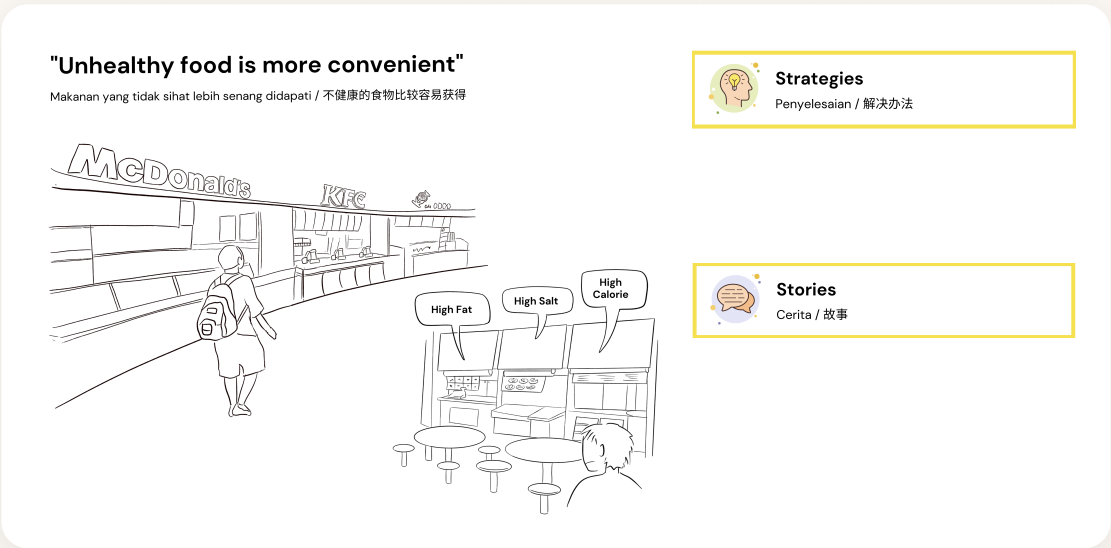
Elevate the power of community- We should be aware of the power we bring into the space, and seek to elevate the community through inviting them to take on greater responsibilities.

Clarify roles- When the community gathers with the intention of growing collective strength and knowledge from each other, our roles should be in facilitating and giving space, not taking space.

Prioritize relationships- Nurturing relationships should always be in the forefront of everything we do. We could probe deeper on feelings and stories, and always aim to build genuine connection between residents.



Ice breaker cards



Community playback example



My 15%- what can I do activity, igniting what's already possible and creating agency



Understanding active networks in the community



Farewell gifts- zine and printed photographs

GATHERING 6

Community networks + appreciation

The last gathering of this series was built around identifying active networks in the community and gearing the group towards tangible action.

The prompt was ‘If a new neighbour (young mother, or isolated elderly) enters the neighbourhood, what would you tell them about the neighbourhood to welcome them?’.

What we thought was a straightforward activity on pointing out networks and actors became a lesson in humility.

As active community members themselves, they spoke about their own experiences in connecting with isolated elderly. “You have to know them first, talk to them. Ask them what they need or want, don’t assume you know. They need care!” We found that one of them donates raw fish to the elderly living near her, and another regularly visits another elderly living above her to chat and provide company.

Based on the inputs from the last gathering, we also checked in on residents’ interests in taking things further, pointed out available resources to tap on and made concrete next steps. One of them shared her interest in leading a donation initiative to ‘bless’ seniors in the community with food items over Ramadan, which we were heartened by and offered support.

For those who joined previous gatherings, we prepared a gift of appreciation— a zine that put together all the healthy practices from the community.

WHAT HAPPENED

We gathered with 3 residents, together with the community dietician, at Wellness Kampung.

What I learnt

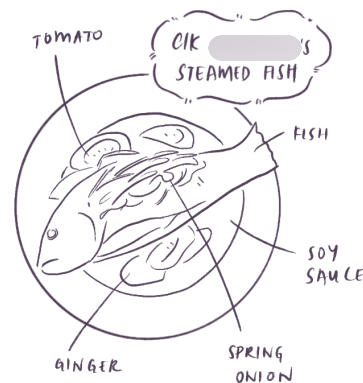
Support community action through varied methods- As system actors, we could push community members to take ownership of identified opportunities, or we could nurture relationships with them such that they feel comfortable to reach out for collaboration, for initiatives they already want to act on. Regardless of the method, it is important to monitor their energy and continued interest, and let them take lead on what will really benefit the community.



269A/B

healthy food + living

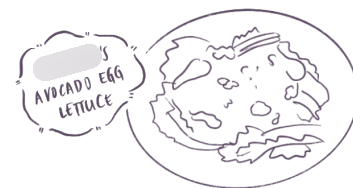
- RECIPES FROM THE COMMUNITY -



HEALTHY EATING TIPS!

WE ASKED RESIDENTS ON THEIR TIPS ON HEALTHY LIVING, AND THIS IS WHAT THEY SAID...

- DRINK LESS SUGARY DRINKS
- DRINK PLENTY OF WATER
- DON'T USE SEASONING IN MAGGI MEE, USE YOUR OWN SAUCE!
- WHOLEMEAL BREAD
- COOK MORE STEAM FOOD
- LOOK OUT FOR THIS LOGO!
- ALWAYS TRY TO EAT NATURAL FOOD
- HEALTHIER CHOICE



1. MASH EGG & AVOCADO
2. A LITTLE BIT OF SALT, PEPPER, MIX TOGETHER, WRAP WITH LETTUCE

BOILED APPLES

1. CLEAN APPLES & CUT INTO PIECES, PUT INTO POT OF WATER
2. BOIL FOR SEVERAL MINUTES TILL FLESH BECOMES DARKER / SOFT
3. TURN OFF & LET IT COOL. SERVE WARM / COLD!

BENEFITS
HEALTHY HEART
EASE BLOOD CIRCULATION

COOKING WITH BROWN RICE

1. COOK WITH PANDAN LEAVES & SPICES
2. MIX BROWN + WHITE RICE
3. EAT WITH GRAVY!

ADD YOUR OWN RECIPE OR TIPS HERE!

SMASH VEG TO HIDE IN FOOD! OR COOK IN SOUP.

DRINK 2 CUPS OF WATER EVERY MORNING AFTER WAKING UP!

FUN RECIPES FOR CHILDREN

CEREAL

"MY CHILD LIKES TO EAT CHICKEN WINGS. INSTEAD OF USING BATTER, I USE CEREAL TO COAT THE CHICKEN WINGS. IT IS HEALTHIER."

KIDS LOVE FAST FOOD. WE CAN MAKE PATTIES AT HOME (MINCED MEAT), VEGGIE, ONION, TOMATOES. FOR FRIES, CUT POTATO INTO SLICES. LESS SALT, SPRINKLE PEPPER, OVEN FRY OR AIR FRY!

WITH LOVE ♡,
BEYOND SOCIAL SERVICES
YISHUN HEALTH

• 2021 •

PHASE 2: PROTOTYPING

Principles

Elevate power of community

We should critically examine the power we hold, in order to nurture more equitable relationships.

This starts with care professionals recognising that we are not experts of their lived experiences. We seek to elevate the power of community through celebrating their strengths, and finding ways for them to own the process and take on greater responsibilities— in turn building their confidence. In our interactions, we should give space to the community, and not jump quickly into filling up silences with our inputs.

Foster genuine relationships

Part of creating brave spaces is to place relationships at the center of everything we do.

We aim to foster genuine relationships that go beyond the gatherings themselves, with activities that encourage emotional connection, and sharings of personal stories of success or struggles.

Center inclusivity & accessibility

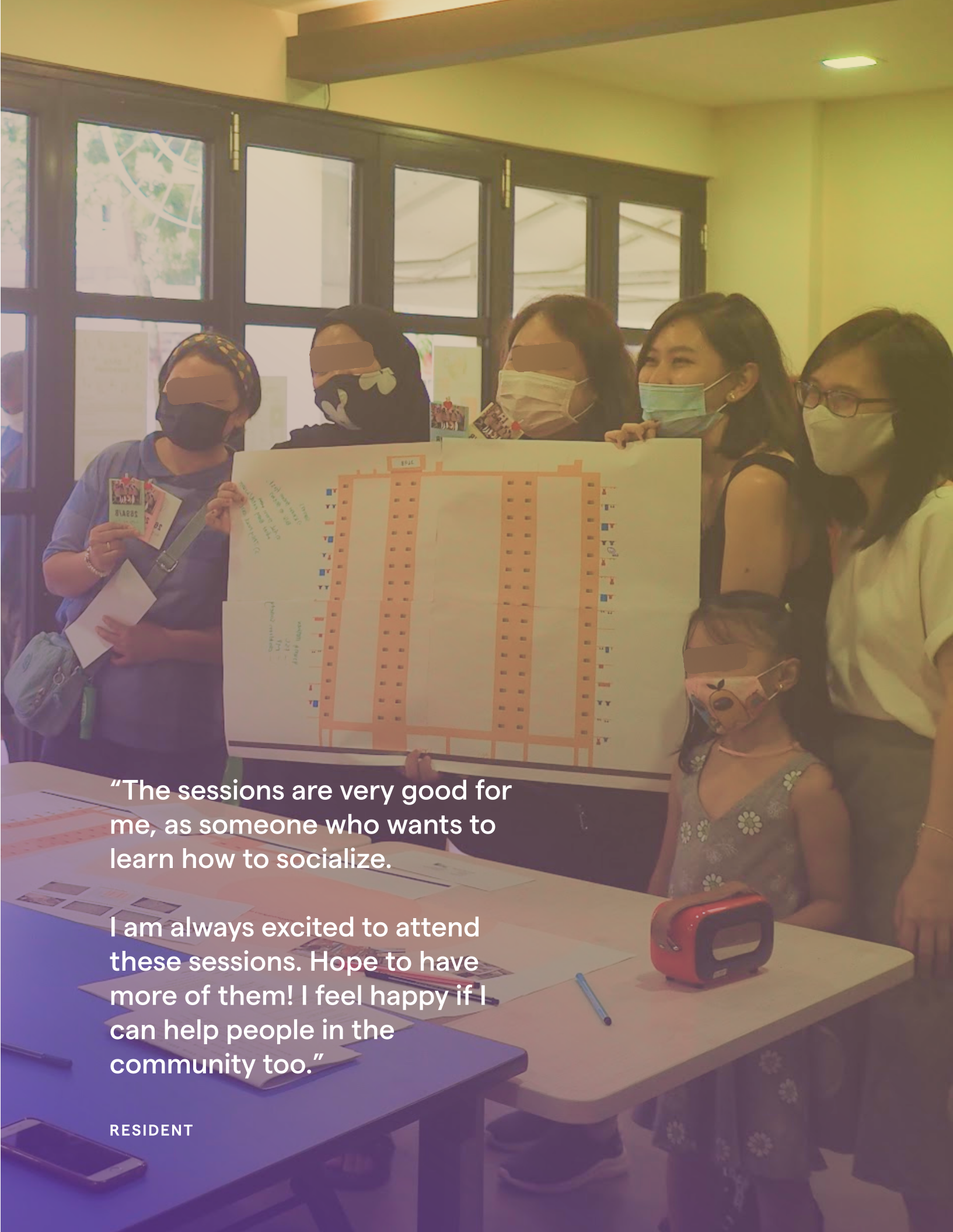
We should be aware of who we are including and excluding in the space, and always seek to improve inclusion and accessibility when engaging the community.

This includes meeting residents where they are, having bite-sized conversations below their housing blocks, providing child minding, and catering for language abilities.

Tend to the space

How we invite residents, the physical environment they arrive in, the flow of activities from start to end— every minor detail contributes to how the community experiences a gathering.

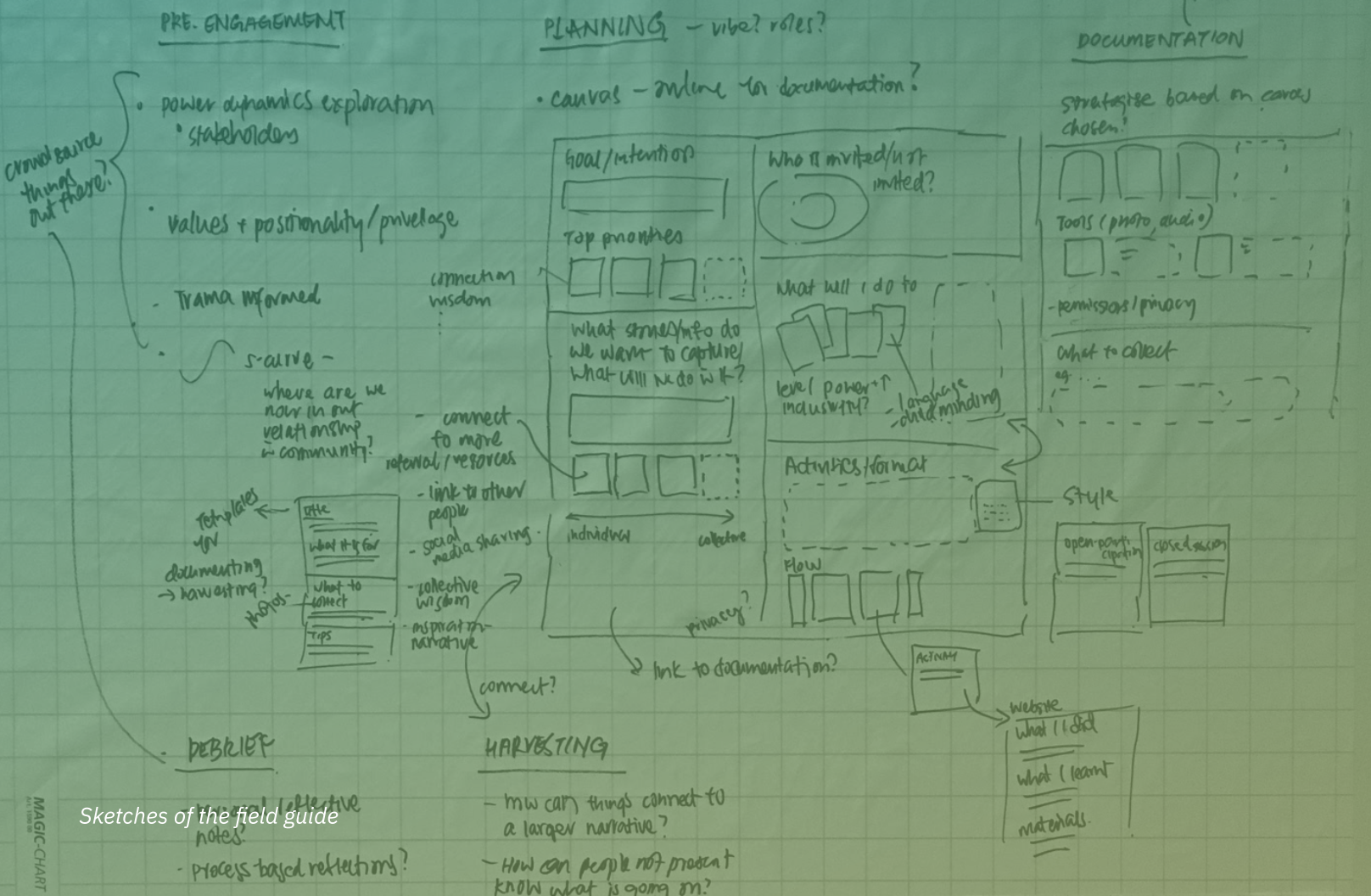
We have to show utmost care in creating a trusted and safe environment for residents to connect deeply.



“The sessions are very good for me, as someone who wants to learn how to socialize.

I am always excited to attend these sessions. Hope to have more of them! I feel happy if I can help people in the community too.”

RESIDENT



Sketches of the field guide



Iterating and co-creating the field guide with my community partners

PHASE 2: PROTOTYPING

Iterating + Piloting

Starting on a field guide

With the experiences of the gatherings and the conversations that followed, I found that my position was best placed to amplify the good work that my community partners were already doing, in growing relational care in rental neighbourhoods.

In the weeks that followed, I sought to distill the learnings into a field guide, which grew more complicated with each iteration. I needed a way to anchor it down to a practical use case!

A breakthrough

A personal breakthrough came during one of our team check-ins. I understood how current practices were very much focused on 'doing'. The team did not have existing practices or processes to take stock of what has happened, update each other, reflect, and follow up accordingly. They could hence miss out on potential synergies on each others' efforts.

Lastly, they also shared that some of the gatherings we had done so far would be helpful as inspiration to reference.

Iterating and learning from the team

Instead of a passive guide book, my focus shifted to a practical canvas that could bring the team through a curated introspective process for each gathering, which also helps with documentation. It was also linked to a collaborative resource to share methods and learnings.

In the next few sessions, we worked together to iterate the canvas, by using it for upcoming and past gatherings. The team also committed to adding a ritual of 'heads down time' to update the canvases, giving validation to its practicality and value.

TEAM NEEDS

Reflect- reviewing what has happened and act on follow ups

Harvest- taking stock and updating each other on what has happened

Grow- onboarding new members, knowing possibilities

Phase 3: Intervention

PHASE 3: INTERVENTION

Final intervention

"Bersama-sama: Healthy To(gather)" is a collaborative field guide to grow relational care in Singapore's low-income rental neighborhoods, through community-centered gatherings around health and nutrition.

‘Bersama-sama’ is Malay for ‘together’. Using meaningful dialogue and creative facilitation, we nurture equitable relationships with communities—unveiling and appreciating personal stories, natural networks and collective wisdom.

It is a guided process, a tactical tool for planning, documentation and review, and a collaborative resource that continues to be updated with more learnings and methods.

Our vision

- 1. A model of care that starts with the community
- 2. Relational care as a mindful practice

COMPONENTS

Collaborative site

A repository of learnings, methods and ideas, continuously updated by care professionals and volunteers.

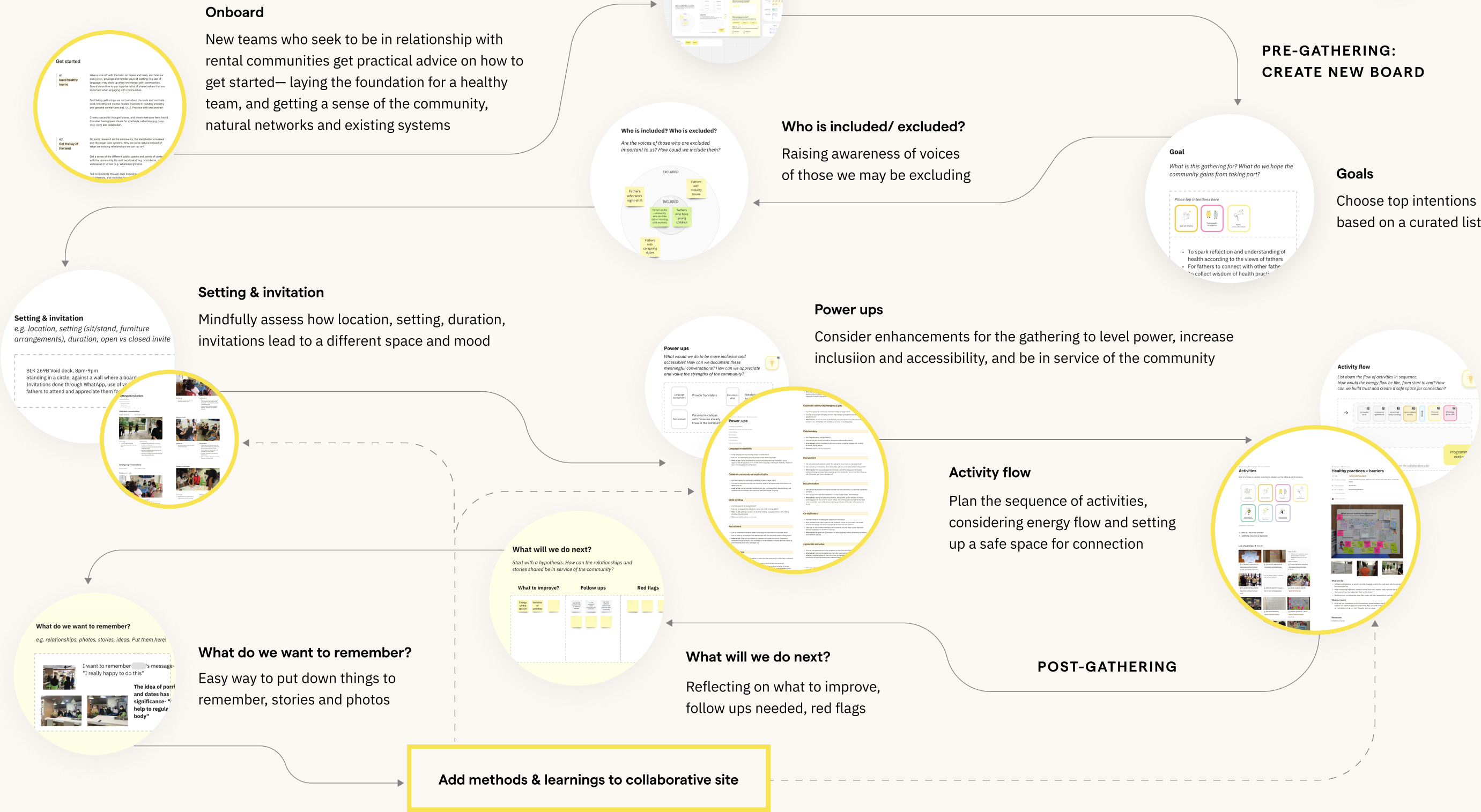
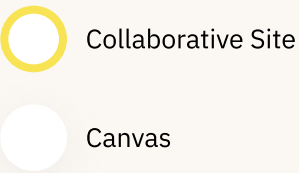
Canvas

A curated thought process for each gathering as a mindful practice.

Pre-gathering, we set clear intentions, and plan the space with inclusion and equity in mind. Post-gathering, we review, reflect and document.

INTERVENTION

How it comes together



Get started

#1
Build healthy teams

Have own language spaces. Spend important time

#2
Get the lay of the land

Do so and to What

#3
Make it happen

Now

The tactical gathering

Settings & invitation

- Void deck conversations
- Small group conversations
 - Sitting around a table
 - Sitting in a circle
 - Standing around a table

Void deck conversations

Duration: 30-40 mins



- What we did
- A group of 8/9 participants gathered facing a wall of their void deck

Small group conversations

Duration: 2 hours

Sitting around a table



Power-ups

- Language accessibility
- Celebrate community strengths & gifts
- Child minding
- Recruitment
- Documentation
- Co-facilitators
- Appreciate and value

Language accessibility

- Is the language we use simple and
- How can we meaningfully engage people
- What we did:** having facilitators for opportunities for people to write in
- transcribe thoughts into written for

Celebrate community strengths

- Are there spaces for community members
- You may be surprised how they are opportunity to!
- What we did:** recruit volunteer facilitators residents who are familiar with street

Child minding

- Are there parents of young children
- How can we give parents a break by
- What we did:** getting volunteers to activities, buying snacks
- Resource: [healthy eating worksheet](#)

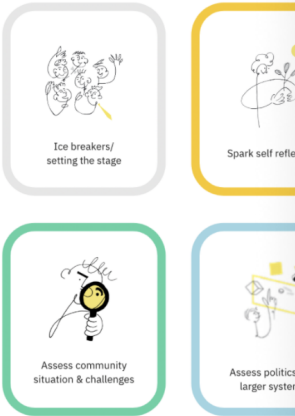
Recruitment

- Can we understand residents better
- Can we build up connections and relationships
- What we did:** Filter out participants collected through surveys), door knocking with WhatsApp text/ voice messages

Documentation

Activities

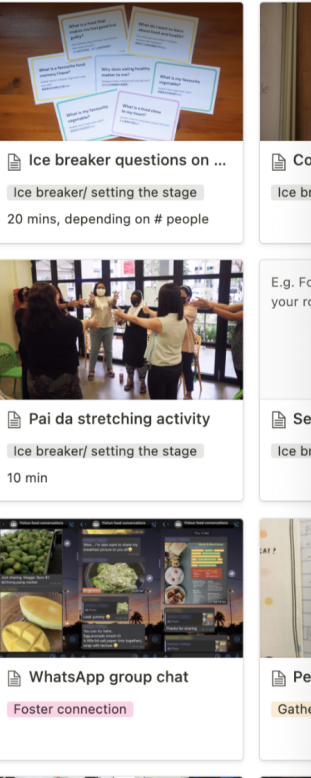
A list of activities to consider, including



Categories of activities

- How do I add a new activity?
- Additional resources & inspiration

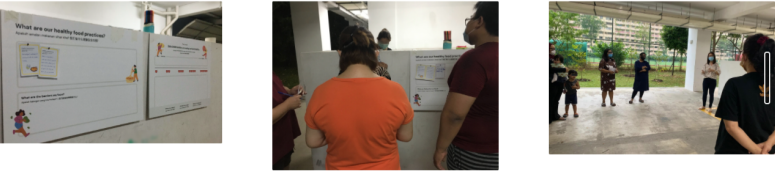
List of activities



Healthy practices + barriers

Tags	Gather collective wisdom
Purpose/ energy	Understand healthy food practices and connect with each other on barriers faced
Time duration	20-40 min
No. of people	Recommended max 8
1 more property	

Add a comment...



What we did

- We gathered residents to stand in a circle, towards a wall at the void deck with the printed board propped up
- After introducing the board, residents wrote down their healthy food practices (as many as they wanted) and we helped pin them on the board
- Residents took turns to share what they wrote, and also responded to each other

What we learnt

- While we had translations on the instructions, some residents may find difficulty in writing in english. It is helpful to give permission that they can write in their native language, or have co-facilitators to help put their thoughts down on paper

Resources

Editable template

<Title> (# pax), <Datetime>

<Title> (# pax), <Datetime>

Facilitators: Name, Name

Goal

What is this gathering for?
What do we hope the community gains from taking part?

Place top intentions here

Add text here..

Who is included? Who is excluded?

Are the voices of those who are excluded important to us?
How can we include them?

EXCLUDED

INCLUDED

The gathering

Setting & invitations

e.g. location, setting (sit/stand, furniture arrangements), duration, open vs closed invite

Location & setting

Add text here..

Duration

Add text here..

Invite

Add text here..

Power-ups

What would we do to be more inclusive and accessible? How can we document these meaningful conversations? How can we appreciate and value the strengths of the community?

Add text here..

Add text here..

Add text here..

Add text here..

For new power-ups, consider making a new item on the collaborative site!

Activity flow

List down the flow of activities in sequence.
How would the energy flow be like, from start to end? How can we build trust and create a safe space for connection?

→

Programme outline

For new activities, consider making a new item on the collaborative site!

What will we do next?

Fill in as much as you can, and come back to review when the session is completed!

Start with a hypothesis. How can the relationships and stories shared be in service of the community?

What to improve?

Follow ups

Red flags

What do we want to remember?

e.g. photos, stories, quotes, ideas. Put them here!

Setting & invitations

Power-ups

Activities

Make this yours!

Any more reminders for yourself (e.g. attendance)? Add them to this template!

Add text here...

Add text here...

Add text here...

Add text here...

Top intentions

Make your own!

Activities

Ice breaker/ setting the stage

Ice breaker/ questions on food

Community agreements

Breathing/ body scanning

Peer stretching activity

Self based on role in community

Make your own!

Spark self-reflection

Open creative activity

Make your own!

Foster empathy & connection

WhatsApp group chat

Make your own!

Gather community wisdom

Personal notebook

Healthy practices + barriers

Community insights playback

New neighbour introduction

Healthy practices story

Mystery ingredient

Make your own!

Assess community situation & challenges

Assess the Community Dream

Make your own!

Inspire community ownership & action

My 25%

Make your own!

Break

Power-ups

Language accessibility

Child mixing

Documentation

Appreciate & value

Celebrate community strengths & gifts

Recruitment

Co-facilitators

Make your own!

Reference material

To add a link, right click on the item and choose 'Link to', or click on the item and use the shortcut ctrl+K (win) or ⌘+K (mac)!

Photographs

Add more..

What will we do next?

Start with a hypothesis. How can the relationships and stories shared be in service of the community?

I would like to support [redacted] in growing her confidence in the community - gathering other neighbours to identify recipients, and distribute items, and form a care network within the neighbourhood

Link [redacted] to [redacted] to see if she has any inputs to cook porridge or a mix with brown rice.

“I’m so glad I did this, because if not all these information would be lost.”
“And now we can read, we can understand and know what to do!”

MIN LI & IZZATY, COMMUNITY PARTNERS

“This creates a clearer journey for new people to come into the space, to hopefully learn from each other.”

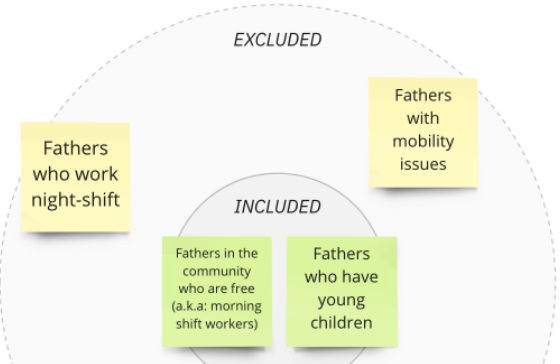
IZZATY, COMMUNITY WORKER

“Most of the conversations we've had are not always planned. It's about having mindfulness.
For example, who is included, who is excluded, I've never really thought about that. Power ups too!”

SOBI, COMMUNITY WORKER

Who is included? Who is excluded?

Are the voices of those who are excluded important to us? How could we include them?



PHASE 3: INTERVENTION

Metrics and evaluation

Objectives

- Care teams to engage communities around health with greater effectiveness
- Residents to take on greater ownership over health in their communities

Evaluation questions

- Did the intervention strengthen non-traditional community support and relational care in rental communities?
- Is there greater relationships and trust between care professionals and residents?

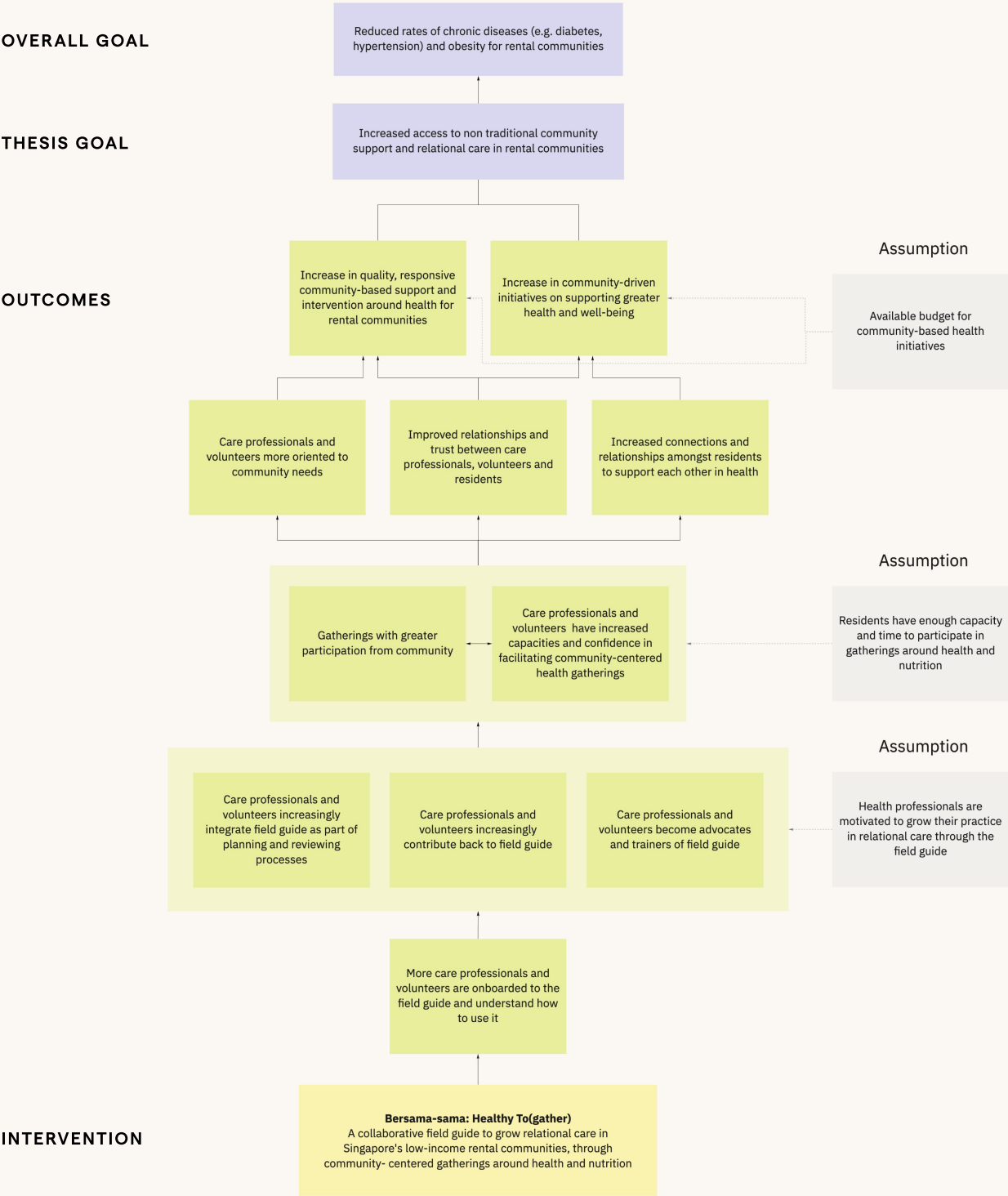
Monitoring questions

- How frequent is the field guide being utilised and updated?
- How many care professionals are being onboarded?
- How frequent are community gatherings being organised?
- Is there greater participation from residents in community gatherings?
- Are there more community-driven initiatives around care and nutrition?

Metrics

To date, there have been 15 gatherings that utilize the field guide’s canvas.

Theory of Change



PHASE 3: INTERVENTION

Looking beyond

Throughout this journey with Yishun Health and Beyond Social Services, I sought to amplify their work, and expand an approach for relational care that can be codified and applied to different contexts.

Beyond a field guide, Bersama-sama is a practice grounded in humility and introspection, when interacting with communities.

I care deeply for the vision of relational care, as a model of care that starts with the community, and a reflective practice.

I will continue to support my community partners, who are keen to continue expanding this work. We can explore modular approaches and opportunities for co-creation. Interested care professionals and volunteers can also get involved and request access at the Bersama-sama website (<https://bersama-sama.netlify.app/>).

As Bersama-sama is adopted and adapted into various contexts and communities, I hope to empower a new breed of relational care practitioners, who may one day even include community members themselves.

What I learnt

Start with people

Design is often an industrial approach for a challenge made of people. It is easy to get trapped in a maze of overthinking and overanalyzing, and I always found clarity when I get out of the bubble and engage with my partners or the community.

Reframe value

I was often doubtful and cautious of whether I was wasting others' time, especially with the community. Slowly I began to observe that residents genuinely enjoyed the sessions, and more so for the space to connect and be a part of the community. Value is often intangible.

See setbacks as opportunities for growth

I will always remember that gathering which we had to cancel, and the disappointment I felt, even though I know it was a learning moment. Those homemade fortune cookies never got to shine! Now looking back, that experience was a pivotal moment, as it forced us to experiment and try new methods. I am thankful for that experience that knocked us out of a comfortable box we placed ourselves in.

Learn from other disciplines

I was fascinated with how relevant disciplines like social work and community care are to social design, and was humbled to learn!

“Reflection is what gives the soul to our work.”

RANGANAYAKI THANGAVELU
DEPUTY EXECUTIVE DIRECTOR, BEYOND SOCIAL SERVICES

Special thanks

The residents of 269A/269B Yishun Street 22, who were so generous with your time and energy, and for trusting me with your stories.

Izzaty & Min Li, for trusting and guiding me in this work, and for creating a supportive space for this partnership.

Sobi, Hazirah & Sara, for your care and heart for the community, and for sharing your thoughts, ideas, and personal reflections with me.

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Sloan, for being the greatest cheerleader! For listening to my frustrations, for being the guiding light with your incredible expertise in community design, and for often reminding me to follow my gut and trust my instincts.

Miya & Mari, for creating the container for this work to happen, and for your keen advice and feedback.

Li Ren, for being my pillar of strength and support through all the ups and downs.

Mum & Dad, for supporting this educational journey of mine, and igniting in me a love for food and community.



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